133 Molesworth Street
PO Box 5013
Wellington 6140
New Zealand
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25 June 2026

John Armstrong

By email: fyi-request-34024-767dfc98@requests.fyi.org.nz
Ref: H2026080370

Tēnā koe John

Response to your request for official information

Thank you for your request under the Official Information Act 1982 (the Act) to the Ministry of Health – Manatū Hauora (the Ministry) on 20 March 2026. You requested:

> *I request the following information relating to COVID-19 vaccination policies between 1 January 2021 and 31 December 2022:*
>
> *All Cabinet papers and Cabinet committee papers relating to:*
> - *COVID-19 vaccination policy*
> - *vaccination policy for individuals aged 12–17*
> - *COVID-19 vaccine mandates.*
>
> *A list of all Cabinet minutes and Cabinet committee minutes recording decisions on the above matters.*
>
> *For each document please provide:*
> - *the document title*
> - *the date it was considered by Cabinet or a Cabinet committee*
> - *the originating agency.*

On 20 April 2026, the Ministry contacted you in accordance with section 18B of the Act, as your request was for a very large volume of information and may be refused under section 18(f) as it could not be made available without substantial collation or research. You advised the below:

> *I am looking for any correspondence (eg, emails, memorandums) between MoH and DPMC with regards the content in the OIA.*

On 20 April 2026, the Ministry contacted you in accordance with section 15A of the Act to extend the period of time available to respond to your request, as the request necessitated a search through a large quantity of information and meeting the original time limit would unreasonably interfere with the operations of the Ministry.

Unfortunately, the Ministry was unable to meaningfully refine the scope of your request. Accordingly, we are releasing a subset of documents to you under section

16(2)(a) of the Act. This approach has been taken in preference to refusing your request under section 18(f) of the Act. We considered the following keywords and subject matter to identify information most relevant to your request within the timeframe you have specified:

- COVID-19 vaccination policy
- Vaccination policy for individuals aged 12-17
- COVID-19 vaccine mandates.

All documents are itemised in Appendix 1 and copies of the documents are enclosed. Where information is withheld under section 9 of the Act, I have considered the countervailing public interest in release in making this decision and consider that it does not outweigh the need to withhold at this time.

The material we have identified largely consists of correspondence between relevant agencies concerning the development of earlier COVID-19 vaccination policies. Information deemed out of scope of your request, as well as information deemed purely administrative in nature, has been excluded. It is important to note that given the age of this information, much of the material, including discussions and draft documents exchanged, has since been superseded by subsequent advice and updated information. Where final documents were produced and are publicly available, we have referred you to those versions.

I trust this information fulfils your request. If you wish to discuss any aspect of your request with us, including this decision, please feel free to contact the OIA Services Team on: oiagr@health.govt.nz.

Under section 28(3) of the Act, you have the right to ask the Ombudsman to review any decisions made under this request. The Ombudsman may be contacted by email at: info@ombudsman.parliament.nz or by calling 0800 802 602.

Please note that this response, with your personal details removed, may be published on the Ministry website at: www.health.govt.nz/about-ministry/information-releases/responses-official-information-act-requests.

Nāku noa, nā

Andrew Dames
Acting Group Manager, Government Services
Corporate Services | Te Pou Tiaki

Appendix 1: List of documents for release

#	Date	Document details	Decision on release
1	18 January 2022	Email: RE Updated - Advice on updated vaccination requirement for arrivals by air	Some information withheld under section 9(2)(a) of the Act.
1A	18 January 2022	Cabinet paper: Covid-19 Vaccination Requirements For Non-New Zealand Citizens Entering New Zealand	Section 18(d) of the Act applies as the final version of this paper is publicly available: www.dpmc.govt.nz/sites/default/files/2023-01/COVID-19-Vaccination-Requirements-for-Non-New-Zealand-Citizens-Entering-New-Zealand.pdf
2	22 January 2022	Email: 4 FW For comment by 12pm Tuesday, 25 January Draft Omicron Cabinet paper	Some information withheld under section 9(2)(a) of the Act.
2A	22 January 2022	Cabinet paper: Covid-19 response Managing Omicron in the community	Section 18(d) of the Act applies as the final version of this paper is publicly available: www.dpmc.govt.nz/sites/default/files/2023-01/MO01-01022022-COVID-19-Response-Managing-Omicron-in-the-Community.pdf
3	25 January 2022	Email: FYI - MIQ and Health's planning scenarios - FW For comment by 12pm Tuesday, 25 January - Draft Omicron Cabinet paper	Some information withheld under section 9(2)(a) of the Act.
3A	22 January 2022	Attachment: 250122-MIQ comment Cab paper - Omicron and the CPF	Please refer to document 4A.
4	25 January 2022	Email: 0220125 BEB paper on airport testing	Some information withheld under section 9(2)(a) of the Act.
4A	2 December 2021	Attachment: BEB advice on outstanding operational issues	Please refer to document 1A.
5	4 March 2026	Email: FW: Post-peak Cabinet paper update	Some information withheld under section 9(2)(a) of the Act.
5A	2 March 2022	Attachment: Memo Review of COVID-19 measures in widespread Omicron outbreak	Released in full.
5B	4 March 2022	Attachment: DPMC DRAFT Working Paper Post-peak COVID-19 response options	Section 18(d) of the Act applies as the final version of this paper is publicly available: www.dpmc.govt.nz/sites/default/files/2023-01/PO01-21032022-The-COVID-Response-After-the-Peak-of-Omicron.pdf.
5C	Not dated	Attachment: Post-peak Reviewing the COVID-19 Protection Framework and planning our response as we emerge from the Omicron peak	Please refer to page 41 of document 7B.
5D	4 March 2022	Attachment: Covid-19 cases compared with TPM scenarios	Released in full.
6	14 March 2022	Email: FW: FOR COMMENT BY 11.30AM FRIDAY RE: Post-peak Cabinet paper	Some information withheld under section 9(2)(a) of the Act.

#	Date	Document details	Decision on release
6A	13 March 2022	Attachment: Skegg advice 13 March	Released in full.
7	14 March 2022	FW: FOR COMMENT BY NOON MONDAY RE: Post-peak Cabinet paper	Some information withheld under section 9(2)(a) of the Act.

From: Maria Cotter
Sent: Tuesday, 18 January 2022 10:15 am
To: Sally-Ann Spencer [DPMC]
Cc: Kate Taptiklis; Pippa Scott; Nik Mitchell; Amy Alexander; Alison Cossar; Laura Miller; Stephen Harris
Subject: RE: Updated - Advice on updated vaccination requirement for arrivals by air -- health review requested by 10am tomorrow
Attachments: 2022_18Jan Health comments_Updated DPMC advice on updated vaccination requirement for arrivals by air.docx

Importance: High

Morena Sally-Ann
Thanks for seeking our review of this draft paper. Our comments are attached.

I have also just been advised that an update will be provided to Vaccine Ministers on Friday (21 Jan) on the current policy work around the definition of fully vaccinated, and the practical implications of any change to the definition to include the requirement of a booster dose. We are not looking for any decisions at this time (but things could move quickly – note the PM's comments this morning on CVCs), and any change to the definition will impact on considerations for the requirements for arrivals as well. My colleague @Kate Taptiklis is leading that work.

Ngā mihi

Maria

Maria Cotter I Principal Policy Analyst, Covid-19 Policy
System Strategy and Policy I Ministry of Health I s 9(2)(a) maria.cotter@health.govt.nz

Me mahi tahi tâtou mô te oranga o te katoa - We must work together for the wellbeing of all

MINISTRY OF HEALTH
MANATŪ HAUORA

From: Sally-Ann Spencer [DPMC] <Sally-Ann.Spencer@dpmc.govt.nz>
Sent: Monday, 17 January 2022 4:42 pm
To: Maria Cotter <Maria.Cotter@health.govt.nz>
Subject: RE: Updated - Advice on updated vaccination requirement for arrivals by air -- health review requested by 10am tomorrow

Kia ora Maria

This is the version with the updated information that has just come through from Nik included at paragraph 14.

Let me know if it would be helpful to have a marked-up version of the placeholder Health advice and I'll do that now.

Thank you

Sally-Ann

Sally-Ann Spencer
Senior Advisor, COVID-19 Group
Department of the Prime Minister and Cabinet

P s 9(2)(a)
E Sally-Ann.Spencer@dpmc.govt.nz

From: Sally-Ann Spencer [DPMC]
Sent: Monday, 17 January 2022 4:35 pm
To: 'Maria Cotter' <Maria.Cotter@health.govt.nz>
Subject: Updated - Advice on updated vaccination requirement for arrivals by air -- health review requested by 10am tomorrow

Kia ora Maria

As discussed, I'm attaching the full draft of the updated briefing. It includes placeholder Health advice for MOH to confirm this is the position or to adapt accordingly. I've talked to Nik who was working on the information about cases in MIQ. The key recommendations regarding the proposal have not changed, but we have updated the report-backs to align with the further strategic advice on border settings that will be provided further to the current Reconnecting briefing.

Please give me a call about any problems. Unfortunately we have just learnt the Minister will be unable to address the advice for another week if he does not receive it tomorrow morning, so we are requesting comments by mid-morning (10am).

Thank you again for all your help with this

Sally-Ann

Sally-Ann Spencer
Senior Advisor, COVID-19 Group
Department of the Prime Minister and Cabinet

P s 9(2)(a)
E Sally-Ann.Spencer@dpmc.govt.nz

From: Kirsten Stephenson
Sent: Saturday, 22 January 2022 11:27 am
To: Sarah Turner; Brent Quin; Gill Hall; Rachael Hopkins; Darryl Carpenter; Dan Bernal; Dom Harris; Joe Bourne; Zainab Abbas; Chrystal O'Connor; Laetitia O'Connell; Toby Regan; Brent Quin
Cc: Mikey Smyth
Subject: FW: For comment by 12pm Tuesday, 25 January - Draft Omicron Cabinet paper
Attachments: Cab paper - Omicron and the CPF 2022 - 22 Jan.docx

Importance: High

Hi there

Another paper expecting feedback over the weekend! I'm sure this will also come out from SS&P at some point, in the meantime, again I am happy to compile feedback for feeding back to this one too if folk can come back to me by 10ish on Monday monring

Mā te wā

Kirsten Stephenson
Mobile: s 9(2)(a)

From: Beth Hampton [DPMC] <Beth.Hampton@dpmc.govt.nz>
Sent: Saturday, 22 January 2022 11:12 am
To: Kirsten Stephenson <Kirsten.Stephenson@health.govt.nz>
Subject: FW: For comment by 12pm Tuesday, 25 January - Draft Omicron Cabinet paper
Importance: High

Hi Kirsten, forwarding so this gets to you quickly too. I'll be in touch about getting the Tuesday meeting set up.

Thanks,
Beth

From: Ruth Fairhall [DPMC] <Ruth.Fairhxxx@xxxx.xxvt.nz >
Sent: Saturday, 22 January 2022 11:07 am
To: Kay Baxter [DPMC] <Kay.Baxter@dpmc.govt.nz>; ^Crown Law: Mark Bryant <xxxx.xxxxxx@xxxxxxxx.xxxx.xx >; ^Customs: Fiona McKissock <Fiona.McKissock@customs.govt.nz>; ^Customs: Kathryn MacIver <Kathryn.MacIver@customs.govt.nz>; ^Customs: Richard Bargh <Richard.bargh@customs.govt.nz>; ^Customs: Sarah Holland <Sarah.Holland@customs.govt.nz>; ^DIA: Paul Barker <paul.barxxx@xxx.xxxx.xx>; ^EDU: Andy Jackson <xxxx.xxxxxxx@xxxxxxxxx.xxxx.xx >; ^Education: Tony Clark <Tony.Clark@education.govt.nz>; ^Ethnic: Jeet Sheth <Jeet.Sheth@ethniccommunities.govt.nz>; ^EXT: Aphra Green <Aphra.Grxxx@xx.xxxx.nz >; ^EXT: Emily Owen <Emily.Owen@corrections.govt.nz>; ^EXT: Emma Spooner <xxxx.xxxxxxx@xxx.xxxx.xx >; ^EXT: Laura Crespo <xxxxx.xxxxxxxxx@xxx.xxxx.xx >; ^Health: Maree Roberts <xxxxx.xxxxxxx@xxxxxx.xxxx.xx>; ^HUD: Anne Shaw <Anne.Shaw@hud.govt.nz>; ^Justice: Brendan Gage <Brendan.Gage@justice.govt.nz>; ^MBIE: Dean Ford <xxxx.xxxx@xxxx.xxxx.xx >; ^MBIE: Kara Isaac <Kaxx.xxxxx@xxxx.xxxx.xx >; ^MBIE: Karl Woodhead <Karl.Woodhead@mbie.govt.nz>; ^MBIE: Ruth Isaac <xxxx.xxxxx@xxxx.xxxx.xx>; ^MFAT: David Taylor <xxxxx.xxxxxx@xxxx.xxxx.xx>; ^MPI: Fiona Ducan <Fiona.Duncan@mpi.govt.nz>; ^MPI: Julie Collins <Juliex.xxxxxxx@xxx.xxxx.xx>; ^MPP: Matthew Aileone <matthew.aileone@mpp.govt.nz>; ^MSD: Nic Blakeley <xxx.xxxxxxxxxx@xxx.xxxx.xx >; ^TeArawhiti: Warren Fraser <Waxxxx.xxxxxx@xxxxxxxxxx.xxxx.xx>; ^Transport: Bronwyn Turley <B.Turley@transport.govt.nz>; Bryan Chapple [TSY] <Bryan.Chapple@treasury.govt.nz>; Cheryl Barnes [DPMC] <Cheryl.Barnes@dpmc.govt.nz>; Jeremy Corban [DPMC] <Jeremy.Corban@dpmc.govt.nz>; John Beaglehole [TSY] <John.Beaglehole@treasury.govt.nz>; Kerryn Fowlie <Kerryn.Fowlie@treasury.govt.nz>; Richard

Schmidt [DPMC] <Richard.Schmidt@dpmc.govt.nz>; ^Health: Steve Waldgrave <steve.waldegxxxx@xxxxxx.xxxx.xx>; ^Police: Gillian Ferguson <Gillian.Fergusxx@xxxxxx.xxxx.xx>; Anna Cassie <Anna.Cassie@publicservice.govt.nz>; ^SSC: Tania Ott <tania.ott@publicservice.govt.nz>; Roger Ball [NEMA] <Roger.Ball@nema.govt.nz>; Annie Hindle <Annie.Hindle@health.govt.nz>; Carl Van Der Meulen <c.vandermeulen@transport.govt.nz>; Brent Lewers <x.xxxxxx@xxxxxxxxx.xxxx.xx>; ENGELBRECHT, Cherie <Cherie.Engelbrecxx@xxxxxx.xxxx.xx>; Rosalie.Ryder@mch.govt.nz; steve.xxxxx@xx.xxxx.nz; Terina Cowan <Terina.Cowan@mpp.govt.nz>; leilani.unasa@mpp.govt.nz; ^MBIE: Iain Cossar <xxxx.xxxxxx@xxxx.xxxx.xx>; David Darby <David.Darby@mbie.govt.nz>; Maria-Laura Crespo <Maria-xxxxx.xxxxxxxxx@xxx.xxxx.xx>; Kristie Carter <cartk@tpk.govt.nz>; Sacha ODea [DPMC] <Sacha.ODea@dpmc.govt.nz>
Cc: Beth Hampton [DPMC] <Beth.Hamxxxx@xxxx.xxvt.nz>; Alice Hume [DPMC] <Alice.Hume@dpmc.govt.nz>; Nita Sullivan [DPMC] <Nita.Sullivan@dpmc.govt.nz>; Kay Baxter [DPMC] <Kay.Baxtex@xxxx.xxxx.xx>
Subject: RE: For comment by 12pm Tuesday, 25 January - Draft Omicron Cabinet paper

Kia ora koutou

Firstly my apologies for sending this paper on Saturday. I appreciate this means that you may have to work over the weekend.

Thank you for the comments received yesterday, which we have incorporated. Can you please send any further comments by noon Tuesday, 25 January to Beth, Kay and me.

MBIE / MSD / Treasury – we understand you may need a bit more time to work through any the implications of TTIQ for your areas but we really need some updated info by Tuesday afternoon so we can include it in the Ministerial consultation version for Wednesday version. We will continue to update the paper during the week.

Health – we have quite a few clarification questions on the TTIQ info which are included in a box on pp8-9 to which we would appreciate answers by noon Tuesday or if possible before. It may be easiest to discuss on Tuesday morning – Beth will be in touch.

You will see that there are recs TBC – if these fall in your area, could you please send us some draft recs that we can work with, including report backs if there is still work to come.

Thank you very much and please call if any questions. (I'm on call over the weekend.)

Ruth s 9(2)(a)

From: Kay Baxter [DPMC] <Kay.Baxter@dpmc.govt.nz>
Sent: Friday, 21 January 2022 5:16 pm
To: Ruth Fairhall [DPMC] <xxxx.xxxxxxxx@xxxx.xxxx.xx>; ^Crown Law: Mark Bryant <xxxx.xxxxxx@xxxxxxxx.xxxx.xx>; ^Customs: Fiona McKissock <xxxxx.xxxxxxxxx@xxxxxxx.xxxx.xx>; ^Customs: Kathryn MacIver <Kathryn.MacIver@customs.govt.nz>; ^Customs: Richard Bargh <Richard.bargh@customs.govt.nz>; ^Customs: Sarah Holland <Sarah.Holland@customs.govt.nz>; ^DIA: Paul Barker <paul.barker@dia.govt.nz>; ^EDU: Andy Jackson <Andy.Jackson@education.govt.nz>; ^Education: Tony Clark <Tony.Clark@education.govt.nz>; ^Ethnic: Jeet Sheth <Jeet.Sheth@ethniccommunities.govt.nz>; ^EXT: Aphra Green <Aphra.Greex@xx.xxxx.nz>; ^EXT: Emily Owen <Emily.Owen@corrections.govt.nz>; ^EXT: Emma Spooner <Emma.Spoonxx@xxx.xxvt.nz>; ^EXT: Laura Crespo <xxxxx.xxxxxxxxx@xxx.xxxx.xx>; ^Health: Maree Roberts <maree.roberts@health.govt.nz>; ^HUD: Anne Shaw <Anne.Sxxx@xxx.xxxx.nz>; ^Justice: Brendan Gage <Brendan.Gage@justice.govt.nz>; ^MBIE: Dean Ford <xxxx.xxxx@xxxx.xxxx.xx>; ^MBIE: Kara Isaac <xxxx.xxxxx@xxxx.xxxx.xx>; ^MBIE: Karl Woodhead <Karl.Woodhead@mbie.govt.nz>; ^MBIE: Ruth Isaac <xxxx.xxxxx@xxxx.xxxx.xx>; ^MFAT: David Taylor <Dxxxx.xxxxxx@xxxx.xxxx.xx>; ^MPI: Fiona Ducan <xxxxx.xxxxxx@xxx.xxxx.xx>; ^MPI: Julie Collins <JulieR.Collins@mpi.govt.nz>; ^MPP: Matthew Aileone <matthew.aileone@mpp.govt.nz>; ^MSD: Nic Blakeley <xxx.xxxxxxxxxxx@xxx.xxxx.xx>; ^TeArawhiti: Warren Fraser <Warren.Frasxx@xxxxxxxxxx.xxxx.xx>; ^Transport: Bronwyn Turley <x.xxxxxx@xxxxxxxxx.xxxx.xx>; Bryan Chapple [TSY] <Bryan.Chapple@treasury.govt.nz>; Cheryl Barnes [DPMC] <Cheryl.Barnes@dpmc.govt.nz>; Jeremy Corban

[DPMC] <Jeremy.Corban@dpmc.govt.nz>; John Beaglehole [TSY] <John.Beaglehoxx@xxxxxxxx.xxxx.xx>; Kerryn Fowlie <Kerryn.Fowlie@treasury.govt.nz>; Richard Schmidt [DPMC] <Richard.Schmidt@dpmc.govt.nz>; ^Health: Steve Waldgrave <steve.waxxxxxxxx@xxxxxx.xxxx.xx>; ^Police: Gillian Ferguson <Gixxxxx.xxxxxxxx@xxxxxx.xxxx.xx>; Anna Cassie <Anna.Cassie@publicservice.govt.nz>; ^SSC: Tania Ott <tania.ott@publicservice.govt.nz>; Roger Ball [NEMA] <Roger.Ball@nema.govt.nz>; Annie Hindle <Annie.Hindle@health.govt.nz>; Carl Van Der Meulen <x.xxxxxxxxxxx@xxxxxxxxx.xxxx.xx>; Brent Lewers <x.xxxxxx@xxxxxxxxx.xxxx.xx>
Cc: Beth Hampton [DPMC] <Beth.Hamxxxx@xxxx.xxvt.nz>; Alice Hume [DPMC] <Alice.Hume@dpmc.govt.nz>; Nita Sullivan [DPMC] <Nita.Sullivan@dpmc.govt.nz>
Subject: For comment by 12pm Tuesday, 25 January - Briefing attached, Draft Omicron Cabinet paper - to come late tonight

Kia ora koutou
Further to Ruth's email below:

1. The next version of the Cabinet paper will be very late this evening – we're waiting on information from Health. So please don't wait around for it tonight! We'll ask for **comments by 12pm Tuesday** (instead of 10am) given how late it will be.
2. I've attached a draft of the briefing re tightening the Red settings. We look forward to your feedback on that by **12pm Tuesday** as well.

That's all for now.
Ngā mihi
Kay

Kay Baxter
Policy Manager, Strategy and Policy | COVID-19 Group

P s 9(2)(a)

E kay.baxter@dpmc.govt.nz

a mihi
Kay

From: Ruth Fairhall [DPMC] <Ruth.Fairhxxx@xxxx.xxvt.nz>
Sent: Thursday, 20 January 2022 8:20 pm
To: ^Crown Law: Mark Bryant <xxxx.xxxxxx@xxxxxxxx.xxxx.xx>; ^Customs: Fiona McKissock <Fiona.McKissock@customs.govt.nz>; ^Customs: Kathryn MacIver <Kathryn.MacIver@customs.govt.nz>; ^Customs: Richard Bargh <Richard.bargh@customs.govt.nz>; ^Customs: Sarah Holland <Sarah.Holland@customs.govt.nz>; ^DIA: Paul Barker <paul.barxxx@xxx.xxxt.nz>; ^EDU: Andy Jackson <Andy.Jacksxx@xxxxxxxxx.xxxx.nz>; ^Education: Tony Clark <Tony.Clark@education.govt.nz>; ^Ethnic: Jeet Sheth <Jeet.Sheth@ethniccommunities.govt.nz>; ^EXT: Aphra Green <Aphra.Greex@xx.xxxx.nz>; ^EXT: Emily Owen <Emily.Owen@corrections.govt.nz>; ^EXT: Emma Spooner <xxxx.xxxxxxx@xxx.xxxx.xx>; ^EXT: Laura Crespo <xxxxx.xxxxxxxxx@xxx.xxxx.xx>; ^Health: Maree Roberts <maree.roberts@health.govt.nz>; ^HUD: Anne Shaw <Anne.Shaw@hud.govt.nz>; ^Justice: Brendan Gage

<Brendan.Gage@justice.govt.nz>; ^MBIE: Dean Ford <xxxx.xxxx@xxxx.xxxx.xx >; ^MBIE: Kara Isaac <xxxx.xxxxx@xxxx.xxxx.xx >; ^MBIE: Karl Woodhead <Karl.Woodhead@mbie.govt.nz>; ^MBIE: Ruth Isaac <xxxx.xxxxx@xxxx.xxxx.xx >; ^MFAT: David Taylor <Dxxxx.xxxxxx@xxxx.xxxx.xx >; ^MPI: Fiona Ducan <xxxxx.xxxxxx@xxx.xxxx.xx >; ^MPI: Julie Collins <JulieR.Collins@mpi.govt.nz>; ^MPP: Matthew Aileone <matthew.aileone@mpp.govt.nz>; ^MSD: Nic Blakeley <xxx.xxxxxxxxxx@xxx.xxxx.xx>; ^TeArawhiti: Warren Fraser <Warren.Frasxx@xxxxxxxxxx.xxxx.xx>; ^Transport: Bronwyn Turley <x.xxxxxx@xxxxxxxxx.xxxx.xx>; Bryan Chapple [TSY] <Bryan.Chapple@treasury.govt.nz>; Cheryl Barnes [DPMC] <Cheryl.Barnes@dpmc.govt.nz>; Jeremy Corban [DPMC] <Jeremy.Corban@dpmc.govt.nz>; John Beaglehole [TSY] <John.Beaglehoxx@xxxxxxxx.xxxx.xx>; Kerryn Fowlie <Kerryn.Fowlie@treasury.govt.nz>; Richard Schmidt [DPMC] <Richard.Schmidt@dpmc.govt.nz>; Ruth Fairhall [DPMC] <Ruth.Fairhall@dpmc.govt.nz>; ^Health: Steve Waldgrave <steve.waldegrave@health.govt.nz>; ^Police: Gillian Ferguson <Gillian.Fexxxxxx@xxxxxx.xxxx.xx >; Anna Cassie <Anna.Cassie@publicservice.govt.nz>; ^SSC: Tania Ott <tania.ott@publicservice.govt.nz>; Roger Ball [NEMA] <Roger.Ball@nema.govt.nz>; Annie Hindle <Annie.Hindle@health.govt.nz>
Cc: Beth Hampton [DPMC] <Beth.Hamxxxx@xxxx.xxvt.nz >; Kay Baxter [DPMC] <Kay.Baxter@dpmc.govt.nz>; Alice Hume [DPMC] <Alice.Hume@dpmc.govt.nz>; Nita Sullivan [DPMC] <Nita.Sullivan@dpmc.govt.nz>
Subject: For comment by 10am Tuesday, 25 February - Draft Omicron Cabinet paper

Kia ora koutou

Please find attached the draft Omicron strategy Cabinet paper. Thank you for contributions to date. As you will see there is still some key information to come. Given that, we will send you an updated draft later on tomorrow (the same version that will go to PMO and MO – but not Ministers). You may want to wait for that version before circulating in your organisations. In the meantime, if there are any changes that you would like made in time for tomorrow's draft (where we have got things wildly wrong or there is updated info) can you please get back to us Friday morning. Otherwise can we please have **comments by 10am Tuesday**. Please send comments to **Beth, Kay and myself.**

We will then provide a Ministerial consultation version on Wednesday, looking to lodge the final on Friday.

Re the proposals to change the Red settings, there is some high-level information in this paper. We are also preparing a briefing in case decisions need to be made before 1 February. Kay will send the draft briefing out tomorrow for comment by midday Tuesday. If you have any initial views or concerns with anything in the table or have something you'd like to feed into the draft briefing, please get in touch with Nita Sullivan (email: nita.sullivan@dpmc.govt.nz).

Re the content on Reconnecting New Zealanders, there is a placeholder for decisions in this paper but it may end up being a separate Cabinet paper. In addition to the briefing which went to Ministers on Monday and was discussed yesterday, we are preparing an AM with more information about modelling etc to help Ministers with a further discussion on Tuesday. Key agencies are well across the issues related to RNZ so there should be no surprises in the eventual Cabinet paper.

If you have any questions tomorrow, please contact Kay or Beth as I am taking a day's leave.

Thanks very much.

Ruth

From: Beth Hampton [DPMC] <Beth.Hampton@dpmc.govt.nz>
Sent: Tuesday, 25 January 2022 12:51 pm
To: Steve Waldegrave; Annie Hindle
Cc: Ivan Luketina [DPMC]; Kay Baxter [DPMC]
Subject: FYI - MIQ and Health's planning scenarios - FW: For comment by 12pm Tuesday, 25 January - Draft Omicron Cabinet paper
Attachments: 250122-MIQ comment-Cab paper - Omicron and the CPF 2022 - 22 Jan.docx

Kia ora Steve and Annie,

Just passing on feedback that we've received from MIQ that is relevant to content previously provided by Health – ie, that MIQ will not be accommodating community cases.

Thanks,
Beth

From: Sophie Matthewman <Sophie.Matthewman2@mbie.govt.nz>
Sent: Tuesday, 25 January 2022 12:44 pm
To: Ruth Fairhall [DPMC] <Ruth.Fairhall@dpmc.govt.nz>; Beth Hampton [DPMC] <Beth.Hampton@dpmc.govt.nz>; Kay Baxter [DPMC] <Kay.Baxter@dpmc.govt.nz>
Cc: Nora Burghart <Nora.Burghart@mbie.govt.nz>; George Pallikaros <George.Paxxxxxxxxx@xxxx.xxxx.xx>
Subject: RE: For comment by 12pm Tuesday, 25 January - Draft Omicron Cabinet paper

Kia ora Beth, Kay, and Ruth

Please find attached comments from MIQ.

Our main comment relates to the table at para 34 - in short, MIQ will not be accommodating community cases under low, medium, or high-risk scenarios at this juncture (as per this morning's meeting with the PM/Ministers).

Very happy to discuss.

Kind regards

Sophie

Sophie Matthewman
Principal Policy Advisor

Managed Isolation and Quarantine Unit (MIQ)
Ministry of Business, Innovation and Employment

Sophie.Matthewman2@mbie.govt.nz | s 9(2)(a)

MANAGED ISOLATION AND QUARANTINE

MINISTRY OF BUSINESS, INNOVATION & EMPLOYMENT
HĪKINA WHAKATUTUKI

New Zealand Government

From: Ruth Fairhall [DPMC] <Ruth.Fairhxxx@xxxx.xxvt.nz >
Sent: Saturday, 22 January 2022 11:07 am
To: Kay Baxter [DPMC] <Kay.Baxter@dpmc.govt.nz>; ^Crown Law: Mark Bryant <xxxx.xxxxxx@xxxxxxxx.xxxx.xx >; ^Customs: Fiona McKissock <Fiona.McKissock@customs.govt.nz>; Kathryn MacIver <Kathryn.MacIver@customs.govt.nz>; ^Customs: Richard Bargh <Richard.bargh@customs.govt.nz>; ^Customs: Sarah Holland <Sarah.Holland@customs.govt.nz>; Paul Barker <Paxx.xxxxxx@xxx.xxxx.xx>; ^EDU: Andy Jackson <Andy.Jackson@education.govt.nz>; ^Education: Tony Clark <Tony.Clark@education.govt.nz>; ^Ethnic: Jeet Sheth <Jeet.Sheth@ethniccommunities.govt.nz>; ^EXT: Aphra Green <Aphra.Green@ot.govt.nz>; ^EXT: Emily Owen <Emily.Owen@corrections.govt.nz>; ^EXT: Emma Spooner <xxxx.xxxxxxx@xxx.xxxx.xx >; ^EXT: Laura Crespo <xxxxx.xxxxxxxxx@xxx.xxxx.xx >; ^Health: Maree Roberts <xxxxx.xxxxxxx@xxxxxx.xxxx.xx>; ^HUD: Anne Shaw <Anne.Shaw@hud.govt.nz>; ^Justice: Brendan Gage <Brendan.Gage@justice.govt.nz>; Dean Ford <xxxx.xxxx@xxxx.xxxx.xx >; Kara Isaac <xxxx.xxxxx@xxxx.xxxx.xx >; Karl Woodhead <Karl.Woodhead@mbie.govt.nz>; Ruth Isaac <xxxx.xxxxx@xxxx.xxxx.xx>; ^MFAT: David Taylor <xxxxx.xxxxxx@xxxx.xxxx.xx>; ^MPI: Fiona Ducan < Fiona.Duncan@mpi.govt.nz>; ^MPI: Julie Collins <Juliex.xxxxxxx@xxx.xxxx.xx>; ^MPP: Matthew Aileone <matthew.aileone@mpp.govt.nz>; Nic.Blakeley005 <xxx.xxxxxxxxxxx@xxx.xxxx.xx >; ^TeArawhiti: Warren Fraser <Waxxxx.xxxxxx@xxxxxxxxx.xxxx.xx>; ^Transport: Bronwyn Turley <B.Turley@transport.govt.nz>; Bryan Chapple [TSY] <Bryan.Chapple@treasury.govt.nz>; Cheryl Barnes [DPMC] <Cheryl.Barnes@dpmc.govt.nz>; Jeremy Corban [DPMC] <Jeremy.Corban@dpmc.govt.nz>; John Beaglehole [TSY] <John.Beaglehole@treasury.govt.nz>; Kerryn Fowlie <Kerryn.Fowlie@treasury.govt.nz>; Richard Schmidt <Richard.schmidt@dpmc.govt.nz>; ^Health: Steve Waldgrave <steve.waldegrave@health.govt.nz>; ^Police: Gillian Ferguson <Gillian.Fexxxxxx@xxxxxx.xxxx.xx >; Anna Cassie <Anna.Cassie@publicservice.govt.nz>; ^SSC: Tania Ott <tania.ott@publicservice.govt.nz>; Roger Ball [NEMA] <Roger.Ball@nema.govt.nz>; Annie Hindle <Annie.Hindle@health.govt.nz>; Carl Van Der Meulen <c.vandermeulen@transport.govt.nz>; Brent Lewers <x.xxxxxx@xxxxxxxxx.xxxx.xx >; ENGELBRECHT, Cherie <Cherie.Engelbrecxx@xxxxxx.xxxx.xx>; Rosalie.Ryder@mch.govt.nz; steve.xxxxx@xx.xxxx.nz; Terina Cowan < Terina.Cowan@mpp.govt.nz>; leilani.unasa@mpp.govt.nz; Iain Cossar <xxxx.xxxxxx@xxxx.xxxx.xx >; David Darby <David.Darby@mbie.govt.nz>; Maria-Laura Crespo <xxxxxxxxxxx.xxxxxxxxx@xxx.xxxx.xx >; Kristie Carter <cartk@tpk.govt.nz>; Sacha ODea [DPMC] <xxxxx.xxxx@xxxx.xxxx.xx >
Cc: Beth Hampton [DPMC] <Beth.Hamxxxx@xxxx.xxvt.nz >; Alice Hume [DPMC] <Alice.Hume@dpmc.govt.nz>; Nita Sullivan [DPMC] <Nita.Sullivan@dpmc.govt.nz>; Kay Baxter [DPMC] <Kay.Baxtex@xxxx.xxxx.xx >
Subject: RE: For comment by 12pm Tuesday, 25 January - Draft Omicron Cabinet paper

Kia ora koutou

Firstly my apologies for sending this paper on Saturday. I appreciate this means that you may have to work over the weekend.

Thank you for the comments received yesterday, which we have incorporated. Can you please send any further comments by noon Tuesday, 25 January to Beth, Kay and me.

MBIE / MSD / Treasury – we understand you may need a bit more time to work through any the implications of TTIQ for your areas but we really need some updated info by Tuesday afternoon so we can include it in the Ministerial consultation version for Wednesday version. We will continue to update the paper during the week.

Health – we have quite a few clarification questions on the TTIQ info which are included in a box on pp8-9 to which we would appreciate answers by noon Tuesday or if possible before. It may be easiest to discuss on Tuesday morning – Beth will be in touch.

You will see that there are recs TBC – if these fall in your area, could you please send us some draft recs that we can work with, including report backs if there is still work to come.

Thank you very much and please call if any questions. (I'm on call over the weekend.)

Ruth s 9(2)(a)

From: Kay Baxter [DPMC] <Kay.Baxter@dpmc.govt.nz>
Sent: Friday, 21 January 2022 5:16 pm
To: Ruth Fairhall [DPMC] <xxxx.xxxxxxxx@xxxx.xxxx.xx >; ^Crown Law: Mark Bryant <xxxx.xxxxxx@xxxxxxxx.xxxx.xx >; ^Customs: Fiona McKissock <xxxxx.xxxxxxxxx@xxxxxxx.xxxx.xx >; ^Customs: Kathryn MacIver <Kathryn.MacIver@customs.govt.nz>; ^Customs: Richard Bargh <Richard.bargh@customs.govt.nz>; ^Customs: Sarah Holland <Sarah.Holland@customs.govt.nz>; ^DIA: Paul Barker <paul.barker@dia.govt.nz>; ^EDU: Andy Jackson <Andy.Jackson@education.govt.nz>; ^Education: Tony Clark <Tony.Clark@education.govt.nz>; ^Ethnic: Jeet Sheth <Jeet.Sheth@ethniccommunities.govt.nz>; ^EXT: Aphra Green <Aphra.Greex@xx.xxxx.nz >; ^EXT: Emily Owen <Emily.Owen@corrections.govt.nz>; ^EXT: Emma Spooner <Emma.Spoonxx@xxx.xxvt.nz >; ^EXT: Laura Crespo <xxxxx.xxxxxxxxx@xxx.xxxx.xx >; ^Health: Maree Roberts <maree.roberts@health.govt.nz>; ^HUD: Anne Shaw <Anne.Sxxx@xxx.xxxx.nz >; ^Justice: Brendan Gage <Brendan.Gage@justice.govt.nz>; ^MBIE: Dean Ford <xxxx.xxxx@xxxx.xxxx.xx >; ^MBIE: Kara Isaac <xxxx.xxxxx@xxxx.xxxx.xx >; ^MBIE: Karl Woodhead <Karl.Woodhead@mbie.govt.nz>; ^MBIE: Ruth Isaac <xxxx.xxxxx@xxxx.xxxx.xx >; ^MFAT: David Taylor <Dxxxx.xxxxxx@xxxx.xxxx.xx >; ^MPI: Fiona Ducan <xxxxx.xxxxxx@xxx.xxxx.xx >; ^MPI: Julie Collins <JulieR.Collins@mpi.govt.nz>; ^MPP: Matthew Aileone <matthew.aileone@mpp.govt.nz>; ^MSD: Nic Blakeley <xxx.xxxxxxxxxxx@xxx.xxxx.xx>; ^TeArawhiti: Warren Fraser <Warren.Frasxx@xxxxxxxxxx.xxxx.xx>; ^Transport: Bronwyn Turley <x.xxxxxx@xxxxxxxxx.xxxx.xx>; Bryan Chapple [TSY] <Bryan.Chapple@treasury.govt.nz>; Cheryl Barnes [DPMC] <Cheryl.Barnes@dpmc.govt.nz>; Jeremy Corban [DPMC] <Jeremy.Corban@dpmc.govt.nz>; John Beaglehole [TSY] <John.Beaglehoxx@xxxxxxxx.xxxx.xx>; Kerryn Fowlie <Kerryn.Fowlie@treasury.govt.nz>; Richard Schmidt [DPMC] <Richard.Schmidt@dpmc.govt.nz>; ^Health: Steve Waldgrave <steve.waxxxxxxxx@xxxxxx.xxxx.xx>; ^Police: Gillian Ferguson <Gixxxxx.xxxxxxxx@xxxxxx.xxxx.xx>; Anna Cassie <Anna.Cassie@publicservice.govt.nz>; ^SSC: Tania Ott <tania.ott@publicservice.govt.nz>; Roger Ball [NEMA] <Roger.Ball@nema.govt.nz>; Annie Hindle <Annie.Hindle@health.govt.nz>; Carl Van Der Meulen <x.xxxxxxxxxxx@xxxxxxxxx.xxxx.xx >; Brent Lewers <x.xxxxxx@xxxxxxxxx.xxxx.xx >
Cc: Beth Hampton [DPMC] <Beth.Hamxxxx@xxxx.xxvt.nz >; Alice Hume [DPMC] <Alice.Hume@dpmc.govt.nz>; Nita Sullivan [DPMC] <Nita.Sullivan@dpmc.govt.nz>
Subject: For comment by 12pm Tuesday, 25 January - Briefing attached, Draft Omicron Cabinet paper - to come late tonight

Kia ora koutou
Further to Ruth's email below:

1. The next version of the Cabinet paper will be very late this evening – we're waiting on information from Health. So please don't wait around for it tonight! We'll ask for **comments by 12pm Tuesday** (instead of 10am) given how late it will be.
2. I've attached a draft of the briefing re tightening the Red settings. We look forward to your feedback on that by **12pm Tuesday** as well.

That's all for now.
Ngā mihi
Kay

Kay Baxter
Policy Manager, Strategy and Policy | COVID-19 Group

P s 9(2)(a)

E kay.baxter@dpmc.govt.nz

a mihi
Kay

From: Ruth Fairhall [DPMC] <Ruth.Fairhxxx@xxxx.xxvt.nz >
Sent: Thursday, 20 January 2022 8:20 pm
To: ^Crown Law: Mark Bryant <xxxx.xxxxxx@xxxxxxxx.xxxx.xx >; ^Customs: Fiona McKissock <Fiona.McKissock@customs.govt.nz>; ^Customs: Kathryn MacIver <Kathryn.MacIver@customs.govt.nz>; ^Customs: Richard Bargh <Richard.bargh@customs.govt.nz>; ^Customs: Sarah Holland <Sarah.Holland@customs.govt.nz>; ^DIA: Paul Barker <paul.barxxx@xxx.xxxt.nz>; ^EDU: Andy Jackson <Andy.Jacksxx@xxxxxxxxx.xxxx.nz >; ^Education: Tony Clark <Tony.Clark@education.govt.nz>; ^Ethnic: Jeet Sheth <Jeet.Sheth@ethniccommunities.govt.nz>; ^EXT: Aphra Green <Aphra.Greex@xx.xxxx.nz >; ^EXT: Emily Owen <Emily.Owen@corrections.govt.nz>; ^EXT: Emma Spooner <xxxx.xxxxxxx@xxx.xxxx.xx >; ^EXT: Laura Crespo <xxxxx.xxxxxxxxx@xxx.xxxx.xx >; ^Health: Maree Roberts <maree.roberts@health.govt.nz>; ^HUD: Anne Shaw <Anne.Shaw@hud.govt.nz>; ^Justice: Brendan Gage <Brendan.Gage@justice.govt.nz>; ^MBIE: Dean Ford <xxxx.xxxx@xxxx.xxxx.xx >; ^MBIE: Kara Isaac <xxxx.xxxxx@xxxx.xxxx.xx >; ^MBIE: Karl Woodhead <Karl.Woodhead@mbie.govt.nz>; ^MBIE: Ruth Isaac <xxxx.xxxxx@xxxx.xxxx.xx >; ^MFAT: David Taylor <Dxxxx.xxxxxx@xxxx.xxxx.xx >; ^MPI: Fiona Ducan <xxxxx.xxxxxx@xxx.xxxx.xx >; ^MPI: Julie Collins <JulieR.Collins@mpi.govt.nz>; ^MPP: Matthew Aileone <matthew.aileone@mpp.govt.nz>; ^MSD: Nic Blakeley <xxx.xxxxxxxxxxx@xxx.xxxx.xx>; ^TeArawhiti: Warren Fraser <Warren.Frasxx@xxxxxxxxxx.xxxx.xx>; ^Transport: Bronwyn Turley <x.xxxxxx@xxxxxxxxx.xxxx.xx>; Bryan Chapple [TSY] <Bryan.Chapple@treasury.govt.nz>; Cheryl Barnes [DPMC] <Cheryl.Barnes@dpmc.govt.nz>; Jeremy Corban [DPMC] <Jeremy.Corban@dpmc.govt.nz>; John Beaglehole [TSY] <John.Beaglehoxx@xxxxxxxx.xxxx.xx>; Kerryn Fowlie <Kerryn.Fowlie@treasury.govt.nz>; Richard Schmidt [DPMC] <Richard.Schmidt@dpmc.govt.nz>; Ruth Fairhall [DPMC] <Ruth.Fairhall@dpmc.govt.nz>; ^Health: Steve Waldgrave <steve.waldegrave@health.govt.nz>; ^Police: Gillian Ferguson <Gillian.Fexxxxxx@xxxxxx.xxxx.xx >; Anna Cassie <Anna.Cassie@publicservice.govt.nz>; ^SSC: Tania Ott <tania.ott@publicservice.govt.nz>; Roger Ball [NEMA] <Roger.Ball@nema.govt.nz>; Annie Hindle <Annie.Hindle@health.govt.nz>
Cc: Beth Hampton [DP eth.Hamxxxx@xxxx.xxvt.nz >; Kay Baxter [DPMC] <Kay.Baxter@dpmc.govt.nz>; Alice Hume [DPMC] <Alic pmc.govt.nz>; Nita Sullivan [DPMC] <Nita.Sullivan@dpmc.govt.nz>
Subject: For com m Tuesday, 25 February - Draft Omicron Cabinet paper

Re the proposals to change the Red settings, there is some high-level information in this paper. We are also preparing a briefing in case decisions need to be made before 1 February. Kay will send the draft briefing out tomorrow for comment by midday Tuesday. If you have any initial views or concerns with anything in the table or have something you'd like to feed into the draft briefing, please get in touch with Nita Sullivan (email: nita.sullivan@dpmc.govt.nz).

Re the content on Reconnecting New Zealanders, there is a placeholder for decisions in this paper but it may end up being a separate Cabinet paper. In addition to the briefing which went to Ministers on Monday and was discussed yesterday, we are preparing an AM with more information about modelling etc to help Ministers with a further discussion on Tuesday. Key agencies are well across the issues related to RNZ so there should be no surprises in the eventual Cabinet paper.

If you have any questions tomorrow, please contact Kay or Beth as I am taking a day's leave.

Thanks very much.

Ruth

From: Mark Heffernan
Sent: Tuesday, 25 January 2022 11:46 am
To: Emily Black
Subject: BEB paper on airport testing
Attachments: BEB advice on outstanding operational issues.pdf

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From: Rob Huddart [DPMC] <Rob.Huddart@dpmc.govt.nz>
Sent: Friday, 21 January 2022 1:25 pm
To: Mark Heffernan <Mark.Heffernan@health.govt.nz>; Celeste Gillmer <Celeste.Gillxxx@xxxxxx.xxxx.xx>; Rachel Lawn <Rachel.xxxx@xxxxxx.xxxx.nz>; Darryl Carpente r <Darryl.Carpenter@health.govt.nz>; Jo Pugh <Jo.Pugh@health.govt.nz>; Alice Hume [DPMC] <Alice.Hume@dpmc.govt.nz>
Subject: FW: (PRESSING) Reconnecting NZ testing and airport advice

Team,

This is the paper I referenced. Paras 4 and 34 are the key ones referencing "strongly encouraged".

Best wishes,
Rob

From: Rob Huddart [DPMC]
Sent: Tuesday, 18 January 2022 4:06 pm
To: 'Jo Pugh' <Jo.Pugh@health.govt.nz>
Subject: FW: (PRESSING) Reconnecting NZ testing and airport advice

Jo,

This is the BEB paper that I understand Ashley signed off at the BEB (afraid I don't have the BEB minute but Sarah Holland could provide this if needed – paras 4 and 34 state that Travellers will be strongly encouraged to use this option [PCR at airport] in preference to going to a CTC at or near their place of home isolation.

Presumably if this remains the case, the infrastructure costs will be lower as less building work will be needed?

Best wishes,
Rob

From: Sam Willis [DPMC] <Sam.Willis@dpmc.govt.nz>
Sent: Wednesday, 8 December 2021 1:08 pm
To: Alice Hume [DPMC] <Alice.Hume@dpmc.govt.nz>; Rob Huddart [DPMC] <Rob.Huddart@dpmc.govt.nz>; Sally-Ann Spencer [DPMC] <Sally-Ann.Spencex@xxxx.xxxx.xx >
Subject: FW: (PRESSING) Reconnecting NZ testing and airport advice

FYI – signed briefings from the Minister on arrival testing

From: Laura Miller <laura.miller@health.govt.nz>
Sent: Wednesday, 8 December 2021 1:03 pm
To: Sam Roberts <Samantha.Roberts@health.govt.nz>; Sam Willis [DPMC] <Sax.xxxxxx@xxxx.xxxx.xx >
Subject: FW: (PRESSING) Reconnecting NZ testing and airport advice

Sorry, wrong Sam in the first email.

Ngā mihi
Laura

Laura Miller I Manager, COVID-19 Policy, System Strategy and Policy I Ministry of Health I DDI: 04 907 6041 I Mobile: s 9(2)(a)

From: Laura Miller
Sent: Wednesday, 8 December 2021 1:02 pm
To: Emily Black <Emily.Black@health.govt.nz>; Sophie Matthewman <Sophie.Matthewman2@mbie.govt.nz>; Jane Hubbard <Jane.Hubbard@health.govt.nz>; Sam Roberts <Samantha.Roberts@health.govt.nz>
Subject: FW: (PRESSING) Reconnecting NZ testing and airport advice

As discussed

Ngā mihi
Laura

Laura Miller I Manager, COVID-19 Policy, System Strategy and Policy I Ministry of Health I DDI: 04 907 6041 I Mobile: s 9(2)(a)

From: Dawn Kelly <xxxx.xxxxx@xxxxxxxxxx.xxxx.xx >
Sent: Wednesday, 8 December 2021 10:02 am
To: Laura Miller <laura.millxx@xxxxxx.xxxx.xx>
Cc: Maree Roberts <Maree.Roberts@health.govt.nz>
Subject: FW: (PRESSING) Reconnecting NZ testing and airport advice

HI Laura

The Minister has signed the attached papers as discussed.

These have been sent to other Ministers for signing. Given these have already been discussed at RNZ there is not expected to be any issues

Rgds, Dawn

From: Erin Sampson
Sent: Wednesday, 8 December 2021 9:30 AM
To: Holly Donald <holly.dxxxxx@xxxxxxxxxx.xxxx.nz >; James Little <James.Little@parliament.govt.nz>; Jordan Ward <xxxxxx.xxxx@xxxxxxxxxx.xxxx.xx >; Jessica Thorn <Jessica.Thorn@parliament.govt.nz>; Chris Holland <xxxxx.xxxxxxx@xxxxxxxxxx.xxxx.xx>; Lu Avia < xx.xxxx@xxxxxxxxxx.xxxx.xx >; Sophia Faure <Sophia.Faure@parliament.govt.nz>; Clyde Smith <Clyde.Smith@parliament.govt.nz>; Seb Brown <Seb.Brown@parliament.govt.nz>; Charlie McLean <Charlie.Mclean@parliament.govt.nz>; Chris Holland <xxxxx.xxxxxxx@xxxxxxxxxx.xxxx.xx>; Craig Pontifex < xxxxx.xxxxxxxx@xxxxxxxxxx.xxxx.xx>; Peter Strawbridge <xxxxx.xxxxxxxxxx@xxxxxxxxxx.xxxx.xx >
Cc: Charlie McLean <Charlix.xxxxxx@xxxxxxxxxx.xxxx.xx >; Morehu Rei <morehu.rei@parliament.govt.nz>; Dawn Kelly <xxxx.xxxxx@xxxxxxxxxx.xxxx.xx >
Subject: (PRESSING) Reconnecting NZ testing and airport advice

Kia ora te tira,

Please see attached advice, signed by Minister Hipkins in line with discussions by the group last Friday, for decision of RNZ Ministers.

These decisions feed into a Cabinet paper that is currently under development. Given timelines, grateful if you can let me know soonest if your Minister DISAGREES with this approach. If your Minister is comfortable, happy to get the paperwork back in much slower time.

See also attached, FYI, signed advice on operational approach for the medium risk pathway.

Noho ora mai | Stay well

Erin Sampson *(he/him)* | **Private Secretary, COVID-19 Response**
Office of Hon Chris Hipkins
Minister for COVID-19 Response
waea pūkoro: s 9(2)(a)
īmēra: xxxx.xxxxxxx@xxxxxxxxxx.xxxx.xx

From: Ruth Fairhall [DPMC] <Ruth.Fairhall@dpmc.govt.nz>
Sent: Friday, 4 March 2022 4:43 pm
To: @COVID-19 Group – Strategy and Policy [DPMC]
Subject: FW: Post-peak Cabinet paper update
Attachments: 220220301 - review of COVID-19 measures in widespread Omicron outbreak - signed by DG.pdf; Working draft - post-peak COVID-19 response options - 4 March 2022.docx; DRAFT for agency review_Post peak discussion slides for Ministers_4 March.pptx; Cases against TPM Modelling - Mar 04.pdf; Engagement in strategic policy work programme.docx

Keeping you all in the loop, attached is what went to agencies this afternoon. A huge thank you to everyone in the team for the sheer quantity, but more importantly, the quality, of the work this week. You have been wonderful and have a well deserved break over the weekend.

From: Ruth Fairhall [DPMC] <Ruth.Fairhall@dpmc.govt.nz>
Sent: Friday, 4 March 2022 4:34 pm
To: @EXT COVID-19 All-of-Government Policy Coordination Group <EXTCOVID19AllofGovernmentPolicyCoordinationGroup@dpmc.govt.nz>; jacinda funnell@publicservice.govt.nz; C Mak <C.Mak@transport.govt.nz>; Sarah Holland [NEMA] <sarah.holland@nema.govt.nz>; ^TPK: Geoff Short <Geoff.short@tpk.govt.nz>; ^PCO: Richard Wallace <Richard.Wallace@pco govt.nz>; ^Education: Alanna Sullivan Vaughan <Alanna.SullivanVaughan@education.govt.nz>
Cc: Megan Stratford [DPMC] <Megan.Stratford@dpmc.govt.nz>; Kay Baxter [DPMC] <Kay.Baxter@dpmc.govt.nz>; Alice Hume [DPMC] <Alice.Hume@dpmc.govt.nz>
Subject: RE: Post-peak Cabinet paper update

Kia ora koutou

Please find attached:

- For comment: draft slides for Ministers meeting on Tuesday (confirmed for 4.45-5.45pm, invite has been sent to CEs) – could we please have comments by **10am, Monday.** Please send the comments to Kay Baxter, Megan Stratford and me. We know they need refining, fewer words, some key questions etc but keen for your thoughts on the direction of proposed amendments to the CPF, and two key timing questions: when should restrictions come off post-peak and how long should we retain the CPF.
- For context / discussion at CCB: our working paper on our thinking, which we will draw upon for the Cabinet paper. We are interested in your thoughts on this, but not detailed comments given it is essentially an internal document. Thoughts by Tuesday would be good and we can discuss again at our 2pm Tues meeting.
- FYI: Health's advice to the DG on the public health measures
- FYI: today's cases against TPM's modelling
- FYI: updated engagement table (Warren, as discussed, appreciate you liaising with Kelly on the agendas for Wed meetings with iwi.)

The first 3 papers have also been provided to CCB with a cover note for their discussion on Tuesday.

Alice is the DPMC Policy contact over the weekend for anything urgent.

Thanks very much everyone.

Ruth

From: Ruth Fairhall [DPMC]
Sent: Thursday, 3 March 2022 4:37 pm
To: @EXT COVID-19 All-of-Government Policy Coordination Group <EXTCOVID19AllofGovernmentPolicyCoordinationGroup@dpmc.govt.nz>; jacinda.funnell@publicservice.govt.nz; Carmen Mak <x.xxx@xxxxxxxxx.xxxx.xx>; Sarah Holland [NEMA] < sarah.holland@nema.govt.nz>; ^TPK: Geoff Short <xxxxx.xxxxx@xxx.xxxx.xx >; ^PCO: Richard Wallace <xxxxxxx.xxxxxxx@xxx.xxxx.xx >; Alanna Sullivan-Vaughan <Alanna.SullivanVaughan@education.govt.nz>
Cc: Megan Stratford [DPMC] <Megan.Stratford@dpmc.govt.nz>; Kay Baxter [DPMC] <Kay.Baxter@dpmc.govt.nz>
Subject: RE: Post-peak Cabinet paper update

As per yesterday's email, please find attached, FYI, the slides which were provided to MO and PMO today for Ministers to consider. We made it clear that agencies hadn't seen them. Tomorrow we will circulate, for comment, the next set of draft slides for Tuesday's Ministers meeting (time still TBC), and our working paper (which will also go to CCB).

From: Ruth Fairhall [DPMC] <Ruth.Fairhxxx@xxxx.xxvt.nz >
Sent: Wednesday, 2 March 2022 5:24 pm
To: @EXT COVID-19 All-of-Government Policy Coordination Group <EXTCOVID19AllofGovernmentPolicyCoordinationGroup@dpmc.govt.nz>; jacinda.funnell@publicservice.govt.nz; Carmen Mak <x.xxx@xxxxxxxxx.xxxx.xx>; Sarah Holland [NEMA] < sarah.holland@nema.govt.nz>; ^TPK: Geoff Short <xxxxx.xxxxx@xxx.xxxx.xx >; Hart, Stevie-Rae <Stevie-Rae.Hart@tearawhiti.govt.nz>
Cc: Megan Stratford [DPMC] <Megan.Stratford@dpmc.govt.nz>; Kay Baxter [DPMC] <Kay.Baxter@dpmc.govt.nz>; Jeremy Greenbrook-Held [DPMC] <Jeremy.Greenbrook-Held@dpmc.govt.nz>
Subject: Post-peak Cabinet paper update

Kia ora koutou

Thank you for another very helpful discussion yesterday afternoon. We then met with PMO and MO and have some more guidance on timeframes for advice on post-peak measures. I have attached a table of our planned deliverables and engagement over the next couple of weeks but in short:

- Tomorrow we are providing Ministers with some slides about the key things officials are looking at to help them start thinking about this issue. We will send you a copy. It is the sorts of questions we have been asking you so should be no surprises.
- Week of 7 March:
  - A meeting on Tuesday with Ministers and the Chairs of the Advisory Groups (Roche, Skegg, Fyfe), key agency CEs senior officials and science advisors. Time TBC so no invites have gone out yet. **We will circulate draft slides for that meeting on Friday for comment by first thing Monday.**
  - CCB on Tuesday – we are proving them a brief process note and a draft briefing / narrative about where the advice is heading based on the work so far. You will receive a copy on Friday, and we are happy to receive any further thoughts that might prompt. (It is not intended to be a final product but the basis of the Cab paper.)
  - Lots of other engagement, including potentially with Ministers and NICF-PRG, Iwi chairs and other Māori organisations.
- **SWC – 16 March** and Cabinet on 21 March for decisions. This does not mean decisions will take effect from 21 March. The timing of when any decisions will take effect is something we need to work on over the next fortnight. **We will circulate a draft Cabinet paper for comment late next week** (we are planning to lodge on Monday 14 March).

Please note that PMO have indicated that they would like the Cabinet paper to include advice on vaccination mandates (Health / MBIE – we will be in touch with you about this. The Strategic Public Health Advisory Group have also been asked to look at vaccination mandates and CVCs as a priority (followed by masks, capacity limits and isolation).

Also attached, FYI, are the latest list of briefings, and a slide pack of hospitalisations and cases against the updated TPM modelling so you can see when the expected peaks might be. Pay most attention to hospitalisations – they are the key metric now. Any questions on those, please direct them to Jeremy G-H (cc'ed).

As always, happy to answer any questions.

Ruth

Ruth Fairhall
Head of Strategy and Policy | COVID-19 Group
Department of the Prime Minister and Cabinet

M s 9(2)(a)
E ruth.fairhall@dpmc.govt.nz

Memo

Review of COVID-19 measures in widespread Omicron outbreak

Date:	2 March 2022
To:	Dr Ashley Bloomfield, Director-General of Health
Copy to:	Dr Caroline McElnay, Director of Public Health Robyn Shearer, Deputy Chief Executive, DHB Performance and Support Bridget White, Deputy Chief Executive, COVID-19 Health System Response John Whaanga, Deputy Director-General, Māori Health Lorraine Hetaraka, Chief Nursing Officer Dr Ian Town, Chief Science Advisor Dr Robyn Carey, Chief Medical Officer
From:	Maree Roberts, Deputy Director-General, System Strategy and Policy
For your:	Decision

Purpose of report

1. This memo seeks your decision on which public health measures should change or remain the same now that COVID-19 is widespread in New Zealand, and planning in anticipation of an eventual peak of the Omicron outbreak.

Background and context

~~2.~~ The Government has moved to Phase Three of the Omicron response strategy given that there is now widespread community transmission. Phase Three of the response has a greater focus on equity, pivoting health services towards those who are the most at risk, and steps away from the 'stamp it out' approach that we have typically taken to date. In line with this shift, the use of public health tools and practices, such as testing, contact tracing and case investigation, have been adapted to manage the virus more effectively and proportionately.

3. Practices such as contact tracing and case monitoring are no longer carried out for the population at large and have shifted to a self-management model. The rationale for this is that case numbers are now so high that population-wide contact tracing and monitoring cannot be carried out by the health workforce, and that most cases will be vaccinated and able to manage their care at home. However, the health system does maintain some contact tracing and case monitoring for identified at risk groups and locations to ensure they receive the appropriate level of care and equitable outcomes.

4. As we approach the expected peak in the Omicron outbreak, officials have reviewed the current range of public health measures in place to ensure that they remain fit for purpose. This includes considering which of the measures remain effective and proportionate in light of recent changes to wider government settings, such as border management and given recent changes to MIQ and self-isolation requirements.

5. Following the review, officials are proposing that certain public health measures either change (e.g., are removed) or remain as they are both before and after the peak of the current Omicron outbreak. These changes span the COVID-19 Protection Framework (CPF), the Omicron response strategy and several COVID-19 Orders.

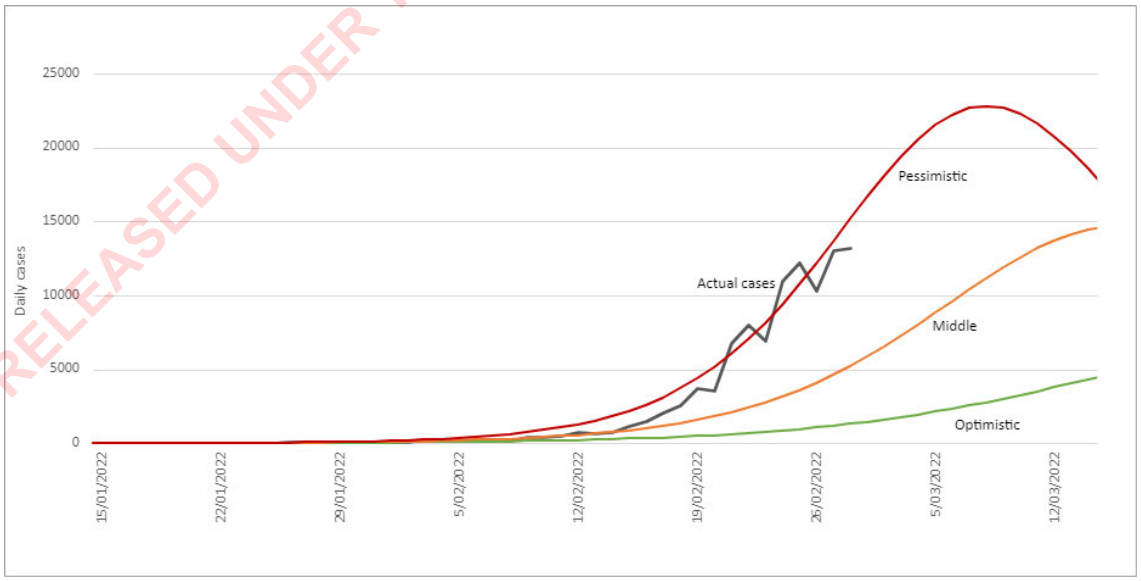
6. A summary of the measures and any proposed changes you may wish to recommend to Ministers is outlined at **Appendix A**.

Outlook – towards a peak of this outbreak

7. The outbreak is tracking above the "middle" scenario and more towards the "pessimistic" scenario at a national level (**Figure 1**) and is consistent with peak hospital bed occupation being reached in the second half of March.

8. Forecasting from the extrapolation of PCR tests indicates that the model's median estimate is that national reported positive tests could r se to around 31,000 cases each day by 4 March (with a range of between 20,000 to 36,500 daily). The model estimated that 10,000 cases per day would be reported by 27 February, whereas 14,941 actual cases were reported – which suggests that the short-term predictions are affected by the changes in timing of test results as RATs replace PCRs. The median estimate of effective R number nationally is 1.7 for cases to 25 February

Figure 1 – COVID-19 Modelling Aotearoa predictions compared to actual cases



Current COVID-19 measures

9. Public health measures that limit rights are justified if they contribute materially toward the overarching public health goals: reducing the spread and impact of COVID-19. The limits on Bill of Rights Act human rights associated with each measure need to be proportionate to the benefits such measures offer.

10. To ensure public health measures remain proportionate, they should be reviewed regularly. Furthermore, rights should be restored as soon as safely and reasonably possible, consistent with response objectives. Finally, consideration is always given to whether measures that limit rights less can be applied to achieve a similar outcome.

Maintaining overall integrity of the response

11. Any advice on how, when and why public health measures are removed needs to consider the impact on the integrity of the response overall and alignment with other measures (for example worker vaccination orders, international and domestic self-isolation etc).

12. Some measures would be difficult to reintroduce once removed and consideration should be given to the future utility of public health measures. When removing measures, it is important that individuals, businesses, and other organisations have the resources and clear information about any changes to measures.

Protecting the most at risk

13. Protecting those more at risk or enabling those people to protect themselves is central to ensuring we mitigate the most at risk from severe outcomes, deliver on the principle of equity, and respond to obligations under Te Tiriti.

14. This means that there may be a case for sometimes retaining certain measures for longer than necessary for the majority of the population if they protect a minority (e.g. Māori and Pasifika) from severe outcomes due to COVID-19.

Mandatory (legal) requirements versus public health guidance and promotion

15. Over the course of the pandemic, the Government has used different levers to operationalise parts of the response, ensuring the desired outcomes of decisions were achieved. In some instances, such as infection prevention and control protocols for businesses, guidance has been a sufficient tool. Other measures, such as vaccination mandates and the use of face coverings, have required more robust legal measures to protect public health.

16. Consideration has been given to when guidance and mandatory requirements should be used in different circumstances, and how these might change the current settings. In some cases, shifting from mandatory requirements to guidance and/or promotion is preferential to removing a measure all together.

Record keeping and QR-code scanning

17. The CPF imposes two requirements in relation to record-keeping:

    a. The requirement for all business and services to have systems and processes to ensure people entering the workplace scan the QR code or provide a contact record; and

    b. The requirement for workplaces and public transport services to display a QR code in a prominent place.

18. At the current high volumes of cases, we have limited capacity to follow-up on QR code scan data and only household contacts are required to isolate. In places where scanning is in place, there are other measures also in place, such as vaccine pass, mask requirements, physical distancing. This means the risk is low in these places.

19. Consequently, in the interim, we recommend a temporary suspension of the legal requirement for all business and services to have systems and processes to ensure people entering the workplace scan the QR code or provide a contact record. However, it is possible that centralised contact tracing arrangements may once again play a role in reducing the transmission of COVID-19 through the community once we are past the peak.

20. By contrast, we propose that the requirement for workplaces and public transport services to display a QR code in a prominent place be maintained (since it is a low impost on most businesses (most already have it in place). People should also be encouraged to continue to scan in and keep a record of where they have been to support them if they become a case to identify their contacts and use the system as a digital diary of where they have been. This allows cases to advise people that they are close contacts and need to self-monitor for symptoms

21. It is proposed that both settings above be reviewed again once we are past the peak of the current Omicron outbreak to ensure they remain fit for purpose.

Physical distancing and capacity limits

22. While we have significant cases in the community, the value of physical distancing and capacity limits remain pertinent. Evidence on physical distancing and gathering limits continues to point to these measures as a basic public health tool to reduce spread of COVID-19. Further, there have been consistent examples of COVID-19 spreading at gatherings where large numbers of people congregate and intermingle.

23. The CPF provides a system for managing physical distancing and capacity limits. If the CPF is retained (even if modified), it can continue to be used as the tool to implement these measures, i.e., moving up and down the colours – but the settings should be kept under review based on available evidence.

24. As we move past the peak of Omicron, there will be a strong case for re-evaluating gathering limits. Outdoor gatherings in particular could likely be relaxed soon as a preliminary measure given their lower risk profile compared to indoor gatherings.

Face masks

25. Face masks are shown to reduce transmission of the virus from person to person. They are required, in some capacity, at all three colours of the CPF given the significant body of available international evidence on their efficacy around reducing the spread of COVID-19. We propose maintaining a legal requirement to wear face masks both leading up to, and after the outbreak peaks.

26. We note that further work may be needed on the appropriateness of face masks in different environments at the orange and green CPF settings given ongoing evolving evidence from scientific studies globally about their value in reducing transmission. However, once we have comfortably passed the peak of Omicron, it may be appropriate to change face mask wearing from a legal requirement to public health guidance in most settings.

27. Work is underway to ensure that the current requirements for wearing face masks in the education sector are not disproportionate, nor detrimental to the learning environment of students. This work is explicitly considering whether the current mandatory requirement is proportionate when considered against the possible burden on young people's educational outcomes.

28. Work is also underway on how to best manage exemptions to face masks while retaining the confidence of affected communities, key sectors (e.g. the retail sector) and the public generally. This advice will be coming to you shortly.

COVID-19 Vaccine Certificates

29. The use of COVID-19 Vaccine Certificates (CVCs) in the CPF was based on vaccination providing significant population protection against infection, separating vaccinated and unvaccinated people as a tool to reduce transmission in the community.

30. New Zealand now has some of the highest vaccination rates in the world, with approximately 94% 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 CVCs which are the foundation of the CPF.

31. Further, we know that current vaccines are less effective at protecting people from contracting Omicron. As most of the population is vaccinated, almost all cases are occurring in people who are 'fully vaccinated' (2 doses of the Pfizer vaccine).

32. Given there is now significant community transmission, but with very high rates of vaccination, the use of CVCs do not provide the same population protection. This brings the validity of retaining CVCs as a public health measure, at this point in time, into question. The Director of Public Health's advice is that, given the very high rate of vaccination nationally, there is no longer a sufficient public health rationale to justify CVCs being used to prevent entry to certain premises during this phase of the response.

33. We note you will be receiving further advice relating to vaccine tools, including boosters, the definition of "up-to-date vaccination status", and mandates for affected groups of workers which should still remain at this point.

Isolation and quarantine (domestic settings)

34. Isolation and quarantine are important public health measures that can be highly effective at limiting the transmission of COVID-19. The Omicron response strategy sets out isolation periods with a gradual reduction in isolation periods and those who are required to adhere to them based on the extent of the outbreak. Work is being undertaken by the Ministry that is investigating the required length of time for self-isolation based on emerging evidence. We are not immediately recommending any changes to self-isolation, and work that outlines any suggested changes will be delivered to you by Science and Insight in collaboration with the NITC.

Isolation and quarantine (international settings)

35. On 28 February, the Prime Minister announced that fully vaccinated travellers to New Zealand would no longer need to isolate upon arrival, beginning with NZ citizens and permitted travellers from Australia from 2 March and from the rest of the world from 4 March. Once these settings are in place, they will be the most permissive that we have

seen since the beginning of the pandemic, mirroring the pre-pandemic entry requirements (or lack thereof).

36. The Reconnecting New Zealand (RNZ) workstream is currently determining the potential settings for fully vaccinated travellers of different visa categories, and for unvaccinated travellers or travellers who only meet the minimum vaccination requirements.

37. This memo does not recommend further changes to isolation and quarantine settings at this time.

Other border settings

38. Arrivals to New Zealand are currently required to be vaccinated (unless a citizen) have a negative pre-departure test, and take a rapid antigen test on days 0/1 and 5/6 after arrival (for non-QFT pathway travellers).

39. These settings and the traveller pathways are currently under review as part of the RNZ workstream and advice will be delivered separately on these.

Testing

40. PCR testing has been used as the main testing method since the beginning of the outbreak, though we are now shifting to more sustained use of rapid-antigen tests (RATs). RATs provide a faster result with an acceptable degree of accuracy and are more useful in light of high-volume case numbers. In the current settings, we retain the use of PCR testing, often as an adjunct to RAT, in certain higher risk settings and situations, such as (but not limited to) the first case in an Aged Residential Care facility, or when a positive diagnosis is important for clinical management as they are more accurate and ensure that appropriate actions are taken.

41. As we move past the peak of Omicron, the need to count all cases on a daily basis could become less relevant, indicating that a shift back to use of PCR testing when case load becomes more manageable may not be necessary. Ultimately, we will likely transition towards a general message of stay home if you are sick with testing reserved for those for whom an early diagnosis will change their management.

42. There is currently no recommendation to change the approach to testing under the current settings and once we surpass the peak, we recommend that the nature of testing should be modified to align with the post peak response. This could include maintaining the current approach or reducing the focus on testing; more advice will be provided to you on this at the time.

Case investigation and management

43. Throughout our pandemic response, we have taken a centralised approach to case investigation and management, contact tracing all cases and close contacts. While successful in previous outbreaks, the significant increase in daily case numbers and the highly transmissible nature of the Omicron variant means that such an approach is untenable in the short term. Under Phase Three of the Omicron response plan, case investigation and management become more targeted to those who are the most at risk of adverse outcomes from infection.

44. The focus of Phase Three is on equitable outcomes for the population, which targeted case investigation contributes to achieving. For this reason, we are not recommending any

change to the current approach, as we do not have the workforce capacity to increase efforts and decreasing efforts would negatively impact equitable outcomes.

45. Once we are confident that we have passed the peak of the Omicron outbreak, we recommend maintaining the current case investigation and management settings, rather than reverting to previous approaches. This will ease the burden on the health system and ensure that we have the appropriate systems in place to address COVID-19 long term.

Permitted work and other exemptions from the requirement to isolate

46. The Close Contact Exemption Scheme (CCES) allows asymptomatic workers in critical services to test before returning to work each day in the event that they are a household contact. If we reduce the period of self-isolation for cases, the period of time that household contacts are required to regularly test for should be reduced to reflect that.

47. A reduction in the required isolation times will create less undue burden on society at large with a portion of the population unable to work as either cases or household contacts. However, reducing isolation times could lead to sustained, or even increased, spread of the virus given that it would involve more people circulating in the community potentially before the end of their infectious period. Consideration should be given to the potential risks and benefits of further reducing isolation periods and the Ministry will continue to monitor and provide updated evidence on this over time.

48. Over 1 million workers (over 40 per cent of the workforce) have already been registered as critical services. As long as the household contact is asymptomatic and tests negative, there is also limited public health justification for allowing people to break self-isolation for certain types of work, but not for other work, education or other reasons. With growing supplies of RATs available – through the Ministry and commercially – greater use of testing to exit isolation is possible.

49. We also note the ongoing workstreams between the Ministry of Health and Sport New Zealand (Sport NZ), where international sports players may be required to isolate should a team member test positive and that team is residing in the same accommodation. A solution is being sought on how to establish a system that does not disrupt the sport competitions as much as practicably possible, and advice will be delivered to you as soon as possible.

50. As above, we are developing advice to widen the CCES to allow all household contacts to test to break self-isolation each day, if they are asymptomatic and return a negative test. Other public health measures (e.g. use of face-coverings, social distancing) would be required to protect the community from the risks of transmission that this would create.

COVID-19 Public Health Response Orders

Required testing order (RTO)

51. The RTO outlines the testing requirements on border workers who work in settings that put them at higher risk of being exposed to COVID-19. Given the widespread community transmission of COVID-19, and the low incidence of what were previously considered 'high-risk' workers having contracted COVID-19, there is no longer a strong rationale for imposing the requirements of the RTO on border workers.

52. We are recommending that the RTO be reviewed immediately as the nature of risk for most workers has changed significantly, and such requirements are no longer considered appropriate and proportional given the widespread community transmission. In the event that the RTO is suspended, and a new variant of concerns arises, the RTO should be reinstated to mitigate the risk of its spread.

Vaccinations Orders

53. The Orders specify the groups of affected workers who must be up to date with their COVID-19 vaccinations, including booster doses, to carry out their work. Given the change in the risk profile now that we have a highly vaccinated population and Omicron is spreading widely in the community, we are undertaking a risk assessment to ascertain whether the public health rationale behind the decision to include each group of workers in the Orders still supports inclusion.

Treaty of Waitangi analysis and equity

54. All advice and recommendations in this memo have been made with consideration regarding te Tiriti, impact on Māori and equity. Since the beginning of the pandemic, Māori have been disproportionately affected by both the virus and the impact of measures that have been taken to mitigate it's spread.

55. A 27 February report has indicated that cases in Māori have decreased over the previous week by 7 percent, likely attributed to the sharp rise in cases in the European/other ethnicity category. The same report also shows that Māori are behind in adult, child and booster vaccination rates when compared to the general population. This indicates that the inequitable outcomes experienced by Māori are not uniform, and that a tailored, targeted approach for Māori is required to address the discrepancies in vaccination efforts and in other parts of our pandemic response.

56. The recommendations in this memo seek to reduce the burden of restrictions on the Public (including Māori), while ensuring that the health system can target its services and resources towards the most at risk. We are advising that most measures that are shown to materially reduce the spread of COVID-19, such as masks, gathering limits and social distancing, remain in place at least until the peak of the Omicron outbreak. Any decision to remove such measures once we have reached the peak should only be made after considering the impact on Māori.

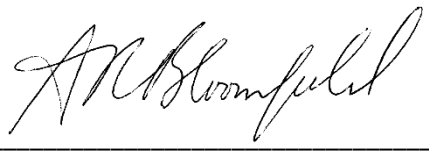
57. Loosening restrictions in the future, will reduce the burden on Māori, but may increase their risk of contracting the virus. Should such changes to the restrictions take place, the ability of the health system to accommodate the needs of Māori should remain a key consideration, with focus on strengthening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

Recommendations

It is recommended that you:

1.	**Note** that the COVID-19 Act (s. 4) and Humans Rights Act require that public health measures that limit freedoms be reviewed regularly to ensure they coordinated, orderly and proportionate.	**Noted**

2.	**Note** that the peak of the current Omicron outbreak is very unlikely to have been reached yet and different parts of New Zealand may peak at different times.	**Noted**
3.	**Agree** that recent changes to border management settings, managed isolation and quarantine, and self-isolation requirements make it timely to review public health measures that limit rights to ensure that they remain proportionate and relevant.	**Yes**
4.	**Note** that a public health review of the effectiveness of current public health measures was held on 28 February 2022	**Noted**
5.	**Indicate** your preferred advice to Ministers for each public health measure as set out in **Appendix A,** noting that 'post-peak' is defined as the setting that would remain in place until a further review (likely 2 weeks after reaching the peak of the Omicron outbreak)	**Yes**
6.	**Note** the Director of Public Health's advice that, given the very high rate of vaccination nationally, there is no longer a sufficient public health rationale to justify COVID Vaccine Certificates (CVCs) being used to prevent entry to certain premises during this phase of the response.	**Noted**
7.	**Note** that further advice is being prepared for you regarding broader issues relating to vaccinations, including: • boosters and the definition of "up-to-date vaccination status", and • mandates for affected groups of workers.	**Yes**
8.	**Indicate** your preference to either: • Immediately advise Ministers to remove the requirement for people to show a CVC to enter certain premises, **OR** • Defer advising Ministers on changing CVC requirements until you have received further advice on various matters pertaining to vaccination, boosters and vaccine mandates.	**No** **Yes**

Signature  _____ Date: 3 March 2022

Dr Ashley Bloomfield
Te Tumu Whakarae mō te Hauora
Director-General of Health

Appendix A: Proposed changes to Public Health Measure Pre- and Post- peak Omicron

Origin	Measure	Description (at red setting of CPF)	Recommendation pre-peak	DG decision	Recommendat on post-peak (for at least 2 weeks after peak)	DG Decision	Rationale (paragraphs)
COVID-19 Protection Framework	Record Keeping and QR-code scanning	Businesses must keep records by law and display QR codes/boxes	Remove requirement for businesses to have systems and processes to ensure people entering the workplace scan the QR code or provide a contact record (noting this will be reviewed in around a month)	Yes	Review this requirement with a possibility of reinstating (e.g. in April 2022) if centralised contact tracing become useful again as numbers of cases decline	Yes	17 – 21
			No change to legal requirement to display QR codes	Yes	Review legal requirement to display QR codes (public health guidance only)	Yes	
	Physical distancing	Public facilities (e.g. libraries, museums, public pools) and retail (e.g. shops, banks, outdoor markets, takeaway-only businesses) have capacity limits based on 1m distancing.	No change to legal requirement to physically distance	Yes	No change to legal requirement to physically distance	Yes	22 – 24
	Gathering limits	Limits differ depending on: • use of CVCs • type of venue (e.g. restaurant, library, personal home, church) • indoor or outdoor • close proximity services (e.g., gyms and hairdressers)	No change to legal requirements around gathering limits	Yes	Review of legal requirements around gathering limits in the two-week, post-peak period.	Yes	
	Face masks	Face coverings required in many places (e.g., on flights, public transport, at retail, events, some gatherings, schools (years 4 - 13), tertiary, and in public facilities. Encouraged elsewhere. For close-proximity businesses (e.g. hairdressers, beauty salons), face coverings are required for staff (and encouraged for customers).	No change to face covering requirements, except for review for educational settings	Yes	No further changes to face covering requirements	Yes	25 – 28
	COVID-19 Vaccine Certificates	Everyone is legally required to provide CVC to enter places that have vaccination requirements in place to operate under the traffic light settings. Some places may choose to put in place their own vaccination requirements. Children under 12 and three months do not need to provide an MVP, but they do count towards capacity limits.	N/A - See recommendations 6-8 Note: this does not apply to vaccination of workers (mandates), see below	N/A	N/A - See recommendations 6-8 Note: this does not apply to vaccination of workers (mandates), see below	N/A	29 – 34
Phase Three of Omicron response strategy	Isolation and quarantine (domestic)	• Cases isolate for 10 days (note, close contacts are already not required to isolate)	Clinical guidance under review (potential to be reduced to 7 days)	Yes	Keep under review	Yes	35
		• Household contacts required to isolate for 10 days (and test when symptomatic or on day 3 and 8 of isolation)	Clinical guidance under review (potential to be reduced to 7 days)	Yes	Keep under review	Yes	
	Isolation and quarantine (international)	• Fully vaccinated international arrivals to New Zealand will no longer be required to self-isolate on arrival or be in MIQ [Cab-22-Min-0050 refers] • Pre-departure test still required for arrivals from overseas	Keep same settings (Cabinet decision from 28 Feb 2022)	Yes	No further changes	Yes	36 – 40
		• Unvaccinated New Zealand citizens required to enter MIQ	Under review (See separate briefing)	N/A	Changes dependent on current review	Yes	

Origin	Measure	Description (at red setting of CPF)	Recommendation pre-peak	DG decision	Recommendation post-peak (for at least 2 weeks after peak)	DG Decision	Rationale (paragraphs)
	Testing	• Shift to using RATs for most situations, instead of PCR testing, including for diagnostic purposes (except for situations as determined necessary by a clinician and for most vulnerable*) • No need to confirm RAT test with PCR unless advised (except for international arrivals)	No change to requirement (PCR testing for international arrivals under review)	Yes	Review applicability of ongoing testing for COVID-19, including using RAT tests	Yes	41 – 43
	Case investigation and management	Case management reserved for highly vulnerable people.	No change recommended	Yes	No change recommended	Yes	44 – 46
	Close contact exemption scheme	Workers at registered critical services who are a close contact may continue to work. Eligible workers will be able to collect free RATs from collection sites.	Under review (see separate briefing)	N/A	Changes dependent on current review		47 – 51
COVID-19 Public Health Response (Required Testing) Order	Required testing of border workers	Outlines the required testing of affected persons for COVID-19, such as border workers (e.g. airport workers, air crew, ground crew)	Note you will receive separate advice on revoking RTO requirements for border workers.	Yes	Revoke RTO as there is no longer public health rationale for it. Greater risk to border workforce from community than border transmission	Yes	52 – 53
COVID-19 Public Health Response (Vaccination) Order	Vaccination of affected workers	Outlines the requirements for affected workers and aims to protect people from the virus through vaccination, ensuring transmission of COVID-19 and hospitalisation remains low and manageable, minimising health impacts	Commence review of vaccination requirements for border and other workforces	Yes	Review rationale for each workforce* and change/remove as appropriate (separate briefing on this is forthcoming)	Yes	54

* Relevant workforces include border workers, persons handling affected items at the border Health and Disability workers, Education and ECE, Corrections

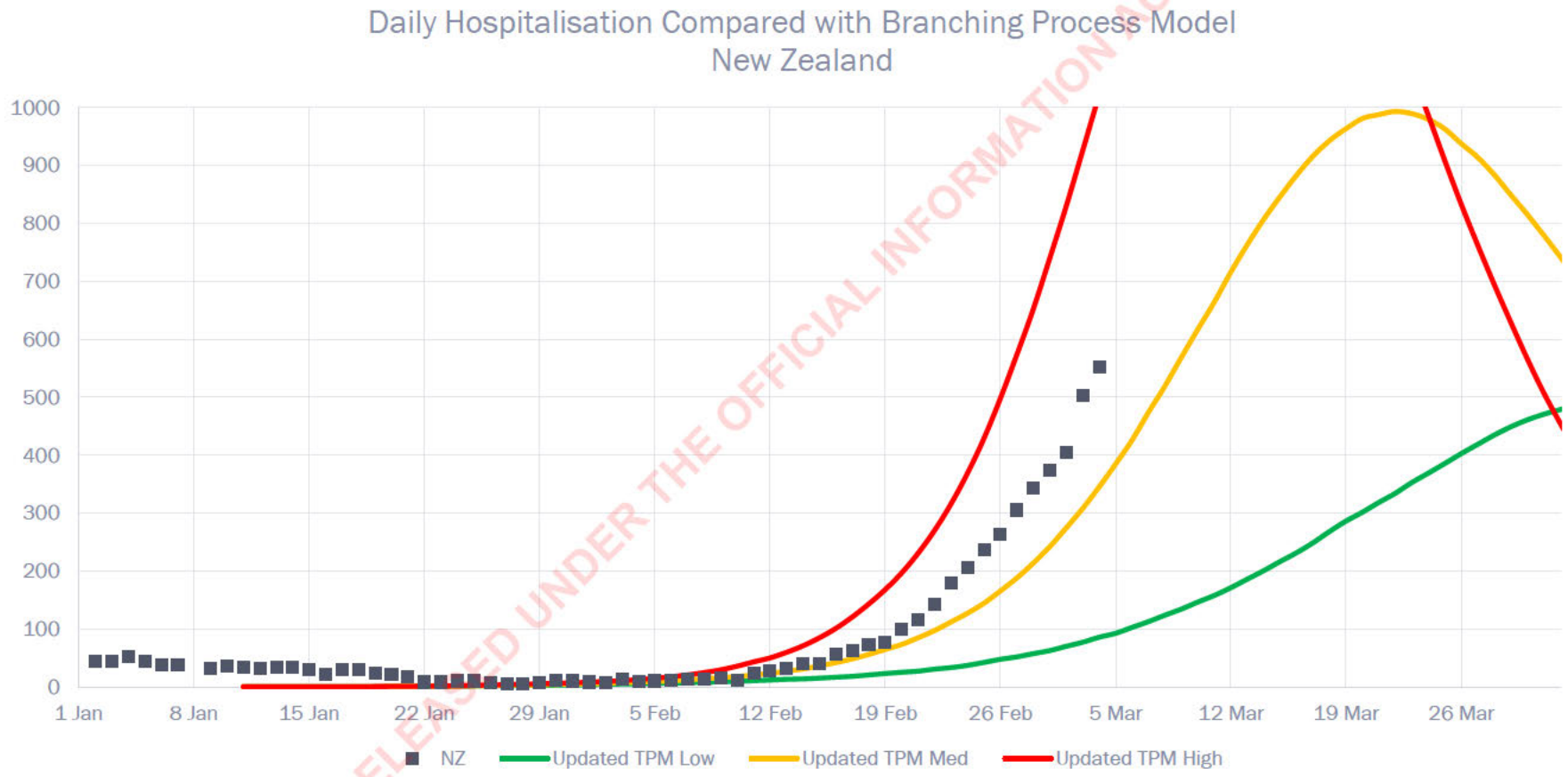
DEPARTMENT OF THE PRIME MINISTER AND CABINET
TE TARI O TE PIRIMIA ME TE KOMITI MATUA

COVID-19 cases compared with TPM scenarios

4 March 2022

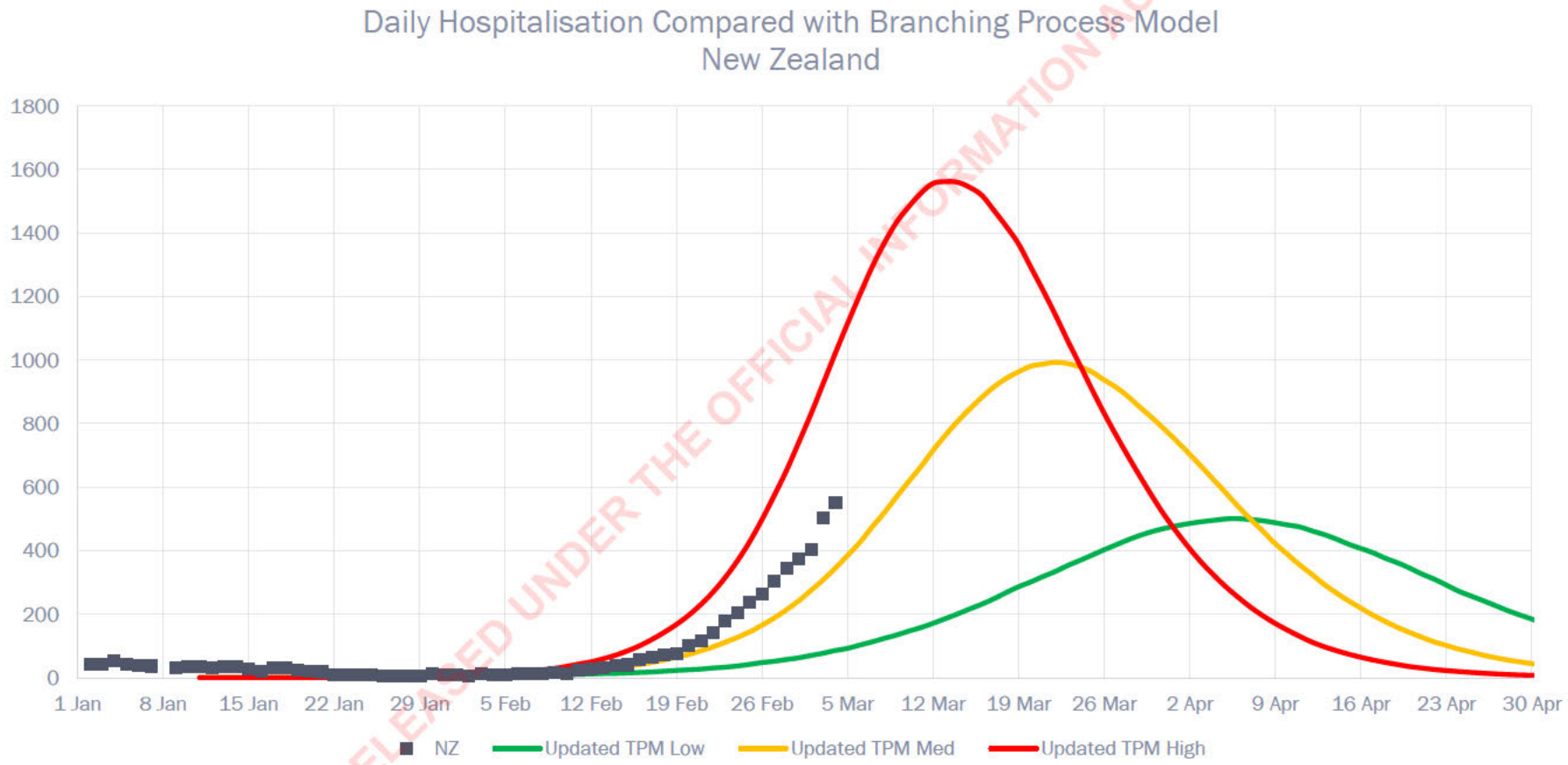
Hospitalisations

Hospitalisations are continuing to climb, between the high and medium scenarios



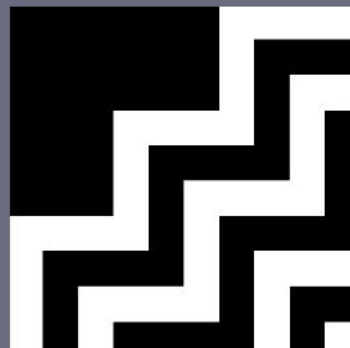
Source: Te Pūnaha Matatini BPM, Ministry of Health

Hospitalisations are expected to peak in mid to late March.

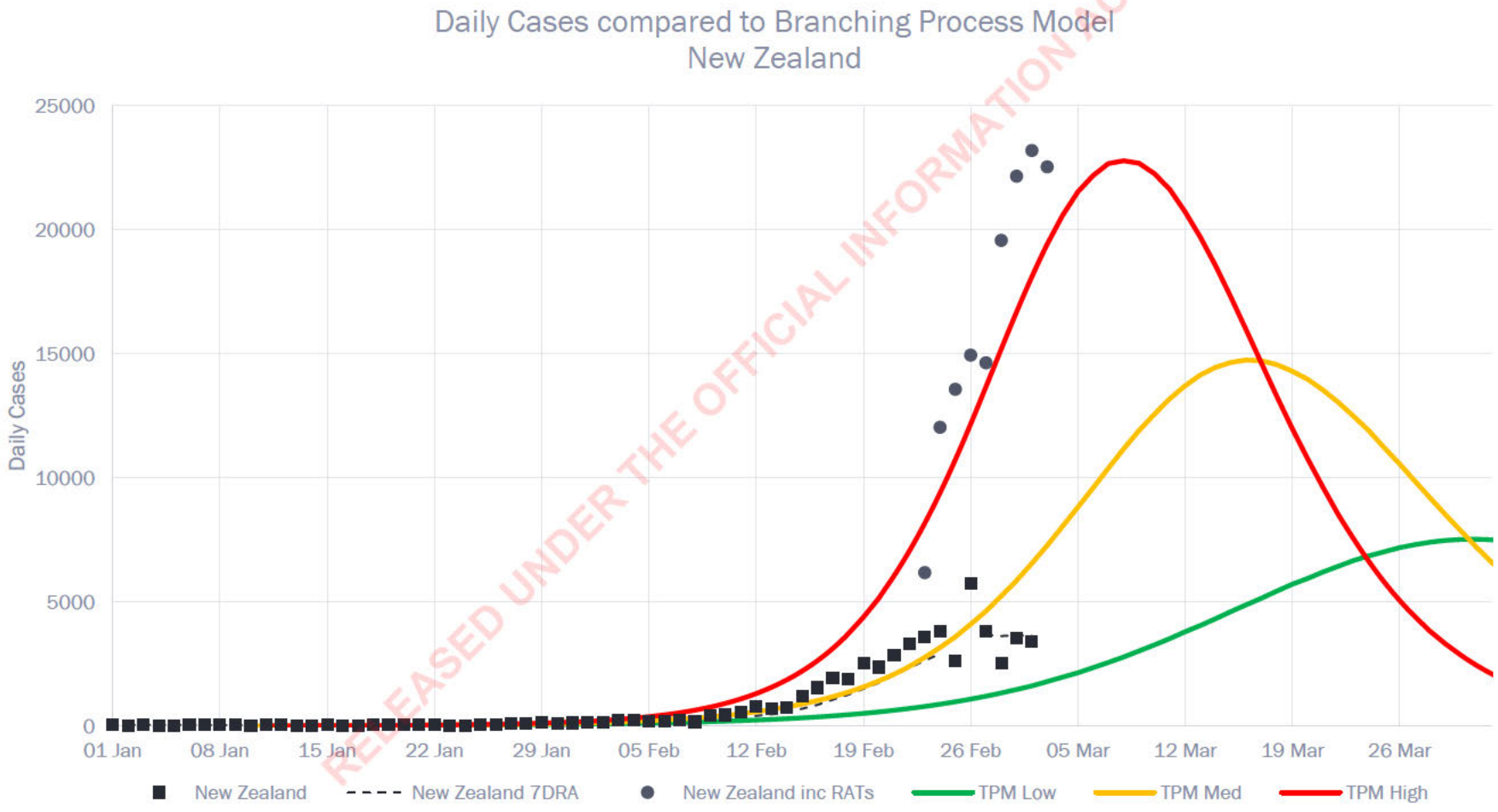


Source: Te Pūnaha Matatini BPM, Ministry of Health

Current case numbers

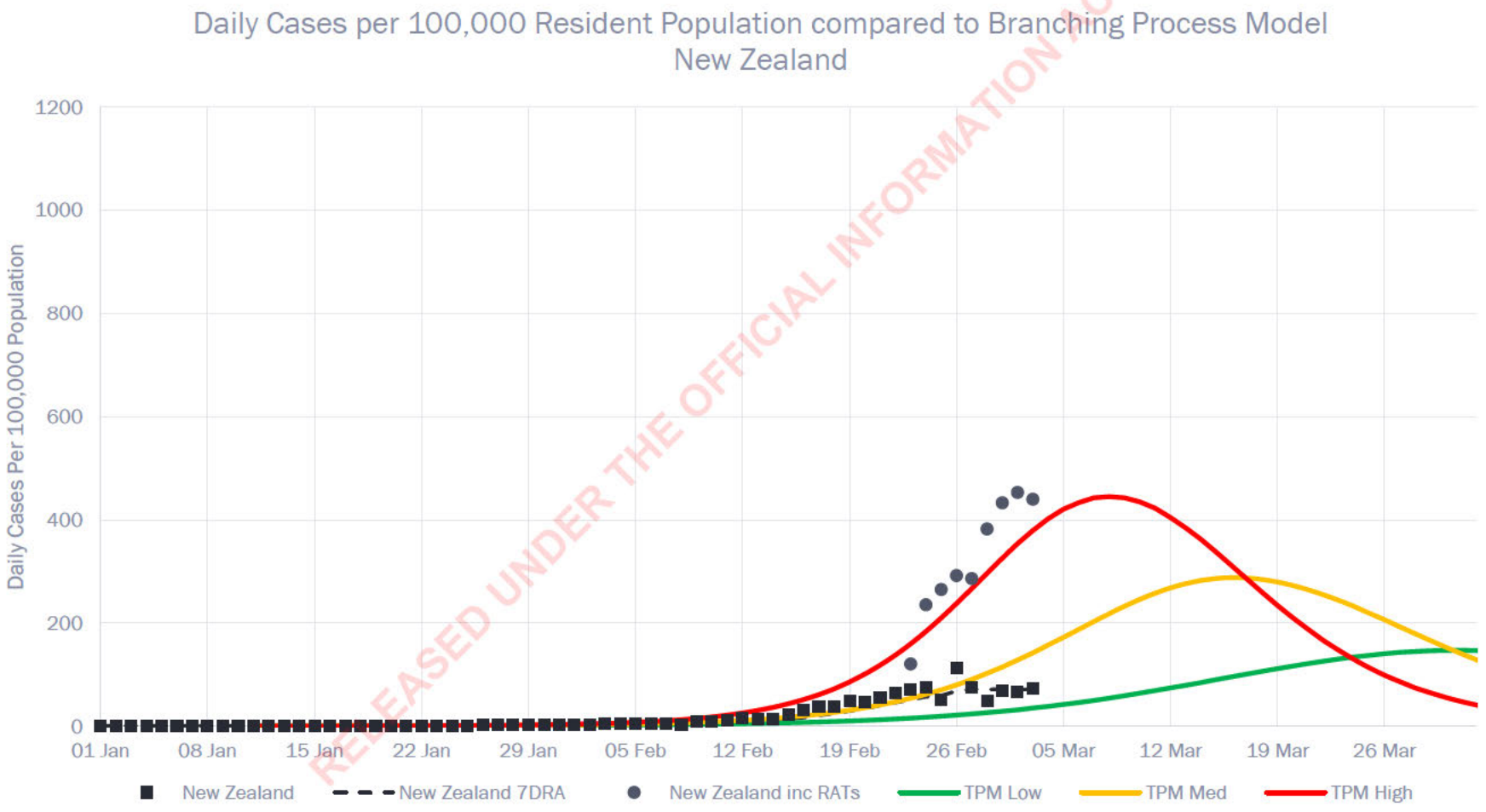


Case numbers have grown significantly with the introduction of RATS



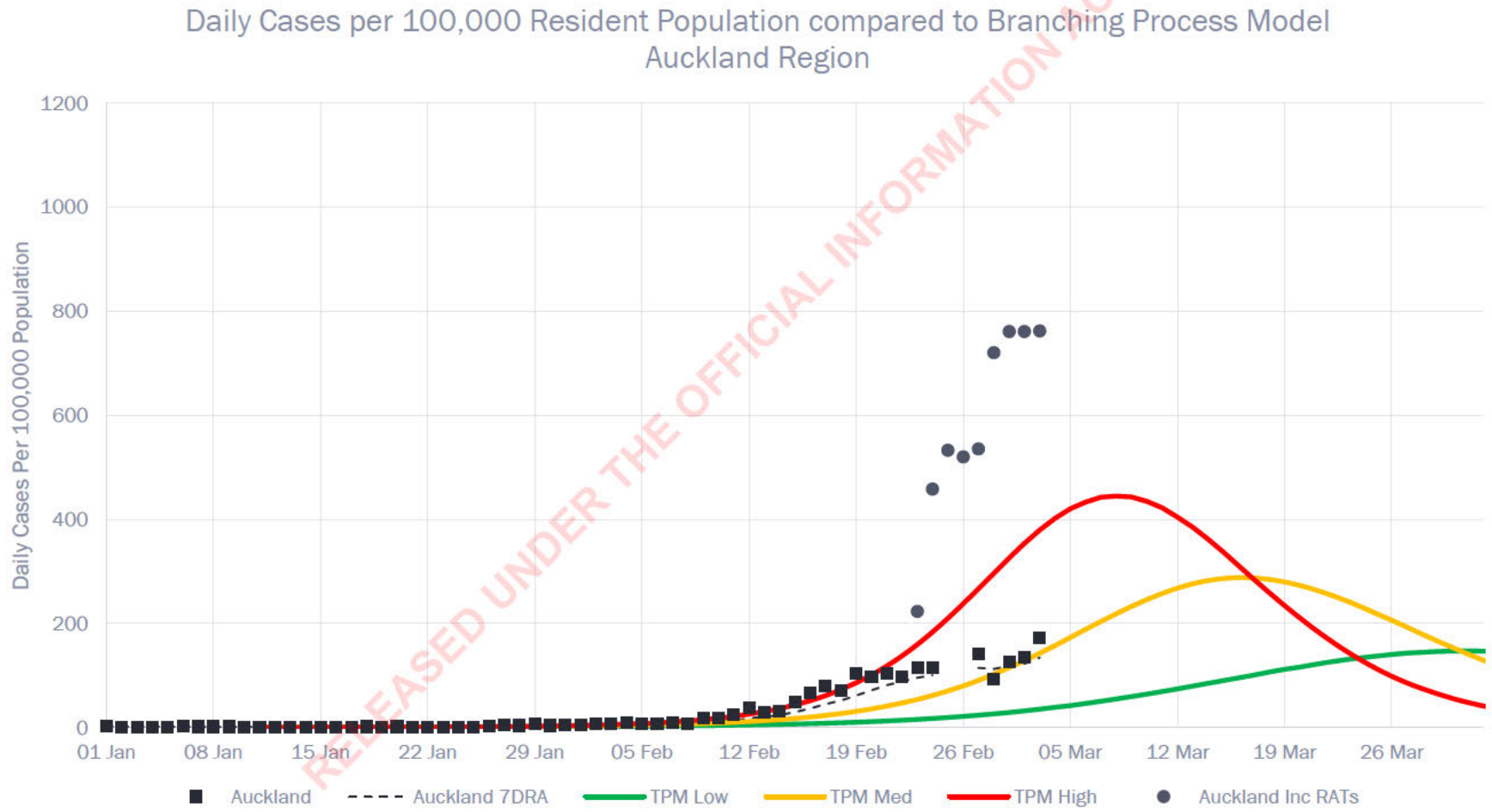
Source: Te Pūnaha Matatini Branching Process Model (BPM), Ministry of Health

Case numbers have grown significantly with the introduction of RATS



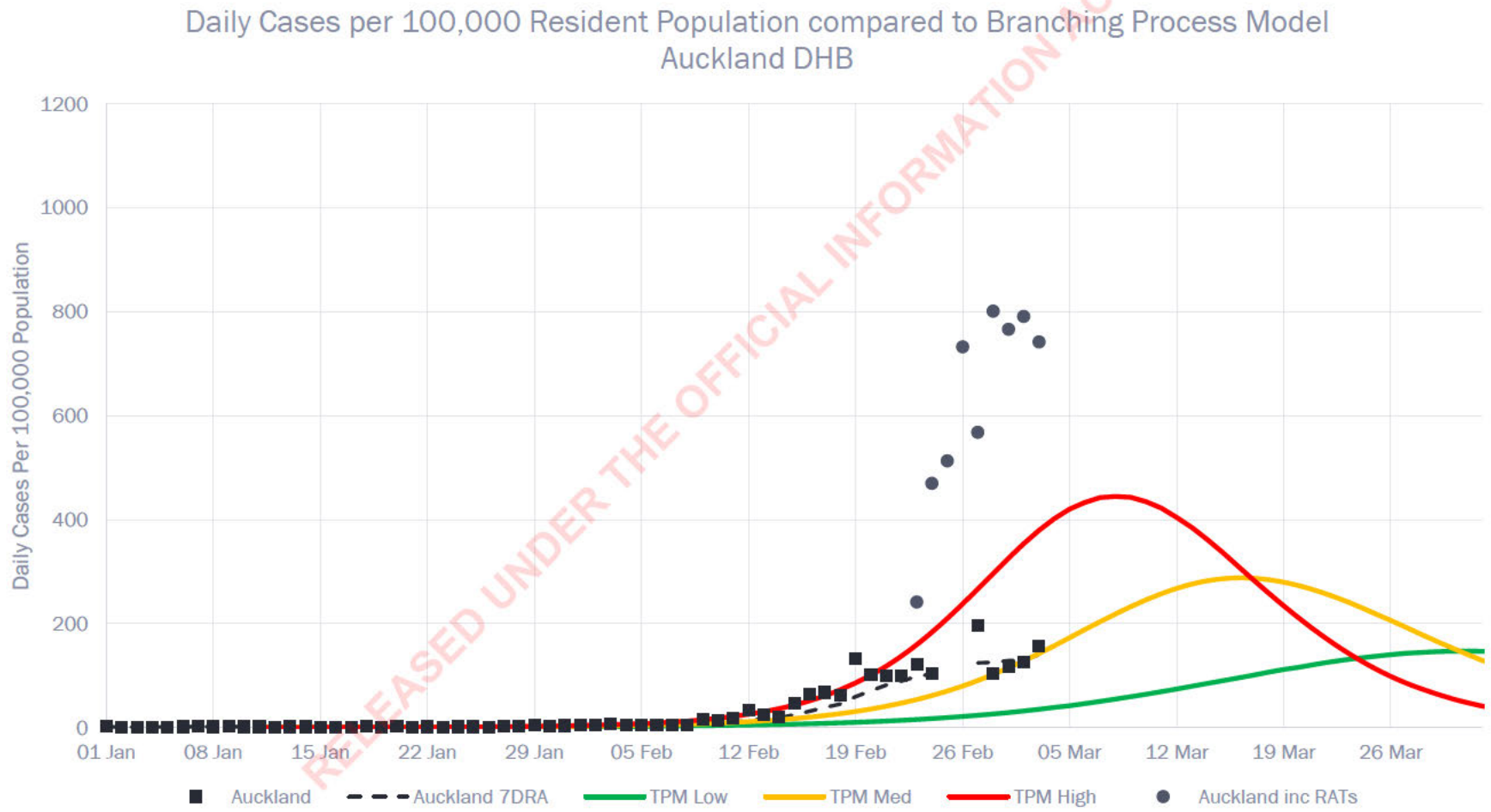
Source: Te Pūnaha Matatini Branching Process Model (BPM), Ministry of Health

Growth is strongest in the three Auckland DHB areas, driven by Counties-Manukau and Auckland (1/4)



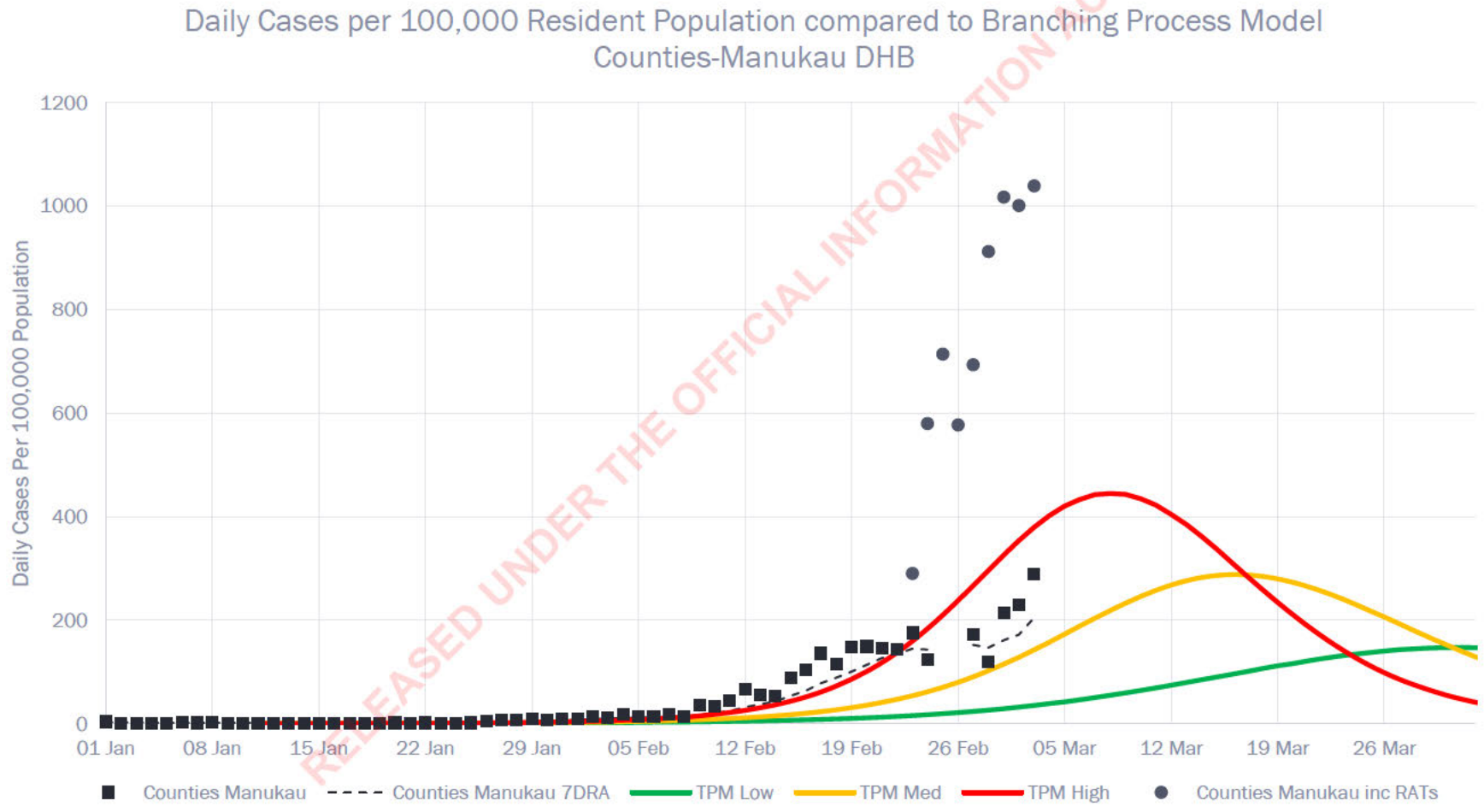
Source: Te Pūnaha Matatini Branching Process Model (BPM), Ministry of Health

Growth is strongest in the three Auckland DHB areas, driven by Counties-Manukau and Auckland (2/4)



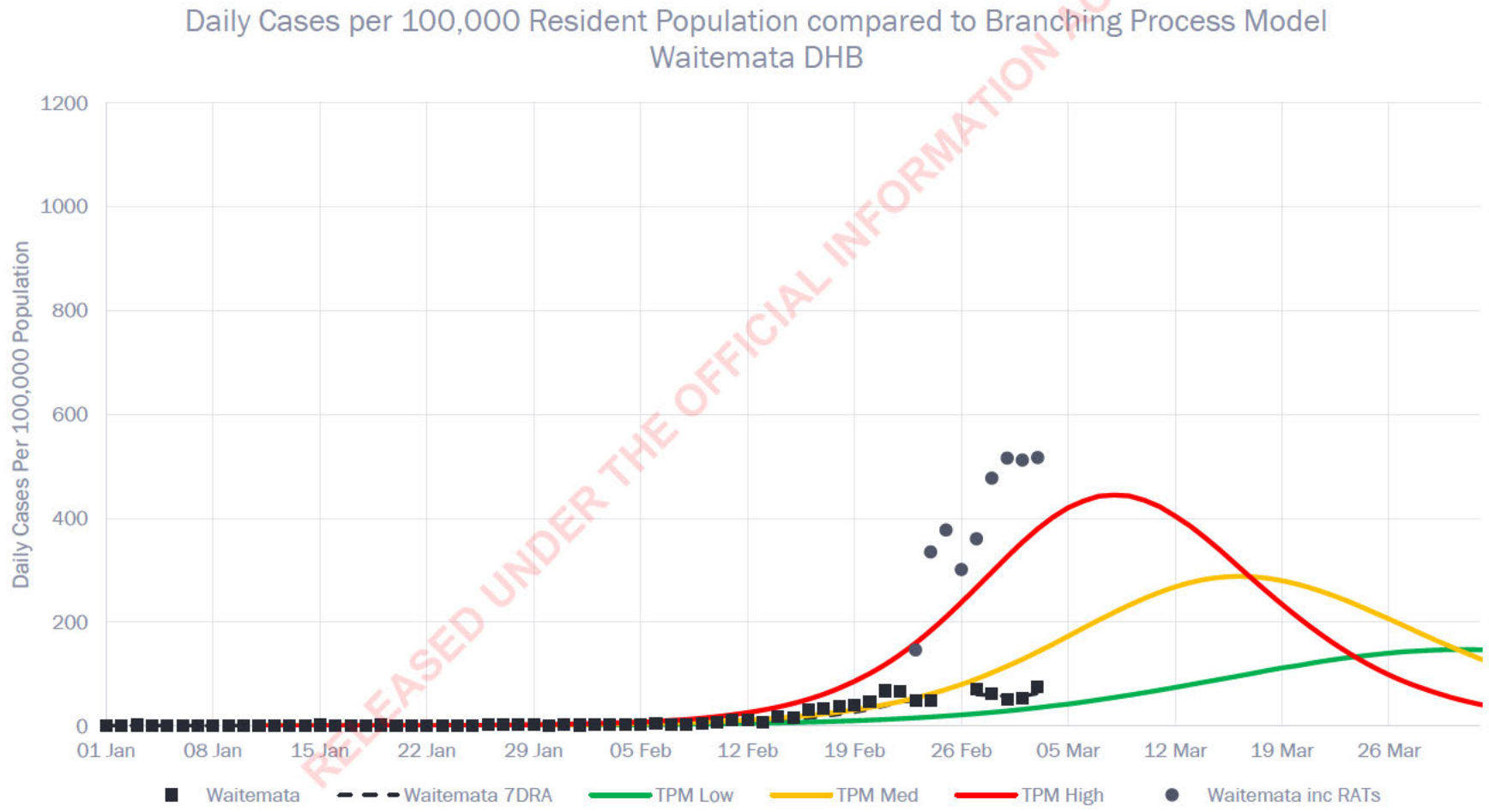
Source: Te Pūnaha Matatini Branching Process Model (BPM), Ministry of Health

Growth is strongest in the three Auckland DHB areas, driven by Counties-Manukau and Auckland (3/4)



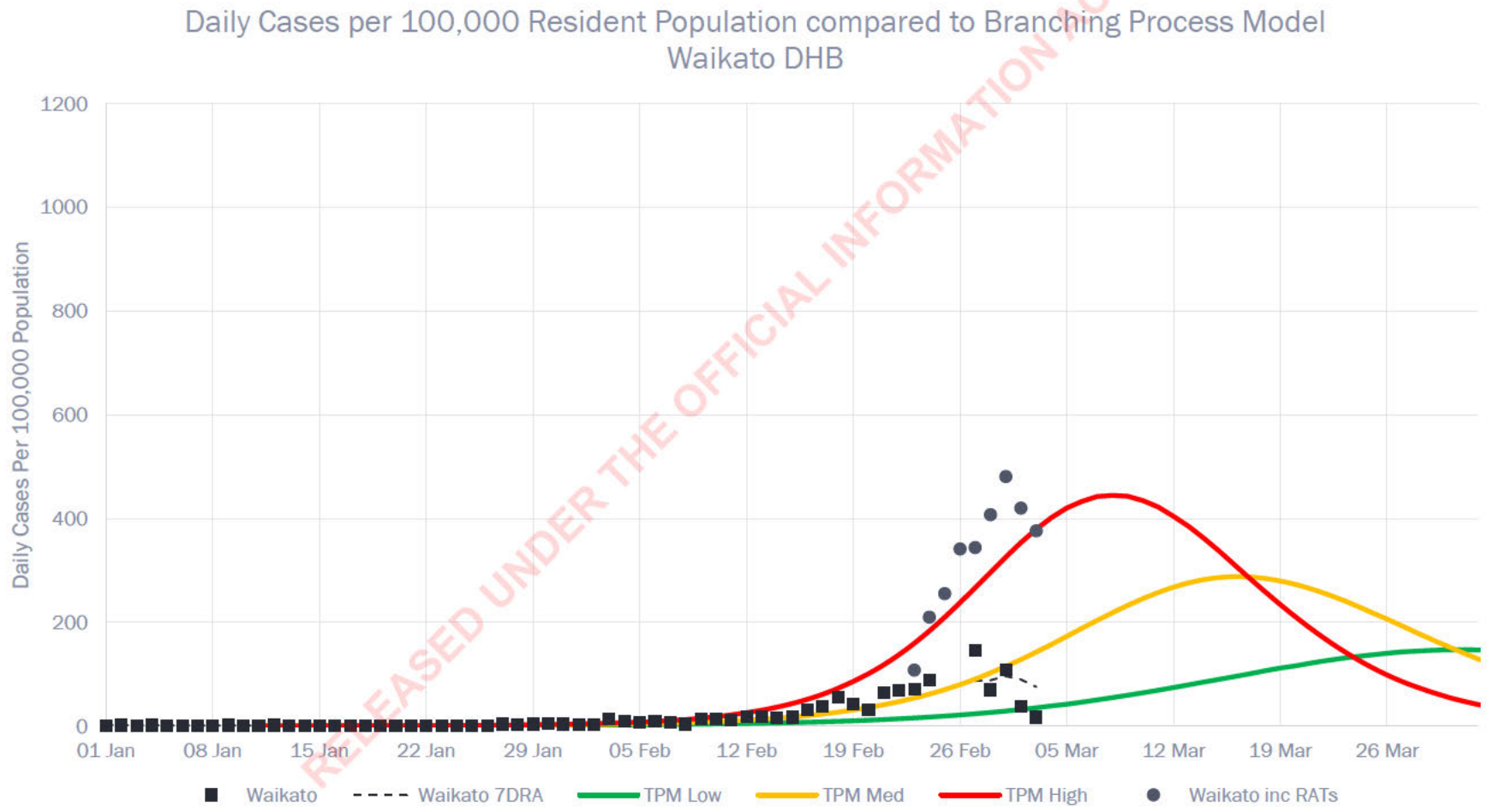
Source: Te Pūnaha Matatini Branching Process Model (BPM), Ministry of Health

Growth is strongest in the three Auckland DHB areas, driven by Counties-Manukau and Auckland (1/4)



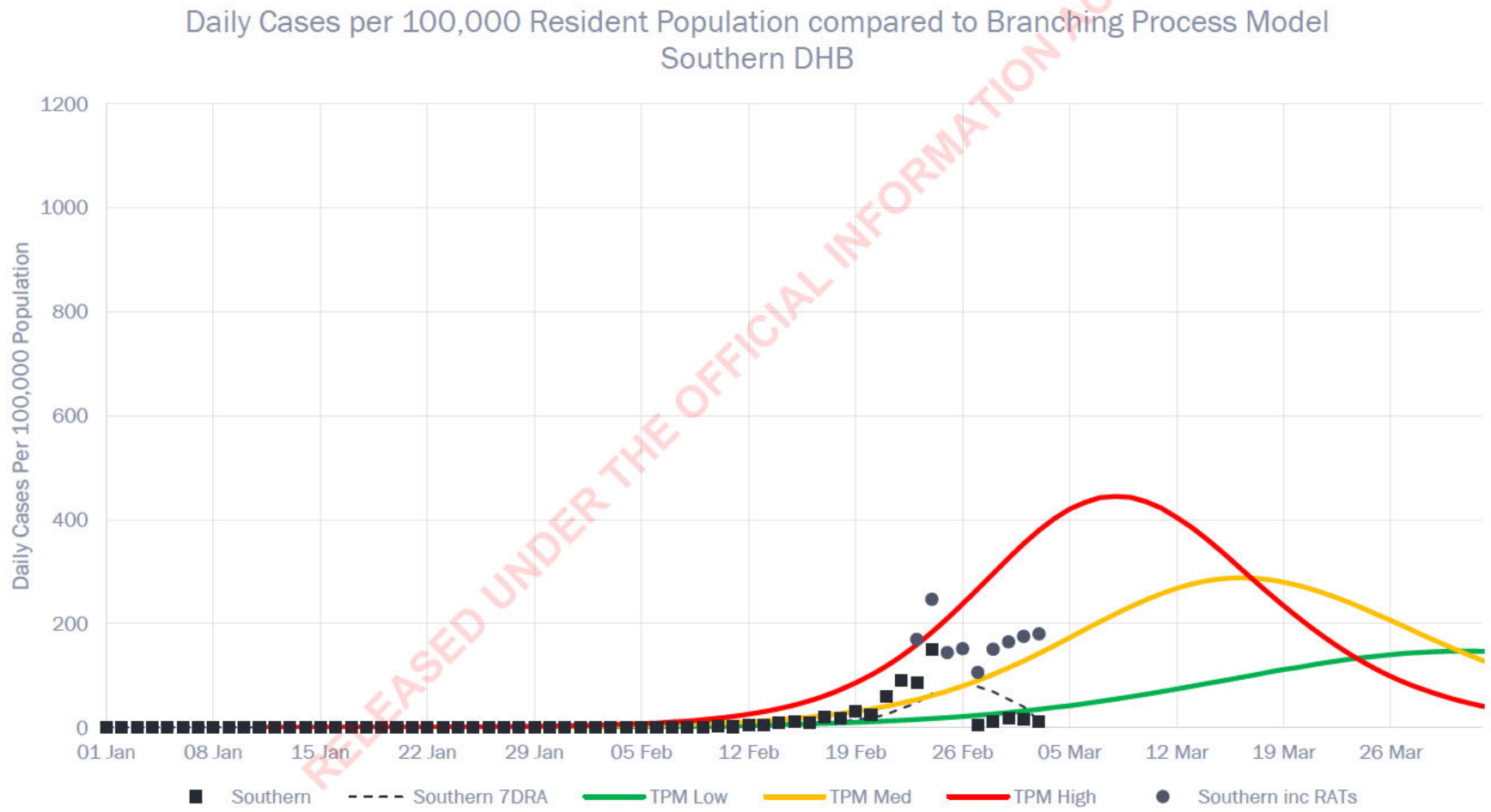
Source: Te Pūnaha Matatini Branching Process Model (BPM), Ministry of Health

Waikato is tracking just outside of the high scenarios



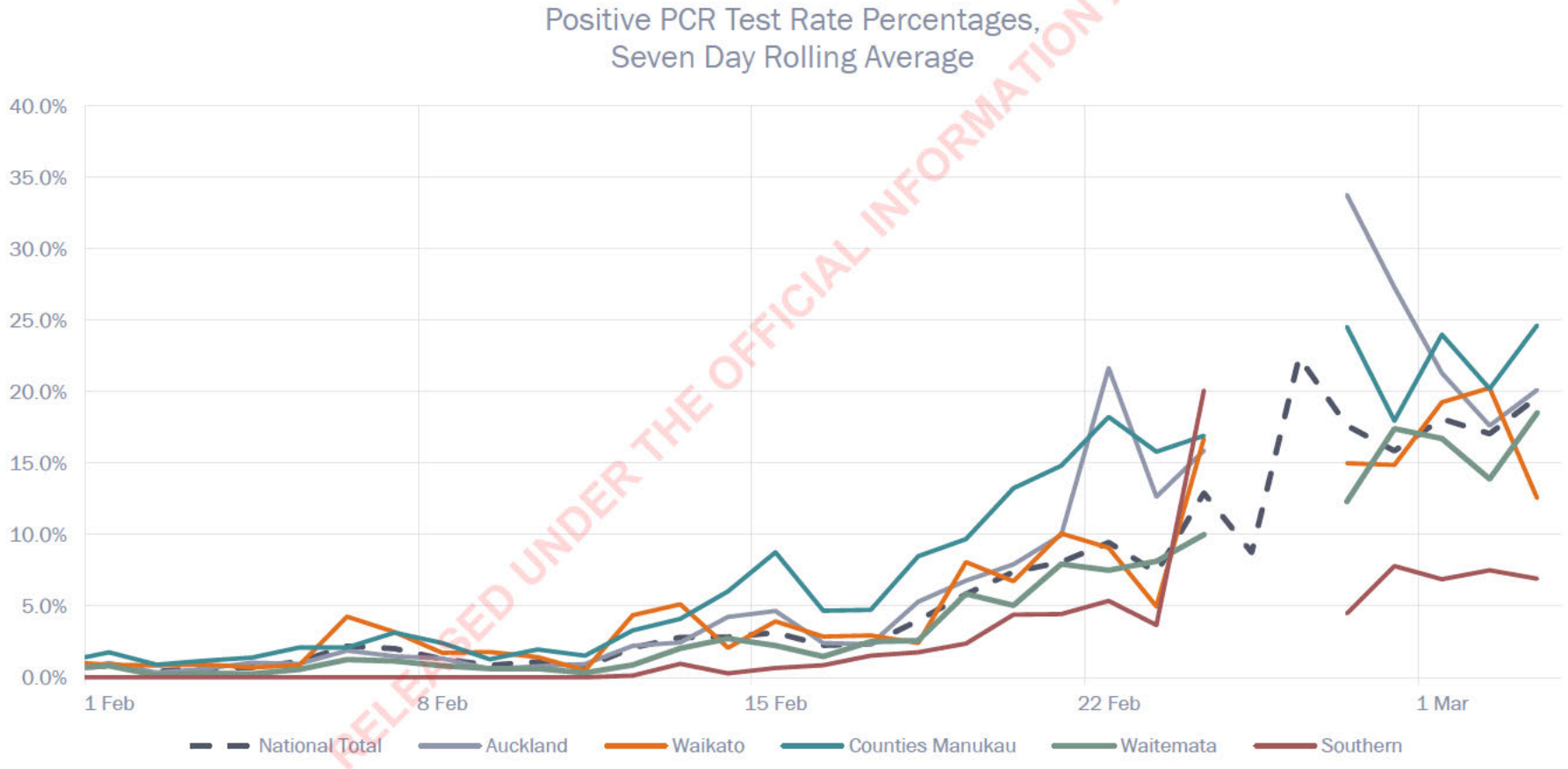
Source: Te Pūnaha Matatini Branching Process Model (BPM), Ministry of Health

Southern is tracking above the Medium scenario



Source: Te Pūnaha Matatini Branching Process Model (BPM), Ministry of Health

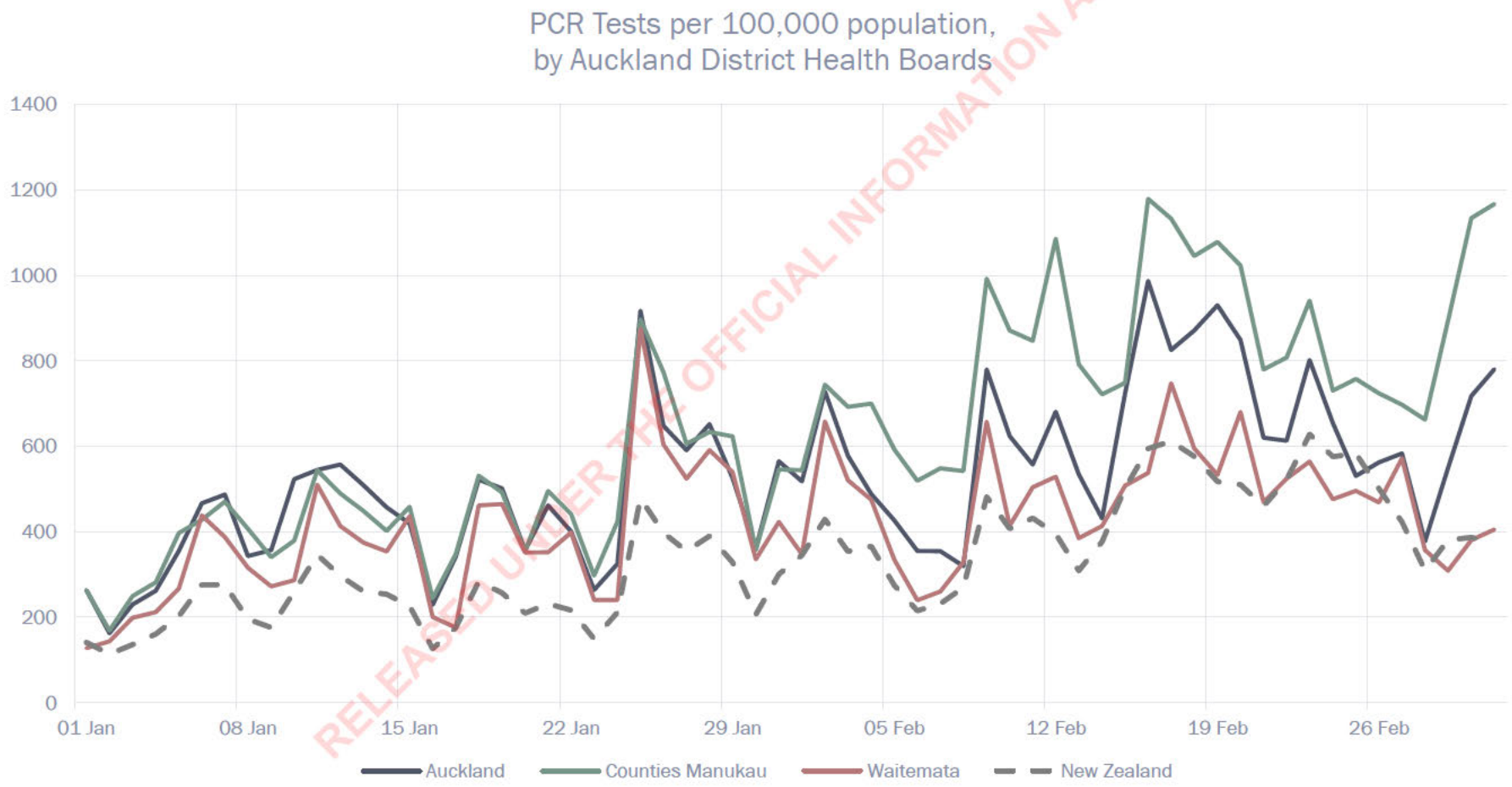
Seven day rolling average PCR positive testing rates have tailed off with the introduction of RATs



PCR Testing Counts by DHB are unavailable for 25-26 February.

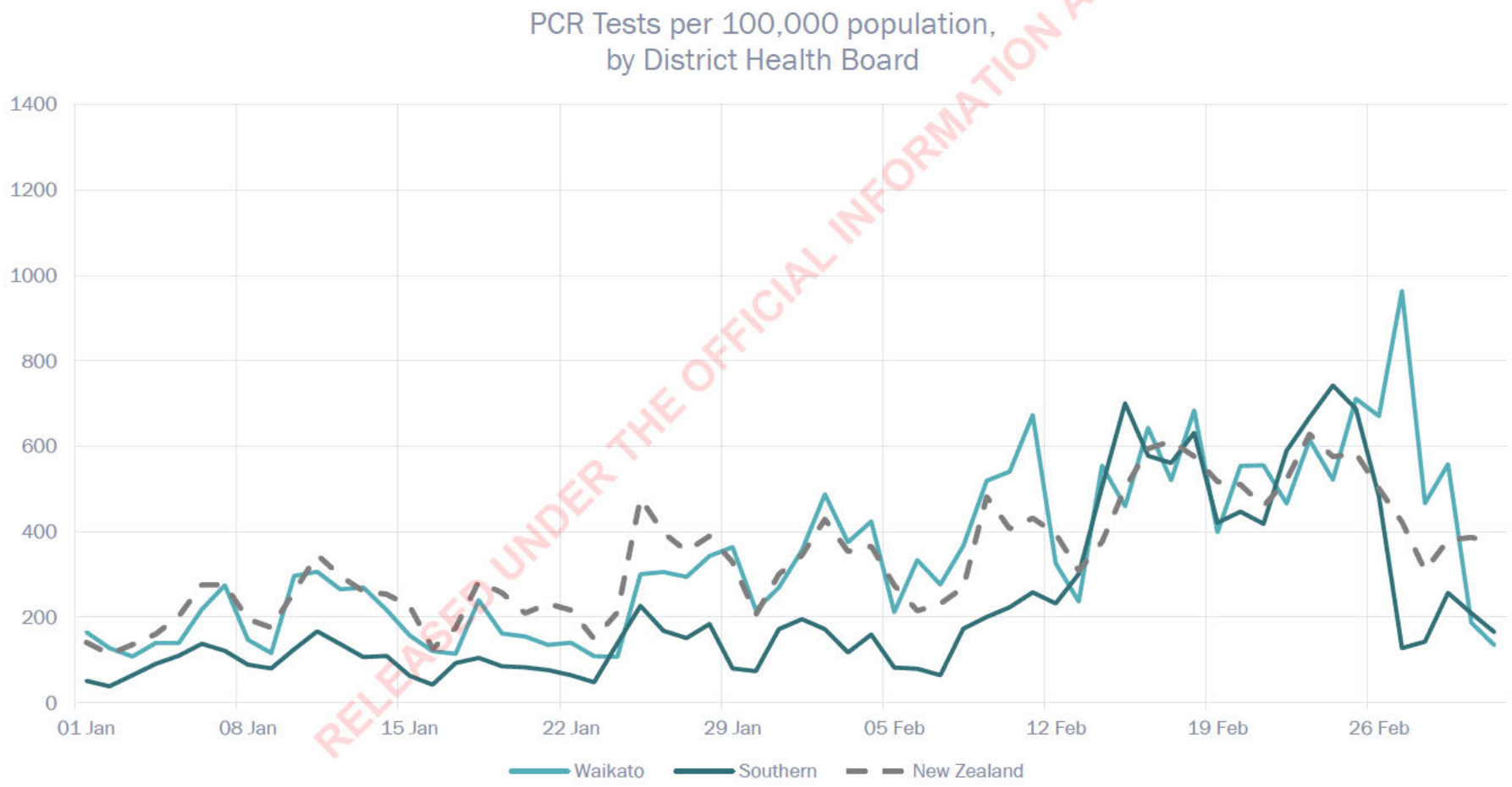
Source: Ministry of Health

PCR Testing Per 100,000 population has declined as RATs have become available



Source: Ministry of Health

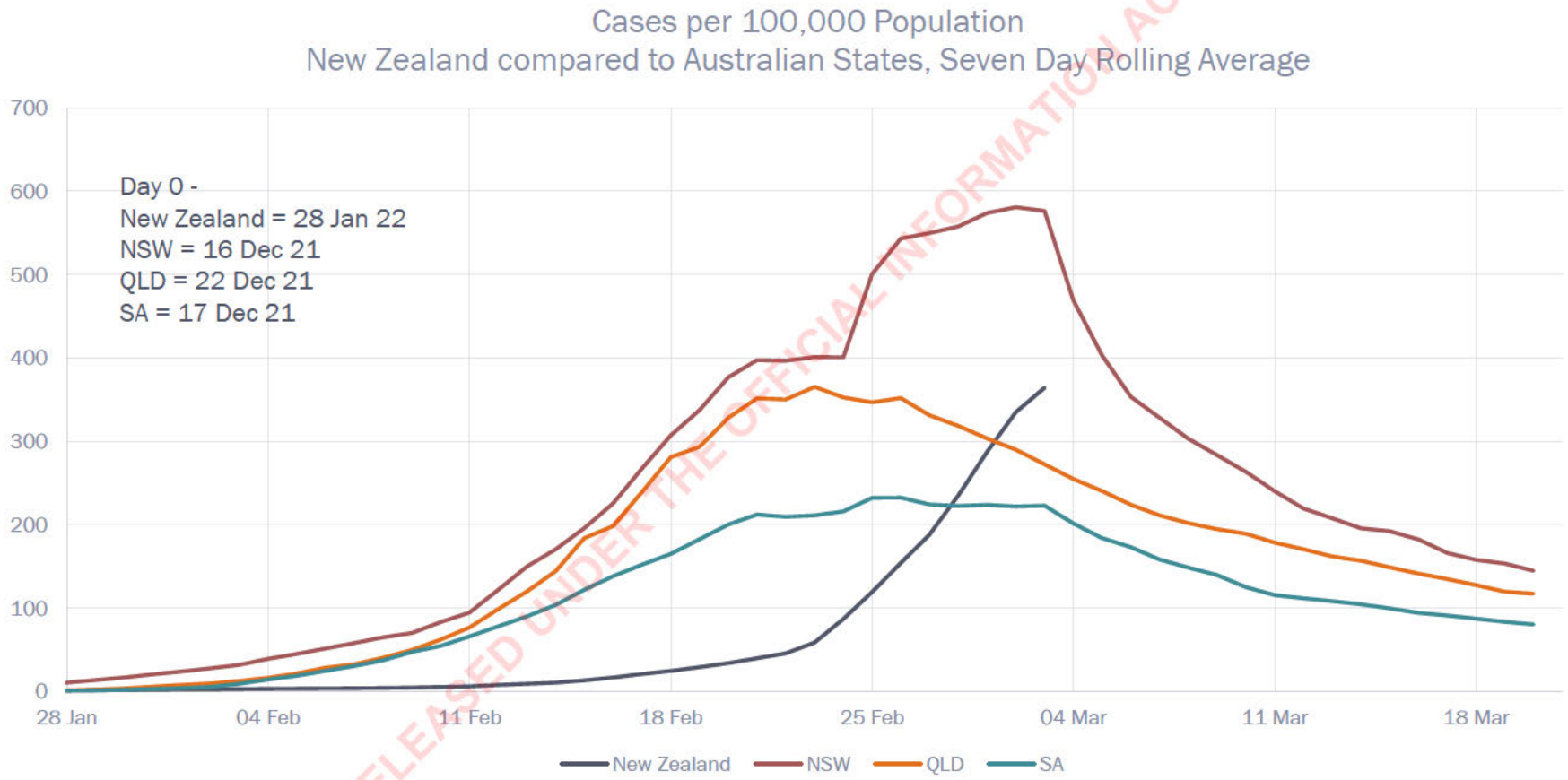
PCR Testing Per 100,000 population has declined as RATs have become available



Source: Ministry of Health

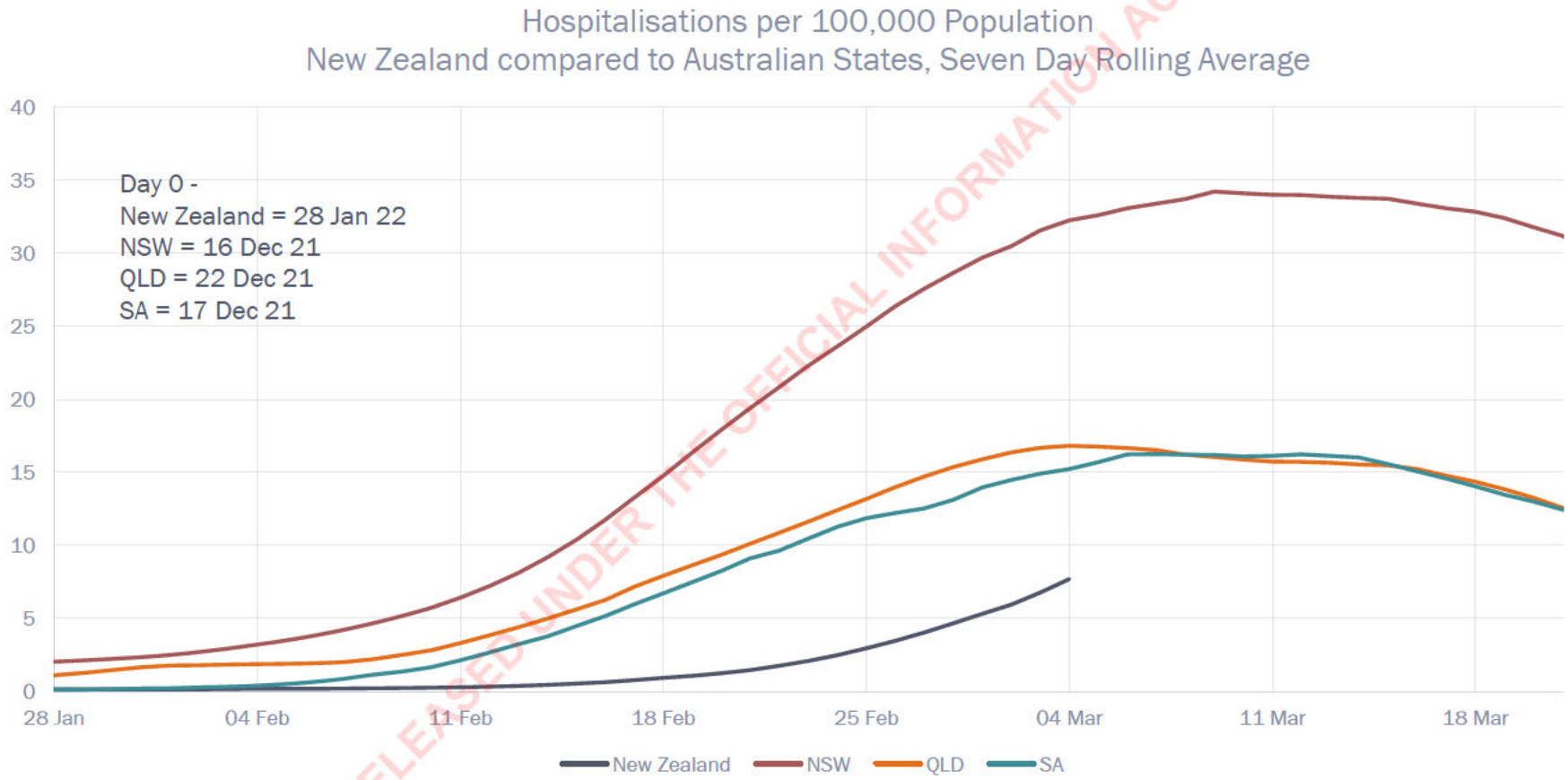
Comparisons with Australia

The rapid growth in cases has seen NZ experience cases per 100,000 population similar to peak rates in Queensland



Source: Ministry of Health, covid19data.com.au

Hospitalisation rates are a lag indicator, and are still well below Australian states at this point



Source: Ministry of Health, covid19data.com.au

From: Shane Kinley <Shane.Kinley@mbie.govt.nz>
Sent: Monday, 14 March 2022 7:52 pm
To: Douglas Woolridge; Rebecca Heerdegen; Anna Clark (GM WRSP); Tracy Mears; Lisa Collins; Zach Boyle; Gayathiri Ganeshan; Chris Hubscher; Kelly Hanson-White (WorkSafe); Chris Thornborough; Alison Cossar
Subject: FW: FOR COMMENT BY 11.30AM FRIDAY RE: Post-peak Cabinet paper
Attachments: Skegg advice 13 March.pdf

Hi all

Please find attached the advice from the Strategic COVID-19 Public Health Advisory Group, chaired by Sir David Skegg.

Please note and respect the request that "This is shared in confidence and we ask that you keep it tightly held."

Having re-read this, it really does not answer the questions that we asked re the public health rationale for employer vaccination requirements or whether the factors in the vaccination assessment tool remain appropriate.

The Ginger Group discussion tonight (while with limited participants) emphasised the importance of communicating the public health rationale for positions taken and advice on what should be considered.

Alison, with that in mind, would be good to discuss if we can get public health advice from MoH which would help us with this, recognising that the decisions on what to do with mandates are still to be made by Cabinet. Can we discuss tomorrow please ☺

Anna – do you want to share with the office?

Ngā mihi
Shane Kinley
Telephone: +64 4 9018619 | Internal extension: 48619

Please note: I am currently working from the office Mondays, Wednesdays and Fridays, and working from home Tuesdays and Thursdays. The best way to contact me in either case is a text to my mobile s 9(2)(a)

From: Shane Kinley
Sent: Monday, 14 March 2022 6:23 pm
To: Ashlee Bowles [DPMC] <Ashlee.Bowlxx@xxxx.xxvt.nz>
Cc: Ruth Fairhall [DPMC <Ruth.Fairhall@dpmc.govt.nz>; Megan Stratford [DPMC <Megan.Stratford@dpmc.govt.nz>; Kay Baxter [DPMC <Kay.Baxter@dpmc.govt.nz>; Anna Clark (GM WRSP) <xxxx.xxxxxx@xxxx.xxxx.xx>
Subject: RE: FOR COMMENT BY 11.30AM FRIDAY RE: Post-peak Cabinet paper

Thanks Ashlee,

My read is that this doesn't really address what the public health grounds are for employer requirements in the absence of government mandates, or on the appropriateness of the vaccination assessment tool criteria.

What is helpful is that this highlights the blurring of the term "vaccination mandate" which can also include other situations where vaccination is required.

Para 28 touches on what I think we are looking for:

28. Mandates for these occupational groups need to be replaced by national advice as to how the leaders of the services should protect their staff and reduce the spread of disease to others. Such measures should include clear recommendations for vaccinations and other public health measures that reduce the transmission of respiratory infections. In some cases, it would be appropriate for vaccination to be a condition for new employment. New Zealand has been slow to develop occupational vaccination policies for a whole variety of infectious diseases, and we hope that experience of the current pandemic will lead to new initiatives in this area

I'll go back to MoH on this, and we may want to come back to the Skegg group.

My intention is that I share this with the small group at MBIE directly working on this, the WorkSafe leads (Kel and Chris) and MoH key contact (Alison Cossar). Let me know if that is an issue. Its likely our Minister's office will also want to see this, if this hasn't been shared with relevant Ministers already?

One small point of clarification. This paper repeats the statement that Fire and Emergency have a mandate (as was said in the CAB paper). Do you know where this has come from? My understanding is that Fire and Emergency only have a mandate apply to the extent they are part of one of the other groups covered by the COVID-19 Public Health Response (Vaccinations) Order 2021 Schedule 2 Groups of affected persons. The Vaccinations and work | Unite against COVID-19 (covid19.govt.nz) webpage picks up this nuance, that certain FENZ workers are covered under the health and disability, or education mandates.

Ngā mihi
Shane Kinley
Telephone: +64 4 9018619 | Internal extension: 48619

Please note: I am currently working from the office Mondays, Wednesdays and Fridays, and working from home Tuesdays and Thursdays. The best way to contact me in either case is a text to my mobile s 9(2)(a)

From: Ashlee Bowles [DPMC] <Ashlee.Bowles@dpmc.govt.nz>
Sent: Monday, 14 March 2022 5:16 pm
To: Shane Kinley <Shane.Kinley@mbie.govt.nz>
Subject: RE: FOR COMMENT BY 11.30AM FRIDAY RE: Post-peak Cabinet paper

Hi Shane

I have attached the Skegg advice for your information. This is shared in confidence and we ask that you keep it tightly held.

Thanks so much
Ashlee

From: Shane Kinley <Shane.Kinley@mbie.govt.nz>
Sent: Monday, 14 March 2022 4:23 pm
To: Ashlee Bowles [DPMC] <Ashlee.Bowlxx@xxxx.xxvt.nz >; Ruth Fairhall [DPMC] <Ruth.Fairhxxx@xxxx.xxvt.nz >
Cc: Megan Stratford [DPMC] <Megan.Stratford@dpmc.govt.nz>; Kay Baxter [DPMC] <Kay.Baxter@dpmc.govt.nz>; Douglas Woolridge <Douglas.Woolridge@mbie.govt.nz>; ^MBIE: Rebecca Heerdegen <Rebecca.Heerdegen@mbie.govt.nz>; Anna Clark (GM WRSP) <Axxx.xxxxxx@xxxx.xxxx.xx>
Subject: RE: FOR COMMENT BY 11.30AM FRIDAY RE: Post-peak Cabinet paper

Thanks Ashlee.

I've been in other meetings so just closing the loop on this.

I'll be following up with MoH now too – can I check though if you know whether the broader questions were put to the Skegg group (see highlighted para below)?

Ngā mihi
Shane Kinley
Telephone: +64 4 9018619 | Internal extension: 48619

Please note: I am currently working from the office Mondays, Wednesdays and Fridays, and working from home Tuesdays and Thursdays. The best way to contact me in either case is a text to my mobile s 9(2)(a)

From: Ashlee Bowles [DPMC] <Ashlee.Bowles@dpmc.govt.nz>
Sent: Monday, 14 March 2022 12:59 pm
To: Shane Kinley <Shane.Kinley@mbie.govt.nz>; Ruth Fairhall [DPMC] <Ruth.Fairhall@dpmc.govt.nz>
Cc: Megan Stratford [DPMC] <Megan.Stratford@dpmc.govt.nz>; Kay Baxter [DPMC] <Kay.Baxter@dpmc.govt.nz>; Douglas Woolridge <Douglas.Woolridge@mbie.govt.nz>; Rebecca Heerdegen <Rebecca.Heerdegen@mbie.govt.nz>; Anna Clark (GM WRSP) <Axxx.xxxxxx@xxxx.xxxx.xx>
Subject: RE: FOR COMMENT BY 11.30AM FRIDAY RE: Post-peak Cabinet paper

Thanks Shane.

I've flagged that we need to include more about the health benefits of boosters. Great that MBIE is working with MOH on the other two points – definition of vaccinated and health advice from PCBUs risk assessments.

Happy for you to share with WorkSafe. We need to ensure their views are reflected, including how they plan to manage compliance and enforcement following changes post-peak.

We'll get back to you with any questions following our review of your second set of feedback this morning.

Thanks
Ashlee

From: Shane Kinley <Shane.Kinley@mbie.govt.nz>
Sent: Monday, 14 March 2022 8:18 am
To: Ruth Fairhall [DPMC] <xxxx.xxxxxxxx@xxxx.xxxx.nz >
Cc: Megan Stratford [DPMC] <Megan.Stratford@dpmc.govt.nz>; Kay Baxter [DPMC] <Kay.Baxter@dpmc.govt.nz>; Ashlee Bowles [DPMC] <Ashlee.Bowles@dpmc.govt.nz>; Douglas Woolridge <Douglas.Woolridge@mbie.govt.nz>; ^MBIE: Rebecca Heerdegen <Rebecca.Heerdegen@mbie.govt.nz>; Anna Clark (GM WRSP) <Anna.Clark2@mbie.govt.nz>
Subject: Re: FOR COMMENT BY 11.30AM FRIDAY RE: Post-peak Cabinet paper

Morena Ruth and DPMC colleagues,

Thanks for sending through the paper and I see the challenge you having had.. I've skim read and will go over again this morning for more specific comments.

From a clarity perspective, knowing the public health benefits of boosters feels key and possibly underdone. For the mandated workforces and MVP, the Yardley judicial review comments (assuming not being appealed on these) could be reinforced about least rights infringing solutions and not weighting operational simplicity. I'll check with MIQ if they have anything to add specifically given the recommendation from MoH they be kept in the mandated groups.

I'm going to follow up with MoH re the definition of vaccinated too. We've alerted them previously that the ERA changes for the right to paid time off for Vaccinations and termination provisions are linked to that, so I want to make sure they don't lose sight of that.i think that is severable from a decision on mandates, especially for situations where employers consider work is high enough risk to maintain an employer requirement for vaccination (which should be a PCBU decision based on public health advice, though see comment re WorkSafe view below).

I don't think I saw comments from the Skegg group re public health advice for employers on HSWA risk assessment and the indicators in the vaccination assessment tool. We had asked that be put to them via MinWRS' office. Do you

know if they considered this, as that is key to our business guidance and advice to MinWRS about whether the VAT can remain in place as is. The latter was intended as a simplified process for employers, reflecting public health advice. If we don't have that from the Skegg group we'll need to go back to MoH. I know WorkSafe are concerned too about the implications of this for their guidance on PCBU's risk assessment approaches.

I think the key thing there is being able to clearly express the public health advice and then reinforce PCBU responsibility for doing risk assessments taking that into account, with PCBUs owning risk tolerance. We will also want to be clear that business continuity is not a HSWA ground but can be taken into account under an employer policy if justified and the ERA consultation process are followed, or as a condition of access to a place. We'll provide further comments after the WorkSafe convened Ginger Group at 5pm tonight (which Aaron Wright, Kay and Megan are invited to).

Can I please ask permission to share the paper with WorkSafe too, so they can consider the balancing needed re HSWA duties.

I wasn't looking for compliance and enforcement implications last night, but assume you are clear that rolling back PCBU's duties has a commensurate impact on WorkSafe's role a
Nd will need to be taken into account in existing compliance actions ie do they continue, as some of the breaches were blatant disregard of rules, even if those rules may be relaxed by the time they get to a judge.

Cheers,
Shane

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From: Shane Kinley <Shane.Kinley@mbie.govt.nz>
Sent: Sunday, March 13, 2022 11:51:28 AM
To: Ruth Fairhall [DPMC] <xxxx.xxxxxxxx@xxxx.xxxx.xx >
Cc: Megan Stratford [DPMC] <Megan.Stratford@dpmc.govt nz>; Kay Baxter [DPMC] <Kay.Baxter@dpmc.govt.nz>; Ashlee Bowles [DPMC] <Ashlee.Bowles@dpmc.govt.nz>; Douglas Woolridge <Douglas.Woolridge@mbie.govt.nz>; Rebecca Heerdegen <Rebecca.Heerdegen@mbie.govt.nz>
Subject: Re: FOR COMMENT BY 11.30AM FRIDAY RE: Post-peak Cabinet paper

Sounds good, thanks Ruth!

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From: Ruth Fairhall [DPMC] <Ruth.Fairhxxx@xxxx.xxvt.nz >
Sent: Sunday, March 13, 2022 11:25:25 AM
To: Shane Kinley <Shane Kinley@mbie.govt.nz>
Cc: Megan Stratford [DPMC] <Megan.Stratford@dpmc.govt.nz>; Kay Baxter [DPMC] <Kay.Baxter@dpmc.govt.nz>; Ashlee Bowles [DPMC] <Ashlee.Bowles@dpmc.govt.nz>; Douglas Woolridge <Douglas.Woolridge@mbie.govt.nz>; Rebecca Heerdegen <Rebecca.Heerdegen@mbie.govt.nz>
Subject: RE: FOR COMMENT BY 11.30AM FRIDAY RE: Post-peak Cabinet paper

As just discussed with Shane, we're intending to circulate it this afternoon. Shane, I will text you when I send it so you don't have to keep an eye on your emails.

From: Shane Kinley <Shane.Kinley@mbie.govt.nz>
Sent: Sunday, 13 March 2022 11:20 am
To: Ruth Fairhall [DPMC] <xxxx.xxxxxxxx@xxxx.xxxx.xx >
Cc: Megan Stratford [DPMC] <Megan.Stratford@dpmc.govt.nz>; Kay Baxter [DPMC] <Kay.Baxter@dpmc.govt.nz>; Ashlee Bowles [DPMC] <Ashlee.Bowles@dpmc.govt.nz>; Douglas Woolridge <Douglas.Woolridge@mbie.govt.nz>; ^MBIE: Rebecca Heerdegen <Rebecca.Heerdegen@mbie.govt.nz>
Subject: Re: FOR COMMENT BY 11.30AM FRIDAY RE: Post-peak Cabinet paper

HI Ruth and DPMC colleagues,

Any update on Ministerial consultation version please?

Cheers,
Shane

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From: Ruth Fairhall [DPMC] <Ruth.Fairhxxx@xxxx.xxvt.nz >
Sent: Friday, March 11, 2022 5:09:29 PM
To: @EXT COVID-19 All-of-Government Policy Coordination Group <EXTCOVID19AllofGovernmentPolicyCoordinationGroup@dpmc.govt.nz>; jacinda.funnell@publicservice.govt.nz <jacinda.funnell@publicservice.govt.nz>; C Mak <C.Max@xxxxxxxxx.xxxx.xx>; Sarah Holland [NEMA] <sarah.holland@nema.govt.nz>; ^TPK: Geoff Short <Geoff.short@tpk.govt.nz>; ^PCO: Richard Wallace <Richard.Wallace@pco.govt.nz>; ^Education: Alanna Sullivan Vaughan <Alanna.SullivanVaughan@education.govt.nz>; Shane Kinley <Shane.Kinlxx@xxxx.xxxx.xx >
Cc: Megan Stratford [DPMC] <Megan.Stratford@dpmc.govt.nz>; Kay Baxter [DPMC] <Kay.Baxter@dpmc.govt.nz>; Ashlee Bowles [DPMC] <Ashlee.Bowles@dpmc.govt.nz>
Subject: RE: FOR COMMENT BY 11.30AM FRIDAY RE: Post-peak Cabinet paper

Good evening

Thank you for your comments on last night's draft. We are awaiting the final Health advice so will provide the Ministerial consultation version to you during the weekend.

Ruth

From: Ruth Fairhall [DPMC] <Ruth.Fairhxxx@xxxx.xxvt.nz >
Sent: Thursday, 10 March 2022 6:24 pm
To: @EXT COVID-19 All-of-Government Policy Coordination Group <EXTCOVID19AllofGovernmentPolicyCoordinationGroup@dpmc.govt.nz>; jacinda.funnell@publicservice.govt.nz; C Mak <x.xxx@xxxxxxxxx.xxxx.xx >; Sarah Holland [NEMA] <sarah.holland@nema.govt.nz>; ^TPK: Geoff Short <xxxxx.xxxxx@xxx.xxxx.xx >; ^PCO: Richard Wallace <xxxxxxx.xxxxxxx@xxx.xxxx.xx >; ^Education: Alanna Sullivan Vaughan <Alanna.SullivanVaughan@education.govt.nz>; Shane Kinley <Shane.Kinley@mbie.govt.nz>
Cc: Megan Stratford [DPMC] <Megan.Stratford@dpmc.govt.nz>; Kay Baxter [DPMC] <Kay.Baxter@dpmc.govt.nz>; Ashlee Bowles [DPMC] <Ashlee.Bowles@dpmc.govt.nz>
Subject: FOR COMMENT BY 11.30AM FRIDAY RE: Post-peak Cabinet paper

Good evening

Please find attached, for your comment, the draft Cabinet paper. Can you please only forward on a need to know basis given the sensitivity of the proposals in the paper and that we still have a way to go before decisions on Monday 21 March.

Could you please provide comments to Ashlee Bowles, Megan Stratford and Kay Baxter by **11.30am Friday** tomorrow (earlier would be better if possible but I am conscious that I am sending this later than intended). The draft reflects the interim health advice we received yesterday (please see attached email from Steve Waldegrave – this replaces the PDF I sent out last week). We are awaiting updated health advice tomorrow which will inform some of the proposals in this paper. Please note that while CVC and vaccine mandates are currently in a section labelled short-term considerations, the final advice from Health will help guide us on whether any changes should be made post-peak or sooner.

We will send you a further version of the paper tomorrow (the Ministerial consultation version) and would welcome further comments on that version. We are aiming to lodge on Tuesday for SWC on Wednesday.

Thank you for all your input to date.

Ruth

From: Ruth Fairhall [DPMC] <Ruth.Fairhxxx@xxxx.xxvt.nz >
Sent: Friday, 4 March 2022 4:34 pm
To: @EXT COVID-19 All-of-Government Policy Coordination Group <EXTCOVID19AllofGovernmentPolicyCoordinationGroup@dpmc.govt.nz>; jacinda.funnell@publicservice.govt.nz; C Mak <x.xxx@xxxxxxxxx.xxxx.xx >; Sarah Holland [NEMA] <sarah.holland@nema.govt.nz>; ^TPK: Geoff Short <xxxxx.xxxxx@xxx.xxxx.xx >; ^PCO: Richard Wallace <xxxxxxx.xxxxxxx@xxx.xxxx.xx >; ^Education: Alanna Sullivan Vaughan <Alanna.SullivanVaughan@education.govt.nz>
Cc: Megan Stratford [DPMC] <Megan.Stratford@dpmc.govt.nz>; Kay Baxter [DPMC] <Kay.Baxter@dpmc.govt.nz>; Alice Hume [DPMC] <Alice.Hume@dpmc.govt.nz>
Subject: RE: Post-peak Cabinet paper update

Kia ora koutou

Please find attached:

- For comment: draft slides for Ministers meeting on Tuesday (confirmed for 4.45-5.45pm, invite has been sent to CEs) – could we please have comments by **10am, Monday.** Please send the comments to Kay Baxter, Megan Stratford and me. We know they need refining, fewer words, some key questions etc but keen for your thoughts on the direction of proposed amendments to the CPF, and two key timing questions: when should restrictions come off post-peak and how long should we retain the CPF.
- For context / discussion at CCB: our working paper on our thinking, which we will draw upon for the Cabinet paper. We are interested in your thoughts on this, but not detailed comments given it is essentially an internal document. Thoughts by Tuesday would be good and we can discuss again at our 2pm Tues meeting.
- FYI: Health's advice to the DG on the public health measures
- FYI: today's cases against TPM's modelling
- FYI: updated engagement table (Warren, as discussed, appreciate you liaising with Kelly on the agendas for Wed meetings with iwi.)

The first 3 papers have also been provided to CCB with a cover note for their discussion on Tuesday.

Alice is the DPMC Policy contact over the weekend for anything urgent.

Thanks very much everyone.

Ruth

From: Ruth Fairhall [DPMC]
Sent: Thursday, 3 March 2022 4:37 pm
To: @EXT COVID-19 All-of-Government Policy Coordination Group <EXTCOVID19AllofGovernmentPolicyCoordinationGroup@dpmc.govt.nz>; jacinda.funnell@publicservice.govt.nz; Carmen Mak <x.xxx@xxxxxxxxx.xxxx.xx>; Sarah Holland [NEMA] < sarah.holland@nema.govt.nz>; ^TPK: Geoff Short <xxxxx.xxxxx@xxx.xxxx.xx >; ^PCO: Richard Wallace <xxxxxxx.xxxxxxx@xxx.xxxx.xx >; Alanna Sullivan-Vaughan <Alanna.SullivanVaughan@education.govt.nz>

Cc: Megan Stratford [DPMC] <Megan.Stratford@dpmc.govt.nz>; Kay Baxter [DPMC] <Kay.Baxter@dpmc.govt.nz>
Subject: RE: Post-peak Cabinet paper update

As per yesterday's email, please find attached, FYI, the slides which were provided to MO and PMO today for Ministers to consider. We made it clear that agencies hadn't seen them. Tomorrow we will circulate, for comment, the next set of draft slides for Tuesday's Ministers meeting (time still TBC), and our working paper (which will also go to CCB).

From: Ruth Fairhall [DPMC] <Ruth.Fairhxxx@xxxx.xxvt.nz >
Sent: Wednesday, 2 March 2022 5:24 pm
To: @EXT COVID-19 All-of-Government Policy Coordination Group <EXTCOVID19AllofGovernmentPolicyCoordinationGroup@dpmc.govt.nz>; jacinda.funnell@publicservice.govt.nz; Carmen Mak <x.xxx@xxxxxxxxx.xxxx.xx>; Sarah Holland [NEMA] < sarah.holland@nema.govt.nz>; ^TPK: Geoff Short <xxxxx.xxxxx@xxx.xxxx.xx >; Hart, Stevie-Rae <Stevie-Rae.Hart@tearawhiti.govt.nz>
Cc: Megan Stratford [DPMC] <Megan.Stratford@dpmc.govt.nz>; Kay Baxter [DPMC] <Kay.Baxter@dpmc.govt.nz>; Jeremy Greenbrook-Held [DPMC] <Jeremy.Greenbrook-Held@dpmc.govt.nz>
Subject: Post-peak Cabinet paper update

Kia ora koutou

Thank you for another very helpful discussion yesterday afternoon. We then met with PMO and MO and have some more guidance on timeframes for advice on post-peak measures. I have attached a table of our planned deliverables and engagement over the next couple of weeks but in short:

- Tomorrow we are providing Ministers with some slides about the key things officials are looking at to help them start thinking about this issue. We will send you a copy. It is the sorts of questions we have been asking you so should be no surprises.
- Week of 7 March:
  - A meeting on Tuesday with Ministers and the Chairs of the Advisory Groups (Roche, Skegg, Fyfe), key agency CEs, senior officials and science advisors. Time TBC so no invites have gone out yet. **We will circulate draft slides for that meeting on Friday for comment by first thing Monday.**
  - CCB on Tuesday – we are proving them a brief process note and a draft briefing / narrative about where the advice is heading based on the work so far. You will receive a copy on Friday, and we are happy to receive any further thoughts that might prompt. (It is not intended to be a final product but the basis of the Cab paper.)
  - Lots of other engagement, including potentially with Ministers and NICF-PRG, Iwi chairs and other Māori organisations
- **SWC – 16 March** and Cabinet on 21 March for decisions. This does not mean decisions will take effect from 21 March. The timing of when any decisions will take effect is something we need to work on over the next fortnight. **We will circulate a draft Cabinet paper for comment late next week** (we are planning to lodge on Monday 14 March).

Please note that PMO have indicated that they would like the Cabinet paper to include advice on vaccination mandates (Health / MBIE – we will be in touch with you about this. The Strategic Public Health Advisory Group have also been asked to look at vaccination mandates and CVCs as a priority (followed by masks, capacity limits and isolation).

Also attached, FYI, are the latest list of briefings, and a slide pack of hospitalisations and cases against the updated TPM modelling so you can see when the expected peaks might be. Pay most attention to hospitalisations – they are the key metric now. Any questions on those, please direct them to Jeremy G-H (cc'ed).

As always, happy to answer any questions.

Ruth

Ruth Fairhall
Head of Strategy and Policy | COVID-19 Group
Department of the Prime Minister and Cabinet

M s 9(2)(a)
E ruth.fairhall@dpmc.govt.nz

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Strategic COVID-19 Public Health Advisory Group

13 March 2022

Hon Dr Ayesha Verrall
Associate Minister of Health (Public Health)
Parliament Buildings
Wellington

Dear Minister

Vaccine mandates

We welcome your invitation to review the place of vaccine mandates in the current strategy for minimising harms caused by the COVID-19 pandemic, to health, society and the economy. As we have not previously advised on this subject, we have been able to take a fresh view of the evidence, without any temptation to defend previous positions.

Scope of this advice

1. There is often confusion about the term "vaccine mandate". In the late 19th and early 20th centuries, vaccination of children against smallpox was compulsory in New Zealand, as in many other countries, but the mandate was not rigorously enforced. Vaccination of citizens against SARS-CoV-2 has been mandated in some parts of China, and a proposal to require this in Germany will be debated in the Bundestag within the next few weeks. In Italy and Greece, vaccination is mandatory for people in older age groups. Compulsory vaccination against SARS-CoV-2 has never been proposed in New Zealand.

2. The term vaccine mandate has mainly been used, during this pandemic, to describe Government orders for people in certain occupational groups, such as health care workers, to be vaccinated in order to continue working in those roles. Apart from the Health and Disability sector, vaccine orders currently apply to at least some workers at the Borders and in Education, Corrections, Fire and Emergency, the Police, and the Defence Force. Such occupational mandates are the subject of this report.

3. Employers can also require vaccination against various diseases as a condition of employment. This has been common for many years in certain sectors, such as health care providers and armed forces. Since the advent of COVID-19, some employers have required vaccination against the virus, either to ensure continuity of their business or to protect other staff or customers who may be vulnerable. Government regulations introduced in December 2021 provided an assessment tool that an employer may (but is not required to) use to assess whether it is reasonable to require that workers be vaccinated. We will discuss such employer-imposed mandates only briefly here.

Via Secretariat DPMC COVID-19 Group
Level 9, TSB Building, Parliament Buildings | Wellington 6145 | New Zealand
☎ 64 4 817 9700 Facsimile 64 4 472 3181 www.dpmc.govt.nz
The DPMC COVID19 Group is a business unit of the Department of the Prime Minister and Cabinet

4. Finally, the term “vaccine mandate” is sometimes used loosely to refer to the requirement that people show a vaccination certificate (“My Vaccine Pass”) in order to attend places such as hospitality venues that are using these. Under the COVID-19 Protection Framework (CPF), limits on the numbers of people who can attend hospitality venues or gatherings such as church services or marae, depend on whether or not vaccination certificates are used. There is a legal requirement that businesses that have to use vaccine passes to operate, or to operate with fewer restrictions, must ensure that their own employees are vaccinated. We understand that the CPF will be reviewed soon, and so will not consider the role of vaccination passes at this stage.

5. In the remainder of this report, the term “vaccine mandates” will refer to occupational mandates imposed by the Government.

Diverse benefits of vaccination

6. We often think of vaccination against any disease as a step that people take to protect themselves from illness. Such *individual protection* is important, but there are also other benefits. Vaccination may reduce the risk that a person will infect *other people around them,* who may be particularly vulnerable (and who may not themselves be able to derive as strong protection from vaccination). Vaccination can also provide *community protection*, helping to control the spread of illness in the whole population.

7. In the case of COVID-19, vaccines have been shown to be especially effective at preventing severe illness and death. This benefits not only the sick person and their family and friends, but also the whole community – because health services are less likely to become overloaded. In places like the United Kingdom, where there have been very large outbreaks of COVID-19 over the last two years, many people with unrelated diseases (such as cancers) have had difficulty in accessing health care. Consequently, there are now unprecedented numbers of patients waiting for delayed treatment or elective surgery.

8. Evidence is mounting about delayed effects of infection with SARS-CoV-2, including the condition known as Long Covid. By reducing the risk of such complications, vaccination benefits both the individual and the community.

9. Control of COVID-19 also helps to protect public and private enterprises. In many countries, large outbreaks have led to massive absenteeism and temporary collapse of some public services and commercial businesses. This has been less of a problem in highly vaccinated populations.

10. Experience has shown that the protection provided by vaccines wanes after a few months, although it lasts for longer against severe disease. For most vaccines against SARS-CoV-2, the primary course for adults involved two doses, but it is now clear that a booster dose is highly desirable – especially for people who are at risk of severe disease. It might be better if we talked

about a “vaccination course”, as the term “booster” is interpreted by some as implying an optional extra. A full vaccination course now involves three doses for the majority of adults, and two doses for most children. Immunocompromised people need three or four doses, depending on their age and the severity of their condition.

Experience with vaccine mandates in New Zealand

11. Most of the occupational vaccine mandates in New Zealand were introduced in the latter part of 2021, as the country was battling with the Delta outbreak. The main purpose of these mandates has been to reduce the risk of workers becoming infected and transmitting the virus to groups of people who may be either unable to be vaccinated themselves (e.g. young children), particularly vulnerable to infection (e.g. sick patients or residents in aged ca e), or at risk of large outbreaks (e.g. inmates in prisons).

12. Encouraging vaccination in the general population was not one of the specific objectives of vaccine mandates. Nevertheless, the fairly wide application of mandates probably was one of the factors contributing to the achievement of New Zealand’s excellent overall vaccination coverage. Along with other public health measures, this averted what could have been a disastrous wave of disease caused by the Delta variant. As we now deal with a large Omicron outbreak, vaccination is undoubtedly reducing the numbers of people who are becoming seriously ill and require hospital treatment.

13. As in other countries, people are becoming fed up with restrictions needed to control a pandemic that has gone on for longer than anyone envisaged. Vaccine mandates have attracted particular criticism. A small minority of the population harbour strong objections to vaccination, and some have been prepared to accept redeployment or redundancy rather than agree to be vaccinated. Some others feel that the imposition of occupational mandates, even for sound public health reasons, involves an unjustified infringement of personal liberty. There are also legal debates about the relevance of the New Zealand Bill of Rights Act.

14. Clearly we are not qualified to comment on the legal issues. As public health and medical professionals, however, we are vitally concerned about the wider effects of preventive measures on societal wellbeing – and not just on numbers of illnesses and deaths. In developing our recommendations, we have taken account of the particular challenges associated with the use of vaccine mandates.

An evolving pandemic

15. Vaccine mandates were never intended to be permanent, and it was assumed they would be reviewed periodically. Such a review is appropriate now, for several reasons. First, there is high overall vaccination coverage in the community, although it is disappointing that the uptake of the third (booster)

dose of the vaccine has not been higher. Second, the proportion of people with some immunity from natural infection will be increasing greatly during the current outbreak. Third, although some infections with the Delta variant are probably still occurring (and we need better surveillance), there has been a shift to the Omicron variant which now accounts for the vast majority of infections.

16. Individuals infected with the Omicron variant are less likely to require hospitalisation, and especially intensive care, than people infected with Delta. Nevertheless, Omicron is so infectious that in many countries it has caused more hospital admissions and deaths than occurred during Delta outbreaks. That will also be the case in New Zealand.

17. One of the reasons why Omicron is so infectious is that it is more capable than Delta of evading immunity conferred by vaccination or previous infection. Evidence about the effectiveness of vaccination against Omicron is still accruing, but we summarise here what is known at present. While current vaccines provide less protection against symptomatic infection with Omicron than with Delta, there is good protection against severe illness, particularly after a third (booster) dose. It is unclear how quickly the immunity provided by the third dose against symptomatic infection will wane, but protection against severe disease will last longer. Key observations for the current discussion are that adults who have received three vaccine doses are (1) less likely than unvaccinated people to get infected with Omicron, and (2) less likely to pass the infection on to others. The differences are smaller than in the case of Delta, but still appreciable.

18. We must remember that a new variant of the virus may displace Omicron in the months ahead. Such a new variant could be more or less virulent in causing human disease. Experience with previous variants suggests that current vaccines would be likely to retain at least some of their effectiveness. It is also possible that new vaccine formulations would be developed that further reduce the risk of infection and transmission, particularly in the case of a dangerous new variant.

Use of mandates in other countries

19. Internationally there has been wide variation in the use of occupational vaccine mandates. It is perhaps most instructive to consider experience in countries with which we share a similar constitutional background. The United Kingdom requires aged care workers to be vaccinated. Legislation was amended, with the intention to extend the mandate to frontline health and social care workers, but in January 2022 this decision was reversed at the last moment. It is believed that this was because of a fear that the National Health Service, already critically overloaded, would not be able to cope with the withdrawal of large numbers of workers. Vaccine hesitancy among such groups appears to be much commoner than in New Zealand.

20. The United States Government introduced vaccine mandates for federal employees and contractors in July 2021. Most measures for controlling COVID-19 are the responsibility of state and local governments. There is wide variation in the use of vaccine mandates in different states. Some states have imposed no occupational mandates, while others require vaccination of public employees, as well as health workers and other groups.

21. Australia, like the United States, has a range of public health measures because of its federal system. The country is now well past its peak of Omicron cases. Yet while most public health restrictions have been lifted, Australian states have largely maintained occupational vaccine mandates. In New South Wales, employees in educational, health, and aged care services are required to be vaccinated. Victorian vaccine mandates, requiring two doses, apply to a very wide range of public and private sector employees. Third doses are required for those in emergency services, health care, education, aged care, custodial settings, emergency services, food processing and distribution, and quarantine accommodation.

Recommendations

22. 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. We also recognise the Government will need to consider factors other than those discussed here, such as legal considerations and political assessment of the "social licence" for retaining this component of our public health strategy.

23. For a few occupational groups, we believe that vaccine mandates should be retained for the time being. These groups are:

    (a) **Health care workers**.

    (b) **Care givers in the disability sector**.

    (c) **Aged care workers**.

    (d) **Workers in Corrections**.

    (e) **Border and MIQ workers**.

24. Health workers are more likely to be exposed to COVID-19, and are also liable to transmit the virus to highly vulnerable patients in their care. Aged care facilities and prisons are also places where vulnerable people may be exposed to large outbreaks.

25. Border and MIQ workers are likely to be the first people in our community to be exposed to new variants of SARS-CoV-2. It is important to minimise their risk of becoming infected, and passing the infection on to others.

26. Most of these groups have already been required to obtain a full vaccination course (including a booster dose), and this requirement for a booster dose should be extended to any who have not yet been included.

27. While vaccination remains critically important in protecting New Zealanders from COVID-19, we believe that several of the vaccine mandates could be dropped once the Omicron peak has passed. These include the mandates for workers in **Education**, **Fire and Emergency**, the **Police**, and the **Defence Force**.

28. Mandates for these occupational groups need to be replaced by national advice as to how the leaders of the services should protect their staff and reduce the spread of disease to others. Such measures should include clear recommendations for vaccinations and other public health measures that reduce the transmission of respiratory infections. In some cases, it would be appropriate for vaccination to be a condition for new employment. New Zealand has been slow to develop occupational vaccination policies for a whole variety of infectious diseases, and we hope that experience of the current pandemic will lead to new initiatives in this area.

29. Although vaccination is now available for children over 4 years of age, this is not the case for those in early childhood education centres and kohanga reo. We are also conscious that, while COVID-19 is generally less severe in children than in adults, some children suffer serious early and longer-term effects. Outbreaks of COVID-19 in schools also have significant social consequences for many children. Hence there needs to be a comprehensive plan for protecting children from COVID-19. This could be incorporated into a broader plan for protection against respiratory disease, recognising the importance of influenza and other respiratory illnesses such as RSV.

30. Occupational vaccine mandates should be reviewed within six months. 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. In such circumstances, administration of a fourth vaccine dose might need to be considered. It is always possible that some vaccine mandates might need to be reinstated in the future.

We would be happy to discuss any of these recommendations.

Yours sincerely

David Skegg (Chair)
Maia Brewerton
Philip Hill
Ella Iosua
David Murdoch
Nikki Turner

From: Juanita Te Kani
Sent: Monday, 14 March 2022 2:09 pm
To: Helen Wyn-Ext
Subject: FW: FOR COMMENT BY NOON MONDAY RE: Post-peak Cabinet paper

FYI

From: Deborah Roche <Deborah.Roche@health.govt.nz>
Sent: Monday, 14 March 2022 1:58 pm
To: Juanita Te Kani <Juanita.TeKani@health.govt.nz>; Ruth Fairhall [DPMC] <Ruth.Fairhall@dpmc.govt.nz>; Caroline Greaney <Caroline.Greaney@health.govt.nz>
Cc: Ben McBride [DPMC] <Ben.McBride@dpmc.govt.nz>; Kay Baxter [DPMC] <Kay.Baxter@dpmc.govt.nz>
Subject: RE: FOR COMMENT BY NOON MONDAY RE: Post-peak Cabinet paper

Kia Ora Ruth

Thanks for sending the paper through for comment. Please see below two main areas we would like to raise, followed by some further points.

As you want to keep circulation tight this is a iHNZ management perspective, we have not discussed this paper with the Board. The key issue from an iHNZ perspective is that the paper would benefit from a stronger understanding of the impact of this on the health system, and the health workforce itself, outlined in details in the bullets below.

In terms of MVP removal or not, when taking this decision consideration also needs to be given to the operational perspective - we suggest you add in the improvements in IPC which will be material to limiting spread and protecting the workforce.

Furthermore, we suggest you include the social licence for employees – the current industrial environment has low tolerance when so many people have lost their jobs.

Please find below a summation of further comments:

- The discussion of removing MVP and vaccination rates does not include any comment on the contribution they make to reducing the impact of COVID-19 on the health system. It mentions that removal of these requirements allows opening up more of the economy – suggest the paper also mention contribution to impact on hospitalisation numbers. There are references to maintaining mandates for the health workforce but no comment about the view of DHBs, providers about any implications of this on operations – how may the proposed loosening of restrictions impact health system at a national or regional level, the mandate will need to be clear about coverage of staff not engaged in clinical or non-patient facing duties, it affects ngo employees etc not just those employed by DHBS
- Treaty impact - the potential regional and population impacts are material and views of iwi on loosening restrictions, this could be brought out more prominently
- Surveillance – it would be good to state how early warning systems through shared intelligence with other jurisdictions will operate
- Paragraph 20 - it would be helpful if this section also specifically mentions consideration of supports needed for the health system post-peak, including the ongoing care and management of a long-tail of covid cases, as well as the ongoing care for people who experience long-covid
- Paragraph 22 - this could also include health and wellbeing support that may be needed, particularly for those who continue to experience ongoing impacts of covid
- Para 49, para 133 onwards- this should include health and recognise that the health system will need to transition of a new norm of managing COVID—19 and supporting people to recover from its impacts (including its health workforce)

- Para 63 - needs to recognise the high likelihood of another communicable disease – such as measles- emerging in NZ at the same time as the country manages post-covid. It's helpful that there's mention of other respiratory illness in para 63, but there's a need to be broader than respiratory illness, and for the paper to mention the risk of having to manage outbreaks of other communicable diseases, particularly given the very low vaccination rates
- Para 146 onwards – longer term strategy work needs to involve the interim MHA and interim HNZ, particularly with regards to including the operational considerations. Any decisions regarding the future of funding arrangements, the ongoing need for COVID-19 specific architecture needs our input – and any discussion regarding governance models that include arrangements with Maori needs to involve iMHA.
- Suggest please add in how health services are going to move forward eg: deferred electives etc, workforce eg exhausted by Covid and running very high vacancy rates – health will have to respond to our communities needs, an incremental approach.
- None of the long-term strategy work seems to include consideration of long-covid, and the surveillance monitoring of the ongoing health impacts for individuals, whanau, communities or the health system. It could potentially have consequences that impact on health, social and economic wellbeing and should be factored into longer term strategy.
- In an ideal world this framework would be designed in a way that it can be used for future pandemics.

Ngā mihi Deborah

Deborah Roche
Interim Lead Government & Partnerships
Health New Zealand Hauora Aotearoa

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FUTURE OF HEALTH
TE ANAMATA O TE ORANGA

From: Juanita Te Kani <Juanita.TeKani@health.govt.nz>
Sent: Monday, 14 March 2022 1:40 pm
To: Ruth Fairhall [DPMC] <xxxx.xxxxxxxx@xxxx.xxxx.xx >; Deborah Roche <Deborah.Roche@health.govt.nz>; Caroline Greaney <Caroline.Greaney@health.govt.nz>
Cc: Ben McBride [DPMC] <Ben.McBride@dpmc.govt.nz>; Kay Baxter [DPMC] <Kay.Baxter@dpmc.govt.nz>
Subject: RE: FOR COMMENT BY NOON MONDAY RE: Post-peak Cabinet paper

Kia Ora, please see below some key points pulled together at speed by the team.

Context which informs the perspective of the iMHA

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.

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.

The iMHA has the following commentary in response to the Cabinet paper

We support:

- The removal of MVP's from the Framework, where there is public health justification. Because Māori are more likely to be exposed to factors that put them at risk, we support a cautious approach to removal.
- Vaccine mandates being removed for groups, only where the public health advice is that they are no longer necessary.
- Three and then six months reviews of Mandates to ensure they continue to be supported by public health advice.
- Retaining some restrictions on the downside of the Omicron peak at Red and Orange will to mitigate the risk of a spike in case numbers in the immediate post-peak period or during winter
- Prioritised support for businesses, communities and especially whānau to self-manage COVID-19 risk
- Monitoring and reporting on the success of health supports for protecting the most vulnerable, designed with Iwi Māori hauora experts.
- Targeted protection towards the people who need it the most, particularly Māori,
- Communities to be supported as we transition through and beyond the post-peak phase of the COVID-19 response.
- Mandates continuing to be used while there is good evidence to suggest that they are well-targeted, effective and proportionate to support high vaccination rates and therefore population immunity levels.
- Support to ensure that Māori communities are well prepared to avoid severe impacts of more widespread infection
- Increased surveillance, with surveillance and vigilance (domestically and at the border), taking innovative approaches.
- A targeted protection approach, for who have higher risks to the disease, who will no longer be protected by overall low infection rates particularly – elderly, disabled, Maori, Pacific people with underlying health conditions.
- We support measures developed with Māori and Pacific communities including free rapid antigen tests and readily accessible anti-viral medication;
- The ability for tangata whenua to keep many restrictions in place after legal requirements are removed, to better protect their kuia, kaumatua and vulnerable whānau.
- Targeted and sustained efforts to ensure Māori populations maintain current vaccination status on par with the general population.
- The continued use of MVPs by tangata whenua, enabling the determination of tikanga through ongoing use of the tool at their discretion.
- A commitment to 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.
- Measures within the Framework staying 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.
- A focus in the health system on accommodating the needs of Māori, with focus on strengthening services that cater to Māori.
- Specific measures 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 Māori would otherwise struggle to access (such as medicine and food parcels to support isolation).
- The continued support of locally organised initiatives, when Māori are resourced and have options on how to service their own communities, there is a far greater impact.
- Ongoing resourcing for Māori providers, as well as generating flexible arrangements for contracting as it has been a constraint on participation so far.

- Clear and simple communications when measures are removed (or leading up to their removal). Making enough time to understand the impacts of the removal of these measures for their communities.

- Ensuring the COVID-19 response recognises that Māori should be considered as whānau and not as individuals alone.

From: Ruth Fairhall [DPMC] <Ruth.Fairhxxx@xxxx.xxvt.nz >
Sent: Sunday, 13 March 2022 9:06 pm
To: Deborah Roche <Deborah.Roche@health.govt.nz>; Juanita Te Kani <Juanita.TeKani@health.govt.nz>; Caroline Greaney <Caroline.Greaney@health.govt.nz>
Cc: Ben McBride [DPMC] <Ben.McBride@dpmc.govt.nz>; Kay Baxter [DPMC] <Kay.Baxter@dpmc.govt.nz>
Subject: FW: FOR COMMENT BY NOON MONDAY RE: Post-peak Cabinet paper

Hi Deborah, Juanita and Caroline

Following on from Ben's email on Friday, I thought I should send you the latest draft of our Cabinet paper on the post-peak proposals. We would welcome any comments tomorrow. Can you please keep the circulation tight given the sensitivity of the paper.

I would be happy to meet with you, if that would be helpful, to talk to you about the work that my team does and what we have coming up. Caroline and I caught up recently but it would be nice to see you again Deborah and I look forward to meeting Juanita.

Thanks very much.

Ruth

Ruth Fairhall
Head of Strategy and Policy | COVID-19 Group
Department of the Prime Minister and Cabinet

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From: Ruth Fairhall [DPMC] <Ruth.Fairhxxx@xxxx.xxvt.nz >
Sent: Sunday, 13 March 2022 6:04 pm
To: @EXT COVID-19 All-of-Government Policy Coordination Group <EXTCOVID19AllofGovernmentPolicyCoordinationGroup@dpmc.govt.nz>; jacinda.funnell@publicservice.govt.nz; C Mak <x.xxx@xxxxxxxxx.xxxx.xx >; Sarah Holland [NEMA] <sarah.holland@nema.govt.nz>; ^TPK: Geoff Short <xxxxx.xxxxx@xxx.xxxx.xx >; ^PCO: Richard Wallace <xxxxxxx.xxxxxxx@xxx.xxxx.xx >; ^Education: Alanna Sullivan Vaughan <Alanna.SullivanVaughan@education.govt.nz>; Shane Kinley <Shane.Kinley@mbie.govt.nz>; Caroline Flora <xxxxxxxx.xxxxx@xxxxxx.xxvt.nz>; Ross Thomas <Ross.Thomas@health.govt.nz>; John McGrath <John.McGrath@health.govt.nz>
Cc: Megan Stratford [DPMC] <Megan.Stratford@dpmc.govt.nz>; Kay Baxter [DPMC] <Kay.Baxter@dpmc.govt.nz>; Ashlee Bowles [DPMC] <Ashlee.Bowles@dpmc.govt.nz>; Nita Sullivan [DPMC] <Nita.Sullivan@dpmc.govt.nz>;

Jessica Gorman [DPMC] <Jessica.Gorman@dpmc.govt.nz>
Subject: RE: FOR COMMENT BY NOON MONDAY RE: Post-peak Cabinet paper

Good evening

Please find attached the Ministerial consultation version of the paper. It should go to Ministers' offices this evening. Apologies for the delay – it all got rather complicated. The paper includes advice from the Strategic Public Health Advisory Group on vaccine mandates, which we received this afternoon.

We would appreciate any further, significant comments by **noon Monday**. Please send comments to Ashlee, Megan, Kay and me.

Thanks very much.

Ruth

From: Ruth Fairhall [DPMC]
Sent: Friday, 11 March 2022 5:09 pm
To: @EXT COVID-19 All-of-Government Policy Coordination Group <EXTCOVID19AllofGovernmentPolicyCoordinationGroup@dpmc.govt.nz>; jacinda.funnell@publicservice.govt.nz; C Mak <x.xxx@xxxxxxxxx.xxxx.xx >; Sarah Holland [NEMA] <sarah.holland@nema.govt.nz>; ^TPK: Geoff Short <xxxxx.xxxxx@xxx.xxxx.xx >; ^PCO: Richard Wallace <xxxxxxx.xxxxxxx@xxx.xxxx.xx >; ^Education: Alanna Sullivan Vaughan <Alanna.SullivanVaughan@education.govt.nz>; Shane Kinley <Shane.Kinley@mbie.govt.nz>
Cc: Megan Stratford [DPMC] <Megan.Stratford@dpmc.govt.nz>; Kay Baxter [DPMC] <Kay.Baxter@dpmc.govt.nz>; Ashlee Bowles [DPMC] <Ashlee.Bowles@dpmc.govt.nz>
Subject: RE: FOR COMMENT BY 11.30AM FRIDAY RE: Post-peak Cabinet paper

Good evening

Thank you for your comments on last night's draft. We are awaiting the final Health advice so will provide the Ministerial consultation version to you during the weekend.

Ruth

From: Ruth Fairhall [DPMC] <Ruth.Fairhxxx@xxxx.xxvt.nz >
Sent: Thursday, 10 March 2022 6:24 pm
To: @EXT COVID-19 All-of-Government Policy Coordination Group <EXTCOVID19AllofGovernmentPolicyCoordinationGroup@dpmc.govt.nz>; jacinda.funnell@publicservice.govt.nz; C Mak <x.xxx@xxxxxxxxx.xxxx.xx >; Sarah Holland [NEMA] <sarah.holland@nema.govt.nz>; ^TPK: Geoff Short <xxxxx.xxxxx@xxx.xxxx.nz >; ^PCO: Richard Wallace <xxxxxxx.xxxxxxx@xxx.xxxx.xx >; ^Education: Alanna Sullivan Vaughan <Alanna.SullivanVaughan@education.govt.nz>; Shane Kinley <Shane.Kinley@mbie.govt.nz>
Cc: Megan Stratford [DPMC] <Megan.Stratford@dpmc.govt.nz>; Kay Baxter [DPMC] <Kay.Baxter@dpmc.govt.nz>; Ashlee Bowles [DPMC] <Ashlee.Bowles@dpmc.govt.nz>
Subject: FOR COMMENT BY 11.30AM FRIDAY RE: Post-peak Cabinet paper

Good evening

Please find attached, for your comment, the draft Cabinet paper. Can you please only forward on a need to know basis given the sensitivity of the proposals in the paper and that we still have a way to go before decisions on Monday 21 March.

Could you please provide comments to Ashlee Bowles, Megan Stratford and Kay Baxter by **11.30am Friday** tomorrow (earlier would be better if possible but I am conscious that I am sending this later than intended). The

draft reflects the interim health advice we received yesterday (please see attached email from Steve Waldegrave – this replaces the PDF I sent out last week). We are awaiting updated health advice tomorrow which will inform some of the proposals in this paper. Please note that while CVC and vaccine mandates are currently in a section labelled short-term considerations, the final advice from Health will help guide us on whether any changes should be made post-peak or sooner.

We will send you a further version of the paper tomorrow (the Ministerial consultation version) and would welcome further comments on that version. We are aiming to lodge on Tuesday for SWC on Wednesday.

Thank you for all your input to date.

Ruth

From: Ruth Fairhall [DPMC] <Ruth.Fairhxxx@xxxx.xxvt.nz >
Sent: Friday, 4 March 2022 4:34 pm
To: @EXT COVID-19 All-of-Government Policy Coordination Group <EXTCOVID19AllofGovernmentPolicyCoordinationGroup@dpmc.govt.nz>; jacinda.funnell@publicservice.govt.nz; C Mak <x.xxx@xxxxxxxxx.xxxx.xx >; Sarah Holland [NEMA] <sarah.holland@nema.govt.nz>; ^TPK: Geoff Short <xxxxx.xxxxx@xxx.xxxx.xx >; ^PCO: Richard Wallace <xxxxxxx.xxxxxxx@xxx.xxxx.nz >; ^Education: Alanna Sullivan Vaughan <Alanna.SullivanVaughan@education.govt.nz>
Cc: Megan Stratford [DPMC] <Megan.Stratford@dpmc.govt.nz>; Kay Baxter [DPMC] <Kay.Baxter@dpmc.govt.nz>; Alice Hume [DPMC] <Alice.Hume@dpmc.govt.nz>
Subject: RE: Post-peak Cabinet paper update

Kia ora koutou

Please find attached:

- For comment: draft slides for Ministers meeting on Tuesday (confirmed for 4.45-5.45pm, invite has been sent to CEs) – could we please have comments by **10am, Monday.** Please send the comments to Kay Baxter, Megan Stratford and me. We know they need refining, fewer words, some key questions etc but keen for your thoughts on the direction of proposed amendments to the CPF, and two key timing questions: when should restrictions come off post-peak and how long should we retain the CPF.
- For context / discussion at CCB: our working paper on our thinking, which we will draw upon for the Cabinet paper. We are interested in your thoughts on this, but not detailed comments given it is essentially an internal document. Thoughts by Tuesday would be good and we can discuss again at our 2pm Tues meeting.
- FYI: Health's advice to the DG on the public health measures
- FYI: today's cases against TPM's modelling
- FYI: updated engagement table (Warren, as discussed, appreciate you liaising with Kelly on the agendas for Wed meetings with iwi.)

The first 3 papers have also been provided to CCB with a cover note for their discussion on Tuesday.

Alice is the DPMC Policy contact over the weekend for anything urgent.

Thanks very much everyone.

Ruth

From: Ruth Fairhall [DPMC]
Sent: Thursday, 3 March 2022 4:37 pm

To: @EXT COVID-19 All-of-Government Policy Coordination Group <EXTCOVID19AllofGovernmentPolicyCoordinationGroup@dpmc.govt.nz>; jacinda.funnell@publicservice.govt.nz; Carmen Mak <x.xxx@xxxxxxxxx.xxxx.xx>; Sarah Holland [NEMA] < sarah.holland@nema.govt.nz>; ^TPK: Geoff Short <xxxxx.xxxxx@xxx.xxxx.xx >; ^PCO: Richard Wallace <xxxxxxx.xxxxxxx@xxx.xxxx.xx >; Alanna Sullivan-Vaughan <Alanna.SullivanVaughan@education.govt.nz>
Cc: Megan Stratford [DPMC] <Megan.Stratford@dpmc.govt.nz>; Kay Baxter [DPMC] <Kay.Baxter@dpmc.govt.nz>
Subject: RE: Post-peak Cabinet paper update

As per yesterday's email, please find attached, FYI, the slides which were provided to MO and PMO today for Ministers to consider. We made it clear that agencies hadn't seen them. Tomorrow we will circulate, for comment, the next set of draft slides for Tuesday's Ministers meeting (time still TBC), and our working paper (which will also go to CCB).

From: Ruth Fairhall [DPMC] <Ruth.Fairhxxx@xxxx.xxvt.nz >
Sent: Wednesday, 2 March 2022 5:24 pm
To: @EXT COVID-19 All-of-Government Policy Coordination Group <EXTCOVID19AllofGovernmentPolicyCoordinationGroup@dpmc.govt.nz>; jacinda.funnell@publicservice.govt.nz; Carmen Mak <x.xxx@xxxxxxxxx.xxxx.xx>; Sarah Holland [NEMA] < sarah.holland@nema.govt.nz>; ^TPK: Geoff Short <xxxxx.xxxxx@xxx.xxxx.xx >; Hart, Stevie-Rae <Stevie-Rae.Hart@tearawhiti.govt.nz>
Cc: Megan Stratford [DPMC] <Megan.Stratford@dpmc.govt.nz>; Kay Baxter [DPMC] <Kay.Baxter@dpmc.govt.nz>; Jeremy Greenbrook-Held [DPMC] <Jeremy.Greenbrook-Held@dpmc.govt.nz>
Subject: Post-peak Cabinet paper update

Kia ora koutou

Thank you for another very helpful discussion yesterday afternoon. We then met with PMO and MO and have some more guidance on timeframes for advice on post-peak measures. I have attached a table of our planned deliverables and engagement over the next couple of weeks but in short:

- Tomorrow we are providing Ministers with some slides about the key things officials are looking at to help them start thinking about this issue. We will send you a copy. It is the sorts of questions we have been asking you so should be no surprises.
- Week of 7 March:
  - A meeting on Tuesday with Ministers and the Chairs of the Advisory Groups (Roche, Skegg, Fyfe), key agency CEs, senior officials and science advisors. Time TBC so no invites have gone out yet. **We will circulate draft slides for that meeting on Friday for comment by first thing Monday.**
  - CCB on Tuesday – we are proving them a brief process note and a draft briefing / narrative about where the advice is heading based on the work so far. You will receive a copy on Friday, and we are happy to receive any further thoughts that might prompt. (It is not intended to be a final product but the basis of the Cab paper.)
  - Lots of other engagement, including potentially with Ministers and NICF-PRG, Iwi chairs and other Māori organisations.
- **SWC – 16 March** and Cabinet on 21 March for decisions. This does not mean decisions will take effect from 21 March. The timing of when any decisions will take effect is something we need to work on over the next fortnight. **We will circulate a draft Cabinet paper for comment late next week** (we are planning to lodge on Monday 14 March).

Please note that PMO have indicated that they would like the Cabinet paper to include advice on vaccination mandates (Health / MBIE – we will be in touch with you about this. The Strategic Public Health Advisory Group have also been asked to look at vaccination mandates and CVCs as a priority (followed by masks, capacity limits and isolation).

Also attached, FYI, are the latest list of briefings, and a slide pack of hospitalisations and cases against the updated TPM modelling so you can see when the expected peaks might be. Pay most attention to hospitalisations – they are the key metric now. Any questions on those, please direct them to Jeremy G-H (cc'ed).

As always, happy to answer any questions.

Ruth

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