Office of the Minister for COVID-19 Response

Cabinet

THE COVID-19 RESPONSE AFTER THE PEAK OF OMICRON

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Proposal

1 This paper reports back on a review of the COVID-19 Protection Framework (the Framework) and seeks decisions on the post-peak COVID-19 response.

Relation to government priorities

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

Executive Summary

3 New Zealand's elimination strategy and now our minimisation and protection approach have prevented the worst impacts of COVID-19. We have kept our public health measures under review to ensure they are proportionate and supported by the latest evidence. As we move beyond the peak of the current Omicron outbreak, the time is right for a more comprehensive review.

4 Our very high vaccination rates and improving booster rates for those over 18 mean that most people will experience only minor symptoms from an Omicron infection. Naturally acquired immunity is also developing, with more of the population being infected each day. Modelling tells us that hospitalisations are likely to peak sometime in mid to late March and will decline thereafter. Currently, labour shortages due to isolation are the major pressure on the health system rather than hospitalisation numbers. This pressure is likely to become more manageable on the downside of the peak, though we should not expect hospitalisations to fall as quickly as they have gone up and, unfortunately, we must also expect to see continued fatalities due to COVID-19 at a level we have not experienced previously.

5 The end of the current wave does not signal the end of the pandemic. International experience indicates that cases will likely remain elevated for some time, perhaps in the low thousands per day. Case numbers globally have started to rise again in recent weeks. It is very likely that there will be further waves of Omicron and new variants with unknown severity. We are reopening the border to travellers, which will inevitably mean more introductions of the virus. Other illnesses will also generate demands on the health system over winter. We need to plan for a range of eventualities and have systems in place to monitor risk and respond appropriately to COVID-19 developments. Our post-peak approach must also be simple and steady for public and business confidence.

6 Although Omicron is highly infectious, even for the vaccinated, the evidence suggests that we did manage to slow down its transmission with the Framework in the early stages of the outbreak. The Framework also plays an

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important role in signalling the level of risk around COVID-19 that New Zealanders can use in making their own decisions about management. We have seen many times during the pandemic that individuals' responses to their perception of the risk from COVID-19 are a significant influence on transmission. We also now know more about which settings are most risky in terms of transmission, and about the populations most medically vulnerable to serious illness.

7 Based on all these factors, I propose to retain a simplified and less restrictive Framework in the post-peak phase of the response, s9(2)(f)(iv) It is important to remove restrictions unless they are justified, proportionate and the best option to manage public health risks. The main changes I propose relate to scaling back the number of workers subject to vaccine mandates, ending the mandatory use of vaccine passes, and simplifying and easing settings. Retaining the Framework in the post-peak phase will provide the architecture to respond to further waves and new variants if we need it.

Vaccine mandates

8 Vaccine mandates have contributed to high overall vaccination coverage and thereby reduced the transmission of COVID-19, but we do not need the same wide coverage of these controls in the next phase.

9 Consistent with the advice of the Strategic Public Health Advisory Group (SPHAG) and Ministry of Health, I propose we retain workforce vaccine mandates (including the requirement for boosters) for the following groups for the time being, to reduce the risks of exposure and transmission:

  9.1 health and disability sector workers (contact with vulnerable populations, including aged care residents);

  9.2 prison staff (vulnerable populations); and

  9.3 border and Managed Isolation and Quarantine (MIQ) workers (risks associated with exposure to overseas variants of concern).

10 Other vaccine mandates, including for early learning and schooling education workers, will be removed.

11 The continuing mandates will be reviewed by 27 June and then 26 September (or earlier if new public health advice arrives in the interim) to ensure they continue to be supported by current evidence. I have also asked the Ministry of Health to report back in early April on whether it is possible to narrow down the types of workers covered by the health and disability sector worker mandate.

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My Vaccine Pass

12 Differentiation by vaccination status in the Framework helped boost our vaccination rates, and allowed more economic and social activity, while moving away from relying on lockdowns to reduce the spread of the virus.

13 Mandatory My Vaccine Pass' (MVPs) will have served their purpose once the current peak subsides and the significant limit on rights that they reflect will no longer be proportionate to the public health risks in the next phase.

14 MVPs will, however, remain an important part of the toolkit for businesses and organisations that wish to continue using them, and as part of a future response. To be effective in these roles, they need to be updated to reflect the roles of boosters and acquired immunity from infection. We also need to consider the vaccination and booster status of international arrivals.

15 I propose that MVPs are removed from the Framework at 11:59pm Monday 4 April 2022. By this date, we are very likely to have confidence that we have moved past the Omicron peak and allows time for sectors and agencies to put in place the guidance and workplace requirements they need to manage residual COVID-19 risk.

16 The end of MVPs does not signal the end of our efforts to lift vaccination and booster rates in all communities.

Proposed changes to the Framework

17 Without MVPs, and since public health risks from the virus are lower after the peak, the Framework can be simplified.

17.1 Red retains broad-based public health restrictions to respond to an outbreak, or imminent risk of an escalating outbreak. Face masks continue to be required indoors. Capacity limits are removed for outdoor gatherings and increased for indoor gatherings from 100 to 200.

17.2 Orange includes limited public health restrictions to signal an elevated level of transmission risk and to ensure pressure on the health system and other essential services remains manageable. Face masks are required indoors, with a new requirement for workers at events to wear a mask, and capacity limits are removed outdoors. Indoor capacity limits will only apply in a defined space which has 500 or more people where all or some of those people are unseated (e.g., larger events, gatherings, gyms, and some food and drink businesses such as large night clubs). In these settings, maximum capacity will move to being the greater of 500 people or maximum capacity based on one metre physical distancing, meaning large venues will be able to have more than 500 people. Capacity limits will not apply to fully seated events, gatherings and food and drink businesses. This is a reduction in numbers allowed at Orange under the current Framework

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with MVPs, but this reflects the greater transmission risks of Omicron, even for the vaccinated.

17.3 At Green, all government-mandated restrictions are removed, so this level is guidance only, except for QR code poster display. This is intended to be our 'new normal'.

18 Businesses will continue to be free to use the MVP system, which will be updated to include boosters. We will need to support businesses, communities and whānau to self-manage through guidance and communications, including about obligations under the Health and Safety at Work Act 2015.

Associated response measures and supports will also need to adapt post-peak

19 Our test, trace, isolate and quarantine strategy (TTIQ) will stay the same. In particular, we expect public health units (PHUs) to continue to focus on high-risk transmission events and only cases and household contacts will be required to isolate. While the isolation period will remain seven days, this will be reviewed monthly. I propose to incorporate the isolation and testing requirements into the Framework.

20 A surveillance programme will be important to monitor prevalence over time and enable the early detection of new variants since the risk of ongoing COVID-19 outbreaks will remain. An ongoing focus on the vaccination programme and increasing access to therapeutics will underpin our ongoing response. The Associate Minister for COVID-19 Response and I will return to Cabinet with advice from Health officials on a surveillance programme at the end of April.

21 The type and level of social and economic support provision will also need to change, particularly for supports that are closely tied to the Government's public health settings. The Ministry of Social Development (MSD) and the Treasury are leading work to consider what social and economic support, respectively, may need to be considered in the post-peak phase to support the country's social and economic recovery and manage potential future waves. Transitional support will need to be targeted at protecting the most vulnerable and ensuring that individuals, whānau, communities and business can adapt to the changing profile of COVID-19 risk.

22 The Treasury will provide the Minister of Finance with advice on the transition to a COVID-19 resilient economy in March. The Minister for Social Development and Employment will advise Cabinet in April on how Care in the Community will transition.

Timing of changes

23 I recommend we announce any agreed changes to the Framework and broader public health system as one package, following today's decisions. Removing MVPs (and mandates for MVP workers) from the Framework could occur first, being removed at 11.59pm Monday 4 April. The other changes to

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the Framework should also be made at the same time so that people know what to expect at each colour. The education workers mandate should also end then.

24 We could be ready to shift the country (or parts of it) to Orange in April, by which point modelling anticipates hospitalisations would have begun trending downward. I propose that Cabinet review the country's Framework colour level on Monday 4 April, in the context of updated public health advice. The timing of this review considered the further changes to border settings, including permitting Australians to enter New Zealand from 11.59pm Tuesday 12 April.

Introduction

25 There are five main parts to this paper:

25.1 an assessment of the efficacy of the Framework in managing our response to Omicron;

25.2 consideration of vaccine mandates and differentiation by vaccine requirements in the Framework;

25.3 other elements of the post-peak Framework design, including gathering limits and mask requirements;

25.4 a view of our long-term COVID-19 Strategy; and

25.5 a set of other matters, including the population and Treaty impacts of these proposals.

Background

26 On 18 October 2021, Cabinet agreed to shift from an elimination strategy to an approach that minimises the spread of COVID-19 and protects our health system and those most at risk of severe disease. As part of this strategy, we moved in early December from the Alert Level System to the COVID-19 Protection Framework. Cabinet also agreed to require MVPs to access various settings [CAB-21-MIN-0421]. Lifting the country's vaccination rates, protecting the health system and reducing super spreader events were key goals of the new Framework.

27 Cabinet asked officials to review the Framework and MVPs in early 2022 [CAB-21-MIN-0438 and 0497]. Officials have kept the Framework under continual review to ensure the settings remain fit for purpose. The application and scope of some settings have been amended in response to feedback from government agencies and stakeholders, or to emerging information about Omicron.

Modelling update

28 The Department of the Prime Minister and Cabinet (DPMC) has been tracking cases, hospitalisations and deaths and comparing them with three scenarios

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developed by COVID-19 Modelling Aotearoa (CMA, formerly Te Pūnaha Matatini). They are useful for tracking progress against expectation but are not a perfect prediction for the way the outbreak will develop.

29 Officials have included in Appendix 1 some charts of daily cases and hospitalisations compared with the model by the District Health Board (DHB). At present:

29.1 Cases have been tracking higher than the high scenario in the Northern Region, but have now peaked there and are falling quite quickly. Cases have yet to peak in other regions.

29.2 Hospitalisations are tracking at the medium scenario (noting that perhaps half of admissions in the Northern Region are people with COVID rather than people who are being treated for COVID). In line with the model, hospitalisations look like they are peaking in the Northern Region at present, but are still growing elsewhere.

29.3 It is too early to say too much about mortality, but it is also tracking at about the medium scenario.

30 In terms of what might happen next, overseas experience varies considerably. Some countries' cases and hospitalisations declined at the same rate they increased, others have plateaued and declined gradually, and some still have not peaked.

31 Australian States provide a good example. Case levels are well below their peak and have levelled off at an average of around 100 cases per 100,000 resident population per day, equivalent to about 5,000 confirmed cases a day in New Zealand. New South Wales, South Australia and Australian Capital Territory have seen an increase in daily cases over the last two weeks, attributed to the BA.2 Omicron subvariant. We have high BA.2 prevalence already, which should make it less likely that we will see this trend. But more population mixing as case numbers and temperatures fall, and in the longer-term waning immunity, will put pressure on case numbers.

Future scenarios

The government is working to develop a COVID-19 variants of concern plan, including the process, a series of scenarios and the scope of response to new and concerning variant(s) that may emerge over the next 12 to 24 months. This work will include a set of scenarios and considerations to support consistency across government in planning for new variants.

32 Officials have produced scenarios to assist with long-term response planning. These are consistent with scenarios produced by the World Health Organisation and the United Kingdom government. They are intelligence assessments which are attempting to predict outcomes along likely, realistic possibility, unlikely and highly unlikely trajectories.

32.1 **Likely**: COVID-19 remains contagious but causes mild disease in most cases (endemic scenario). Most people catch the disease in young age and develop immunity to severe infection later in life. Vaccines provide further protection to vulnerable groups;

32.2 **Realistic Possibility**: COVID-19 presents as recurring epidemics when the conditions of transmission are favourable (similar to

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seasonal flu). COVID-19 continues to circulate as in endemic COVID-19 (scenario 1), but in a seasonal pattern and requires reformulation of vaccines;

32.3 **Unlikely**: a new COVID-19 variant evades immunity, overloads health systems and returns the world to a situation similar to the start of 2020;

32.4 **Highly Unlikely**: COVID-19 is initially restricted to a few locations before eventually being completely eradicated as a result of herd immunity through infection and vaccination.

33 The most likely long-term outcome, which could be some time away, is that COVID-19 remains contagious but causes mild disease in most cases (endemic scenario). Most people catch the disease at a young age and develop immunity to severe infection later in life. Vaccines provide further protection to vulnerable groups. The scenario where an immunity-evading variant emerges, requiring a significant reversion in settings, is considered unlikely, but is being planned for.

34 I propose our response strategy is based on the most likely outcome, but that we ensure we are ready for different scenarios. Retaining the Framework architecture provides flexibility to ease or tighten settings as risk changes.

PART 1: EFFICACY OF THE COVID-19 PROTECTION FRAMEWORK IN THE OMICRON CONTEXT

The Framework is operating as intended in response to Omicron

35 I have received advice from officials which analysed the Framework against its objectives. The review looked at both the Framework's settings and its overall efficacy in the Omicron context. Based on this, I am confident that it is working as intended. We have high vaccination rates, a health system that is responding well to increasing pressure (although it is experiencing strain and delays), and more economic and social activities are being enjoyed compared to higher levels of the Alert Level System.

36 Even so, some communities are still being disproportionately impacted by the impact of COVID-19. I am conscious of the Waitangi Tribunal's recommendations following its *Haumaru* report in December 2021. This has already led to some changes in the way we work e.g., the paediatric vaccine roll-out and Health's equity programme distributing rapid antigen tests (RATs) to hauora providers.

37 Treasury estimates that each week at Red in its current configuration is costing about $190 million compared to no public health restrictions except the border remaining closed. The estimated difference between Red and Orange in their current configurations is about $50 million per week (noting that if the Framework changes, these estimates will change). These estimates do not include the impacts of testing and isolation, which at 20,000 cases per day is expected to cost an additional $250 million per week through reduced

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hours worked.[1] People have chosen to self-regulate and avoid higher-risk settings as the Omicron outbreak advances which has exacerbated economic impacts.

38 Simplicity, clarity and stability of measures should be an objective for the Government's response going forward. Public confusion about how the Framework and Omicron response strategy phases interact has been increasingly reported. The tweaks to settings within the levels of the Framework have reportedly also created confusion about what is expected of people at home, at work and in the community.

We have choices about how we use the Framework in the future

39 I consider the minimise and protect strategy is still the best approach for the current phase of our response. We do need to update the focus of our strategy though. Protection still means that we will protect people from the virus, and people are increasingly able to protect themselves and others through vaccination and booster uptake, use of RATs, practising good health behaviours and increasing knowledge about Omicron. We should now be seeking to target that protection even more towards the people who need it the most, particularly Māori, Pacific, disabled, people over 65 years and those with co-morbidities (especially respiratory illness). Minimisation means minimising the impacts of COVID-19 hospitalisation and harm. It also refers to minimising disruption such that normal social and economic activity can resume – removing restrictions unless they are necessary to reduce COVID-19 related health impacts.

40 Most countries have waited until after the Omicron peak to gradually remove restrictions (e.g., United Kingdom, Netherlands and Canada). Restrictions in some Australian states were eased when vaccination targets were met, which in some cases was before Omicron had peaked. Some restrictions were then reinstated, and they have gradually been removed during the outbreak. Denmark is the exception, lifting COVID-19 restrictions at the height of their Omicron peak as intensive care unit (ICU) rates and hospitalisations were stabilising. This caused a second peak in case numbers, and an extension of this peak over a period of several weeks.

41 The order in which restrictions have been removed overseas has varied. Case self-isolation rules and use of vaccination certifications were typically amongst the first to be eased, with use of face masks usually eased or removed last.

Post-peak, restrictions could be eased as risk reduces

42 Shifting the country down Framework colours will provide more freedoms. As pressure on the health system starts to alleviate and acquired immunity[2] increases, restrictions should be eased, as we have publicly indicated. Ongoing reporting of the outbreak indicates that local acquired immunity is

[1] The fall in hours worked does not include any allowance for a corresponding fall in demand (as spending is limited by being confined to the home).
[2] Including from vaccination and naturally acquired infection.

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developing, with an increasing proportion of the population being infected each day. Removing or adjusting restrictions may be needed to ensure proportionality and support improved social and economic recovery.

43 The pace of change will depend on the degree of caution exercised on the downward slope. Shifting to lower levels of the Framework too early may lead to further peaks in cases, though these are expected to be lower than the current peak. This long tail will also coincide with the usual winter seasonal illnesses. Moving too early to promote social and economic recovery also needs to be weighed against protection of at-risk communities – we need to ensure these communities are empowered to manage COVID-19 risk as we move through and beyond the Omicron peak.

44 It will be important to reflect on our experience managing Delta when it was the dominant variant. We deliberately chose to extend public health restrictions for longer and kept Auckland at a heightened level of restriction to minimise seeding of cases outside of Auckland. This meant we almost eliminated Delta and placed us in a much stronger position for the arrival of Omicron than other jurisdictions, s6(a)

45 A slower precautionary approach would provide greater certainty that the outbreak would not escalate but extending restrictions for too long beyond the peak is likely to be challenging from a rights infringement and social perspective.

46 Regardless of pace, support will be needed as the country transitions to this new phase of the response. It will be important to ensure the changes are clearly communicated and support is provided by agencies to their sectors in the form of clear guidance.

47 Health and safety obligations will mean some measures are likely to continue after Government mandates are removed, for the safety of employees, customers and/or business continuity. This is consistent with a move back toward businesses, whānau and individuals making their own judgement of risk and putting in place the solutions that reflect their circumstances.

48 I do not recommend removing the Framework altogether at this stage. It enables quick decisions to shift up Framework colours and scale up restrictions as needed. The Framework also plays an important role in signalling the level of risk around COVID-19 that New Zealanders can use in making their own day-to-day decisions about management. Uncertainty about what kind of response any new variants or future Omicron waves might require means that agility within the COVID-19 toolkit is needed in future.

PART 2: VACCINE MANDATES AND PASSES

49 We introduced vaccine mandates and passes to minimise the spread of COVID-19. The two doses proved very effective at reducing the transmission of Delta. According to advice from both the Ministry of Health and the SPHAG

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two doses provide some reduction in Omicron transmission[3] although less so than for Delta.

50 Adults who have received three doses are less likely to get Omicron and to pass it onto others. The differences are again smaller than in the case of Delta, but still appreciable. Vaccination provides good protection against serious illness due to COVID-19 (preventing hospitalisation and death), particularly after a third dose.[4] It is unclear how quickly immunity against symptomatic infection will wane but protection from severe disease will last longer. Data from the UK suggests waning of effectiveness occurs more slowly after a third dose than after a primary course of Pfizer, with vaccine effectiveness against symptomatic infection remaining above 50 percent in those that had received a booster more than 10 weeks prior. Protection because of prior infection wanes also.

51 Vaccination was and remains a key pillar of our minimisation and protection strategy. However, given that vaccine mandates and MVPs are a significant imposition on human rights, the rationale for their continued use must reach a high bar.

Workforce vaccine mandates

52 Restrictions relating to vaccination status have applied across two broad categories: through the workforce vaccination orders (e.g. healthcare, early learning, primary and secondary education, prison staff and border workers), and to workers employed by businesses where vaccine passes are required for entry.

53 Vaccination mandates have lifted vaccination rates thereby reducing the risk of exposure for people vulnerable to COVID-19 in aged care, hospitals and disability care, for example. Vaccine mandates for border workers are about continuing to respond to the risk of incursion of new strains of COVID-19.

54 s9(2)(h)

[3] The Ministry of Health notes that data about onward transmission is scarce and only available for "all vaccines" and not Pfizer alone. Non-peer-reviewed data from a small study suggest that vaccinated people infect fewer people in their household (a setting where many "exposure events" are likely to occur, generally resulting in lower "vaccine efficacy" than in settings with less intense contact).

[4] Vaccine effectiveness (VE) against infection with Omicron is around 55% or more soon after two doses of Pfizer, which represents an epidemiologically important reduction in transmission. VE against infection with Omicron wanes to levels unlikely to reduce transmission within 5-6 months of the second dose. VE against infection with Omicron is around 55-69% after a booster dose of Pfizer. This also represents an epidemiologically important reduction in transmission.

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Advice from the Strategic Public Health Advisory Group, Health and Corrections

55 The SPHAG provided advice on the future use of these vaccine mandates on Sunday 13 March. SPHAG notes that the case for or against retaining occupational vaccine mandates is now more finely balanced, because of our relatively high vaccination coverage and increasing natural immunity, as well as the apparent lowering of vaccine effectiveness against transmission of the Omicron variant.

56 For a few occupational groups, the SPHAG believes that vaccine mandates (including the requirement for boosters) should be retained for the time being, because of exposure and transmission risks. These groups are health and disability sector workers (includes aged care), prison staff, and border and MIQ workers.

57 While vaccination remains critically important in protecting New Zealanders from COVID-19, SPHAG considers that several of the vaccine mandates could be dropped once the Omicron peak has passed, including for early learning, primary and secondary education.[5] It recommends that mandates for these occupational groups need to be replaced by national advice as to how PCBUs should protect their workers and reduce the spread of disease. With regard to children, the SPHAG notes the need for a comprehensive plan for protecting children from COVID-19, which could be incorporated into a broader plan for protection against respiratory disease. The SPHAG recommends that occupational vaccine mandates be reviewed within six months, noting it is possible that a review will be needed earlier, if there is a new surge of Omicron cases or emergence of a dangerous new variant.

58 Advice from the Ministry of Health is that mandates should continue to be used while there is good evidence to suggest that they are well-targeted, effective and proportionate (to the level of public health risk presented by COVID-19) to support high vaccination rates and therefore population immunity levels. There may be scope to narrow the specific workforces. I have asked the Ministry of Health to report-back in early April on whether it is possible to narrow down the types of workers covered by the health and disability sector mandate. s9(2)(f)(iv) He supports the proposal regarding prison staff and notes the rationale for a continuing mandate for border and MIQ workers.

59 A highly vaccinated prison workforce supports Corrections to keep people in prison safe. The prison population is highly vulnerable to COVID-19 infection and its impacts due to the close living quarters, high co-morbidities, and lower vaccination rates amongst this group. As of 18 March 2022, there were 752 cases of COVID-19 in prisons. Increasing cases in prison may also increase pressure on the public health system through hospitalisations. Vaccination, including boosters, continues to be a key tool for reducing the risk and impacts of COVID-19 transmission in prisons.

[5] Others have had their sector-specific mandate removed already by the High Court.

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Proposal

60 On the basis of the above advice, I propose to retain vaccine mandates for only the following workforces: health and disability sector workers, prison staff, and border and MIQ workers.

61 I recommend that vaccine mandates for education workers are removed at the same time as mandates for workers where MVPs are required (see paragraphs 77-86). The Ministry of Education supports this recommendation and considers that the removal of these mandates should occur simultaneously, as part of a clearly communicated step-wise strategy, underpinned by a strong public health rationale for graduated mandate removal. One of the main arguments for requiring the teaching workforce to be vaccinated was to protect unvaccinated children. While children aged 5-11 years are now able to be vaccinated, providing protection to them as individuals, in practice the programme has achieved first dose coverage of 54 percent to date, with a large equity gap. Children, particularly Māori and Pacific children, do not yet have access to the level of protection available to a fully vaccinated and boosted adult.

62 However, now that Omicron is circulating widely in the community, the relative risk to children of contracting COVID-19 at school (compared to other locations) or from school workers (compared to the community) has reduced compared to when the vaccine mandate was originally introduced. This supports my recommendation to remove the mandate for the early learning and schooling workforces.

63 I expect agencies to keep mandates under review and report back to Ministers by 27 June and then 26 September on whether government mandates continue to be recommended, or earlier if necessary. There may also be a point in the future when we want to reintroduce mandates, and so we will keep them under review.

64 Recognising the likely track of the Omicron outbreak beyond its current peak, public service agencies will continue to regularly review their vaccination policies, which are designed to protect their staff from transmission in the workplace and protect the continuity of services. The reviews will include updating their health and safety risk assessments in light of the most recent health advice.

My Vaccine Pass

65 The use of MVPs in the Framework was based on vaccination providing significant population protection against infection, keeping unvaccinated people out of high-risk settings to reduce community transmission. An additional benefit was an increased incentive for New Zealanders to be vaccinated. The reduced risk of infection among vaccinated people meant that higher-risk activities could be safely facilitated under the Framework by creating different capacity limits if MVPs were used.

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66 New Zealand now has some of the highest vaccination rates in the world, with approximately 95 percent of those aged 12 and over having had two doses of an approved vaccine (88 percent for Māori). As such, unvaccinated people now present a smaller transmission risk, compared to when MVPs were introduced (69 percent of the total population were fully vaccinated as 11.59pm 17 November 2021, the day MVPs were announced and downloadable).

67 Cabinet decided to implement MVPs knowing they were a temporary measure, to be removed when they are no longer necessary, given the serious limitations on human rights for unvaccinated people. It is timely to reconsider the role of MVPs in our response now because of our high two-dose vaccination rates, 73 percent booster rate, increasing acquired immunity from the Omicron outbreak, and cases and hospitalisations soon expected to peak.

68 MVPs helped us shift away from a reliance on lockdowns to reduce spread as two doses of vaccination was highly effective in reducing transmission of the Delta variant. For MVPs to significantly reduce transmission of Omicron, they would now need to incorporate a booster. I am advised it will take five to six weeks to incorporate a booster into the MVP system and for the public to download their new MVP for use, by which time we should be well past our Omicron peak.[6]

69 Keeping MVPs as a mandatory requirement for longer than necessary, in the face of public scepticism, could undermine the social licence for the response as a whole.

70 For these reasons, I consider that MVPs have served their purpose and would be no longer proportionate as we move past the Omicron peak.

71 They remain, however, an important part of the toolkit, both for businesses and organisations who wish to continue using them, and as part of a future response, e.g., should a more severe, immunity-evading variant emerge for which there is a new, effective vaccine. To be effective, MVPs need to be updated to reflect the roles of boosters and acquired immunity, along with how alternative measures could be used.

72 Given our recent decisions to allow Australians and people from non-waiver countries to enter New Zealand [CAB-22-MIN-0072] we also need to consider the vaccination and booster status for international arrivals. MVPs, particularly with a booster, add an additional complexity for international visitors. It takes a minimum of three days to get an MVP after arriving in New Zealand and, as many overseas jurisdictions are not offering boosters, many visitors would be ineligible under a tighter MVP vaccination requirement.

73 I propose that MVPs are removed from the Framework at 11:59pm Monday 4 April. This timing will allow us to move past the Omicron peak and provide time for sectors and agencies to put in place the guidance and workplace

[6] There is also the issue that current health advice is that if a person has had COVID, they should not get a booster until three months after recovery.

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requirements they need to manage COVID-19 risk. This will be particularly important for those businesses whose workers were required to be vaccinated under the MVP policy, to consider whether to put workplace vaccination policies in place before the government mandate is removed.

74 [Legally privileged] s9(2)(h)

75 As businesses are still able to impose their own requirements about the vaccination status of people entering their premises, I intend to maintain the current list of settings where MVPs are prohibited, and to keep these under review.

76 As immunity (from prior infection and vaccination) wanes, it will be important that we maintain our focus on maintaining high levels of vaccination in New Zealand, particularly through ongoing uptake of boosters amongst vulnerable groups. This can be progressed through the continuation of community-led initiatives and public campaigns that strongly encourage vaccination. Officials will report back to me with further advice on these initiatives as part of our future-focussed work programme.

Operational impacts and considerations of removing workforce mandates and My Vaccine Pass requirements

77 Removing MVPs will have operational impacts including on workers in businesses using them. The impacts of removing MVPs are also discussed in the population impacts section (see paragraphs 154 to 155).

78 Businesses may wish to continue to use MVPs as a condition of entry for customers. Entry can be restricted based on vaccination status, unless this is prevented by contractual or legislative provisions, such as Government mandated prohibited settings, statutory rights of access or prohibitions on discrimination under the Human Rights Act 1993. Excluding unvaccinated customers is likely to be difficult for businesses to justify based on the shift in overall public health measures.

79 To ensure all people can continue to access key services, the settings where use of MVPs is currently prohibited for customers (designated premises) would continue to apply – such as supermarkets and pharmacies. We will keep these settings under review in case others should be added e.g., libraries.

80 Some employers/PCBUs may wish to continue to require their employees/workers to be vaccinated to perform certain work. To do so, employers will need to assess whether specific work in their workplace requires vaccination. This decision would need to be based on a health and safety risk assessment (e.g., vaccination is a reasonably practicable measure to mitigate risk) or the use of the Vaccination Assessment Tool (VAT), if public health guidance supports the retention of the VAT regulations.

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81 Requiring vaccination is likely to be difficult for most employers/PCBUs to justify based on the shift in overall public health measures, however, under normal employment and work health and safety law requirements this is a decision for employers/PCBUs. We may wish to indicate that this is likely to be hard to justify in order to signal that employer/PCBUs should also follow the rolling back of restrictions. There are various legal requirements that employers/PCBUs would also need to consider, including whether alternative controls (e.g., use of test to work schemes) or work arrangements (e.g., work from home, in bubbles or provision of leave) are more appropriate than maintaining employers/PCBU vaccination policies. Consultation would also be required with affected workers and other PCBUs.

82 The Ministry of Business, Innovation and Employment (MBIE) and WorkSafe will update guidance for businesses, workers and unions to reflect the removal of government vaccine mandates (and use of MVP, discussed next). This will emphasise that businesses need to consider any ongoing restrictions under the Health and Safety at Work Act framework, normal employment law obligations and any other relevant legislation. Employers / PCBUs will need to update any risk assessments they have undertaken to reflect updated public health advice on residual risks that businesses need to manage. MBIE and WorkSafe will engage with BusinessNZ, the NZCTU and the Business Leaders Health and Safety Forum as it updates this guidance.

83 MBIE considers it is likely that this will result in employers/PCBUs facing employment or contractual disputes where they do not review risk assessments and policies in a timely manner. Clear public health guidance around COVID-19 mitigation measures and the importance of updating employers/PCBUs policies will reduce, but not eliminate, the risk of ongoing disputes.

84 Following the removal of MVPs from the Framework, I propose that the technology remains available to business or operators who do choose to continue using MVPs. Using a government produced tool is preferable to alternative products a business could use in the absence of the existing MVP technology. This is because MVP tools have been through a rigorous process to ensure privacy, and address or mitigate equity and access concerns.

85 Looking ahead, I consider that a combination of one or more of the below factors would raise the question as to whether MVPs should be re-introduced to the response toolkit:

85.1 a new immunity-evading variant emerges with significantly more serious symptoms and health impacts; and/or

85.2 a new booster or vaccine is developed that significantly reduces transmission of the virus.

86 If MVPs are considered for use in a future scenario, further work should be undertaken to consider the risks and benefits of a more targeted application of MVPs within the Framework. I have asked officials to report back to me on this work, in the event that one or more of the above factors arise.

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PART 3: OTHER CHANGES TO THE PROTECTION FRAMEWORK

87 We have indicated that on the downward slope of the current Omicron peak and as the health risk decreases, we will ease restrictions in the Framework. The following proposals assume MVPs, and therefore the distinction between vaccinated and unvaccinated, have been removed from the Framework.

88 I propose that Green should be re-shaped to be the country's "new normal" where we spend the majority of our time. Orange can be realigned to be a step up from restrictions at Green but still support social and economic activity as we manage outbreaks or variants of concern. Red will continue to be the most restrictive level, reserved for situations where the health system is facing an unsustainable number of COVID-related hospitalisations and action is needed to protect at-risk populations. However, it should continue to enable as much economic and social activity as possible.

89 Decisions to shift between Framework levels are informed by a set of previously agreed factors (five health and four other factors), as well as indicative risk assessments and thresholds [CAB-21-MIN-0421]. All were developed in the Delta context and I recommend they are urgently reviewed by officials to ensure they remain fit for purpose in the Omicron context and our proposed post-peak COVID-19 response. The triggers for Green and Orange should place less emphasis on case numbers and level of transmission, relating more to the level of risk in the community, the extent to which it can be self-managed, and therefore the likely associated impact on the health system.

90 The proposals – to capacity limits, masks and record keeping – will support a general shift toward greater self-management, particularly at lower levels of the Framework. Officials advise that feedback from impacted sectors on the overall efficacy of the Framework supported a shift toward fewer public health measures being legally required post-peak.

I recommend easing some public health measures in the Framework

Physical distancing and capacity limits

91 I propose removing outdoor capacity limits. There is international and domestic evidence that the risk of transmission of COVID-19 is significantly lower in outdoor environments than at indoor locations.[7] Indoor settings remain higher-risk and the ability to be physically distant continues to reduce the risk of spread.

92 I propose the following capacity limit options post-peak:

[7] Bulfone, T. C., Malekinejad, M., Rutherford, G. W., & Razani, N. (2021). Outdoor Transmission of SARS-CoV-2 and Other Respiratory Viruses: A Systematic Review. J Infect Dis, 223(4), 550-561. doi:10.1093/infdis/jiaa742; and Nishiura, H., Oshitani, H., Kobayashi, T., Saito, T., Sunagawa, T., Matsui, T., . . . Suzuki, M. (2020). Closed environments facilitate secondary transmission of coronavirus disease 2019 (COVID-19). medRxiv, 2020.2002.2028.20029272. doi:10.1101/2020.02.28.20029272.

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92.1 Red: indoor capacity limits for events, gatherings, hospitality and gyms increased to up to 200 people (previously 100 people) based on one metre physical distancing, and outdoor capacity limits removed. Current indoor limits (based on one metre physical distancing, without a cap) for retail, public facilities and some tertiary education settings to remain unchanged.

92.2 Orange: no limits outdoors, and indoor limits will only apply to defined spaces where there are 500 or more people in that space and all or some of those people are unseated (e.g., larger events, gatherings, gyms, and some food and drink businesses such as large night clubs). In these settings, maximum capacity will move to being the greater of 500 people or maximum capacity based on one metre physical distancing, meaning large venues will be able to have more than 500 people. Capacity limits will not apply to fully seated events, gatherings and food and drink businesses.

92.3 Green: no capacity limits in any setting.

93 It is difficult to come up with an optimal capacity limit given the other factors (e.g., whether people are seated, the extent of ventilation). The Director-General advises that given New Zealand's highly vaccinated population (at least currently), there is some flexibility to increase capacity limits without greatly increasing the risk of hospitalisation or fatalities. The Ministry of Health advise that doubling the current capacity limit for events, gatherings, hospitality and gyms at Red increases the probability by a factor of four that a secondary case will occur as a result of the gathering. This increase is unlikely to greatly increase hospitalisation or fatalities, and is still significantly numerically different to limits at Orange.

94 At Orange, community transmission is still significant enough to place pressure on the health system, justifying gathering limits for high-risk situations (including possible super-spreader, larger (500 or more people) unseated gatherings). The proposed changes to capacity limits at Orange are unlikely to significantly increase hospitalisations and deaths, and reflect the Director-General's advice that density is an important factor impacting the likelihood of transmission, suggesting the materiality of venue size. The highest risk indoor settings are those that are confined, crowded and involve close contact. Under these proposals, larger venues could have higher limits at lower levels of the Framework.

95 Similarly, there is strong evidence that outdoor settings pose less risk than indoor ones and so could have higher limits. Gathering size limits should continue to be accompanied by key messages around staying home if unwell, and options such as 'test to go' could play a role in larger events if organisers choose to operate in this way, which may provide additional assurance for attendees.

96 The international approach to restricting gatherings post-peak varies. For example, the Netherlands removed gathering restrictions in the post-peak

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phase but kept restrictions in place for larger events (with more than 1,000 people) for a month. This is similar to our proposals at Orange, with only larger unseated gatherings, events, gyms and food and drink businesses restricted. Denmark has taken a less cautious approach, removing all gathering restrictions before hitting their case peak on 13 February. France, Singapore and Italy have been more cautious, retaining gathering limits.

Face mask requirements

97 Public health advice is to maintain a legal requirement to wear face masks both leading up to, and after, the outbreak peak. This is based on the significant body of available international evidence on their efficacy around reducing the spread of COVID-19. The Ministry of Health advises that masks should still be a legal requirement at Red and Orange, but only in indoor settings.

98 With this in mind, I propose that:

98.1 face mask requirements at Red are adjusted to no longer require face masks to be worn in any outdoor settings where the risk of transmission is reduced (e.g., at outdoor events or restaurants, or at outdoor public facilities such as zoos);

98.2 face mask requirements at Orange are adjusted to no longer require masks to be worn in any outdoor settings and extend the requirement to workers at indoor events (this is a requirement at Red, to align worker mask requirements at events, hospitality and gatherings);

98.3 face masks are recommended only at Green.

99 The current definition of face covering in the COVID-19 Public Health Response (Protection Framework) Order 2021 will continue to apply where a legal requirement to wear a mask is provided for in the Order. However, at Green, when it is proposed that the use of face masks is only recommended, use of any type of mask or face covering will be encouraged.

100 The current requirement at Red for some workers to wear medical grade masks is linked to the use of MVPs and vaccine mandates. I am proposing to retain the requirement for these workers to wear medical grade masks at Red after MVPs and vaccine mandates are removed and recommend carrying this requirement over to Orange too. Public health advice is that the rationale for this requirement remains even after the removal of vaccine mandates and MVPs – these workers are working in settings with heightened transmission risk and/or are working with vulnerable people. Medical grade masks provide superior protection (e.g., compared to cloth masks) against these risks.

Mandatory record keeping requirements

101 I have received advice from officials recommending that requirements relating to record keeping for contact tracing purposes largely shift from being mandated to encouraged. In the context of the scaled back centralised

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contact tracing occurring in Phase Three of the Omicron response, I recommend we:

101.1 continue requiring workplaces, public transport services and events to display COVID Tracer QR code posters, but no longer requiring alternative (e.g., paper-based) forms of record keeping be provided;

101.2 remove the requirement for certain businesses and services, events and gatherings to have systems and processes in place to ensure people who enter their workplace or premises make a record of their visit; and

101.3 encourage continued scanning through public communications and guidance.

102 I propose this change applies at all levels of the Framework. Maintaining the infrastructure for record keeping (NZ COVID Tracer App) will be important to enable people to continue keeping track of where they have been in the short term, to support timely case investigation. In addition, encouraging regular scanning will help if mandatory record keeping is re-introduced in the future. We are continuing to encourage record keeping to support people to quickly self-identify close contacts (e.g. by reminding them of where they have been, and with whom) after being confirmed as a positive case.

Reviewing New Zealand's Red status on 4 April

103 We will know we are in the post-peak phase once the number of people in hospital is trending downwards and cases have continued to trend downward. I propose that Cabinet reviews the appropriate Framework colour levels for all of New Zealand on Monday 4 April. The timing of this review takes into account our recent decision that Australians will be able to enter New Zealand from 11.59pm Tuesday 12 April, and the upcoming Easter holidays, when children will not be at school but more people will be moving around the country.

104 The Framework allows for some regions to step down the colours ahead of others if appropriate. It appears, for example that Auckland cases may have already peaked, and hospitalisations may soon start to fall. For the avoidance of doubt, this does not mean that regional boundaries would be reintroduced.

These changes will impact the test, trace, isolate and quarantine strategy

105 The ongoing ability to contact trace, case manage, and test is vital while we navigate through the upcoming post-peak phase of New Zealand's response to COVID-19.

106 I propose that the isolation and testing requirements are incorporated into the Framework. Any future changes to these settings can then be made in tandem with changes in colours to reduce the risk for confusion and

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inconsistency and can be communicated as a single approach to managing community transmission.

Isolation and quarantine

107 Currently contact tracing is focussed on household contacts who are at the greatest risk of onwards transmission. The system enables prompt identification of these contacts and the provision of appropriate testing and isolation advice.

108 An analysis of data from the National Contact Tracing Solution (NCTS) since 20 January 2022 determined the secondary attack rate for household contacts to be 78%, which is substantially higher than for previous COVID-19 variants. While this is likely to have been influenced by the large household sizes of the populations disproportionately represented in the early stages of the Omicron outbreaks, it is still a significant risk and underpins the need for ongoing isolation of household contacts.

109 Self-isolation periods for cases and household contacts reduced from 10 to 7 days on Friday 11 March. Evidence about peak infectivity of people with COVID-19 and the burden of morbidity and mortality from Omicron in New Zealand will emerge over coming months. Thus, the Ministry of Health advice is to maintain the current requirement for cases and their household contacts to isolate for seven days post the Omicron peak to help reduce transmission of the virus in the community. The option of daily RATs for asymptomatic contacts to return to work, as appropriate, should remain in place.

110 A review of the isolation period will be undertaken monthly. This review will be informed by emerging data and evidence on peak infectivity and will consider the possibility of shorter isolation period, particularly for household contacts, potentially supported by RATs.

Case investigation and management

111 Contact tracing remains fundamental to quickly identifying outbreaks of variants of concern, managing high-risk exposures, and supporting communities to manage the disease, therefore limiting the impact. Previous outbreaks evidence the need for this capacity to be readily available, for example, at the beginning of the Delta outbreak we went from 0 to 30,000 close contacts within days. The existing contact tracing and case investigation capability, including systems and processes that have been designed over the past two years, are vital to delivering a rapid response to any new variants of COVID-19 and also any other infectious diseases such as measles that could be introduced with the reopening of the border. This includes the national case investigation and contact tracing telehealth service provided by Reach Aotearoa and Whakarongorau Aotearoa.

112 Contact tracing will continue to play a key role in mitigating the impacts of COVID-19 on communities. Information provided through the case investigation and contact tracing process informs the clinical assessment that identifies individuals and whānau at risk, determines their health and social

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needs, assesses eligibility for the use of therapeutics, and ensures they receive appropriate care.

113 During the current Omicron outbreak, contact tracing capacity has pivoted from a comprehensive management model to focus on rapid and scalable case investigation with the priority being timely notification of results to cases and enabling pathways for self-management. The contact tracing workforce continues to focus on areas with the highest risk of transmission i.e., high risk exposures and household contacts. A key consideration of this approach is ensuring priority populations have equitable health outcomes.

114 The case investigation process proactively identifies potential exposures in high-risk settings, which include:

114.1 temporary housing arrangements (transitional housing, boarding houses, soup kitchens, homeless shelters);

114.2 faith-based places of worship;

114.3 aged residential care; and

114.4 marae/tangihanga.

115 These settings have now all had cases or outbreaks and are generally being well-managed using now well-established communication channels and relationships between the Ministry of Health, PHUs, Māori and Pacific providers, and those responsible for the different settings. PHUs continue to closely watch these very-high risk settings, while the National Case Investigation Service supports those who cannot use the digital pathway. This support equates to approximately 2,500 phone-based case support and tracing interviews daily.

116 Public health advice is that the current contact tracing and case investigation capacity as well as the existing management settings should be maintained post-peak. These are vital to managing the burden on the health system and ensure we have systems in place to respond to COVID-19 long term.

Testing

117 Public health advice is that the current approach to testing is retained, at least until the end of winter. To ensure alignment with the Framework and post-peak COVID-19 response, the Ministry of Health is reviewing testing settings and developing an updated Testing Strategy and Testing Plan for the medium-term. The updated plan will be reported to Cabinet in April.

118 Public health advice is to prioritise testing to protect people most likely to develop severe illness if infected. If the prevalence of COVID-19 is low, polymerase chain reaction (PCR) is the more appropriate testing modality. While prevalence is high and when at the expected baseline level of several thousand new cases each day, PCR testing capacity will focus on:

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118.1 people at risk of more severe outcomes from COVID-19, including those with underlying conditions and comorbidities;

118.2 people who present to hospital with COVID-19 related complications;

118.3 people in high-risk settings, e.g., Aged Residential Care;

118.4 supporting clinical management, e.g., use of oral antivirals; and

118.5 supporting surveillance, including border workers and people entering New Zealand, to enable whole genome sequencing to be undertaken to identify and respond to emerging variants of concern.

119 Laboratory capacity currently sits at 29,707 tests per day for one-to-one testing. This needs to be maintained for PCR testing to be able to respond rapidly to new variants of concern and to monitor the impact of long COVID.

120 Based on current modelling, further forward orders of RATs are not required as there are sufficient RATs in the system and on order to support projected testing requirements. Demand and use of RATs will continue to be monitored and further orders can be placed over coming months if needed.

121 The continued use of the NZ COVID Tracer App is important as part of readiness for potential new variants as it provides a digital record of individual movements and assists with timely case investigation. This timeliness and accuracy of information and recall becomes particularly importance in the instance of future variants of concern entering New Zealand. This is especially important in the context of reopening borders and disestablishing MIQ.

122 New Zealand has approved point of care devices (POC) for nucleic acid amplification testing (NAAT) including Loop-mediated isothermal (LAMP) and PCR. These are predominantly used in health settings currently for critical and urgent care and decision-making for the sickest COVID-19 patients and to protect other patients and residents and health care workers within health facilities.

123 s9(2)(f)(iv)

Surveillance

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125 Surveillance priorities post-Omicron peak are being finalised, with review from external experts. An update on implementation of priorities will be provided to COVID-19 Ministers at the end of April, when the Associate Minister of COVID-19 Response and I return to Cabinet with advice on a surveillance strategy. Ongoing surveillance for COVID-19, as well as a health presence at the border, are critical functions to protect New Zealand and travellers as they arrive. This function is particularly focussed on international arrivals at Auckland airport due to the importance of this hub.

126 Work is also underway on an array of other measures to enhance our surveillance of COVID-19. This includes:

126.1 enhancing our approach to Whole Genome Sequencing (WGS). This includes but is not limited to describing how the approximately 400 PCR tests per week will be allocated and prioritised to detect variants of concern among hospital cases, border cases, community, deaths, and the occasional clinical requests;

126.2 continuing using RATs with a confirmatory PCR for Border workers. International arrivals will also receive RATs upon arrival and self-test, and recent arrivals who test positive by RAT will be required to take a confirmatory PCR test. A subsample of these will undergo WGS to detect variants of concern;

126.3 continuing to improve our surveillance via wastewater sampling, including updating our approach employing new technologies, quantitation and variant identification plans; and

126.4 using surveys to gauge prevalence of the virus (including probabilities of current infections) and seroprevalence surveys. This includes working to determine the level of immunity in the population via vaccine or prior infection.

127 These efforts are underway in conjunction with the Ministry of Health's sector partners, such as ESR, and the lab network. Health will continue to seek external advice from its various Technical Advisory Groups as part of this work.

The type and nature of economic and social support will also need to change

Economic support

128 Officials are reporting back to joint Ministers (Finance, Social Development and Employment, and Workplace Relations and Safety) in April on the Leave Support Scheme and Short-Term Absence Payment under the Framework, including advice on the role of these Schemes going forward in light of evolving testing and isolation settings.

129 Uptake of the COVID-19 Support Payment (CSP) has been very high ($335.1m disbursed up to 1pm 11 March to 67,409 applicants) and the revenue drop recorded by most sectors has been higher than anticipated. This may make it more difficult for firms to adapt post-peak as they exhaust

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their cash reserves. We also do not know when consumer behaviour will resume to normal levels.

130 The Treasury is progressing advice on the transition to a more COVID-resilient economy as we emerge from the Omicron peak. This advice will include consideration of the likely economic impacts of the transition, current barriers to firms transitioning, and the government's role in addressing these barriers to transition. The Treasury will provide this advice to the Minister of Finance in March.

131 The Ministries of Culture and Heritage (MCH), and Business, Innovation and Employment have the Arts and Culture Events Support Scheme and Events Transition Support Payment Scheme (respectively). MCH intends to seek Ministerial approval to amend settings to cover Orange in line with decisions from this paper to provide some support to mitigate the anticipated negative economic impacts of the new capacity limits at Orange.

132 The Events Transitions Support Payment Scheme (ETSP) is closely aligned to the Framework and is designed to incentivise event organisers to continue planning events throughout 2022, thereby minimising the economic and social implications created by the Covid-19 public health restrictions and ongoing limits in gathering sizes. Triggers for the ETSP are closely linked to the Framework Red level or localised lockdowns on the date(s) of the event. As such, changes to gathering limits at Orange will impact the ETSP.

133 If limitations on gathering size for indoor events are applied at Orange, then I recommend that the ETSP triggers for payment be updated to ensure the ETSP is applied equitably and consistently in the new settings.

134 Engagement with NICF PRG highlighted the importance of ongoing resourcing of Māori providers to ensure good delivery of both resources and capability, and the desire for basic measures and behaviours like mask wearing, isolating, hand washing, physical distancing to remain as critical building blocks of the longer-term response. New Zealand Māori Council members also requested targeted economic response for Māori for the immediate transition from the health response to building a stronger Māori economy.

This comment should have been attributed to Ngā Ngaru Rautahi o Aotearoa (The National Māori Authority), as opposed to the New Zealand Maori Council

Social support

135 MSD is leading work to consider how communities can be supported as we transition through and beyond the post-peak phase of the COVID-19 response. This work includes development of a transition plan for Care in the Community welfare support across agencies, including the extent to which business as usual supports can be relied upon during this period. This transition will need to be gradual with support remaining proportionate to the level of public health risk. Consideration will also need to be given to alternative funding options, such as baseline funding, for the transition plan s9(2)(f)(iv) It will also need enough flexibility to respond to new developments (future waves of Omicron, future variants), if required.

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Consideration is also being given to the social and psychological impacts of COVID-19 and how government can support recovery from these impacts after the peak of the current outbreak. I recommend Cabinet invites the Minister of Finance and the Minister for Social Development and Employment to report back in April on this transition plan.

136 Engagement with Iwi Māori suggests that as we begin to remove restrictions there is a need to ensure Māori communities are well prepared to avoid severe impacts of more widespread infection. There are reports of some communities needing further assistance with requests for access to RATs, healthcare resources in rural communities and food for vulnerable people, but others have reported a significant improvement in this area.

We will maintain flexibility and capacity to respond to new variants of concern

137 While it is almost certain that new variants of COVID-19 will emerge over time, we cannot predict the degree to which new variants will evade immunity. The World Health Organisation considers that COVID-19 could realistically recur in epidemics that require updated vaccines, much like influenza, but that it is unlikely that a new variant would significantly evade immunity, requiring a reversion to tight border and domestic settings.

When a new variant is first detected we will not know much about it

138 It is likely that by the time a new variant of concern is identified by the World Health Organisation, it will be widespread globally, as was the case with Omicron. Early warning systems, in the form of border and domestic surveillance and shared intelligence with international jurisdictions, will be important to alert us early and enable us to assess the risk to New Zealand.

139 Maintaining pre-departure testing, the requirement for international arrivals to be vaccinated, and high levels of immunity in New Zealand will all contribute to increased resilience to new variants.

The requirement for pre-departure testing was removed from 11 59pm Monday 20 June 2022

140 Against this resilience, and waning social licence for restrictive response measures, it is unlikely that the detection of a new variant, without evidence of significant risk, would require a response.

141 As part of the investigation into a new variant of concern, limited TTIQ measures could be used to assess the likely prevalence of the variant in New Zealand, indicating whether measures to limit the spread would be effective. This assessment and measures to slow the spread would buy us time to assess the risk to New Zealand as further evidence emerges.

If the risk is high, we can use the Protection Framework to slow the spread

142 If international evidence indicates that the variant evades vaccines and / or acquired immunity, we can use the Orange and Red settings in the Framework to manage the risk while new vaccines or other tools are developed, distributed and administered. The TTIQ system can be used to

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slow the spread and protect vulnerable populations. Maintaining capacity and capability for TTIQ is therefore critical to manage the risk of future variants, along with future pandemics. If Orange and Red settings were thought insufficient to reduce the risk of transmission, then we may have to consider returning to border closures and widespread stay-at-home orders. This is an unlikely scenario.

PART 4: LONGER TERM STRATEGY WORK

143 The longer-term strategy will plan for the most likely virus scenarios, and the removal of the Framework and COVID-19 specific legislation. We will step towards the long term in a way that leaves us prepared for other eventualities, and better prepared for future pandemics. In practice, this will mean we preserve the ability to reintroduce public health measures in the immediate post-peak period, noting there will be a social and economic cost of doing so.

144 s9(2)(f)(iv)

145 Significant further work and decisions are needed to prepare us for the long-term stage of our response, outside of the population wide interventions we put in place. These pieces of work should reduce the need for wider scale intervention. In particular officials need to consider:

145.1 **Surveillance**: in order to be open by default we need to increase our surveillance and vigilance (domestically and at the border), taking innovative approaches. The Ministry of Health is progressing implementation of the surveillance strategy (as discussed above);

145.2 **Immunisation programme**: maintaining high levels of vaccination across the population will underpin our future resilience to COVID-19 and needs to remain an ongoing focus;

145.3 **Access to treatments**: as new antiviral and other therapeutics for COVID-19 become available, we need to ensure access, particularly for those most vulnerable to severe disease;

145.4 **Targeted protection**: there will always be people who have higher risks to the disease, who will no longer be protected by overall low infection rates – including elderly, disabled, Māori, Pacific, and people with underlying health conditions. Before any changes to the Framework come into effect, we need to undertake urgent work to put in place targeted measures and protections for these communities, which are sufficient to allow them to participate in society on an equal basis with others. These measures could include further free RATs, such as those now available for specialist schools and special needs units, and readily accessible anti-viral medication. Minister Sepuloni and I have asked officials from the Ministry of Health, Office for Disability Issues and ACC to develop actions with disabled people

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and their representative organisations that will better support disabled people and their whānau as we continue to respond to COVID-19;

145.5 **Behaviour/culture change**: There may be some role for government in facilitating a change in culture towards illness that will help people to self-manage the impacts of the disease. This could be through messaging, or there could be regulatory changes to help people adapt;

145.6 **Institutional settings**: decisions are required for the shift out of response mode. As the government steps back from management of the disease, our COVID-19 specific architecture and funding arrangements can be removed – and COVID-19 can be included in business-as-usual responsibilities. This work could include a different governance model for response decisions, including arrangements with Māori that fulfil Treaty of Waitangi responsibilities. Related to this, I have asked DPMC to report back to me and the Minister for Māori Crown Relations in April with advice on responding to the recommendations of the Waitangi Tribunal's December 2021 Haumaru COVID-19 report, including advice on the proposal to monitor Māori outcomes related to COVID-19.

146 s9(2)(f)(iv)

PART 5: OTHER MATTERS

Next steps

147 There are several pieces of advice connected to our post-peak response strategy that officials are providing over the coming months, including:

147.1 Review of which colour in the Framework we should be at for Cabinet on Monday 4 April;

147.2 The Ministry of Health will report to the Associate Minister for COVID-19 Response on the future testing strategy in early April;

147.3 MBIE will provide advice to the Minister for Workplace Relations and Safety this week on the implications of updated public health advice for whether the COVID-19 Public Health Response (Vaccination Assessment Tool) Regulations 2021 needs to be amended or revoked;

147.4 The Associate Minister of COVID-19 Response and I will return to Cabinet on a surveillance programme at the end of April (noting a discussion on surveillance at Reconnecting New Zealanders Ministerial Group meeting on 23 March);

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147.5 The Treasury will provide the Minister of Finance with advice on the transition to a COVID-resilient economy in March;

147.6 s9(2)(f)(iv)

147.7 The Minister for Social Development and Employment will advise Cabinet in April on how Care in the Community will transition;

147.8 Treasury, MSD and MBIE will report back to the Ministers of Finance, Social Development and Employment, and Workplace Relations and Safety in April on the Leave Support Scheme and Short-Term Absence Payment, including advice on the future role of these schemes in our COVID-19 response;

147.9 DPMC will provide me with advice on longer term response options in April; and

147.10 DPMC will report back to me and the Minister for Māori Crown Relations in April with advice on responding to the recommendations of the Waitangi Tribunal's December 2021 *Haumaru* COVID-19 report, including advice on the proposal to monitor Māori outcomes related to COVID-19.

Financial Implications

148 The specific financial implications associated with moving to the Framework will be addressed in related Cabinet papers over the coming weeks. Any operational changes to implement changes to the Framework, such as communications and advertising spending, will be met within baseline. Financial implications for the Ministry of Health will be addressed in an upcoming Cabinet paper on funding the health system response to COVID-19 in 2021/22 and 2022/23.

149 Funding for the Leave Support Scheme and Care in the Community is only forecast for the Omicron outbreak. Any role that these supports play in a post-peak environment will likely require further funding. These support schemes are highly influenced by the public health settings around self-isolation, and so would continue to have a significant fiscal cost if self-isolation requirements remained in their current (or similar) form post Omicron peak.

Legislative Implications

150 Amendments to the Covid Protection Framework Order and the Vaccinations Order will be required to give effect to the proposals in this paper. If the proposals in this paper are agreed without significant changes, Parliamentary Counsel Office has advised these amendments could be ready for signing from Monday 28 March, or as soon thereafter as decisions require.

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Impact Analysis

Regulatory Impact Statement

151 The Treasury's Regulatory Impact Analysis team has determined that the proposal to amend the COVID-19 Protection Framework and post-peak COVID-19 response options are exempt from the requirement to provide a Regulatory Impact Statement. The exemption is on the grounds that the proposal is intended to manage, mitigate or alleviate the direct actions taken to protect the public in response to the COVID-19 pandemic, and is required urgently to be effective (making a complete, robust and timely Regulatory Impact Statement unfeasible).

Population Implications

Implications of easing restrictions generally

152 Disabled and older people face additional risks and vulnerability to COVID-19. As disabled people experience disproportionately high mortality and infection rates, the lack of feeling safe is as relevant as being safe and impacts behaviours. Disabled people are indicating some self-imposed restrictions under the current Framework settings, indicating a preference to keep some restrictions in place. Following the easing of restrictions, some people may opt to self-isolate rather than go into environments where they would need to self-evaluate risk exposure and mitigating safety measures. It is important that the risks and risk mitigations are clearly explained to, and mitigations meet the needs of, disabled and older people and their family and whānau so they can have the confidence to participate in society on an equal basis as non-disabled or younger people.

153 Tangata whenua will reportedly keep many restrictions in place after legal requirements are removed, to better protect their kuia, kaumatua and vulnerable whānau. While Māori vaccination rates are lower than rates within the general population, some may feel abandoned or less supported by the health system and government generally. Amongst other measures, targeted and sustained efforts will be required to ensure Māori populations maintain current vaccination status on par with the general population.

Implications related to the removal of My Vaccine Pass requirements from the Framework

154 The use of MVPs has been a rights-limiting measure on individuals, placing barriers to employment (for some) and access to goods and services for unvaccinated people. The use of MVPs has been particularly divisive in a social context and has created barriers for unvaccinated whānau.

155 The removal of MVP requirements is likely to benefit the wellbeing of children and young people, who may have experienced reduced access to services and places because they were unvaccinated or accompanied by an unvaccinated caregiver/family member. How removing MVPs balances the

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rights of those who are unvaccinated, with the rights of those who are extremely vulnerable to infection, is contingent on how successful we are at making sure those in priority communities have the tools, information and resources to sufficiently protect themselves from the worst impacts of COVID-19.

Te Tiriti o Waitangi Analysis

156 The foundation of Te Tiriti as set out in the preamble, is built on a partnership between Māori and the Crown. The Government has committed to this partnership through ongoing and regular engagement with iwi and Māori on decisions about Framework settings and to understand the impact changes may have on Māori. This also gives insight to how the Government can support what Māori consider is the best approach forward and ensure systems are in place to achieve equitable health outcomes for Māori.

157 In relation to the proposals in this paper, we have sought the views of Iwi Chairs, Māori groups, and worked with National Iwi Chairs Forum Pandemic Response Group (NICF PRG) technicians, to understand which restrictions can be removed to maximise freedoms while continuing to protect Māori.

158 The NICF PRG considers that the measures within the Framework should stay available for future preparedness and that measures such as mask wearing, isolating, physical distancing and hand washing are critical to maintaining public health safety and should remain part of the COVID-19 response. There is a preference to err on the side of caution when it comes to considering what measures are removed or endure beyond the peak of the Omicron outbreak, especially given the recent opening of our borders.

159 Loosening restrictions in the future will reduce the burden on Māori, but may increase their risk of contracting COVID-19. Should such changes to the restrictions take place, the ability of the health system to accommodate the needs of Māori should remain a key consideration, with focus on strengthening services that cater to Māori.

160 Specific measures are necessary to protect vulnerable Māori and avoid severe health outcomes, such as providing readily accessible free RATs, antiviral medication, face masks and other wrap around resources some would otherwise struggle to access (such as medicine and food parcels to support isolation). These tools have the potential to significantly improve not only health outcomes, but whānau confidence to return to a relatively ‘normal’ life.

161 Since the beginning of the pandemic, Māori have been disproportionately affected by both COVID-19 and the impact of measures that have been taken to mitigate its spread. Māori will continue to be vulnerable as they are more likely to be exposed to factors that put them at greater risk, such as lower vaccination rates, poverty, crowded housing, intergenerational households, higher rates of co-morbidities, and barriers to accessing health care.

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162 It is critical that there is a focus on measures to minimise the results of inequity for Māori, particularly through initiatives that are led by the communities themselves, and which allow for tino rangatiratanga by Māori.

163 Recent experience has shown that locally organised initiatives can be effective and when Māori are resourced and have options on how to service their own communities, there is a far greater impact. This has become apparent through the success of programmes led and delivered by local Māori and Pasifika providers under the Māori Communities COVID-19 Fund.

164 The NICF PRG have also expressed that ongoing resourcing for Māori providers is critical, as well as generating flexible arrangements for contracting as it has been a constraint on participation so far. The NICF PRG have noted in recent forums with officials that when it comes to public health measures that may or may not remain in the Framework post-peak, compliance is critical to efficacy and so consideration of compliance and public attitudes/sentiment must be a factor.

Human Rights [Legally privileged]

165 s9(2)(h)

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s9(2)(h)

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s9(2)(h)

Consultation

184 The following agencies were consulted on this paper: The Ministries of Social Development, Housing and Urban Development, Justice, Business, Innovation and Employment, Foreign Affairs and Trade, Primary Industries, Pacific Peoples, Transport, Education, Ethnic Communities, and Culture and Heritage. Also consulted were the Parliamentary Counsel Office, New Zealand Customs Service, New Zealand Police, Public Service Commission, Treasury, Office for Seniors, National Emergency Management Agency, Health NZ and the Māori Health Agency, Office for Disability Issues, Oranga Tamariki, Te Arawhiti, Te Puni Kōkiri, and the Departments of Internal Affairs

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and Corrections. The Ministry of Health reviewed the paper and provided specific input, including public health advice and the views and recommendations of the Director-General. The Crown Law Office advised on the Bill of Rights implications.

185 Ministers met with the Chairs of the COVID-19 Advisory Groups, Business Advisory Forum, and the NICF PRG on proposals for the post peak period. Officials met with the Strategic COVID-19 Public Health Advisory Group, the Continuous Improvement Advisory Group and the Community Panel to discuss the review of the Framework and the post-peak period in more detail. The post peak period work was also discussed at a Ministerial Forum with Iwi not affiliated to NICF and a Ministerial Forum with Māori organisations.

186 MBIE and WorkSafe met with business and union health and safety leaders to seek feedback on gradual removals of vaccination requirements and what guidance would be needed. Feedback on this will be provided to Ministers, DPMC and the Ministry of Health, and incorporated into the development of updated guidance material.

Communications

187 A core theme of feedback received as part of the review of the Framework centred on communication. Rapidly shifting settings through the three phases of the Omicron response has meant a large amount of information going to the public, increasing COVID-19 fatigue and lessening social licence. The perceived mildness of Omicron has caused people to question the proportionality of public health requirements. This has created an environment favourable for mis- and disinformation.

188 Understanding our direction of travel for the COVID-19 response will be helpful for the public. Clear and simple communications, which are culturally relevant, in various formats and languages, and tailored for the needs of different communities will continue to be important to support the country's transition to our new normal. The removal and continued use of any public health measures will need to be supported by public health advice, necessitating a need for public health guidance to also sit alongside a self-management approach. Clear rationale for change will help with public buy-in.

189 Engagement with the NICF PRG and Māori organisations highlighted the importance of clear communication when measures are removed, or in the lead up to their removal. The language used has been difficult to understand and further work is needed in the development of targeted communication resources for whānau Māori and Hauora providers.

Proactive Release

190 This paper will be proactively released following Cabinet consideration.

Recommendations

The Minister for COVID-19 Response recommends that the Committee:

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1 note that we are entering a new phase in our response to COVID-19 and it is timely to review our suite of response measures to ensure they remain efficacious and fit for purpose;

2 note that Cabinet directed officials to review the COVID-19 Protection Framework and My Vaccine Pass in early 2022 [CAB-21-MIN-0497; CAB-21-MIN-0438];

3 note that future waves of Omicron and new variants of concern are expected to emerge, and maintaining a flexible strategy will be critical to manage uncertain future risk;

4 note we intend to remove compulsory, broad-based measures from the COVID-19 Protection Framework unless they are clearly justified, proportionate, and the best approach to manage risks to public health in the post-peak and future COVID-19 context;

Workforce vaccination orders and My Vaccine Pass

5 note that public health advice recommends retaining vaccine mandates for some workers at higher risk of exposure and transmission of COVID-19 including from new variants;

6 agree to retain the following workforces in the vaccine mandate order, and review the order again by 27 June 2022 and 26 September 2022:

6.1 Health and disability sector workers (which includes aged care workers);

6.2 Prison staff; and

6.3 Border and MIQ workers;

7 agree to remove vaccination mandates for early childhood and schooling education workers at the same time as removing My Vaccine Pass requirements;

8 direct the Ministry of Health to report back by early April on a review of the health and disability sector workers vaccine mandate order, with a view to narrowing the workers to which it applies, if appropriate;

9 note that in the context of high vaccination rates and the imminent peak in hospitalisations, My Vaccine Pass has fulfilled its original purpose and is no longer required as a mandatory measure in the post-peak phase;

10 s9(2)(h) [legally privileged];

11 agree to remove My Vaccine Pass requirements from the COVID-19 Protection Framework and the vaccine requirement for workers of premises

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where My Vaccine Pass is used from the Vaccinations Order (including tertiary education) at 11:59pm Monday 4 April;

12 note that the Ministry of Business, Innovation and Employment and WorkSafe are engaging with business and union stakeholders to update guidance to reflect the removal of vaccination mandates and the shift of more responsibility to employers / PCBUs to determine if they wish to retain any restrictions on entry to places or requirements on workers on health and safety grounds or for other reasons;

13 note that the Ministry of Business, Innovation and Employment will provide advice to the Minister for Workplace Relations and Safety this week on the implications of updated public health advice for whether the COVID-19 Public Health Response (Vaccination Assessment Tool) Regulations 2021 needs to be amended or revoked;

14 note that the My Vaccine Pass infrastructure will be updated with information on boosters and retained in the event it is used voluntarily by businesses or is required for mandated use in the future;

Changes to the COVID-19 Protection Framework

15 note that the removal of My Vaccine Pass from the COVID-19 Protection Framework presents an opportunity to simplify the measures;

16 agree to make the following changes to the COVID-19 Protection Framework from Monday 4 April;

17 agree, at Green:

17.1 to remove all face mask requirements (their use will be guidance only);

17.2 that no other capacity or gathering limits will apply;

18 agree, at Orange to:

18.1 retain current requirements for the use of face masks indoors;

18.2 remove all outdoor face mask requirements;

18.3 extend face mask requirements to workers at indoor events;

18.4 carry over the requirement at Red for specified public-facing workers to wear medical grade masks to Orange;

18.5 remove all outdoor capacity limits;

18.6 only apply indoor capacity limits where people are unseated (e.g. larger events, gatherings, gyms, and some food and drink businesses such as large night clubs), with limits in these settings being the greater of 500 people or maximum capacity based on one metre physical

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distancing, meaning large venues will be able to have more than 500 people;

19 agree, at Red to:

19.1 retain current requirements for the use of face masks indoors;

19.2 retain current requirements for specified public-facing workers to wear medical grade masks;

19.3 remove all outdoor face mask requirements;

19.4 remove all outdoor capacity limits;

19.5 that indoor capacity limits at Red for events, gatherings, food and drink businesses and gyms are increased from up to 100 people to up to 200 people based on 1 metre physical distancing;

19.6 that the current indoor capacity limits at Red for public facilities, retail and some education entities are retained and continue to be determined based on 1 metre physical distancing;

20 agree to amend record keeping requirements at all levels to:

20.1 continue to require workplaces, public transport services and events to display COVID Tracer QR code posters, but no longer require alternative (e.g., paper-based) forms of record keeping be provided; and

20.2 remove the requirement for certain businesses and services, events and gatherings to have systems and processes in place to ensure people who enter their workplace or premises make a record of their visit;

21 direct the Ministry of Health and Department of the Prime Minister and Cabinet to review the current health factors, indicative risk assessments and thresholds that Cabinet previously agreed would inform decisions to shift the country (or parts of it) between Framework levels [CAB-21-MIN-0421 refers], and report back to the COVID-19 Ministerial Group on any recommendations for change to these considerations by Friday 1 April;

22 agree to review the country's Framework colour level on Monday 4 April based on latest public health advice;

23 invite the Minister for COVID-19 Response to return to Cabinet by August 2022 with advice on the future of the COVID-19 Protection Framework;

Implications of changes to the COVID-19 Protection Framework

24 s9(2)(f)(iv)

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25 invite the Minister for Social Development and Employment to report back to Cabinet in April on the transition plan for Care in the Community;

26 note that if the above changes to indoor capacity limits at Orange are agreed, that changes will be also be needed for the Events Transition Support Payment Scheme;

27 agree to remove the requirement for eligible Events Transition Support Payment Scheme events to use My Vaccine Pass;

28 note that Ministers agreed to remove all cancellation triggers for Events Transition Support Payment Scheme events up until 3 April 2022 due to the Omicron outbreak, with the cancellation triggers being reinstated for events after 3 April 2022;

29 agree to replace the Events Transition Support Payment Scheme cancellation triggers with the following, for events after 3 April 2022:

29.1 the event is in an area that is operating under COVID-19 Protection Framework restrictions, which explicitly prohibit the event from occurring (for example Orange or Red on the date/s of the event); or

29.2 the event is in an area that is operating under COVID-19 Protection Framework restrictions which explicitly prohibit the event from occurring at any point within the six-week period prior to the start of the event and there has been no explicit announcement yet regarding the settings for the specific date/s of the event; or

29.3 the lead artist/subject is required by the Ministry of Health to self-isolate over the period of the event and there is no available alternative artist;

Test, trace, isolate and quarantine strategy

30 agree to retain the current case and household contact investigation and management settings;

31 note digital self-management tools enable cases to self-support and notify their own contacts, as well as help identify those who may be eligible for therapeutics (if needed) based on their clinical risk;

32 note that the use of contact tracing processes will continue to be valuable in high-risk settings;

33 note Ministry of Health advice to retain the current self-isolation period for cases and household contacts (7 days);

34 note the Ministry of Health will review isolation periods for cases and household contacts monthly to ensure these legal requirements are proportionate and balanced against wider societal and system pressures;

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35 agree to retain the current testing settings, at least until the end of winter with Rapid Antigen Tests as the primary test for the public, or until a time otherwise consistent with the Testing Strategy and/or Testing Plan referred to in recommendation 36;

36 invite the Associate Minister for COVID-19 Response to report back to Cabinet with an updated Testing Strategy and Testing Plan for the medium-term in April 2022;

37 note that the Ministry of Health, Ministry of Business, Innovation and Employment, and other relevant health research funders will commence work to better support testing innovation, including via establishing a clear end-to-end pathway (concept to trial and implementation)

38 note surveillance priorities post-Omicron peak are being finalised, with review from external experts, and that an update on the implementation of surveillance priorities will be provided to COVID-19 Ministers at the end of April;

39 invite the Minister for COVID-19 Response and the Associate Minister for COVID-19 Response to report back to Cabinet at the end of April with advice on a surveillance strategy;

40 agree to include the testing and isolation requirements in the Framework, enabling consideration of changes to these settings in tandem with consideration of changes in colours to ensure consistency across measures;

41 note that recommendation 40 does not mean a transfer in functions between agencies;

42 note that officials will report back to the Ministers of Finance, Social Development and Employment, and Workplace Relations and Safety in April on the Leave Support Scheme and Short-Term Absence Payment, including advice on the future role of these schemes in our COVID-19 response;

Long-term strategy

43 note in the long-term officials are planning for a most likely scenario where the removal of the COVID-19 Protection Framework and COVID-19 specific legislation can be achieved safely;

44 note that officials will undertake further work in March and April to prepare us for the potential long-term outcomes across:

44.1 Surveillance of COVID-19 in New Zealand;

44.2 Immunisation programme;

44.3 Access to treatments;

44.4 Targeted protections for the most vulnerable;

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44.5 Behaviour and culture change that could assist with a public led response;

44.6 Institutional settings required to shift us out of response mode;

45 note that the Department of Prime Minister and Cabinet will report back to the Ministers for COVID-19 Response and Māori Crown Relations, in April, with advice on responding to the recommendations of the Waitangi Tribunal's December 2021 *Haumaru* COVID-19 report, including advice on the proposal to monitor Māori outcomes related to COVID-19;

46 agree that the Prime Minister announces today's decisions.

Authorised for lodgement

Hon Ayesha Verrall
Associate Minister for COVID-19 Response

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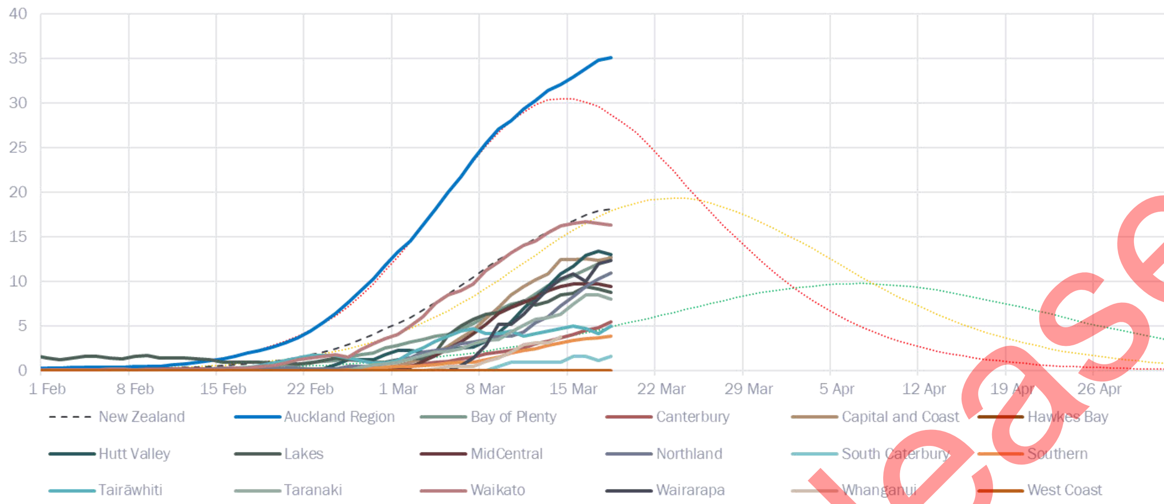
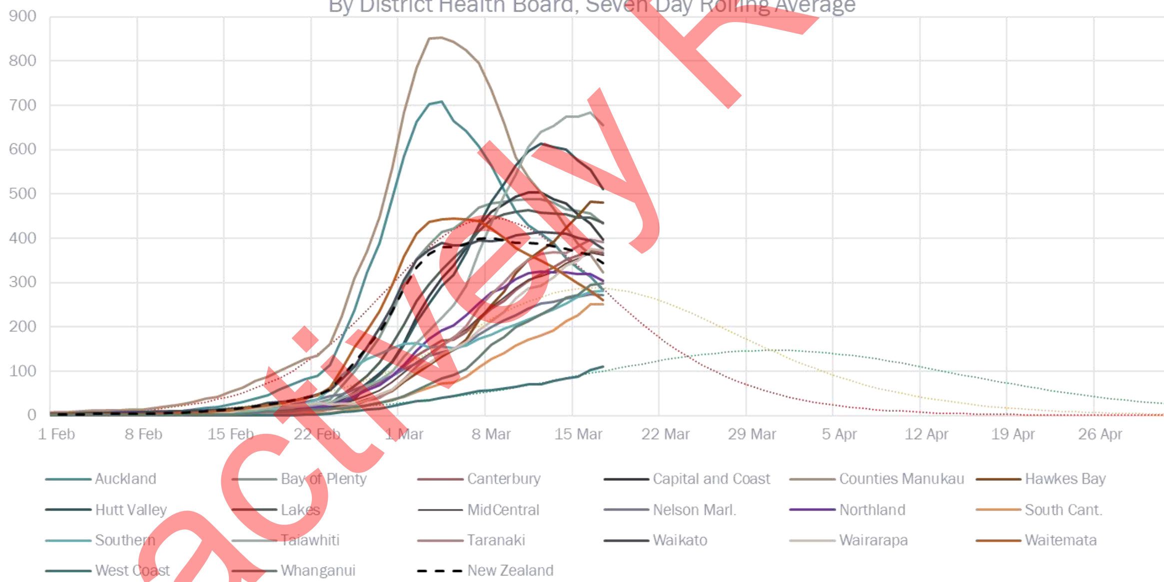
Appendix 1 – Hospitalisations and cases compared with modelling





Source: COVID19 Modelling Aotearoa Branching Process Model, Ministry of Health

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Appendix 2: Proposed Post Peak COVID-19 Protection Framework Settings (with isolation and testing requirements incorporated)

Red Broad-based public health restrictions to respond to an outbreak, or imminent risk of an escalating outbreak. The most restrictive level of the Framework.	**Legal Requirements** • Workplaces, events, and public transport are required to display COVID Tracer QR codes. • Face masks required indoors in many places (e.g. on flights, public transport, at retail, events, some gatherings, schools (years 4 - 13), tertiary, close proximity businesses and in public facilities). • No outdoor capacity limits • Indoor capacity caps based on 1m physical distancing - Public facilities (e.g. libraries, museums, public pools), Retail (e.g. shops, banks, outdoor markets, takeaway-only businesses), Tertiary education. • Indoor capacity limits of up to 200 people based on 1m physical distancing - hospitality (e.g. cafes, restaurants, bars), gyms, events (e.g. cinemas, concerts, auctions, sporting events), other gatherings (e.g. weddings, tangihanga, faith-based services, marae, social sports, community gatherings, fairs). • Gatherings at a private residence – up to 200 people.	**Guidance** • QR scanning encouraged. • Face masks encouraged in places not legally required. • Workplaces – working from home if practical. • Education (schools & ECE) – open with public health measures in place. • Keeping up healthy habits (e.g. washing hands, distancing, staying home when unwell).
Orange Public health restrictions are limited, to only those needed to slow the spread of COVID-19 and ensure pressure on the health system remains manageable.	**Legal Requirements** • Workplaces, events, and public transport are required to display COVID Tracer QR codes. • Face masks are required indoors in some places (e.g. on flights, public transport, taxis, retail, public facilities, within specified services, and for workers at gatherings, events, close proximity businesses and food and drink businesses • No outdoor capacity limits.	**Guidance** • QR scanning encouraged. • Face masks encouraged in places not legally required • Education (schools, ECE, tertiary) – open with public health measures in place. • Keeping up healthy habits (e.g. washing hands, distancing, staying home when unwell).

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	• Indoor capacity limits only apply to defined spaces where there are 500 or more people and all or some of those people are unseated e,g, larger events, gatherings, gyms, and some food and drink businesses such as large night clubs. Limits will be the greater of 500 people or maximum capacity based on one metre physical distancing.	
Green Guidance only. The least restrictive level of the Framework	**Legal Requirements** • Workplaces, events, and public transport are required to display COVID Tracer QR codes.	**Guidance** • QR scanning encouraged. • Face masks encouraged on public transport and recommended elsewhere. • Keeping up healthy habits (e.g. washing hands, distancing, staying home when unwell).
Medical Grade Face Mask Requirements for public-facing workers at Red and Orange	Requirement applies to public-facing workers at Gyms, Food and drink businesses, Events, Close-proximity businesses, Border staff, Corrections, Education workers (except tertiary). *Note: This is tied to the vaccine mandates and MVP requirements which will require some work to the Order to maintain if MVPs are removed from the COVID-19 Protection Framework.*	
Test, trace, isolate and quarantine strategy	• 7 day self-isolation periods for cases and household contacts (legal requirement). • Cases are not required to self-isolate in the 3 months following exposure if they become a household contact or a case again (legal requirement). • RATs remain the primary tool for detecting cases, PCR testing may be used when clinically appropriate.	

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Cabinet Social Wellbeing Committee

Minute of Decision

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The COVID-19 Response for Post-peak Omicron

Portfolio **COVID-19 Response**

On 16 March 2022, the Cabinet Social Wellbeing Committee **referred** the submission under SWC-22-SUB-0039 to Cabinet on 21 March 2022 for further consideration, revised as appropriate in light of discussion at the meeting.

Rachel Clarke
Committee Secretary

Present:
Rt Hon Jacinda Ardern
Hon Grant Robertson
Hon Kelvin Davis
Hon Dr Megan Woods
Hon Carmel Sepuloni (Chair)
Hon Andrew Little
Hon David Parker
Hon Poto Williams
Hon Damien O'Connor
Hon Kris Faafoi
Hon Peeni Henare
Hon Willie Jackson
Hon Dr Ayesha Verrall
Hon Meka Whaitiri
Hon Priyanca Radhakrishnan

Officials present from:
Office of the Prime Minister
Office of the Chair
Officials Committee for SWC

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Cabinet

Minute of Decision

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The COVID-19 Response for Post-peak Omicron

Portfolio **COVID-19 Response**

On 21 March 2022, following reference from the Cabinet Social Wellbeing Committee, Cabinet:

1 **noted** that New Zealand is entering a new phase in its response to COVID-19 and it is timely to review the suite of response measures to ensure they remain efficacious and fit for purpose;

2 **noted** that in October and November 2021, Cabinet directed officials to review the COVID-19 Vaccination Certificates (My Vaccine Pass) and COVID-19 Protection Framework in early 2022 [CAB-21-MIN-0438, CAB-21-MIN-0497];

3 **noted** that future waves of Omicron and new variants of concern are expected to emerge, and maintaining a flexible strategy will be critical to managing uncertain future risk;

4 **noted** the intention to remove compulsory, broad-based measures from the COVID-19 Protection Framework unless they are clearly justified, proportionate, and the best approach to manage risks to public health in the post-peak and future COVID-19 context;

Workforce vaccination orders and My Vaccine Pass

5 **noted** that public health advice recommends retaining vaccine mandates for some workers at higher risk of exposure and transmission of COVID-19 including from new variants;

6 **agreed** to retain the following workforces in the vaccine mandate order, and to review the order again by 27 June 2022 and 26 September 2022:

6.1 Health and disability sector workers (which includes aged care workers);

6.2 Prison staff;

6.3 Border and MIQ workers;

7 **agreed** to remove vaccination mandates for:

7.1 early childhood and schooling education workers at the same time as removing My Vaccine Pass requirements;

8 **directed** the Ministry of Health to report back by early April 2022 on a review of the health and disability sector workers vaccine mandate order, with a view to narrowing the workers to which it applies, if appropriate;

9 **directed** Corrections to report back by early April 2022 on a review of the mandates for prison staff, alongside the review of the health and disability sector workers vaccine mandate order in paragraph 8;

10 **noted** that in the context of high vaccination rates and the imminent peak in hospitalisations, My Vaccine Pass has fulfilled its original purpose and is no longer required as a mandatory measure in the post-peak phase;

11 s9(2)(h) [legally privileged];

12 **agreed** to remove My Vaccine Pass requirements from the COVID-19 Protection Framework and the vaccine requirement for workers of premises where My Vaccine Pass is used from the Vaccinations Order (including tertiary education) at 11:59pm on Monday 4 April 2022;

13 **noted** that the Ministry of Business, Innovation and Employment (MBIE) and WorkSafe are engaging with business and union stakeholders to update guidance to reflect the removal of vaccination mandates and the shift of more responsibility to employers / PCBUs (Person Conducting a Business or Undertaking) to determine if they wish to retain any restrictions on entry to places or requirements on workers on health and safety grounds or for other reasons;

14 **noted** that MBIE will provide advice to the Minister for Workplace Relations and Safety by 25 March 2022 on the implications of updated public health advice for whether the COVID-19 Public Health Response (Vaccination Assessment Tool) Regulations 2021 needs to be amended or revoked;

15 **noted** that MBIE will also provide advice to support businesses who may to choose to use Rapid Antigen Testing as part of wider public health efforts to reduce the transmission of COVID-19 in the workplace;

16 **noted** that the My Vaccine Pass infrastructure will be updated with information on boosters and retained in the event it is used voluntarily by businesses or is required for mandated use in the future;

Changes to the COVID-19 Protection Framework

17 **noted** that the removal of My Vaccine Pass from the COVID-19 Protection Framework presents an opportunity to simplify the measures;

18 **agreed** to change the COVID-19 Protection Framework as outlined in paragraphs 19-21 and implement these changes by Friday 25 March;

19 **agreed**, at Green:

19.1 to remove all face mask requirements (their use will be guidance only);

19.2 that no other capacity or gathering limits will apply;

20 **agreed**, at Orange to:

20.1 retain current requirements for the use of face masks indoors;

20.2 remove all outdoor face mask requirements;

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20.3 extend face mask requirements to workers at indoor events;

20.4 carry over the requirement at Red for specified public-facing workers to wear medical grade masks to Orange;

20.5 remove all outdoor capacity limits;

20.6 remove all indoor capacity limits but strongly encourage allocated seating or 1 metre physical distancing, particularly for events of 500 or more people;

21 **agreed**, at Red:

21.1 to retain current requirements for the use of face masks indoors;

21.2 to retain current requirements for specified public-facing workers to wear medical grade masks;

21.3 to remove all outdoor face mask requirements;

21.4 to remove all outdoor capacity limits;

21.5 that indoor capacity limits at Red for events, gatherings, food and drink businesses and gyms are increased from up to 100 people to up to 200 people based on 1 metre physical distancing;

21.6 that the current indoor capacity limits at Red for public facilities, retail and some education entities are retained and continue to be determined based on 1 metre physical distancing;

22 **agreed** to amend record keeping requirements at all levels to:

22.1 remove the requirement for certain businesses and services, events and gatherings to have systems and processes in place to ensure people who enter their workplace or premises make a record of their visit;

22.2 require workplaces, public transport services and events to retain capability to swiftly reinstall COVID Tracer QR code posters, and no longer require that alternative (e.g., paper-based) forms of record keeping be provided;

23 **directed** the Ministry of Health and Department of the Prime Minister and Cabinet (DPMC) to:

23.1 review the current health factors, indicative risk assessments and thresholds that Cabinet previously agreed would inform decisions to shift the country (or parts of it) between Framework levels [CAB-21-MIN-0421];

23.2 report back to the COVID-19 Ministerial Group on any recommendations for change to the above considerations by 1 April 2022;

24 **agreed** to review the country's Framework colour level on Monday 4 April 2022 based on latest public health advice;

25 **invited** the Minister for COVID-19 Response to return to Cabinet s9(2)(f)(iv) with advice on the future of the COVID-19 Protection Framework;

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Implications of changes to the COVID-19 Protection Framework

26 s9(2)(f)(iv)

27 **invited** the Minister for Social Development and Employment and Minister of Health to report back to Cabinet in April 2022 on the transition plan for Care in the Community;

28 **noted** that the changes to indoor capacity limits at Orange in paragraph 20.6 will require subsequent changes to be made to the Events Transition Support Payment Scheme;

29 **agreed** to remove the requirement for eligible Events Transition Support Payment Scheme events to use My Vaccine Pass;

30 **noted** that:

30.1 in January 2022, COVID-19 Recovery Ministers with Power to Act agreed to remove all cancellation triggers for eligible Events Transition Support Payment Scheme events scheduled to begin between 23 January and 3 April 2022 due to the Omicron outbreak and move to the Red setting;

30.2 in February 2022, the Cabinet Economic Development Committee agreed to reinstate cancellation triggers for events from 4 April 2022 and to extend the Events Transition Support Payment Scheme to 31 January 2023 [DEV-22-MIN-0007];

31 **agreed** to replace the Events Transition Support Payment Scheme cancellation triggers with the following, for events after 3 April 2022:

31.1 the event is in an area that is operating under COVID-19 Protection Framework restrictions, which explicitly prohibit the event from occurring (for example Orange or Red on the date/s of the event); or

31.2 the event is in an area that is operating under COVID-19 Protection Framework restrictions which explicitly prohibit the event from occurring at any point within the six-week period prior to the start of the event and there has been no explicit announcement yet regarding the settings for the specific date/s of the event; or

31.3 the lead artist/subject is required by the Ministry of Health to self-isolate over the period of the event and there is no available alternative artist;

Test, trace, isolate and quarantine strategy

32 **agreed** to retain the current case and household contact investigation and management settings;

33 **noted** that digital self-management tools enable cases to self-support and notify their own contacts, as well as help identify those who may be eligible for therapeutics (if needed) based on their clinical risk;

34 **noted** that the use of contact tracing processes will continue to be valuable in high-risk settings;

35 **noted** the Ministry of Health advice to retain the current self-isolation period for cases and household contacts (7 days);

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36 **noted** the Ministry of Health will review isolation periods for cases and household contacts monthly to ensure these legal requirements are proportionate and balanced against wider societal and system pressures;

37 **agreed** to retain the current testing settings, at least until the end of winter 2022 with Rapid Antigen Tests as the primary test for the public, or until a time otherwise consistent with the Testing Strategy and/or Testing Plan referred to in paragraph 38;

38 **invited** the Associate Minister for COVID-19 Response to report back to Cabinet in April 2022 with an updated Testing Strategy and Testing Plan for the medium-term;

39 **noted** that the Ministry of Health, MBIE, and other relevant health research funders will commence work to better support testing innovation, including via establishing a clear end-to-end pathway (concept to trial and implementation);

40 **noted** that surveillance priorities post-Omicron peak are being finalised, with review from external experts, and that an update on the implementation of surveillance priorities will be provided to COVID-19 Ministers by 30 April 2022;

41 **invited** the Minister for COVID-19 Response and the Associate Minister for COVID-19 Response to report back to Cabinet by 30 April 2022 with advice on a surveillance strategy;

42 **agreed** to include the testing and isolation requirements in the Framework, enabling consideration of changes to these settings in tandem with consideration of changes in colours to ensure consistency across measures;

43 **noted** that the decision in paragraph 42 does not mean a transfer in functions between agencies;

44 **noted** that officials will report back to the Minister of Finance, Minister for Social Development and Employment, and Minister for Workplace Relations and Safety in April 2022 on the Leave Support Scheme and Short-Term Absence Payment, including advice on the future role of these schemes in our COVID-19 response;

Long-term strategy

45 **noted** that in the long-term officials are planning for a most likely scenario where the removal of the COVID-19 Protection Framework and COVID-19 specific legislation can be achieved safely;

46 **noted** that officials will undertake further work in March and April 2022 to prepare for the potential long-term outcomes across:

46.1 Surveillance of COVID-19 in New Zealand;

46.2 Immunisation programme;

46.3 Access to treatments;

46.4 Targeted protections for the most vulnerable;

46.5 Behaviour and culture change that could assist with a public led response;

46.6 Institutional settings required to shift us out of response mode;

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47 **noted** that DPMC will report back to the Minister for COVID-19 Response and Minister for Māori Crown Relations in April 2022 with advice on responding to the recommendations of the Waitangi Tribunal's December 2021 *Haumaru* COVID-19 report, including advice on the proposal to monitor Māori outcomes related to COVID-19;

48 **agreed** that the Prime Minister announces the above decisions.

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Michael Webster
Secretary of the Cabinet