

COVID-19 PROTECTION FRAMEWORK: REVIEW

Background

1. On 18 October 2021, Cabinet agreed to shift from an elimination to a minimise and protect COVID-19 strategy, protecting our health system and those most at risk of severe disease.
2. To support the minimise and protect strategy, the country moved in early December from the Alert Level System to the COVID-19 Protection Framework [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.
3. Cabinet asked officials to review the Framework and use of My Vaccine Passes (MVPs) in early 2022 [CAB-21-MIN-0497 and CAB-21-MIN-0438 refer]. The government has kept the Framework's settings under continual review to ensure they remain fit for purpose as the pandemic evolves. Amendments to the application and scope of some settings have been made in response to feedback received from government agencies and stakeholders, or to emerging information about Omicron. The review informing this paper has looked at both the Framework's settings and its overall efficacy in the Omicron context.

Efficacy of the COVID-19 Protection Framework in the Omicron context

4. We have considered the overall efficacy of the Framework and assessed whether its use, or restrictions within it, need to change to support the short (now) and medium (post-peak) term COVID-19 response.
5. When Cabinet agreed to the Framework, Cabinet agreed its goals would be to:
 - a) maximise vaccination – including ensuring good coverage across geographic areas, age range, and ethnicity to prevent outbreaks;
 - b) maintain effective testing, tracing and isolating of cases and contacts when they do arise;
 - c) control transmission of the virus through sustainable public health measures;
 - d) give as much certainty and stability as possible for people, and business, including by removing the need for Alert Level 3 and 4 lockdowns;
 - e) catch cases at the border, but work towards removing the bottlenecks, and being more open;
 - f) ensure our hospitals and public health system are well equipped to care for cases if and when they do arise; and
 - g) maintain equity in health and economic outcomes [CAB-21-MIN-0406].
6. Based on analysis of these objectives, we are confident that the Framework is working as intended in the Omicron context. There are high vaccination rates across the country, a health system that is responding well to increasing pressure (although it is experiencing strain and delays, particularly at primary care), and more economic and social activities are being enjoyed compared to higher levels of the Alert Level System.

7. Overall, latest information and feedback from agencies and stakeholders suggests that the Framework is working as intended from a health perspective s9(2)(g)(i)

The Treasury advise the estimated cost of the country being at Red since 24 January has totalled about \$1,249 million, compared to no public health restrictions except the border remaining closed.

8. Although the Framework is working as intended, some communities are still being disproportionately impacted by COVID-19. Officials are conscious of the Waitangi Tribunal's recommendations following its *Haumarū* report in December 2021. This has already led to some changes in the way we work for example the paediatric vaccine roll-out and Health's equity programme distributing rapid antigen tests to hauora providers.
9. Stakeholder feedback suggests some at-risk populations (e.g., disability groups, older people, Māori and Pasifika) feel economic recovery has been prioritised over their protection. The extent of broader social and economic impacts of COVID-19 – spanning sport, events, culture, faith and wider social interactions – are well known. Clear guidance, communications and support has helped to mitigate some of these impacts. Recovery will be accelerated by removal of rights-limiting measures in the post-peak phase of our response.
10. Simplicity and clarity of measures should continue to 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 also reportedly created some confusion about what is expected of people at home, at work and in the community, with calls for more stability in settings made by some stakeholders.

Detailed assessment of the COVID-19 Protection Framework against its agreed objectives

11. This paper provides an assessment of how well the Framework is meeting its previously agreed objectives.

Health outcomes

12. New Zealand now has some of the highest vaccination rates in the world, with approximately 94 percent of those aged 12 and over having had two doses of an approved vaccine. Achieving this high rate of vaccination can, in part, be attributed to the use of MVPs, which are the foundation of the current Framework. A wide range of other efforts, including specific funding to boost vaccination rates of Māori and Pacific peoples, have also contributed to high vaccination rates across the general population.
13. Although the test, trace, isolate and quarantine strategy sits outside of the Framework, mandatory record keeping (a Framework requirement) did support contact tracing and isolation of contacts leading up to widespread of Omicron transmission. The levels of the Framework have been useful to indicate COVID-19 risk levels to the public, which has generally prompted increased testing. Testing rates have risen since all parts of the country moved to Red on Sunday 23 January 2022.
14. Framework restrictions, including face masks, record keeping, vaccination status and capacity limits, have all played a part in controlling transmission of COVID-19. While still providing some protection, current vaccinations are however less effective at protecting people from symptomatic COVID-19 infection due to Omicron. As most of the population is

vaccinated, almost all cases are occurring in people who are 'fully vaccinated' (two doses of the Pfizer vaccine).

15. The combination of Framework restrictions and vaccinations have helped to reduce pressure on the health system. Although the health system is currently under strain and experiencing delays as a result of Omicron (in part due to staff isolation requirements), vaccines have been effective at reducing the likelihood of severe COVID-19 illness and hospitalisation from the Omicron variant.
16. Because the Framework does not include specific protections for those more susceptible to the effects of COVID-19 (including certain iwi, Māori from the disabled community and individual Māori in some areas, and older people), these groups reportedly feel their needs have been neglected. Some people within these at-risk groups consider economic recovery has been prioritised over their protection.

Border outcomes

17. The Framework has supported our approach at the border, supporting us to prepare domestically for Omicron and enabling the progressive reopening of New Zealand's borders.
18. Effective domestic measures, including high vaccination rates, testing and isolation requirements have supported management of the domestic outbreak and have meant that the borders can progressively re-open with a level of confidence that additional border arrivals will not overwhelm the health system.
19. Further work is underway by the Ministry of Health to consider the use of the Very High-Risk classification and associated border measures (such as MIQ or other risk mitigation options) in the current context. For example, this could include responding to a serious variant of concern. However, future use of this classification would need to be determined in light of the current high vaccination rates and the added immunity boost that the Omicron variant will add for many both domestically and internationally.

Social outcomes

20. That there has been mixed feedback about whether the Framework has provided greater certainty and stability for different groups. Some have reportedly found the Framework and associated approaches (e.g., the phased Omicron response) more confusing, especially as settings within the levels of the Framework have been progressively tweaked. This has made it hard for some to plan for the impact of each level on their sector or community. On the other hand, others have reportedly found the Framework less complex than the Alert Level System, which has improved certainty and stability. Most feedback indicated the Framework was preferable to widespread lockdowns.
21. Concerns remain about social licence as the settings within the Framework and our COVID-19 response continues to be updated and amended, as needed. Confusion about the Omicron response phases, isolation rules and rationale, and testing has been reported recently through Unite Against COVID-19 channels. Officials are also seeing an increase in misinformation (particularly relating to the vaccine), online harms and related activity. This trend, coupled with misunderstanding about restrictions and why they are needed, may result in erosion of social licence especially as New Zealanders look at the freedoms being enjoyed off-shore.
22. The use of MVPs has been particularly divisive, with some in the community associating MVPs with government control and removal of individual rights and freedoms. There is a

sense that MVPs have “caused damage”, and “divided the vaccinated and unvaccinated”. Sentiment research conducted on behalf of DPMC in January 2022 reported disagreement with vaccine mandates (including the use of MVPs) as the third most popular driver of feeling like the current response is ‘going in the wrong direction’ (28 percent of those surveyed). For others, the use of MVPs has provided confidence e.g., to visit hospitality venues.

23. Feedback also indicates that the negative impacts of MVPs has been disproportionately felt in certain communities. Engagement with the National Iwi Chairs Forum Pandemic Response Group (NICF PRG) has reflected that MVPs have isolated some whānau, negatively impacting communities in terms of access, where MVPs have created barriers for whānau who are not vaccinated. Te Puni Kōkiri have received reports that Māori businesses are struggling to continue operating as they have lost customers due to the vaccine pass requirements.
24. Feedback from Māori groups also requested the need for clear and simple communications when measures are removed (or leading up to their removal). This also included enough time for Māori to understand the impacts of the removal of these measures for their communities.

Economic outcomes

25. Knowing that most businesses and services can operate at all levels of the Framework may have provided a sense of certainty and stability for some New Zealanders. However, the extent people have chosen to self-regulate and avoid higher-risk settings as the Omicron outbreak advances has exacerbated economic impacts. This behaviour has been demonstrated by lower spending and activity levels.
26. As at Thursday 24 February, Treasury advised electronic card spending had increased across New Zealand, rising to be 7.4 percent below the same level in 2020. However, latest reporting shows a decline in aggregate electronic card spending, suggesting that rising COVID-19 case numbers are lowering economic activity. Total Jobseeker Support numbers continue to fall as seasonal work becomes available and tertiary education resumes. Applications for the latest COVID-19 Support Payment have been high. As at 1pm Thursday 10 March, \$323.27million had been disbursed to 65,439 applicants.

Faith-based and cultural activities

27. A number of faith-based organisations that operate churches or mosques have made a claim to the High Court in relation to the Framework. The claim states that the Framework limits the rights of people of faith, their churches, and their mosques to practise their faith. There have been concerns with how the Framework mandates the use of MVPs, requiring faith-based organisations to either exclude or segregate their congregations, limiting religious freedom.
28. Places of worship have also raised concerns relating to the different measures within the Framework, in particular seeking clarification on the requirements for capacity limits, masks, physical distancing and treatment for vaccinated and unvaccinated members. Officials have worked alongside the Inter Church Bureau to provide updated guidance and ensure it addresses the common queries and implementation issues that places of worship have faced operating under the Framework.
29. Although the Framework has been a helpful guide for businesses, employers and employees, regular updates and tweaks to the settings, as we have moved through the levels of the Framework and the phases of the Omicron response, have led to some

confusion. For ethnicities and communities who are culturally and linguistically diverse this has resulted in difficulties to understand and then apply these settings.

30. The continual postponement and cancellation of social and cultural gatherings, events and festivals may lead to an increased disconnect between people and ethnic groups. For example, Diwali festivals are pivotal in other New Zealanders understanding and connecting with those for whom it is an important cultural element.
31. In general, there has been increased ability to attend tangihanga, marae, and faith-based services under the Framework (with some restrictions based on whether vaccine passes are used or not). However, some marae have chosen to no longer allow gatherings, while others have significantly reduced the number of people who can attend gatherings or be on the premises. This has led to a number of impacts such as less koha to support the overhead costs of marae, or poor emotional and mental wellbeing as whānau are unable to carry out traditional burial practices or share important events with their whānau.
32. The Framework's gathering restrictions have also impacted many hui and religious gatherings that would traditionally occur face to face. While some have shifted to being conducted online, it has impacted negatively on those who have difficulties with technology or have limited or no access to the internet. Moving cultural practices and activities online has worsened inequities for whānau and aiga who experience barriers to connectivity.
33. Reducing access to hui and religious services has created feelings of being disconnected from the benefits that these significant cultural and community structures add to the overall wellbeing of ethnic communities. In the long-term, this has the potential to disconnect people from their cultural identity.
34. Via engagement with the NICF PRG, we understand that they consider that the COVID-19 response needs to recognise that Māori should be considered as whānau and not as individuals alone. There are concerns about restrictions that some services have put in place to respond to Omicron, which have created negative outcomes for Māori. For example, limits on use of support people at court hearings and hospitals.

Officials' assessed options for change against a set of principles

35. DPMC are drafting a Cabinet paper for consideration at SWC on Wednesday 16 March 2022 which provides a high-level overview of the Framework review, and seeks decisions on the post-peak COVID-19 response. The following principles were used to guide analysis of the current COVID-19 restrictions in the Framework and recommend changes to support the post-peak response:
 - a) New Zealand Bill of Rights Act 1990 rights will be restored as soon as possible. Where possible, less rights limiting measures should be applied to achieve a similar outcome;
 - b) The response and measures will give effect to the Treaty of Waitangi;
 - c) Measures must materially contribute to the response objectives and be proportionate to the level of public health risk, while minimising social and economic costs;
 - d) Response measures are most effective when people understand them and the rationale;
 - e) Social licence for the overall response and compliance with measures is essential for a successful strategy;

- f) Measures rarely work in isolation – consideration needs to be given to the integrity of the response overall and alignment with other measures;
- g) Some measures would be difficult to reintroduce once removed and consideration should be given to the future utility of measures, if removed;
- h) The post-peak phase is a runway to the longer-term response – we need to think about how we transition to a sustainable approach over time; and
- i) When removing measures, it is important that whānau, individuals, businesses, iwi and other organisations have the resources and information to manage any significant, residual risk.

Medium term response objectives informed consideration for change

36. Immediate changes to current COVID-19 restrictions have the potential to limit longer term response options. To ensure proposed changes are sustainable, officials have considered the following set of objectives to inform considerations for change:
- a) Pursue equity in COVID-19 health outcomes for Māori and Pacific peoples in particular;
 - b) Resume normal social and economic activity – remove restrictions unless they are necessary to reduce COVID-related health impacts;
 - c) Continue to reduce COVID-19 related hospitalisations, and strain and delays in the health system;
 - d) Continue to empower private and community sectors to manage COVID-19 in their workplaces and communities;
 - e) Develop measures to support Māori response to and recovery from COVID-19 in partnership with Māori;
 - f) Support future resilience to COVID-19 and our ability to respond to changes in risk;
 - g) Ensure we have systems in place to enable surveillance of COVID-19 in the community and at the border so we can respond to outbreaks quickly;
 - h) People feel confident and safe; and
 - i) The system of measures is simple, predictable, certain and stable.
37. Both the principles and objectives were tested with stakeholders and refined at engagement meetings in early March.

Next Steps

38. DPMC are currently drafting a Cabinet paper for consideration at SWC on Wednesday 16 March 2022. This Cabinet paper will build on the review work outlined in this paper, public health advice, as well as feedback received from agencies and their networks. It will also reflect feedback received from DPMC engagement with the National Iwi Chairs Pandemic Response Group, the COVID-19 Independent Continuous Review, Improvement and Advice Group, the Strategic Public Health Advisory Group, and the Business Leaders Forum.

Consultation

39. The following agencies were consulted on this advice as part of the Cabinet paper process (which this information was originally included in): The Ministries of Social Development, Health, 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 Crown Law Office, Parliamentary Counsel Office, New Zealand Customs Service, New Zealand Police, Public Service Commission, Treasury, National Emergency Management Agency, Office for Disability Issues, Oranga Tamariki, Te Arawhiti, Te Puni Kōkiri, and the Departments of Internal Affairs and Corrections.
40. The advice provided by agencies was prompted by a questionnaire to understand the impacts of the Framework on their relevant sectors. Agencies also sent the questionnaire to their networks to ensure there was well-rounded feedback from sectors and communities across regions. Feedback on the questionnaire was received by the Ministries of Business, Innovation and Enterprise, Culture and Heritage, Education, Health, Justice, Transport, Primary Industries, Pacific Peoples, Social Development, the National Emergency Management Agency, NZ Customs, Oranga Tamariki, NZ Police, Te Arawhiti, Sports NZ, Te Puni Kōkiri, The Treasury, WorkSafe NZ, the Human Rights Commission, The National Iwi Chairs Forum Pandemic Response Group, Te Kohitanga o Ngāti Tuwharetoa, Ngāti Tara Tokonui and the Public Service Commission.

Released under the Official Information Act 1982