



Proactive Release

The following document has been proactively released by the Department of the Prime Minister and Cabinet (DPMC), on behalf of the Minister for COVID-19 Response, Hon Dr Ayesha Verrall:

COVID-19 National Management Plan 2022 Quarter 3 Update

The following documents have been included in this release:

Title of paper: COVID-19 National Management Plan 2022 Quarter 3 Update



COVID-19

Te Mahere Tiaki

National Management Plan

Cover page – key information

Purpose

As Aotearoa New Zealand transitions to the next phase of the response, the COVID-19 system must remain fit for purpose and well placed to deliver the new COVID-19 strategy.

The COVID-19 Te Mahere Tiaki National Management Plan (NMP) (this document) provides a high-level overview of New Zealand's operationalisation of the post-winter strategy, including the response to new variants. It includes roles and responsibilities, preparedness activities of agencies, decision-making arrangements and mechanisms, and resurgence approaches to new variants. This document is written to support officials involved with COVID-19 response.

This document was developed in September 2022 and should be regarded as correct at the time of writing. The Public Health Agency at Manatū Hauora – Ministry of Health (Manatū Hauora) will be responsible for future updates of this plan.

This document will be proactively released and will be available through www.covid19.govt.nz. Health system plans can be requested via covid-19response@health.govt.nz.

Version history

Version	Author	Date	Summary of Content
National Management Plan Q3	Zoe Juniper, DPMC Seb Eastment DPMC Penny Salmon DPMC	30 Sept 2022	Sets out the new strategy, roles and responsibilities, and mechanisms for All-of-Government coordination and long-term approach to managing COVID-19.
National Management Approach Q2	Zoe Juniper, DPMC Seb Eastment DPMC	1 June 2022	Updates to Chapter 2 and 3 only - updated tools (in use and latent) and agency roles and responsibilities.
National Management Approach Q1	Zoe Juniper, DPMC Seb Eastment DPMC	7 December 2021	First COVID-19 National Management Approach to outline operational elements of the COVID-19 Protection Framework for managing COVID-19 in the community.

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1. Introduction to Te Mahere Tiaki, National Management Plan

1.1. Executive summary

At 11:59pm, 12 September 2022, the COVID-19 Protection Framework ended, along with several other COVID-19 public health measures. The COVID-19 response remains active and operating in the background, with fewer restrictions.

The key changes are:

- All mask wearing requirements removed, except in healthcare and aged care facilities.
- Only COVID-19 positive individuals required to isolate for seven days, household contacts no longer need to.
- All government vaccine mandates to end on 26 September.
- Removal of all vaccination requirements for incoming travellers and air crew.
- All New Zealanders aged 65 and over, and Māori and Pacific aged 50 and over, to have automatic access to COVID anti-virals if they test positive.

Aotearoa New Zealand's objective for the COVID-19 continues to be to save lives and livelihoods, and is now underpinned by three new strategic objectives:

- **Prepared** meaning Aotearoa New Zealand is ready to respond to new variants with appropriate measures when required.
- **Protective and resilient** meaning Aotearoa New Zealand continues to build resilience into the system and continue both population and targeted protective measures.
- **Stable** meaning the default approach is to use as few rights and economy limiting measures as possible.

Since August 2022, COVID-19 cases, wastewater surveillance detections, hospital bed occupation, and fatalities due to COVID-19 have steadily declined from their peak in mid-July. Without the emergence of a new variant, there is always potential for future waves due to waning immunity, but these are likely to be smaller than the most recent wave. We will continue to manage COVID-19 to prevent negative impacts on the health system and the economy. Cabinet have agreed that an approach of relying on baseline measures will be used to manage COVID-19 going forward, with Reserve measures that are more restrictive or rights-limiting to be used where proportionate, guided by public health advice. These are described in *Section 2.3 – 2.5*.

The system coordination arrangements for governance and decision making for management of COVID-19 across all of government is presented in *Section 3* including an outline how the system will be stood up. In summary:

1. Manatū Hauora will notify their colleagues in DPMC, other officials, and relevant Ministers' Offices if a variant of concern emerges that requires a change to the current management of COVID-19.
2. Responsibility of the level of response sits with the Chief Executive (CE) of the Department of the Prime Minister and Cabinet, Te Tari o te Pirimia me te Komiti Matua (DPMC).
3. DPMC will coordinate the AoG response.
4. NRG will act as the coordinator of the operational and strategic systems. It prioritises and triages taskings from CCB and report risks and issues back to CCB from the system. NRG provides decision makers with advice, reporting where required, and information flows to local and operational levels of the response.
5. Ministers are provided policy advice coordinated by DPMC Policy & Strategy, who engage with iwi Māori during its development, and use the decision-making criteria described below.

Future arrangements will be changed to reflect decisions taken by Ministers on the decentralisation of the AOG COVID-19 response system and an appendix to this plan will be prepared based on *Annex 4*.

To support the ongoing and reactivation readiness for the COVID-19 response, many agencies will be responsible for developing operational plans for their roles and sectors. Regular exercises are expected to be conducted to provide assurance that the system's readiness is reviewed and informed by up-to-date understanding of current variants of concern. An outline of readiness is presented in *Chapter 6*.

All agencies need to take active steps to engage with iwi and Māori to deliver on their agency-level COVID-19 response plans. This will include the development of engagement plans for how the agency will engage with Māori on COVID-19 matters within their agency and sector responsibilities. Information about engaging with iwi and Māori is described in *Section 1.4*.

Aotearoa New Zealand's COVID-19 experience has highlighted that the burden of the impacts from COVID-19 does not fall equally. COVID-19 response to vulnerable communities is discussed further in *Section 1.5*.

1.2. **Scope**

This document has been developed for officials working on the COVID-19 response to outline the system mechanisms, and how the AoG response system is activated to respond to variants of concern in accordance with Cabinet decisions. The plan has been developed to:

- Outline the new strategy, operational and strategic objectives, describe what the baseline and reserve response measures look like, and the roles and responsibilities for the management of COVID-19.
- Sit above the Health System COVID-19 operational plan.
- Acknowledge the role of Te Manatū Whakahiato Ora - The Ministry of Social Development (MSD) as they continue to be the lead agency role for welfare support coordination and noting that the funding for welfare support currently runs until 30 June 2023.
- Outline the activation process for managing future variants of concern.
- Provide forward looking exercise and continuous improvement processes to ensure the system remains ready and resilient.

Note:

- All agencies need to ensure their re-activation plans align to the wider system re-activation of COVID-19 and their internal Business Continuity Plans (BCP) accommodate unplanned leave of 10 to 30 percent of total workforce.
- While this plan's mandate is specific to COVID-19, agencies need to plan for concurrent winter illnesses, other circulating illnesses, or other disruptive events.
- This plan sits alongside the Catalogue of Measures v2.5. The Catalogue of Measures is a comprehensive list of measures that have been use in New Zealand since the start of the COVID-19 pandemic. It details the specific measure, their operational complexity, and responsible agencies¹.

¹ This document can be requested by contacting DPMC through www.covid19.govt.nz

1.3. What is COVID-19 and why is it important to manage?

COVID-19 is an infectious disease caused by the SARS-CoV-2 virus.

More than two years since the first SARS-CoV-2 infections were reported, the COVID-19 pandemic remains an acute global emergency. The emergence and rapid spread of the Omicron Variant of Concern towards the end of 2021 precipitated an acceleration of SARS-CoV-2 transmission worldwide, at an intensity the world had never seen. The pandemic is not over, although COVID-19 is now affecting countries in very different ways.

It is important to continue to manage COVID-19 because the alternative of allowing unmitigated spread or transmission of the virus would continue to have a negative impact on people, the health system and the economy.

Most people infected with the virus will experience mild to moderate respiratory illness and recover without requiring special treatment. However, some will become seriously ill and require medical attention. Older people and those with underlying medical conditions like cardiovascular disease, diabetes, chronic respiratory disease, or cancer are more likely to develop serious illness. Anyone can get sick with COVID-19 and become seriously ill, and in some cases die, at any age.

The impact of a COVID-19 outbreak is a function of the rate of transmission, 'realised severity', and the wider associated impacts including economic, social, and intergenerational costs associated with COVID-19 infection and the response. As severity has declined in Aotearoa New Zealand through use of vaccination (and to a lesser extent protection from prior infection), the reduced intrinsic severity of Omicron compared to Delta, and now the availability of anti-viral therapeutics, more transmission can be currently tolerated without unmanageable impacts on the health system. This may change if a new more virulent and/or transmissible variant occurs.

1.4. The long-term approach to managing COVID-19

Since the start of the pandemic, the objective of Aotearoa New Zealand’s COVID-19 response has been simple – to save lives and livelihoods. This remains the objective in the next phase of COVID-19 management.

Cabinet agreed to transition from the Minimise and Protect strategy and COVID Protection Framework (CPF) to the new long-term strategy to managing COVID-19 with the following **strategic objectives**:

Prepared meaning Aotearoa New Zealand is ready to respond to new variants with appropriate measures when required. This includes having the measures in place, including surveillance to inform a response.

Protective and resilient meaning Aotearoa New Zealand continues to build resilience into the system and continue both population and targeted protective measures. Measures that reduce the impact on individuals, families, whānau, communities, businesses, and the healthcare system are in place that will make us more resilient to further waves of COVID-19.

Stable meaning the default approach is to use as few rights and economy limiting measures as possible.



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1.5. **Te Tiriti o Waitangi**

In December 2021, the Waitangi Tribunal held a priority hearing to inquire into the government's response to the COVID-19 pandemic. The Tribunal found the government's response breached Te Tiriti o Waitangi (Te Tiriti) principles in several ways and concerted action has been undertaken across government to remedy these breaches and reduce inequities in Māori health outcomes because of the ongoing pandemic.

The Tribunal emphasised that the government's obligations to Māori under Te Tiriti require active protection of taonga, and a commitment to partnership that includes good faith engagement with, and appropriate knowledge of the views of iwi and Māori communities. In the context of the response to and future management of COVID-19, this involves considering what will support a national response that is co-ordinated, orderly, and proportionate, considering the government's obligation to actively protect Māori health, interests and rangatiratanga. If there is a tension between considerations, the government needs to explore reasonable options with Māori on how Māori interests might best be protected, in light of those other considerations.

The current outbreak has so far had a disproportionate impact on Māori. Māori are at higher risk of COVID-19 infection, hospitalisation, and death due to inequitable vaccination rates, incidence of pre-existing health conditions and structural factors (e.g., housing deprivation). A secondary impact of this is that Māori service providers are experiencing high degrees of workforce fatigue. Preparedness activities must account for this.

Officials have a key obligation to engage with their Tiriti partner to understand the impact changes may have on Māori and ensure good understanding of priorities – and to ensure Ministers are provided with advice that reflects iwi Māori views. Doing so creates opportunities to gain insight to how the government can support what Māori consider is the best approach forward and improve systems for sharing information with Māori (and other communities) to enable stronger community-led health initiatives. This resource – [Te Tiriti o Waitangi / Treaty of Waitangi Guidance](#) – provides guidelines agreed by Cabinet for agencies to use in policy development and implementation.

There remains a high level of interest from Māori in the ongoing response to the COVID-19 pandemic. Agencies should be actively seeking opportunities for co-design of policies and programmes with Māori and not simply just consult with Māori. Officials should note that engagement with Te Puni Kōkiri and Te Arawhiti does not in itself constitute engagement with Māori, but these agencies may facilitate or advise on meaningful and appropriate engagement.

All agencies need to take active steps to engage with iwi and Māori to deliver on their agency-level COVID-19 response plans. This will include the development of engagement plans for how the agency will engage with Māori on COVID-19 matters within their agency and sector responsibilities. Building capability to meaningfully engage with Māori is a continuous area of development for the Public Sector. Te Arawhiti has developed this resource to assist agencies with their engagement with Māori. [Te Arawhiti - Crown Engagement with Māori](#)

1.6. Equity

Aotearoa New Zealand's COVID-19 experience has highlighted that the burden of the impacts from COVID-19 does not fall equally.

Vulnerable communities are defined as people, and their whānau, who are considered at higher risk of severe disease from COVID-19. People who are more vulnerable to the impacts of COVID-19 include disabled and elderly people, Māori, and Pacific Peoples.

Manatū Hauora's website has up to date information for vulnerable communities. [COVID-19: Higher risk people | Ministry of Health NZ](#).

Specific responses to selected vulnerable communities include, but are not limited to the following:

Māori support

Locally provided and whānau-centred responses by Whānau Ora Commissioning Agencies, iwi and Māori providers to whānau Māori, including tāngata whaikaha Māori, have enabled a rapid, flexible, and trusted response. These services have significant reach, including into remote and isolated communities where mainstream services had been unable to reach and respond to Māori.

The government has committed through Budget 2022 to provide a funding increase to the Māori Provider Development Scheme to secure primary and community care innovation developed by Māori providers during COVID-19 and support this capability in the new health system. Budget 2022 also includes additional funding for a range of initiatives targeted at improving primary and community care responses to Māori and supporting Māori led approach to population health and prevention. More detail on this fund, the Māori Communities COVID-19 Fund, can be found in *Annex 2*.

In July 2022 Te Aka Whai Ora – Māori Health Authority (Te Aka Whai Ora) was established. Te Aka Whai Ora will lead and monitor transformational change in the way the entire health system understands and responds to the health and wellbeing needs of whānau Māori. Te Aka Whai Ora will strengthen the overall health system to ensure that Māori voices are heard in decision-making that affects Māori.

More information on support and information for Māori can be found here: [Support and information for whānau, hapū and iwi Māori | Unite against COVID-19 \(covid19.govt.nz\)](#)

Disability support

Whaikaha - Ministry of Disabled People (Whaikaha) is a new ministry set up to give a voice to the disabled community working in partnership with the community and Māori to transform the lives of many New Zealanders.

In April 2022 the Human Rights Commission released the *Inquiry into the Support of Disabled People and Whānau During Omicron*. The inquiry identified six key issues with the government's response to COVID-19: significant concerns with communications; staying safe during the pandemic; support to isolate safely; disrupted disability services; health services available; and lack of support in educational settings. There were 14 recommendations and several areas for further consideration, and a work programme across government was developed to improve the response. This has included immediate development of a COVID-19 information hub for disabled people on the Unite Against COVID-19 (UAC) website, and information on accessible vaccination centres being available online, through call centres and by text. Accessible vaccination options now include low sensory and physically accessible vaccination centres, free transport to vaccination centres and home-visit vaccination options.

Work is ongoing to action the recommendations. More information on COVID-19 support and information for disabled people in Aotearoa New Zealand can be found here: [COVID-19 support and information for disabled people in New Zealand | Unite against COVID-19 \(covid19.govt.nz\)](https://www.covid19.govt.nz/support-and-information-for-disabled-people-in-new-zealand)

www.whaikaha.govt.nz/

Pacific Peoples support

A multi-channel approach, that includes social media and community-based delivery, has been applied to reach the Pasifika community with COVID-19 support and information. Messaging centres on looking after self, aiga, friends, church and the community. Pacific business support resources are available. There is a range of Pacific well-being support offered. These can be found here: [Support and information for Pacific Peoples | Unite against COVID-19 \(covid19.govt.nz\)](https://www.covid19.govt.nz/support-and-information-for-pacific-peoples) and <https://www.mpp.govt.nz/covid-19/covid-19-resources/>

2. COVID-19 Response

2.1. Planning for future variants of COVID-19

COVID-19 cases, wastewater surveillance detections, hospital bed occupation, and fatalities due to COVID-19 have steadily declined from their peak in July 2022. Without the emergence of a new variant, there is always potential for future waves due to waning immunity, but these are likely to be smaller than the most recent wave.

Omicron continues to dominate globally but a variant with a substantial growth advantage and potential to cause a 'wave' is still a possibility and therefore it is important to continue to monitor and be prepared for new variants.

To inform preparedness across government, Manatū Hauora developed five variant scenarios Aotearoa New Zealand may face. These provide a common framework for agencies, iwi, communities, and businesses to consider the tools and resources likely required individually and collectively for an effective response. The five scenarios are:

- Scenario 1: High clinical severity, high immune escape (the worst-case scenario).
- Scenario 2: Low clinical severity, high immune escape.
- Scenario 3: High clinical severity, low immune escape.
- Scenario 4: Low clinical severity, low immune escape.
- Scenario 5: Multiple co-circulating variants with different levels of severity and different levels of cross-protection.

Going forward, international, and local views about the future trajectory of COVID-19 coalesce around a most likely picture of declining severity over time. This will occur as immunity through vaccination and historical infection builds but there is always potential for disruption from new variants along the way.

Agencies are expected to have plans in place to reactivate the system and implement the measures they are responsible for. Agencies should note the following:

- These need to be regularly reviewed, exercised, and maintained.
- Agency plans should incorporate robust business continuity plans that do not rely on a limitless workforce. If an AoG response is needed, the Public Services Commission would coordinate the workforce between agencies via the Workforce Mobility Hub. This may require CCB direction to agencies to prioritise resources.
- These plans should include engagement with iwi and meeting Tiriti obligations in relation to the COVID-19 response.

The Minister for COVID-19 expects agencies to be regularly reporting on readiness. More information on readiness is provided in *Chapter 6: Continuous Improvement*.

2.2. Measures

To give effect to the new long-term strategy to managing COVID-19, Cabinet agreed that an approach of relying on Baseline measures will be used, with Reserve measures that are more restrictive or rights-limiting to be used where proportionate, guided by public health advice.

Baseline measures help to ensure the burden on the health system is minimised, communities are strengthened, and those who are vulnerable feel safe and are less at risk of infection or poor outcomes from COVID-19. Aotearoa New Zealand currently has systems in place to monitor COVID-19 at home and internationally and if public health advice is that additional measures are required, we can re-introduce some measures e.g. additional mask-wearing.

Reserve measures give Aotearoa New Zealand the ability to quickly respond to and minimise the impact from any significant waves of the virus or more severe variants that could circulate in future. If needed, we can draw on the reserve measures that have effectively slowed the spread of the virus over the past two years. Any decision to re-introduce measures would be taken carefully and based on public health advice. We will continue to rely on a multi-layered system of defence to minimise the impact of COVID-19 and protect vulnerable communities while balancing economic and social considerations. How long they could be used for would also be based on public health advice at the time.

2.3. **Measures staying in place: Our baseline**

This section outlines the baseline measures of the Prepared, Protective, Resilient, and Stable approach and which agency or agencies lead them. Agencies which have been identified as holding primary supporting responsibilities can be found in *Annex 1: Measures, Roles, and Responsibilities*.

Isolation (Manatū Hauora, MSD)

- Isolation is a key measure that remains to manage the spread of the virus. It is the most effective way to keep case numbers low and so remains a requirement for everyone who tests positive.
- Household contacts do not have to isolate. Household contacts are recommended to test daily for 5 days from when the case in their household tests positive and wear a mask when they are out.
- Leave support payments will continue to be available for those who need to isolate due to COVID-19.

Antivirals (Manatū Hauora)

- The government acknowledges that some communities who are more at risk of adverse effects as a result of COVID-19 have expressed concern about the removal of the COVID-19 Protection Framework. Vulnerable communities are encouraged to talk to their healthcare provider to see if they are eligible for antiviral prescriptions.
- The widened eligibility to antivirals is designed to support these communities, and eligibility criteria will continue to be kept under review.

Face masks (Manatū Hauora)

- Masks remain a key defence against COVID-19 and have significant impact in reducing the spread of the virus, they are also effective against other respiratory illnesses so will always be encouraged.
- Masks will remain free for vulnerable people through participating healthcare providers, community organisations and some rapid antigen test collection sites.
- Masks have played a crucial role in the response, and some people may continue to want to wear them for their own safety. Please respect people if they choose to continue wearing masks.
- Face masks only need to be worn when visiting certain healthcare facilities (hospitals, GPs, aged care and disability residential facilities, pharmacies but not counselling, mental health and addiction services).
- Some places like workplaces or marae may ask people to wear a mask and businesses may still choose to require people to wear face masks as a condition of entry.

Testing (Manatū Hauora)

- People arriving in Aotearoa New Zealand from overseas will continue to receive free RATs at the airport and will be encouraged to test on day 0/1 and 5/6.
- The government will offer follow-up PCR tests and genome sequencing of positive cases in travellers to monitor for variants and use targeted surveillance at the border to monitor for the arrival of any potential new variants.
- Rapid Antigen Tests will be available for free for vulnerable communities.
- Wastewater testing will also continue.

Vaccination (Manatū Hauora, Te Whatu Ora – Health New Zealand (Te Whatu Ora))

- The last workforce with a government vaccine mandate is health and disability workers. This will end on 26 September 2022. Some employers may still require workers to be vaccinated due to their responsibilities under health and safety legislation.

Protection for vulnerable communities (Manatū Hauora, Te Whatu Ora)

There is always a risk that COVID-19 can disproportionately impact some groups. Protections are now targeted to the most vulnerable. The continuing protections are:

- Free vaccinations.
- Free P2/N95 masks for eligible people.
- Free RATs (rapid antigen tests).
- Free antiviral medication for eligible people and widening eligibility criteria to all people 65 and over, all Māori and Pacific Peoples aged 50 and over, and those with high-risk medication conditions. New criteria will be updated here: **Covid-19 Medicines | Ministry of Health NZ.**

Vulnerable communities are encouraged to continue to keep up to date with their vaccinations, including boosters; access free RATs; and talk to their healthcare provider to see if they are eligible for antiviral prescriptions.

Health services (Manatū Hauora, Te Whatu Ora)

- COVID-19 has taken a toll on everyone, particularly people's mental health. There has been significant innovation in effective and evidence-based digital mental health tools. People can access more information about these tools at www.covid19.govt.nz/mentalhealth.
- Manatū Hauora has established a long COVID programme with the goal of disseminating emerging models of care, clinical practice, patient self-management and digital enablement to support patients with long COVID-19 in an Aotearoa New Zealand context. A separate programme of work is under way to develop a long COVID rehabilitation and service delivery guideline within an Aotearoa New Zealand context, which will be published later this year.

Border requirements (Customs)

- Air travellers to Aotearoa New Zealand will still need to provide information for contact tracing purposes prior to departure.

Infection prevention and control (Manatū Hauora, Te Whatu Ora)

- All New Zealanders continue to be encouraged to continue to practice good health behaviours to keep themselves, and their communities, safe.

Social Support (MSD)

Income support, employment services, and community service provider support through MSD. This includes wraparound holistic support through hapū, iwi, Whānau Ora and other community providers.

[COVID-19: Welfare and social sector support for family, whānau, and āiga carers - Ministry of Social Development \(msd.govt.nz\)](#)

2.4. Additional measures

There are a range of reserve measures that may be exercised if required. Reserve measures give New Zealand the ability to respond if required and proportionate to the risk. This means that New Zealand is prepared to respond to and minimise the impact from any significant waves of the virus or more severe variants that could circulate in future. The rights limiting nature of most of these measures requires careful consideration surrounding their use including:

- Evidence of their effectiveness against the variant.
- That the measure's benefits outweigh its costs across social, cultural, economic, and (non-COVID) health domains, and that no combination of lesser restrictive measures would be sufficient to achieve the intended health effect. Evaluation of this also includes whether there is social licence to use the measure, our ability to operationalise the measure in the necessary time frame to have the desired health effect, and Te Tiriti obligations.
- That the measure does not limit rights or is a justified limitation of rights set out in the New Zealand Bill of Rights Act 1990 based on public health advice.
- That consideration is given New Zealand's international obligations when using the measure.

A comprehensive list of measures that have been used, including the specific measure, their operational complexity, and responsible agencies can be found in *COVID-19 Catalogue of Measures v2.5*.² Note, the Catalogue of Measures reflects the approach to measures in August 2022. As the AoG system continues to adapt to COVID-19, additional agencies may be asked to support successful execution of these measures.

² This document can be requested by contacting DPMC through www.covid19.govt.nz

2.5. Financial supports

The new strategy is implemented under a new economic context, that differs to the approach taken to date.

MSD, Te Tari Taake - Inland Revenue (IRD), and Te Tai Ōhanga - The Treasury (TSY), amongst others, are responsible for policy advice on and delivery of financial supports, and these have changed under the new strategy. Information is available on the UAC website:

<https://covid19.govt.nz/>. Currently available support is noted in *Annex 2*.

Consistent with the move towards a more self-reliant approach, there are no new business support schemes expected to be deployed in the near term, or likely to be developed under most anticipated scenarios. With the closure on the COVID-19 Response and Recovery Fund, fiscal trade-offs between funding the COVID-19 response and the government's other priorities have sharpened.

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3. Governance and Decision Making

This chapter outlines the system coordination arrangements for governance and decision making for management of COVID-19 across all of government.

3.1. System overview

The image shows the current COVID-19 response system. The AoG System Lead is the DPMC COVID-19 Group. Manatū Hauora is the chief steward of the health system, leading health across government. Te Whatu Ora is responsible for coordinating the locally led delivery of health services as cases occur across the motu. Welfare support is coordinated by MSD. These arrangements will change to reflect decisions taken by Ministers on the decentralisation of the AOG COVID-19 response system and an appendix to this plan will be prepared based on Annex 4.

A range of agencies and groups continue to support the ongoing national response.

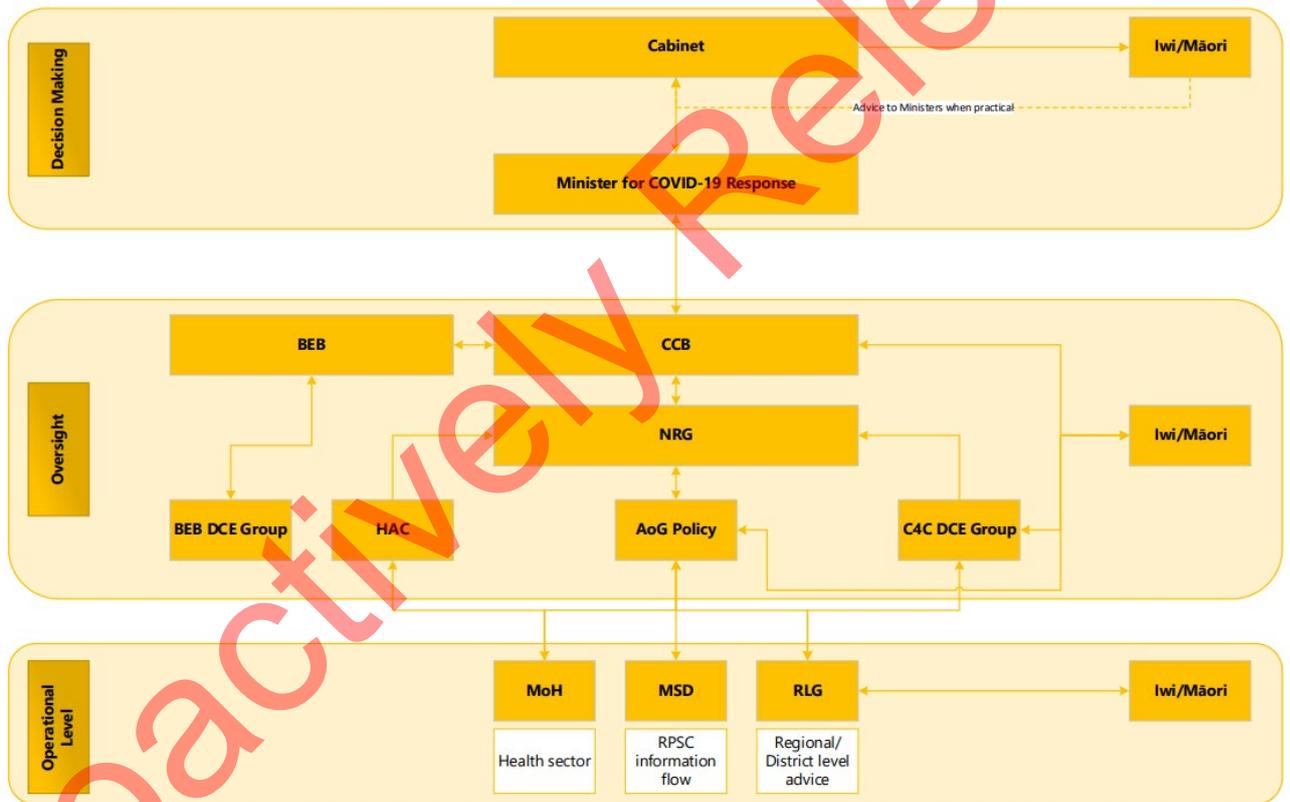


Figure 1: COVID-19 Response Governance Structure

3.2. **Activation mechanisms**

Monitoring of the COVID-19 situation locally and internationally is performed by Manatū Hauora and Te Whatu Ora. If a variant of concern is identified, the AoG response will be activated.

The situation at the time will determine the response required and for this reason, the NMP only provides broad guidance to officials on how the system will be stood up. Five main things will happen regardless:

1. Manatū Hauora will notify their colleagues in DPMC, other officials, and relevant Ministers' Offices if a variant of concern emerges that requires a change to the current management of COVID-19.
2. Responsibility for the level of response sits with the CE of DPMC.
3. DPMC will coordinate the AoG response.
4. NRG will act as the coordinator of the operational and strategic systems. It prioritises and triages taskings from CCB and report risks and issues back to CCB from the system. NRG provides decision makers with advice, reporting where required, and information flows to local and operational levels of the response.
5. Ministers are provided policy advice coordinated by DPMC Policy & Strategy, who engage with iwi Māori during its development, and use the decision-making criteria described below.

3.3. Decision making criteria

To give effect to the new strategy, clear processes will be used to review the measures in place and scale measures up or down when required. The decision-making processes that have been used throughout the COVID-19 response, which have ensured our response has been centred on public health advice while incorporating an AoG perspective, will continue to be reviewed to ensure if it fit for purpose. The following health and non-health decision-making factors have been reaffirmed by Cabinet for reviews of baseline measures and when implementing reserve measures:

Health factors

- Degree of protection from severe health outcomes due to COVID-19, gauged by vaccination coverage and immunity levels among the general population and vulnerable communities, and availability of treatments (e.g., antivirals) to reduce severity of illness from COVID-19.
- Capacity of the health system to meet demand due to COVID-19, given competing demands from other illnesses (including seasonal and imported conditions), backlog of prevention activities, and the care of people with long term conditions.

Four non-health factors

- Evidence of the effects of the measures on the economy and society more broadly.
- Evidence of the impacts of the measures on at risk populations.
- Public attitudes towards the measures and the extent to which people and businesses understand, accept, and abide by them.
- Our ability to operationalise the restrictions, including satisfactory implementation planning.

4. Legislative Settings

The COVID-19 Act provides the primary legal authority for imposing the protections or requirements that are necessary to give effect to any policy decisions based on public health advice.

Under the COVID-19 Public Health Response Act 2020 (the COVID-19 Act), the Minister for COVID-19 Response has the power to make Orders to achieve the purposes of the COVID-19 Act.

This is an independent statutory decision-making power, noting that the Minister is required to consult with the Prime Minister, the Minister of Health, and the Minister of Justice before making or amending an Order. The Order and amendments are required to be approved by a resolution of the House and are revoked if not approved regularly. The COVID-19 Act provides the primary legal authority for imposing the protections or requirements that are necessary to give effect to any policy decisions.

4.1. Prerequisites for orders

There are three potential prerequisite conditions for any Order being made under the COVID-19 Public Health Response Act 2020 (section 8(a) of that Act):

- An epidemic notice under section 5 of the Epidemic Preparedness Act 2006 is in force for COVID-19.
- A state of emergency or transition period in respect of COVID-19 under the Civil Defence Emergency Management Act 2002 is in force.
- The Prime Minister, by notice in the Gazette, after being satisfied that there is a risk of an outbreak or the spread of COVID-19, has authorised the use of COVID-19 orders (either generally or specifically) and the authorisation is in force.

The current epidemic notice expires (unless renewed) on 20 October 2022.

4.2. Legislative framework

Delivering the new strategy depends on the right legislative framework and institutional arrangements being in place. The legislative framework is important to ensure the legislative powers and instruments needed to implement the strategy's baseline and reserve measures are available. The institutional arrangements will ensure the COVID-19 system remains fit for purpose and well placed to deliver the strategy.

Most baseline measures will not require any legislative basis (for example providing guidance to stay home if sick). If we need to move to reserve measures however, we are still able to make Orders to authorise reserve measures if this was required.

Some agencies are updating their relevant legislation to reflect new long-term strategy to managing COVID-19 (for example making provision for online meetings where in-person hui are specified by legislation).

4.3. Changes to the legislative framework

As at 11:59pm 12 September 2022 the following changes occurred to COVID-19 orders.

Correct at the time of writing this plan, the following have been revoked:

- COVID-19 Public Health Response (Isolation and Quarantine) Order 2020
- COVID-19 Public Health Response (Maritime Border) Order (No 2) 2020
- COVID-19 Public Health Response (Testing for COVID-19) Order 2022
- The COVID-19 Public Health Response (Vaccinations) Order 2021 (from 11:59pm 26 September 2022)

The following have been changed pending future reviews. See www.legislation.govt.nz for updated information on the COVID-19 orders:

Mask Order

A new order for masks, the COVID-19 Public Health Response (Masks) Order 2022. All mask requirements removed, except for visitors in certain healthcare settings. Masks are still required for visitors to certain healthcare facilities (including primary care, urgent care, hospitals, aged residential care, disability-related residential care and pharmacies but not in counselling, mental health and addiction services). Some places may keep mask requirements in place based on a health and safety assessment.

Isolation Order

The COVID-19 Public Health Response (Self-isolation Requirements) Order 2022 has been amended for those who test positive through RATs or PCR tests and their household contacts. At the time of writing the current settings are mandatory 7-day isolation for positive cases. Household contacts are no longer required to isolate, but instead asked to test daily for 5 days.

Border Orders

The COVID-19 Public Health Response (Air Border) Order 2021 is amended to the COVID-19 Public Health Response (Air Border) Amendment Order (No 6) 2022. People no longer need to be vaccinated and asymptomatic before arriving in Aotearoa New Zealand and they do not need to wear a face mask while on board their flight to Aotearoa New Zealand and at the airport at which they arrive.

Manatū Hauora will develop a border surveillance plan to ensure effective surveillance for new variants and update future revisions of this plan with more information.

4.4. Information sharing to prevent or lessen a serious threat to public health

Good basic privacy practice is important to maintain trust and confidence in the community. The Department of Internal Affairs, Te Tari Whenua, has prepared advice to help agencies understand when they can share personal information to prevent or lessen a serious threat to public health, such as outbreaks of COVID-19. Good privacy practice is important to maintain trust and confidence in the community. This advice helps agencies to understand when they can share personal information to prevent or lessen a serious threat to public health, such as outbreaks of COVID-19.

The Privacy Act 2020 and the Health Information Privacy Code 2020 allow agencies to share personal and health information with other agencies provided that the agency reasonably believes the sharing is necessary to prevent or lessen a serious threat to public health. The exception also covers risks to public safety, or to the life and health of one or more individuals.

Manatū Hauora has the lead role in advising the government on whether a situation represents a serious threat to public health. Agencies can take guidance from Manatū Hauora's advice in making decisions regarding whether the collection, use and sharing of personal information is necessary to prevent or lessen the threat posed, for instance by the transmission of COVID-19. Note that this situation is likely to be dynamic; the level of public health risk may change or may be contextual.

The advice is detailed in *Annex 3*.

5. Communication and Engagement

Past experiences with COVID-19 have provided a wealth of knowledge around how to communicate during a pandemic. The principles and processes that were used, and the lessons learnt at each major COVID-19 event, can now guide future long-term public centric responses for any future pandemic event.

The following illustrates what was done from a Communications and Engagement perspective over the past two-years and provides broad guideline for how to establish a communications response in the event of a variant of concern. A *Grab-And-Go* kit is being prepared in case of any future outbreaks and can be requested contacting DPMC through www.covid19.govt.nz.

5.1. Communications approach used 2020 - 2022

The principal purpose of the communications and engagement activity in responding to COVID-19 focused on creating a centrally coordinated communications capability to ensure consistent and aligned messages to the community, public and business. This included creating a strong and simple brand, *Unite Against COVID-19*, the goal being that the UAC brand would become the single source of truth and information on the AoG COVID-19 response for the New Zealand public to rely upon. A centrally coordinated communications capability should provide leadership, reassurance and manage public expectations through consistent and aligned messages.

Essential public health behaviours and changes to requirements were regularly communicated through clear, cohesive, and consistent messaging. This messaging was supported by a campaign and channels team; as this messaging evolved, campaigns were launched and delivered across a wide range of channels: web, social media, media stand-ups, Press Releases, print and broadcast media (TV, radio), and Prime Minister, Minister and Director General of Health stand-ups. The social media team used platforms such as TikTok and Instagram to reach younger audiences.

Tailored messaging was created for affected and at-risk communities, including Māori (*Karawhio*), Pacific Peoples, disabled, ethnic communities, and was implemented with national, regional, community and local engagement and coordination. Information under the UAC branding was made available in 27 languages, plus accessible alternate formats – New Zealand Sign Language, Easy Read, Large Print and Audio, and Braille.

5.2. **Guidance from agencies to sectors**

Tailored guidance has been a key requirement for agencies throughout the response. To support the ongoing COVID-19 response, many agencies will be responsible for developing guidance to their relevant sectors. For example, the Ministry for Primary Industries provides guidance to the primary industries sector, the Ministry of Education provides guidance to schools around masks. This guidance may be in the form of a document or website content and might include interpretation of how policy settings should be operationalised, and processes for exemptions that may be specific to those sectors.

5.3. **Misinformation and disinformation**

A significant factor in our success to date in managing the impacts of COVID-19 has been strong public trust and confidence in the response and effective use of communications.

At the same time, there has been a marked increase in sharing false and misleading information since the onset of the virus. Online environments and social media are being used in an increasingly coordinated way to enable this to be spread. The issue is not unique to Aotearoa New Zealand but has required an approach that both draws on international best practice and suits our unique context.

Though not all false and misleading information is spread intentionally, there are groups of people and organisations within Aotearoa New Zealand and overseas who actively share disinformation and seek to cause harm by threatening public safety, fracturing community cohesion and undermining trust in democracy and institutions.

The current narratives of COVID-19 misinformation and disinformation are mostly related to vaccines, and public health measures such as mask wearing. Many of these narratives are woven into larger themes centred on mistrust of government, international businesses; or concerns about side effects, medical safety, and long-term effects of the vaccine and perceptions of COVID-19 restrictions.

While misinformation related to COVID-19 is still being circulated, and the general themes remain consistent, the volume of disinformation relating to the COVID-19 health measures has reduced significantly in line with recent changes to mandatory public health measures. It is anticipated that while COVID-19 public health measures remain in place, disinformation will continue to be circulated to undermine the public's trust in the response. It has been observed, in line with international experience, that disinformation related activity is transferring from COVID-19 to other thematic areas such as climate change and elections.

The ongoing manipulation of the information environment and the resulting threats of harm require a system led approach from government as part of an all of society response. There is ongoing communications and engagement by the government related to responding to COVID-19 misinformation, underpinned by a communications approach, based on four key objectives and an understanding of the information environment:

- To support a whole of society approach.
- Increase the public's resilience to disinformation and online harms.
- Promote credible information through effective communication.
- Prevent the propagation of false and damaging content.

Individual agencies are responsible for addressing misinformation and disinformation policy issues that relate to their specific portfolio areas. The National Security Group at DPMC is developing advice on the long-term response to misinformation and disinformation, looking at Aotearoa New Zealand's specific needs and taking on lessons from other countries.

DPMC convenes a misinformation and disinformation interagency group to bring agencies together to ensure coordination and to share lessons learnt. This work includes taking on lessons from dealing with COVID-19 related misinformation. The Interagency Coordination Group considers current local and international trends on false and misleading information and ensures there is alignment across agencies' work programmes. This work also connects into wider work such as the Christchurch Call, work to prevent and counter violent extremism, and the DIA-led Content Regulatory Review.

Proactively Released

6. Continuous Improvement of the COVID-19 Response

To support the ongoing and reactivation readiness for the COVID-19 response, many agencies will be responsible for developing operational plans for their roles and sectors. Agencies should align their plans to this document when developing their operational response plans and sector guidance.

6.1. Exercises to maintain readiness

In June 2022, Cabinet mandated that Chief Executives of relevant agencies keep their agency COVID-19 variant readiness plans under review and fit-for-purpose across variant scenarios and provide regular progress reports for variant preparedness to COVID-19 Ministers.

Regular exercises are expected to be conducted to provide assurance that the system's readiness is reviewed and informed by up-to-date understanding of current variants of concern. Participation in this exercise satisfies the requirement to review readiness plans as mandated by Cabinet. The first exercise is expected to be completed before December 2022. Following each exercise, a report will be provided to the Minister for COVID-19 Response and serves as the regular report back to COVID-19 Ministers on agency readiness.

On 9 August 2022, DPMC held an AoG exercise to test system readiness to respond to a variant of concern with high clinical severity and high immune escape (the worst-case scenario). The exercise confirmed that, like previous COVID-19 outbreaks, where additional measures are needed an outbreak of a variant of concern will require an AoG response. It also affirmed that there is a shared understanding across government agencies of what is required to respond to the worst-case scenario and tested the systems and processes to operationalise the response.

Undertaking preparedness activities guided by the variant scenarios process as described above enhances Aotearoa New Zealand's readiness to effectively respond to new variants of concern.

6.2. Lessons management

The Australian Disaster Resilience Lessons (AIDR) Management Framework (see link below) was applied to the COVID-19 response lessons learnt exercise, enabling consistent terminology and collation of identified issues across different agencies to be more rapidly compared and themed.

https://www.aidr.org.au/media/1760/aidr_handbookcollection_lessonsmanagement_2019.pdf

Lessons Learnt

Aotearoa New Zealand's response to the COVID-19 pandemic has been based on strong scientific and public health advice and characterised by a willingness to adapt and learn in response to the evolving nature of the virus. Over the past two years Aotearoa New Zealand has learned a lot about what does and does not work. The AoG response continues to embed these lessons and use them as a foundation to drive improved pandemic preparedness, readiness, and response.

Multiple key lessons have been identified during the pandemic. The specific lessons identified that have influenced this iteration of the NMP include:

- The evolving governance structure has been developed and tested across the lead and supporting agencies. It is important that governance and decision-making lessons are applied to prevent repetition of mistakes.
- While agencies are expected to prepare and maintain their readiness and response plans, an AoG approach is still a key component of a response to a variant of concern.
- Opportunities remain to strengthen partnerships further between the government and iwi and Māori by engaging earlier and deeper. Throughout this plan guidance has been written to support agencies to do this.

Annex 1: Measures, Roles, and Responsibilities

Baseline measures

This section outlines the primary measures the AoG system will utilise under the Prepared, Protective, Resilient, and Stable approach.

As COVID-19 and the AoG system evolves, our approach to individual measures will change. Duly, agencies not listed as supporting agencies may be involved in the successful execution of measures if required.

Catalogue of measures

A comprehensive list of measures that have been used, including the specific measure, their operational complexity, and responsible agencies can be found in *COVID-19 Catalogue of Measures v2.5*.³ Note, the Catalogue of Reserve Measures reflects the approach to measures in August 2022. As the AoG system continues to adapt to COVID-19, additional agencies may be asked to support successful execution of these measures.

³ This document can be requested by contacting DPMC through www.covid19.govt.nz

Measure	Description	Leading Agency	Indicative Supporting Agency
Isolation	<p>Positive cases to isolate for 7 days.</p> <p>Minimises spread of COVID-19 in the community, relieving pressure on the health system.</p>	<p>Health Health response, TTIQ, data & insights, and exemptions.</p> <p>MSD Economic and welfare support.</p>	<p>C4C: Caring for Communities Informal CE's Group acting as a triage and resolution group for welfare system issues (includes MSD, MOE, OT, HUD, MOH, TSY, MEC, TPK, DIA, Police, SWA, KO, & NEMA).</p> <p>MBIE: H&S policy, CCES, technology vendor for COVID-19 Compliance Breach Tool, & business guidance.</p> <p>Te Arawhiti: Review of Tiriti analysis, and plans for engagement with Māori</p> <p>TSY and IRD: Financial support and payments.</p> <p>NZ Police: Education, enforcement, and compliance.</p> <p>DPMC: Unite Against Covid.</p> <p>PSC: Public sector workforce guidance and surge.</p> <p>MFAT: Consular assistance for international visitors.</p> <p>NASO: Ambulance services.</p> <p>FENZ: Fire safety and education.</p> <p>Crown Law & PCO: Legal advice and Orders.</p>
Anti-viral therapeutics	Protecting people against severe illness.	Manatū Hauora Policy and clinical care.	Te Arawhiti: Review of Tiriti analysis and plans for engagement with Māori.
Face masks	Reduces the risk of transmission in certain healthcare facilities.	Health Public health response and guidance on mask usage.	DPMC: Unite Against Covid.
Testing	Ensuring people can get a test if needed.	Health Public health, operations/supply, TTIQ, National Investigation and Tracing Centre, Intelligence, comms & engagement, Healthline,	<p>DPMC: Unite Against Covid.</p> <p>TSY: Financial support.</p> <p>PSC: Public sector workforce guidance.</p> <p>NASO: Emergency services.</p> <p>MoT: Guidance to aviation sector.</p>

		exemptions, and clinical support.	<p>DIA/Local Government: Sector guidance and coordination with critical services.</p> <p>Te Arawhiti: Review of Tiriti analysis and plans for engagement with Māori.</p>
Vaccination	Maximising population immunity through vaccination, with priority measures for the most vulnerable communities.	<p>Health</p> <p>Vaccination strategy, operations, supply, case management, clinical support, & public information.</p>	<p>TSY: Economic advice</p> <p>PSC: Public sector workforce guidance</p> <p>Te Arawhiti: Review of Tiriti analysis, and plans for engagement with Māori</p> <p>TPK/MPP/MSD/MEC: Community engagement, mobilisation with local health providers. Tiriti implications.</p> <p>MFAT: Alignment with international travellers, resident diplomats, and Pacific supply.</p> <p>BEB: Maritime and air vaccine guidance.</p> <p>HUD: Homeless population,</p> <p>MOT: Supply chain and public transport guidance.</p> <p>DIA/Local Government: Local government guidance.</p>
Supporting vulnerable communities	Targeted protection to those most vulnerable to COVID-19 including elderly, Māori and Pacific Peoples, disabled people, and those with co-morbidities or suppressed immune systems.	<p>Health</p> <p>Vaccination strategy, operations, supply, case management, clinical support, & public information. Policy and clinical care.</p>	<p>C4C: Caring for Communities Informal CE's Group acting as a triage and resolution group for welfare system issues (includes <i>MSD, MOE, OT, HUD, MOH, TSY, MEC, TPK, DIA, Police, SWA, KO, & NEMA</i>).</p> <p>MSD: Welfare and economic support. Support distribution of masks for workforce, including vulnerable communities, which are provided through NZ food network or community providers.</p> <p>Te Arawhiti: Review of Tiriti analysis, and plans for engagement with Māori</p> <p>TPK/MPP/MSD/MEC: Community engagement, mobilisation with local health providers, and Tiriti implications.</p> <p>HUD: Homeless population.</p> <p>Corrections: Prison population.</p>
Border requirements	NZTD: provides traveller health information.	<p>Customs:</p> <p>Compliance and storage of data.</p>	<p>MBIE/Immigration: Declaration platform vendor, call centre, website, and ALO's.</p> <p>Health: Declaration content.</p> <p>BEB: Coordinating border agencies.</p>

			<p>Te Arawhiti: Review of Tiriti analysis, and plans for engagement with Māori</p> <p>Crown Law / PCO: Legal advice and Orders.</p> <p>MFAT: Consular.</p> <p>MoT: Aviation and maritime guidance.</p>
<p>Infection Prevention and Controls (IPC)</p>	<p>Practical, evidence-based practices and procedures to protect patients, visitors, residents, clients and health workers from being harmed by avoidable infections in the healthcare sector.</p>	<p>Health Set IPC measures and provide limited supply.</p>	<p>MSD: Purchase and distribution for PPE providers.</p> <p>MNZ: Reviewing and setting IPC settings for maritime border.</p> <p>MOT: Sector guidance.</p> <p>NASO: Sector guidance.</p> <p>Te Arawhiti: review of Tiriti analysis and plans for engagement with Māori.</p>
<p>Social Support</p>	<p>Income support, employment services, and community service provider support.</p>	<p>MSD</p>	<p>C4C: Caring for Communities Informal CE's Group acting as a triage and resolution group for welfare system issues (includes <i>MSD, MOE, OT, HUD, MOH, TSY, MEC, TPK, DIA, Police, SWA, KO, & NEMA</i>)</p> <p>MBIE: Business sector guidance.</p> <p>MOT: Critical food supply.</p> <p>MPI: Primary sector engagement.</p> <p>DIA/Local Government: Advice.</p> <p>IRD: Supporting taxpayers.</p> <p>NEMA: Coordination of aid and support where appropriate.</p> <p>HUD: Homelessness and people in temporary accommodation.</p> <p>Te Arawhiti: review of Tiriti analysis, and plans for engagement with Māori</p> <p>RLGs: Regional hubs and network governance.</p> <p>Health: Health response, TTIQ, clinical support, & exemption processes.</p>

Annex 2: Financial Supports

The following outline the financial supports that are currently available.

Financial support for individuals and businesses.

The **COVID-19 Leave Support Scheme (MSD)** is available for employers, including self-employed people, to help pay their employees who need to self-isolate and can't work from home.

MSD continue to provide full services, including income support, community support, urgent costs, and community and costs to clients through usual channels. Financial assistance from MSD remains available for **people who have become unemployed**, regardless of their vaccination status.

Events Transition Support Payment scheme (MBIE) is designed to provide financial assurance to organisers of large-scale events, including business events. It is available until 31 January 2023 <https://www.mbie.govt.nz/business-and-employment/economic-development/events-transition-support-payment-scheme/>

Arts and Culture COVID Recovery Programme (MCH) includes more than 25 initiatives (~\$0.5 billion over 4 years) designed to deliver short-term relief and long-term support for the arts, culture & heritage sectors. [mch.govt.nz/regenerating-arts-culture-and-heritage-sector](https://www.mch.govt.nz/regenerating-arts-culture-and-heritage-sector)

The **Small Business Cashflow Scheme (IR)** is available to businesses with 50 or fewer FTEs suffering a greater than 30 percent decline in revenue due to COVID-19. Applications are open until 31 December 2023.

<https://www.ird.govt.nz/covid-19/business-and-organisations/sbcs>

Other financial supports used during the response to date include:

COVID-19 Wage Subsidy Scheme (MSD)

The COVID-19 Wage Subsidy Scheme was available through Work and Income. Initially, it was available following the March 2020 lockdown through to September 2020. In February 2021 the government announced it would be available if there was an escalation to Alert Levels 3 or 4 anywhere in Aotearoa New Zealand for 7 days or more, which occurred in March 2021 and again in August 2021. The subsidy was available to businesses, employers and self-employed workers who experienced or were reasonably expected to suffer a decline in revenue (based on the criteria stated for the relevant subsidy) due to COVID-19.

MBIE are responsible for the complaints and enforcement website.

<https://www.employment.govt.nz/leave-and-holidays/other-types-of-leave/coronavirus-workplace/wage-subsidy-and-leave-support-complaints/>.

Māori Communities COVID-19 Fund (TPK)

To provide whānau in regions around the motu with quick and targeted support in the period to 30 October 2022. Administered by Te Puni Kōkiri in coordination with Te Arawhiti,

the fund's focus is to support the efforts of communities (particularly iwi) to mobilise their own approaches and build resilience during the Omicron outbreak.

<https://www.tpk.govt.nz/mi/whakamahia/covid-19-information-for-maori/maori-communities-covid19-fund>

COVID-19 Support Payment (IRD)

The CSP was a payment to help support viable and ongoing businesses or organisations which experienced a 40% or more drop in revenue because of 1 or more of the following COVID-19 circumstances:

- the widespread presence of COVID-19 in the Aotearoa New Zealand community
- the public health legislative measures taken to reduce the spread of COVID-19 in the Aotearoa New Zealand community; and/or
- any business circumstances that are, or are reasonably likely to be, a consequence of the circumstances described above.

The COVID-19 circumstances include but were not limited to:

- businesses not being able to operate to usual levels due to staff self-isolating
- businesses impacted by Aotearoa New Zealand based supply chain disruptions; and/or
- lower retail and recreation movements in a region (for example in a CBD) due to customers working from home or self-isolating.

They did not include circumstances where businesses, which were able to operate under the Red setting of the COVID Protection Framework but had chosen to close temporarily without taking all reasonably practical steps to minimise their revenue losses. Additionally, they also did not include business circumstances that were because of any border restrictions imposed or any overseas related impacts of COVID-19 such as global supply chain issues, lack of overseas travellers or customers.

<https://www.ird.govt.nz/covid-19/business-and-organisations/covid-19-support-payment>

Annex 3: Information Sharing to Prevent or Lessen a Serious Threat to Public Health

Good privacy practice is important to maintain trust and confidence in the community. This advice is to help agencies understand when they can share personal information to prevent or lessen a serious threat to public health, such as outbreaks of COVID-19.

Include information sharing in planning

Build partnerships with key agencies, individuals and communities as part of public health response planning, including developing a common understanding about what information will be shared. It is harder to build such relationships in a time sensitive environment, such as when an emergency situation occurs.

The public health exception under the Privacy Act allows necessary sharing

The Privacy Act 2020 and the Health Information Privacy Code 2020 **allow** agencies to share personal and health information with other agencies **provided that the agency reasonably believes the sharing is necessary to prevent or lessen a serious threat to public health.** The exception also covers risks to public safety, or to the life and health of one or more individuals.

An agency should first check whether it can obtain **authorisation from the individual concerned.** Letting people know what is going on, and giving them choices, is often the best way to create or maintain trust in what you are doing.

However, it is not always possible or **desirable** to ask for authorisation. For example, the agency may not have contact details for people, or the situation may be too urgent. If it is not an option to ask for authorisation from the individual concerned, the agency should consider the "serious threat" exception.

If the sharing is to become **regular** or routine, rather than ad hoc, agencies should set up their systems accordingly rather than relying on the serious threat exception. That is, they should set up sharing as a purpose for the collection or disclosure of the information, tell people what they are doing, consider whether consent is appropriate and so on. Any regular share should also be governed by an MOU.

Some key points to remember

- Manatū Hauora has the lead role in advising the government and Aotearoa New Zealand on whether a situation represents a serious threat to public health. Agencies are entitled to rely on the Ministry's advice in making decisions regarding whether the collection, use and sharing of personal information is necessary to prevent or lessen the threat posed, for instance by the transmission of COVID-19. Note that this situation is likely to be dynamic; the level of public health risk may change or may be contextual.
- Be clear about what you are aiming to achieve. Make sure that sharing personal information will work to achieve that purpose.

- If there is an alternative to sharing personal information that is reasonably available in the circumstances **and** that manages the risk to public health successfully, then it is preferable to adopt that alternative.
- However, avoid being too risk averse. It is not necessary to adopt a 'less intrusive' option if that option fails to manage the public health risk successfully.
- Share only the type and amount of personal information that is necessary to achieve your purpose.
- Only share it with agencies or people who need to receive it to manage the risk.
- Make sure the personal information will be adequately protected against misuse, loss, interception, or alteration, both during transmission and when stored.
- Ensure the personal information will not be on-shared, or used for other purposes, unless authorised by law.
- Place a time limit on how long the sharing may continue for, with a requirement to then review whether it is still necessary to share or store the information, or review whether the public safety exception still applies. This will need to include provision for review if the public health risk officially changes. A review requirement prevents sharing from continuing for longer than it is justified.
- All agencies involved should agree on the parameters of the sharing and keep clear records about what is shared, why it is shared, any conditions that apply to the share, and how long information can be kept for.
- Provide clear explanations for people about why their information is being or has been shared, and who it is being shared with. Give them a clear way in which to express their views if they wish (for example to complain about the sharing) and take their views into account.

Responsibility

- The agency that shares the information is responsible for its safe and secure sharing. It is also responsible for justifying the reasonable grounds and necessity to share the information.
- The agency that receives and uses the information has all normal responsibilities under the Privacy Act 2020, regarding storage, access, correction, accuracy, retention, limits on use and disclosure in Aotearoa New Zealand and overseas, and unique identifiers. The public health exception permits sharing of the information but does not lessen those other obligations: it does not give agencies carte blanche to do whatever they like with the information.
- If there is a privacy breach that causes or may cause serious harm to any affected person, the Office of the Privacy Commissioner must be advised within 72 hours of the agency becoming aware that that breach has occurred. See: <https://privacy.org.nz/responsibilities/privacy-breaches/responding-to-privacy-breaches/>. If the breach occurs in the receiving agency, that agency should tell the agency that shared the information about the problem.

Annex 4: Future Arrangements

In July 2022, Cabinet agreed that the existing AoG response system should be transitioned to a decentralised operating model led from the health system. On 1 July 2022, Aotearoa New Zealand moved to a new national health system. At some point before the end of 2022, the COVID-19 Group at the DPMC will transfer ownership of the AoG planning and readiness, insights and analysis and communications to Manatū Hauora and Te Whatu Ora. AoG Policy will transfer at some point prior to June 2023. Future revisions of this plan will be developed and released by Manatū Hauora.

Future system overview

Manatū Hauora will oversee the health system strategy. DPMC will lead the AoG strategy and policy direction until that function is transitioned to Manatū Hauora. The daily operational clinical management of COVID-19 is health-led. Te Whatu Ora, and Te Aka Whai Ora are responsible for coordinating the locally led delivery of health services as cases occur across the motu. Welfare support remains to be coordinated by Te Manatū Whakahiato Ora - The Ministry of Social Development, (MSD).

A range of agencies continue to support the ongoing national response.

Future activation mechanisms

In June 2022, and reaffirmed in August 2022, the Minister for COVID-19 outlined expectations for the process that will be used for advising on outbreaks or future variants when management of COVID-19, including the AoG response, transfers to the Public Health Agency at Manatū Hauora.

Under the new long-term strategy to managing COVID-19, monitoring the COVID-19 situation locally and internationally is performed by Manatū Hauora and Te Whatu Ora. Regular monthly reviews of the settings will continue to be undertaken by the Minister for COVID-19 Response based on health system advice monthly from the Health Assessment Committee (HAC) and the Director General (DG) Manatū Hauora.

Daily monitoring is performed by Te Whatu Ora, and regular public health risk assessments (PHRA) completed by HAC. PHRAs draw on public health, scientific, and clinical information, identify potential response measures, and if required identify an appropriate mix of response measures to meet health objectives in proportionate and justifiable way.

Should a new variant of concern be identified globally the HAC, operating across the health system, will convene an out of cycle meeting to assess the likely health risk to Aotearoa New Zealand.

The DG Manatū Hauora will alert the Minister for COVID-19 and discuss with CE DPMC/Chair of the CCB if an assessment suggests severe adverse health outcomes are likely. Based on

this, there may be a need to implement additional measures. The Chair of CCB will determine if a CCB needs to be called.

Following the CCB meeting, an AoG National Response Group (NRG) meeting may then be convened, or NRG members informed via agreed communication channels.

From here one of two outcomes will happen:

1. HAC and CCB provide advice to the Minister for COVID-19 Response that Manatū Hauora, Te Whatu Ora, and Te Aka Whai Ora can manage an ongoing response in the current settings under existing legislation by dialling up or down the current measures in place. The wider system is informed by Manatū Hauora and supported by the National Coordination and Response (NCR) Group at Te Whatu Ora to implement any health system changes.
2. HAC and CCB provide advice to the Minister for COVID-19 that the additional settings may be required to manage the variant of concern outbreak. The analysis and consideration of the settings would be informed by a balance of health and non-health factors (*Section 3.3*). These changes may need to be enacted by new or changes to supporting legislation.
 - a. The AoG system is activated by the chair of CCB (based in Manatū Hauora).
 - b. Policy advice is developed by DPMC AoG policy group, supported by agencies, and delivered to Minister for COVID-19 who either accepts the advice or takes the recommendations to Cabinet.
 - c. NRG is convened (chaired by Manatū Hauora).
 - d. Manatū Hauora coordinate the AoG response.
 - e. Manatū Hauora, Te Whatu Ora, Te Aka Whai Ora and Whaikaha coordinate the operational implementation.
 - f. Caring for Communities Deputy Chief Executive Operations Group (C4C DCE's group) facilitates Care in the Community welfare arrangements. The Chair of the C4C DCEs group is the agreed escalation point to inform the NRG and Director of Public Health if escalation to decision-makers regarding welfare response operational matters is required.
 - g. The COVID-19 communications and engagement teams, at Manatū Hauora and Te Whatu Ora, are responsible for communicating this to the public.

Future agency roles and accountabilities

This section sets out the key strategic and operational decision-makers and coordinating groups under the transitioned arrangements. Note that the terminology and names of groups are correct as known and understood at the time of writing. As part of the transitional arrangements and health system transformations, these may change in the future and Manatū Hauora will update the system and this future plan outline accordingly.

COVID-19 Chief Executives Board – System Leadership. Chair: CE DPMC

The CCB is a standing committee of the Officials' Committee for Domestic and External Security Coordination (ODESC).

The role of the CCB is to provide system leadership through the COVID-19 pandemic; ensuring that the system is informed; is doing what it needs to, at the pace required; and risks are identified and mitigated. The CCB is also providing oversight of the transition of the DPMC COVID-19 Group functions to the health agencies.

Once the DPMC COVID-19 Group policy and strategy coordination function has transitioned to Manatū Hauora, a new COVID-19 Senior Officials' Committee will be established. The Terms of Reference for this Committee will be approved by the CCB.

Director General of Manatū Hauora

The DG has accountability for as lead agency for communicable and vector-borne diseases, and responsibility for providing public health advice to the Minister for COVID-19 Response.

Deputy Director General Manatū Hauora PHA

The Deputy Director General (DDG) has responsibility for coordination of the health system COVID-19 Response and ensuring the response is well managed and key performance indicators are monitored and reported against. The DDG PHA reports to the DG Manatū Hauora and is responsible for working closely with the DDG of Te Whatu Ora, National Director, National Public Health Service.

National Coordination and Response (NCR) – Te Whatu Ora

The health system operational coordination group. They monitor, assess on a day-to-day basis and make operational decisions within the baseline measures and provide advice to, DDG of Te Whatu Ora, Dr Nick Chamberlain - National Director, National Public Health Service and then to DDG Te Hauora o te Tūmatanui.

Te Aka Whai Ora

The role of Te Aka Whai Ora to lead and monitor transformational change in the way the entire health system understands and responds to the health and wellbeing needs of whānau Māori.

Iwi-Māori Partnership Boards, as the tangata whenua partner, will be involved in planning at locality level and ensure the voices of whānau and mātauranga Māori are visible across the health system. These are yet to be stood up but will play a key role in ensuring Māori health is at the forefront of the COVID-19 response.

Health Advisory Committee – chaired by Manatū Hauora and supported by Te Whatu Ora

The HAC brings together officials and subject matter experts from across Manatū Hauora, Te Whatu Ora, Te Aka Whai Ora – Māori Health Authority, the Public Health Agency, and Whaikaha.

The HAC convenes subject matter experts for a multi-disciplinary assessment and holistic health system advice. The Public Health risk assessment is one of the key inputs considered by the HAC. Further detail will be shared by Manatū Hauora in future versions.

National Response Group

This is the operational Tier 2 or 3 representatives from across the core operational agencies. These members represent agencies with roles and responsibilities for implementing and supporting the implementation of additional baseline or reserve measures. Membership may be tailored to the measures under active consideration. The NRG chair will liaise directly with the chair of CCB, Manager of the NCR, Manager of the AoG policy group, and Manatū Hauora Communications Manager. The chair of the NRG assists in determining the priorities of the workforce in a response.

C4C DCE's group – chaired, Deputy Chief Executive Service Delivery

C4C performs an important function regarding the social response of COVID-19. This is a DCE level operational oversight and coordination group to facilitate the community led delivery, regionally enabled and national supported C4C welfare arrangements. C4C DCE's group is to provide a clearinghouse for any operational matters relating to the Care in the Community Welfare response. The group work through any emerging risks or issues that require a national operational cross-agency response. This may include issues that require delegating authority or redistributing resources to a particular region to ensure support is proportionate to levels of need.

The scope of C4C DCE's is, where agencies have a regional presence, to ensure regional leadership have the support they need to lead and deliver the Welfare response or contract with the appropriate providers. The group also addresses and escalates any gaps or equity concerns relating to the Welfare response to ensure whānau are best supported to self-isolate while at home. The group also monitors performance reporting of the Welfare response, including numbers of people requiring support, regional needs, integration with Health New Zealand, and ensure funding is being managed appropriately.

The group is currently Chaired by the Deputy Chief Executive Service Delivery at MSD who is the agreed escalation point to inform the PHA at Manatū Hauora if escalation Chief Executives or Ministers is needed.

The C4C DCE's group also supports the Caring for Communities Chief Executive Group (C4C CE's group) chaired the CE MSD, as required, who provide a national cross-agency clearinghouse for any high-level strategic matters for the Welfare response.

Regional Public Service Commissioners (RPSCs)

The ongoing management of COVID-19 in Aotearoa New Zealand is community led delivery, regionally coordinated, and nationally enabled. The delivery of COVID-19 services and care on a regional and local level requires the establishment, or formalisation, of a coordination function.

At the time this version of the NMP was created, there are 16 Regional Leadership Groups (RLGs) across Aotearoa New Zealand. RLGs generally consist of iwi, local government, and community leaders. The groups are typically co-chaired by iwi and local government, or co-chaired with a RPSC. These groups provide the mechanism for Regional/District level advice on non-health factors to support central government decision making. RLGs can also be relied upon for a connection into the views of iwi and communities. Where there are a number of iwi in a region, iwi representatives need to be well supported to ensure loopback and connections with other iwi.

The mechanism for providing this advice is through the RPSCs into MSD and then into DPMC and Te Whatu Ora. RPSCs take a lead role in coordinating the implementation of the welfare system approach in their regions. One of RPSCs' key roles is to ensure the public service effectively partners with iwi, local government, and large service providers. Additionally, they have a convening mandate for regional public service and can represent the public service in the regions.

To date, having the regional public service work closely with RLGs enabled a well-coordinated COVID-19 response, offering a no wrong door approach to developing locally led responses to community need. The RLGs supported collaborative ways of working across agencies, iwi, local government and NGOs, with people brought together for a common purpose to enable a level of flexibility and joined up ways of working. Each community has a different cultural approach on how service is best delivered to their whānau and the regional focus allows for this. For future responses, it should be noted that RLGs differ between regions in terms of how they function and the results they generate. However, there is a commitment to ongoing collaboration. Having leadership connected in a single direction of travel from the outset via the RLGs and RPSCs ensures minimal wasted work or delay in the response. Currently RPSCs are supported and funded to June 2023.

Border Executive Board (BEB)

The overall objective of the BEB is the effective governance of the end-to-end border system. This includes directing and driving performance of a safe, smarter, and more coherent border. An effective border system will protect Aotearoa New Zealand from current, specifically COVID-19, and future risks associated with incoming and outgoing people, goods, and craft. Members of BEB are jointly responsible for the operation and performance of the Board and the reporting of progress the Minister for COVID-19. BEB's specific accountabilities are:

- Strategic border system improvements, including developing a Border Sector Strategy, monitoring performance and user experiences across the system, advising on investment decisions for the border system, and delivering joint initiatives to build a safer and smarter border

- Ensuring there are no gaps in the end-to-end border processes to integrate health risk management, particularly for a robust COVID-19 response while coordinating any new border restrictions imposed due to a worst-case scenario of a new severe variant of COVID-19
- Ensuring any gaps or future risks from people, goods, and craft arriving at the border will be addressed, where the risks are not already being managed by an existing agency or another government process
- Managing the significant and pressing fiscal challenges that the sector is facing because of decreased revenues from cost-recovery activities through the COVID-19 pandemic.

Agencies

Chief Executives have a responsibility to ensure their agency COVID-19 plans are updated regularly. As mentioned earlier in the plan, agencies are expected to have plans in place to reactivate the system and implement the activities they are responsible for. These need to be regularly reviewed, exercised, and maintained.

An important part of these plans is to include how agencies will engage with Māori organisations, iwi, and hapū in meaningful ways. Guidelines for how to do this is covered in *Section 1.4 Te Tiriti*.

More information for agencies to consider in their planning is provided in *Readiness in Chapter 6*

Annex 5: Glossary

Term	Description
AoG	All-of-Government.
ARC	Aged residential care.
Baseline measure	Measures designed to help ensure the burden of the health system is minimised, our communities are strengthened, and those who feel vulnerable feel safe and are less at risk of infection or poor outcomes from COVID-19. These measures largely move away from mandatory requirements.
BCP	Business continuity plans.
BEB	Border Executive Board.
C4C	Caring for the Community
C4C DCE's Group	Caring for Communities Deputy Chief Executive Operations Group
CCB	COVID-19 Chief Executives Board.
COVID-19	Contagious disease caused by SARS-CoV-2.
CPF	COVID Protection Framework.
DCE	Deputy Chief Executive.
DG	Director-General of Health.
DIA	Department of Internal Affairs.
DPMC	Department of the Prime Minister & Cabinet.
Epidemic Notice	A notice from a Medical Officer of Health notifying an outbreak of an infectious disease.
HAC	Health Assessment Committee
Health Act 1956	Gives Manatū Hauora the function of improving, promoting and protecting public health.
HUD	Ministry of Housing and Urban Development.
IPC	Infection Prevention Controls.
IRD	Te Tari Taake, Inland Revenue Department.
KO	Kāinga Ora.
MBIE	Ministry of Business, Innovation & Employment.
MEC	Ministry for Ethnic Communities.
MFAT	Ministry of Foreign Affairs & Trade.
Ministers with Powers to Act.	Ministers who can take final decisions on Cabinet's behalf.
MIQ	Managed Isolation and Quarantine.
MNZ	Maritime New Zealand.
MOE	Ministry of Education.
MOH	Manatū Hauora, Ministry of Health.
MOJ	Ministry of Justice.

MOT	Ministry of Transport.
MPI	Ministry for Primary Industries.
MPP	Ministry for Pacific Peoples.
MSD	Te Manatū Whakahiato Ora - The Ministry of Social Development.
My Vaccine Pass (MVP)	A record of an individual's COVID-19 vaccination status.
NASO	National Ambulance Sector Office.
NCR	National Coordination and Response.
NMP	National Management Plan.
NRG	National Response Group.
Omicron	A variant of SARS-CoV-2 first reported to the WHO in November 2021. Following the original BA.1 variant, several subvariants have emerged: BA.2, BA.3, BA.4, and BA.5.
OT	Oranga Tamariki.
PCO	Parliamentary Counsel Office.
PHA	Public Health Agency
PHRA	Public Health Risk Assessment.
PPE	Personal protective equipment.
Privacy Act 2020	Governs how organisations and businesses can collect, store, use and share personal information.
PSC	Public Service Commission (Te Kawa Mataaho)
Reserve Measure	Measures that rely on powers triggered in particular circumstances and involve a more acute trade-off between limiting transmission, economic impacts and impacts on people's rights.
RLG	Regional Leadership Group.
RPSC	Regional Public Service Commissioner.
Social Licence	Public acceptance of activity.
SWA	Social Wellbeing Agency.
TPK	Te Puni Kōkiri (Ministry of Māori Development).
TTIQ	Test, Trace, Isolation & Quarantine.
UAC	Unite Against COVID-19.
Wastewater Surveillance	A surveillance tool used to help monitor for COVID-19.
WHO	World Health Organization.