

24 December 2021

	Ref: OIA-2021/22-0707
Dear	

Official Information Act request regarding the COVID-19 Protection Framework, modelling and vaccination certificates

Thank you for your Official Information Act 1982 (the Act) transferred from the Ministry of Health, in two separate transfers, dated 3 and 10 December 2021. You requested:

- "1. The data, scientific modelling and reasoning that was used for this system to be put in place;
- 2. How the unvaccinated pose more of a transmission risk than the vaccinated in the businesses that require vaccine certificates?
- 3. If the above statement is true, can you please give me the literature or data which supports the reason that vaccine certificates in the community would be beneficial, other than 'rewarding' the choice to be vaccinated?
- 4. What considerations and mitigations were made to future consequences of the vaccine certification model?
- 5. For example, outcomes of discrimination and segregation of any persons within a society based on their medical choices; how to mitigate hate and vilification etc."

I have interpreted the use of the word "system" in your request to mean the COVID-19 Protection Framework. From 3 December 2021, New Zealand moved into the Framework, also known as the "traffic lights" framework. This new approach to COVID-19 will introduce more freedoms for vaccinated New Zealanders. The framework is designed to keep us safe as we go about our daily lives now that our vaccination rates are higher.

Before answering your questions, I would like to supply some context surrounding topics you have raised in your request. The deployment of highly effective and safe vaccine enables us to adjust our approach. High vaccination rates create more options for both domestic measures and border settings. Our new domestic framework to control COVID-19 will enable us to minimise the spread of disease without relying on widespread Alert Level 3 and 4 lockdowns. By vaccinating, effectively testing, tracing and isolating, and controlling the virus through our new framework, we will reduce the frequency, size and speed of outbreaks. With a domestic response, based on those high vaccination rates, then we can also start to change our risk tolerance at the border.

In response to points 1 and 2 of your request, recent published research and modelling from Te Pūnaha Matatini (TPM) and the Institute of Environmental Science and Research (ESR), and the experiences of other countries, tell us that every additional vaccination reduces transmission, sickness and deaths. There are significantly greater benefits at much higher rates of vaccination. Scientific evidence shows that vaccinated individuals are significantly less likely to catch COVID-19, and also less likely to transmit the virus even if they do become infected, than unvaccinated individuals. The fact that unvaccinated individuals pose greater transmission risk is the key factor supporting requirements for vaccine certificates.

The scientific modelling and reasoning that was used to support the introduction of this system can be found in Cabinet papers that have been proactively released on the Unite Against COVID-19 website: https://covid19.govt.nz/about-our-covid-19-response/proactive-releases/alert-levels-and-restrictions/.

Therefore, I am refusing this part of your request under section 18(d) of the Act as the information requested is publicly available.

In response to the remaining 3 points of your request, a COVID-19 Vaccination Certificate (CVC) is a personal health record. It can be used to provide proof to a third party that a person has been fully vaccinated in order to manage and minimise the impact of infectious disease outbreaks. While it may provide an incentive additional to vaccine being the best protection available from COVID-19 for individuals CVCs enable all of us, including businesses who choose to use CVCs, to operate more freely while minimising the spread of COVID-19.

An increasing number of countries have introduced a form of CVC for customers to enter domestic venues and events, including concerts, sports events and restaurants. The CVCs have been introduced for to a variety of purposes, to manage the pandemic by reducing transmission, provide personal protection against severe disease, reduce the impact of COVID-19 on the health system and/or to incentivise vaccination.

In developing an approach to CVCs, we have considered the distinct rights and interests of Māori, as well as the health outcomes for the wider population while assessing related issues such as equity, feasibility, employment, access to lifeline services, human rights, privacy and the Treaty of Waitangi. The policy process has been cognisant that vaccine requirements have the potential to deny access to everyday services to people who are legally exercising their right not to be vaccinated. Acknowledging that vaccine requirements limit people's access, Cabinet agreed that providers of life-preserving basic needs will be prohibited from introducing vaccine requirements. The papers that supported Cabinet decisions around the introduction of CVCs is publicly available and can be found on the Unite Against COVID-19 website: https://covid19.govt.nz/about-our-covid-19-response/proactive-releases/alert-levels-and-restrictions/.

Therefore, I am also refusing this part of your request under section 18(d) of the Act as the information requested is publicly available.

Our response to COVID-19 is under continuous review for improvement. It is not possible to predict how the response and the current framework may be adapted or changed in the future as the impact of future variants of the virus or how the pandemic will progress are not known. Cabinet has instructed officials to review the policy in early 2022 and report back to the Minister for COVID-19 Response, in order to monitor the effectiveness and wider impacts of the policy.

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You have the right to ask the Ombudsman to investigate and review my decision under section 28(3) of the Act.

This response may be published on the Department of the Prime Minister and Cabinet's website during our regular publication cycle. Typically, information is released monthly, or as otherwise determined. Your personal information including name and contact details will be removed for publication.

Yours sincerely

Amber Bill
Deputy Chief Executive Acting
COVID-19 Group