

COVID-19: A STRATEGY FOR A HIGHLY VACCINATED NEW ZEALAND

Proposal

1. This paper outlines a new framework for responding to COVID-19 that reflects the protection by high domestic vaccination uptake.

Alignment with Government Priorities

2. This paper concerns the Government's response to COVID-19.

Executive Summary

3. Our approach to controlling COVID-19 has rested on tight border controls, an effective testing, contact tracing and isolation system, and a well-accepted and coherent Alert Levels system for when community cases emerge. We have adopted a strategy of significant restrictions for short periods of time, rapidly implemented, thereby eliminating the virus whenever it appears in the community.
4. This has proven to be a successful approach for the first phase of the pandemic. We have one of the lowest mortality and hospitalisation rates from COVID-19 in the world, while having more days without restrictions than almost any other country, and maintaining a strong economy with unemployment among the lowest rates in the OECD.
5. As we look to reconnecting New Zealanders with the world, we are starting to enter the next phase of our response. Our new framework and the reconnection work are interdependent. A sustainable long-term response framework enables changes at the border, and both require the development of the domestic health system response. These pieces of work will move in tandem.
6. The deployment of highly effective and safe vaccines enables us to adjust the approach in the next phase. If we can achieve a high level of vaccination domestically, maintain effective testing, contact tracing and isolation, continue baseline public health measures and some degree of border controls, we can aim to keep sickness and mortality at low levels. Further, we can do so without returning to Alert Level 3 and 4 lockdowns, and with less intrusive public health controls, while being more open at the border.

New framework

7. This paper presents the outline of a new framework that reflects and responds to the protection offered by high rates of vaccination. The Traffic Light Response Framework¹ features three levels, conceptually similar to Alert Levels 1, 2 and 3 on the current framework, with:

¹ A final name for the framework is to be confirmed.

- 7.1. Green (Prepare) a baseline level similar to pre-pandemic normal life but with widespread surveillance testing,
 - 7.2. Amber (Reduce) an increased set of measures that we would rely on to control spread when it is moderate, and
 - 7.3. Red (Restrict), pitched at about Level 2.5 of our present framework, to more actively reduce transmission when that is necessary.
8. At this stage, we expect to retain zero tolerance as a goal under the new approach. By vaccinating, aggressively isolating, and controlling the virus through our new framework, we will reduce the frequency, size and speed of outbreaks. An individual case will no longer be an immediate public health emergency and stamping out new outbreaks will be easier than it is today.
 9. There is much yet to do to develop the new framework, including defining the thresholds for movement between colours, and exploring whether it will be sufficiently effective at controlling any COVID-19 in the community. This includes interaction between how we use the new framework, and our controls at the border.

Engagement

10. Close involvement of public health officials and modellers will be crucial to developing a robust framework. The equity implications of varying vaccine uptake in communities and varying access to technology will need careful exploration as to how they interact with the new framework.
11. I therefore intend to ask relevant Ministers to embark on targeted discussions with our expert advisors and key stakeholders, supported by officials. After we have had these discussions, I intend to return to Cabinet on 4 October to seek approval for public consultation on the framework.
12. We can ensure our approach is robust through testing with these groups before broader public release. The goal would be to test some important elements of the new framework, and to build awareness of the significant features of the new approach. My initial list of topics and sectors is in paragraph 68.

Report back

13. I propose to return to SWC with a final draft framework for decisions. I will confirm the date for this report-back at Cabinet on 4 October. This will give us sufficient time to do the engagement that is required, and also to link with significant decisions on Reconnecting New Zealanders that will be considered in October.

Transition

14. Our central scenario is that we get back to zero cases in Auckland and then move to the new framework once vaccinations are sufficiently high. For instance, modelling suggests that the risk of transmission will be meaningfully reduced at 80% coverage for the eligible population, and will be further reduced if we can achieve coverage as high as 90%. Benefits will be greater still if eligibility for vaccination is ultimately extended to younger age groups.

However, officials are also working on a transition scenario where the current outbreak is not eliminated in the near term, and we instead gradually move into the new framework while new cases continue to emerge and vaccination rates build.

15. There are risks to relying on high levels of domestic vaccination and fewer domestic controls. Difficulty reaching very high uptake of the vaccine could cause a longer, slower transition, and a change in the optimal design of the new framework.
16. The future environment for long term vaccine effectiveness and the potential emergence of new resistant variants is uncertain, and how long this new framework will be useful for is unclear. Like our existing Alert Level framework, it has been constructed to be responsive to varying levels of community transmission but it is also designed to work with a more open international border. This involves choices with significant and long-term consequences.

Introduction

17. This paper has two main parts:
 - a. A situation report on the virus, on vaccines, and on the experiences of other countries with high vaccination rates.
 - b. A three part approach and a new draft framework for the next phase.

Situation report

18. Globally there have been over 230 million infections and nearly 5 million deaths worldwide from COVID-19. Vaccines are now rolling out steadily. Around six billion doses have been delivered, with around 44% of the world's population having had at least one dose in the fastest and largest scale roll-out of a new vaccination ever.
19. With vaccinations significantly lowering mortality rates, we are entering a new phase of response. The COVID-19 vaccines we are using are safe and effective. With about 90% effectiveness against serious illness and 70% against infection, they will be more effective than the flu vaccines but less likely to be able to provide herd immunity in the way measles vaccines do.
20. Testing is improving around the world as well. New options are emerging that are faster and cheaper, albeit less reliable, than the gold-standard PCR tests. The ability for tests to be processed without labs and self-administered has improved the accessibility to tests and rates of testing in many places.
21. We expect to learn a lot from observing the experience of other countries with high vaccination rates in the coming months, especially those that have recently reduced their equivalent of domestic Alert Level controls. Most countries continue to have high numbers of cases and deaths and are continuing use of significant domestic restrictions despite high rates of vaccination, as shown in the table below.

Country	Vaccination Coverage (total population %, at least one dose/fully vaccinated)	Average Cases per Day (per million population recent month)	Average Daily Deaths (per million population recent month)	NZ Population Equivalent
New Zealand	64 / 34			
Australia	60 / 39	~50 (increasing)	~0.2	250 cases per day, ~350 deaths per year
United States	63 / 54	~400 (recently increased)	~4	2,000 cases per day, ~7,500 deaths per year
United Kingdom	71 / 65	~500	~2	2,500 cases per day, ~3,600 deaths per year
Denmark	76 / 75	~100 (decreasing)	~0.5	500 cases per day, ~900 deaths per year
France	74 / 64	~200 (decreasing)	~1.5	1000 cases per day, ~2,700 deaths per year
Germany	67 / 63	~100	~0.5	500 cases per day, ~900 deaths per year
Iceland	82 / 80	~100 (decreasing)	~0	
Ireland	75 / 72	~300	~0.75	1,500 cases per day, ~1,400 deaths per year
Israel	69 / 64	~1,000	~3	5,000 cases per day, ~5,000 deaths per year
Portugal	87 / 82	~150	~1	750 cases per day, ~1,800 deaths per year
Singapore	79 / 77	~50 (increasing rapidly)	~0.1	250 cases per day, ~180 deaths per year

22. In the past two to three months, as vaccination campaigns in other countries have peaked, governments have looked to relax domestic and border restrictions:

22.1. In some cases, exponential transmission has required a government response. Singapore, Iceland, France and Israel are all examples of countries that have postponed plans for border openness or re-escalated domestic restrictions.

22.2. Other countries have achieved a stable relaxation in domestic restrictions, but this approach has come with health consequences, such as in the UK and Germany. In the UK and Germany, the Oxford Stringency Index measure indicates significant impositions continue, relative to before

COVID-19 (perhaps equivalent to current Alert Level 2 or above in New Zealand). Additionally, the return to the lowest level of restrictions in Denmark is still a relatively recent occurrence, and we should continue to monitor whether the epidemiological consequences there are sustainable.

23. In looking across other countries, we learn that there is no easy solution here. On the other hand, we must recognise that New Zealand is in an almost unique position globally, and that this starting point affords us options for our future strategy that are not available to most other countries.

Our approach for the next phase

24. As we look to Reconnecting New Zealanders with the world, we are starting to enter the next phase of our response. In the next phase with a shift to focus on vaccination, aggressive isolation, and controlling COVID-19, we can aim to keep sickness and mortality at low levels without returning to Alert Level 3 and 4 lockdowns, and with more stable, less intrusive public health controls, while being able to be more open at the border.
25. Broadly speaking, there are three pieces to the puzzle of management of COVID-19 in the next phase of our response:
 - 25.1. vaccination,
 - 25.2. the new framework, and
 - 25.3. border settings.
26. The pieces are interoperable, in that choosing different settings for one will affect the need for the others. As we move into the next phase of our response, including reconnection with the world, the settings for these different pieces will change.
27. Vaccination is the most important element. It is different to the others in that it does not create trade-offs; vaccination is win-win. We have had tight borders and enjoyed near normal conditions at home for much of the response. Higher rates of vaccination give us a greater set of options for the other aspects of COVID-19 management. The priority order is therefore achieving and maintaining the highest possible level of vaccination, then implementing the new framework, followed by border settings.

Objectives

28. The objectives of the new framework will be guided by a set of principles. At a high level our objective is to:
 - 28.1. Vaccinate – including good coverage across geographic areas, age range, and ethnicity to prevent outbreaks,
 - 28.2. Aggressively isolate cases when they do arise,
 - 28.3. Control the impact of potential cases through sustainable public health measures,
 - 28.4. Give as much certainty and stability as possible for people, and businesses, by removing the need for Alert Level 3 and 4 lockdowns,

- 28.5. Catch cases at the border, but work towards removing the bottlenecks, and being more open,
- 28.6. Ensuring our hospitals and public health system are well equipped to care for cases if and when they do arise,
- 28.7. Maintain equity in health and economic outcomes.
29. We will achieve these objectives through an approach based on vaccination, isolation and control. Vaccinating as many people as possible will help to prevent outbreaks and improve health outcomes where outbreaks do occur. We will strictly control the virus through aggressive isolation of cases, controlling the impact through public health measures and ensuring our hospitals and public health systems are well equipped to care for cases.
30. Strong control of the virus within New Zealand will ensure that we maintain the economic and social stability, freedoms, and health outcomes that we have earned with our elimination approach. This will give the public the confidence and stable environment to conduct business, plan for events and plan for reconnection with the world.

Vaccinations

31. The new framework will depend for its viability on the highest possible level of vaccination. Higher vaccination rates give us more choices for reconnection at the border and reduce the strictness of the required ongoing Alert Level controls. High vaccination means that contact tracing and testing systems can manage much of the work required to reduce transmission. Responses to significant outbreaks will be less reliant on the use of higher Alert Levels.
32. 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:
 - 32.1. Every additional vaccination reduces transmission, sickness and deaths, but there are significantly greater benefits at much higher rates of vaccination.
 - 32.2. With higher vaccination, new cases in the community would be less likely to create outbreaks and new outbreaks that do arise will be smaller and easier to eliminate.
 - 32.2.1. With 90% coverage of the eligible (12+) population the rate of spread could be about 30% lower than at 70% coverage.
 - 32.2.2. At 90% eligible population coverage around one in 10 outbreaks would grow to more than 1,000 cases without domestic restrictions. At 70%, this would be greater than one in three outbreaks.
 - 32.2.3. Extending eligibility to the 5+ age group and achieving 90% coverage could reduce this to around 1 in 50 outbreaks or fewer growing to more than 1,000 cases without domestic restrictions.
 - 32.3. Highly effective contact tracing, testing (including whole genome sequencing capabilities), and isolation protocols can also significantly

reduce transmission. In order for these to be most effective, it will be important to keep case numbers low, at least initially. This gives us the best chance of realising better outcomes over the medium term: fewer cases, less strain on the health system and lower reliance on more stringent domestic restrictions.

32.4. The dual wins of reducing transmission and reducing severe disease create opportunities for fewer domestic restrictions, and a greater volume of travellers without 14-day MIQ stays.

33. Further preliminary modelling results presented in the table below indicate that a strong test-trace-isolate-quarantine (TTIQ) system and moderate public health measures may be enough to attain population immunity, greatly reducing the need for strong public health measures, such as stay-at-home orders and workplace closures². Results suggest that it would be valuable to develop a suite of moderate public health interventions that can be sustained for a long period of time if required.
34. Currently, only those aged 12 and over are eligible for vaccination. However, children still play a role in transmission, so if a future decision enables us to vaccinate younger age groups, this will improve the transmission reduction attributable to the vaccination campaign.

Vaccination coverage	Baseline public health measures	Testing, tracing and isolation performance	Estimated effective reproduction number
85% of over 12s	<i>Baseline mitigations are in place that provide a 17% total reduction in transmission.</i>	Full	1.16
95% of over 12s		Limited	1.15
95% of over 12s	<i>May include measures such as mask use, ventilation, density restrictions indoor venues, support for people to isolate.</i>	Full	1.03
90% of over 5s		Limited	1.00
85% of over 5s		Full	0.99

35. It is important to recognise that these key points relate to population averages. Rates of vaccination and transmission will vary between communities. Future strategy must be made with fine-grained understanding about where and with whom the greatest vulnerabilities and risks lie. Even with 80 percent or 90 percent vaccination coverage for the overall population, there will be

² These estimates are based on current central estimates for vaccine effectiveness against infection and onward transmission, with an assumed $R_0 = 6$.

communities that have 70 percent or lower coverage or who cannot be vaccinated and are therefore at risk of worse outcomes.

36. We are optimistic that we will achieve a very high level of vaccination domestically. But, if vaccination rates do turn out lower, we would need to strengthen the public health controls in the new framework and live with those restrictions in the longer-term. These unwelcome restrictions would be necessary to avoid overwhelming our hospitals with COVID-19 cases and accepting mortality rates that surpass those of influenza and pneumonia.
37. It is possible that higher levels of vaccination will identify unknown behaviour impacts and may make testing, case finding and isolation more difficult, as there is greater incidence of asymptomatic infection that could still lead to spread. People could be less incentivised to come forward for testing or comply with tracing when they have been vaccinated, but there has not been substantive evidence of this effect from overseas. There will therefore be a greater need for broad based surveillance testing across workplaces and wastewater testing.
38. The increasing availability of rapid, cheap and sufficiently accurate surveillance testing options will enable us to improve our surveillance testing approach, while retaining the more invasive, but more accurate, testing approaches for diagnostic confirmation of cases. This approach is possible when we know that COVID-19 is in the community and are trying to understand the level of spread, rather than for seeking out individual cases.

Alert Level settings

39. The major benefit of increasing our vaccination levels is the ability to ease our domestic Alert Level settings. However, even at very high levels, vaccination alone will not be enough to stop the spread. Even with effective testing, tracing and isolation we will need some enduring public health controls, though much less stringent than before vaccination, coupled with the Public Health Response measures.
40. The new framework attached in Appendix 1 will provide for public health controls for a high vaccination context. We will retain the features of the Alert Level framework that have served us well, while adapting it for the next phase of the response. The approach is being built from the best-available public health advice, science and modelling.
41. The success of public health controls is reliant on public acceptance and compliance. We know from experience with the Alert Level controls that these work best when they are as simple as possible to understand, coherent, evidence-based, and fair, with a clear legal backing.
42. As with the Alert Level system, people will understand the pay-off. With Alert Level 1 as close to normal life as possible, people understand the value of tight borders and the sacrifices made at higher levels. With the new framework, we need to ensure that people understand the value of stability. Practically this could mean giving up some of our every-day freedoms in exchange for not having to return to a lockdown while vaccines are effective.

43. One of the key considerations for the new framework is how we leverage the individual protections of vaccination as part of the framework. Once everyone has had the opportunity to be vaccinated we will be able to provide greater protection for New Zealand as a whole by ensuring people in high risk situations are vaccinated. This will also ensure that there is a legal platform and enabling environment for businesses that want to provide this protection for their staff and customers.
44. How we use the new framework is as important as its content. We will need to be adaptive for different border arrangements, local situations and local vaccination rates. The speed and frequency with how we use the higher levels of the new framework will determine the impacts, length of time at higher levels, and potentially how high up the levels we shift.
45. The new framework features three levels, conceptually similar to Alert Levels 1, 2 and 3 on the current framework, with:
- 45.1. Green (Prepare) a baseline level similar to pre-pandemic normal life but with widespread surveillance testing,
 - 45.2. Amber (Reduce) an increased set of measures that we would rely on to control spread when it is moderate, and
 - 45.3. Red (Restrict), pitched at about Level 2.5 of our present framework, to more actively reduce transmission when that is necessary.
46. Our Green level will seek to provide as many of the freedoms possible. The measures required, mostly at Amber and Red levels will aim to:
- 46.1. Support aggressive contact tracing of cases through mandatory record keeping in some businesses and services, and in more settings at amber and red levels:
 - 46.2. Reduce the spread through:
 - 46.2.1. distancing and reducing contacts by introducing capacity limits and encouraging work from home,
 - 46.2.2. mandating face coverings in indoor settings, and
 - 46.2.3. targeting super-spreader events by bringing in increased gathering limits, and event restrictions.
 - 46.3. Reduce impacts through measures targeted at high-risk situations such as aged residential care and hospitals:
 - 46.4. Leverage the individual protections of vaccination through:
 - 46.4.1. requiring vaccination for attendees and staff at high-risk venues or events,
 - 46.4.2. enabling businesses to require vaccination by providing the technology and legal basis to check vaccination status.
47. The Public Health Response measures at each level will aim to:

- 47.1. Identify cases of COVID-19 in the community, diagnosing individuals through different combinations of surveillance, sentinel and symptomatic testing.
- 47.2. Trace and isolate cases and their contacts,
- 47.3. Use targeted non-population level interventions (e.g. closing schools or workplaces).
48. All these measures can be deployed in a localised response. There will be differing need for changes in levels depending on local spread dynamics, vaccination rates, and health system capacity. However, relying on higher rates of vaccination while there is COVID-19 in the community will mean that we become less anxious about the spread of single cases between regions.
49. A draft outline of the framework is attached for use in our engagement. This is a high-level description of the measures that will be in place at each level. I propose directing officials to develop the framework further to add in the detailed settings based on modelling, science, and public health advice.
50. We will hold on to the original Alert Level framework should the stronger settings be required for use in response to variants which escape vaccine immunity.

Border settings

51. The other benefit of vaccines is the opportunity to move forward with our approach to reconnecting New Zealanders with the world. As with our new framework settings, vaccination does not provide a silver bullet. We will need to take steps to reduce the risks of people coming into the country with COVID-19.
52. Border settings should be the last of the levers to move. We need to be prepared for the risk associated with changes at the border by getting our vaccination levels high and having our new framework ready. In keeping with the high level goals I have outlined, our border response needs to be consistent, predictable, and fair. To ensure people have confidence in our approach, I am committed to a careful and gradual opening up that minimises the risk of backward steps.
53. It is important though that we move consistently with the changes in the domestic approach. Changes at the border are one of the wins we earn from higher vaccination levels. If we are prepared to control COVID-19 within the border, managed by high vaccination levels and our new framework then we cannot have, and do not need a zero-tolerance approach at the border.
54. At SWC in late October, I will also be reporting back on our strategy for Reconnecting New Zealanders with the World. In this paper I will give greater detail on the options for change at the border and how we will move forward with the approach.
55. In the Reconnecting paper I will describe our approach to opening up our borders, starting with vaccinated New Zealanders. We are already putting in place the building blocks for this approach. We are investigating self-isolation and short stay MIQ, through the self-isolation pilot and changes to the testing

regime in MIQ. We are also building our vaccine certification technology, and the Traveller Health Declaration system.

56. An iterative approach at the border will allow us to systematically test changes and understand their impacts. Longer term, we will be able to control COVID-19 with effective vaccination programmes and treatments, which would allow vaccinated arrivals to travel quarantine-free without risking significant health impacts for New Zealand.

Other elements

57. There is a significant amount of work and investment in other areas that will support our shifting to a new approach. This work is being considered as part of the Reconnecting New Zealanders programme, to ensure readiness of the testing, tracing and isolation system, the MIQ system and the health system capacity being prepared to deal with potential increased health impacts.

58. An aggressive test, trace and isolate system is key to our ability to reduce transmission without requiring stronger population-level health measures. We must ensure that our surveillance testing approach includes the latest advances in testing capability, contact tracing capacity is sufficient, and that we have an isolation and quarantine system that is fit for both incoming arrivals and domestic cases.

59. I do not foresee a future where we are stretching the capacity of our hospitals and ICU beds, but we are ensuring we are prepared for an inevitable rise in hospitalisation of people who remain unvaccinated, and in some cases, vaccinated people who become severely ill. Officials are working on the approach to investing in the health system for the shift to the new approach, and how investment could change the thresholds for response in our new framework.

60. In order to leverage the individual protections offered by vaccination as part of our new framework, there is infrastructure required in support. People will need to be able to provide proof of their vaccination status, and potentially test results. The Ministry of Health is developing a COVID-19 Vaccination Certificate and the tools to enable its use that could be ready for use in December. s9(2)(f)(iv)

61. Officials will seek advice on the legal framework and orders in the COVID-19 Public Health Response Act, to ensure that our approach is grounded in fit-for-purpose legislation. This includes investigation of the legal rights for employers, hospitality and events.

62. s9(2)(h)

63. The new framework will have flow-on impacts into systems that are based on the current Alert Level framework such as the Wage Subsidy Scheme, and the Resurgence Support Payment. Treasury is working with other agencies to

ensure the wider economic support framework supports compliance with health measures and business transition.

64. Another flow-on impact of changing the Alert Level framework would be substantial changes to operational guidance provided to, agencies and businesses. Agencies will need to update advice for business and people on what activities and operations are possible at different levels of the framework. In reality, there will be iterations as we learn how rules impact businesses, and they adapt to new ways of operating.

Next steps

65. Officials will continue to develop the new framework and approach over the coming weeks. I propose to return to SWC in late October with a final draft framework for decisions. I will confirm the date for this report-back at Cabinet on 4 October. This will give us sufficient time to do the engagement that is required, finalise public health advice, and also to link with significant decisions on Reconnecting New Zealanders and funding for the COVID-19 response in November.
66. Alongside further policy development, next steps will include the development of detailed operational planning and engagement for the transition to and implementation of the new framework. There will be advice on domestic vaccine certificates, as well as further public health consideration of the measures that will be required in the different levels of the new framework.

Engagement

67. We have short timeframes to be ready for the new approach, and it is critically important that the public is part of the journey. I therefore plan to ask relevant Ministers to lead engagement with targeted discussions with key stakeholders and our expert advisors, supported by officials. Following this I will return to Cabinet on Monday 4 October to seek approval for public release of the framework.
68. The goal will be to test important elements of the new framework, understand impacts on equity, and to build awareness of the significant features of the new approach. The new approach will need to be and consulted with our Treaty partners. It is important to understand how the approach will work in areas of day to day life, particularly:
 - 68.1. for our Treaty partners, including on marae,
 - 68.2. the health sector,
 - 68.3. supermarkets and retail,
 - 68.4. hospitality and events,
 - 68.5. places of worship,
 - 68.6. schools and tertiary education institutions, and
 - 68.7. workplaces.

69. I have directed officials to prepare a base set of material for relevant Ministers to use in their consultation. This will include specific material for each of the above areas.
70. There is very strong public buy-in to the current Alert Level settings, including from business so clear communication of these changes will be essential to ensure a smooth a transition to the new framework. Officials will refresh the communications approach and collateral for communication from agencies. We also know that consistency of settings is important for compliance and understanding of what is required from people and from businesses.

Transition planning

71. We need to prepare for a transition approach to the new Alert Level system, noting that with COVID-19 there is always potential disruption. Our preferred scenario is that we eliminate the current outbreak in Auckland and then make an active decision to move to the new framework once vaccinations are sufficiently high. This could mean a formal switch over to the new approach before the Christmas and New Year holiday season.
72. Officials are also working on a transition scenario where the current outbreak is not eliminated, and we instead gradually move into the new framework while vaccination rates continue to build. At some point we may be able to shift to the new framework at its highest level in Auckland, and that could decrease as the vaccination level increased.

Risks

73. Although I am optimistic about the current rate of vaccination, there are risks to reliance on high levels of domestic vaccination and fewer domestic controls. Difficulty reaching very high uptake of the vaccine could cause a longer, slower transition, and reliance on higher levels of the new framework, or potentially a reversion back to Alert Levels 3 or 4 in the case of emergencies.
74. As noted above, we must also remain cognisant that rates of vaccination and transmission will vary between communities. Even with a high average vaccination level for the overall population, there will be communities at risk of worse outcomes due to lower community vaccination rates. Risks associated with population impacts are set out below.

Modelling

75. Ahead of the next paper, more detailed modelling work will be undertaken which will explore:
- 75.1. the precise nature of restrictions that would be necessary to result in the effective rate of transmission being as close to, or below 1, in different vaccination scenarios;
 - 75.2. the relationship between prevalence, domestic restrictions, and the performance of test, trace, isolate and quarantine levers (crucial to understanding under what conditions our ongoing response can be stable and sustainable);

- 75.3. the dynamics of COVID-19 management in different scenarios, including the basis on which “Red” restrictions would be necessary and the expected length of time under the different levels of the new framework;
 - 75.4. the distribution of outcomes, beneath the national level, critical to our understanding of the risks facing different communities of our strategic choices.
76. These modelling results will enable agencies to provide advice on the social and economic impacts associated with the different scenarios explored. This could include cost-benefit analysis of the trade-offs between the baseline level of domestic restrictions, the extent to which the border is open, and the likelihood of needing to escalate our domestic response.

Financial Implications

- 77. Any funding implications will be considered as part of the follow-up paper at the end of October.

Legislative Implications

- 78. There are no direct legislative impacts in this paper.

Impact Analysis

- 79. There are no legislative implications, therefore a regulatory impact statement is not required.

Human Rights

- 80. s9(2)(h) [Redacted]

- 81. s9(2)(h) [Redacted]

Population impacts

- 82. We know that the virus has had a disproportionate health impact on Māori and Pacific communities, and that the wider Auckland community has borne the majority of the impacts of lockdowns. We need to ensure that the next phase of our approach does not exacerbate these inequities.
- 83. It is possible that the new framework could disproportionately impact communities with lower rates of vaccination, both through the requirements for vaccination, and through using the framework to control COVID-19 if it resulted in increased spread within New Zealand.
- 84. This could exacerbate existing inequities in the coverage of vaccination among different groups. Māori, and younger age groups of Pacific peoples currently

have low rates of vaccination compared with the wider population and could be disproportionately impacted by the new framework. Early consultation with our Treaty partners will be important to ensure the framework takes this into consideration, and we will continue our work on improving the vaccine roll-out for Māori continues.

85. Additionally, there is lower coverage of vaccination in younger age groups, due to the timing of the roll out. These groups could be disproportionately impacted if there is an early transition to the new framework due to the current outbreak in Auckland.

Consultation

86. This paper was prepared by the COVID-19 Group in the Department of the Prime Minister and Cabinet. The Ministry of Health was consulted on the paper and Crown Law provided draft advice.

Communications

87. I will communicate the decisions set out in this paper after further Cabinet consideration on 4 October. Communications will be co-ordinated with the Government's broader communications around its COVID-19 response. Key to our communications will be the importance of vaccination. Vaccination is central to our future strategy and many of the freedoms we seek are dependent on high rates of vaccination. We seek to communicate both the collective and individual benefits of vaccination.

Proactive Release

88. I intend to proactively release this Cabinet paper following Cabinet consideration.



Recommendations

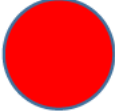
89. The Prime Minister recommends that Cabinet:
1. **note** that our existing Alert Level framework has served us well, but that it needs a refresh for the situation where New Zealand has high vaccination rates;
 2. **note** that vaccination will take us into a new phase of our approach,
 3. **note** that, with very high vaccination rates domestically, and continued effective contact tracing, we can aim to keep sickness and mortality from COVID-19 at low levels with limited public health controls and without returning to Alert Level 3 and 4 lockdowns;
 4. **agree** that the goals of the new framework will be:
 - 4.1. Vaccinate – including good coverage across geographic areas, age range, and ethnicity to prevent outbreaks,
 - 4.2. Aggressively isolate cases when they do arise,
 - 4.3. Control the impact of potential cases through sustainable public health measures,

- 4.4. Give as much certainty and stability as possible for people, and businesses, by removing the need for Alert Level 3 and 4 lockdowns,
- 4.5. Catch cases at the border, but work towards removing the bottlenecks, and being more open,
- 4.6. Ensuring our hospitals and public health system are well equipped to care for cases if and when they do arise,
- 4.7. Maintain equity in health and economic outcomes.
5. **note** the three main elements and priority order of transitioning to the new approach by:
 - 5.1. achieving and maintaining the highest possible level of vaccination,
 - 5.2. implementing the new Traffic Light Response Framework,
 - 5.3. adjusting border settings
6. **note** the preparations for the new framework and border changes continue in parallel with the vaccination programme;
7. **note** the attached draft design of the new framework, with three levels, the highest (Red, Restrict) being pitched at about Level 2.5 on our current Alert Level framework;
8. **note** the Prime Minister will ask relevant Ministers to engage with expert advisory groups, and relevant stakeholders;
9. **invite** the Prime Minister to return to Cabinet in the week of 4 October to seek agreement to release the new framework publicly
10. **direct** officials to generate a base pack of engagement material for relevant ministers, with bespoke information for some community groups;
11. **note** there is risk in reliance on high levels of vaccination that a sufficient level is not attained that would reduce spread without strong domestic measures;
12. **note** there is risk that with high average vaccination levels there will still be communities with lower than average vaccination levels; and
13. **invite** the Prime Minister to report back to the Social Wellbeing Committee with a final draft framework for decisions, and proposals for transition from the existing Alert Level framework to the new framework.

Rt. Hon. Jacinda Ardern
Prime Minister

Appendix 1 - New Zealand COVID-19 Traffic Light Response Framework

Level	Risk Assessment	Measures	Public Health Response - to be confirmed
Prepare 	COVID-19 is contained in New Zealand: <ul style="list-style-type: none"> • Could be sporadic imported cases • Could be isolated local transmission 	<ul style="list-style-type: none"> • Scanning/Record keeping required within certain businesses and services (in line with current settings) • Face coverings recommended but not mandatory • Hospitality - no restrictions • Gatherings (private/church/marae) - no restrictions • Event venues - no restrictions <i>Note: for larger events/gatherings, consideration of planning for a vaccine requirement if there is a move up levels</i> • All close-contact services open • All workplaces open • All education facilities open • All public facilities open • All retail open • No restrictions on inter-regional travel 	Settings to be confirmed based on Public Health advice, but to cover: <ul style="list-style-type: none"> • Surveillance testing - wastewater, workplace rapid testing • Regular testing - healthcare and border worker (<i>confirm ongoing value when all vaccinated</i>) • Contact tracing and isolation practice for positive cases (<i>confirm whether vaccination status of contact varies approach</i>) • Guidance on ventilation for indoor venues • Public Health able to undertake hyper-localised action to shut down specific facilities (ARC/school, etc.)
Reduce 	<ul style="list-style-type: none"> • Limited community transmission • Active clusters in more than one region 	<ul style="list-style-type: none"> • Scanning/Record keeping required within certain businesses and services (in line with current settings) • Face coverings required (in line with current AL2 settings) • Hospitality - no restrictions if vaccination requirement OR limited numbers and seated/separated • Gatherings (private/church/marae) - as above • Event venues - no limit with vaccine requirement, otherwise capped in line with hospitality and gatherings • Close-contact services open (<i>possible precautions in place</i>) • All workplaces open • All education facilities open • All public facilities open (<i>possible capacity limits</i>) • All retail open (<i>possible capacity limits</i>) 	Settings to be confirmed based on Public Health advice, but to cover: <ul style="list-style-type: none"> • Surveillance testing - wastewater, optional workplace testing • Sentinel testing in higher-risk workplaces and other relevant locations (e.g. schools) • Regular testing - healthcare and border worker • Symptomatic testing in the community • Contact tracing and isolation for positive cases (<i>confirm capacity of system and whether would pivot to high risk cases/settings only</i>) • Guidance on ventilation for indoor venues

		<ul style="list-style-type: none"> • No restrictions on inter-regional travel 	<ul style="list-style-type: none"> • Public Health able to undertake localised action to shut down specific facilities and possibly certain geographical areas
<p>Restrict</p> 	<ul style="list-style-type: none"> • Multiple cases of community transmission • Multiple active clusters in multiple regions • Action needed to protect health system 	<ul style="list-style-type: none"> • Scanning/Record keeping required • Face coverings required (in line with current AL2 settings) plus recommended whenever leaving the house • Restrictions on hospitality - vaccinated AND limited numbers and seated/separated • Private gatherings strictly limited • Event venues limited (<i>Possibly able to continue with strict vaccination and test requirements</i>) • All workplaces open but working from home encouraged • All education facilities open (<i>with option of capacity limits in large teaching spaces and/or option of distancing learning</i>) • Public facilities open with capacity limits • Retail open with capacity limits • Possible restrictions on inter-regional travel • Restrictions on health facilities - e.g. limits on visitors, prioritising some services, use of telehealth, screening or testing of patients in affected areas, restrictions within ARC facilities and other vulnerable settings 	<ul style="list-style-type: none"> • Surveillance testing - wastewater, sentinel surveillance within workplaces • Regular testing - healthcare and border worker • More regular testing for essential workers • Symptomatic testing in the community • Contact tracing and isolation for positive cases (<i>confirm capacity of system and whether would pivot to high risk cases/settings only</i>) • Public Health able to undertake action to shut down specific facilities and possibly certain geographical areas

Legally Privileged

Appendix 2 – Summary of Draft Crown Law Advice

1. s9(2)(h) [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]

PROACTIVELY RELEASED

8. s9(2)(h) [Redacted]

[Redacted]

[Redacted]

[Redacted]

PROACTIVELY RELEASED



Cabinet

Minute of Decision

This document contains information for the New Zealand Cabinet. It must be treated in confidence and handled in accordance with any security classification, or other endorsement. The information can only be released, including under the Official Information Act 1982, by persons with the appropriate authority.

COVID-19: A Strategy for a Highly Vaccinated New Zealand

Portfolio **Prime Minister**

On 27 September 2021, Cabinet:

- 1 **noted** that our existing COVID-19 Alert Level framework has served us well, but that it needs a refresh for the situation where New Zealand has high vaccination rates;
- 2 **noted** that vaccination will take us into a new phase of our approach;
- 3 **noted** that, with very high vaccination rates domestically, and continued effective contact tracing, we can aim to keep sickness and mortality from COVID-19 at low levels with limited public health controls and without returning to Alert Level 3 and 4 lockdowns;
- 4 **agreed** that the goals of the new framework will be:
 - 4.1 vaccinate – including good coverage across geographic areas, age range, and ethnicity to prevent outbreaks;
 - 4.2 aggressively isolate cases when they do arise;
 - 4.3 control the impact of potential cases through sustainable public health measures;
 - 4.4 give as much certainty and stability as possible for people, and businesses, by removing the need for Alert Level 3 and 4 lockdowns;
 - 4.5 catch cases at the border, but work towards removing the bottlenecks, and being more open;
 - 4.6 ensuring our hospitals and public health system are well equipped to care for cases if and when they do arise;
 - 4.7 maintain equity in health and economic outcomes;
- 5 **noted** the three main elements and priority order of transitioning to the new approach by:
 - 5.1 achieving and maintaining the highest possible level of vaccination;
 - 5.2 implementing the new Traffic Light Response Framework;
 - 5.3 adjusting border settings;

- 6 **noted** the preparations for the new framework and border changes continue in parallel with the vaccination programme;
- 7 **noted** the draft design of the new framework, attached to the submission under CAB-21-SUB-0393, with three levels, the highest (Red, Restrict) being pitched at about Level 2.5 on our current Alert Level framework;
- 8 **noted** the Prime Minister will ask relevant Ministers to engage with expert advisory groups, and relevant stakeholders;
- 9 **invited** the Prime Minister to return to Cabinet in the week of 4 October 2021 to seek agreement to release the new framework publicly;
- 10 **directed** officials to generate a base pack of engagement material for relevant ministers, with bespoke information for some community groups;
- 11 **noted** there is risk in reliance on high levels of vaccination that a sufficient level is not attained that would reduce spread without strong domestic measures;
- 12 **noted** there is risk that with high average vaccination levels there will still be communities with lower than average vaccination levels;
- 13 **invited** the Prime Minister to report back to the Cabinet Social Wellbeing Committee with a final draft framework for decisions, and proposals for transition from the existing Alert Level framework to the new framework.

Michael Webster
Secretary of the Cabinet