



## Joint Health and DPMC COVID-19 Group Report

### Refining and Improving the Elimination Strategy for COVID-19: Next Steps

**Date due to MO:** 15 December 2020      **Action required by:** N/A

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**To:** Hon Chris Hipkins, Minister for COVID-19 Response

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#### Contact for telephone discussion

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#### Action for Private Secretaries

**Return** the signed report to the Ministry of Health.

**Date dispatched to MO:**

# Refining and Improving the Elimination Strategy for COVID-19: Next Steps

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**Security level:** ~~IN CONFIDENCE~~      **Date:** 14 December 2020

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**To:** Hon Chris Hipkins, Minister for COVID-19 Response

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## Purpose of report

This report provides information on the forward work programme for COVID-19, following work on refining and improving the COVID-19 Elimination Strategy.

## Key points

- On 26 November 2020, you discussed the Elimination Strategy framework with some of your colleagues.
- Following this meeting, the Ministry of Health (the Ministry) and Department of the Prime Minister and Cabinet (DPMC) have been working together to:
  - answer specific questions raised in that meeting
  - set out the longer-run questions and issues that will be addressed as part of a forward work programme
  - propose a description of the strategic direction based on the Elimination Strategy framework.
- The strategic direction is outlined at Appendix One, and includes the following key messages:
  - New Zealand's approach to elimination has been successful, and has enabled the economy and society to enjoy freedoms that are relatively rare around the world.
  - While a vaccine will support a return to a new normal, we need to continue our Elimination Strategy for the next six to twelve months. Strict border controls will remain, with some cautious reopening.
  - Public health measures, such as testing and surveillance, and our communications approach will be refined and strengthened. Our aim is not to use Alert Level 4 again if at all possible. Instead, we will seek to rely more on Alert Level 2, and we will use Alert Level 3 if we need to, in order to stop community transmission.
- The Ministry and DPMC have also proposed a forward work programme (Appendix Two of this report).
- You may want to share the contents of this report with your colleagues, and officials are drafting a Cabinet paper to enable this in the new year.

## Recommendations

The Ministry and DPMC COVID-19 Group recommends that you:

- a) **Note** that officials have provided answers to questions from Ministers which can be summarised as: **Yes/No**
- Modelling suggests that it is unlikely that the August resurgence could have been managed at Alert Level 2.5.
    - *Please indicate whether you would like to receive a more substantive briefing on this question.* **Yes/No**
  - The Ministry is constantly reviewing emerging evidence on testing, and considers that there may be scope to carefully integrate other testing modalities over time. Wastewater and saliva-based PCR testing are still in the research stage.
  - The Ministry maintains that pre-departure testing is of limited value in comparison to other public health measures, but will consider its role in advice on a risk-based approach to in-bound travellers.
  - To mitigate the risk of a resurgence over the summer period, the DPMC COVID-19 Group has developed a multi-dimensional communications and engagement campaign centred on a call to "Make Summer Unstoppable".
  - Work is underway on a communications approach to support the vaccine strategy. This is intended to increase public (and health sector) understanding of the vaccines that are being deployed and the process that is in place to ensure New Zealand has timely and safe access to approved vaccines.
  - On case investigation processes, ARPHS is working with NZ police regarding how their resources can be drawn upon for case and source investigation. Opportunities for improvement will be rolled out across other PHUs.
- b) **Notes** s9(2)(f)(iv) **Yes/No**
- c) **Agree** to share the proposed description of the Elimination Strategy (Appendix One) with other Ministers and their agencies **Yes/No**
- d) **Note** that agencies will continue to progress work outlined in the cross-agency work programme (Appendix Two), subject to any feedback you have. We will return to you with a project plan which maps the work, engagement points and deliverables around key themes. **Yes/No**
- e) **Note** that officials of DPMC and the Ministry of Health are jointly drafting a Cabinet paper which describes the Elimination Strategy messaging and outlines the forward work programme to your colleagues. We will produce a **Yes/No**

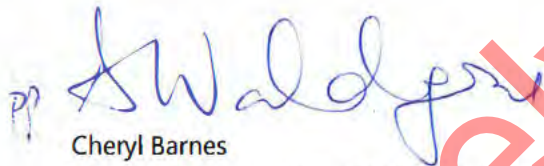
draft for you by the end of December, to be lodged early in 2021. This Cabinet paper will need to be lodged on 21 January 2021 to go to the first Cabinet meeting on 26 January 2021.

- f) **Forward** this report to the Prime Minister, and Ministers of Finance, Health, Immigration, and the Associate Minister of Health (Public Health) **Yes/No**



Maree Roberts  
Deputy Director-General  
**System Strategy and Policy**

Hon Chris Hipkins  
**Minister for COVID-19 Response**  
Date:



Cheryl Barnes  
Deputy Chief Executive, COVID 19 Group  
**Department of the Prime Minister and  
Cabinet**

## Context

1. On 26 November 2020, you discussed the Elimination Strategy framework with some of your colleagues, which sets out four pillars of the response – Keep It Out, Prepare For It, Stamp It Out, and Manage The Impact.
2. At this meeting, officials understand that:
  - a. Ministers like the Elimination Strategy framework. This is a useful way to frame the issues across the COVID-19 response.
  - b. Based on this framework, Ministers' inclination on the strategy from here leans towards very low risk tolerance around keeping out the virus (eg, border settings), in balance with interest in how we best stamp out outbreaks with the least impact (eg, avoiding having to use higher Alert Level settings).
  - c. A number of specific issues were canvassed as potential additional measures (eg, pre-departure testing; saliva testing as a supplement for border and MIQ workers; use of Bluetooth technology). There was also interest in looking at Alert Level settings.
  - d. There is a high level of interest in getting a timeline on the vaccinations process, with a focus on early communications on New Zealand's approach to timing (relative to other countries).

## Status of work on refining and improving the Elimination Strategy

3. The Ministry is near completion on its advice around refining and improving the Elimination Strategy. The key outputs of this work include:
  - a. a framework for the Elimination Strategy, which describes four pillars and the mix of public health control measures that support the aim of elimination
  - b. a set of strategic choices and possible options following engagement with public health experts that could be explored in more detail.
4. This work has involved:
  - a. a cross-agency working group composed of officials from the Ministry of Health, DPMC, MBIE, and the Treasury
  - b. focused engagement sessions:
    - i. across all of government agencies, and with the Chief Science Advisor Network
    - ii. with public health experts (internal to the Ministry, the COVID-19 Technical Advisory Group, academics, and public health clinicians)
    - iii. with health and disability system stakeholders (including DHBs, primary and community care, disability, Māori and Pacific health).
  - c. buy-in at a range of levels from Chief Executives (eg, COVID-19 Chairs Board, and Border Sector Governance Group) through to the working group level.

5. You have choices about what follows this piece of work, including:
  - a. further policy and operational work associated with the possible options identified
  - b. evidence and insights work (eg, modelling and analytics)
  - c. further strategy-aligned projects, including continuous learning and improvement of the Elimination Strategy.
6. To date you have seen five A3s which outline the context, the framework, risk, and possible options moving forward. The Ministry are working to finalise the larger set of slides which provides additional information on each of the pillars. These will be provided to your office in due course.

### Specific questions and issues to be addressed by the end of 2020

7. Ministers had some specific questions which have been answered below:
  - a. **Whether we could have got the same or similar outcomes at Alert Level 2.5 rather than 3 in the Auckland resurgence.**

We do not have a reliable estimate of the effect of Alert Level 2.5 (or Alert Level 2) restrictions on COVID-19 transmission for all contexts. Data we have for Alert Level 2/2.5 relate to the later stages of outbreaks, when contact tracing efforts have captured most cases in a cluster. Transmission rates at this point in the outbreak would be expected to be lower under any Alert Level context than at the beginning of an outbreak (when there is a greater chance of more undetected community cases).

The judgement of the Ministry of Health and Te Pūnaha Matatini is that Alert Level 2.5 restrictions would likely have been insufficient to eliminate the August 2020 outbreak. This conclusion is supported by a comparison of mobility and spending data under different Alert Levels. Even if elimination were possible, it certainly would have required a significantly longer period with restrictions in place.

We can provide a further, more substantive briefing on the modelling insights which relate to this question, should you wish.

- b. **Whether there is value in supplementing PCR testing with saliva testing for high-risk workers at the border.**

The Ministry continues to monitor developments in COVID-19 testing technology, and considers that there may be scope to carefully integrate other testing modalities over time. Any changes to the nature and regularity of testing high-risk workers at the border will need to be proportionate to risk, and implementation challenges (such as availability of the required testing workforce) will need to be addressed.

The Ministry's position continues to be that pre-departure testing has little public health value among the range of other public health measures in place. However, the Ministry will further consider pre-departure testing as one of the measures in considering a risk-based approach at the border.

Both wastewater testing and saliva testing are at the research stage:

- i. Saliva sampling has the potential to be used as an alternative to the current nasopharyngeal swabbing method in some contexts. However, the earliest this might be available is Quarter 2, 2021 [HR20202191 refers]. Saliva sampling may not be able to achieve the same sensitivity levels as nasopharyngeal swabbing. The challenge remains collecting appropriate positive samples for validation.
  - ii. Wastewater testing may be suitable in the future to measure overall viral load to monitor the effectiveness of the control measures that are in place. At this stage, the pilot study is over halfway through.
- c. **Where we are with public communications messages: including thanking border workers, and promoting record keeping and COVID tracer app use.**
- i. To mitigate the risk of a resurgence over the summer period, the DPMC COVID-19 Group has developed a multi-dimensional communications and engagement campaign centred on a call to "Make Summer Unstoppable". The campaign encourages New Zealanders to continue public health behaviours through summer. This includes scanning in using the app, activating Bluetooth functionality on mobile phones, isolating and getting tested if unwell, hand hygiene and sneeze and cough etiquette.
  - ii. The campaign includes paid advertising on radio, television, social media, online and in outdoor locations such as bus stops, proactive media, targeted engagement with businesses and the events sector, partnering with iwi and collaborating with central and local government to promote positive COVID-19 behaviour messages and collateral through their channels and activities.
8. There are also several issues that will be addressed by the end of 2020, including:
- a. **COVID card trials and Bluetooth technology.** You recently received advice on the preliminary results of the Bluetooth-Enabled Contact Tracing Card (CovidCard) trials [HR 20202161 refers], to support an oral item at Cabinet.
  - b. **Advice on mandatory record keeping for contact tracing (such as use of QR codes), and face-coverings on public transport across New Zealand.**
    - i. You have received a briefing "Additional information on Cabinet Paper: 'Review of measures to protect New Zealanders from COVID-19' [HR20202174 refers] which provides information about face coverings on public transport. The Ministry will continue to review the evidence and policy rationale around Alert Level measures, including face coverings and record keeping on a regular basis.
    - ii. More generally, these questions can sit within a more fulsome piece of work that could be undertaken with the aim of answering the question: "How would, and should, we consider different settings at Alert Level 1 to manage COVID-19 risks as part of "prepare for it" and to maximise efficiency in "stamping it out" when it does arise?". This would allow for a systematic review of different components of COVID-19 risk and the associated aspects

of (and options for) a government response. This will be reflected in the forward work programme.

c. **Vaccination and immunisation strategy.**

A vaccine being available is one of the "game changers" for the Elimination Strategy, although it will not be a panacea. There is further work required on the interplay between vaccines coming online (here, and overseas) and the mix of public health measures required in the Elimination Strategy. Appendix 2 describes what this piece of work might cover, for instance, what a road map to opening might look like based on vaccine deployment and other factors.

We are also working on a communications approach between now and the end of the calendar year, and into the first quarter of 2021, that is intended to increase public (and health sector) understanding of the vaccines that are being developed and the process that is in place to ensure New Zealand has timely and safe access to approved vaccines. While this is still being finalised, the core key themes that will inform our key messages include:

- New Zealand is securing enough vaccine to immunise to entire population
- It is likely that vaccines will be made available in stages so we are developing a plan to guide where the first supplies of vaccines should be provided to best protect our communities.
- Some countries are having to rush vaccines using emergency authorisations ahead of the usual clinical assessment and approval process - New Zealand is not in that position.
- Medsafe have streamlined their processes and are ready to begin their assessments as soon as they receive trial data from the pharmaceutical companies.
- We cannot say exactly when vaccines will be available but we are preparing in advance to ensure we are ready to support a potential rollout which at this stage we expect may commence around the middle of 2021
- Our first task has been to secure the supply.
- Our next task is to ensure any vaccine is safe and then to make it available as swiftly as possible, where it's needed most.
- Potential vaccines are the next priority in our Elimination Strategy forward work programme as we continue working together to keep COVID-19 out of our borders.

d. **Case investigation process.** The Ministry is undertaking work to get assurance about the end to end process for case investigation. As you know, the quality of information that is gleaned from case investigation is vital to a strong stamp it out approach. ARPHS is working with NZ police regarding how their resources can be drawn upon for case and source investigation. Opportunities for improvement will be rolled out across other PHUs. NZ Police are involved in planning for summer.





in the new year. You may want to have a regular meeting with officials to track the strategic work programme and to discuss progress and prioritisation over time.

14. Officials are developing a view on the sequencing and prioritisation of this work programme, and would be happy to discuss this with you. There are activities that are focused on continuous improvement of current measures, and others that are about moving to a future state for the Elimination Strategy, via further exploration of the possible options that have been described through that work. At present, officials consider that the critical pieces of work coming up, centre around:
- a. Looking outward in terms of international reconnection, border settings and vaccines including:
    - i. developing advice on s9(2)(f)(iv) quarantine/a unilateral, risk-based approach to in-bound travellers (advice led by the Ministry of Health, working with MBIE and DPMC, and due in late-January described in paragraph 10); and
    - ii. work on a future roadmap for opening, predicated on the interaction between vaccines deployment and how the Elimination Strategy might shift over time. This work is in very early stages, and you should note that there is no certainty on the timing of vaccination and efficacy data which will have a significant bearing on future border arrangements. This work will bring together the implications of any vaccine on taking a risk-based approach at the border.
  - b. Looking domestically, at current settings and the ongoing COVID-19 readiness and response, including:
    - i. advice on any changes to the Alert Level Framework, including Alert Level 1 (as described in paragraph 8b);
    - ii. continuous improvement in key pillars, like detection and surveillance; and
    - iii. preparation for the 'new normal', once vaccines are being rolled out and freedom of movement increases (for visitors to New Zealand and for New Zealanders travelling abroad).
15. s9(2)(f)(iv) There is a separate but related piece of work around aviation connectivity and its role in relation to trade recovery, which is being progressed through the trade recovery group of agencies and Ministers. This work is due to be reported to Ministers in February 2021. This work will also inform an ongoing risk-based approach to border re-opening.
16. Officials remain interested in whether you agree on these being the priority focus for the next 2 to 3 months, and whether you have other feedback on where effort should be placed.
17. Officials will begin scoping up the work and come back to you with a project plan, alongside a draft Elimination Strategy Cabinet paper. This will group many of the discrete questions within Appendix Two into a smaller number of key themes, arranged around the pillars of the response and some enabling or cross-cutting work. It will also

map suggested timelines, key deliverables and milestones, as well as identify responsible and interested agencies for each piece of work.

### **Equity**

18. Any changes to the Elimination Strategy, or the mix of public health measures should be considered in terms of their impact on equity, human rights and compliance with Te Tiriti o Waitangi / The Treaty of Waitangi. During engagement on the Elimination Strategy work, officials heard that equity, Te Tiriti o Waitangi, and human rights needed to be more visible in options and decision making. This will be a core consideration of future advice.

### **Next steps**

19. The Ministry and DPMC are available to discuss the contents of this briefing with you and your office.
20. Officials will provide you with advice on a risk-based approach to in-bound travellers by the end of January 2021.
21. Subject to your comfort with the proposed work programme, officials will continue to work up a project plan for your consideration in due course.

**ENDS.**

## Appendix One: New Zealand's Elimination Strategy for COVID-19 (December 2020)

**Our Elimination Strategy for COVID-19 has been successful.** Our strategy 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. A vaccine may become available in New Zealand in early 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 might consider shorter duration quarantine (or quarantine-free arrangements) for travellers from Australia and the Pacific. 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 the Leave Support Scheme) and additional support is being considered.

**Our aim is not to use Alert Level 4 again if at all possible. Instead, we will seek to rely more on Alert Level 2, and 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.