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

2021 Quarter 4 Update

COVID-19

Te Mahere Tiaki

National Response Plan

Te Kāwanatanga o Aotearoa
New Zealand Government

Unite against COVID-19

Cover page — key information

The Government response to COVID-19 is driven by science and public health advice. The COVID-19 Group at the Department of Prime Minister and Cabinet (DPMC) leads system coordination for any COVID-19 response whether that be domestically or internationally with New Zealand's Quarantine Free Travel (QFT) partners. This group is responsible for this document.

The COVID-19 National Response Plan (this plan) should be read in conjunction with the Ministry of Health's (MoH) Manatū Hauora COVID-19 Resurgence Plan as the two documents are closely linked and inform each other. Please contact COVID-19Response@health.govt.nz for a copy of the latest MoH plan.

How this plan is evolving

As the COVID-19 response continues to progress, this plan is updated with additional information that underpins the wider COVID-19 response.

The revision cycle for this version occurred in parallel to the Auckland outbreak in August 2021 and as such only early lessons identified have been captured with a fuller review of the outbreak and further lessons coming in future versions.

This version has been updated to in line with the change in approach to response due to more transmissible variants, Elimination Strategy, agreed lessons management framework and lessons identified over the last six months, and acknowledge the changes coming as New Zealand begins to reconnect to the world work.

Future iterations are likely to include additional detail for agencies involved with implementing the plan, such as operational details. Content under consideration for inclusion in future versions includes:

- More lessons from Australia and the August 2021 Auckland Delta outbreaks
- Additional detail in the phasing diagram, such as Cabinet paper drafting processes.
- Improvements in the welfare coordination arrangements, including connecting national and local levels, and identifying the needs of impacted communities.
- Consideration of how newer variants could affect the response.
- Consideration of how the COVID-19 Vaccination & Immunisation Programme informs this plan.
- Consideration of the Reconnecting NZ Strategy, and future initiatives and how this will change the response approach.
- Any changes to the Elimination Strategy and how these will impact on New Zealand's overarching COVID-19 response mechanisms.
- Updated roles and responsibilities for Government Agencies considering changes to the COVID-19 context, particularly the vaccination programme.
- Incorporating greater insights into defining inequality and how inequities in the community impact readiness and planning for responses
- Additional information on Regional Leadership arrangements.

When is this plan activated?

This plan will only be activated if necessary and will be activated in parallel with the MoH Manatū Hauora COVID-19 Resurgence Plan. Possible triggers include:

- The MoH have grounds to believe there is, or maybe a positive case in the community with a high likelihood community transmission is, or may be, occurring in New Zealand or Quarantine Free Travel (QFT) partner; and/or
- The MoH believes case/s or community clusters of COVID-19 are not contained, or may not be contained occurring in New Zealand or a QFT partner; and/or
- The MoH have considered that there are equity ramifications relating to known cases or clusters, and population groups or communities, that may have particular risk or are otherwise vulnerable domestically,
- A District Health Board (DHB) increases its alert level under the National Hospital Response Framework; and/or
- Any other relevant information, including other public health risk factors, changes in characteristics of the virus, clinical presentation of cases etc.

Effective delivery of this plan is dependent on Public Heath Response Orders (Orders) and the timely, appropriate and detailed exchange of required information between parties.

Key responsibilities

The National Response Leadership Team (NRLT) is responsible for leading the COVID-19 Response and ensuring the broader system of government is prepared and able to execute a response to any risks posed by COVID-19. It provides strategic direction, coordination, assurance and support.

It is expected that responsible agencies will continually prioritise their efforts on the COVID-19 response, including readiness activities. The National Response Group (NRG) is responsible for operationalising taskings from NRLT and enabling broader system activation in the event of a resurgence.

Please contact covid19response@dpmc.govt.nz for any comments, suggestions or corrections.

NRLT: Key contacts

Name and Position	Purpose
Brook Barrington (CE, DPMC) **Chair**	Chair meetings and provide recommendations and advice to Ministers.
Ashley Bloomfield (DG, Ministry of Health)	Provide public health advice and direction.
Cheryl Barnes (DCE, COVID-19 Group)	Provide overall system advice and direction.
Una Jagose (Solicitor General)	Provide legal and judicial advice.
Andrew Coster (Commissioner of Police)	Provide advice on boundaries and Compliance.
Caralee McLiesh (CE and Secretary to the Treasury)	Provide advice and guidance on responsible spending of public money.
Dave Gawn (CE, National Emergency Management Agency)	Provide emergency management and welfare sector (C4C) advice.
Christine Stevenson (CE, Customs – Quarantine Free Travel -QFT)	Provide border agency advice and direction.
Carolyn Tremain (CE, Ministry of Business, Innovation and Employment (MBIE) – Managed Isolation and Quarantine) (MIQ)	Provide advice and situational awareness of MIQ as well as broader MBIE roles.
Peter Mersi (CE, Ministry of Transport)	Provide advice regarding and liaise with the private transport sector.
Chris Seed (CE, Ministry of Foreign Affairs and Trade)	Provide advice regarding foreign affairs, overseas posts and consular services.
Hamish Rogers (Chief Advisor to Chief Executive)	NRLT Observer – Provide advice to the Chair of the NRLT, and CE DPMC
Ben McBride (Advisor, DPMC/PAG)	NRLT Observer: Provide advice to the Prime Minister
Richard Schmidt (Advisor, DPMC/PAG)	NRLT Observer: Provide advice to the Prime Minister
Graham MacLean (NRG Chair, DPMC)	Provide updates from NRG and relay any taskings from NLRT to NRG.

Rae Nathan (NRLT Secretariat)	*Provide support & record key actions.*

NRG: Key contacts

Name and Position	Purpose
Graham Maclean (Planning and Readiness Lead, DPMC) **Chair**	Chair meetings and provide recommendations and advice to NRLT Chair.
Bridget White (DCE, COVID Directorate, Ministry of Health)	Provide public health advice and direction.
Glenn Dunbier (NZ Police)/ Barry Taylor (NZ Police)	Provide advice on boundaries and Compliance.
Megan Main (DCE MBIE – MIQ)/ Andy Milne (MIQ)	Provide advice and situational awareness of MIQ
Jesse Nichols (Caring for Communities (C4C) Lead)	Provide advice in relation to vulnerable communities.
Ruth Fairhall (Strategy and Policy Lead COVID-19 Group, DPMC)	Provide advice on system strategy and policy.
Gary Knowles (National Emergency Management Agency)	Provide emergency management and welfare sector advice.
Heather Peacocke (Communications & Engagement Lead COVID-19 Group, DPMC)	Provide advice on system communications.
Bryan Chapple (Deputy Secretary, Treasury)	Provide advice and guidance on responsible spending of public money.
Michael Lovett (DCE, Department of Internal Affairs) (DIA)	Provide advice on connecting people, communities and government.
David Taylor (Ministry of Foreign Affairs and Trade)	Provide advice regarding foreign affairs, touch point for posts overseas and consular advice.
Catriona Robinson (MBIE – Inc. INZ)	Provide situational awareness of MBIE roles such as exemptions including immigration.

Shelly Tucker (Ministry of Transport)	Provide advice regarding and liaise with the private transport sector.
Bill Perry (Customs)	Provide border agencies advice and overview.
NRG Secretariat	*Provide support & record key actions.*

Document version control

This document was last updated on **1 October 2021**. It is document version 4, Quarter 4 2021. The document review cycle coincided with the August 2021 Outbreak, as such there has been limited agency review and this version does not fully capture all aspects of response improvement identified after 17 August 2021. August 2021 outbreaks lessons will be captured more fully in the summer resurgence plan (Q1 2022 version).

From July 2021, in addition to ad-hoc updates made in response to emerging developments, this document is on a *quarterly review cycle*. The next update can be expected in December 2021, for Q1 2022.

Version history

Version	Author	Date	Summary of Changes
4 (Q4, 2021)	Zoe Juniper, DPMC Emily Waterson, DPMC Seb Eastment DPMC	October 2021	Response plan changes reflecting the response principles for more transmissible variants and very early lessons from NSW & Auckland 2021 outbreaks.
3 (Q3, 2021)	Zoe Juniper, DPMC Emily Waterson, DPMC Seb Eastment DPMC	July 2021	Inclusion of QFT partner arrangements and processes, including Standard Operation Procedures (SOPs), as well as adjustment to the order of the document.
2 (Q2, 2021)	Graham MacLean, DPMC	April 2021	Significant rewrite of documentation to simplify processes and structure.
1 (Q4, 2020)	Graham MacLean, DPMC	December 2020	Initial version of document created to support the management of potential cases during Summer 2020/21, titled the 'Summer Resurgence Plan'

What's changed in this document?

Version	Content changes or actions
Q4 2021	Entire document refined to consider more transmissible variants (i.e. Delta), with a focus on domestic response processes, and indicating the future Reconnecting New Zealand approach. Key changes are to the first 3 chapters, chapters 6 & 7, and annexes 7 & 9. Some early lessons identified from Australian & Auckland August 2021 outbreaks have also been captured.
Q3 2021	In June 2021 this document was reordered and refined to include the two QFT arrangements that had been established since Q2 edition. In addition, there were updates to the domestic processes and SOPs that incorporate lessons identified throughout Quarter two.
Q2 2021	In March 2021, this document underwent a significant rewrite. This included the redrafting of large portions of the plan, a restructure of the plan, and the introduction of diagrams and visual aids to support readability. Alongside changes to support readability, other changes include: • Guidance regarding the activity to be undertaken under the key phases of this plan were updated in accordance with lessons learnt from past resurgences. This includes SOPs. • Addition of Quarantine-Free Travel (QFT) Zone Plan • 'Workstreams' was renamed to the COVID-19 Senior Officials Group.
In consultation with:	Ministry of Health (MoH) The following agencies have been consulted on the roles and responsibilities included in Annex 6: National Emergency Management Agency (NEMA), Ministry of Business, Innovation and Employment (MBIE), New Zealand Police (Police), Ministry of Transport (MoT), Te Arawhiti, New Zealand Customs Service (Customs), Ministry of Primary Industries (MPI), Ministry of Education (MoE), New Zealand Defence Force (Defence), Public Service Commission, Ministry of Social Development (MSD), Ministry of Foreign Affairs and Trade (MFAT), Fire and Emergency New Zealand, Te Puni Kokiri, Department of Corrections (Corrections), and the Department of Internal Affairs (DIA).

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1. About this document

1.1 What is the National Response Plan?

The National Response Plan (NRP) outlines the framework on how agencies will work together to deliver the operational elements of a response to a resurgence of community cases in New Zealand or a resurgence of cases in a QFT partner. The response will be nationally led and guided by public health advice to empower regional leadership to work with communities to ensure impacted communities are supported. It is developed in line with the Ministry of Health's (MoH) Manatū Hauora COVID-19 Resurgence Plan and informs New Zealand public sector agencies on response arrangements to future outbreaks and provides the response framework.

This plan has been developed by the DPMC's COVID-19 Group, in consultation with MoH and other agencies involved in the response. This plan outlines each agency roles and responsibilities that are aligned with the objectives in section 1.4.

1.2 Purpose

The purpose of this plan to set out the All of Government (AoG) arrangements for responding to COVID-19 in New Zealand. It provides decision makers, Ministers, senior officials, regional leadership, government agencies and supporting organisations with guidance on the national systems, processes, and roles and responsibilities of agencies involved with COVID-19 response activities.

1.3 Scope

This plan has been developed to outline how the system responds to the detection of positive community case(s) of COVID-19 and has been developed within the following scope:

- Alignment with the MoH Manatū Hauora COVID-19 Resurgence Plan, which outlines MoH's role as lead agency for the public health system;
- The roles and responsibilities related to the COVID-19 response bodies (National Response Leadership Team, National Response Group and COVID-19 Senior Officials Group) in the response;
- To ensure agency plans support the wider system response; and
- To ensure Regional Leadership has access to rapid and accurate information to enable regional coordination to respond to community case(s), with Regional Leadership constructs providing a leadership role.

1.4 What objectives guide New Zealand's response?

Six national objectives guide New Zealand's COVID-19 response:

1. **Enable effective decision-making and governance:** Provide representation to, and support the operation of, governance and decision-making structures, as appropriate.
2. **Enable effective and coordinated support to the COVID-19 health system response:** Support the MoH, District Health Boards (DHBs), Public Health

Units (PHUs) and community providers to achieve the required COVID-19 related health outcomes.

3. **Coordinate efforts to contain COVID-19 by enabling effective national and regional mechanisms:** Establish effective coordination mechanisms, processes, and structures between agencies and stakeholders.
4. **Coordinate support for communities (including business) to minimise the social & cultural, and economic impacts:** Partner with support agencies to identify and meet community needs where there are no other means of support.
5. **Coordinate and align COVID-19 communications and engagement and local implementation of public information management requirements:**
    a. Messaging and strategic communications will be nationally led by the COVID-19 Group.
    b. Public health messaging is generated and led by MoH, in partnership with the COVID-19 Group.
    c. Other messaging is generated by the appropriate agency.
6. **Support and contribute to intelligence processes:** Facilitate the flow of information through agreed AoG reporting processes; including, where necessary, supporting other agencies in the efficient sharing of information.

1.5 Changing the approach to responses

Following lessons from Australian outbreaks in June and July 2021 to the emergence of the Delta variant, as well as insights from global learnings the response has adopted the principles of "Swift", "Sharp", and "Sweeping". This reflects the need to move swiftly when dealing with more transmissible variants, take sharp action to move directly to higher Alert Levels, and take a more sweeping geographical approach to achieve the Elimination Strategy.

As the virus evolves, so does New Zealand's response. This means New Zealand needs to assume any community cases are the Delta variant and enable a response that is swift and sharper than responses to the original virus. Responses to the new more transmissible variants will have a longer tail, leading to a longer response timeline, to ensure the virus is contained. Any response to a detection of a positive case needs to remain proportionate to the risk posed.

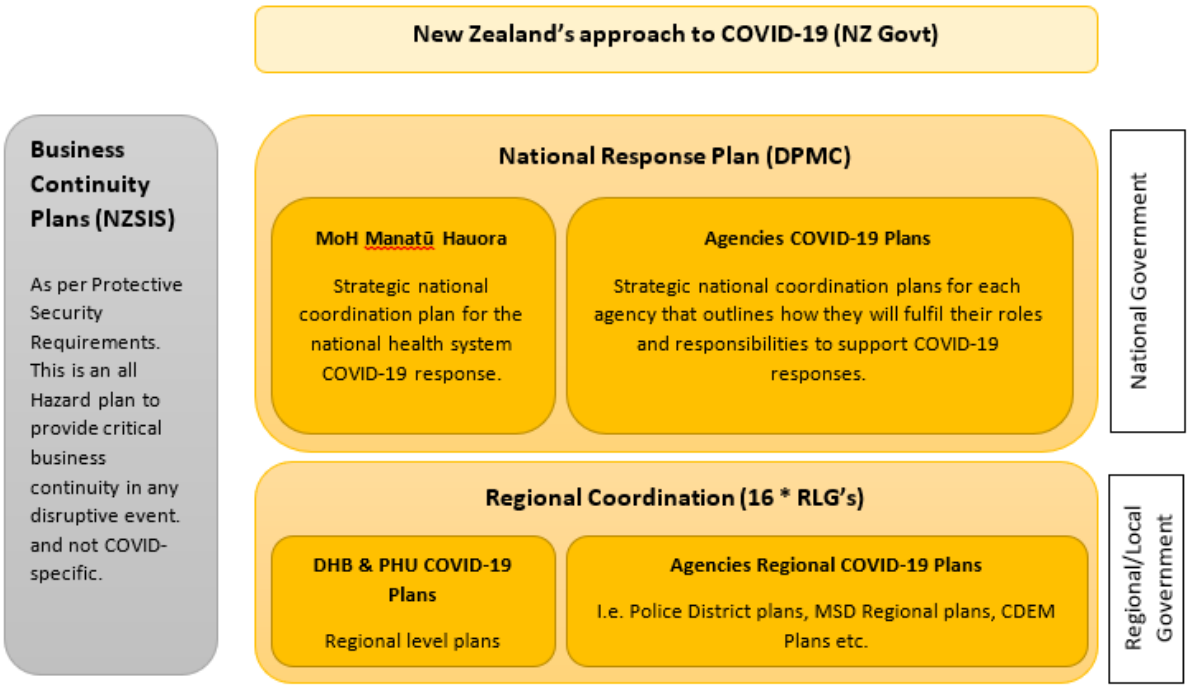
The COVID-19 system has come together to workshop both what the Delta variant will change for future responses in New Zealand and what a return to Alert Level 4 would look like. The system agreed in a response, the country would expect to see a significantly higher number of cases and an increase in testing and contact tracing requirements. Communities could face re-infection, with shorter incubation times and much higher transmissibility, with many cases being asymptomatic, and cases could have been in the community for up to 48 hrs prior to symptoms presenting. Additionally, mRNA vaccines remain effective against the Delta variant and reduce serious illness and death, noting New Zealand uses the mRNA Pfizer Vaccine as part of the vaccine rollout.

1.6 How does it fit with other agencies' plans?

The below diagram shows how New Zealand's strategic approach sits above the National Response Plan, agencies plans, and regional plans which provide the operational framework by which the country responds to resurgences of community cases.

Agencies' COVID-19 plans have been developed based on the national operational objectives outlined in section 1.4 including national and regional elements. Agency plans are separate from Business Continuity Plans. Agency plans may include advice on business-as-usual (BAU) activity during raised Alert Levels, as well as additional activity required in the event of a resurgence. Regional plans will be specific to their communities needs during resurgence events.

This plan will be activated in parallel with the MoH Manatū Hauora COVID-19 Resurgence Plan.



2. COVID-19 in New Zealand

COVID-19 was first detected in New Zealand on 28 February 2020 through a case imported via international travel. As part of the national response, a four-tiered Alert Level system was introduced by the Government on 21 March 2020 to control the spread of COVID-19 by restrict movement.

Due to suspected widespread community transmission, the Government placed New Zealand into Alert Level 4 – the highest level of alert - which effected a nationwide lockdown on 25 March 2020. This remained in place for four weeks, and since then the country has moved Alert Levels, guided by science and public health advice.

Since first global detection, the virus has mutated and evolved. The emergence of more transmissible variants, such as Delta, has influenced the approach which New Zealand responds to community cases. As a result, New Zealand's response is undergoing continual improvement, and MoH provide continuous refinements of their Public Health advice to the system, this is based on science and research. COVID-19 vaccine uptake will influence the approach New Zealand takes in response to the detection of community cases.

2.1 Elimination strategy

The Government has adopted an elimination strategy in response to COVID-19 to "keep it out, prepare for it, stamp it out, and manage the impact", which can be summarised as "maximise action to control SARS CoV-2 and stop community transmission as quickly as possible"[1]. This is achieved through mechanisms such as controlling entry at the border, robust testing, surveillance and contact tracing all potential cases, strong, clear and concise public communications, positive public behaviours at all times, including scanning, physical distancing, face coverings, record keeping, and hygiene measures.

Additionally, the response needs to ensure this is completed while also empowering regions to support all their communities and proactively address impacts and inequalities caused by the response. For further detail on New Zealand's Elimination Strategy see the MoH Website: https://www.health.govt.nz/our-work/diseases-and-conditions/covid-19-novel-coronavirus/covid-19-response-planning/covid-19-elimination-strategy-aotearoa-new-zealand

2.2 Risk based decision making

The response to COVID-19 uses a risk-based decision-making approach as per the requirements of the Sendai Framework that New Zealand and the National Security System have adopted for managing nationally significant hazards. Risk can be viewed as a combination of three components: hazard, exposure, and vulnerability. Data from each of these categories can be used to paint a picture of risk in a certain location and over time. This allows decision makers to determine the level of acceptable risk and the actions required to mitigate or manage the risk. This is helpful in guiding decision makers on how to act in a

[1] as defined by Strategic COVID-19 Public Health Advisory Group June 2021

response. The risks associated with COVID-19 have changed since January 2020 and are expected to continue to evolve for some years to come.

- **Hazard** – in this case the hazard is the SARS CoV-2 and new variants such as Delta present a change in the hazard.
- **Exposure** – the location, communities and extent that an outbreak poses to New Zealand.
- **Vulnerability** – the likelihood that people will contract, get ill, suffer long term health impacts from SARS CoV-2, or die. Also includes the social support mechanisms that are in place and equity issues. Vaccines reduce the vulnerability of communities to serious illness and death.

2.3 New Zealand's Alert Level System

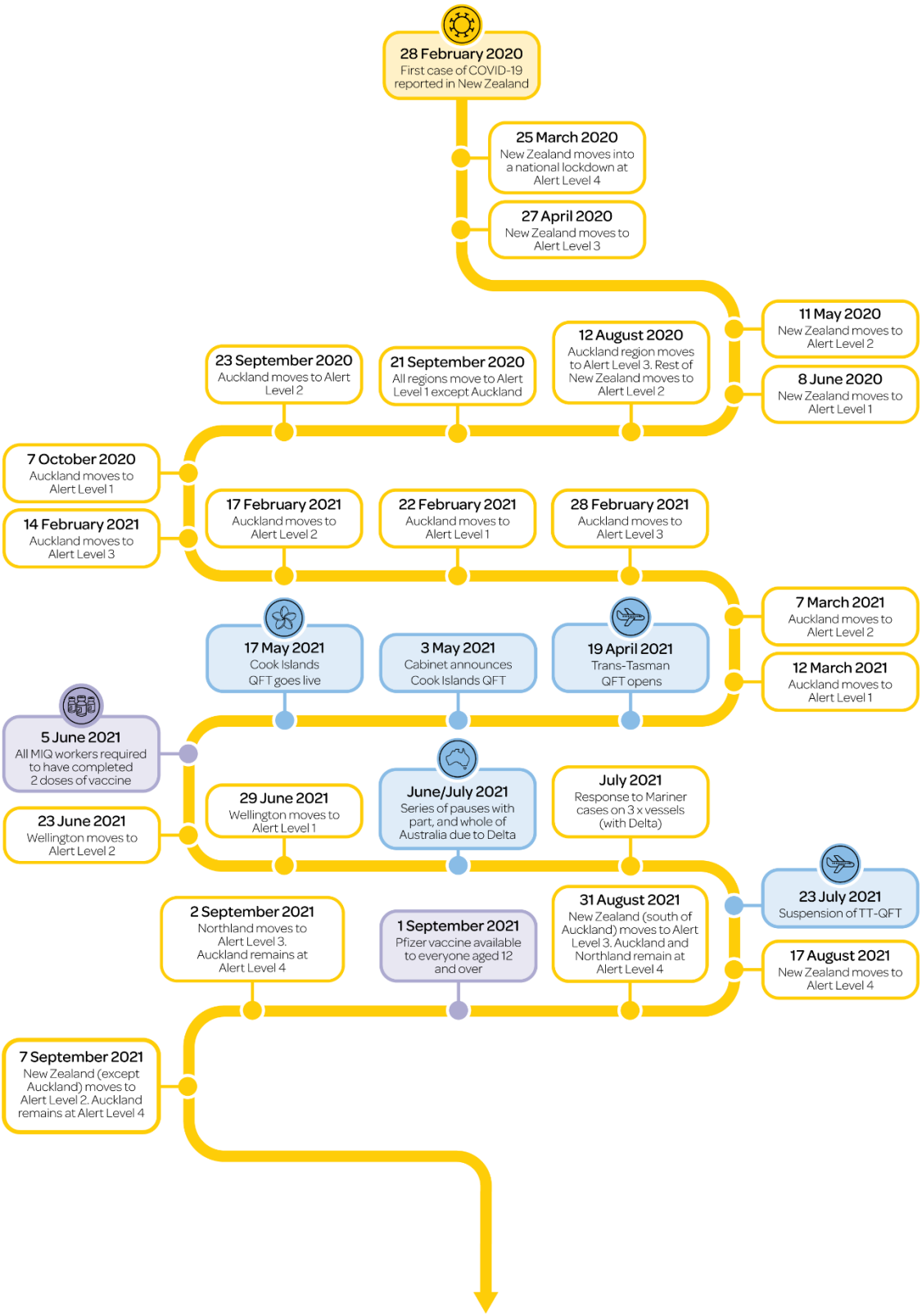
Alert Levels are a key mechanism for controlling the spread of COVID-19. There are four Alert Levels, each of which have a set of measures that are implemented to respond to the risk of COVID-19 in the community and set out a range of additional risk mitigation actions required by New Zealanders and businesses to meet the response objectives and Elimination strategy.

New Zealand COVID-19 Alert Levels	
Level	Description
Level 4 - Lockdown	Likely the disease is not contained.
Level 3 - Restrict	Medium risk of community transmission – active but managed clusters
Level 2 - Reduce	Low risk of community transmission within applied area
Level 1 - Prepare	The disease is contained in New Zealand.

Transitioning through the Alert Levels is one of the most important tools the Government has to manage COVID-19. Cabinet will make decisions about movement up or down Alert Levels based on the advice provided by a number of Government agencies, with key insights based on public health guidance. In line with the evolution of the virus, this means that at the onset of a response, advice will likely be to go directly to a higher alert level (i.e. level 3 or 4) to facilitate the response principles (swift, sharp, and sweeping) and Elimination strategy. This is facilitated through use of a domestic COVID-19 response checklist which considers a number of factors, Public Health advice populated by MoH and wider system advice populated by National Response Group (NRG) and National Response Leadership Team (NRLT). This checklist is a key aspect of the plan and is included as Annex 1.

2.4 Response timeline

Since March 2020 Cabinet has transitioned through the Alert Levels at both national and regional levels, in response to outbreaks. Cabinet have also made decisions to reopen New Zealand's borders with Australia and Cook Islands. An overview of outbreaks, Alert Level changes and key QFT dates are outlined below.



Quarantine-free Travel: Timeline of two-way bubble with Australia

Date announced	Action	State/Territory	Timeframe
19/04/2021	Trans-Tasman travel bubble opens	Australia/New Zealand	19/04/21 – Indefinite
23/04/2021	QFT Pause	Western Australia	23/04/21 – 28/04/21
28/04/2021	QFT Resumes	Western Australia	28/04/21 – Indefinite
6/05/2021	QFT Pause	New South Wales	6/05/2021 – 9/05/2021
9/05/2021	QFT Resumes	New South Wales	9/05/21 – Indefinite
25/05/2021	QFT Pause	Victoria	25/05/21 – 28/05/21
27/05/2021	QFT Pause Extension	Victoria	28/05/21 – 4/06/21
3/06/2021	QFT Pause Extension	Victoria	4/06/21 – 9/06/21
9/06/2021	QFT Pause Extension	Victoria	9/06/21 – 17/06/21
17/06/21	QFT Pause Extension	Victoria	17/06/21 – 22/06/21
22/06/21	QFT Resumes	Victoria	22/06/21 – Indefinite
22/06/21	QFT Pause	New South Wales	22/06/21 – 25/06/21
24/06/21	QFT Pause Extension	New South Wales	25/06/21 – 6/07/21
26/06/21	QFT Pause	Australia	26/06/21 – 29/06/21
28/06/21	QFT Pause Extension	Australia	29/06/21 – 4/07/21
4/07/21	QFT Resumes	ACT South Australia Victoria	4/07/21 – Indefinite
9/07/21	QFT Resumes	Northern Territory Western Australia	9/07/21 – Indefinite
12/07/21	QFT Resumes	Queensland	12/07/21 – Indefinite
15/07/21	QFT Pause	Victoria	16/07/21 – 20/07/21
19/07/21	QFT Pause Extension	Victoria	20/07/21 – 21/07/21
20/07/21	QFT Pause	South Australia	20/07/21 – 27/07/21
23/07/21	QFT Suspension	Australia	23/07/21 – 17/09/21

2.5 Reconnecting New Zealanders to the World

As New Zealand's vaccination roll-out continues, the country will implement a plan to reconnect New Zealanders to the rest of the world and find the 'new' normal, maximising the economic, health and social benefits of reconnecting. The nature of the virus means the pathways to reconnecting may be complex. The New Zealand Government has agreed to start small and safe, gradually changing systems to ensure they are robust and can accommodate changes in risk.

Any work to reconnect New Zealanders with the world will be done in line with public health measures, and will consider the type of travellers who may be able to enter New Zealand and under what circumstances, supported by a range of isolation and public health restrictions and testing.

The 'reconnecting New Zealanders to the world' portfolio is run from the COVID-19 Group at DPMC. It is currently working with a number of workstreams across the broader public sector to design and support delivery of a programme of work that will be guided by the following five objectives:

1. Maintaining New Zealand's elimination strategy to stamp out the virus.
2. Ensuring every eligible New Zealander is offered the opportunity to be vaccinated as soon as possible.
3. Reducing the need for further lockdowns as much as possible by continuing to strengthen New Zealand's health and contact tracing systems.
4. Maintaining strong public health tools.
5. Developing new ways to enable people to travel safely to and from New Zealand

On 12 August 2021, this broad approach was announced to the public via the Reconnecting New Zealanders to the World forum.

Information discussed at that forum can be downloaded from the Unite against Covid-19 Website: https://covid19.govt.nz/assets/reports/Independent-Advisory-Groups/Reconnecting-New-Zealanders-to-the-World/Reconnecting-New-Zealanders-to-the-World-Next-steps.pdf

It is anticipated that by the next iteration of this plan, specific information relating to portfolio initiatives, such as the proposed self-quarantine pilot, will be able to be included.

2.6 Equity considerations and Te Tiriti o Waitangi

An equitable approach to Response recognises that in Aotearoa New Zealand different people with different levels of advantage require different approaches and resources to get equitable outcomes. Critical to the success of the COVID-19 response is ensuring it is equitable across communities, including but not limited to Māori, Pasifika, and disabled people.

The August 2021 outbreak has shown that agencies need to work more closely with the Māori, Pasifika and ethnic communities both during and ahead of a response to better understand the cultural aspects that will influence decision making and development of COVID-19 mitigation and management tools. Food was again one of the biggest challenges for the August 2021 outbreak and closer engagement has led to improved ways of working at the local level and connecting local community led initiatives into the wider C4C structures,

funding and resources to continue to enable and empower them to support their own communities. Annex 6 provides a diagram of the system engagement around food.

In addition to equity, the COVID-19 response acknowledges and strives to uphold the principals defined by Te Tiriti o Waitangi. These are:

Tino Rangatiratanga provides self-determination and mana motuhake for Māori in the design, delivery and monitoring of the COVID-19 response to Māori;

The principle of partnership, which requires the Crown and Māori to work in partnership in the governance, design, delivery and monitoring of the COVID-19 response to Māori. Māori must be co-designers of the COVID-19 response to Māori.

The principle of active protection, which requires the Crown to act, to the fullest extent practicable, to achieve equitable outcomes for Māori. This includes ensuring that it, its agents and its Treaty partner are well informed on the extent, and nature of both Māori health outcomes and efforts to achieve Māori health equity in the COVID-19 response for Māori.

The principle of options, which requires the Crown to provide for and properly resource kaupapa Māori responses to COVID-19. Furthermore, the Crown is obliged to ensure that the response is carried out in a culturally appropriate way that recognises and supports the expression of Māori models of care in the COVID-19 response.

Within a response, every agency and function are responsible for incorporating and upholding the principles of both equity and Te Tiriti.

3. Governance and decision-making

Governance and decision making occurs at both a national level and the regional level. The groups that inform the response at a national level are also supported by other mechanisms across the system.

3.1 National coordination

Cabinet has agreed to governance and decision-making structures to support the broader COVID-19 response. The role of these groups is outlined further in this section. Groups or individuals that play a key role within the COVID-19 response include:

Cabinet or Ministers with the Power to Act

As the ultimate decision makers within the system, Cabinet or a Ministers with the Power to Act are responsible for setting the direction for the system response. Cabinet may choose to delegate decision making authority to a Ministers with the Power to Act where it is not necessary for all of Cabinet to meet and make a decision, such as over a holiday period.

National Response Leadership Team (NRLT)

Responsible for providing strategic direction of the COVID-19 Resurgence Response to the Ministers with Power to Act and the Cabinet. NRLT will ensure that the system of government is prepared and able to execute a response commensurate with the nature of the resurgence.

NRLT includes key agencies including representation from the international, border, and welfare sectors. NRLT will meet where a response is required specifically for community transmission or an event that relates to the QFT partner, when a community transmission has been confirmed by MoH. There may be situations where the NRG meet prior to NRLT, particularly in relation to early notification.

National Response Group (NRG)

NRG will prioritise and triage taskings from NRLT and report risks and issues back to NRLT from the system. NRG will provide decision makers with advice, reporting where required and information flows to local and operational levels of the response. NRG will act as the coordinator of the operational and strategic systems.

MoH Incident Management Team

The MoH IMT oversees and guides the response at a strategic level from a MoH perspective and helps ensure effective overall response coordination and control for the health system and across activated DHB's. It provides advice and specialist knowledge and handles the detailed response management work.

COVID-19 Senior Officials Group (C-19 SOG)

This group brings senior representatives from across the system together on a regular basis to provide a single point for information about the response. This group includes a range of agency representatives that support key areas of the

response and can mobilise the response system when required. Agencies attending are much broader than NRG membership. C-19 SOG is chaired by DPMC COVID-19 Planning manager and aims to coordinate system efforts, facilitate information sharing, and problem solving. This group reports system issues and risks up to NRG.

By bringing agencies into one room there is an enhanced readiness to respond to a resurgence of COVID-19 in a coordinated and efficient manner. This group is responsible for enabling the AoG response, as well as reporting back on progress of tasks from NRG and emerging risks and issues across the system. This group is empowered to undertake operational decision making to ensure the tasks and actions from NRG/NRLT are completed.

When not in a response, the C-19 SOG will meet as and when required to ensure readiness across the system is maintained, and risks to the system are identified and mitigated. Attendance at the C-19 SOG will vary depending upon the situation and associated context.

3.2 Other National coordination mechanisms

Across the system there are several other mechanisms that support the broader system to respond:

Coordination across government agencies

A number of government agencies provide support as part of a coordinated response. The immediate response is led by DPMC and MoH, with other key agencies including MSD, MBIE, NZ Customs, Ministry of Transport, NZ Police, NEMA and MFAT in support. All agencies are responsible for providing central coordination as part of New Zealand's government response to COVID-19. DPMC are responsible for the following functions of the response:

- Policy and strategy;
- Communications and engagement;
- Risk, continuous improvement, and assurance;
- Reporting and insights; and
- System readiness and planning

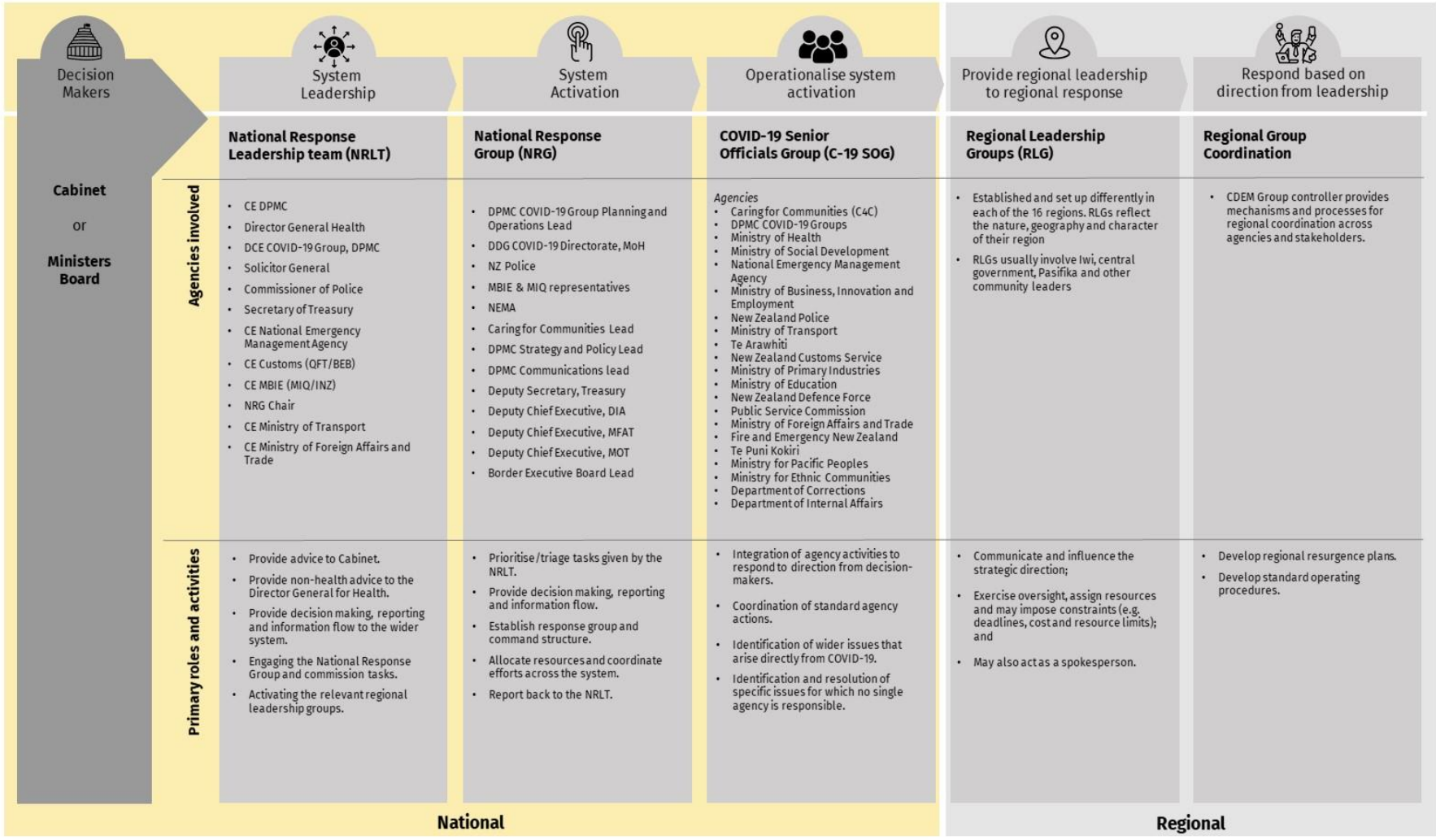
Broader system governance

Other layers of governance that play a role in the decision making and implementation processes of the response across the wider system includes:

- DPMC COVID-19 Group
- Ministry of Health COVID-19 Directorate
- C4C Governance Group
- Border Executive Board
- Deputy Chief Executive Policy Group (primarily an information sharing function)

The response structures and key roles for the different groups within this response are outlined in section 3.3 and 3.5. Further responsibilities for each agency are outlined in Annex 7 and 8.

COVID-19 Response Structures and Responsibilities



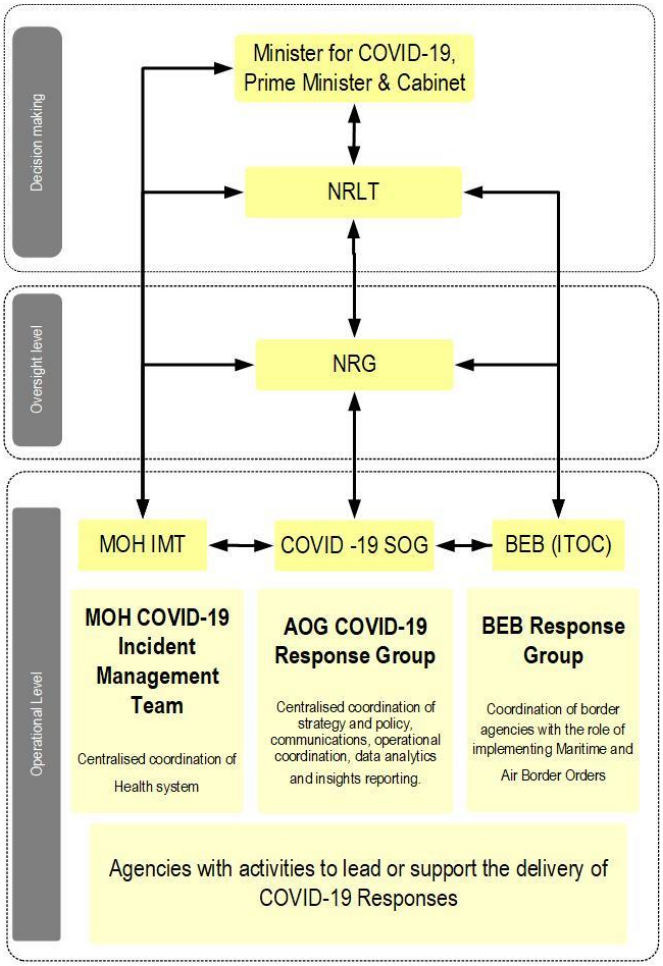
3.3 National system coordination arrangements

DPMC will coordinate the system through the NRLT, NRG and SOG. The diagram shows how the system is connected.

DPMC will not stand up a coordination centre requiring physical presence of liaison staff in the event of a response. All coordination and tasking will occur from NRLT, down to agencies through NRG and SOG and captured in the Action Plan.

Agencies are recommended to set up their national coordination centres using the Coordinated Incident Management System (CIMS) framework, with the addition of a policy function to feed into the DPMC & MoH policy groups. PIM functions should dock into the AoG Comms & Engagement team.

Financial costs should sit where they fall, special funding requests need to be approved in advance through MoH at the National Level or DHB's at the regional level.



3.4 Regional coordination

Each region throughout New Zealand is expected to have a regional response plan that is tailored to their community and locality. These plans outline governance structures and operational coordination mechanisms between the DPMC COVID-19 Group, Regional Leadership, agencies (including DHB's) and key stakeholders. Where necessary, regional PHUs will provide support also.

The regional response will depend on the health orders that have been implemented at the time.

Regional Leadership Groups (RLG)

These groups provide executive oversight of a response in a region. These will vary region to region and may be a new construct or utilise existing mechanisms such as Joint Committees and the Coordinating Executive Groups (CEG). These groups form part of the governance layer to provide assurance and as a result RLGs are not

responsible for managing the response. Roles and responsibilities for different agencies will vary depending on the region.

The RLG's should include Chief Executives of the local authority, members of the CDEM Group, Mayors, Chief Executives of DHBs & PHUs, and senior members of NZ Police, and Fire and Emergency New Zealand (FENZ), representatives from local Iwi and other ethnic communities within that region. RLG's may also co-opt in additional members such as senior ambulance services, and Defence.

The role of RLG is to:

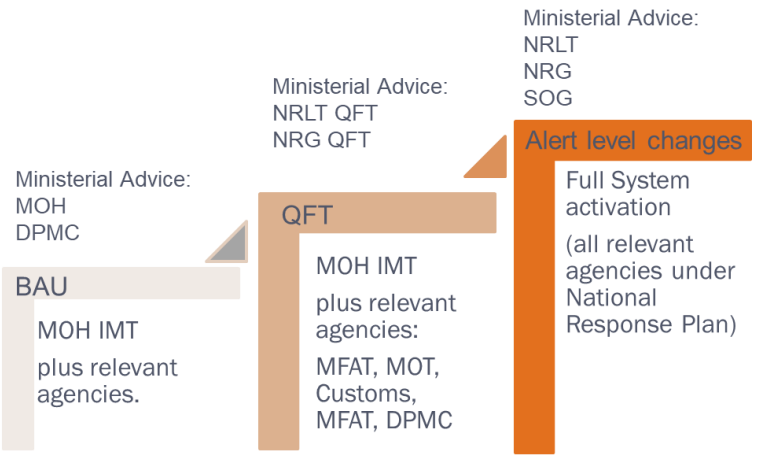
- Communicate and influence the strategic direction;
- Exercise oversight, assign resources and may impose constraints (e.g. deadlines, cost and resource limits); and
- May also act as a spokesperson.

Regional Group Coordination

The CDEM Group Controller works alongside the DHB Controllers, MSD Regional Commissioners and Public Health officials to ensure coordination of the region's response activities. CDEM Group Controllers will establish coordination structures and facilities as required as part of regional group coordination.

3.5 Response system

The response system needs to be a sustainable, scalable and resilient system, and one that allows decisions to be made at the appropriate level depending on the required need for system activation. This has a direct correlation to the level any type of governance required. This is depicted in the diagram below.



Examples of responses at the different scales range from wastewater positive test results, community outbreaks in a QFT partner jurisdiction, through to domestic community cases requiring an alert level change. Each event is likely to present a unique set of circumstances that will require different agencies or private sector support to be activated. However, not all agencies will need to respond to every event.

3.6 Concurrent events

Throughout the duration of the COVID-19 pandemic, it is likely that New Zealand will have to deal with a major concurrent event. For example, this may be an offshore Humanitarian response (MFAT led) or an onshore response to a natural hazard event (NEMA led). Agencies with risk coordinating roles under the National Security System (NSS) are responsible for ensuring concurrent planning is undertake and contingency plans are in place for how events will be responded to during various alert levels.

A concurrent event and the COVID-19 response will likely be managed separately, however there will be a need for the systems to be kept informed of the actions occurring within each response. It has been widely agreed that a concurrent event will be managed through the standard NSS model (this is assuming the triggers for the Officials Domestic and External Security Committee (ODESC) have been met) and a COVID-19 response will be dealt through the model outlined in this plan. The formal interactions of these groups will be through the Chairs and secretariats from NRLT and ODESC, as well as NRG and Watch Group.

3.7 Readiness

Readiness is defined as the state of being fully prepared for an event or outcome. In the context of New Zealand's COVID-19 response, this requires a shared understanding across government agencies of what is required, the alignment of systems and processes, extracting learnings from global and domestic insights, and enhancing response mechanisms.

There are a number of initiatives that will contribute to readiness across the system. These initiatives involve a cross section of agencies, organisations and industries, and comprise of; scenario-based workshops; interagency collaboration to address specific situations or challenges; and the facilitation of activities that enable continuous improvement across the system.

Scenario-based workshops are facilitated with a focus on testing the readiness of the AoG system to respond. These workshops are intended to ensure alignment across the system, identify any gaps in readiness or risks that require mitigation ahead of a response, and to test and maintain the NRP. Topics to be covered are based on identified domestic and system priorities, informed by emerging insights and innovations, and aligned to seasonal and event imperatives.

Several workstreams are in development that will support dissemination of critical information to support agencies, organisations and industries in their readiness preparations. These workstreams will also enable organisations to evaluate their level of readiness and focus effort where it is most valuable.

An outline of the upcoming schedule for readiness activities for 2021 has been attached as Annex 9.

3.8 Lessons identified from previous outbreaks

Reflecting on the lessons identified is important for continuous improvement in New Zealand's COVID-19 response.

Several key learnings have been identified over the past 18 months, and with each outbreak there are further lessons identified. The lessons identified relating to the Delta variant outbreaks globally are valuable, especially from the Australia outbreaks, as Australia shares a similar elimination strategy approach to New Zealand. These include:

- Recognition that incremental shifts in Alert Levels, while conducting case investigation and contact tracing, has not worked with the Delta variant;
- Victoria imposed significant restrictions on day three of their community cases (Sharp), across the whole state. Lockdowns have tended to be of shorter duration, with 16 days between two different lockdowns. An appropriate and effective duration for a New Zealand outbreak will need to be considered;
- Essential for messaging to align with actions taken in order to maintain social licence;
- Due to the likelihood of a significant increase in close contacts, contact tracing and testing systems will need to scale up effectively and at pace.

While this version of the response plan was developed in July and early August 2021, some initial lessons have been identified and captured from the August Auckland 2021 outbreak. These still need further analysis and incorporating into future processes and plans. These include:

- There is significant benefit in maintaining connections across the system outside of an active response to COVID-19. This enables the building of trusted relationships, increased readiness, and contingency planning; generating a more effective response;
- Working at pace, need for rapid decision-making and changes to Alert Levels for the entire country;
- COVID-19 is likely to have spread wide by the time it is detected it in the community;
- Social licence remains a critical tool in achieving successful outcomes;
- Health outcomes from Delta Variants are significantly worse for unvaccinated communities;
- Data confidentiality and ensuring privacy and security of data;
- Improvements of single points of contact across and within agencies;
- Staff fatigue and burnout;
- Clarity of processes for tasking and tracking progress from a range of sources;
- Streamline exemption requests;
- Food security and social resilience is severely impacted by higher alert level restrictions;
- Demand for vaccination increases during an outbreak;
- Clarity of agency roles and responsibilities ahead of a response is vital;
- Effective leadership to facilitate multi-agency collaboration and problem solving as an aligned system is critical at all levels during an outbreak;
- Transparent information sharing of tasks and work underway helps reduce duplication of effort;
- Security of critical information and data is vital to trust and confidence of the decision-makers.

Specific challenges relating to communications and engagement have been noted from the August 2021 national lockdown, and previous regional outbreaks in Auckland. These include:

- Clear communications with agencies while policy and response are still evolving (e.g. boundaries, exemptions, financial support, QFT etc);

- A coordinated and integrated AoG response is required to ensure information and support is provided where most needed;
- Sharing accurate and timely information between government agencies;
- Appropriately countering misinformation and disinformation;
- Dealing with anxiety and uncertainty about the duration of COVID-19; and
- Identifying impacted demographics and communities in resurgence areas and providing tailored information to them (e.g. information needs, translations, channels etc).

The exact look and feel of a response as the COVID-19 vaccine rollout progresses is still under consideration and closely related to the reconnecting strategy. There are many lessons identified globally that will influence the strategy, including the impact on compliance from the public once they receive their vaccine.

DPMC encourages the AoG system to use the Australian Disaster Resilience Lesson Management Framework:
https://www.aidr.org.au/media/1760/aidr_handbookcollection_lessonsmanagement_2019.pdf

4. Communications and engagement

Trusted communication and engagement with the public and stakeholders are essential to an effective response. The DPMC COVID-19 Group leads transparent, consistent, prepared messaging and strategic communications at a national level, while agencies play a critical role in amplifying and targeting consistent messaging where required.

Standard Operating Procedures (SOPs) support the operationalisation of the framework at the national level. The following outlines the mechanisms through which communication and engagement activities are coordinated. The exact nature of the arrangements will vary depending on the situation.

4.1 Communications objectives and mechanisms

Communication Objectives

- Maintain and build public confidence in the Government's response to COVID-19
- Being the official source for COVID-19 information including Alert Level changes and advice, Quarantine Free Travel and vaccine programme
- Ensure everyone in New Zealand and in QFT partner countries knows what to do and where they can find more information and support;
- Ensure New Zealand businesses know what to do and where they can find more information and support;
- Motivate everyone in, and returning to, New Zealand to keep practising key health behaviours and tracing compliance; and
- Prepare the ground for better public understanding around Delta – "Delta is different"
- Ensure our communications and engagement practices are centred on evidence-based research
- Support the COVID-19 vaccine campaign through use of Unite Against COVID-19 channels

Content channels

- Unite Against COVID-19 website and social
- Paid campaign and media
- Partner and stakeholder public-facing channels and networks.

4.2 Communications partners and stakeholders

Group	Description
DPMC COVID-19 Communications and Public Engagement (C&PE)	The DPMC COVID-19 C&PE group coordinates and aligns COVID-19 communications and engagement via transparent, consistent, prepared messaging and strategic communications at a national level.

Coordination mechanisms include:

- co-ordination of communications across agencies including hosting regular email, tele or video conferences/huis with key agencies/groups as appropriate.
- working with NEMA to activate the Emergency Mobile Alert or Emergency Memorandum of Understanding as appropriate.
- working in partnership with the 'iwi comms network' and other iwi/ Māori organisations.
- working to develop tailored communications with agencies with expertise and reach across culturally and linguistically diverse communities such as the Ministry for Pacific Peoples, and the Office of Ethnic Communities.
- Providing the right information for local areas, distributing it to key stakeholders on the ground who are able to mobilise – "reaching geographies".
- working at all levels to partner with iwi and Māori including engaging regularly with Te Puni Kōkiri, Te Arawhiti and Te Taura Whiri; working with the iwi communications network; and working through the Caring for Communities (C4C) workstream to engage regularly with iwi chairs.
- coordinating national level communications and engagement planning for emerging issues.
- providing key messages and answering questions (including those for the Prime Minister, Ministers, Members of Parliament, DG Health, elected members, partner agencies and national spokespeople).
- providing Unite Against COVID-19 branded campaign, collateral and digital content (including content in non-English languages and alternative formats).
- inputting into national level strategic decision-making and policy formation.
- working with national level media, including supporting national-level media stand-ups, press releases and alert response
- maintaining and continuously updating the Unite Against COVID-19 website as the source of truth
- Engaging and informing the public through social media and assessing public mood through these tools
- stopping the spread of misinformation by working with government and academia to respond to and minimise the impact of false information and harmful content
- ensuring 'comms-conscious' policy that can be coherently relayed to and understood by members of the public

Ministry of Health	The Ministry of Health is the lead agency responsible for producing health messaging. It does so as follow: • provides health oversight and input of communications and engagement activities across the response. • works with DPMC COVID-19 C&PE as the situation develops to align messages including national level media. • engages with the health sector and stakeholders.
Iwi and Māori	Iwi and Māori partner with the DPMC COVID-19 C&PE group to coordinate and align COVID-19 communications with Māori requirements. Coordination mechanisms include: • hosting regular email, tele or video conferences/huis. • working to develop tailored communications. • engaging regularly with Te Puni Kōkiri, Te Arawhiti and Te Taura Whiri. • working with and via the iwi communications network. • working through the C4C workstream to engage regularly with iwi chairs. adapting Unite Against COVID-19 branded campaign, collateral, messaging and digital content for affected communities, as required.
National level government agencies	Each agency is responsible for producing messaging for all the functions for which it is the lead. Each agency: • works with DPMC COVID-19 C&PE to align messaging. • engages with its own sectors and stakeholders. • provides effective internal communication to staff. • Works with MoH to align messaging
Regional and local government (including CDEM Groups)	Each Territorial Authority (TA) is responsible for meeting communications and engagement needs at the regional/local level in a way that is aligned with and amplifies national level messaging. Each TA: • relays insights about regional/local communications needs and issues to DPMC COVID-19 Group C&PE as needed through regular email, tele or video conference. • seeks support from DPMC COVID-19 C&PE as needed to ensure their communities and stakeholders have access to appropriate 'Unite Against COVID-19' branded collateral. • supports regional and local spokespeople with consistent aligned messages.

	• engages with regional and local media using aligned and consistent messages. • provides information to stakeholders and communities within their area that is aligned to national messages and include additional regional and local level information as appropriate • provides effective internal communication to staff.
Non-Government Organisation (NGOs), community organisations, faith-based groups	These organisations play a vital role in ensuring messaging reaches key audiences, in the right format and languages and provide insight into communications and engagement needs at the local level. Each organisation: • relays insights about regional/local communications needs and issues to either their representative national bodies or directly to DPMC COVID-19 C&PE as appropriate. • can seek support from DPMC COVID-19 C&PE as needed to ensure their communities and stakeholders have access to appropriate 'Unite Against COVID-19'-branded collateral. • provides information to communities within their area that is aligned to national messages and includes additional information as appropriate. • provides effective internal communication to staff.
Quarantine-Free Travel (QFT) stakeholders **A list of these stakeholders is available on request to** covid19responsea.govt.nz	These stakeholders play a vital role in ensuring messaging reaches key audiences, in the right format and languages and provide insight into communications and engagement needs at the local level. Each stakeholder: • relays insights about communications needs and issues to either their representative national bodies. • can seek support from DPMC COVID-19 C&PE as needed to ensure their communities and stakeholders have access to appropriate 'Unite Against COVID-19'-branded collateral. • provides information to communities within their area that is aligned to national messages and includes additional information as appropriate. • provides effective internal communication to staff.

4.3 DPMC COVID-19 Resurgence Communications and Engagement Framework (DPMCE COVID-19 C&PE)

An overarching communications and engagement response framework have been developed which guides AoG communications and engagement response during a response. It is led and operationalised by the DPMC COVID-19 C&PE as required and is available on request by emailing covid19response@dpmc.govt.nz.

5. Legal framework

There are several pieces of legislation that provide the legal framework for New Zealand's response to COVID-19. This section provides an overview of the relevant legislation.

5.1 Enabling legislation

Under the COVID-19 Public Health Response Act 2020 (the COVID-19 Act), the COVID-19 Response Minister and the Director General of Health (DG) have the power to make COVID-19 Orders (Orders).

These are independent statutory decision-making roles, noting that the Minister is required to consult with the Prime Minister, the Minister of Health, and the Minister of Justice before making an Order and must have regard to the advice from the DG. However, Orders made by Minister are required to be approved by a resolution of the House and are revoked if not approved within specified time periods.

The COVID-19 Act provides the primary legal authority for imposing the restrictions or requirements that are necessary to give effect to an Alert Level decision.

This Act contains a repeal mechanism, requiring it to be regularly extended by a resolution of the House for it to remain in force. Since enactment, the COVID-19 Act has been extended every 90 days. If the COVID-19 Act continues to be extended by this mechanism, it will be repealed in May 2022, two years after its date of commencement.

An amendment bill for the COVID-19 Act is currently before the House and is anticipated to come into force before the end of this year. One of the proposed amendments is to extend the date by when the Act will be automatically appealed to May 2023.

Under the COVID-19 Act 2020, Orders may be made where one or more of the following prerequisites is in force:

- An epidemic notice under the Epidemic Preparedness Act 2006;
- A state of emergency or transition period under the Civil Defence Emergency Management Act 2002; and/or
- If the Prime Minister has authorised the use of COVID-19 orders by notice in the Gazette.

Epidemic notices

As well as being listed as an infectious disease under Schedule 1 of the Health Act, COVID-19 has also been classified as a quarantinable disease under that Act. The classification as a quarantinable disease permits the Prime Minister to declare, by way of an epidemic notice under the Epidemic Preparedness Act 2006, that COVID-19 is likely to disrupt or continue to disrupt essential governmental and business activity in New Zealand.

While an epidemic notice provides a prerequisite for the COVID-19 orders to be issued, it also provides special powers which allow for the amendment of primary legislation by the executive branch, to enable the effective management of serious outbreaks of disease. This bypasses the usual law-making process of Parliament to facilitate rapid legislative changes required in response to the risk, or outbreak, of COVID-19.

On Monday 23 March 2020, an Epidemic Notice (Notice) under section 5 of the Epidemic Preparedness Act 2006 was issued. This was based on advice received from the DG in response to the increasingly complex and far-reaching introduction of COVID-19 to the New Zealand community.

The Notice issued on 23 March 2020, pursuant to section 7 of the Epidemic Preparedness Act 2006, has been continually renewed. Each Notice lasts for three months, unless the Government chooses to lift it earlier, and it can be further extended if required. This notice was last renewed on 8 September 2021.

State of emergency

Complementary to the powers under health legislation, it is possible for the Minister of Civil Defence to declare a state of national emergency under the Civil Defence and Emergency Management Act 2002. On 25 March 2020, a State of National Emergency was issued, which ran until 13 May 2020. This unlocked a range of powers which enabled Police and other authorised persons to:

- Restrict access to roads and other public places;
- Remove or secure dangerous structures, materials, vehicles, or vessels;
- Provide rescue, first aid, food, and shelter;
- Conserve essential supplies;
- Dispose of human or animal remains;
- Evacuate premises or places, or enter to rescue people or save lives; and/or
- Requisition equipment and materials.

There is currently no declared state of national emergency in relation to COVID-19.

5.2 Health Act

The Health Act 1956 (the Health Act) provides special powers to a medical officer of health in relation to an infectious disease, and measures that are necessary for the management of infectious disease.

Under section 70 of that Act, the Medical Officer of Health has special powers to, amongst other matters, require persons to isolate or quarantine or to undertaking testing as they deem necessary. These special powers can only be used for the purposes of presenting an outbreak or spread of an infectious disease (which COVID-19 is by virtue of the list in Schedule 1 of the Health Act) and only if authorised by the Minister of Health, there is a declared state of emergency, or an epidemic notice is in force (which there currently is for COVID-19).

Contact tracing is also undertaken pursuant to the Health Act, establishing the scope of what this involves, the duty of individuals to provide information for that purpose and the confidentiality requirements.

5.3 Immigration legislation

Entry to New Zealand is managed under the Immigration Act 2009 (the Immigration Act). Under the Immigration Act, persons other than New Zealand citizens must hold a visa to travel to and be in New Zealand, and the Minister of Immigration may issue immigration

instructions, controlling the circumstances in which visas may be granted. New Zealand citizens do not require a visa to enter New Zealand, and entry restrictions cannot be applied to New Zealand citizens under the Immigration Act.

s9(2)(h) [redacted]

To prevent, or limit the risk of, an outbreak or spread of COVID-19, those persons that are permitted to enter New Zealand are then subject to the requirements of either the:

- COVID-19 Public Health Response (Air Border) Order (No 2) 2020; or
- COVID-19 Public Health Response (Maritime Border) Order (No 2) 2020.

Where individuals are required to enter managed isolation or quarantine, whether from entry into New Zealand or as a result of community transmission, those persons are subject to the COVID-19 Public Health Response (Isolation and Quarantine) Order 2020. The recovery of charges relating to managed isolation or quarantine is prescribed by the COVID-19 Public Health Response (Managed Isolation and Quarantine Charges) Regulations 2020.

Since April 2021, travel from certain places has been allowed to occur under an exemption to some requirements of the Air Border Order. In effect, this means that travellers from those places have not been required to enter managed isolation upon arrival in New Zealand Quarantine-Free Travel (QFT). The Minster may, by notice, impose conditions on this exemption, such as requiring that travellers are not contacts of COVID-19 cases or that certain travellers carry proof of having received a negative test prior to travel. This is also the mechanism by which QFT is paused and/or suspended, when required. A consolidated version of the exemptions and conditions notices for QFT is maintained on the government legislation website.

6. Domestic response

6.1 Overview of the domestic phases

There are four main phases of this plan are:

1. Notification, risk assessment, and readying the system;
2. Immediate response;
3. Sustained response; and
4. De-escalation.

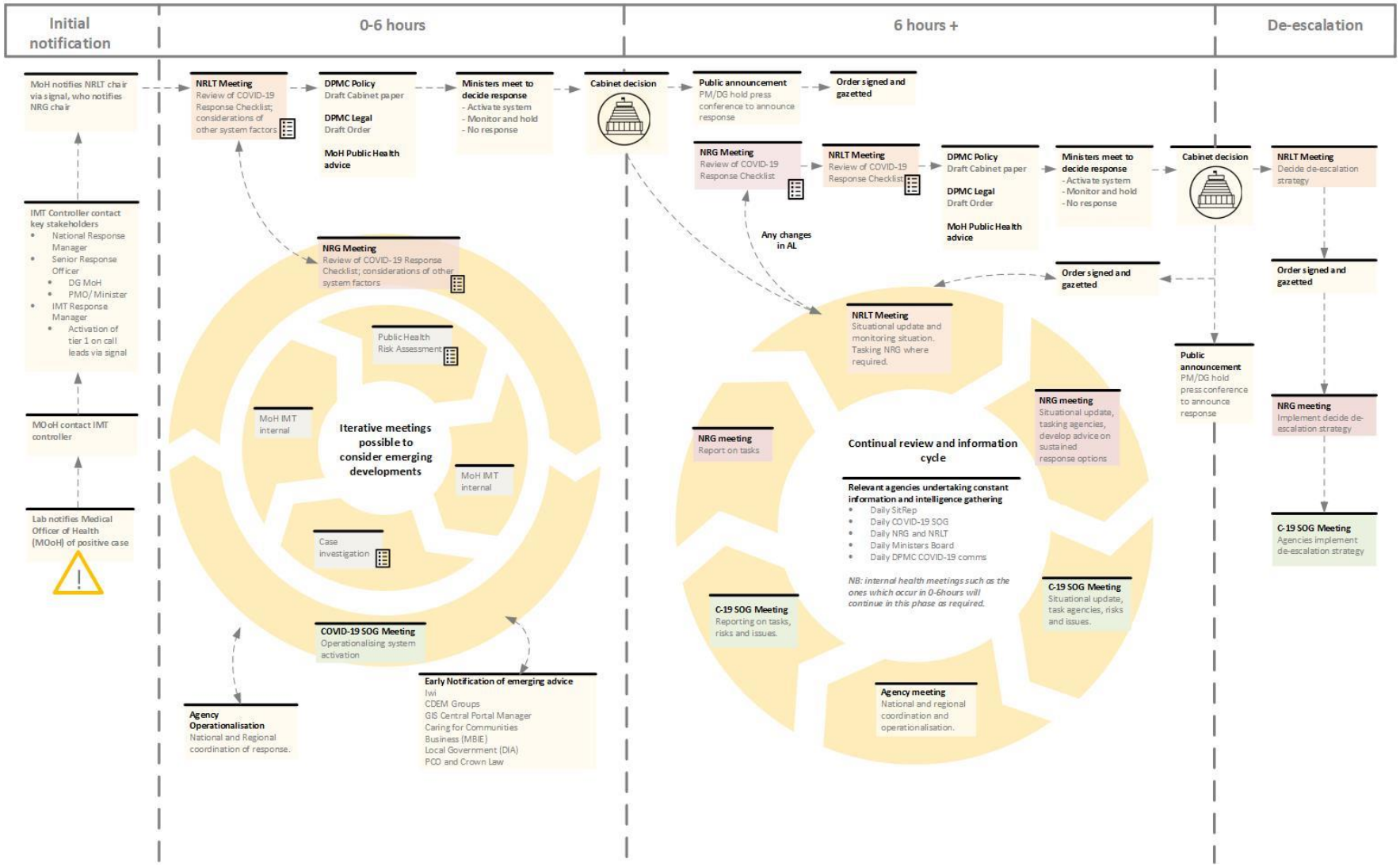
The diagram over the page outlines the key steps under each of the phases. Commentary which follows provides further information on each of the response phases. SOPs under each of the phases are set out in Annex 3.

The steps represent current best practice based on lessons identified from earlier responses. In practice there may be reasons why the sequencing or the steps themselves differ (e.g. the risk presented necessitates alternative approaches).

Outside of these phases, a range of activities are carried out to ensure the system is ready to respond to a resurgence, including:

- Developing, testing, and refining this plan and associated plans and processes (e.g. the notification process);
- Ongoing tabletop exercising (simulations and scenario testing) with all agencies;
- Ongoing inter-agency insights and information exchange, providing indications and warnings and a method to learn from domestic and overseas experience;
- Continuous improvement, adapting to the latest technology, and emerging science to understand the virus' behaviours;
- Community support arrangements and funding;
- Identification and readiness of personnel to contribute to surge demands;
- Development of an appropriate public communications system with pre-agreed messaging; and
- Business continuity planning including plans developed to manage concurrent emergencies.

Phases of the NRP – Health and System Response



6.1.1 Phase 1: Initial notification

Phase 1 begins with a notification to the Medical Officer of Health (MOoH) of a positive COVID-19 case with risk of community transmission. MOoH will notify MoH via the IMT controller. In turn a communications cascade between NRLT, NRG and C-19 SOG will be initiated through identified information flows.

The phase is focused on ensuring all stakeholders who need to be aware are notified.

6.1.2 Phase 2: Immediate response: 0-6 hours

A decision to activate the MoH and this plan simultaneously triggers the activation of phase 2, Immediate response.

Under phase 2 a number of health and system wide meetings occur, with information being shared as it becomes available. These meetings are guided by new case information as well as by NRLT and NRG taskings. Meetings are iterative and continual.

Both MoH and DPMC COVID-19 Group (with input from the wider system) are required to fill in the Domestic COVID-19 Response Checklist (annex 1). Part of this checklist is the public health risk assessment (MoH) and the other part relates to system risk and is populated by NRG members. The two parts of advice in the checklist are complimentary and both parts are required when a decision on next steps is being undertaken to ensure both the health and wider system are prepared and a proportionate response is being undertaken.

Upon a proposed recommended course of action, a Policy Cabinet paper will be prepared, legal orders drafted, and formal public health advice is prepared for Minister sign off.

s9(2)(f)(iv)

The system will be made aware of Cabinets decision through established information flows via, NRLT, NRG and C-19 SOG. Agency response plans will be activated, c4C will be activated, and broader liaison and engagement will commence. This includes engagement with Iwi, liaison with business, and activation of regional support by CDEM Groups. Upon a Cabinet decision a public announcement regarding the case(s) and the details of the Immediate Response will be made.

6.1.3 Phase 3: Sustained response: +6 hours

The sustained response may include:

- Widening or refining containment measures; and/or
- Managing the effects of disruptions and uncertainty caused by the response (for example, ongoing care for vulnerable persons and communities; provision of education services, Iwi and support to business; and changes to international travel arrangements, such as a reduction in returnee numbers to increase domestic quarantine capacity).

Sustained response measures are dependent on the information and intelligence available. Throughout the sustained response there will be a continual review of the situation based on the information available, which will be shared via cross system meetings such as NRLT, NRG, C-19 SOG (this is not an exhaustive list). Information will be shared across these platforms as required. Information and intelligence will be disseminated across key agencies via the C-19 SOG function.

Information and intelligence will be gathered and disseminated via:

- Daily MoH Situation Report (SitRep) updates
- DPMC SitRep and Action Plans
- MoH IMT meetings
- C-19 SOG meetings
- NRG meetings
- NRLT meetings
- Ministers with the Power to Act meetings

On a daily basis DPMC COVID-19 Communications and Engagement, as well as the PMO will modify and implement communications. The Public Service Commission (PSC) will be available throughout phases to support agencies as required, to source and mobilise surge workforce needs from within the Public Service.

An important part of this Phase is to run hot debriefs, within the Health response, individual agencies and at the system level, spanning NRLT, NRG and COVID-19 SOG. This is to capture immediate and longer-term improvements, using the lesson management framework outlined in section 3.7.

6.1.4 Phase 4: De-escalation of resurgence response

Initial de-escalation of the response will not be linear and homogeneous. Different regions may move down the Alert Levels at different rates, with some parts of the country at lower Alert Levels than others. This creates Alert Level boundaries as explained in section 6.2.

Final de-escalation of the overall response will commence 28 days after the last reported case of community transmission, or when the DG believes it is appropriate to do so.

The Senior Responsible Officer (SRO) has oversight of the initiation of a move from response to de-escalation and return to BAU. Working alongside NRLT, NRG and C-19 SOG, parties will commence de-escalation of system processes, resources and capability.

An important part of this Phase 4 is to plan and run a formal debrief, both within the Health response, and at the system level, spanning NRLT, NRG and C-19 SOG. This is to capture all improvements, using the lesson management framework outlined in section 3.8.

6.2 Regional and local Alert Level boundaries

6.2.1 What are Alert Level boundaries?

In a response, the risks and therefore the accompanying mitigations required to manage the outbreak are not always the same nationwide and across regions. This means different Alert

Levels may be applied concurrently across the country. For Alert Levels 3 and 4 the boundaries are legislatively enforced by NZ Police using checkpoints. At Alert Levels 1 and 2 these are not enforced. The boundaries are a mechanism for restricting movement for public health reasons in the event of an outbreak/resurgence from areas at a higher setting. New Zealand has seen Alert Level boundaries utilised for resurgences in the past and they are a key feature of the ongoing COVID-19 response. Boundaries are specified by the Minister and published in the Alert Level Order and gazetted. The decision is driven by the specific characteristics of an outbreak.

Learnings from previous outbreaks

Rather than relying on existing regional boundaries, a more nuanced approach to Alert Level boundaries was adopted following the resurgence in August 2020.

Cabinet noted the following principles to determine boundaries for future outbreaks:

- Boundaries are appropriate and proportionate to support a public health response that prevents and limits the spread of COVID-19 (primary consideration);
- Boundaries minimise the need for people to travel between areas at different Alert Levels to go to work, a place of learning, or to receive medical treatment;
- Boundaries minimise equity impacts – e.g. access to life critical services such as food.
- Boundaries are practical and safe to enforce;
- Boundaries minimise economic disruption to business and supply chains – e.g. ensuring businesses can continue to operate if safe to do so.

Information on how to apply will become available on the Unite Against Covid-19 (UAC) website **www.covid.govt.nz** once alert changes are announced. The types of permits required are tabled below. Note Alert Level 3 permits are not valid at Alert Level 4.

Alert Level 3 and 4 business and services permitted for travel are outlined in the Alert Level Orders. These organisations are encouraged to request a travel permit document from MBIE to reduce delays at checkpoints, but may show business/agency ID. For business and services not approved under the Order they will need to apply for an exemption through MBIE (however whether to grant the exemption will ultimately be a decision for the DG). Recent changes have been introduced to ensure workers moving across the boundary are regularly tested when moving in or out of Alert Levels 3 or 4, when COVID-19 is present in the community.

Personal travel with permitted reasons for travel as defined in the Alert Level Order are generally required to show evidence (i.e. DR's letters). Approved personal travel exemptions have letters from MoH that they have to show when crossing the boundary. Recent changes have been introduced that require most persons travelling across an Alert Level boundary to have had a negative test within 72 hours of travelling.

Type of interregional travel permits	Alert Level 3 or 4
Permitted Business and Services and exemptions	MBIE & MoH for exemptions (exemption decisions must be made by the DG)
Personal travel exemptions	MoH

6.2.2 Updating Alert Level boundary maps

Alert level boundary maps have been developed using geospatial information systems, considering commuter movements, health risk, and access to critical services to minimise the number of people needing to cross a boundary. This is outlined in the four-step methodology diagram below.

Bespoke boundary maps are under development for towns with Managed Isolation and Quarantine (MIQ) facilities, that could be appropriate and proportionate to use in specific outbreaks based on transmission information.

Engagement with the relevant regional leadership group occurs to allow them to prepare and plan to support impacted communities.

The maps will provide indicative boundary positions, however the application of these maps in a response may not be guaranteed as it is dependent on the disease transmission and other factors during each outbreak. Each boundary application in a response will need to accurately reflect the public health position in each circumstance.

Final Alert Level boundaries will be determined by Cabinet, and subsequently published online through an interactive map: https://covid19.govt.nz/alert-levels-and-updates/regional-advice/alert-level-boundary-map/

Example boundary map – Auckland

IN CONFIDENCE

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

COVID-19: Alert Level Boundary Approach Auckland - DRAFT

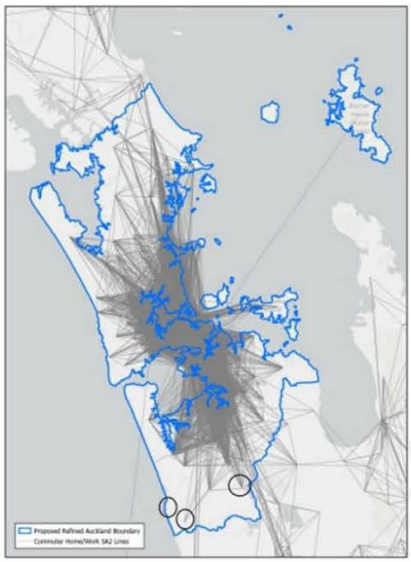
25 August 2021

Objective of Alert Level boundaries: minimise the risk of transmission while causing the least social and economic disruption

Step 1

COMMUTER FLOWS

Commuter flows into and out of areas based on 2018 Census data are utilised.

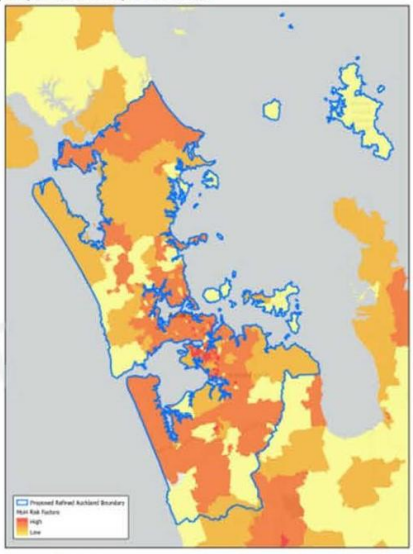


Analysis of commuter flow into and out of the region indicated a small changes should be made to include the Port Waikato area, as well as Pukekawa. No other change to the boundary appeared necessary.

Step 2

COVID RISK FRAMEWORK

The Ministry of Health COVID Risk Framework is overlaid with the output from Step 1. This includes four risk categories i) presence of undetected cases, ii) potential for exposure, iii) potential for transmission, and iv) poor health outcome. The first risk category changes daily depending on community transmission, where the later three are more static. They include things like MIQ location risk, demographics, socioeconomics, and healthcare.



Analysis of the latter three health risk categories combined, indicate higher risk areas near the Southern boundary near Huntly and Rangiriri, however, as these were separated from Auckland by lower risk areas the boundary was not further extended. Analysis of the higher risk areas near the Northern boundary in the vicinity of Mangawhai, was not considered significantly high, so the boundary was not extended to this region either.

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25 August 2021

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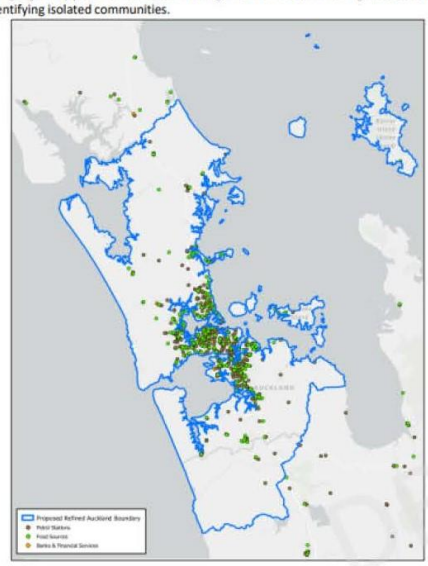
Step 3

ACCESS TO CRITICAL SERVICES

The next step addresses the boundary's impact on access to critical services, along with analysing economic and social impacts using data from MSD, NZDF, NZTA, MPI, Treasury and other agencies. This analysis will highlight any potential issues such as significant travel time changes to access critical services, as well as identifying isolated communities.



Analysis indicated some residents in Port Waikato could be stranded with only unpaved roads to enter and exit their residences and community, which would leave them isolated. In this case the boundary was extended to include Port Waikato so the community would be able to access critical services. No other changes to the boundary appeared necessary at this stage.

Step 4

ADJUSTMENTS

The final step is to make final adjustments to align with administrative boundaries, rivers, roads and other features enabling the boundary to be legally defined. Additional small refinements are made to avoid isolating people and to minimise disruption through populous areas.

Analysis indicated some small refinements were needed.

Recommendations are provided, but the Minister and Cabinet make the final decisions. While we can suggest pre-defined Alert Level boundary options there is boundary can be no guarantee these will be used. If required, further engagement with key stakeholders can occur and the refined as new data becomes available, such as information regarding community transmission and the risk of undetected cases.

7. Reconnecting New Zealanders

7.1 Overview

In 2021 New Zealand reduced restrictions on arrivals into New Zealand's borders through QFT arrangements with the Cook Islands and Australia and will continue to permit further travellers from other parts of the World through the Reconnecting New Zealanders strategy. As confidence is built globally regarding the management of COVID-19, more countries are expected to be added to the list in which New Zealanders can travel from or between without having to enter a full 14-day MIQ stay upon their return to New Zealand. These alternative options are still being developed and piloted, such as self-isolation pilot for businesses and organisations.

In order to establish QFT agreements, there are a number of requirements which need to be met by both countries to give assurance that if an outbreak occurred appropriate systems and processes, including information sharing agreements, are in place to ensure containment and, where applicable, elimination of the outbreak is achievable.

The following section outlines the QFT arrangements New Zealand currently has in place and outlines the individual nuances of each arrangement.

7.2 Cook Islands

One-way QFT from the Cook Islands to New Zealand commenced in January 2021. This was followed by the commencement of a two-way QFT through a bilateral arrangement on 17 May 2021. This includes agreements to support the Cook Island's response and should an outbreak occur. New Zealand has also supported the Cook Island's vaccination programme.

The bilateral agreement seeks the stipulation of open information flows between the two countries, leading to a unique notification process for any positive case detected. Due to New Zealand's constitutional links to the Cooks, in the event of a response, New Zealand may be required to support their response through contact tracing, additional health personnel, or MIQ expertise. Cook Island's have currently paused the QFT with New Zealand during the current outbreak.

7.3 Australia

On 19 April 2021 the commencement of a two-way QFT with Australia began through two unilateral initiatives. These allow each country to have flexibility in response to a COVID-19 outbreak, based on their own risk tolerance levels. While each country can make decisions on the QFT independently, ongoing transparency and information flow remains a key element to the arrangement.

Consequently, New Zealand's response to an outbreak of COVID-19 within Australia, including the notification process, would vary from both the domestic response process and the Cook Islands process.

At the time of writing (September), since the commencement of two-way QFT, New Zealand has paused with some or all of Australia seven times and a full suspension of travel once. In each situation, New Zealanders are being advised in the first instances to shelter in place. However, if a pause continues for an extended period of time the Government has returned travellers to New Zealand through managed return flights.

7.4 Samoa, Tonga and Vanuatu

One-way travel from Samoa, Tonga and Vanuatu has been agreed by Cabinet with aim to be implemented in time for the workforce peak of the Horticulture and Viticulture season in New Zealand.

The purpose of this travel is to enable Pacific employees of the Recognised Seasonal Employer Program (RSE) to enter New Zealand and alleviate workforce shortages. The criteria of the one-way travel are currently being refined but is anticipated to be limited to participating countries who have no community transmission of COVID-19. As part of the one-way travel agreement traveller volumes into New Zealand are likely to be restricted in order to align with partner countries repatriation and in country response capacity and capability.

7.5 Niue

One-way QFT from Niue to New Zealand commenced in March 2021. As of September 2021, cross agency planning was underway by both countries to establish systems and processes that will enable a two-way QFT arrangement. This is expected to be in place by the end of the year. It is anticipated that as this planning develops details will be added into further iterations of this plan.

7.6 Communication and engagement with QFT partners

The New Zealand COVID-19 C&PE will have strong ties with their Cook Islands and Trans-Tasman counterparts to ensure communications are aligned in the event of a pause of suspension of the QFT arrangement. Government agencies, industry and international partners will be coordinated and consistent in their communications, and key Government advice is efficiently and effectively shared. Communications protocols have been developed and continue to be refined as issues emerge. An effective response with QFT partners is dependant of rapid and transparent information flows.

7.7 QFT response phases

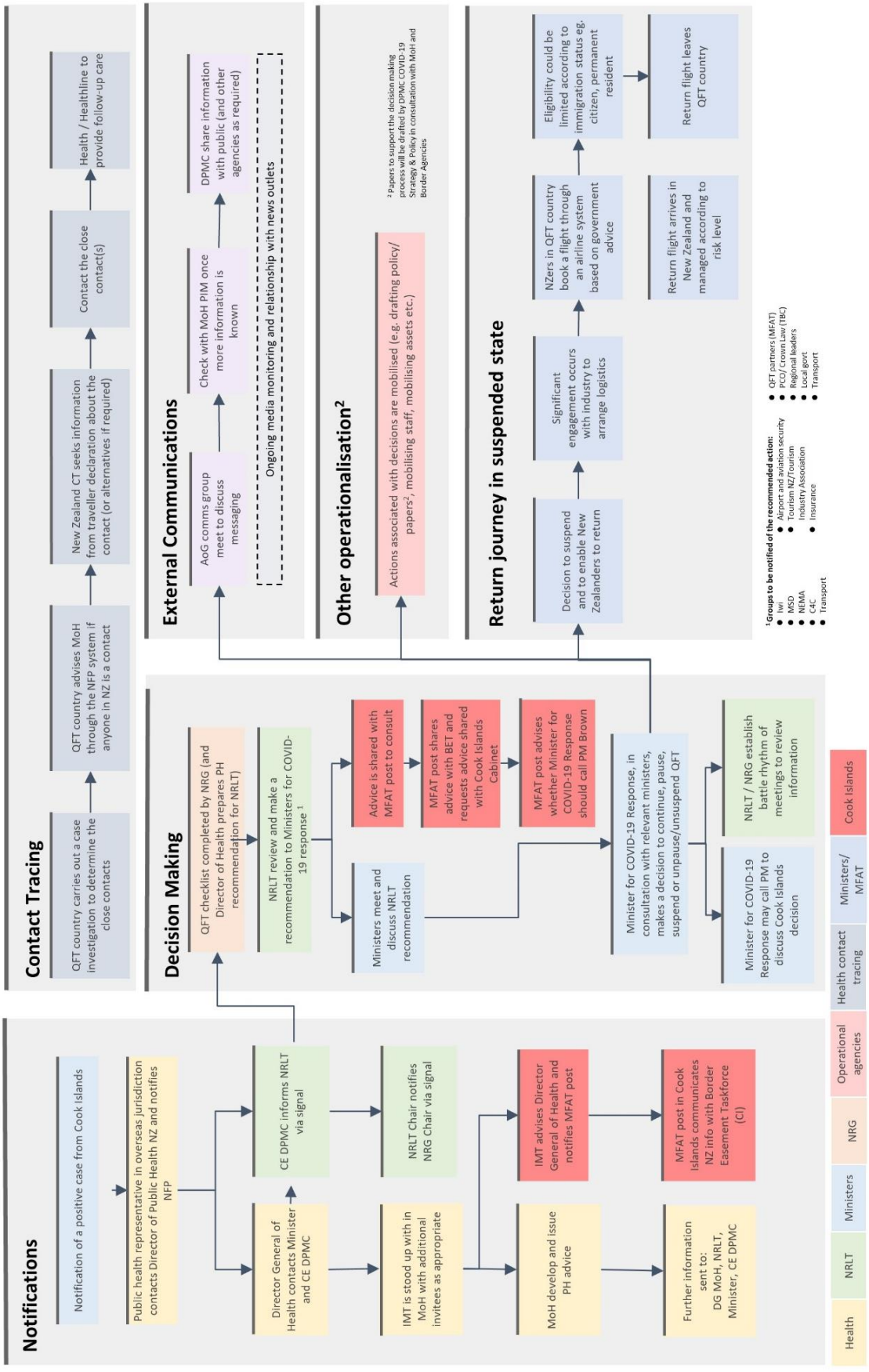
In general, the way the New Zealand system responds to an outbreak with a QFT partner is fundamentally the same as a domestic outbreak with four phases:

1. Notification, risk assessment, & readying the system;
2. Immediate response;
3. Sustained response; and
4. De-escalation

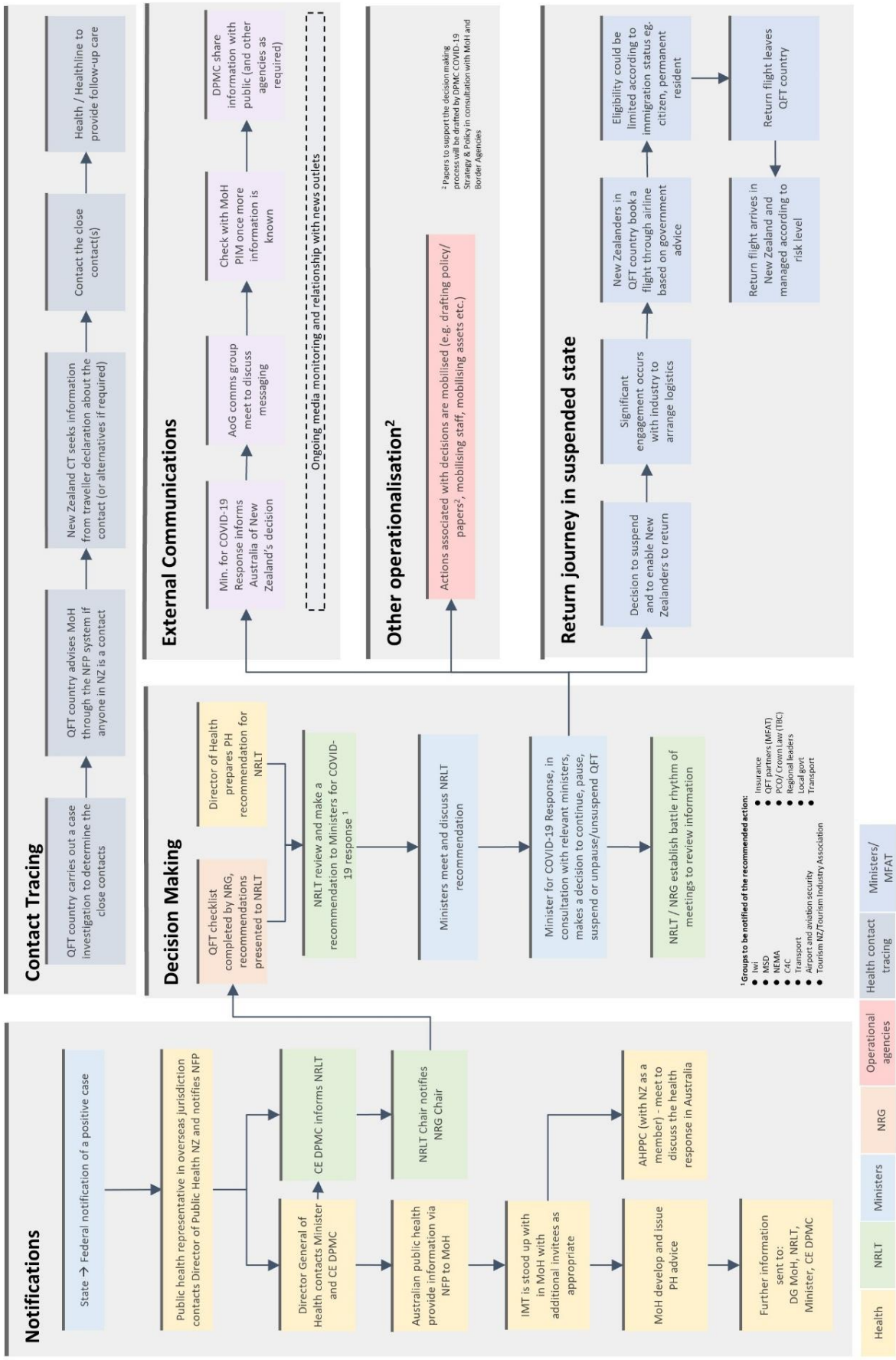
The diagrams over the page outline the key steps under each of these phases for the QFT initiatives with the Cook Islands and Australia. Each approach is nuanced due to the different arrangements between New Zealand and these partners countries. There is no requirement for a nuanced approach for Samoa, Tonga and Vanuatu as the arrangement remains one-way travel, thus a response would follow the domestic response protocols. Future versions of this plan will outline the approach for Niue once a process has been developed. Annexes 4 and 5 provide the detailed QFT standard operating processes for Cook Islands and Australia.

The steps represented in each phase are current best practice. However, a response may see variation in the sequencing or the steps themselves dependent on a variety of factors (e.g. the risk presented necessitates alternative approaches).

Cook Islands Process Map Note: this process is under refinement and may vary slightly from the depiction below as lessons are learnt and improvements are made.



Australia Process Map Note: this process is under refinement and may vary slightly from the depiction below as lessons are learnt and improvements are made.



7.7.1 Phase 1: Initial notification

Australia

Phase 1 of an outbreak within Australia begins with a notification of a positive case from the state government to the federal government. At this point public health officials from the affected Australian state will contact and notify the Director of Public Health at MoH in New Zealand, who will in turn notify the DG and Chair NRLT. Simultaneously, Australian Public Health will provide information to MoH via the National Focal Point (NFP). This will provide the basis of New Zealand's risk assessment. Following this, MoH IMT will be stood up, MoH will produce Public Health advice, and this information disseminated to relevant parties such as Ministers, NRLT and NRG. A meeting with Australian Public Health will occur with MoH IMT to discuss the health response in Australia. From here the process from Australia and the Cook Islands are the same and are outlined below.

Cook Islands

Phase 1 for the Cook Islands is activated by notification of a positive case from Cook Island Secretary of Health to New Zealand Director Public Health, the MFAT post in Cook Islands, and possibly a notification to the COVID-19 Response Minister.

Following this MoH IMT will be stood up, public health risk assessment occurs, and advice will be given, and information disseminated to relevant parties. IMT will also advise the MFAT post in the Cook Islands which in turn communicates the New Zealand information to the Cook Islands Border Easement Taskforce (BET). From here the process from Australia and the Cook Islands is the same and is outlined below.

Simultaneous to the Minsters meeting, advice will be given to the MFAT post to share with the BET, MFAT will also play a key role in advising New Zealand Ministers of the level of communication required with Cook Islands Government.

Both QFT arrangements

The Chair of NRLT will commence a message cascade to notify NRLT ad NRG members.

7.7.2 Phase 2: Immediate response 0-6 hours

NRG will convene and discuss the wider system options for responding to the outbreak, guided by public health advice. NRG will use the QFT COVID-19 Response Checklist (Annex 2) to provide advice to NRLT. MoH will undertake a risk assessment and provide public health advice to NRLT. There may be some circumstances where the threshold to call an NRLT meeting will not be met. In this instance NRLT will be sent the NRG advice (QFT Response Checklist) as information only. The recommendation will go to the COVID-19 Response Minister to be considered along with the public health advice. Upon the Ministers decision NRLT will report back to NRG.

An immediate response may include;

- Pause or suspension of QFT; and/or
- Increased public health measures on those coming into New Zealand;

A pause of QFT will allow New Zealand officials to assess the public health risk and ensure a proportionate response. When there is increased risk or a prolonged pause a suspension may be implemented which would see QFT ceases for a period of time and border controls return to pre-QFT settings until the risk has reduced sufficiently.

The options to respond to a cases in Australia or the Cook Islands vary due to risk tolerance and the arrangements in place with each partner country. Triggers for the same options may vary between an Australian response and a Cook Islands response.

A public announcement will be made within the immediate response phase. Agencies, airlines and airports will also activate their response plans in line with the government's decision. These announcements will likely include any increased public health requirements for those entering New Zealand.

7.7.3 Phase 3: Sustained response +6 hours

A sustained response may include;

- Extended pause or suspension of QFT; and/or
- Increased public health measure on those travelling to New Zealand; and/or
- In relation to the Cook Islands, a request for New Zealand to provide assistance to the Cook Islands response.

Information and intelligence are key to informing the response measure undertaken in a sustained response. Information aid the development of an accurate picture of the situation and be disseminated across the system at appropriate intervals via:

- Daily MoH Situation Reports (SitRep);
- Daily MFAT Sitreps (Cook Islands only);
- MoH IMT meetings;
- Risk Assessment meetings;
- NRG meetings;
- NRLT meetings;
- SOG meetings.

A sustained response approach will be developed through the NRG/NRLT advice process complimented with the Public Health Risk assessment and DPMC Policy advice and will be used to brief the Minister with the Powers to Act. Upon the Ministers decision, a public announcement is made, and legal orders are drafted. NRLT, NRG and agencies will give effect to the plan, and other agencies will be required to modify their response plans as appropriate.

7.7.4 Phase 4: De-escalation

De-escalation of the response will commence on consultation with the NFP informing a public health assessment that the risk to New Zealand is low.

7.8 COVID-19 QFT Response Checklist

Checklists have been developed to aid decision making. The checklists guide how best to respond to the developing situation through an assessment of public health matters populated by MoH IMT (QFT Response Checklist) as well as wider system operations populated by NRG/NRLT (QFT Response Checklist - Annex 2). The two checklist sections are complimentary and both parts are required when making a decision on next steps to ensure both the health and wider system are prepared and a proportionate response is being undertaken.

The checklists are presented by NRLT Chair and DG to the COVID-19 Response Minister. Based on the recommendations from the checklists the Minister will decide on how to respond to a QFT partner outbreak of COVID-19.

7.9 Managed Returned Flights

What are managed returned flights?

When responding to a QFT partner outbreak, there is a chance QFT flights will be paused or suspended based on the public health risk to New Zealand. In these situations, New Zealanders will be required to shelter in place initially. After an extended pause or suspension, or in a situation where the government deems there is a requirement to bring New Zealanders home, managed return flights may be arranged. The type of return flight and any additional restrictions will be determined by the situation in the QFT partner jurisdiction. Cross-agency planning has been undertaken to develop managed return principles and options, noting each response will be bespoke.

Annex 1. Domestic COVID-19 Response Checklist

1

NRG to complete upon notification of a positive case

2

Chair NRG to report checklist to **Chair NRLT**

3

NRLT to assess and recommend course of action to **Ministers Board meeting** (pre-Cabinet)

4

The indicators and assessment questions covered in this checklist will form the basis of a shortened AL Cabinet Paper

Health situation	
Is the source of the outbreak known? What is the geographic distribution (of known or potential close contacts)? How long has the virus thought to have been in the community? And the impacts. What is the health systems capacity for; • Contact tracing • Testing • Surveillance	
System Considerations	
What is MIQs or community isolation capacity?	
What are the economic impacts from the Alert Level change?	
What are the impacts of the detection and alert level changes on at risk communities to move in the timeframes being recommended? • What welfare support is available? • Do any of the welfare support packages need to be activated earlier?	
What do we believe the public attitude will be towards the measures? • How well do we believe people and businesses understand, accept, and abide by them?	
When can the decision be operationalised? Timeframes and next steps • Orders • Hard boundaries • Welfare	

• Public communications	
Do we understand what permitted activity is allowed under the proposed restriction and is this practicable?	
What Compliance measures are in place? • Do these need bolstering?	
Are there any legislative implications which need to be considered?	
Are there any border changes required? • Air Border • Maritime border	
What are the impacts to partner countries we allow quarantine free travel with? • Australia • Cook Islands • Niue • Samoa, Vanuatu and Tonga	
Are there any trade-offs, risks or issues which will occur as a result of the proposed restrictions?	

Annex 2. QFT COVID-19 Response Checklist

COVID-19 QFT Checklist: Consideration For Restriction

Date:

Time Zone Considerations

WA GMT +8hrs
NSW/VIC/QLD GMT +10hrs

NZ
GMT +12hrs

Cook Islands
GMT -10hrs

Situation Summary – Holistic system overview

Public Health Risk Assessment – Summary

On the basis of the evidence provided to MoH, the public health risk for New Zealand is:

Low Medium High

Key considerations

Recommendation

NRG advice

On the basis of the above public health risk assessment, in conjunction with an assessment of the wider factors for consideration, we consider the following action:

Consultation:

Legal

1. Do the current legal Orders need amendments? **Yes / No** *'pause' legislation does not need amendment*
2. DPMC Legal have confirmed approach from a legal perspective **Yes / No**

Recommended Next Steps

1. Legal and Parliamentary Council Office template the Order exemption change
2. MoH Policy provide a Public Health report to support the Order change
3. MoH issue PR to DPMC to disseminate communications channels
   - Unite Against COVID-19 Website
   - Facebook
   - Instagram
   - Twitter
   - Stakeholders – local government, national government agencies, business, Iwi and ethnic community groups
   - Grid stakeholders
   - Media outlets
4. International notification update through MFAT posts

* Note advice is received from Crown Law for the Legal section as per the NRLT/NRG attendance.

Checklist: situational awareness key questions

QFT Partner Response

1	Are cases in the affected QFT partner jurisdiction dropping? (i.e. there are no new cases where the source is unknown, number of cases)	
2	Have the restrictions in the affected QFT partner jurisdiction been removed or reduced? (outline actions taken)	
3	Have the restrictions of other QFT partner jurisdiction (including other states and territories) been removed or reduced? (outline actions taken)	

QFT Domestic Response

4	What is the current situation in New Zealand? (i.e. do we have a response domestically? Is it contained? Can out health care system manage a domestic resurgence and reopening QFT)	
5	Does New Zealand want to implement border restrictions? (i.e. in the Border Order, if so what will these be and how long will they be for?)	
6	Are there other mitigation measures New Zealand wants to implement? (e.g. Pre-departure Test)	

Other Considerations

7	How much notice do airlines require to restore QFT travel to the affected area? (What considerations need to be taken for time zone difference?)	
8	Are we in a pause or suspension with another QFT partner jurisdiction? (Do any QFT arrangements prevent us from taking action?)	
9	Are there any impacts or obligations New Zealand has with other QFT partners which need to be considered? (e.g. notification obligations under other QFT partner arrangements)	

Signed:

Graham Maclean, National Response Group Chair
Date:

Signed:

Brook Barrington, National Response Leadership Team, Chair
Date:

Pages 54-72 withheld under section 9(2)(c) of the Act

Annex 3. Domestic Response Standard Operating Procedures (SOPs)

Phase 1: Initial notification

Sequence	Responsibility	Actions
0	Laboratory	Suspicious positive case identified; Local Medical Officer of Health/PHU notified
	PHU	MoH notified vie EpiSurv
1	MoH	COVID-19 Response Minister and NRLT CHAIR notified of positive case via approved messaging channel
2	NRLT Chair	NRLT Chair notifies NRLT via approved messaging channel
3	NRLT Chair	NRLT and NRG Chair notified of positive case via approved messaging channel
4	MoH	Initial assessment using the 'Public Health Assessment' questions in the COVID-19 Response Checklist
5	MoH	Stand up IMT within MoH
6	NRG Chair	NRG notified of positive case and impending meeting time via approved messaging channel

Phase 2: Immediate response

Sequence	Responsibility	Actions
MoH undertake Risk Assessment.		
0	NRG	NRG meeting to consider the Checklist as well as; • Recommend course of action to NRLT ('activate system', 'monitor and hold'; or 'no response') • If 'activate system' recommended, NRG will provide advice on the strategic direction, including: o Changes to local/national Alert Level settings, including changes to the predetermined detailed Alert Level settings (e.g. gathering sizes; education attendance; face coverings;

		physical distancing including on public transport; at-risk groups (aged care facilities etc.); assurance of relationship management with affected communities (Iwi, health and disability sector, local government, peak business bodies, communities & NGOs etc.) o Changes to locations of boundaries o Considerations to declare a state of local/national emergency under Civil Defence Emergency Management (CDEM) Act 2002 Further NRG meetings may be appropriate or necessary, depending on risk and time available
1	NRG Chair	Send NRLT chair the checklist to consider
7	NRLT	NRLT meeting to: • Assess the emerging situation against the COVID-19 Response Checklist, building on NRG's assessment • Recommend course of action to Ministers with the Power to Act ('activate system', 'monitor and hold'; or 'no response') - see decision point below • If 'activate system' recommended, NRLT will provide advice on the strategic direction, including o Changes to local/national Alert Level settings, including changes to the predetermined detailed Alert Level settings (e.g. gathering sizes; education attendance; face coverings; physical distancing including on public transport; at-risk groups (aged care facilities etc.); assurance of relationship management with affected communities (Iwi, health and disability sector, local government, peak business bodies, communities & NGOs etc.) o Changes to locations of boundaries o Considerations to declare a state of local/national emergency under CDEM Act 2002 Further NRLT meetings may be appropriate or necessary, depending on risk and time available

Decision point: NRLT decide recommended course of action to prepare for Ministers with the Power to consider.

3	NRLT	Early notification of emerging advice provided to: • Geospatial Information Services Central Portal Manager • C4C • MBIE, to coordinate with business • DIA, to coordinate with local government • Iwi • Parliamentary Counsel Office (PCO) and Crown Law
4	NRLT	NRLT meet to prepare for Ministers with the Power to Act and Cabinet decisions, specifically: • Task NRG with system activation duties
5	NRG	NRG meet to prepare for Ministers with the Power to Act and Cabinet decisions, specifically: • Activate system
6	SOG	SOG meet to prepare for Ministers with the Power to Act and Cabinet decisions, specifically: • Operationalise system activation (including key comms messages, legalities, etc)
7	NRLT, NRG Chair and Ministers with the Power to Act	NRLT and NRG Chair brief Ministers with the Power to Act of recommendation
Decision point: Ministers with the Power to Act decide course of action, for endorsement at Cabinet		
8	Cabinet	Cabinet considers Cabinet Paper, based on the indicators and assessment questions covered in the checklist Cabinet determines course of action (Alert Level change, 'activate system', 'monitor and hold'; or 'no response') – *see decision point below*
Decision point: Cabinet endorses recommended course of action		
9	DPMC COVID-19 Strategy and Policy, MoH Policy,	Policy developed, drafting instructions provided to PCO and new COVID-19 Order drafted In accordance with section 9 of the COVID-19 Public Health Response Act 2020, —

	DPMC COVID-19 Legal and PCO	• Bill of Rights Act and proportionality checks undertaken • Ministerial consultation undertaken • DG provides Health Report to the Minister
10	Prime Minister or Minister for COVID-19 Response	Public announcement regarding the case(s) and the details of the immediate response, aligned to DPMC COVID-19 Comms and Legal advice to ensure clarity and correctness
11	All relevant agencies	Agency response plans activated
12	PM business liaison, MBIE, MPI	Business liaison and provision of feedback
13	NEMA/C4C	Engagement with regions i.e. iwi and mayor forums are activated to provide direct engagement between DPMC and the regional leaders.

Phase 3: Sustained response

Sequence	Responsibility	Actions
0	NRG	NRG meeting to consider information and intelligence and develop advice for NRLT on the resurgence, the sustained response options, and community/business impacts from the immediate response The following information, inter alia, should be considered when developing the sustained response: Decision-making and governance: • Authorising environment and availability of key decision makers • Alert levels Health: • Community testing and evaluation, case investigation, contact tracing, genomic information • Reporting and public health messaging • Equity considerations (Māori, Pacific, Disability, Psychosocial wellbeing, etc.) • Is this a science / evidence-based response?

		• MIQ quarantine of positive cases (and potentially scaling to meet demand) • Time of year (e.g. in middle of flu season) • Personal Protective Equipment (PPE) for Health sector Social: • Impact of the location of a boundary • Compliance with requirements (e.g. face coverings, physical distancing) • Requirements for income support, food security, and other social determinants • Provisions of emergency support, if required • Impact on educational facilities, students and teachers (dependent on time of year e.g. just before exams or during holidays) • Exemptions (personal) • Gathering sizes • Physical distancing in public and in businesses • Face coverings/PPE availability, standards and distribution • Impact of travel restrictions (regional/national/international) Economic: • Consideration of impact of and on major events (e.g. elections, mass gatherings, Christmas) • Exemptions (business) • Boundaries, location and associated rules • Boundaries, location and associated rules and resourcing • Impact of travel restrictions (regional/national/international) Political: • Impact on New Zealand's international reputation and connections to other countries (especially impact on and connections with the Pacific) • Consider variations to MIQ/border requirements and any additional effects on international travel, including a reduction in returnee numbers to increase domestic quarantine capacity. Communications Considerations for communications that are tailored to the outbreak and situation
1	NRLT	NRLT meeting to consider NRG's advice, including:

		• Assessing the community/business impacts from the immediate response • Agreeing the sustained response options for Ministers with the Power to Act
2	NRLT, NRG Chair and Ministers with the Power to Act	NRLT and NRG Chair brief Ministers with the Power to Act of sustained response recommendation
Ministers with the Power to Act decides on sustained response approach		
3	NRLT, NRG and COVID-19 Senior Officials Group	Sustained response approach is put into effect legislatively, legally, and operationally
4	Relevant agencies	Other agencies, as required, to modify resurgence plans.
5	Prime Minister business liaison, MBIE, MPI	Business liaison and provision of feedback
6	NEMA/C4C	Engagement with regions i.e. iwi and mayors.
7	Prime Minister or Minister for COVID-19 Response	Public announcement, the confirmation of community transmission, and the details of the sustained response.
8	DPMC COVID-19 Strategy and Policy, MoH Policy, DPMC COVID-19 Legal and PCO	Policy developed, drafting instructions provided to PCO and new COVID Order drafted In accordance with section 9 of the COVID-19 Public Health Response Act 2020, — • Bill of Rights Act and proportionality checks undertaken • Ministerial consultation undertaken DG provides Health Report to the Minister
Ongoing activity (post announcement of sustained response approach)		

As required	SOG	Briefing to share updates and monitor sustained response to ensure readiness to modify, if required

Ongoing activity throughout the response

Sequence	Responsibility	Actions
Ongoing	All relevant agencies	Constant information and intelligence gathering to evaluate immediate response and impacts on health, social, legal and economic aspects. Information to be gathered includes: • Health information from testing, contact tracing, genomic and serological information (location of cases, spread of disease) • Non-health information on impacts on social and economic aspects of immediate response DPMC to establish reporting requirements and timings for agencies to provide sitreps and produce insight and sentiment reports as tasked by the NRLT Monitoring workforce impact and implementing leave and alternate leads as appropriate
Daily	MoH	Daily Sitrep Daily Case Investigation reports
As required	SOG	Briefing to share updates and coordinate sustained response
As required	NRG and NRLT	NRG Chair briefs NRG and NRLT on progress of sustained response
As required	NRLT	NRLT meet to provide further guidance to NRG on progress of sustained response and impacts of immediate response
As required	NRLT Chair, MoH DG and Ministers with the Power to Act	NRLT Chair and MoH DG brief Ministers with the Power to Act on developing situation

Daily	DPMC COVID-19 comms w/ PMO, MoH	DPMC COVID-19 Comms continue to modify and implement communications plan to ensure maximum compliance and key messages continue to be appropriate
Ongoing	Public Service Commission (PSC)	Support Chief Executives and agencies to ensure scale of response and workforce planning is appropriate, including supporting resolution of issues and brokering of critical resource needs as required. Provide assurance as required that appropriate workforces are in place to deliver on the response.

Phase 4: De-escalation of resurgence response

Sequence	Responsibility	Actions
0	MoH/SRO	After 28 days of no community transmission and on public health recommendation initiate a move from response to deactivation and return to BAU.
1	NRLT, NRG and COVID-19 Senior Officials Group	De-escalation of system processes, resources and capability
2	NRLT, NRG and COVID-19 Senior Officials Group	Launch of lessons learned review including debrief sessions.

Annex 4. Cook Islands QFT Response Standard Operating Procedures (SOPs)

Phase 1: Initial notification

Sequence	Responsibility	Actions
0	QFT Partner	Notification of positive case through Public Health representative in Cook Islands to the New Zealand MoH Director of Public Health
Cook Islands move to Alert Level 3		
1	MoH	Notifies COVID-19 Response Minister and NRLT Chair via approved messaging channel (MoH ODPH notifies DCE and DG, and DG notifies Minister)
2	NRLT Chair	Notifies NRLT via approved messaging channel (agencies internal information cascades occur)
3	NRLT Chair	Notifies NRLT and NRG chair of positive case via approved messaging channel (agencies internal information cascades occur)

Phase 2: Immediate response

Sequence	Responsibility	Actions
Cook Islands undertake Risk Assessment. New Zealand on watching brief awaiting details on outbreak		
0	MoH	Stand up MoH IMT and Initial risk assessment using Public Health checklist
1	NRG Chair	Notifies NRG via approved messaging channel and arranges a meeting
2	MoH	IMT advices DG and MFAT of IMT meeting outcomes
3	MFAT	Post in Cook Islands gather all possible information in the Cook Islands and reports available information with stakeholders;

		• Border Easement Taskforce (BET) • New Zealand System • Disaster Risk Management Council
4	MFAT	In New Zealand, MFAT stand up of soft ECC to produce period sitreps, AoG Planning and coordinate calls with post
5	MoH	MoH Policy prepare Public Health advice, checklist (PH advice) and recommendations for NRLT
6	NRG	NRG meet to consider the Checklist (system advice) as well as; • develop recommendations for NRLT, • requirements if system activation is required.
7	NRLT	NRLT meet to consider the Checklists (PH advice and system advice) and recommendations from NRG.
8	MFAT/MoH	Prepare to deploy Public Health/MFAT support team. ODESC advice generated.
Decision point: NRLT decide recommended course of action for Ministers with the Powers to Act to consider.		
9	NRLT /NRG	Early notification of emerging advice provided to stakeholders; • MoT • MFAT • Communications channels • PCO and Crown Law • Customs and border agencies
10	MFAT	Advise Cook Island post of NRLT recommendation for New Zealand Response
11	Minister	Minister considers recommendation from DPMC COVID-19 Group as well as the Public Health advice, may consult with Cabinet colleagues to determine course of action (*remain within QFT, pause, suspend)*
Decision point: Ministers with the Power to Act decide course of action		
12	MoH	Drafting and execution of S70s and/or ABO exemptions as required and associated Health Reports

Decision point: Public announcement on flights (remain QFT, pause, suspend)		
T +48 hours: Cook Islands will conduct a health risk assessment that will inform whether there is a need to repatriate New Zealanders to NZ is required, and any surge capacity support from NZ.		
13	System	Agencies activate managed returns plans[2] • MoH – risk assessment to determine PH requirements and risk levels • MOT engages with airlines and airports and advices on airline positions • Customs engages border agencies • MFAT engages with post in QFT area • MBIE MIQ provide advice on MIQ availability
Formal request for assistance/acceptance of New Zealand's offer of assistance from Cook Island Government		
14	MFAT	Deploy a public health team in the Cook Islands
15	DPMC	Chair ODESC considers whether the triggers for ODESC have been met. If they have the normal ODESC structure will be followed with linkages into the COVID-19 governance structure.
16	NRLT/NRG	Meet as required to discuss emerging situation

Phase 3: Sustained response

Sequence	Responsibility	Actions
Cook Islands notify a move to Alert Level 4 (steps 20-28 will only occur if Alert Level 4 is activated or there is an escalation in the complexity of the response which requires further oversight e.g. increased complexity to health response or managed returns)		
0	MFAT	Stands up ECC in full capacity to assist with convening the Response Planning Group, provide Sitreps, attending post calls and advice on humanitarian response options.

[2] Note Discussion needs to occur on long-term lead agency responsibilities for managed returns.

1	MFAT/DPMC /MoH	Briefing prepared seeking approval to bring New Zealander's home based on public health advice and guidance from Cook Islands.
2	NRG	NRG meeting to discuss the requirement for managed returns also considering public health advice
3	NRLT	NRLT meeting to discuss the requirement for managed returns also considering public health advice
4	NRLT Chair and DG Health	Meet to discuss recommendations. Next steps are discussed, and information is presented to Ministers with Powers to Act.
5	MFAT	Based on public health advice, briefing prepared to seek Minister's decision to manage returns of travellers through green or red zones
Decision point: NRLT decide recommended course of action, for consideration by Ministers with the Power to Act		
6	NRLT/NRG	Early notification of emerging advice provided to: • MoT • MFAT • Communications channels • PCO and Crown Law • Customs and border
Decision point: Ministers with Power to Act decide on the managed return option		
7	NRLT/NRG Chair	Notification of decision to stakeholders
8	MoH/DPMC	Work with PCO to draft amendment order
9	Minister	Approve Amendment order
10	MOT	MOT work with COVID-19 Policy and DPMC legal to develop Airline guidance based on final amendment order
Decision point: Public announcement regarding manged returns		
11	All relevant agencies	Notified and system operationalises decisions.

		Note: MFAT hold the plans for the systems commercially managed returns

Phase 4: De-escalation of resurgence response

Sequence	Responsibility	Actions
0	MoH/SRO	On public health recommendation initiate a move from response to deactivation and return to BAU.
1	NRLT, NRG	De-escalation of system processes, resources and capability
2	NRLT, NRG	Launch of lessons learned review (including debriefing)

Annex 5. Trans-Tasman QFT Standard Operating Procedures (SOPs)

Phase 1: Notification, risk assessment, & readying the system

Sequence	Responsibility	Actions
0	QFT Partner	Notification of positive case through Public Health representative in overseas jurisdiction to the New Zealand MoH Director of Public Health
1	MoH	Notifies COVID-19 Response Minister and NRLT CHAIR via approved messaging channel (MoH ODPH notifies DCE and DG, and DG notifies Minister)
2	NRLT Chair	Notifies NRLT and NRG chair of positive case via approved messaging channel (agencies internal information cascades occur)
3	MoH	Stand up MoH IMT and undertake Initial risk assessment using Public Health checklist
4	MoH	AHPPC meeting to discuss Australian response
5	MoH	Advice provided to DG and responsible agencies of IMT meeting outcomes
6	MFAT	Post in Australia communicates available information to System
7	NRG Chair	Notifies NRG via approved messaging channel and arranges a meeting

Phase 2: Response (Pause)

Sequence	Responsibility	Actions
0	NRG	NRG meet to consider the QFT Checklist (system advice) as well as; • develop recommendations for NRLT, • requirements if system activation is required.

1	MoH	MoH Policy prepares Public Health advice, QFT checklist (PH advice) and recommendations for NRLT
2	NRLT	NRLT meet to consider the QFT Checklists (PH advice and system advice) and recommendations from NRG.
Decision point: NRLT decide recommended course of action for Ministers with the Powers to act to consider.		
3	MFAT	Advise post of recommendation
4	NRLT	Early notification of emerging advice provided to stakeholders
5	Minister	Minister considers recommendation from DPMC COVID-19 Group as well as the Public Health advice, may consult with Cabinet colleagues to determine course of action (*remain within QFT, pause, suspend)*
Decision point: Minister with the Power to Act decide course of action		
6	MoH	Drafting and execution of S70s and/or ABO exemptions as required and associated Health Reports
Decision point: Public announcement by COVID-19 Response Minister		

Phase 3: Sustained response - commercially managed return flight(s)

Sequence	Responsibility	Actions
Decision Point: Minister instigates request for advice		
0	Minister	After a period of time and in line with QFT Partner review of restrictions the Minister in consultation will decide if there is a requirement to seek advice on the feasibility to provide New Zealanders a way home and will instruct DPMC COVID-19 Group to facilitate and coordinate.
	DPMC/ COVID-19 Group	Notify and instigate an advice chain: NRLT and NRG Chairs send message via approved messaging channel.

	NRG Chair	Notify NRG and arrange a meeting via approved messaging channel.
	NRG Chair	Notifies agencies with responsibility for implementing commercially managed return flights to activate their operational system plans and any relevant supporting agencies.
	System	Agencies activate managed returns plans[3] and provide insight/data inputs as required to MoH & NRG. • MoH – risk assessment to determine PH requirements and risk levels • MOT engages with airlines and airports and advices on airline positions • Customs engages border agencies • MFAT engages with post in QFT state/country • MBIE MIQ provide advice on MIQ availability
1	MoH	MoH Risk assessment undertaken and informs risk level of the QFT paused state to advise on risk level and any Public Health requirements.
2	MoH	MoH IMT meet and discuss Initial Public Health assessment using the 'Public Health Assessment' questions in the QFT COVID-19 Response Checklist
3	NRG	NRG meeting to: • Assess the emerging situation against the QFT COVID-19 Response Advice and Checklist, using MoH's initial assessment to inform decision making. System factors, as well as factors such as situational awareness, communications and MIQ assurance are assessed. • Recommended course of action populated and presented to NRLT Further NRG meetings may be appropriate or necessary, depending on risk and time available
4	NRLT	NRLT chair considers NRG advice and determines whether an NRLT is required. If an NRLT is required, NRLT will meet to:

[3] Note Discussion needs to occur on long-term lead agency responsibilities for managed returns.

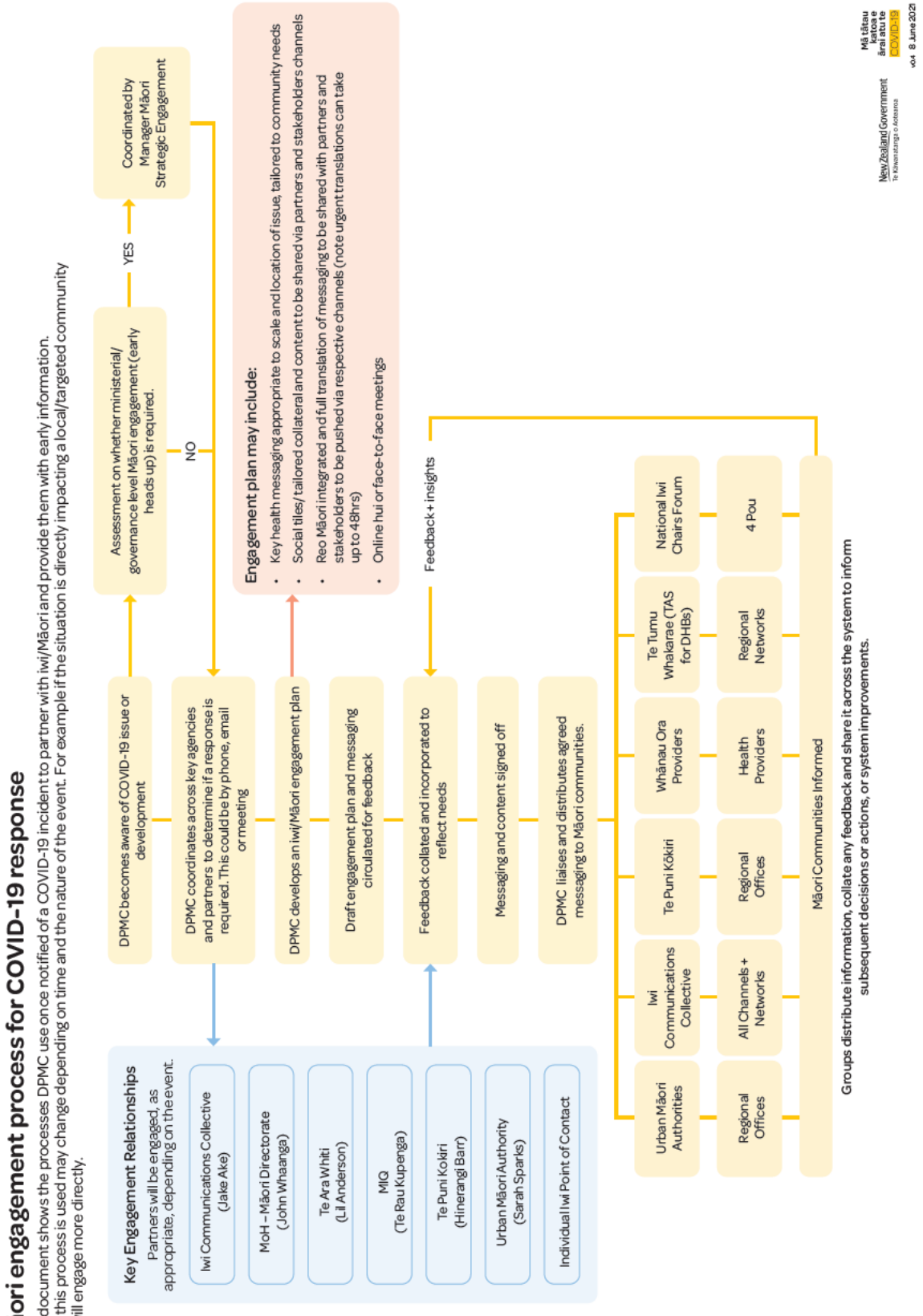
		• Assess the emerging situation against the QFT COVID-19 Response Checklist, building on NRG's assessment • Recommended course of action presented to Ministers with the Power to Act If NRLT are not required to meet, then NRG will run lead and report directly to Ministers with Powers to Act. Further NRLT meetings may be appropriate or necessary, depending on risk and time available
5	NRLT Chair and DG Health	Meet to discuss recommendations of the checklist and Public Health advice. Next steps are discussed, and all information is presented to Ministers with Powers to Act.
Decision point: NRLT decide recommended course of action, for consideration by Ministers with the Power to Act		
6	NRG Chair	Early notification of decision provided to: • DPMC COVID-19 Group • MOT • MFAT • MBIE • PCO and Crown Law • DPMC Comms to inform iwi and relevant stakeholders
7	NRLT Chair	Notifies NRG chair of recommendations via approved messaging channel.
Decision point: Ministers with Power to Act decide on commercially managed return option		
8	NRLT Chair	Notification of decision to NRG Chair.
9	NRG Chair	Will notify lead COVID-19 Policy of recommendation and commission any policy or legal advice or Order changes required.
10	NRG Chair	Will notify COVID-19 Comms lead and commission the develop key messages in line with any legal or policy changes, update UAC website, develop PR, and notifications to iwi and stakeholders

11	SOG Chair	SOG chair convenes an SOG operational planning readiness meeting based on Ministers decision and responsible agency plans.
12	MoH/DPMC	Work with PCO to draft amendment order
13	Minister	Approve Amendment order
14	MoT	MOT work with COVID-19 Policy and DPMC legal to develop Airline guidance based on final amendment order
15	COVID-19 Group	COVID-19 Group work with the Ministers Office to ensure advice and timeline for announcement. Noting the minimum requirement of 24 hr lead time between orders drafted and commencement of any flights to allow the system to be operationally ready. Airlines to be given as much notice as feasible.
Decision point: Public announcement and details of commencement		
16	All relevant agencies	System operationalises decisions.

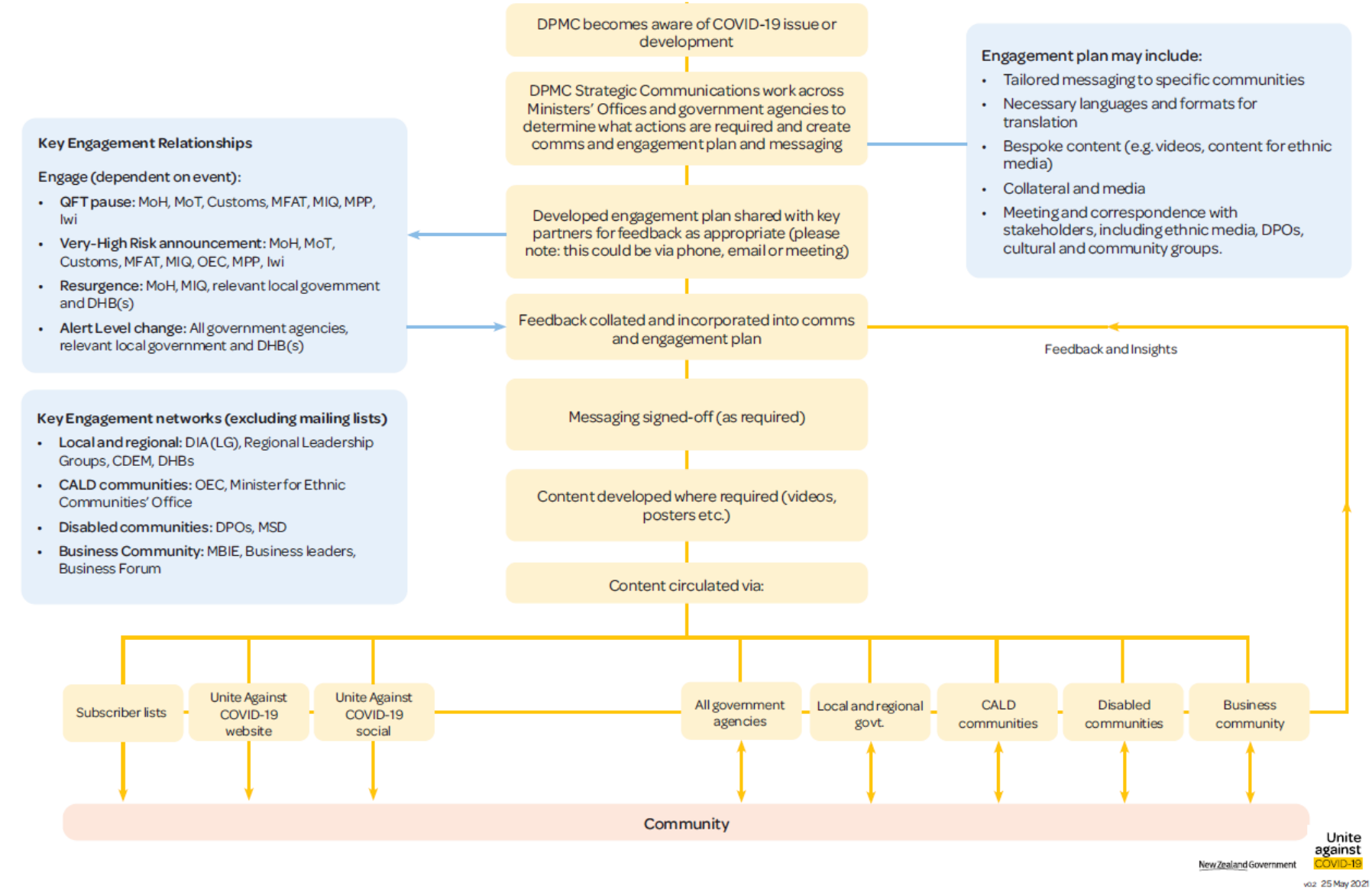
Phase 4: De-escalation of response (Resumption of QFT flights)

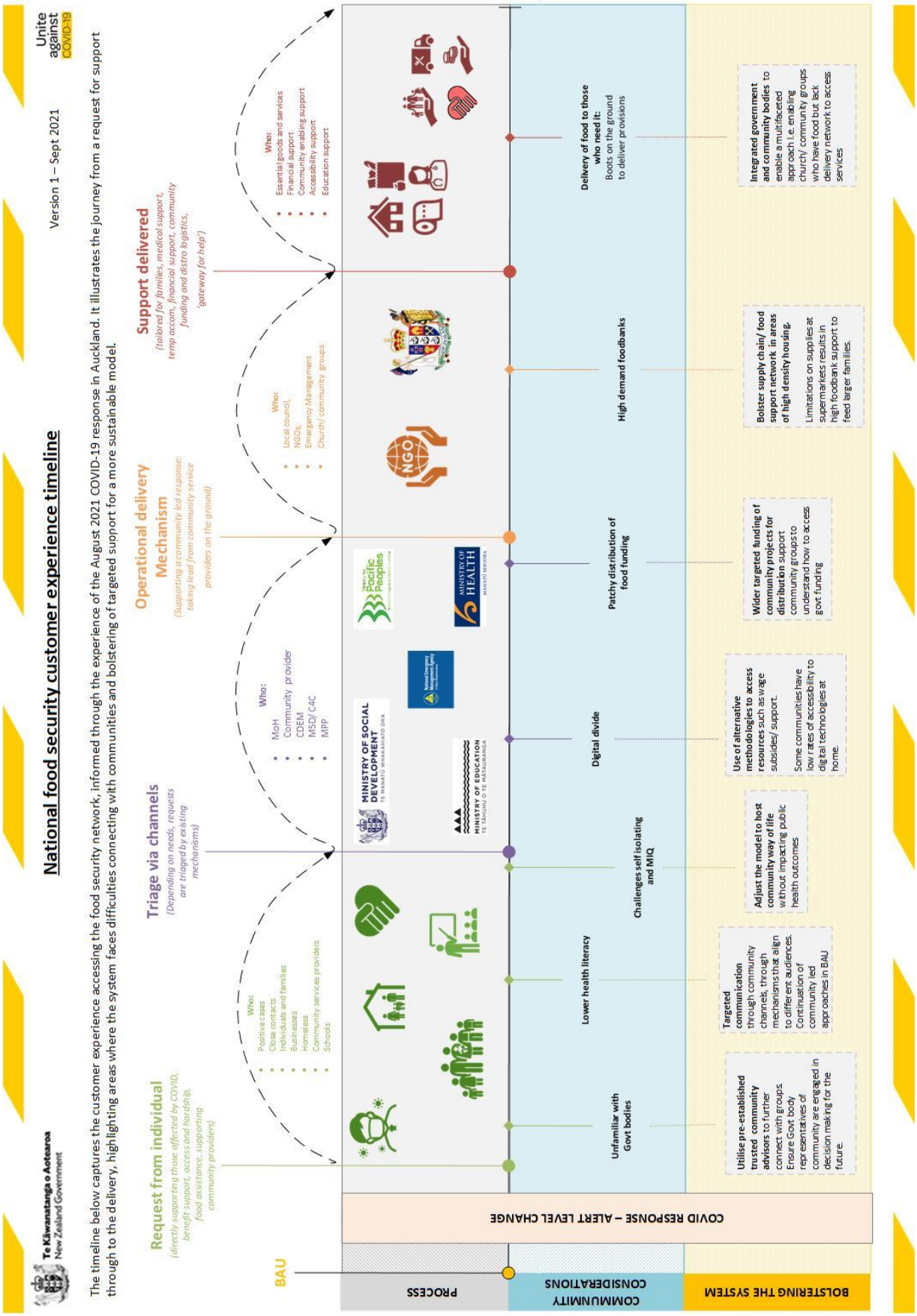
Sequence	Responsibility	Actions
0	MoH/SRO	On public health recommendation initiate a move from response to deactivation and return to BAU.
1	NRLT, NRG	De-escalation of system processes, resources and capability
2	NRLT, NRG	Launch of lessons learned review (including debriefing)

Annex 6. Stakeholder Engagement & C4C Welfare Coordination for Food Security



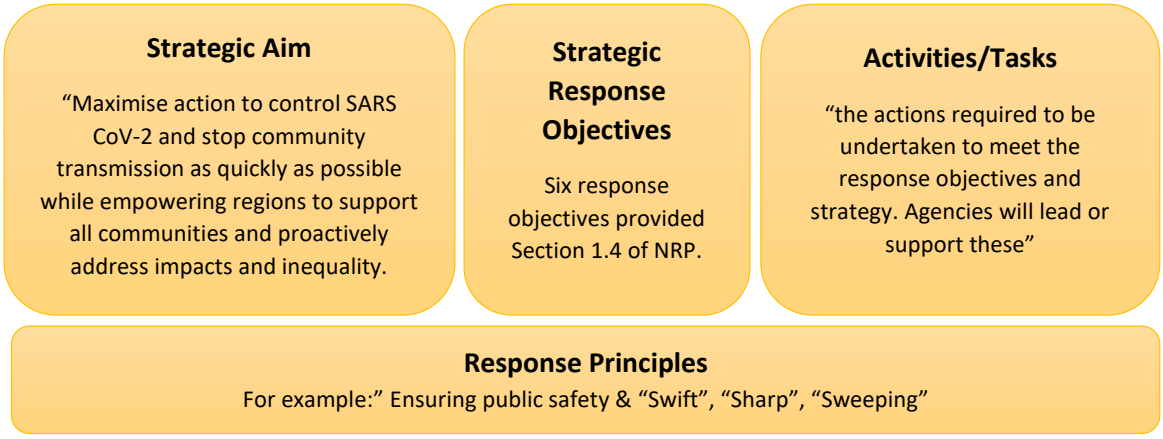
DPMC Engagement process for COVID-19 response and resurgence




Te Kāwanatanga o Aotearoa
New Zealand Government
Unite against COVID-19
National food security customer experience timeline
Version 1 – Sept 2021
The timeline below captures the customer experience accessing the food security network, informed through the experience of the August 2021 COVID-19 response in Auckland. It illustrates the journey from a request for support through to the delivery, highlighting areas where the system faces difficulties connecting with communities and bolstering of targeted support for a more sustainable model.
Request from individual
(directly supporting those affected by COVID, benefit support, access and hardship, food assistance, supporting community providers)
Who:
Positive cases
Close contacts
Individuals and families
Businesses
Homeless
Community services providers
Schools
Triage via channels
(Depending on needs, requests are triaged by existing mechanisms)
Who:
MoH
Community provider
CDEM
MSD/ C4C
MPP
Operational delivery Mechanism
(Supporting a community led response: taking lead from community service providers on the ground)
Who:
Local council,
NGOs,
Emergency Management
Church/ community groups
Support delivered
(tailored for families, medical support, temp accom, financial support, community funding and distro logistics, 'gateway for help')
Who:
Essential goods and services
Financial support
Community enabling support
Accessibility support
Education support
BAU
COVID RESPONSE – ALERT LEVEL CHANGE
PROCESS
COMMUNITY CONSIDERATIONS
BOLSTERING THE SYSTEM
Unfamiliar with Govt bodies
Lower health literacy
Challenges self isolating and MIQ
Digital divide
Patchy distribution of food funding
High demand foodbanks
Delivery of food to those who need it:
Boots on the ground to deliver provisions
Utilise pre-established trusted community advisors to further connect with groups. Ensure Govt body representatives of community are engaged in decision making for the future.
Targeted communication through community channels, through mechanisms that align to different audiences. Continuation of community led approaches in BAU
Adjust the model to host community way of life without impacting public health outcomes
Use of alternative methodologies to access resources such as wage subsides/ support.
Some communities have low rates of accessibility to digital technologies at home.
Wider targeted funding of community projects for distribution support community groups to understand how to access govt funding
Bolster supply chain/ food support network in areas of high density housing.
Limitations on supplies at supermarkets results in high foodbank support to feed larger families.
Integrated government and community bodies to enable a multifaceted approach i.e. enabling church/ community groups who have food but lack delivery network to access services
MINISTRY OF SOCIAL DEVELOPMENT
MINISTRY OF EDUCATION
MINISTRY OF HEALTH
Pacific Peoples
NGO

Annex 7. Agency Responsibilities

Each agency involved in a resurgence response has a different role to play, and accordingly has their own plan for how they will support the response and undertake the activities required to meet the response objectives and Elimination strategy[4]. This forms an important part of the process which is coordinated by DPMC. The diagram below shows the relationship and the underlying response principles[5] the system has for responses.



All agencies will have responsibility to support objective one: 'Enable effective decision-making & governance'. Responsibilities include:

- Participate in NRG/NRLT as required.
- Participate in COVID-19 Senior Officials Group (SOG) as required.
- Liaison with DPMC COVID-19 Group as required.
- Attend workshops and exercises programme events as required.

The roles outlined in the following changes will be subject to the evolving COVID-19 response and are likely to change over time and as this plan is refreshed each quarter.

Kaiwhakahaere (leading role)

An agency may list an activity as lead if the following criteria apply:

- The agency's role within the system naturally aligns themselves with playing a leading role of activities required to meet the objective.
- The agency's role within the system naturally aligns themselves with playing a leading role in owning a critical activity.
- That resources available to that agency positions themselves to play a leading role in the objective/critical activity.
- The agency's is ultimately accountable or has a legislative mandate for the correct and thorough completion of the activity.

[4] Elimination means "maximise action to control SARS-CoV-2 and stop community transmission as quickly as possible" by means of a sustained approach to keep it out, find it and stamp it out (as defined by Strategic COVID-19 Public Health Advisory Group June 2021).
[5] Aligned to NSS objectives: https://dpmc.govt.nz/publications/national-security-system-handbook-html

Kaitautoko (supporting role)

An agency may list an activity as support if the following criteria apply:

- The agency's role within the system naturally aligns itself with playing a responsible role in delivering aspects of the activities required in meeting the objective(s).
- The agency's role within the system aligns itself with leading secondary activity.
- The agency's contribution towards the completion of an activity is to provide subject-matter advice and/or keep informed.

COVID-19 National Response Agency Responsibilities (during response)

Theme	Activity	Kaiwhakahaere (leading role)	Kaitautoko (supporting role)
AoG Coordination	Public/Strat Comms	DPMC	All – Contribute to grid All – Distribute key messages/links to UAC website
	Policy Advice	DPMC	MoH – Health advice DPMC – Cabinet papers DPMC – Legal order Crown law – NZ Bill of Rights Act 1990 All – input to advice
	AoG Governance (DPMC)	DPMC	DPMC (NRLT, NRG, SOG)
	Regional Coordination	L Govt NZ	DPMC – Advice + Comms CDEM/DHB/MSD – Operational Coordination
Public Health & International Border	Contact Tracing	MoH/DHBs	
	Testing & Surveillance	MoH	DHBs/PHU
	IPC & PPE Advice (MoH)	MoH	DPMC – Comms Govt H&S Group PSC – Guidance for public sector All – Guidance for public sector
	Implementation of sea/air border orders	BEB (Customs)	MPI, MOT, MFAT, MoH, MBIE (INZ) - support Customs – Small Craft season (part of the Northland Regional Plan) MPI – Fishing sector

	Consular and diplomatic	MFAT	MFAT – Trade disruption, diplomatic negotiations and consular services.
	MIQ Provision	MBIE	NZDF – Support to National/Regional Headquarters, MIQF Management /Administration, MIQF security. MoH – Health MBIE – Allocation
Health & Disability	Psychosocial subfunction	MoH	MoH – at AL 3 and 4 activate the National Welfare coordination Group - Psychosocial subfunction
	ICU capability & Capacity	MoH/DHB	
	Mass fatalities	Police	DIA – death certificates MoH – Storage Capacity at Alert Level4
Compliance	Lead COVID-19 non-compliance reporting & Investigation	Police	MPI – Food & Primary sector compliance MoT – Transport sector compliance Worksafe – gen business compliance MoJ – Emergency judicial
	Travel Restriction Enforcement Inc. Alert Level Boundaries	Police	Police – checkpoint management & enforcement Waka Kotahi & NZDF – Support checkpoint logistics AVSEC - Airports MoT – Sector guidance and liaison to CAA/ AVSEC/ Rail/ Airlines/ Ferries
	Cross border & inter-regional personal travel & exemptions	MoH	MoH – Compassionate travel exemptions & approval/declines for business & services
	Cross border & inter-regional Business and services travel & exemptions	MBIE	MBIE –Alert Level Businesses and services (portals/ clarification) and agencies using this: MSD, MBIE, MPI, Corr, DIA, MFAT, MSD, Med, MoH, MoJ, MOT, NEMA, NZ Police, OT, Parliamentary services
Domestic Travel & Transport	Domestic Travel - people	MoT	CAA & AVSEC – air Waka Kotahi – land Kiwirail – rail Maritime – ferries/ships/small craft MoT – Roading network

	Domestic Travel – Supply Chain	MoT	Waka Kotahi – Freight regulation MPI – Animal transport & primary sector
Workplace & Infrastructure	Lead critical workforce/public sector	PSC	All – identify available support staff for surge, using agencies workforce leads. All – identify surge resource requirements (i.e. tracing) All – maintain Business Continuity Plans
	Lead Education Sector	MoE	MoE – activate remote learning MoE – decisions on school holidays/exams Tertiary Education – support Halls of Residence to shelter students in place
	Primary sector	MPI	MPI – support primary sectors
	Key utilities	MBIE	MBIE – Telecoms MBIE – Energy MBIE – FMCG DIA – Water MFE – Waste
	Digital Infrastructure (DIA)	DIA	DIA – Guidance All – Digital security
Social & Communities	Accommodation & Support for homeless	HUD	Police – identify HUD – Accommodation
	Enabling isolation (MoH)	MoH	TAS – community accommodation MoH – guidance & support (Healthline) DHB – wrap-around support CDEM – support DHB to coordinate welfare support
	Food Access/Banks (NEMA)	NEMA, MSD	MSD – Community providers & relationships CDEM – Delivery ('safety net') NEMA – Bid food contract MPP/MEC – community input
	Food, financial and accommodation support	C4C	DIA – LGovt, Regional Leadership Groups MSD, NEMA, MPP, MEC, MBIE (TAS), IRD, Police, Kainga Ora, CORR, MBIE (MIQ), MHUD, MoH, DHBs/PHUs

Page 79-112 withheld under section 9(2)(c) and section 9(2)(g)(ii) of the Act

Annex 8. Agency Role Cards

MoH

Objective number	Kaiwhakahaere (leading role)	Kaitautoko (supporting role)
One Enable effective decision-making & governance	• Advise on public health settings • Provide timely evidence to enable decision making around public health and DPMC COVID-19 Group response.	• Participate in the NRLT, NRG and other DPMC COVID-19 Group decision-making processes as required. • DG Health attend COVID Chairs
Two Enable effective and coordinated support to the COVID-19 Health System response	Lead the following: • Joint elimination Strategy • MoH Covid-19 Resurgence Plan • Covid-19 Health & Disability Sector Resurgence Planning Tool • Surveillance Plan • Testing Strategy • National Hospital Response Framework and Community Response Framework. • Contact tracing • Personal exemptions • Business continuity plans • supplies of PPE such as face mask supply chains etc.	• Support other plans as appropriate. • Healthline / National Telehealth Service provides health and social wellbeing support for public and clinical advice to health professionals.
Three Coordinate efforts to contain COVID-19 by enabling effective National and regional mechanisms	• Inform the development and implementation of national and regional responses to community cases and clusters • Ministry, DHBs and PHUs to participate in national and regional response coordination mechanisms • Implement the Covid-19 Cluster Investigation and	• MoH supports DHB/PHU through coordination of health system capability and capacity. i.e. IMT/IMT DHB resources and relationships.

	Control Guidelines (contract tracing)	
Four Coordinate support for communities (including business) to minimise the social and economic impact	• Ministry and DHBs to monitor the effectiveness and other impacts of response measures • The health and disability sector identify opportunities to work with community groups and NGOs	
Five Coordinate and align COVID-19 Communications & Engagement and local implementation of Public Information Management requirements	• Prepare, maintain and review Communications Plan, interfacing with the health and disability sector, the public and AoG / DPMC COVID-19 Group, and maintain communications coordination and consistency of messaging • Update the public and agencies/providers on the pandemic situation and key messages through regular media reports, website, print media, social media, Healthline / National Telehealth Service, Āwhina app, and other mechanisms as appropriate	
Six Support and contribute to Intelligence processes	• Closely monitor demographic / epidemiological trends in cases and clusters to ensure response measures prioritise affected groups / communities • Characterise the event(s), complete ongoing risk assessments, including	

	likely impacts and event evolution • Ensure clear, accurate, and up-to-date intelligence is disseminated across the health system and to DPMC COVID-19 Group /AoG • Provide regular situation reports and maintain distribution lists	

DPMC

Objective number	Kaiwhakahaere (leading role)	Kaitautoko (supporting role)
One Enable effective decision-making & governance	• activate the resurgence response system and convene National Response Group to coordinate response to a resurgence • coordinate and lead Workstreams to respond to a resurgence • coordination through workstreams to inform policy advice to Ministers on the response and instructions to PCO for Orders • coordination of central communications • provide an assurance function though exercising of National Resurgence Plan as continuous tabletop exercising, and continuous development of lessons learned, which are in turn fed into the plan. • identification of agency resurgence plan	• NEMA and C4C to ensure governance and leadership coordination with regional structures • agencies to develop resurgence response plans • C4C and NEMA to engage with RLG and CDEM Group structures during readiness and response • PSC to aid in surge capacity where required.

	interdependencies and gaps • development of New Zealand strategy • communicate with the independent community and business panels • Support the local RLG structure	
Two Enable effective and coordinated support to the COVID-19 Health System response	• the coordinated response to Ministry of Health requests;	• health policy, planning and operations, and communications, as required • requests and requirements, as needed
Three Coordinate efforts to contain COVID-19 by enabling effective National and regional mechanisms	• development of boundaries • legal and regulatory implementation of response • effective and aligned communications campaign to enhance public understanding and compliance • development of contingency plans to respond to a resurgence of COVID-19 • Tabletop exercise agency resurgence plans to ensure COVID-19 is contained • AoG compliance operations	• boundary exemptions process • agency operationalisation of Alert Levels
Four Coordinate support for communities (including business) to minimise the social and economic impacts	• verification of agency resurgence plans to ensure COVID-19 effects are managed • AoG C4C in the delivery of assistance to vulnerable communities	• C4C Agencies and CDEM Groups to deliver assistance to communities

Five
 	
Coordinate and align COVID-19 Communications & Engagement and local implementation of Public Information Management requirements
	• Maintaining and building public confidence in official sources of COVID-19 information
	• Ensuring everyone in New Zealand knows what to do in the event of resurgence
	  • Ensuring all QFT travellers to and from New Zealand know what to do in the event of resurgence
	  • Ensuring all New Zealanders and businesses know where to get support in the event of resurgence
	  • Producing public information messaging (TV, radio, print, out-of-home, web, social media etc)
	  • Coordinating resurgence messaging across the DPMC COVID-19 Response Group and AoG agencies; with the Prime Minister's Office and Ministers' offices; and amongst other key stakeholders (e.g. iwi, Pacific Peoples, ethnic communities, DHBs etc)
	  • Ensuring strong inter-agency communication between and across AoG and iwi Māori - including partnering to ensure strong connection with local communities
	  • Motivating public health behaviours and countering mis/disinformation and apathy and other barriers to effective communication
		• Ministry of Health to generate timely and fit-for-purpose public health messaging
		• Other government agencies to generate fit-for-purpose messaging (e.g. financial support, educational support, boundaries, travel etc)
		  • Regional agencies in amplifying and targeting consistent messaging
		  • QFT agencies in amplifying and targeting consistent messaging
		  • The production of material for Māori, Pacific peoples, youth, QFT travellers, and Culturally and Linguistically Diverse Communities.

	• Messaging to support campaigns such as the vaccination rollout, QFT, QR codes, pre-departure testing and other COVID-19-related campaigns, as required. • Measuring campaigns (reach, public sentiment and behaviours), sharing insights as part of a commitment to continuous improvement.	
Six Support and contribute to Intelligence processes	• contribution to regular Workstreams meetings to inform across government • consolidate government intelligence streams and functions across government through the Integrated Recovery Team to provide accurate and timely reporting • production of insights reports, both tactical and strategic, to understand emerging areas of importance and gauge impacts	• agencies with intelligence and insights to enable achievement of their functions

NEMA

Objective number	Kaiwhakahaere (leading role)	Kaitautoko (supporting role)
One Enable effective decision-making & governance	• Identify NEMA-specific readiness and activation requirements for integration in BAU processes (e.g. Duty activation processes). • Activate the National Coordination Centre when necessary and coordinate the CDEM Group response to a resurgence. • Inform CDEM Groups of governance and decision-making arrangements. • Ensure surge support mechanisms are in place for inter-CDEM group staffing support. • Support the local RLG structure	• Represent the Emergency Management sector on the NRLT, NRG & C19-SOG for resurgence readiness and activation. • Support CDEM Group initial engagement and regional planning with RLG. • Support DPMC COVID-19 Group planning by identifying gaps that require early closure or coordination at the National level, including gaps informed by CDEM Groups at the local level through existing arrangements and relationships. • Be prepared to engage in DPMC COVID-19 Group tabletop exercising with the NRG and test integration of CDEM Groups with the National response and Health system. • Support development of CDEM regional resurgence plans, with emphasis on clear roles, responsibilities consistent with national arrangements. • Provide representation at DPMC COVID-19 Group resurgence planning, communications or workstream meetings

		• Be prepared to assist development of an DPMC COVID-19 Group de-escalation pathway. • Sustain and, if required, strengthen relationships between NEMA / CDEM, C4C and DIA. • Support DIA led local government responses as part of the Local Government Response Unit
Two Enable effective and coordinated support to the COVID-19 Health System response	• Review and ensure alignment of NEMA/CDEM planning to the Health Resurgence Action Plan (CDEM NCC Controller and supporting staff). • Identify support and coordination opportunities between NEMA and CDEM Groups in supporting the implementation of the Health Resurgence Action Plan (CDEM NCC Controller and supporting staff).	• Support CDEM Groups engagement with the Health sector to ensure a coordinated emergency management response is in place to support the Health led activity
Three Coordinate efforts to contain COVID-19 by enabling effective National and regional mechanisms		• Support CDEM Groups to engage within RLG and other governance structures during readiness. • Provide support to the C4C and engage with RLGs and establish effective governance arrangements
Four	• Engage through C4C and National Welfare Co-	• Support C4C arrangements, using

Coordinate support for communities (including business) to minimise the social and economic impacts	ordination Group (NWCG) to coordinate resurgence planning for emergency welfare services functions. • Be prepared to implement, coordinate and deliver emergency welfare services, as required, in partnership with support agencies. • Develop plans to identify and meet community needs where there are no other means of support. • In the event of a National State of Emergency then NEMA would move to include direction to the support and coordination NEMA provide to welfare services agencies.	CDEM Plan roles at national and regional levels for the Household Goods and Services subfunction and the accommodation subfunction. • Support ongoing embedding of Welfare Resurgence Guidance with CDEM Group and Welfare Agencies • Continue to strengthen CDEM sector arrangements and capability to ensure support services are available under a Delta Outbreak Scenario. E.g. Bidfood Contract • Continue to ensure CDEM Welfare support arrangements consider the needs of Priority Groups identified by C4C model.
Five Coordinate and align COVID-19 Communications & Engagement and local implementation of Public Information Management requirements	• Develop CDEM-specific communications to support community readiness for a natural hazard event in the context of COVID-19.	• Support the DPMC COVID-19 Group development of resurgence response communications plan including objectives, key messages, audiences, channels, tactics and spokespeople. • Support the DPMC COVID-19 Group development of resurgence response communications, information flows and sign-off processes. • Support DPMC COVID-19 Group development of resurgence response templates. Support COVID-19 All-of-

		Government Response Group development of resurgence readiness communications plan to support community readiness.
Six Support and contribute to Intelligence processes	• Develop and advise CDEM Groups of critical information requirements (CDEM CCIRs), and NEMA NCC / CDEM Group reporting and decision-making processes and authorities.	• Contribute to the development of DPMC COVID-19 Group SOP's for real-time information flow. • Contribute to the development of DPMC COVID-19 Group policies for information sharing. • Be prepared to support the flow of information from CDEM Group(s) to support Ministry of Health initial reporting within 90mins of case identification. • Support CDEM information flow into the DPMC COVID-19 Group Insights and Reporting Group.

MBIE

Objective number	Kaiwhakahaere (leading role)	Kaitautoko (supporting role)
One Enable effective decision-making & governance	• Key utilities sectors • MIQ/MIF	• Attend COVID SOG, NRG, NRLT
Two Enable effective and coordinated support to the COVID-19 Health System response		• Support public health messaging at MIQ facilities

Three Coordinate efforts to contain COVID-19 by enabling effective National and regional mechanisms	• MIQ Service • Key utilities sector • Service owner and sector lead agency for business travel exemptions reviews and approvals. New automated process using Business Connect. • Essential Services (Which businesses can open under alert level changes) • AoG call centre technical arrangements	• Internal border movements • Exceptions from external border closure • Contributions to and where necessary leading system policy imperatives
Four Coordinate support for communities (including business) to minimise the social and economic impacts	• Temporary Accommodation Service • Essential Services (Which businesses can open under alert level changes) • Small business support	• Contribution via NWCG?
Five Coordinate and align COVID-19 Communications & Engagement and local implementation of Public Information Management requirements	• Call centre functions (e.g. Government Helpline).	• DPMC COVID-19 Group PIM function • Visitor Sector Emergency Advisory Group (VSEAG)
Six Support and contribute to Intelligence processes	• Via Intel function within Evidence & Insights • Weekly dashboard	

Transport Response Team/ Ministry of Transport

Objective number	Kaiwhakahaere (leading role)	Kaitautoko (supporting role)
One Enable effective decision-making & governance	• Lead transport Workstream	• Provide a Liaison Officer as required. • Attend COVID Chairs

Two Enable effective and coordinated support to the COVID-19 Health System response	• Lead public health measure on transport engagement with transport sector with respect to public health measures set by the Minister for COVID-19 Response or the Director-General of Health.	• Engage with the MoH (or DPMC COVID-19 Group) to clarify the regulations and guidance, on the following public health measures: o Contact tracing (with respect to transport services) o Physical distancing (with respect to transport services) o Use of face coverings on public transport o Movement restrictions o Cleaning measures (with respect to transport services). • Ministry of Transport to issue guidance to the transport sector to support the implementation of the above public health measures. Maritime New Zealand, Civil Aviation Authority, and Waka Kotahi to issue sector specific guidance. • Provide direct support to transport sector entities (as required) to support public health measures – including incidents requiring contact transport involving a public transport service, or disinfection of an aircraft/ship/vehicle.
Three Coordinate efforts to contain COVID-19 by enabling effective	• Issue guidance to the transport sector to support the implementation of the above public health measures (as above).	

National and regional mechanisms	• Engage with industry: o through the Maritime Sector Meeting (MoT – Chair); note this is a regular meeting. o through the Aviation Sector Meeting (MoT – Chair); note this is a regular meeting. o through the Regional Council Meetings on Public Transport (Waka Kotahi – Chair) note this is a regular meeting. o through the Road Transport Forum o directly with KiwiRail (with respect to Rail Freight).	
Four Coordinate support for communities (including business) to minimise the social and economic impacts	• Manage the essential transport inbox (essentialtransport@transport.govt.nz), with respect to queries from the public/businesses; including welfare related queries associated with movement restrictions (and either provided advice or direct to appropriate agency).	• Support the processing of applications in the Business Travel Register (by reviewing and commenting on transport sector exemption applications and conducting audits of transport sector requests that were auto approved).
Five Coordinate and align COVID-19 Communications & Engagement and local implementation of Public Information Management requirements	• Publish information on the Ministry of Transport website with respect to public health measures on transport services (e.g. compulsory use of face coverings) and movement restrictions. • Provide transport entities with collateral	

	(posters etc) produced by DPMC COVID-19 Group Communications with respect to public health measures on transport services (e.g. the face covering posters and the 'travel safely' poster). • Provide PA scripts for use on public transport services as required.	
Six Support and contribute to Intelligence processes	• Issue SitRep (as per agreed timing and frequency)	

New Zealand Police

Objective number	Kaiwhakahaere (leading role)	Kaitautoko (supporting role)
One Enable effective decision-making & governance	• Deliver core police functions such as checkpoints, Compliance & Exemptions	• Membership of the NRLT • Membership of the NRG
Two Enable effective and coordinated support to the COVID-19 Health System response		• Other agencies with functions such as compliance checks, exemptions and public education on Health Order requirements • MBIE at all Managed Isolation and Quarantine facilities • MoH in respect of operational response capability

		• Police Districts supporting local DHB/PHU's, Local Government and CDEM groups
Three Coordinate efforts to contain COVID-19 by enabling effective National and regional mechanisms	• Lead the Compliance workstream and support exemptions. • Responsible for implementing and operationalising check point for boundaries.	• Policy and legal advice, provides specialist policing capability and capacity to support lead agencies • Key support role working with other Government agencies across Iwi, Pacifica and vulnerable communities • Key role in communicating with major supplies and essential businesses- e.g. supermarket owners, Pharmacies, petrol stations etc
Four Coordinate support for communities (including business) to minimise the social and economic impacts		• Key support role working with other Government agencies across Iwi, Pacifica and vulnerable communities • Considerable contact with Iwi and Pacifica communities particularly in the Auckland region- meetings, on-line communication content, multi-language video publications, relationship strengthening
Five Coordinate and align COVID-19 Communications & Engagement and local implementation of Public Information Management requirements		• Strong and agile Police strategic Comms team supporting MoH and DPMC COVID-19 Group • Linked to the DPMC COVID-19 Group comms structure • Consistency of agency messages

Te Arawhiti

Objective number	Kaiwhakahaere (leading role)	Kaitautoko (supporting role)
One Enable effective decision-making & governance		• CE attends COVID SOG

C4C

Objective number	Kaiwhakahaere (leading role)	Kaitautoko (supporting role)
One Enable effective decision-making & governance	• Caring for Communities Governance Group (C4CGG), chaired by MSD	• COVID-19 Chief Executives Board (CCB) • National Response Group
Three Coordinate efforts to contain COVID-19 by enabling effective National and regional mechanisms		• Coordination and delivery of welfare activities enables individuals & whānau to meet Public Health requirements (e.g. through enabling access to food & household goods) • Supports MoH and DHBs with planning and coordination of support for Community MIQ
Four Coordinate support for communities (including business) to minimise the social and economic impacts	• C4C Lead Co-Chairs the National Welfare Coordination Group during resurgence • C4CGG operates as a clearinghouse for system level issues as	• C4C Lead enables planning and coordination through Welfare System Guidance to regional Welfare Coordination Groups • C4C Lead ensures system issues are identified early

	they arise during response	and escalated to the C4CGG for resolution if needed • Coordinating communication and support for hard to reach communities
Five Coordinate and align COVID-19 Communications & Engagement and local implementation of Public Information Management requirements		• Support agencies with targeted communications to impacted groups, including Māori, Pacifica and Ethnic Communities • Supports the COVID-19 Communications team with regular and targeted updates to Iwi / Maori, RLGs and key stakeholders, including early notification of potential Alert Level changes • Coordinating communication and support for hard to reach communities
Six Support and contribute to intelligence processes	• Intelligence & Insights workstream can be stood up during response to coordinate welfare incident reporting	

New Zealand Customs

Objective number	Kaiwhakahaere (leading role)	Kaitautoko (supporting role)
One Enable effective decision-making & governance	• Lead border Workstream and chair BEB • Incident Management Team continues to be linked to AoG strategic	• Attend COVID Chairs • Attend NRLT • Attend NRG • Attend Health IMT

	response (Wellington level), to inform Customs senior management, and to pass Customs objectives, intentions and requirements onto other agencies Lead QFT SOG	• Attend COVID-19 Response • QFT PoC
Two Enable effective and coordinated support to the COVID-19 Health System response	• Maintain travel restrictions at the border (air and maritime). • Receive and process all arriving air passengers, and pass non-QFT passengers onto MIQ • Oversee the isolation of maritime crews (both commercial and small craft) • Record all passenger and crew arrivals and departures. • Support Health response PAX information requirements • Support compliance with Pre-departure Testing requirements	• Supports the testing strategy • Support public health checks at airports • Adjust mechanisms at the border (e.g. eGate questions) to support key health outcomes in the event of QFT responses • Integrate local operations with health officials, with established testing procedures for staff and arrivals, and escalation for positive tests. • Participate in BSVCG to ensure vaccination of border workforce. • Support risk assessments of positive cases with QFT partners and implement response actions as required. • Support National Contact Tracing Team
Three Coordinate efforts to contain COVID-19 by enabling effective National and regional mechanisms	• COVID-19 resurgence managed through normal BAU structures at the air and maritime borders. • Coordinate COVID response actions with other agencies and industry in ports and airports.	• Activate the ITOC to support maritime issues and maritime border order.

	○ IMT remains active and has pre-existing links externally to MoH and DPMC COVID-19 Group, and internally to operational and tactical layers within Customs.	
Four Coordinate support for communities (including business) to minimise the social and economic impacts	• Minimal impact on Customs. Business support measures have been in place since April and will continue as required (now BAU).	
Five Coordinate and align COVID-19 Communications & Engagement and local implementation of Public Information Management requirements	• Customs Communications team linked to AoG Border Comms Group • Customs is well practised now at integrating health messaging, and that from other sources (e.g. Maritime NZ safety and stakeholder comms) into its internal and external messaging.	• QFT Industry engagement
Six Support and contribute to Intelligence processes	• Customs Intel staff have been part of joint Intelligence planning and analysis throughout the response. The Strategic Intelligence Unit in Customs will provide analysts as required on approach to the Customs IMT. • Information sharing is ongoing, with links at the strategic, operational and tactical levels. MOUs and information sharing agreements are being updated and created as required.	

Ministry for Primary Industries (MPI)		
Objective number	**Kaiwhakahaere (leading role)**	**Kaitautoko (supporting role)**
One Enable effective decision-making & governance		• Attend NRG & C-19 SOG. • Attend Border executive group Group and AoG Compliance Governance Group.
Two Enable effective and coordinated support to the COVID-19 Health System response		• contributes resources to the MoH response on request. • can surge staff to support MoH as required.
Three Coordinate efforts to contain COVID-19 by enabling effective National and regional mechanisms	• Coordination and communication with essential businesses and workplaces o engage with primary industry and food retail based essential businesses and workplaces to provide information and support regarding implementation of safe operating practices under COVID-19 restrictions, travel / movement exemptions across domestic borders, and liaison with other central government agencies regarding to immigration/work visa exemptions.	• Enforcement and Compliance o provides staff resources to the AoG Compliance 'Fusion' Hub. Several staff are already trained and ready to deploy on request. Note MPI staff are not authorised/delegated compliance powers under the COVID-19 Public Health Response Act 2020. o Deputy Director-General on the Governance group for the AoG Compliance work. • Local government and community outreach o regional animal welfare coordinators and RC&FS staff are members of regional Welfare Coordination Groups,

	• Infrastructure and supply chain requirements ○ specific supply chain requirements. MPI engages with key primary industry and food sector participants to assist them to unblock barriers to their supply chains. E.g. pig farmers and butchers in original outbreak.	regional Psychosocial Support Agencies, regional animal welfare coordination teams and rural advisory groups/primary sector clusters.
Four Coordinate support for communities (including business) to minimise the social and economic impacts	• facilitated negotiations with support agencies to match oversupply of primary produce with communities such as the excess pork to foodbanks. This may not be necessary in a resurgence depending on the nature and duration of any restrictions.	• active member of the AoG Welfare Coordination Group (under CDEM Act 2002) and has staff who work with and are linked into all 16 regional CDEM groups.
Five Coordinate and align COVID-19 Communications & Engagement and local implementation of Public Information Management requirements	• utilise teleconferences, and email as tools to communicate with external stakeholders. • The MPI website and MPI intranet both have dedicated COVID Information Hubs and content consumers are linked to the AoG response communications channels where appropriate to ensure alignment	• active member of the AoG Response Group communication network (under CDEM Act 2002) and can provide skilled communications staff as required to support the DPMC COVID-19 Group. • provide staff resources on secondment into the DPMC COVID-19 Group communications team. • align key messages with the DPMC COVID-19 Group Communications key messages to share with

		stakeholders, industries and staff
Six Support and contribute to Intelligence processes	• experienced and trained members of the intelligence community and can provide additional staff as required.	• staff seconded into the DPMC COVID-19 Group response in this area • National Operations Centre is the contact point for information flow between agencies. • contribute to reporting processes where requested

MFAT

Objective number	Kaiwhakahaere (leading role)	Kaitautoko (supporting role)
One Enable effective decision-making & governance	• Coordinate managed returns process for Cook Islands if it becomes necessary.	• Participate in the QFT NRLT, QFT NRG and other DPMC COVID-19 Group decision-making processes as required.
Two Enable effective and coordinated support to the COVID-19 Health System response		
Three Coordinate efforts to contain COVID-19 by enabling effective National and regional mechanisms		
Four	• Provide consular support as appropriate for New	

Coordinate support for communities (including business) to minimise the social and economic impacts	Zealanders abroad affected by QFT pauses/suspensions.	
Five Coordinate and align COVID-19 Communications & Engagement and local implementation of Public Information Management requirements	• Update and disseminate public consular messaging in QFT outbreak situations. • Provide advance notification to QFT partner governments of NZ government decisions around QFT (on a best-endeavours basis). • Notify Foreign Missions of COVID-19 advice specifically for foreign nationals and foreign diplomats.	• Support creation of COVID-19 Group communications in QFT outbreak situations.
Six Support and contribute to Intelligence processes		• Feed into MoH and the AoG system information on outbreaks in QFT partners from Posts (only if info is additional to information already publicly available).

Ministry of Education (on behalf of the Education sector)

Objective number	Kaiwhakahaere (leading role)	Kaitautoko (supporting role)
One Enable effective decision-making & governance	• Membership of 5 Regional Leadership Groups	• Education liaison / connection point in DPMC COVID-19 Group Policy and Strategy Group • Through these connections / memberships, advise on potential impacts of policy

		decisions for education sector to inform decisions
Two Enable effective and coordinated support to the COVID-19 Health System response		• Work in partnership with public health units when cases are confirmed in school and early learning service communities – supporting schools and early learning services to communicate with and support their community • Regular communications and detailed guidance to education sector to support health's prevention and response messaging – potential audience reach of more than 2 million • Have resource to support exemption processes – for example can process education-related requests for exemptions for boundary restrictions and access to education sites in Level 4
Three Coordinate efforts to contain COVID-19 by enabling effective National and regional mechanisms		• Ministry regional teams are located around the country (10 education regions) and provide the face to face and direct support to schools and early learning services, including engaging with iwi and community groups • Membership of 5 Regional Leadership Groups • Membership of range of AoG multi-agency groups, nationally, to ensure appropriate connections are made • Work closely with sector representative groups (unions, principals associations etc) to agree education response and to align with national response

Four Coordinate support for communities (including business) to minimise the social and economic impacts		• Information sharing with education providers and their communities • Regional teams work locally with schools, early learning services and with Iwi and community groups • Regional staff are part of CDEM Welfare Coordination Groups
Five Coordinate and align COVID-19 Communications & Engagement and local implementation of Public Information Management requirements	• Ministry of Education has a key role in disseminating public health messaging, including messaging targeted specifically at education providers (and their communities) through: • Regular bulletins • Website content • Letter templates for providers to send to their parent and caregiver community (reiterating key messages, advising of wellbeing supports available) • It is important to note that there are usually different requirements in school and early learning settings, than there are in the general public	
Six Support and contribute to Intelligence processes	• Provide SitRep as required • Ministerial briefings •	• Education liaison / connection point in DPMC COVID-19 Group Policy and Strategy Group • Membership of five Regional Leadership Groups

New Zealand Defence Force (NZDF)		
Objective number	**Kaiwhakahaere (leading role)**	**Kaitautoko (supporting role)**
One Enable effective decision-making & governance		• Provide MBIE MIQ with Operations support
Two Enable effective and coordinated support to the COVID-19 Health System response		• Provide capability and resource support as required/available
Three Coordinate efforts to contain COVID-19 by enabling effective National and regional mechanisms		• Provide support to other government agency activities to the COVID-19 response both nationally and regionally as required/available e.g. MBIE led Managed Isolation and Quarantine Facilities, Police led regional checkpoints.
Four Coordinate support for communities (including business) to minimise the social and economic impacts		• Provide support to the wider NZDF community both nationally and internationally.
Five Coordinate and align COVID-19 Communications & Engagement and local implementation of Public Information		• Provide consistency of messaging across the organisation and by example in the public domain

Management requirements		
Six Support and contribute to Intelligence processes		• Provide specialist intelligence advice to the DPMC COVID-19 Group response as required/available e.g. Insights and Reporting Group. • Support the flow of information for Managed Isolation and Quarantine capacity.

Te Kawa Mataaho Public Service Commission (PSC)

Objective number	Kaiwhakahaere (leading role)	Kaitautoko (supporting role)
One Enable effective decision-making & governance	• Continuity of Public Service leadership including Chief Executives • AoG COVID system Workforce and Resourcing Support workstream including: • Provide brokering service for agencies to support securing critical resourcing of surge capacity across the public service. Includes prioritisation of BAU functions and system COVID-19 requirements. • Public sector workforce guidance including: • Issue workforce guidance for public service staff to support a common response • Regular connection with Heads of HR on implementation of the guidance • Support agency implementation of the	• Attend Chair of Chairs Public Service Commissioner and Deputy Public Service Commissioner

	guidance and resolution of issues • Communication, advice and issue resolution with public service on workforce guidance and related matters •	
Two Enable effective and coordinated support to the COVID-19 Health System response	• Assistant Commissioner support to Director-General of Health and to ensure MoH sustainability •	• MoH in providing critical workforce resources where needed (MoH to lead this for health workforces) • Reinforce public health messaging through workforce guidance and communication
Three Coordinate efforts to contain COVID-19 by enabling effective National and regional mechanisms		• MBIE Government Property Group (GPG) with alignment of workplace guidance with workforce guidance and communication/awareness through agency Heads of HR. • Facilitate Treasury advice or alignment on matters pertaining to Public Service workforce (e.g. redeployment of staff; pay restraint) with public finance obligations • MBIE management of the contingent contract workforce (tbc with MBIE) • MPI Government Health and Safety Lead (GHSL) alignment of health and safety guidance with workforce guidance and communication/awareness through agency Heads of HR • for DIA/GCDO in ensuring all agencies workforces

		are appropriately equipped to operate at all Alert Levels
Six Support and contribute to Intelligence processes	• Public Service agency Heads of HR with regular intelligence, insights and guidance (via weekly TEAMS meeting and COVID enquiries email)	• all agencies with intelligence, insights and feedback to enable achievement of their functions (via Assistant Commissioners)

Ministry of Social Development (MSD)

Objective number	Kaiwhakahaere (leading role)	Kaitautoko (supporting role)
One Enable effective decision-making & governance	• Caring for Communities Governance Group (Chair) • Employment, Education & Training Governance Group (Chair)	• Attend COVID Chairs Board (CCB)
Three Coordinate efforts to contain COVID-19 by enabling effective National and regional mechanisms	• Stand up AoG C4C in the delivery of assistance to vulnerable communities	• MSD is based at the Auckland Regional Isolation and Quarantine Coordination Centre coordinating the welfare response for people in Managed Isolation Facilities. • MSD provides funding for and contracts Community Connectors to work with people in Managed Isolation Facilities connecting them to a wide range of services and support.

Four Coordinate support for communities (including business) to minimise the social and economic impacts	• MSD plays a lead role in coordinating support for individuals, whanau and communities, including businesses, providing Income Support through standard measures of assistance and extra measures (if activated) including o Wage subsidies o Leave support o Short-term absence payment o Job loss cover o Support for Temporary Visa Holders (until 31 August 2021) • Providing through Māori, Communities and Partnerships arm Community Capability Funding and Food Secure Communities funding	• Engage through C4C and NWCG to coordinate resurgence planning for emergency welfare services functions • Participating in Regional Leadership and CDEM Group activities • Emergency Accommodation needs and gap analysis in cooperation with MBIE, HUD, MoH and NEMA and other social sector agencies on housing issues • Follow housing guidance clarifying roles and responsibilities in the housing environment, and participate in an escalation group, if activated, to quickly address any issues that emerge at regional levels • Additional Task - work with MoH and NEMA to determine how processes and guidance applied in Auckland during the August Alert Level 3 lockdown can be applied through the rest of the country, for example the Complex Needs Escalation process.
Five Coordinate and align COVID-19 Communications & Engagement and local implementation of	• MSD plays a lead role in the provision of welfare communications and C4C Communications. • linked into the DPMC COVID-19 Group PIM	

Public Information Management requirements	function, with lead for Welfare and C4C Communications	
Six Support and contribute to Intelligence processes	• MSD specifically supports this function through regular statistical releases on its website as well as contributing to situation reports.	• MSD is connected through the C4C channel (which has a specific intel and insights workstream lead by the Social Wellbeing agency)

Department of Internal Affairs

Objective number	Kaiwhakahaere (leading role)	Kaitautoko (supporting role)
One Enable effective decision-making & governance		• Govt Chief Digital Officer (GCDO) - co-ordinate government ICT investment to reduce fragmented approaches to the COVID-19 digital response and recovery. • GCDO leads the NZ Gazette (publish notices required to effect govt COVID-19 decisions e.g. Health Orders) • Local Government Response Unit – Ensure local government can continue to make decisions and meet legislative requirements through the COVID-19 response and recovery.
Three Coordinate efforts to contain COVID-19 by enabling effective National and regional mechanisms		• GCDO & Govt Chief Privacy Officer – provide assurance that essential public digital service is available and accessible; facilitate supply and demand for ICT infrastructure and services; provide security assurance for ICT tools/applications • work with and through agencies to adopt remote working guidance, privacy and security by design, readiness for ICT incidents, Cloud-based capabilities.

		• support a coherent, across government approach to digital solutions – required to improve public trust and social licence • Local Government Response Unit – provide assurance and assistance to support local government to continue to provide essential services as appropriate.
Four Coordinate support for communities (including business) to minimise the social and economic impacts		• GCDO – address key barriers to digital inclusion: access, skills, motivation and trust. • With System leads (GCDO/GCDS/GCPO/GCISO), support agencies to build public trust in government's use of people's data • Local Government Response Unit – working across central and local government to ensure local government are well placed to support regional and local recovery.
Five Coordinate and align COVID-19 Communications & Engagement and local implementation of Public Information Management requirements		• GCDO: to maintain trust in government's digital response. ensure that authoritative trusted sources of information are maintained; are resilient; and enable public access. Work with agencies to ensure integrity of the Government web domain (GCDO leads the government's Domain Name Service). • Local Government Response Unit – communicate as needed to the local government sector on current and evolving issues including key messages from AoG. Keep the Local Government COVID-19 Response website up-to-date.
Six Support and contribute to Intelligence processes		• GCDO: intelligence on public service agencies' readiness and response – and critical ICT suppliers - to provide essential digital service and information. • GCDO: maintains a stocktake of current and emerging global and domestic use of technology to support the COVID19 response

		• Local Government Response Unit – maintain open dialogue with local government across the country on immediate and future issues to provide a vital link through to the All-of-Government group.

Fire and Emergency New Zealand

Objective number	Kaiwhakahaere (leading role)	Kaitautoko (supporting role)
One Enable effective decision-making & governance		• Organisational representation at ODESC and Watch Group • Provide representation at DPMC COVID-19 Group Senior Official Group meetings • Participation in DPMC COVID-19 Group tabletop exercising, resurgence planning or other system response actions • Support local RLG's with representation from Fire and Emergency • Provision of Liaison Officers to the Ministry of Health, DPMC COVID-19 Group and MBIE MIQ
Two Enable effective and coordinated support to the COVID-19 Health System response		• Support land-based ambulance services with qualified emergency response drivers due to loss of capacity in the Ambulance sector • Logistics personnel support to Community based assessment centres (CBACs), testing centres, field hospitals • Portable equipment support, such as generators, lighting, etc. for Community based assessment centres (CBACs), testing centres, field hospitals • Provision of advice to MBIE MIQ for isolation and quarantine facilities
Three		• Support to New Zealand Police with the management of deceased persons (body recovery) as part of a multi-agency response

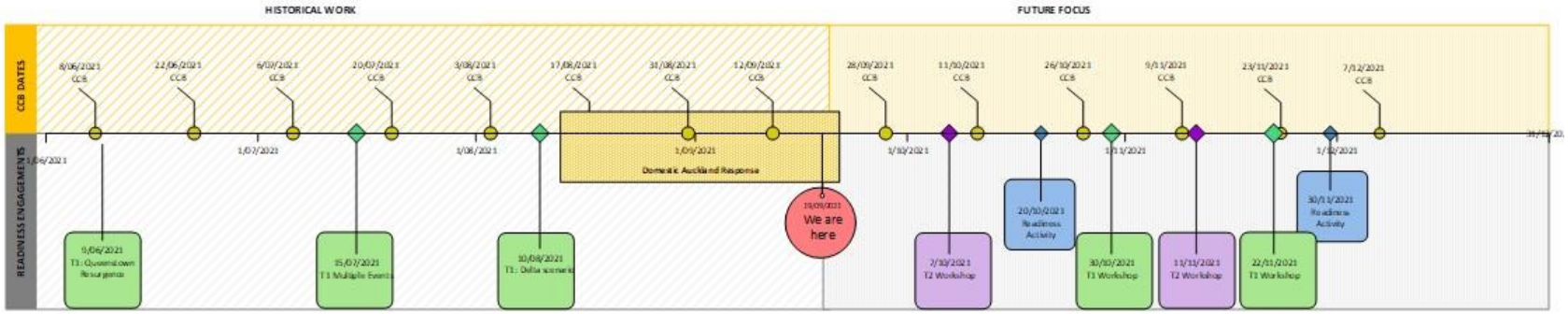
Coordinate efforts to contain COVID-19 by enabling effective National and regional mechanisms		• Support personnel to assist DPMC COVID-19 Group in functions such as Planning, Logistics, Public Information Management • Geographical Information System (GIS) support • Support to NEMA and CDEM Groups with functions such as: Planning, Intelligence, Logistics, Public Information Management
Four Coordinate support for communities (including business) to minimise the social and economic impact		• Undertake response to emergencies in communities as part of core legislative functions or in support of another agency such as frontline land-based ambulance services.
Five Coordinate and align COVID-19 Communications and Engagement and local implementation of Public Information Management requirements		• Provide public information in line with health advice for emergencies, hazards, or threats that Fire and Emergency New Zealand have lead functions for.
Six Support and contribute to Intelligence processes		• Contribute to reporting and intelligence processes where requested

Annex 9. Scenario Work Plan

COVID-19 Response – The Readiness Pathway

Purpose of this document

To provide an overview of the workplan for scenario planning for the remainder of 2021.DPMC will facilitate a series of planning workshops, focusing on New Zealand's domestic preparedness for a potential COVID-19 response.



This highlights the intended activity for 2021. Readiness activity for 2022 will be developed and included in future iterations of the NRP

Engagement Principles

- DPMC and Ministers commit to an ongoing work programme which is carried out throughout 2021-2022.
- An important function of the COVID-19 Group Planning and Readiness team is the maintenance of the National Response Plan, and to ensure readiness of the system to respond.
- The same team has been assessing readiness for QFT zones which to date include Australia, Cook Islands, Niue and planning for 1-way QFT arrangements.
- Workshops will be undertaken at the National, whole-of-system level (Tier 1), smaller focus group workshops (Tier 2), focused on two-way engagement.
- Additional readiness activities are currently under development. They will seek to increase wider awareness across New Zealand, engage with community partners, and act as additional mechanisms to share information.
- Workshops are to establish readiness and not to provide a performance rating. Identifying gaps is a positive outcome.
- Workshops and readiness activities will evolve based on Government and health priorities, informed by seasonal and event imperatives.
- Future workshops will continue to build on previous lessons identified.

Outputs

1. The outcome from scenario testing creates tangible change and partners carry out these changes.
2. Generating wider connection between regional groups and the centre, to form greater alignment for National Readiness.
3. Upon completion of activity, an update on outcomes will be reported into the CCB.

Workshops completed to date:

- T1: Queenstown Winter Resurgence
- T1: Responding to Multiple Events
- T1: Preparing for Delta

To note: Additional activity was scheduled for August/ September which have been delayed due to the NZ domestic response.

Looking forward – future focus

T1 Workshops:
- Concurrent events workshop
- Summer resurgence
- High density living/ University outbreak

T2 Workshops
- Regionally focussed workshops
- QFT workshops

Readiness Activity – additional readiness activity to enhance engagement and preparedness is under development.

To note: Topics for each engagement are likely to change, dependant on identified domestic, international and agency priorities.

The table below sets out the activities that are required to be completed in order to be ready to successfully respond to a resurgence in a timely manner

Group	Tasks	Accountability
Governance and Assurance	Routine review of national policy settings	DPMC COVID-19 Policy
	Internal validation of Agency Plans, Inter-dependencies and Assumptions	All
	Validation of National Response Plan	DPMC COVID-19 Readiness
	Validation of Regional Resurgence Plans	NEMA
	Establishment of continuous improvement program	Risk and assurance
	Legislative orders established	DPMC COVID-19 Policy
Health Readiness	Issue Health System Plan	MoH
	Contact tracing system in place	MoH
	Ensure MIQF for community transmission	MoH
	Testing system in place with ability to surge	MoH
National Readiness	Issue National Response Plan	DPMC COVID-19 Readiness
	Issue Agency Plans	All
	Issue Alert Level, Boundary and Exemption Policies / Framework	DPMC COVID-19 Policy
	Develop a contingency plan for MIF/MIQF outages	MBIE
	Detail decision-making process for Immediate Response	DPMC COVID-19 Readiness

	Establish inter-Agency communications protocols	DPMC COVID-19 Readiness
Community Support	Agree on inter-agency roles and responsibilities	C4C
	Prepare system plan	C4C
	Vulnerable community identification and needs assessment	C4C
	Identify support channels	C4C
	Engage with Local government rep and ensure that their voice can be heard	DIA
Communications	Formulate public information campaign	DPMC COVID-19 Comms
	Engagement with regions and sub-regions	NEMA, DPMC COVID-19 Comms
	Engagement with government agencies, NGOs, Iwi and partners	DPMC COVID-19 Comms
Reporting and Insights	Draw on research to ensure continual improvement of the system	Insights
	Create inter-agency reporting protocols	Insights
	Draw on research to ensure continual improvement of the system	Insights
Support Activities	Identify resource requirements for resurgence	PSC
	Prepare for concurrent emergency management events	NEMA
	Scanning for future COVID-19 issues	MoH

Annex 10. Acronyms

Acronym	Expanded Acronym
AoG	All-of-Government
BAU	Business as Usual
BEB	Border Executive Board
BET	Border Easement Taskforce
C-19 SOG	COVID-19 Senior Officials Group
DPMC COVID-19 C&PE Group	DPMC COVID-19 Communications and Public Engagement Group
C4C	Caring for Communities
CDEM	Civil Defence Emergency Management
CE	Chief Executive
CEG	Coordinating Executive Group
CIMS	Coordinated Incident Management System
DCE	Deputy Chief Executive
DG	Director General
DHB	District Health Board
DIA	Department of Internal Affairs
DPMC	Department of the Prime Minister and Cabinet
ECC	Emergency Coordination Centres
GCDO	Govt Chief Digital Officer
HUD	Ministry of Housing and Urban Development

IMT	Instant Management Team
MBIE	Ministry of Business, Innovation and Employment
MFAT	Ministry of Foreign Affairs and Trade
MoE	Ministry of Education
MIQ	Managed Isolation and Quarantine
MoH	Ministry of Health
MoT	Ministry of Transport
MPI	Ministry for Primary Industries
MSD	Ministry of Social Development
NEMA	National Emergency Management Agency
NGOs	Non-Government Organisation
NRG	National Response Group
NRLT	National Response Leadership Team
NRP	National Response Plan
NWCG	National Welfare Coordination Group
NZDF	New Zealand Defence Force
ODESC	Officials Domestic and External Security Committee
PCO	Parliamentary Counsel Office
PHU	Public Health Unit
PMO	Prime Minister's Office
PPE	Protective Personal Equipment
PSC	Public Service Commission

QFT	Quarantine Free Travel
RLG	Regional Leadership Groups
SOG	COVID-19 Senior Officials Group
SOPs	Standard Operating Procedures
SRO	Senior Responsible Officer
TA	Territorial Authority