

Office of the Minister for COVID-19 Response
Cabinet

COVID-19: IMPLEMENTING THE COVID-19 PROTECTION FRAMEWORK

Proposal

- 1 This paper provides an update on implementation of the COVID-19 Protection Framework (the Framework). It provides advice on when New Zealand could transition to the Framework and the criteria for determining Levels for each region.

Alignment with Government Priorities

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

Summary

- 3 Work is underway to prepare New Zealand for moving to the new Framework. Detailed guidance will be published this week to provide more information about the implications of the Framework for each sector.
- 4 On Monday 29 November, we will make decisions about moving Auckland and the rest of the country onto specified levels under the Framework. I propose that Cabinet consider transitioning the country to the Framework at 11.59pm Thursday 2 December. This date allows sufficient time for any final drafting changes after our decisions and 48 hours' notice of the order before the new Framework comes into effect.
- 5 In October Cabinet agreed to take into account the following factors when making decisions about moving between different levels of the Framework:
 - 5.1 Health factors: vaccination rates, health system capacity, testing and contact tracing capacity, and transmission, particularly in vulnerable populations; and
 - 5.2 Non-health factors: effects on economy and society, impacts on at risk populations, public attitudes, and operational considerations [CAB-21-MIN-0421 refers].
- 6 The Ministry of Health will assess the health factors, guided by the questions set out in the table below, noting these are not exhaustive and will continue to evolve over time:

Table 2: Proposed questions to inform Framework levels for each region

Key questions to determine for each region employing a one month horizon	If yes, move to...
<p>Can we no longer ‘minimise and protect’ effectively without localised restrictions and closures?</p> <ul style="list-style-type: none"> • Is there a new variant of concern for which current vaccines in New Zealand have significantly reduced effectiveness at preventing severe illness that is resistant to the vaccine? • Are hospitalisations, ICU admissions (and/or deaths) predicted to increase substantially, to the point where the health system will be overwhelmed? 	<p>Localised restrictions and closures</p> <p>(equivalent of AL 3 or 4; at a local, not regional, level)</p>
<p>Are there warning signs that a shift for a region to red is needed to assure health system capacity remains sufficient?</p> <ul style="list-style-type: none"> • Is demand on the health system (e.g. primary care, hospitalisations, ICU admissions, testing, contact tracing) likely to exceed capacity? • Are we likely to see a rapid growth in hospitalisations or fatalities, particularly among the most vulnerable? 	<p>Red</p> <p>Action needed to protect health system – system facing unsustainable number of hospitalisations. Action needed to protect at-risk populations.¹</p>
<p>Is health system capacity beginning to come under pressure, so more restrictions are needed to help protect capacity?</p> <ul style="list-style-type: none"> • Are case numbers likely to exceed capacity to manage in one or more regions? • Will the contact tracing or testing system come under strain as a result of an outbreak in a given region? 	<p>Orange</p> <p>Increasing community transmission with increasing pressure on health system.</p> <p>Whole of health system is focusing resources but can manage.</p> <p>Increasing risk to at risk populations</p>
<ul style="list-style-type: none"> • Will health capacity continue to be sufficient to meet healthcare demand? (noting the ability to share resources across regions) 	<p>Green</p> <p>COVID-19 across New Zealand, including sporadic imported cases.</p> <p>Limited community transmission.</p> <p>COVID-19 hospitalisations are at a manageable level.</p> <p>Whole of health system is ready to respond.</p>

7 This COVID-19 Protection Framework (CPF) health assessment will be based on a future-focused and comprehensive assessment of health system capacity and capability to meet demand for healthcare, both directly in response to COVID-19 cases and other critical healthcare functions.² The assessment will draw on both data and local knowledge about the health

¹ Cabinet previously agreed these risk assessments and thresholds for movement within a region at each level of the Framework [CAB-21-MIN-0421 refers].

² For example, BAU primary care, elective surgery, cancer care etc.

system capacity and capability to operate sustainably in view of the evolving situation in each region.

- 8 The Ministry of Health has done a very preliminary assessment. They will engage with primary care providers, DHBs, Māori, Pacific and other NGO healthcare providers to improve the assessment tools and approach over the coming week. This engagement will refine the assessment to inform decisions at Cabinet on 29 November on the initial level settings for the country.
- 9 I propose these levels apply to regions, based on local government regional boundaries. The public has a good understanding of these regions and they relate broadly to social and economic communities and patterns of travel. Generally, they are what we have used under the Alert Level framework.
- 10 I seek agreement to aspects of the settings in the Framework related to events, gatherings, travel, and education.

Introduction

- 11 On 18 October 2021, Cabinet agreed to move from an elimination strategy to a minimisation and protection approach. The Framework was agreed to support this shift in approach to managing COVID-19 [CAB-21-MIN-0421].
- 12 On 15 November, the Prime Minister and I reported back to Cabinet with an update on the preparation for moving to the Framework, including management of the current Auckland Alert Level boundary. Cabinet authorised Ministers with Power to Act to take decisions on detailed settings within the Framework and we agreed an approach to the Auckland Alert Level boundary. Current restrictions on movement across the boundary will be retained until Wednesday 15 December, with vaccination and testing requirements applying after that date until 11.59pm Sunday 16 January 2022 [CAB-21-MIN-0477].
- 13 This paper has four sections:
 - 13.1 transitioning to the Framework;
 - 13.2 decision-making under the Framework;
 - 13.3 movement in and out of Red areas; and
 - 13.4 settings within the Framework.
- 14 Today, we will consider several other papers that relate to our readiness to transition to the Framework, including:
 - 14.1 changes to COVID-19 testing, case investigation and contact tracing systems and processes;
 - 14.2 advice on a whole of system welfare approach for people who need support to safely self-isolate in their homes; and
 - 14.3 the care in the community model to support COVID-19 patients, their households and whānau to quarantine and isolate at home.

- 15 We are also making decisions today on our approach to Reconnecting New Zealanders. We increasingly need to think about our level of domestic and international risk together. Our differentiated approach to the treatment of vaccinated and unvaccinated people will apply to both people entering New Zealand, and those within the country.
- 16 Cabinet will also shortly consider the proposed approach for economic supports under the Framework, including transitional support.
- 17 Transitioning to the Framework means that everything we do, including international border settings, must align to our minimise and protect strategy. What this looks like in practice will differ across the country, tailored to the needs of communities. For example, for vulnerable regions, increasing access to health services, scaling up the capacity of health providers and reducing undetected transmission will be critical. In other regions our priorities will differ – such as having more of a focus on symptomatic testing. Looking across the suite of papers we are considering today, we need to be confident that we have the right policies in place and implementation work underway.

Transitioning to the Framework

- 18 On Wednesday 17 November the Prime Minister publicly announced how we plan to transition to the Framework:
- 18.1 On 29 November, Cabinet would confirm when to transition the country to the Framework. It was signalled that the whole country would transition soon after Cabinet meets, with Auckland and areas with low vaccination rates initially moving to Red.
- 18.2 From Wednesday 15 December people will be permitted to cross the Auckland Alert Level boundary for any reason. However, to mitigate transmission risk, those people will be required to be either fully vaccinated or have a negative COVID-19 test 72 hours prior to departing Auckland. This requirement is intended to be in place until 17 January 2022. Officials will provide advice to the Minister for COVID-19 Response on the testing requirements for workers currently permitted to cross the boundary.³
- 19 I propose we formally confirm the decision to move the whole country to the Framework, and rescind our previous decisions about moving when we get to the 90% vaccination target in each District Health Board (DHB). I note that at the time Ministers with Power to Act agreed the settings for the Framework, they also agreed to review the vaccination targets on 29 November 2021 as part of the report back to Cabinet on the progress report on transition plans.[DPMC-2021/22-621]
- 20 The proposed approach was tested with the COVID-19 Advisory Group chairs, who recognised the imperatives for shifting the entire country into the Framework before Christmas 2021. Feedback included the importance of

³ On 15 November Cabinet noted the need to consider the existing surveillance testing regime for workers in the Auckland region ahead of removal of the boundary movement restriction, in particular with a view to increasing laboratory capacity to process tests from symptomatic people and close contacts. [CAB-21-MIN-0477]

continued incentives for vaccination, reducing the degree of spread, maintaining public health measures, ensuring the health system has capacity, and that resources are in the right places to support communities.

- 21 The National Iwi Chairs Forum have expressed strong concerns about the framework coming into force earlier than expected, spread of the virus by relaxing the Auckland boundary, and the risks to Māori health given vaccination rates are lower for Māori compared to the average across New Zealand. The combination of these issues has left Māori worried about the readiness of their communities, particularly remote areas and low vaccination areas. They are seeking strong involvement in regional decisions and actions to prepare their communities.

Timing

- 22 Although there are options about when we transition to the new Framework, officials advise the best transition date is 11.59pm Thursday 2 December. Following final Cabinet decisions on Monday 29 November, I will receive a draft COVID-19 Protection Framework Order for approval and signature. It is intended the Order is gazetted by 11.59pm Tuesday 30 November and publicly available online for 48 hours before coming into effect at 11.59pm Thursday 2 December. This date allows sufficient timing for any final drafting changes after our decisions. It is also good practice to give people and businesses at least two days to become familiar with the legal requirements before it comes into effect.
- 23 Given this sequencing, I propose that we agree in principle, subject to confirmation on Monday 29 November, transitioning the whole country to the Framework at 11.59pm Thursday 2 December. This decision will be informed by the health assessment criteria we are considering today. I propose that we announce this date the week of 22 November.

Update on vaccination targets

- 24 By the week of 29 November, it is projected that around 86% of the eligible population will be double vaccinated. Auckland DHBs, Wellington DHBs, Canterbury and Southern DHBs are all expected to be at 86% or above. Lakes, West Coast, Whanganui, Northland and Tairāwhiti DHBs are projected to be below 80%. However, the equivalent rates for Māori, are much lower, as noted in Appendix One.
- 25 By the week of 13 December, when the Auckland boundary is disestablished, the majority of DHBs are projected to be above 85%, and most are projected to be above 90% by the end of the year. Updated projections are set out in Appendix Two.

Sector guidance

- 26 Sector guidance has been developed by the relevant agency for each sector, co-ordinated by the Department of the Prime Minister and Cabinet (DPMC). The guidance will be published this week, providing reassurance and more information about the implications of the Framework for each sector. The sectors that are covered include:

- 26.1 Education (ECE, schools, tertiary);
 - 26.2 Transport operators (including public transport);
 - 26.3 Hospitality;
 - 26.4 Workplaces;
 - 26.5 Events;
 - 26.6 Healthcare;
 - 26.7 Primary sector;
 - 26.8 Social services;
 - 26.9 Local government;
 - 26.10 Public facing government agencies;
 - 26.11 Justice sector;
 - 26.12 Places of worship;
 - 26.13 Iwi/Māori; and
 - 26.14 Sports.
- 27 On 22 November DPMC will provide advice to the Minister for COVID-19 Response outlining sector guidance plans across each sector and including examples of what is being produced on 22 November.

Decision-making under the Framework

- 28 On 18 October, Cabinet agreed that Ministers will continue to make decisions on regional and national levels within the Framework and that five health factors and four other factors will inform the decisions:
- 28.1 Health – vaccination rates, health system capacity, testing and contact tracing capacity, and transmission, particularly in vulnerable populations
 - 28.2 Non- Health – effects on economy and society, impacts on at risk populations, public attitudes, and operational considerations [CAB-21-MIN-0421 refers].
- 29 Indicative risk assessments and thresholds for movement within a region at each level of the Framework were also agreed by Cabinet, and will continue to be used to inform decision-making:
- 29.1 at Green, case numbers are kept low through testing, contact tracing and quarantine, and hospitalisations at a manageable level;
 - 29.2 a shift to Orange would occur with increasing community transmission, increasing pressure on the health system, or increasing risk to at risk populations; and

- 29.3 a shift to Red would occur when Orange is no longer containing the virus in the original outbreak areas, and action is needed to protect the healthcare system, and the health of communities or at-risk populations [CAB-21-MIN-0421 refers].
- 30 We do not expect to be changing levels as frequently under the new Framework. I propose that for the first month or two, COVID-19 Ministers with Power to Act meet fortnightly to assess the situation across the country. Gradually we will be able to shift to monthly assessments, unless triggered earlier, based, for example, on a data-validated request from a local or regional health authority that is subsequently approved by the Director-General of Health. (As Cabinet noted on 15 November, I will return to Cabinet with proposals for decision making over the Christmas period Monday on 13 December [CAB-21-MIN-0477].)
- 31 The Ministry of Health will produce a dashboard of key forward looking metrics relevant to the Framework such as tracking vaccination rates in different regions and health system capacity and demand both regionally and overall. The Director-General of Health will provide an assessment of the health factors.
- 32 DPMC will provide advice to Ministers on appropriate action, based on the health advice and other factors. DPMC will continue to consult relevant agencies throughout the development of this advice, to determine how any proposals are likely to impact vulnerable communities and to ensure other social and welfare considerations, including housing capacity, are incorporated.
- 33 Last week we agreed in principle that Regional Leadership Groups will provide advice and recommendations on local responses, subject to further advice to be provided to Cabinet. Regional Leadership Groups include local government, regionally-based officials from central agencies, and in some cases mana whenua and community leaders. Many of these groups have been operating for many years (albeit under different mandates) and have the relationships and connections to galvanise and respond locally. The groups include Regional Public Service Commissioners, who have the mandate to convene, resolve and escalate issues and to support the Crown in its regional relationships with Māori under the Treaty of Waitangi. Regional Leadership Groups will contribute to advice on the non-health factors, from the regional perspective. They will oversee and support the coordination of locally-led delivery of the health, welfare, housing and economic system approaches under the Framework. Where iwi are not part of Regional Leadership Groups, it is important we work to ensure that iwi have input into decision making in those regions as appropriate.
- 34 As we move into a regular cycle of check-ins on domestic level settings, we can also check-in on our border settings through the same process. Advice and decision-making on international border settings will need to be consistent with our domestic level settings to reduce both health and legal risks.

Determining initial levels for the transition

- 35 The Ministry of Health has made an initial assessment of levels for different regions. The Ministry will be engaging with DHBs, iwi/Māori and other NGO healthcare providers to improve the model over the coming week so a more refined assessment can be discussed at Cabinet on 29 November. This will enable Health to incorporate important lead indicators into the model, such as the locations Aucklanders have historically travelled to over the summer holiday period and the impact of summer leave on the healthcare workforce.
- 36 On Monday 29 November, Cabinet will make final decisions about the levels at which different regions of the country will enter the Framework. A health assessment, which will include an assessment of supply and demand in healthcare services in the affected areas, will inform these decisions. Vulnerability will be a key consideration in determining which areas enter the Framework at Red. Social deprivation, distance to health services, vaccine uptake, ethnicity and age will be assessed as indicators of vulnerability.
- 37 Protecting the most vulnerable communities is something we have clearly committed to under the new Framework. Greater freedoms for some should not be at the expense of heightened risk for those who are most vulnerable, particularly as the new system and support measures bed-in. Given this, there is a strong case for a precautionary approach being taken to determining initial levels for different regions. A precautionary approach, which would likely involve greater restrictions on the rights and freedoms of those in vulnerable communities, will provide the necessary protection while vaccination rates increase, and help to prevent any shifts up levels shortly after we transition to the Framework.

Criteria for assessing movement between levels

- 38 Once the country has transitioned to the Framework, we expect to use a differently weighted set of criteria to decide on any movement between levels with greater emphasis on health system capacity. Extra health and welfare support will continue to be provided to vulnerable communities, regardless of the level settings.
- 39 Based on the health factors agreed by Cabinet noted in paragraph 28 above, the Ministry of Health has proposed a set of questions the Director-General of Health will consider when advising on the appropriate level for each region. These questions will continue to evolve and improve over time.

Table 2: Proposed questions to inform Framework levels for each region

Key questions to determine for each region employing a one month horizon	If yes, move to...
<p>Can we no longer ‘minimise and protect’ effectively without localised restrictions and closures?</p> <ul style="list-style-type: none"> Is there a new variant of concern for which current vaccines in New Zealand have significantly reduced effectiveness at preventing severe illness that is resistant to the vaccine? 	<p>Localised restrictions and closures</p> <p>(equivalent of AL 3 or 4; at a local, not regional, level)</p>

IN-CONFIDENCE

<ul style="list-style-type: none"> • Are hospitalisations, ICU admissions (and/or deaths) predicted to increase substantially, to the point where the health system will be overwhelmed? 	
<p>Are there warning signs that a shift for a region to red is needed to assure health system capacity remains sufficient?</p> <ul style="list-style-type: none"> • Is demand on the health system (e.g. primary care, hospitalisations, ICU admissions, testing, contact tracing) likely to exceed capacity? • Are we likely to see a rapid growth in hospitalisations or fatalities, particularly among the most vulnerable? 	<p>Red</p> <p>Action needed to protect health system – system facing unsustainable number of hospitalisations.</p> <p>Action needed to protect at-risk populations.⁴</p>
<p>Is health system capacity beginning to come under pressure, so more restrictions are needed to help protect capacity?</p> <ul style="list-style-type: none"> • Are case numbers likely to exceed capacity to manage in one or more regions? • Will the contact tracing or testing system come under strain as a result of an outbreak in a given region? 	<p>Orange</p> <p>Increasing community transmission with increasing pressure on health system.</p> <p>Whole of health system is focusing resources but can manage.</p> <p>Increasing risk to at risk populations</p>
<ul style="list-style-type: none"> • Will health capacity continue to be sufficient to meet healthcare demand? (noting the ability to share resources across regions) 	<p>Green</p> <p>COVID-19 across New Zealand, including sporadic imported cases.</p> <p>Limited community transmission.</p> <p>COVID-19 hospitalisations are at a manageable level.</p> <p>Whole of health system is ready to respond.</p>

40 Consideration of these questions will be based on data and local knowledge about the health system capacity and capability to operate in view of the evolving situation in each region or area. The data analysis will consider both 'demand' (vaccination rates, COVID-19 cases, hospitalisations, welfare needs etc) as well as 'supply' factors (capacity projections). Supply factors take into account the health system's capacity and capability to respond to COVID-19 and to continue to deliver other critical health services. More work is needed to include 'lead' indicators into the analysis to give a better picture of the likely situation in the future.

Movement in and out of Red areas

41 On 18 October Cabinet noted there will be no restrictions on interregional travel or internal boundaries under the Framework, except when a region is at Red or in the case of localised lockdowns [CAB-21-MIN-0421 refers].

42 s9(2)(f)(iv) [REDACTED]

⁴ Cabinet previously agreed these risk assessments and thresholds for movement within a region at each level of the Framework [CAB-21-MIN-0421 refers].

s9(2)(f)(iv)

[REDACTED]

- 43 As we have further developed our thinking in relation to the Framework and decided how we will deal with the current Auckland boundary, we do not propose imposing this requirement to other areas that are at Red when we move the country to the Framework. However, I recommend we agree the vaccination or test requirement could be applied for travel both into and/or out to Red areas in the future, if considered necessary (informed by public health advice at the time). Compliance and enforcement of these requirements would depend on available resourcing and implementation practicalities.
- 44 Movement restrictions will not be our default setting but could form part of localised lockdowns. The preference will be to use other levers to manage localised risk.

Settings within the Framework

Regions are proposed to be used for levels under the Framework

- 45 I propose that local government regional boundaries are the most appropriate to use under the COVID-19 Protection Framework. While vaccination and other health data relates to DHB areas – which are generally smaller than regions – generally regions are what we have used under the Alert Level framework. Regional boundaries relate more naturally to social and economic communities (in terms of patterns of work, and movement) than DHB areas. DHBs frequently work together across administrative boundaries.
- 46 Some regions contain several DHBs – e.g. the Auckland region includes Waitemata, Counties Manukau and Auckland DHBs – whereas others have only one DHB such as Gisborne. In total there are 16 regions and 20 DHBs. If it were decided that parts of a region should be at different levels, it would be possible to define smaller areas by in most cases using territorial authority or bespoke boundaries.
- 47 The Ministry of Health considers that using DHB areas would be preferable to regions because their analysis is based on DHB information. They would prefer agencies to confer further to agree the appropriate regional unit.

Settings for events and gatherings, including as these relate to sport

- 48 Ahead of the transition to the Framework, it is necessary to confirm or adjust the Framework policy settings for events and gatherings, including as these relate to sport, to provide certainty for New Zealanders and ensure proportionality. It is urgent we do this now as sector guidance on the Framework is due to be published the week beginning 22 November. It is also important that New Zealanders clearly understand how events and gatherings

will operate in the Framework – as many of these are a source of great enjoyment, and we want to avoid confusion or disappointment.

- 49 I propose that events and gatherings should operate under the settings outlined in the table below, and that the requirements specified apply regardless of the ‘settings’ in which the event or gathering occurs. This is supported by public health advice that a COVID-19 requirement that applies in relation to a particular activity should apply to a business or service to the extent that the activity is carried out by the business or service. For example, this would mean that hospitality premises or public facilities hosting events or gatherings would have to follow event or gathering requirements while doing so, although hospitality rules when eating and drinking at events would continue to apply. Officials are working on defining an event on the basis of it being an activity (rather than have requirements attached to an ‘event facility’, as currently occurs). Working definitions are provided in Appendix Three.
- 50 In considering these proposals, it is important that we all understand how capacity limits are intended to apply, which based on public health advice includes:
- 50.1 both the vaccinated and unvaccinated capacity limits specified in the Framework are inclusive of children, and those not able to be vaccinated but who are entitled to COVID-19 Vaccination Certificates (CVCs) as these groups still pose a transmission risk.⁵ For the avoidance of doubt the presence of children, who are not able to be vaccinated, does not trigger the lower unvaccinated capacity limit requirements;
 - 50.2 vaccinated and unvaccinated capacity limits (including for gatherings) specified in the Framework are hard maximum caps, and mixed groups of vaccinated and unvaccinated people must adhere to the unvaccinated capacity limit (rather than to the unvaccinated proportion of the group only); and
 - 50.3 specified vaccinated and unvaccinated capacity limits apply to all people within a ‘defined space’, excluding workers, unless there is explicit provision otherwise.

⁵ CVCs will be known to the public as ‘My Vaccine Pass’.

Table 3. Proposed Framework events and gatherings settings

Category	Green	Orange	Red
Events (controlled entry e.g. cinemas, theatres)	CVC – Allowed, no limit Non-CVC - Allowed, up to 100 people	CVC – Allowed, no limit Non-CVC - Not permitted	CVC - Allowed, up to 100 people, based on 1m distancing Non-CVC - Not permitted
Gatherings (e.g. private gatherings, weddings, places of worship, marae)	CVC – Allowed, no limit Non-CVC – allowed up to 100 people, based on 1m distancing	CVC – Allowed, no limit. Non-CVC – allowed up to 50 people, based on 1m distancing	CVC – up to 100 people, based on 1m distancing Non-CVC – up to 25 people, based on 1m distancing
Specified outdoor community event (i.e. outdoors, uncontrolled entry, e.g. Newtown Festival, Anzac parades, Fairs)	CVC – Allowed, no limit Non-CVC – up to 100 people, based on 1m distancing	CVC – Allowed, no limit Non-CVC – up to 50 people, based on 1m distancing	CVC – up to 100 people, based on 1m distancing Non-CVC – up to 25 people, based on 1m distancing
All types of outdoor organised, community sport (e.g. Saturday sport)	CVC – Allowed, no limit Non-CVC – up to 100 people, based on 1m distancing	CVC – Allowed, no limit Non-CVC – up to 50 people, based on 1m distancing	CVC – up to 100 people, based on 1m distancing Non-CVC – up to 25 people, based on 1m distancing
<i>Seated and separated requirements would apply to the service of food and drink at activities operating under events rules</i>			

51 I would like to draw your attention to some key proposals within the table and provide some necessary clarifications. First, is how I propose to define and manage Specified Outdoor Community Events, which is a category that has not been part of New Zealand’s COVID-19 Alert Level requirements. The Framework currently indicates that these events are allowed at Green and Orange, and at Red with a capacity limit. I propose that events that have uncontrolled entry (i.e. are open to the public) and take place outdoors should be considered part of this category.

52 Specifying these types of uncontrolled, outdoor events to be Specified Outdoor Community Events will provide certainty for event organisers as to how they are expected to operate. For proportionality across the Framework, I propose that these types of events should operate under the same requirements as gatherings. If Specified Outdoor Community Events had

looser requirements than gatherings (or events, which have very similar requirements), we would risk people ‘gaming’ the system, and self-identifying as Specified Outdoor Community Events to benefit from lesser restrictions (which may increase public health risk), or would risk being in a position where uncontrolled access events can operate under looser restrictions than controlled access events.

53 Second, for the avoidance of doubt, I consider that we should direct that all outdoor community sport, unless that sport is operating under events rules, should operate under gatherings rules. This would provide a clear home for outdoor sport within the Framework. It is also a familiar way of operating for sports activities (outdoor community sport operated under gatherings rules under the Alert Level system).

54 Related to this is my proposal that all capacity limits specified in the Framework apply to ‘defined spaces’, as they did under the Alert Level system – which means that there can be multiple defined spaces at one venue, indoor or outdoor. For example, this could mean that multiple games of touch rugby could be played at one park. I note also that provided they are appropriately distanced from players, that spectators would not be included within the ‘sport’ gathering capacity limit. However, I do acknowledge that some community sports operators may find adhering to capacity limits, or using CVCs, very difficult, and that this may impact on the availability of these sports activities at Green, Red, and Orange unless alternative ways of operating are developed.

55 I acknowledge that some commercial and community events that use CVCs will not be able to go ahead under Red with the limit of 100, including events like major concerts and festivals. The proposed settings mean that events like Santa Parades would be unlikely to go ahead. Officials have also advised that the risk of red restrictions coming into place will mean that some events will cancel now, rather than incur costs in the lead up to an event that may not be able to operate.

56 s9(2)(f)(iv)



57 Third, I also propose to increase the gathering limit for unvaccinated people (or a mixed group of vaccinated and unvaccinated) at Red, which is currently 10. A capacity limit of 10 is not supported by public health advice, raises proportionality concerns given the importance of social connection (especially

at Christmas), and is impractical for large families that may want to come together for a gathering. I therefore propose to increase the limit for gatherings with no vaccination certificates to 25, based on 1m distancing. This is still significantly less than the limit at Orange of 50.

- 58 Fourth, I am aware that there is some confusion about whether business and service operators can 'switch' between requiring vaccination certificates and not. Such situations may arise when a premise is hosting sequential events or settings of clients (e.g. a restaurant with a first and second dinner seating), or sequential gatherings (e.g. viewings of tūpāpaku or deceased person). Provided that sequential cohorts are managed so that no intermingling of groups occurs, and rooms are ventilated and high-touch surfaces cleaned between cohorts, public health advice supports allowing switching between vaccinated and unvaccinated settings – provided this is made clear to all involved (staff and attendees) and there are clear processes to manage this.

Definition of public facility

- 59 The Framework indicates that public facilities can open at Green with no requirements, at Orange with capacity limits based on one metre distancing, and Red with up to 100 people based on one metre distancing. There are no CVC requirements specified for these facilities at any level, but CVCs are not prohibited from being used at such facilities. Given the comparatively more permissive settings for these types of facilities compared to events or gatherings for example, it is important that public facilities are well-defined within the Protection Framework Order.
- 60 I do not consider that the current way of defining public facilities in the COVID-19 Public Health Response Act 2020 Act, which is by way of example only, should be carried over to the Framework. The intent of having separate requirements for public facilities is to reflect that they are publicly funded, for provision of public-good, recreational or community services (or similar). I propose we direct officials to define and set policy settings for public facilities to reflect these differentiating characteristics. A working definition is provided in Appendix Three.

Education settings

- 61 The COVID-19 Protection Framework settings provide for all education services to remain open for all learners at each level, with appropriate public health controls in place. Distance learning will continue to be provided for learners who are self-isolating. This is different to the current arrangements in Auckland, where learners in years 0-8 may be attending school part-time from 17 November.
- 62 By the time, we transition to the COVID-19 Protection Framework, there will only be 2-3 weeks of term left for the academic year. Given the amount of disruption and change for learners, parents and schools (particularly those in Auckland and Waikato), I am proposing to allow schools to retain their existing settings for the last few weeks of term, and transition to the new requirements for the beginning of term 1, 2022. I propose to remove the current grouping requirements for early childhood services and tertiary providers immediately.

Other minor changes to the Framework

63 Some other minor changes are required to the Framework settings. For example, we need to replace the use of the term 'CVCs' with My Vaccine Pass. We also need to reconsider our phrasing of encouraging working from home at Red, as some workplaces can operate safely at Red, and for these workplaces, encouraging working from home may not be necessary. We must recognise that when it can be done safely, having workers within workplaces benefits local economies and is important for social connection.

CVC early access programme for Auckland hairdressers

64 CVCs are a key part of the new Framework. The Director-General of Health is considering a request for an exemption to Auckland hairdressers from the current Alert Level Order to allow them to participate in an early access programme for CVCs. If granted, this programme will begin on Thursday 25 November. It will allow Auckland hairdressers to operate under Alert Level 3 Step 2, if they make CVCs a condition of entry.

65 The Office of the Director Public Health has advised the public health risk of allowing the programme to go ahead is low. A range of public health risk mitigation measures have been proposed and guidance on these measures will be provided to hairdressers who choose to participate in the programme.

Allowing more people to enter Auckland

66 s9(2)(f)(iv) [Redacted text block]

Risks

67 The risks in shifting the country outside of Auckland into the framework could broadly be described under our strategy as:

- 67.1 Minimisation risks – that the framework or system response does not sufficiently minimise spread and serious harm from COVID-19; and
- 67.2 Protection risks – that the move to the new framework doesn't sufficiently protect the most vulnerable.

Minimisation risks

68 Our ability to minimise the spread of COVID-19 relies on the public health measures in the framework, the system response to COVID-19, and the wider context that we are operating in. The overall approach of the Framework is based on evidence that very high vaccination rates will minimise the spread and severity of COVID-19 transmission.

69 If measures such as the use of CVCs, and the limits imposed on people under the Orange and Red settings, are insufficient to stop spread lockdown type

measures may need to be used more frequently than we expected. In particular, the effectiveness of CVCs could be undermined by fraudulent use or increased private social gatherings of unvaccinated people who can no longer gather in public hospitality venues.

- 70 We expect that opening the Auckland boundary for more travellers while transmission continues in the city will increase the rate at which cases are seeded in other regions, despite the mitigating effect of requiring that travellers are vaccinated or tested. This will be more likely in places that experience higher volumes of travellers from Auckland. Historical movement and electronic transaction data suggest that the places that will experience the greatest proportion of travellers from Auckland are Northland (~20% of travellers), the Waikato (~20%) and Thames-Coromandel district (~13%) and the Bay of Plenty and Tauranga (~24%).
- 71 Maintaining the effectiveness of our contact tracing and testing systems, including through the use of Rapid Antigen Tests will be critical to minimising spread. We are also considering changes to the contact tracing and testing strategy today. If the demands due to the spread of COVID-19 exceed our capacities, the spread will likely further accelerate.
- 72 The Framework will rely on timely and accurate intelligence and data to inform decisions about changes in levels. If the system cannot provide reliable information on likely pressure on health system capacity ahead of time, then our response will lag behind the increasing caseloads and will not respond in time to minimise serious health impacts. The dashboard that the Ministry of Health is developing should mitigate this risk, particularly once it is able to include lead indicators that take into account modelling for example.
- 73 The Ministry of Health is also establishing a group of internal and independent reviewers to perform an assurance function, with the aim of improving the Ministry of Health's Framework Assessment methodology over time and supporting those involved in the process.
- 74 The context that these decisions are taken in is important. Currently we are faced with a single large outbreak with several chains that we can link through contact tracing. Further spread, or the introduction of changes at the border, could increase the number of unlinked cases that seed new outbreaks and clusters. We are reducing this risk by taking a structured approach to changing our domestic framework, and then making phased changes to our border settings.

Protection risks

- 75 The key risks for the protection of people come from spread amongst unvaccinated and vulnerable people, risks to health system readiness, and our ability to provide community care and supports.
- 76 Despite overall high vaccination rates, there will be pockets with communities of people with low vaccination rates that interact together. For example, rural communities with low vaccination rates and large Māori and Pacific populations.

- 77 A key risk of moving to the new Framework is the ability for the framework to protect these communities. While the Framework is intended to reduce the risk of spread from unvaccinated people in high risk scenarios, stronger measures may be required to reduce spread where it occurs within these communities. From modelling results and international observation, we expect that transmission in regions and communities with lower rates of vaccination will be faster and more challenging to control. The consequences of this transmission, in terms of individual impacts and health system utilisation, will also be greater.
- 78 Our approach to protecting people is dependent on continuing to improve vaccination uptake, plus the community care and social support systems that will allow whānau to respond to cases in their household. It is important that the community care and social supports we approve today are implemented rapidly where required. Similarly, it is essential that our health system is supported to meet the clinical needs of an increasing numbers of cases. We must recognise that this will require a differentiated approach that accounts for the different starting points of DHBs and Māori NGO health sector providers. Without targeted additional support some will struggle, potentially compounding existing inequitable health outcomes.
- 79 Housing capacity is a key concern for supporting self-isolation and protecting vulnerable communities. Where positive cases are unable to self-isolate in a home, and a managed isolation and quarantine facility is unavailable, there may be limited capacity for these people to be accommodated. The housing system is already under stress in many areas and limited additional capacity is available, including in areas with low vaccination rates. Similarly, those requiring emergency housing may not be able to be accommodated due to increasing numbers of people in self-isolation. The reopening of international borders may exacerbate these issues.
- 80 These implementation risks will be heightened with the pace we are introducing the new system. Moving all New Zealand to the new Framework at the same time avoids the issues associated with complexity of running two systems. However, the details of the Framework and support measures are being developed at pace.

Next steps

- 81 The Prime Minister and I will bring a paper to Cabinet on 29 November to confirm when to transition all New Zealand to the Framework. This decision will be informed by a CPF assessment to determine the appropriate Levels for different parts of the country.

Financial Implications

- 82 The specific financial implications associated with moving to the Framework will be dealt with in related Cabinet papers, which Cabinet will consider over the coming week.

Legislative Implications

83 To give effect to the Framework, I will make Orders under the COVID-19 Public Health Response Act 2020, following consultation with specified Ministers. The infringement offence penalty framework will be set in regulations subject to the passage of the COVID-19 Public Health Amendment Bill 2021, and then given effect to through Orders.

Impact Analysis

84 The Treasury's Regulatory Impact Analysis team has determined that the proposals in this Cabinet paper relating to transitioning to the new COVID-19 Protection Framework are exempt from the requirement to provide a Regulatory Impact Statement on the grounds that they are intended to manage, mitigate, or alleviate the short-term impacts of a declared emergency event of the COVID-19 pandemic, and the implementation of the policy is required urgently to be effective (making complete, robust and timely impact analysis unfeasible).

Human Rights

85 s9(2)(h) [Redacted]

86 s9(2)(h) [Redacted]

87 s9(2)(h) [Redacted]

88 s9(2)(h) [Redacted]

s9(2)(h)

Te Tiriti o Waitangi Analysis

- 89 The Crown's obligations to Māori under the Treaty of Waitangi require active protection of tāonga, including health. Decisions need to be informed by good faith engagement with, and appropriate knowledge of, the views of iwi leaders and other representatives of potentially vulnerable Māori communities. Treaty principles require the Crown to do what is reasonable in the circumstances. In the context of the Framework, this involves considering what will support a national response that is co-ordinated, orderly and proportionate, in light of the Crown's obligation to actively protect Māori interests. The Crown should also look for opportunities to enable for-Māori by-Māori responses.
- 90 The virus has had a disproportionate health impact on Māori and Pacific communities. As well as making up a large proportion of cases to date, Māori and Pacific peoples generally have higher rates of co-morbidities that result in poorer outcomes if they are infected with the virus. Younger Māori have some of the lowest vaccination rates and are therefore at higher risk of health impacts and being excluded due to CVC requirements.
- 91 Current vaccination rates are lower for Māori compared to the average across New Zealand. Lower vaccination rates coupled with a disproportionate burden of disease mean Māori communities are at a greater risk of illness and death as we transition between frameworks.
- 92 Moves that have been taken to control the outbreak strongly and quickly have been intended to prevent the spread of COVID-19 to all New Zealanders, including vulnerable populations. Transitioning to the Framework does not change our focus on increasing vaccination coverage. Additional funding is being provided to Māori health providers, and DHBs are continuing their push to increase vaccination rates.
- 93 It is important that this funding is held by Māori organisations to design solutions for and with Māori communities, in partnership with local DHBs and organisations. It should be recognised that while incentives may increase vaccination rates among some individuals, a process of building trust through effective engagement with (particularly vulnerable) Māori communities should also lie at the heart of any ongoing strategy to boost vaccination rates. This is because people who do not trust the source of information (e.g. the need to get vaccinated) are unlikely to follow the advice from it.
- 94 Transitioning all New Zealand to the Framework in early December, rather than relying on the achievement of 90% vaccination rates per DHB, will put vulnerable Maori communities at greater risk of COVID-19 infection sooner than expected. Even with vaccination and testing requirements in place to cross the Auckland Alert Level boundary, there is an increased likelihood of the virus spreading throughout the country.
- 95 The related papers Cabinet will consider today and over the coming week (referenced in paragraphs 14, 16 and 81) will help to ensure people can access the support they need when we transition to the Framework. Funding

being sought for local service providers by MSD and the Māori Communities COVID-19 Fund can also provide some of this support. Phase 2 of the Māori Communities COVID-19 Fund will focus on building resilience in Māori whānau and communities to mitigate the impact of COVID-19 outbreaks. I expect relevant officials will continue to work together with Māori partners in implementing both the Fund and the Framework to mitigate any disproportionate impacts on Māori.

- 96 With increased COVID-19 management in the community, Māori will need to input into local and national decision-making. Engagement with the Iwi Chairs Forum Pandemic Response Group is an example of work at a national level. The Framework also allows for increased local input, including input by Iwi, hapū and Māori organisations into decision-making (paragraph 33 refers).
- 97 We have preserved the ability to use localised lockdowns where necessary, and this will be an important option to protect vulnerable communities in the worst scenarios. Māori healthcare providers will be engaged in discussions on how to incorporate lead indicators into assessment data for considering regional level changes under the Framework (paragraph 33 refers). Imposing tougher restrictions to better manage health outcomes could result in worse economic outcomes for Māori in the short term.

Population and economic impacts

- 98 On 18 October and 15 November, Cabinet considered the impacts of the change in strategy from the Alert Level system to the Framework [CAB-21-MIN-0421 refers]. These included the health impacts from further spread of COVID-19 in the community and population impacts from measures used to suppress cases.
- 99 This paper focuses on the economic impacts of the Framework and does not reiterate the population impacts previously provided. More detailed information about how transitioning to the Framework impacts populations, particularly in the context of different entry levels, will be provided when Cabinet takes decisions on these levels next week.
- 100 Under the Framework, most businesses will be able to operate normally in the context of COVID-19, particularly under the Green level. Under the Orange and Red levels, the main exception would be businesses that do not implement CVC requirements, which we want to discourage.
- 101 The following table shows the difference between the anticipated economic impact of the Framework and the estimated economic impact under the Alert Level system. These initial estimates suggest that the economic impact of the Framework is likely to be much lower when compared with Alert Level 3 and 4 restrictions. The economic impacts under the Framework will also likely be at the lower ends of the ranges estimated as the international border reopens further.

Table 2: Estimated economic impact under public health frameworks
(Figures note the impact for all New Zealand and are relative to forecast activity with no public health restrictions. Framework figures do not incorporate the potential impact from any localised restrictions and closures)

Alert Level system	
Alert Level 2	-4 to 6% of GDP
Alert Level 3	-10 to 15% of GDP
Alert Level 4	-25 to 30% of GDP
COVID-19 Protection Framework	
Green	-0 to 4% of GDP
Amber	-1 to 5% of GDP
Red	-2 to 5% of GDP

102 While the estimated GDP impact figures between Alert Level 2 and the Red level under the Framework are similar in aggregate, time is needed to understand the actual sectoral outcomes. At Alert Level 2, the economic impact of restrictions affected some industries more than others (for example, the events sector, hospitality and tourism). Under the Framework, many of those sectors operating with CVCs under the Red level will be able to do so with reduced restrictions compared to those under Alert Level 2. Any impact on economic activity could therefore be more evenly spread across all sectors.

Consultation

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

104 The following agencies were also consulted on the paper: Customs, Departments of Internal Affairs, Corrections, Ministries of Education, Ethnic Communities, Foreign Affairs and Trade, Housing and Urban Development, Culture and Heritage, Social Development, Justice, Primary Industries, Business, Innovation and Employment, Transport, Pacific Peoples, Te Arawhiti, the Treasury, Te Puni Kokiri, Oranga Tamariki, and the Public

Service Commission. Sport New Zealand was consulted on events and gatherings settings.

Communications and proactive release

- 105 The decisions in this paper will be announced after Cabinet by the Prime Minister. The paper will be proactively released following Cabinet consideration.

Recommendations

The Minister for COVID-19 Response recommends that Cabinet:

- 1 note that on 18 October 2021, Cabinet agreed to move from the Alert Level system to a new COVID-19 Protection Framework (the Framework), supporting the move from an elimination strategy to a minimise and protect strategy for managing the virus [CAB-21-MIN-0421];
- 2 note that on 15 November, Cabinet considered an update on the preparation for moving to the Framework, including management of the current Auckland Alert Level boundary, and authorised Ministers with Power to Act to take decisions on detailed settings within the Framework [CAB-21-MIN-0477];
- 3 note the Prime Minister publicly announced the approach to transitioning to the Framework on Wednesday 17 November;

Transitioning to the Framework

- 4 agree to rescind Cabinet's decision in principle (subsequently confirmed by Ministers with Power to Act) to the following targets:
 - 4.1 each District Health Board (DHB) in Auckland – 90% full vaccination of those eligible;
 - 4.2 each DHB outside Auckland – 90% full vaccination of those eligible;
- 5 agree in principle, subject to health assessment and confirmation by Cabinet on Monday 29 November, that the country transitions to the COVID-19 Protection Framework at 11.59pm Thursday 2 December;
- 6 note officials advise the best possible transition date is 11.59pm Thursday 2 December, to allow time after 29 November for the Order to be signed and gazetted 48 hours before coming into effect;
- 7 agree to announce the 11.59pm Thursday 2 December date the week of 22 November;
- 8 note by the week of 29 November, it is expected that around 86 percent of the eligible population will be double vaccinated;
- 9 note sector guidance on Framework will be published in the week commencing 22 November to support our transition to the Framework;

Decision-making under the Framework

- 10 note Cabinet previously agreed that Ministers will continue to make decisions with regard to regional or national shifts in the response level, informed by five health and four other factors [CAB-21-MIN-0421 refers];
- 11 note Cabinet agreed the indicative risk assessments and thresholds for movement within a region at each level of the Framework, which will inform decision-making under the Framework [CAB-21-MIN-0421 refers];
- 12 note the Director-General of Health will provide an assessment of the health factors mentioned in recommendation 10 to assist Ministers in making these decisions;
- 13 note the Ministry of Health will produce a dashboard of key health system metrics relevant to the Framework;
- 14 note the Department of the Prime Minister and Cabinet will provide advice to Ministers on appropriate action, based on the health advice and non-health factors;
- 15 confirm your previous decision in principle that Regional Leadership Groups will provide advice to government on the non-Health factors from a regional perspective;

Determining initial and future Framework Levels

- 16 note the Director-General of Health will provide advice on which parts of the country should enter which Framework level when we transition to the Framework on Monday 29 November;
- 17 note the assessment in recommendation 16 will be informed by community vulnerability (including vaccine uptake) and health system capacity;
- 18 note that for future shifts between levels of the Framework, the Director-General of Health’s regular assessment of the health factors mentioned in recommendation 10 will be informed by the questions set out in the table below, noting the questions will continue to evolve over time:

Key questions to determine for each region employing a one month horizon	If yes, move to...
<p>Can we no longer ‘minimise and protect’ effectively without localised restrictions and closures?</p> <ul style="list-style-type: none"> • Is there a new variant of concern for which current vaccines in New Zealand have significantly reduced effectiveness at preventing severe illness that is resistant to the vaccine? • Are hospitalisations, ICU admissions (and/or deaths) predicted to increase substantially, to the point where the health system will be overwhelmed? 	<p>Localised restrictions and closures</p> <p>(equivalent of AL 3 or 4; at a local, not regional, level)</p>
<p>Are there warning signs that a shift for a region to red is needed to assure health system capacity remains sufficient?</p>	<p>Red</p> <p>Action needed to protect health system – system</p>

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<ul style="list-style-type: none"> • Is demand on the health system (e.g. primary care, hospitalisations, ICU admissions, testing, contact tracing) likely to exceed capacity? • Are we likely to see a rapid growth in hospitalisations or fatalities, particularly among the most vulnerable? 	<p>facing unsustainable number of hospitalisations. Action needed to protect at-risk populations.⁶</p>
<p>Is health system capacity beginning to come under pressure, so more restrictions are needed to help protect capacity?</p> <ul style="list-style-type: none"> • Are case numbers likely to exceed capacity to manage in one or more regions? • Will the contact tracing or testing system come under strain as a result of an outbreak in a given region? 	<p>Orange</p> <p>Increasing community transmission with increasing pressure on health system.</p> <p>Whole of health system is focusing resources but can manage.</p> <p>Increasing risk to at risk populations</p>
<ul style="list-style-type: none"> • Will health capacity continue to be sufficient to meet healthcare demand? (noting the ability to share resources across regions) 	<p>Green</p> <p>COVID-19 across New Zealand, including sporadic imported cases.</p> <p>Limited community transmission.</p> <p>COVID-19 hospitalisations are at a manageable level.</p> <p>Whole of health system is ready to respond.</p>

19 agree that local government regional boundaries are used to form the boundaries for use under the Framework;

Movement in and out of Red areas

20 note on 18 October Cabinet noted there will be no restrictions on interregional travel or internal boundaries under the Framework, except when a region is at Red or in the case of localised lockdowns [CAB-21-MIN-0421 refers];

21 agree that movement in to and out of Red areas will not be restricted when we transition the country to the Framework (with the exception of the Auckland Alert Level boundary, where vaccination or testing requirements will apply from 15 December 2021 to 17 January 2022 for travel out of Auckland);

22 agree that vaccination or testing requirements could be applied for travel into or out of Red areas in future, if considered necessary, informed by public health advice;

23 note that movement restrictions at boundaries could be imposed if needed;

Settings within the framework

24 agree to increase gathering limits at the Red level for unvaccinated people (or mixed gatherings) from 10 to 25 people, based on 1m distancing;

⁶ Cabinet previously agreed these risk assessments and thresholds for movement within a region at each level of the Framework [CAB-21-MIN-0421 refers].

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- 25 agree Specified Outdoor Community Events are events that have uncontrolled access (are open to the public) and occur outdoors;
- 26 agree that events and gatherings, including specified outdoor community events and outdoor community sports, should operate under the following requirements:

Category	Green	Orange	Red
Events (controlled entry e.g. cinemas, theatres)	CVC – Allowed, no limit Non-CVC - Allowed, up to 100 people	CVC – Allowed, no limit Non-CVC - Not permitted	CVC - Allowed, up to 100 people, based on 1m distancing Non-CVC - Not permitted
Gatherings (e.g. private gatherings, weddings, places of worship, marae)	CVC – Allowed, no limit Non-CVC – allowed up to 100 people, based on 1m distancing	CVC – Allowed, no limit. Non-CVC – allowed up to 50 people, based on 1m distancing	CVC – up to 100 people, based on 1m distancing Non-CVC – up to 25 people, based on 1m distancing
Specified outdoor community event (i.e. outdoors, uncontrolled entry, e.g. Newtown Festival, Anzac parades, Fairs)	CVC – Allowed, no limit Non-CVC – up to 100 people, based on 1m distancing	CVC – Allowed, no limit Non-CVC – up to 50 people, based on 1m distancing	CVC – up to 100 people, based on 1m distancing Non-CVC – up to 25 people, based on 1m distancing
All types of outdoor organised, community sport (e.g. Saturday sport)	CVC – Allowed, no limit Non-CVC – up to 100 people, based on 1m distancing	CVC – Allowed, no limit Non-CVC – up to 50 people, based on 1m distancing	CVC – up to 100 people, based on 1m distancing Non-CVC – up to 25 people, based on 1m distancing
<i>Seated and separated requirements would apply to the service of food and drink at activities operating under events rules</i>			

27 s9(2)(f)(iv) [REDACTED]

28 agree that requirements related to events should be triggered by the event as an activity, rather than that activity being held at an event facility;

29 confirm that COVID-19 requirements that apply in relation to a particular activity should apply to a business or service to the extent that the activity is carried out by the business or service;

- 30 confirm, for the avoidance of doubt, that any specified requirements related to an activity (such as a gathering or event) should apply regardless of the setting the activity takes place in;
- 31 confirm that specified capacity limits in the Framework apply to all people, including children, within a defined space, excluding workers, unless there is explicit provision otherwise;
- 32 note that the specified capacity limits are hard caps, and the presence of people eligible to be vaccinated but are not, triggers the application of the unvaccinated capacity limit;
- 33 note that the presence of children who are not old enough to be vaccinated does not trigger the application of unvaccinated capacity limits;
- 34 confirm businesses and services may switch between operating between vaccinated and unvaccinated requirements, provided that appropriate public health controls are implemented between groups to the extent practicable;
- 35 agree that for the purposes of the Framework, the policy settings, including definition of a public facility, should reflect that the nature of these facilities is different to others in that they are publicly funded and provide recreational and/or community services;
- 36 note that an updated Framework is provided in Appendix Four;
- 37 agree that schools will retain their existing COVID settings until the end of the 2021 calendar year, and will transition to the COVID-19 Protection Framework settings at the beginning of Term 1, 2022;

38 s9(2)(f)(iv) [Redacted]

Next steps

- 39 invite the Prime Minister and Minister for COVID-19 Response to return to Cabinet on 29 November to confirm the appropriate levels for different parts of the country based on the latest Public Health advice; and
- 40 note that the Prime Minister will communicate today's decisions.

Hon Chris Hipkins
Minister for COVID-19 Response

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Appendix 1 – Vaccination rates as at 11.59pm Friday 19 November 2021

DHB	First dose			Second dose		
	All ethnicities	Māori	Pacific	All ethnicities	Māori	Pacific
Northland	84%	75%	88%	73%	59%	74%
Waitemata	93%	85%	89%	87%	72%	79%
Auckland	95%	88%	88%	90%	75%	78%
Counties Manukau	92%	80%	87%	84%	65%	76%
Waikato	90%	79%	90%	81%	63%	78%
Lakes	86%	75%	86%	75%	58%	73%
Bay of Plenty	87%	72%	>95%	77%	56%	>95%
Tairāwhiti	84%	77%	>95%	72%	61%	82%
Taranaki	88%	77%	90%	78%	60%	75%
Hawkes Bay	89%	76%	>95%	79%	59%	94%
MidCentral	90%	80%	90%	81%	63%	77%
Whanganui	85%	73%	81%	76%	58%	69%
Capital and Coast	94%	85%	86%	88%	73%	74%
Hutt Valley	91%	80%	85%	83%	66%	74%
Wairarapa	91%	82%	91%	80%	62%	76%
Nelson Marlborough	90%	77%	>95%	81%	62%	>95%
West Coast	86%	79%	91%	76%	64%	76%
Canterbury	94%	83%	90%	84%	66%	75%
South Canterbury	90%	78%	>95%	81%	63%	85%
Southern	93%	82%	>95%	84%	68%	84%
Overseas / Unknown	16%	11%	33%	15%	8%	30%
New Zealand	91%	79%	89%	83%	63%	78%
All DHBs doses to 90%	43,584	64,271	7,149	301,838	151,391	36,991

Appendix 2 – Updated Vaccination projections

Current forecast on COVID-19 vaccination rates at each week from the end of November through to the end of the year based on actual data as at 15 November 2021. To 'actuals' have mapped closely to the mid-point projections.

DHB	Mid-point				Worst-case			
	29th Nov	13th Dec	25th Dec	31st Dec	29th Nov	13th Dec	25th Dec	31st Dec
New Zealand	86%	89%	90%	91%	81%	83%	84%	84%
Auckland	92%	94%	95%	96%	90%	92%	93%	93%
Bay of Plenty	81%	84%	86%	88%	77%	79%	80%	80%
Canterbury	88%	92%	94%	94%	84%	86%	87%	87%
Capital and Coast	91%	93%	94%	95%	87%	89%	90%	91%
Counties Manukau	86%	89%	91%	92%	85%	87%	89%	89%
Hawkes Bay	82%	85%	88%	89%	79%	81%	82%	82%
Hutt Valley	86%	89%	90%	91%	83%	85%	86%	86%
Lakes	78%	81%	85%	87%	75%	77%	78%	78%
Midcentral	84%	87%	89%	91%	81%	83%	84%	85%
Nelson Marlborough	84%	87%	89%	90%	82%	84%	85%	86%
Northland	77%	80%	83%	84%	73%	75%	76%	76%
South Canterbury	83%	87%	89%	90%	82%	84%	85%	85%
Southern	87%	91%	92%	93%	84%	86%	87%	87%
Tairāwhiti	75%	79%	83%	85%	71%	73%	74%	75%
Taranaki	81%	85%	88%	89%	78%	81%	83%	83%
Waikato	84%	87%	89%	90%	81%	83%	84%	85%
Wairarapa	83%	86%	89%	91%	81%	84%	85%	86%
Waitemata	89%	92%	93%	93%	87%	89%	90%	90%
West Coast	78%	83%	85%	87%	75%	77%	78%	78%
Whanganui	78%	81%	84%	85%	76%	78%	79%	79%

Appendix 3 – Working definition of ‘event’ and ‘public facility’

Event

An event is any voluntary or for-profit activity that takes place at a commercial or private indoor or outdoor premises or a publicly owned premises hired for that purpose that has controlled access, via ticketing, fee paying on premises, registration, or other practicable means of controllable entry, of customers or clients, unless that activity is a specified outdoor community event or gathering. For the avoidance of doubt normal operations at cinemas, theatres, stadiums, concert venues, conference venues, casinos, and private galleries are considered events, whereas normal operations at a retail business, in-home service, or at a food and drink business are not considered events.

Comment: In practice this means that faith-based organisations and other social and cultural activities would be able to choose to be events if they wished rather than gatherings. However, the implications of this would be negligible as the requirements for events and gatherings are the same at Green, and stricter for events than gatherings at Orange and Red.

Public Facility

Any premises owned or managed by central or local government, that is open to all of the public for recreational, social, community or cultural activities or services, except where that facility is hired or otherwise being exclusively used for an event or gathering, or is operating under specified outdoor community event rules.

Comment: This definition would capture facilities such as museums, public galleries, libraries, recreation centres, swimming pools, and zoos. It would not capture facilities where one must be a member to be able to access it (e.g. most gyms).

Appendix 4 – Updated summary of COVID-19 Protection Framework settings

Green	COVID-19 across New Zealand, including sporadic imported cases.	General settings		
		Record keeping/scanning required	Public facilities – open	Workplaces – open
	Limited community transmission.	Face coverings mandatory on flights, encouraged indoors	Retail – open	Education (schools, ECE, tertiary) – open
	COVID-19 hospitalisations are at a manageable level.	No limits if My Vaccine Pass is used for:		
		Hospitality	Events (indoor/outdoor)	Specified outdoor community events (outdoor events with uncontrolled access)
Whole of health system is ready to respond – primary care, public health, and hospitals	Gatherings (e.g. private gatherings, weddings, places of worship, marae, outdoor and indoor community or social sports)	Close contact businesses	Gyms	
	If My Vaccine Pass is not used, the following restrictions apply (capacity limits apply per defined space):			
	Hospitality – up to 100 people, based on 1m distancing, seated and separated	Events (indoor/outdoor) – up to 100 people based on 1m distancing, seated and separated for service of food and drink	Specified outdoor community events (outdoor events with uncontrolled access) - up to 100 people, based on 1m distancing	
	Gatherings (e.g. private gatherings, weddings, places of worship, marae, outdoor and indoor community or social sports) – up to 100 people, based on 1m distancing	Close contact businesses – face coverings for staff, 1m distancing between customers	Gyms - up to 100 people, based on 1m distancing	
Orange	Increasing community transmission with increasing pressure on health system.	General settings		
		Record keeping/scanning required	Public facilities – open with capacity limits based on 1m distancing	Workplaces – open
	Whole of health system is focusing resources but can manage – primary	Face coverings mandatory on flights, public transport, taxis, retail, public venues, encouraged elsewhere	Retail – open with capacity limits based on 1m distancing	Education – open with public health measures in place
		No limits if My Vaccine Pass is used for:		
	Hospitality	Events (indoor/outdoor)	Specified outdoor community events (outdoor events with uncontrolled access)	
	Gatherings (e.g. private gatherings, weddings, places of worship, marae, outdoor and indoor community or social sports)	Close contact businesses	Gyms	

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	<p>care, public health, and hospitals.</p> <p>Increasing risk to at risk populations.</p>	<p>If My Vaccine Pass is not used, the following restrictions apply (capacity limits apply per defined space):</p>			
		<p>Hospitality – contactless only</p> <p>Gatherings (e.g. private gatherings, weddings, places of worship, marae, outdoor and indoor community or social sports) – up to 50 people, based on 1m distancing</p>	<p>Close contact businesses, events (indoor/outdoor) and gyms are not able to operate</p>	<p>Specified outdoor community events - up to 50 people, based on 1m distancing</p>	
<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Red</p>	<p>Action needed to protect health system – system facing unsustainable number of hospitalisations.</p>	<p>General settings</p>			
	<p>Action needed to protect at-risk populations.</p>	<p>With My Vaccine Pass, the following restrictions apply (capacity limits apply per defined space):</p>			
			<p>Record keeping/scanning required</p> <p>Face coverings mandatory on flights, public transport, taxis, retail, public venues, recommended whenever leaving the house</p>	<p>Public facilities – open with up to 100 people, based on 1m distancing</p> <p>Retail – open with capacity limits based on 1m distancing</p>	<p>Education – schools & ECE open with public health measures & controls</p> <p>Workplaces – working from home may be appropriate for some staff</p>
			<p>Hospitality – up to 100 people, based on 1m distancing, seated and separated</p> <p>Gatherings (e.g. private gatherings, weddings, places of worship, marae, outdoor and indoor community or social sports) – up to 100 people, based on 1m distancing</p> <p>Gyms – up to 100 people, based on 1m distancing</p>	<p>Events (indoor/outdoor) – up to 100 people based on 1m distancing, seated and separated for service of food and drink</p> <p>Close contact businesses – public health requirements in place</p>	<p>Specified outdoor community events (outdoor events with uncontrolled access) - up to 100 people, based on 1m distancing</p> <p>Tertiary education – vaccinations required for onsite teaching, learning, research spaces, student support and advisory services, with capacity based on 1m distancing</p>
			<p>If My Vaccine Pass is not used, the following restrictions apply (capacity limits apply per defined space):</p>		
			<p>Hospitality – contactless only</p> <p>Gatherings (e.g. private gatherings, weddings, places of worship, marae, outdoor and indoor community or social sports) – up to 25 people, based on 1m distancing</p>	<p>Close contact businesses, events (indoor/outdoor) and gyms are not able to operate</p> <p>Tertiary education – distance learning only</p>	<p>Specified outdoor community events (outdoor events with uncontrolled access) - up to 25 people, based on 1m distancing</p>



Cabinet

Minute of Decision

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COVID-19: Implementing the COVID-19 Protection Framework

Portfolio **COVID-19 Response**

On 22 November 2021, Cabinet:

Background

- 1 **noted** that on 18 October 2021, Cabinet agreed to move from the Alert Level system to a new COVID-19 Protection Framework (the Protection Framework), supporting the move from an elimination strategy to a minimise and protect strategy for managing the virus [CAB-21-MIN-0421];
- 2 **noted** that on 15 November 2021, Cabinet considered an update on the preparation for moving to the Protection Framework, including management of the current Auckland Alert Level boundary, and authorised Ministers with Power to Act to take decisions on detailed settings within the Protection Framework [CAB-21-MIN-0477];
- 3 **noted** that the Prime Minister publicly announced the approach to transitioning to the Protection Framework on 17 November 2021;

Transitioning to the Protection Framework

- 4 **rescinded** Cabinet's decision in principle (subsequently confirmed by Ministers with Power to Act) to the following targets:
 - 4.1 each District Health Board (DHB) in Auckland – 90 percent full vaccination of those eligible;
 - 4.2 each DHB outside Auckland – 90 percent full vaccination of those eligible;
- 5 **agreed in principle, subject to** health assessment and confirmation by Cabinet on Monday, 29 November 2021, that the country transitions to the Protection Framework at 11.59 pm, Thursday, 2 December 2021;
- 6 **noted** that officials advise that the best possible transition date is 11.59 pm, Thursday, 2 December 2021, to allow time after 29 November 2021 for the Order to be signed and gazetted 48 hours before coming into effect;
- 7 **agreed** to announce the 11.59 pm, Thursday, 2 December 2021 date in the week of 22 November 2021;

- 8 **noted** that by the week of 29 November 2021, it is expected that around 86 percent of the eligible population will be double vaccinated;
- 9 **noted** that sector guidance on the Protection Framework will be published in the week commencing 22 November 2021 to support the transition to the Protection Framework;

Current Alert Levels

- 10 **agreed** that the current Alert Levels remain as they are in Auckland and the rest of New Zealand until the move to the Protection Framework;
- 11 **noted** that the Director-General of Health is considering a request for an exemption for hairdressers in Auckland from the current Alert Level Order to allow them to participate in an early access programme for COVID-19 Vaccination Certificates, to begin on 25 November 2021;

Decision-making under the Protection Framework

- 12 **noted** that on 18 October 2021, Cabinet agreed that Ministers will continue to make decisions with regard to regional or national shifts in the response level, informed by five health and four other factors [CAB-21-MIN-0421];
- 13 **noted** that on 18 October 2021, Cabinet agreed to the indicative risk assessments and thresholds for movement within a region at each level of the Protection Framework, which will inform decision-making under the Protection Framework [CAB-21-MIN-0421];
- 14 **noted** that the Director-General of Health will provide an assessment of the health factors mentioned in paragraph 12 to assist Ministers in making these decisions;
- 15 **noted** that the Ministry of Health will produce a dashboard of key health system metrics relevant to the Protection Framework;
- 16 **noted** that the Department of the Prime Minister and Cabinet (DPMC) will provide advice to Ministers on appropriate action, based on the health advice and non-health factors;
- 17 **confirmed** the decision in principle that Regional Leadership Groups will provide advice to government on the non-Health factors from a regional perspective;

Determining initial and future Protection Framework Levels

- 18 **noted** that the Director-General of Health will provide advice on which parts of the country should enter which Protection Framework level when we transition to the Protection Framework on Monday, 29 November 2021;
- 19 **noted** that the assessment in paragraph 18 will be informed by community vulnerability (including vaccine uptake) and health system capacity;

20 **noted** that for future shifts between levels of the Protection Framework, the Director-General of Health’s regular assessment of the health factors mentioned in paragraph 12 will be informed by the questions set out in the table below, noting that the questions will continue to evolve over time:

Key questions to determine for each region employing a one month horizon	If yes, move to...
<p>Can we no longer ‘minimise and protect’ effectively without localised restrictions and closures?</p> <ul style="list-style-type: none"> Is there a new variant of concern for which current vaccines in New Zealand have significantly reduced effectiveness at preventing severe illness that is resistant to the vaccine? Are hospitalisations, ICU admissions (and/or deaths) predicted to increase substantially, to the point where the health system will be overwhelmed? 	<p>Localised restrictions and closures</p> <p>(equivalent of AL 3 or 4; at a local, not regional, level)</p>
<p>Are there warning signs that a shift for a region to red is needed to assure health system capacity remains sufficient?</p> <ul style="list-style-type: none"> Is demand on the health system (e.g. primary care, hospitalisations, ICU admissions, testing, contact tracing) likely to exceed capacity? Are we likely to see a rapid growth in hospitalisations or fatalities, particularly among the most vulnerable? 	<p>Red</p> <p>Action needed to protect health system – system facing unsustainable number of hospitalisations.</p> <p>Action needed to protect at-risk populations.¹</p>
<p>Is health system capacity beginning to come under pressure, so more restrictions are needed to help protect capacity?</p> <ul style="list-style-type: none"> Are case numbers likely to exceed capacity to manage in one or more regions? Will the contact tracing or testing system come under strain as a result of an outbreak in a given region? 	<p>Orange</p> <p>Increasing community transmission with increasing pressure on health system.</p> <p>Whole of health system is focusing resources but can manage.</p> <p>Increasing risk to at risk populations</p>
<ul style="list-style-type: none"> Will health capacity continue to be sufficient to meet healthcare demand? (noting the ability to share resources across regions) 	<p>Green</p> <p>COVID-19 across New Zealand, including sporadic imported cases.</p> <p>Limited community transmission.</p> <p>COVID-19 hospitalisations are at a manageable level.</p> <p>Whole of health system is ready to respond.</p>

21 **agreed** that local government regional boundaries be used to form the boundaries for use under the Protection Framework;

¹ Cabinet agreed to the risk assessments and thresholds for movement within a region at each level of the Protection Framework [CAB-21-MIN-0421].

Movement in and out of Red areas

- 22 **noted** that on 18 October 2021, Cabinet noted there will be no restrictions on interregional travel or internal boundaries under the Protection Framework, except when a region is at Red or in the case of localised lockdowns [CAB-21-MIN-0421];
- 23 **agreed** that movement in to and out of Red areas will not be restricted when we transition the country to the Protection Framework (with the exception of the Auckland Alert Level boundary, where vaccination or testing requirements will apply from 15 December 2021 to 17 January 2022 for travel out of Auckland);
- 24 **agreed** that vaccination or testing requirements could be applied for travel into or out of Red areas in future, if considered necessary, informed by public health advice;
- 25 **noted** that movement restrictions at boundaries could be imposed if needed;

Settings within the Protection Framework

- 26 **agreed** to increase gathering limits at the Red level for unvaccinated people (or mixed gatherings) from 10 to 25 people, based on 1 metre distancing;
- 27 **agreed** that Specified Outdoor Community Events are events that have uncontrolled access (are open to the public) and occur outdoors;
- 28 **agreed** that events and gatherings, including specified outdoor community events and outdoor community sports, should operate under the following requirements, **subject to** further consideration by COVID-19 Ministers with Power to Act to ensure consistency across the settings and guidance (paragraph 43 below also refers):

Category	Green	Orange	Red
Events (controlled entry e.g. cinemas, theatres)	CVC – Allowed, no limit Non-CVC - Allowed, up to 100 people	CVC – Allowed, no limit Non-CVC - Not permitted	CVC - Allowed, up to 100 people, based on 1m distancing Non-CVC - Not permitted
Gatherings (e.g. private gatherings, weddings, places of worship, marae)	CVC – Allowed, no limit Non-CVC – allowed up to 100 people, based on 1m distancing	CVC – Allowed, no limit. Non-CVC – allowed up to 50 people, based on 1m distancing	CVC – up to 100 people, based on 1m distancing Non-CVC – up to 25 people, based on 1m distancing
Specified outdoor community event (i.e. outdoors, uncontrolled entry, e.g. Newtown Festival, Anzac parades, Fairs)	CVC – Allowed, no limit Non-CVC – up to 100 people, based on 1m distancing	CVC – Allowed, no limit Non-CVC – up to 50 people, based on 1m distancing	CVC – up to 100 people, based on 1m distancing Non-CVC – up to 25 people, based on 1m distancing
All types of outdoor organised, community sport (e.g. Saturday sport)	CVC – Allowed, no limit Non-CVC – up to 100 people, based on 1m distancing	CVC – Allowed, no limit Non-CVC – up to 50 people, based on 1m distancing	CVC – up to 100 people, based on 1m distancing Non-CVC – up to 25 people, based on 1m distancing
<i>Seated and separated requirements would apply to the service of food and drink at activities operating under events rules</i>			

29 s9(2)(f)(iv)

30 **agreed** that requirements related to events should be triggered by the event as an activity, rather than that activity being held at an event facility;

31 **confirmed** that COVID-19 requirements that apply in relation to a particular activity should apply to a business or service to the extent that the activity is carried out by the business or service;

32 **confirmed**, for the avoidance of doubt, that any specified requirements related to an activity (such as a gathering or event) should apply regardless of the setting the activity takes place in;

33 **confirmed** that specified capacity limits in the Protection Framework apply to all people, including children, within a defined space, excluding workers, unless there is explicit provision otherwise;

34 **noted** that the specified capacity limits are hard caps, and the presence of people eligible to be vaccinated but are not, triggers the application of the unvaccinated capacity limit;

35 **noted** that the presence of children who are not old enough to be vaccinated does not trigger the application of unvaccinated capacity limits;

36 **confirmed** that businesses and services may switch between operating between vaccinated and unvaccinated requirements, provided that appropriate public health controls are implemented between groups to the extent practicable;

37 **agreed** that for the purposes of the Protection Framework, the policy settings, including definition of a public facility, should reflect that the nature of these facilities is different to others in that they are publicly funded and provide recreational and/or community services;

38 **noted** that an updated Protection Framework is provided in Appendix Four to the submission under CAB-21-SUB-0497;

39 **agreed** that schools will retain their existing COVID settings until the end of the 2021 calendar year, and will transition to the Protection Framework settings at the beginning of Term 1, 2022;

40 **authorised** COVID-19 Ministers with Power to Act to determine whether to allow all people to enter Auckland between 3 December and 15 December 2021 rather than maintaining the current restrictions on people entering;

Next steps

41 **noted** that the Prime Minister and the Minister for COVID-19 Response will return to Cabinet on 29 November 2021 to confirm the appropriate levels for different parts of the country based on the latest Public Health advice;

42 **noted** that the Prime Minister will communicate the above decisions;

- 43 **authorised** COVID-19 Ministers with Power to Act to take decisions on finalising the Protection Framework and associated guidance to ensure consistency across the settings and guidance.

Martin Bell
for Secretary of the Cabinet

PROACTIVELY RELEASED