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

Briefing

COVID-19: MARCH STRATEGY DISCUSSION

To: Hon Chris Hipkins (Minister for COVID-19 Response)			
Date	8/03/2021	**Priority**	Medium
Deadline	Before meeting with officials on 9/03/2021	**Briefing Number**	DPMC-2020/21-620

Purpose

1. This briefing supports your meeting with Hon Ayesha Verrall and officials from DPMC, MBIE, and the Ministry of Health on 9 March 2021 at 3:00 p.m. The proposed agenda covers:

   Item 1: Medium term priorities for Managed Isolation and Quarantine (MIQ) system;

   Item 2: Technological solutions and other options to support adherence to public health measures; and

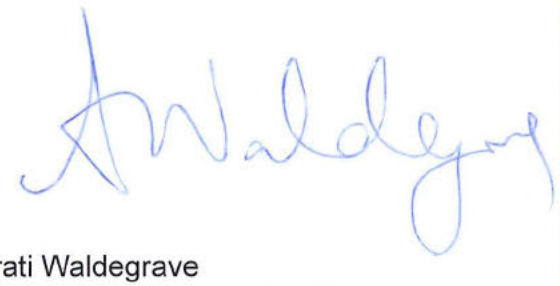
   Item 3: Elimination Strategy Cabinet paper and approach to the COVID-19 Ministerial Group.

Recommendations

1. **Note** the contents of this briefing to support your COVID-19 strategy discussion with officials on 9 March 2021	**Yes / No**
2. **Forward** to Hon Ayesha Verrall, Associate Minister of Health	**Yes / No**
3. **Provide feedback** on the work underway to give effect to the lessons learnt from Pullam	
4. **Provide feedback** on the proposed options for iterating the approach to Managed Isolation and Quarantine facilities	

5. **Provide feedback** on the technological solutions and other options to support adherence to public health measures

6. **Indicate** your preferred approach to the Elimination Strategy Cabinet paper, including public messaging and finalising the framework

 Arati Waldegrave **Head of Strategy and Policy** **DPMC**	Hon Chris Hipkins **Minister for COVID-19 Response**
8/3/2021	.../.../2021

Contact for telephone discussion if required:

Name	Position	Telephone	1st contact
Arati Waldegrave	Head of Strategy and Policy, COVID-19 Group, DPMC	s9(2)(a)	✓

Minister's office comments:

- ☐ Noted
- ☐ Seen
- ☐ Approved
- ☐ Needs change
- ☐ Withdrawn
- ☐ Not seen by Minister
- ☐ Overtaken by events
- ☐ Referred to

MARCH STRATEGY DISCUSSION

Purpose

2. This briefing supports your meeting with Hon Ayesha Verrall and officials from DPMC, MBIE, and the Ministry of Health on 9 March 2021 at 3:00 p.m. to discuss the COVID-19 Elimination Strategy Cabinet paper and forward work programme.

3. In this meeting we seek decisions on:

   a. the proposed options for iterating the approach to Managed Isolation and Quarantine facilities;

   b. technology solutions and other options to support adherence to public health measures;

   c. your preferred approach to the Elimination Strategy Cabinet paper, including public messaging and proposed six to twelve month forward work programme; and

   d. your preferred approach to the COVID-19 Ministerial Group, including membership and proposed near-term priorities.

Background

4. You are meeting with Hon Ayesha Verrall and officials from DPMC, MBIE, and the Ministry of Health on 9 March 2021 3 – 4:15 p.m. for a strategy discussion.

5. The proposed agenda covers:

   a. Item 1: Medium term priorities for Managed Isolation and Quarantine (MIQ) system

   b. Item 2: Technology solutions to support adherence to public health measures

   c. Item 3: Elimination Strategy Cabinet paper

6. Attachments to assist your discussion are:

   Annex A: A year in MIQ

   Annex B: End to end review of MIQ

   Annex C: Options to transition to a risk based approach to MIQ

   Annex D: Draft Cabinet Paper slide 'A': Elimination Strategy – Public Health Intervention Framework

   Annex E: Draft Cabinet Paper slide 'B': New Zealand's COVID-19 Elimination Strategy (February 2021)

   Annex F: Draft Cabinet Paper slide 'C': COVID-19 Response – 2021 at a glance

Item 1: Medium term priorities for Managed Isolation and Quarantine provision

7. MIQ is a key system in place to protect New Zealand from COVID-19 and to stop it at the border in line with the "Keep It Out" pillar of the Elimination Strategy. Our MIQ system is world-class, however it is also the biggest risk point for COVID-19 entering our community.

8. MIQ is a system that has continued to evolve and change in light of increased knowledge of the virus (including new variants) and our experience in delivering an operation of this scale. It is unlikely that MIQ will ever be a 'static' system but we also know that any changes need to be viewed as part of a whole of system approach and designed with a strong overall public health lens if we are to prevent further transmission within MIQFs and protecting the New Zealand community from COVID-19. This was reflected in the recent 'end to end' public health assessment of the MIQ system.

9. **Annex A** *A Year in MIQ* shows the journey that MIQ has travelled over the past year, including where there have been significant changes. It also signals options for a pathway forward. Any change in MIQ systems takes time to implement, therefore there is a need to start thinking now about how the MIQ system will need to evolve in future scenarios, including vaccination rollout in New Zealand and overseas.

The end-to end Public Health assessment of MIQ

10. In response to new more transmissible variants and community cases associated with the Pullman Hotel, further improvements have been made to the MIQ system to reduce the risk of COVID-19 transmission into the community [MBIE 2021-2085 and HR20210071 refer].

11. On 19 February [HR20210294 refers] you received advice that looked across the MIQ system with a public health lens to better understand where the risk may sit and how we might better provide advice to you. **Annex B** is taken from that advice and shows the public health risks and interventions along the end-to-end MIQ system.

12. The advice noted that any further modifications to MIQ settings need to be introduced within the context of a whole-of-system approach. From a public health perspective, singular measures are unlikely to reap the best gains. The cumulative impact of multiple discrete changes must also be considered and assessed for any unintended consequences.

13. The public health officials involved in the assessment concluded that the greatest public health gains can be made by focusing on improving the operation and suitability of MIQ Facilities (MIQFs), particularly:

    a. optimising the management and monitoring of returnee movements;

    b. improvements to ventilation systems and air flow,

    c. ensuring facilities are fit for this purpose; and

    d. reducing the volume of arrivals from high risk countries to reduce the number of COVID- 19 cases entering MIQ and the operational risks associated with the MIQ system/workforce operating at capacity.

14. A range of advice has been provided (or is underway) in response to both the recommendations of the end-to-end public health-led desktop assessment of MIQ and the range of reviews commissioned as a result of the incident at the Pullman. This includes:

    a. a review of the criteria for facilities (MBIE lead – provided 5 March);

    b. consideration of a cohort approach to allocation (provided);

    c. the use of technology in facilities (MBIE lead - provided);

    d. the process for vaccinating the MIQ including on 'Maximising uptake of vaccination by border staff' (MoH lead);

    e. a review of the staff testing order (MoH lead - provided);

    f. a review of the testing schedules for those in MIQ (MoH lead – underway. Note that this will include an evaluation of pre-departure testing);

    g. advice on the MIQ health workforce – capacity constraints and mitigations (MOH lead – provided);

    h. assessments of ventilation systems in the facilities (MoH lead - provided) with more in-depth work being undertaken by MBIE, due up in May); and

    i. advice on managing the movement of returnees during and after MIQ (MBIE lead - underway. Note that this also includes an update on the measures implemented to strengthen MIQ and advice on testing post-departure from MIQ).

15. As previously advised MBIE has also commissioned an external assessment of MIQ facilities and operating model. We expect to share the findings from this with you by mid to late March.

16. It should be noted that while the public health focused end-to-end assessment of the MIQ system found the greatest opportunity to minimise the risk of community transmission was in MIQFs, there are two incursions that do not clearly link to the MIQ facilities. There are additional risks of incursion beyond MIQ, for example, air and maritime crew who do not currently enter a MIQF.

Discussion questions:

- *Is there further work (not currently underway) you would like to see to give effect to the lessons learned from the Pullman?*

Evolving MIQ in the medium term to respond to a changing global environment

17. Currently MIQ has mostly evolved in response to improved knowledge about our operating environment or an incident. This reactionary approach can lead to unintended instability in the system. We are also seeing challenges within the MIQFs related to the speed that they were stood up and that the facilities were not designed to do all the things we now need them to do (for example the nature and level of the ventilation systems).

18. Currently MIQ primarily operates on the following principles:

    a. Public health is the overriding consideration.

    b. The MIQ system is the first line of defence against COVID-19 entering the New Zealand community

    c. The MIQ model aims to balance maximum throughput with the safety of returnees and staff

    d. MIQ capacity is based on our ability to keep returnees and staff safe through:

        - the premises we have, and how we use them
        - the capacity of the health and MIQ workforce

19. In addition to the principles MIQ also operates within a series of constraints:

    a. ***Cost*** – MIQ is expensive to operate and even with the fees regime there is a large ongoing government investment needed.

    b. ***Workforce*** – in addition to the financial implications MIQ also relies heavily on the personnel of other agencies including NZDF and the DHBs to operate. We know that this creates an opportunity cost and that for the health workforce there are particular pressures of maintaining the current staffing levels.

    c. ***Capacity*** – there is ongoing demand for MIQ places from both returning New Zealanders and those entering to support the economy. Balancing demand for capacity is an ongoing tension as we have BORA obligations to support New Zealanders to return home as well as wanting to grow our economy and access cultural and sporting events.

    d. ***Risk*** – we know that keeping COVID out continues to be challenging and that any changes to MIQ need to be considered in the context of any increased risk of transmission and changes in New Zealand's risk tolerance. We also know that not everyone entering New Zealand brings the same level of risk with them to the border.

20. The current hotel-based MIQ model is the most effective approach at the moment. We expect MIQ could be needed for some time to come, however there is an opportunity to consider if the current model and the associated principles will be enduring or if other options should be explored. The level of investment, demand for places and the nature of the facilities mean that any change to the model will take time and will need to be a process of transition.

21. We would like to test if we should explore a MIQ system that balances risk and adaptability. A risk based approach would move away from the 'one-model fits all' and could see a mix of facilities that respond to the needs of different groups including duration of stay, type and location of facility. **Annex C** signals what the differing pathways for MIQ under a risk-based approach might look like over the medium term.

Discussion questions:

- *Do you agree with the operating principles (para18) for MIQ and are there any omissions?*
- *Do we currently have the levers (para 19) at the right settings?*
- *Do you agree to officials progressing work on risk based approach to MIQ with a view to a 'deep dive' session in the coming weeks (**Annex C**)?*

Item 2: Technology and other solutions to support adherence to public health measures

22. The Ministry of Health will table A3s to support this agenda item. Officials from the Data and Digital team at the Ministry will attend.

Item 3: Elimination Strategy Cabinet paper and approach to COVID-19 Ministerial Group

23. On 1 February 2021, you received the briefing, *Elimination Strategy Update: Emergence of New Variants* from the Ministry of Health and the Department of Prime Minister and Cabinet [DPMC-2020/21-484; HR 20210151].

24. We also provided your office with a draft Cabinet Paper on the Elimination Strategy on 5 February 2021 [DPMC-2020/21-509; HR 20210209].

25. Discussion of questions identified below will inform further development of the Cabinet Paper.

Finalising the Elimination Strategy framework

26. The draft Cabinet paper recommends updating our Elimination Strategy for the next six to twelve months, adopting a framework and language of the following four pillars **(Annex D)**:

    a. **Keep It Out:** pre-border and border settings, including managed isolation and quarantine

    b. **Prepare For It:** detection and surveillance, and baseline public health measures established through Alert Level 1 (but recommended at all Alert Levels)

    c. **Stamp It Out:** contact tracing and case management, and stronger public health measures (Alert Levels 2 to 4)

    d. **Manage the Impact:** health system readiness and resilience, community engagement.

27. The Elimination Strategy framework could help decision-making by identifying the key initiatives that are particularly crucial for achieving the Elimination Strategy, setting out a clear logic for the work programme and a pathway for implementation. The framework also serves as a product to communicate to the public the Government's strategy and work programme.

28. Officials have updated the Elimination Strategy framework **(Annex D)** and proposed public messaging for the Elimination strategy for 2021 **(Annex E)**.

> ***Discussion questions:***
>
> - *Do you agree to the updated framework **(Annex D)** and public messaging **(Annex E)** for the Elimination Strategy? (subject to any amendments you require)*
> - *Do you agree to officials progressing the Elimination Strategy Cabinet paper in line with your feedback?*

Priorities for refinement and evolution of the elimination strategy

29. The draft Cabinet paper proposes a forward strategic work programme for COVID-19 which comprises:

    a. activities focused on continuous improvement of current measures;

    b. advice on moving to a future state for the elimination strategy, via further exploration of possible options identified by the Ministry of Health.

30. It further proposes that the priorities for strategic advice around COVID-19 be:

    a. looking domestically, at current settings and the ongoing COVID-19 readiness and response, including:

        i. advice on any changes to the Alert Level Framework;

        ii. continuous improvement in key activities, like detection and surveillance;

    b. looking outward in terms of international reconnection, border settings and vaccines including:

        iii. any outstanding issues around a risk-based approach to in-bound travellers (including the implications for managed isolation and quarantine settings as a result of the safe travel zone arrangements); and

        iv. a roadmap for reconnection and reopening predicated on the interaction between vaccine(s) deployment and how our strategy for COVID-19 may unfold over time.

31. The paper proposes a programme of work over the 2021 calendar year that will focus on keeping New Zealanders safe from COVID-19 **(Annex F)**. It will also include work to maintain and rebuild connections with our international partners.

32. Note officials have also been progressing the following pieces of advice that you previously signalled as a priority:

    a. Options on changes to the Alert Level framework and approach for engaging businesses on any changes. This includes opportunities to remove redundant or ineffective restrictions (e.g., single server hospitality rule) and options for intermediary 'plus' levels.

b. Officials are developing advice on a range of options for improving the speed and completeness of QR scanning, which you should receive shortly. This includes relatively straightforward improvements that can be made now e.g., communications to businesses around QR code placement.

Discussion questions:

- *Do the strategic priorities proposed in the draft Cabinet paper reflect your expectations for officials' focus in the coming months?*
- *Do you have any feedback on the proposed programme of work over the 2021 calendar (**Annex F**)?*

Ministerial arrangements

33. You recently agreed to the role, scope and form of the COVID-19 Ministerial Group (DPMC-2020/21-521 refers). We seek your feedback on the proposed focus in the near term.

34. Note that officials are aware that Ministers (notably the Minister of Finance and Transport) are currently receiving a range of advice in relation to the 'Keep it Out' pillar of the strategy. The DPMC COVID-19 Group and the Ministry of Health are leading an all-of-government process to develop a blueprint for Ministers to identify the short and medium-term opportunities to safely unlock borders, in the context of the elimination strategy. The key questions and issues to be considered as part of this include:

    a. identifying the conditions under which we could alter settings to inform and guide decisions on the border; and

    b. the development of an evolving border opening strategy based on a central scenario for the year ahead, which includes a series of phases as the risk environment changes.

35. We consider that the COVID-19 Ministerial Group could complement this process, oversee the range of work across the system and ensure advice is channelled appropriately and in a coordinated way.

Discussion questions:

- *Do you have any feedback on the near-term priorities for the COVID-19 Ministerial Group?*

Consultation

36. The Ministry of Health and the Ministry of Business, Innovation and Employment contributed to, and were consulted on this paper.

37. A wide range of agencies have been consulted on the elimination strategy work, including the draft Cabinet paper, which forms the basis for the content in Item 3.

Key discussion questions for the Strategy Discussion

Item 1: Medium term priorities for Managed Isolation and Quarantine (MIQ) system

- *Is there further work (not currently underway) you would like to see to give effect to the lessons learned from the Pullman?*
- *Do you agree with the operating principles (**para 18**) for MIQ and are there any omissions?*
- *Do we currently have the levers (**para 19**) at the right settings?*
- *Do you agree to officials progressing work on risk-based approach to MIQ with a view to a 'deep dive' session with you in the coming weeks (**Annex C**)?*

Item 2: Technology solutions to support adherence to public health measures

- Note the Ministry of Health will table A3s to support this agenda item. Officials from the Data and Digital team at the Ministry will attend.

Item 3: Elimination Strategy Cabinet paper

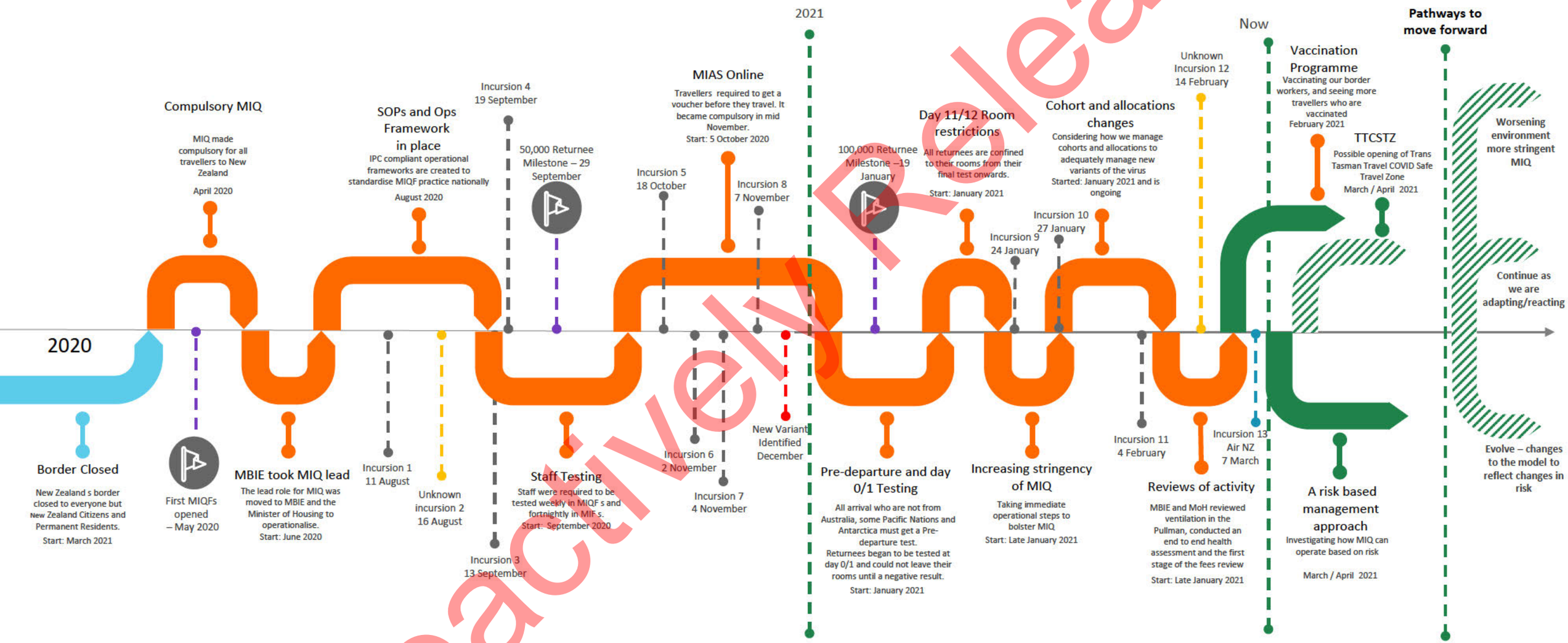
- *Do you agree to the updated framework (**Annex D**) and public messaging (**Annex E**) for the Elimination Strategy? (subject to any amendments you require)*
- *Do you agree to officials progressing the Elimination Strategy Cabinet paper in line with your feedback?*

Additional questions if time allows

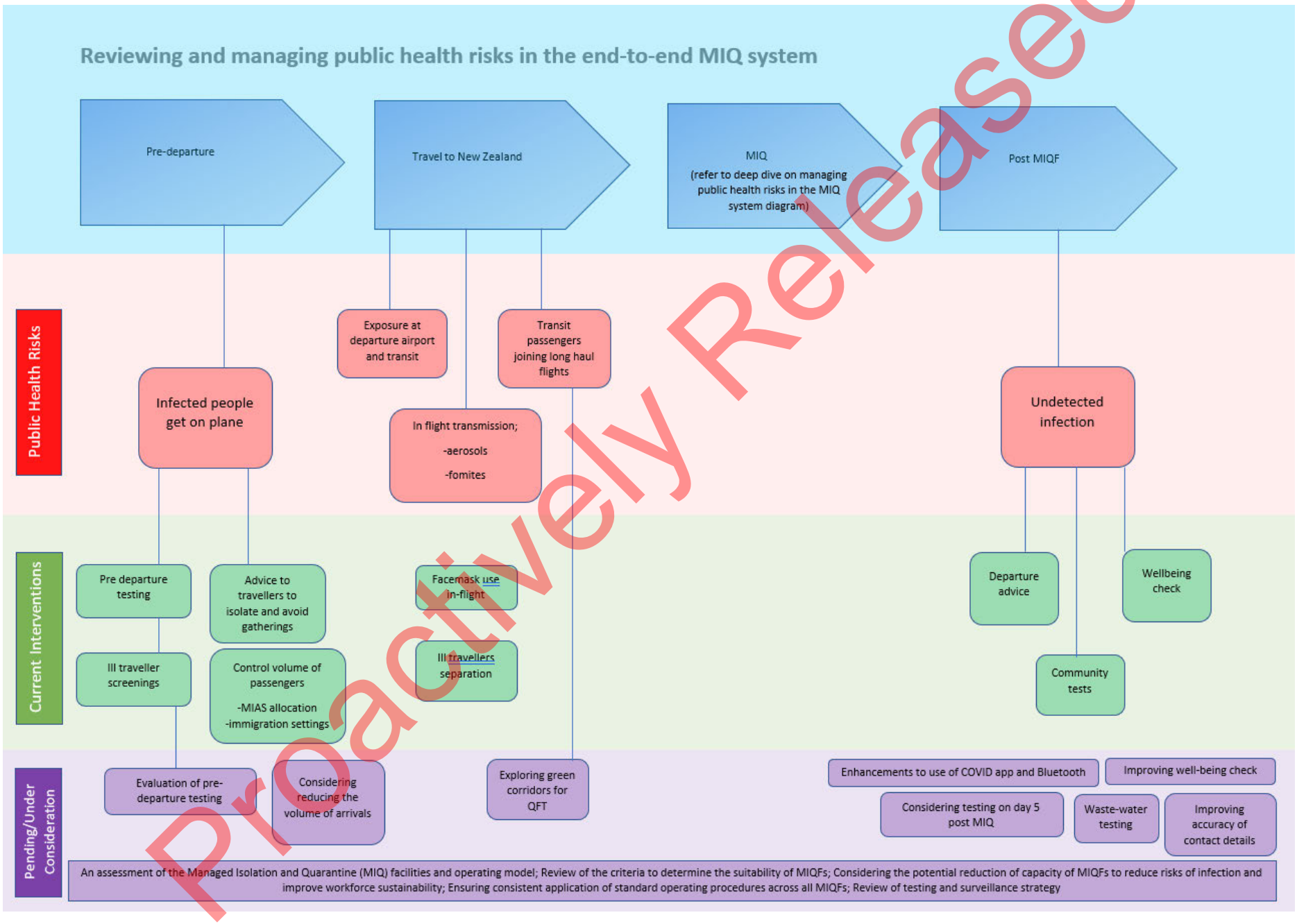
- *Do the strategic priorities proposed in the draft Cabinet paper reflect your expectations for officials' focus in the coming months?*
- *Do you have any feedback on the proposed programme of work over the 2021 calendar (**Annex F**)?*
- *Do you have feedback on the near-term priorities for the COVID-19 Ministerial Group?*

MANAGED ISOLATION AND QUARANTINE

Annex A: A year in MIQ



Annex B



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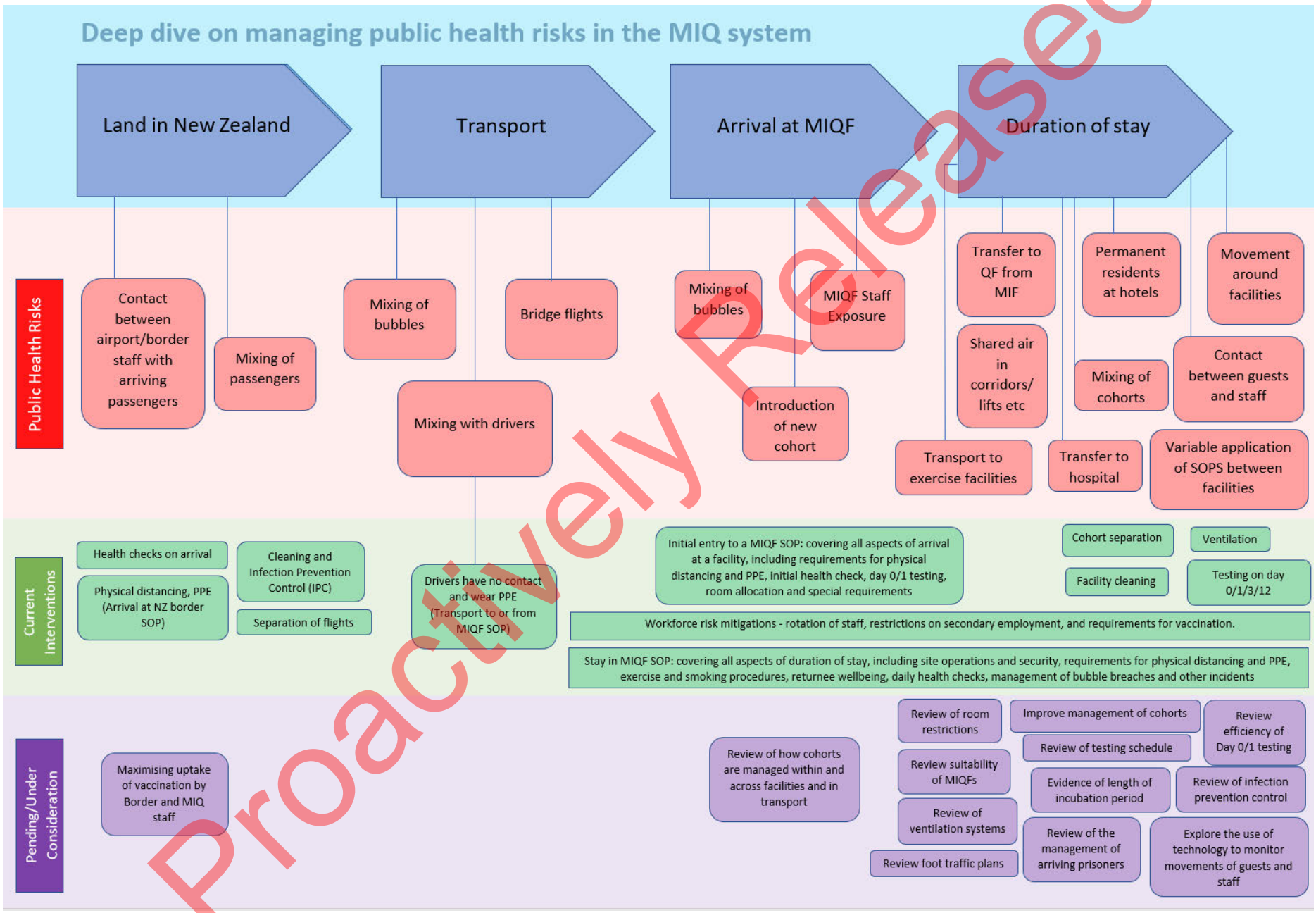

Annex C

ANNEX C: OPTIONS TO TRANSITION TO A RISK-BASED APPROACH TO MANAGING COVID RISK IN MIQ

MANAGED ISOLATION AND QUARANTINE

DYNAMIC GLOBAL TRANSMISSION RISK

Increased risk ← Current State → Decreased risk → Greatly decreased risk

Increased risk

Global context/drivers of change
- emergence of new variants
- evidence of increased transmission or new methods of transmission undermining current control settings
- significant increase in MIQ incursions / community cases

Capacity, volume and prioritisation considerations
- What do any strengthened/adapted settings mean for border flows and capacity?
- What are the impacts on existing Safe Travel Zones?
- Does the current capacity maximising approach work?
- What workforce impacts are there likely to be (given constraints under BAU)

MIQ operating model considerations
- Will our current facilities remain fit for purpose?
- Do we need to consider alternative accommodation options to keep people safe (e.g. purpose-built or low-rise)?
- What are the implications for the health and MIQ workforce?

Workforce implications?
- Reduced capacity could ease some pressure on health workforce

What would change?
- Tightening of settings:
- Reduce traveller volumes and/or MIQ capacity by closing some MIQ facilities
- Strict cohort allocation across the MIQ system
- Change MIQ facility profiles (i.e. less large / more small)
- Quarantine level settings across all MIFs (no exemptions and escorted movement)
- Increased room restrictions (i.e. throughout stay)

Risks
- Likely reduction in capacity which will impact on wider recovery objectives (including economic migrants)
- Current facilities may not be suitable under tighter settings

Could we operationalise
- Would need to phase in any capacity reductions or cancel MIAS vouchers
- Some facilities will need to operate with lower occupancy / greater redundancy in system. Overall cost per returnee increases

Current State

Global context/drivers of change
- high prevalence of COVID-19 in most jurisdictions
- relatively low vaccination roll-out and uncertain impact on transmission
- few travellers can be considered low risk (except some Pacific nations and some Australian states)
- new variants give rise to ongoing risk of incursion from MIQ

Capacity, volume and prioritisation considerations
- Can the current MIQ system continue to sufficiently and safely manage existing volumes of people?
- What level of 'freed-up' capacity flows from TTCSTZ?
- Are we getting the right balance between returning NZers/permanent residents, and others who provide economic, social and cultural benefits (including critical workers)?

MIQ operating model considerations
- What MIQ changes may be needed to respond to an increase in vaccinated returnees or historical cases?
- Are there additional measures we could / should be introduce

Workforce implications?
- Current health workforce pressures remain
- Ongoing need for NZDF and police personnel

What would change?
- Ongoing Implementation of proposed changes to MIQ in response to recent transmission:
- Restriction of returnee movement (limited to exercise, smoking and health checks)
- Consistent application of SOPs across all MIQFs
- Cohort-based approach where practicable – focus on high-risk flights initially
- Consideration of ongoing room restrictions
- Reviewing changes to testing schedules
- Reviewing Increased post-departure measures

Risks
- Existing risk and mitigation plans in place
- We know that the current settings are robust but are not immune from incursions

Could we operationalise
- Already in place but ongoing system improvements and changes expected.

Decreased risk

Global context/drivers of change
- increase in jurisdictions or travellers with low COVID-19 risk
- increased numbers of vaccinations worldwide and in New Zealand
- Growing number of passengers that can be considered low risk, but most still cannot

Capacity, volume and prioritisation considerations
- What do any nuanced/relaxed settings mean for border flows and capacity?
- e.g. by negotiating additional safe travel zone agreements with other jurisdictions; or introducing unilateral quarantine-free travel arrangements for low-risk countries
- Should we treat returnees from different locations differently – type, nature, duration?

MIQ operating model considerations
- Could we consider alternative accommodation options for certain groups (e.g. trial a model for low-risk groups, such as RSE workers)?
- s9(2)(b)(ii) [redacted]
- What are the implications for the health and MIQ workforce?

Workforce implications?
- Need to consider availability of a private workforce
- Reduces the call on NZDF personnel but police enforcement roles remain

What would change?
- Mixed model approaches to MIQ based on risk:
- Reduced duration of MIQ stay (e.g. 7 days)
- Bespoke arrangements for some groups (e.g. RSE workers, students)
- Alternative accommodation models (e.g. low rise, purpose-built, managed self-isolation)
- Alternative provider models (e.g. private providers, critical employer managed facilities)

Risks
- Complexity – system assurance becomes significantly more challenging
- If third party MIFs contracted would need compliance regime
- Resourcing – e.g. will need to scale-up a workforce to develop and implement a compliance regime

Could we operationalise
- Lead-in times – exploratory and preparatory work for alternative models will need to start now
- Some interest from alternate providers received and declined to date

Greatly decreased risk

Global context/drivers of change
- widespread global vaccinations
- large numbers of New Zealand population vaccinated
- Some vaccines significantly reduce transmission for dominant variants
- Risk remains (unvaccinated individuals domestically and overseas)
- Global travel starts to increase in rest of world

Capacity, volume and prioritisation considerations
- What does an adaptive, cost-effective and sustainable MIQ model for the longer-term look like?
- What does an 'eased' border look like?
- Does MIQ shift to self-isolation facilities (or self-isolation at home) and small customised quarantine facilities that can be scaled up/down within the health system?
- Are there technology solutions (like Nightingale) that remove the need for MIQ?

MIQ operating model considerations
- Viability of a scaled model with shorter or 'less managed' stays managed by the government
- Changes in function and introduction of technology solutions may require re-training or replacing existing personnel

Workforce implications?
- Significant reduction in workforce though contingency capacity may need to be considered in case of resurgence

What would change?
- Light-touch MIQ:
- Exemptions from MIQ for travellers that meet conditions for being considered very low risk
- Managed self-isolation
- Bespoke MIQ facilities with reduced restrictions (could include private sector involvement)

Risks
- Assumes vaccinations and 'population immunity' will be sufficient controls
- Need contingency for resurgence risk

Could we operationalise
- Likely to be transitioned to and planning and change processes need to be in place
- Reduced overall demand – may not need full MIQ operating model to deliver
- Assurance measures and compliance critical

Annex D

A

APPENDIX 1: Elimination Strategy | Public Health Intervention Framework

MINISTRY OF HEALTH

Objective *To prevent cases of COVID-19 | KOWHEORI-19 entering New Zealand while being ready to quickly eliminate any chains of transmission in the community*

Approach *We learn and iterate our evidence and risk-based approach to the best set of public health measures balancing health, economic and social outcomes for New Zealand, while working closely with New Zealanders to grow and sustain social licence for the measures taken*

ELIMINATION STRATEGY

Health Response Pillars

Strategic Action Areas

Foundational Pillar

1 KEEP IT OUT

Pre- & Border Settings, Managed Isolation & Quarantine

Strong but proportionate border settings flex and adapt as health security settings shift

- Clearly defined health criteria | testing at NZ border
- Mutually agreed health and transport protocols between countries for travel & transit
- MIQ settings and wrap-around services
- Negotiated quarantine (-free) travel arrangements
- Travel restrictions align to immigration settings
- Protocols for high-risk staff at border (air crew, maritime crew, air-side workers, port workers, MIQ workers)

2a PREPARE FOR IT

Detection & Surveillance

Best-evidence protocols ensure cases are detected and transmission is controlled

- Testing protocols and targeting
- Disease surveillance (e.g.: Genome sequencing, ILI, Sentinel testing)
- Advice via Healthline and other health providers

2b

Public Health Measures

Base level public health behaviours | Alert Level 1

- Lowest Alert Level setting
- Personal protection and hygiene, e.g. frequent hand washing
- Systems to support contact tracing, e.g. technology

3a STAMP IT OUT

Contact Tracing & Case Management

Targeted and timely activities minimise impacts of new outbreaks across the community and health system

- Case investigation & management
- Technology-enabled tracing
- Quarantine & self-isolation protocols
- Escalation protocols
- Community leadership to facilitate tracing

3b

Stronger Public Health Measures

Alert Levels 2 – 4

Public adherence to tailored health interventions is high due to trust and confidence in our health settings

- Alert Level System ramping up | dialling back
- Physical distancing
- Mask wearing on public transport / indoor venues
- Staying at home | travel bans
- Limits on social gatherings
- Targeted and timely behavioural intervention campaigns for different population groups
- Community leaders champion public health messages

4 MANAGE THE IMPACT

Health System Readiness & Resilience

Proactive planning ensures a proportionate response to manage impacts of COVID-19 and maintain other services. Planning for the arrival and delivery of a COVID-19 vaccine in 2021.

- Health system is adequately prepared; e.g.: critical care resources and workforce capacity (including surge capacity)
- Vaccine(s) | Therapeutics – Vaccine due to arrive in NZ during 2021
- Best Health Evidence Guidelines
- The Ministry / DHBs work with the sector and communities in the planning, coordination and delivery of our response

HUMAN RIGHTS | BILL OF RIGHTS

TE TIRITI O WAITANGI

EQUITY

BALANCING THE SYSTEM

The pillars work as a system to help achieve elimination. The set of public health measures within each pillar adjust over time as evidence changes.
Each pillar has some residual risk depending on the efficacy and stringency of the measures. Taking more risk in one part of the system may necessitate stronger measures elsewhere.

BALANCING RISK

Considerations

- Social and cultural licence is fundamental for the ongoing success of our public health response achieved through proactive engagement and clear communications.
- Distribution and equitable health and wellbeing outcomes are priorities underpinning our whole-of-government approach.
- Resilience and inclusion help citizens unite against a common health threat and support each other through response and recovery.
- We build public trust and confidence in our health security settings to drive adherence to public health interventions.
- There is strong community support of control measures across Aotearoa New Zealand.

Risk

Seeding an outbreak | Undetected case spread | Time / ease of eliminating an outbreak | Ability of the health system to cope

Interaction

Taking more risk at the border means considering stronger health measures elsewhere ⇔ A tighter base level should allow shorter time at Alert Level 2 or 3 ⇔ A more stringent Alert Level 2 should reduce need for entering Alert Level 3 ⇔ Nuanced settings within the levels allows choices and targets the risk

Trade-offs

Level of Economic Activity | Limiting Personal Freedoms | Psycho-social Impacts | Community Resilience

DATA COLLECTION | MANAGEMENT

DECISION-MAKING APPROACH

B

New Zealand's COVID-19 Elimination Strategy (March 2021)

Our Elimination Strategy for COVID-19 has successfully shielded New Zealand from the much higher rate of illness and death experienced in many other countries. The strategy has enabled the economy and society to enjoy freedoms that are relatively rare around the world.

Longer term, a COVID-19 vaccine will support a return to a new normal. New Zealand has negotiated access to new vaccines as they are developed and made available. We won't rush to distribute these until we are confident in their safety. Vaccine roll out to Tier 1 groups (border workers and their whānau) began in February 2021, but widespread immunisation is unlikely until late 2021 or 2022, at which time we will seek to distribute as many as possible, as fast as possible.

But we need to continue our elimination strategy for at least the next 6-12 months. In the meantime, the Elimination Strategy allows us to protect New Zealand from the virus and enables social and economic activity to continue as much as possible. We will, however, continue to adapt the strategy as the situation evolves, such as by vaccinating health and border workers once that's possible.

The Elimination Strategy has four pillars. We aim to *Keep It Out* using strict border controls and managed isolation. We *Prepare For It* through testing and surveillance and practising basic public health behaviours in Alert Level 1. We quickly *Stamp It Out* if a case slips through into the community, with rapid contact tracing and case management, and use of higher Alert Levels only if needed. We *Manage The Impact* by ensuring the health system is resilient and able to surge where needed, and by ensuring appropriate measures are in place to mitigate the social and economic impacts of the response. Across the strategy we expect to maintain and improve our current settings based on quality improvement, and best available evidence, as well as look ahead to those things that might fundamentally shift our settings (eg, vaccines and therapeutics).

Strict border controls will remain, with some cautious re-opening. New Zealanders have low risk tolerance for incursions through the border into the community, so we will continue with limited cross-border travel. We do not intend to expand the capacity of managed isolation, but we will consider some cautious re-opening with countries that present a very low risk. For example, we have progressed quarantine-free arrangements for arrivals coming from the Cook Islands, and are looking to expand this to other countries in the Pacific, and Australia. We will continue to tighten practice in managed isolation facilities to ensure that high public health standards are consistently met, and that any transmission to border workers is detected as quickly as possible. We will prepare for the challenges and opportunities associated with increased freedom of movement through a cautious re-opening.

Testing and surveillance will continue to be strengthened. Our surveillance plan is being regularly updated based on the latest evidence. We continue to rely on the most sensitive test - nasopharyngeal PCR, as the primary approach given New Zealand's low rate of COVID-19. But we are exploring cautious integration with other modalities to supplement and strengthen the overall approach.

Community support for and follow through with public health advice is vital, even at Alert Level 1. Risk of transmission is reduced by doing the basics: washing your hands, staying home when sick, getting tested if you have symptoms. Scanning in using QR codes, and other ways of keeping a record of movement helps us prepare to contact trace if needed. Support for businesses to enable employees to take leave to isolate while being tested is available now and will continue to be assessed for adequacy. Technology is being developed to support record keeping using Bluetooth, to be released early in 2021. Additional requirements, such as face coverings on public transport, will be kept under active consideration.

Isolating contacts of a confirmed case helps us stop an outbreak quickly. We have scaled up our ability to trace a community outbreak quickly. Health professionals will partner with community leaders to support people in the event of an outbreak. The number of contacts (and contacts of contacts) who are being asked to test and isolate has increased over time, as doing so slows the spread. Although this disrupts more people and businesses, it is preferable to needing to use higher Alert Levels. Support for businesses is currently available (such as leave support scheme) and additional support is being considered.

Our aim is not to use Alert Level 4 again but instead rely more on Alert Level 2. However, we will use Alert Level 3 if we need to, in order to stop community transmission. The strength of the other pillars has increased in recent months, giving us more confidence in being able to eliminate a community outbreak without moving all the way to Alert Level 3 or 4. Those higher Alert Levels will still be used if needed, but given more care at Alert Level 1, along with faster contact tracing and isolating potential cases, we aim use Alert Level 2 (or somewhere in between 1 and 2, or 2 and 3) for any small new community outbreaks, tailoring our response to the circumstances.

We will continue to be open about our approach. Being open about what we know, when we know it, and what's in our thinking has been key to building trust with the public. We will continue this approach with strong public communication across a range of channels.

Annex F

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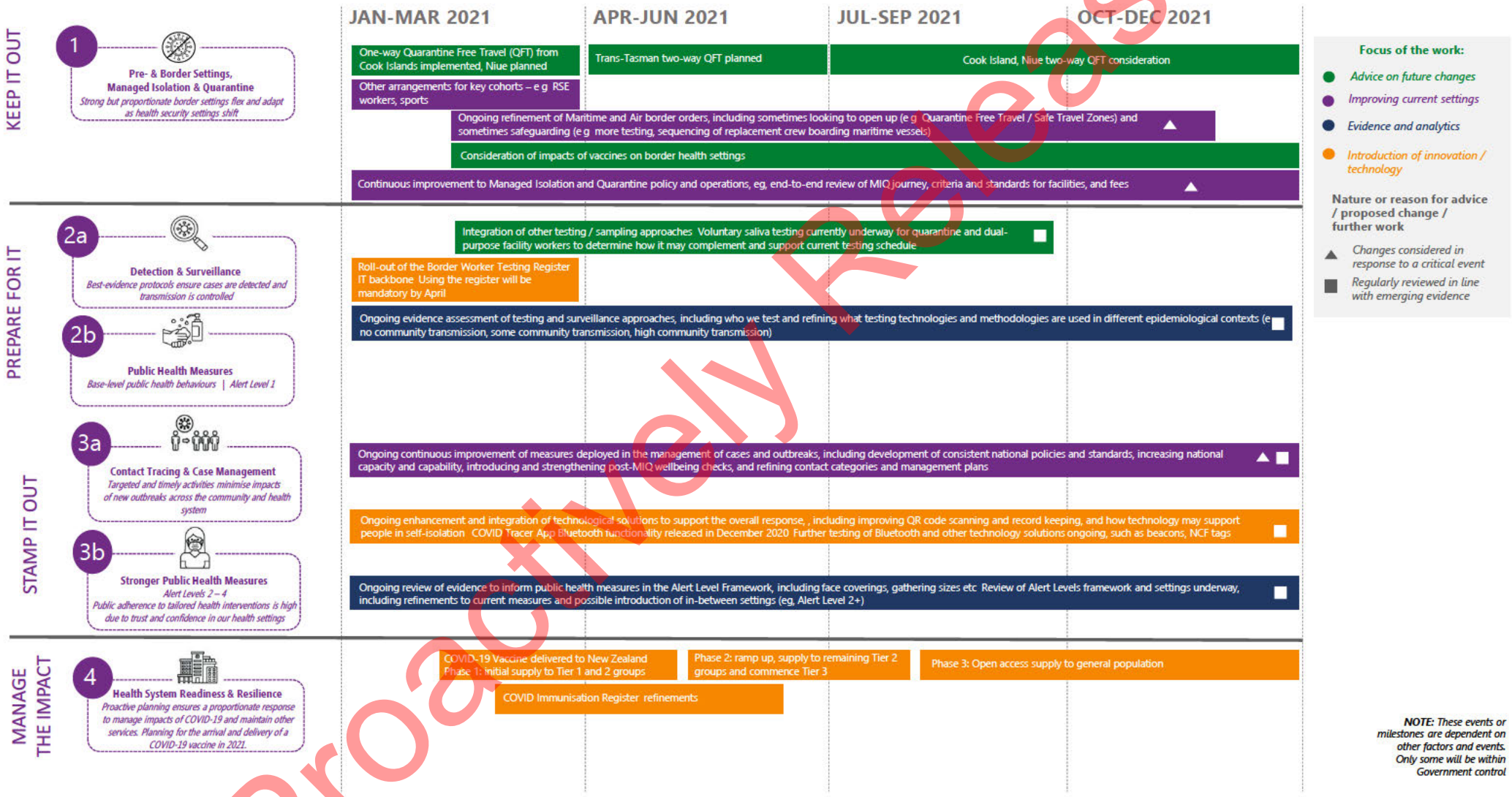
COVID-19 Response | 2021 at a glance

MINISTRY OF HEALTH



NOTE: *These events or milestones are dependent on other factors and events. Only some will be within Government control*