



Proactive Release

The following document has been proactively released by the Department of the Prime Minister and Cabinet:

COVID-19: Transition to the COVID-19 Protection Framework and the Auckland Alert Level Boundary

The following documents have been included in this release:

Title of minute: COVID-19: Transition to the COVID-19 Protection Framework and the Auckland Alert Level Boundary (CAB-21-MIN-0477 refers)

Title of paper: COVID-19: Transition to the COVID-19 Protection Framework and the Auckland Alert Level Boundary (CAB-21-SUB-0477 refers)

Notes on material released:

This document includes advice from the Cabinet Paper of 15 November 2021, which was later superseded by the Ministry of Health's advice to the Minister for COVID-19 Response on 29 November 2021. The updated advice, publicly available [here](#), recommended the use of rapid antigen tests (RATs) at the border to “avoid a negative impact on [...] current lab capacity”.

Material not released:

Some parts of this information release would not be appropriate to release and, if requested, would be withheld under the Official Information Act 1982 (the Act). Where this is the case, the relevant section of the Act that would apply has been identified. Where information has been withheld, no public interest has been identified that would outweigh the reasons for withholding it.

Key to redaction codes:

- section 9(2)(h), to maintain legal professional privilege.

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Cabinet

Minute of Decision

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COVID-19: Transition to the COVID-19 Protection Framework and the Auckland Alert Level Boundary

Portfolios Prime Minister / COVID-19 Response

On 15 November 2021, Cabinet:

Background

- 1 **noted** that on 18 October 2021, Cabinet agreed to move from the Alert Level system to a new COVID-19 Protection Framework (the Framework), which supports the move from an elimination strategy to a minimise and protect strategy for managing the virus [CAB-21-MIN-0421];
- 2 **noted** that the paper under CAB-21-SUB-0477 is one of a suite of papers that Cabinet will be considering over the next two weeks regarding the transition to and implementation of the new Framework;

Updates on Implementation

- 3 **noted** that the transition to the Framework will be co-ordinated centrally by the Department of the Prime Minister and Cabinet and overseen by the COVID-19 Chief Executives Board;
- 4 **noted** that agencies will provide guidance on the implementation of the Framework to relevant sectors by the week starting 22 November 2021;
- 5 **noted** that on 18 October 2021, Cabinet agreed that consultation on Framework levels, boundaries and lockdowns will continue to be undertaken with Cabinet prior to Orders being made by the Minister for COVID-19 Response under the COVID-19 Public Health Response Act 2020 [CAB-21-MIN-0421];
- 6 **agreed in principle** that Regional Leadership Groups will provide advice and recommendations on local responses, **subject to** further advice to be provided to Cabinet;
- 7 **noted** that officials are currently considering how the COVID-19 infringements regime will apply within the COVID-19 Protection Framework, including whether any changes may be necessary to ensure it remains proportionate within a Minimise and Protect context;
- 8 **agreed** that COVID-19 Ministers with Power to Act and relevant portfolio Ministers will consider issues related to events and gatherings, including Specified Outdoor Community Events, and adjust the COVID-19 Protection Framework settings to mitigate any issues as necessary;

- 9 **agreed** that Ministers with Power to Act will consider on an as-needed basis any further policy settings that require confirmation or reconsideration for implementation of the COVID-19 Protection Framework;
- 10 **noted** that running the Framework and the Alert Level system simultaneously would be complex and challenging to communicate, and that we should minimise the time spent operating under both;
- 11 **noted** that the COVID-19 Protection Framework would enable the government to implement a proportionate response across all New Zealand, including vulnerable regions, to the risk of spreading cases;
- 12 **noted** that all three Auckland DHBs reached 90 percent first dose on Sunday, 7 November 2021, and that on this basis, it is expected that Auckland will be in a position to move into the Framework in the week of Monday, 29 November 2021;
- 13 **noted** that on 29 November 2021, the Prime Minister and the Minister for COVID-19 Response will bring a paper to Cabinet to take a decision on moving Auckland into the Framework, and consider advice on timing for the rest of New Zealand to move to the new Framework;

Management of the Auckland Alert Level boundary

- 14 **noted** that the Framework was not designed to use boundaries in the long term;
- 15 **agreed** to maintain the current boundary around the Auckland and to retain the current restrictions on movement across the boundary until Wednesday, 15 December 2021;
- 16 **noted** that from 15 December 2021, the current restrictions on travel across the boundary including the permitted activities and the exemptions process would no longer apply;
- 17 **agreed** to require people travelling out of Auckland to be vaccinated or to have a negative COVID-19 test result within 72 hours prior to exit, as a transitional measure to apply from the time at which the current restrictions on the Auckland boundary are removed until 11.59 pm, Sunday, 16 January 2022, unless otherwise advised;
- 18 **agreed** that the vaccination or testing requirement agreed in paragraph 17 above apply to the land, air and maritime borders across all transport modes;
- 19 **noted** that this requirement would help reduce the spread of cases from Auckland to vulnerable areas, both through raising awareness of responsible behaviour in the travelling public (i.e. don't travel if you pose a risk), and as a deterrent to irresponsible behaviour;
- 20 **noted** that the vaccination or testing requirement for people travelling out of Auckland is not deemed necessary by Public Health at this time;
- 21 **noted** the need to reconsider the existing surveillance testing regime for workers in the Auckland region ahead of removal of the boundary movement restriction, in particular with a view to increasing laboratory capacity to process tests from symptomatic people and close contacts;

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



- 23 **noted** that while 100 percent compliance checking of such vaccination or testing requirements is not possible, some spot checking near boundaries, the presence of which would provide some level of deterrence to non-compliance, would be operationally feasible;
- 24 **noted** that subject to further site-specific analysis, officials do not currently consider sample checking to be a feasible option to implement at (as distinct from near) the Auckland boundary, due to space requirements needed to ensure the safety of those conducting compliance checks and those travelling;
- 25 **noted** those under 12 years and three months would be exempt from the requirement for a negative COVID-19 test in paragraph 17;
- 26 **noted** the importance of ensuring that travellers vaccinated offshore are able to have their vaccination certificates recognised for the purposes of crossing boundaries, should any such requirements be put in place;
- 27 **noted** that the Police will have operational discretion for the purpose of the enforcement of the vaccination or testing requirement agreed in paragraph 17 above;

Engagement

- 28 **noted** that officials have begun work the Iwi Chairs Forum's Pandemic Response Group on specific details of the Framework and will provide an update in due course to Ministers;
- 29 **noted** that early engagement with Northland stakeholders has taken place on the potential use of boundaries in Red areas, and that wider engagement with other stakeholders on this matter will occur in coming weeks;
- 30 **noted** that Ministers and the Department of the Prime Minister and Cabinet will be engaging with the COVID-19 Independent Continuous Review, Improvement and Advice Group and the Strategic COVID-19 Public Health Advisory Group on transitioning to the Framework;

Next steps

- 31 **noted** that the Prime Minister intends to announce decisions in the week of 15 November 2021 on Auckland boundary travel;
- 32 **noted** that the Minister for COVID-19 Response will bring a paper to Cabinet on 22 November 2021 to confirm key settings for implementation of the Framework;
- 33 **noted** that the Prime Minister and Minister for COVID-19 Response will bring a paper to Cabinet on 29 November 2021 to consider Auckland's move to the Framework, and to consider options for moving the rest of the country into the new Framework before or at the time that the Alert Level boundary around Auckland is removed; and

34 **noted** that the Minister for COVID-19 Response will bring a paper to Cabinet on 13 December 2021 to provide a progress update on implementation of the Framework, and to confirm how Framework decisions will be made over the summer period.

Michael Webster
Secretary of the Cabinet

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Office of the Prime Minister
Office of the Minister for COVID-19 Response
Cabinet

COVID-19: TRANSITION TO THE COVID-19 PROTECTION FRAMEWORK AND THE AUCKLAND ALERT LEVEL BOUNDARY

Proposal

- 1 This paper provides an update on the preparation for moving to the COVID-19 Protection Framework and seeks decisions on the future of the Auckland boundary.

Alignment with Government Priorities

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

Summary

- 3 At our meeting on 18 October, Cabinet agreed to shift our approach for managing COVID-19 from an elimination strategy to an approach based on minimisation and protection, and to use the COVID-19 Protection Framework (the Framework) to give effect to that new strategy. We also agreed that Auckland would move to the new Framework when each Auckland District Health Board (DHB) had reached 90% full vaccination of those eligible, and the rest of the country would move when each DHB outside Auckland had reached the same target.
- 4 Auckland DHBs are at 90% first dose and are projected to reach 90% second dose for vaccination coverage in mid-December. Some other DHBs are at similar levels. However, others will not reach that target until late December or in the new year.
- 5 The high vaccination rates in Auckland, and around the country, mean that it is an appropriate time to change our approach at the Auckland boundary. Restriction on travel between regions is not intended to be a long-term part of the Framework, though has been helpful to slow the spread of COVID-19 around the country. As vaccination levels have risen in other parts of New Zealand, we can now change our management of the Auckland boundary. We will continue to use measures to help slow movement, but also ensure the rest of New Zealand is prepared for spread.
- 6 The Framework is designed to manage COVID-19 as part of our minimisation and protection strategy. It allows a greater level of freedom for vaccinated people than would be possible under the Alert Level system, and so reduces the social and economic burden of public health restrictions. It provides the tools, with public health measures and COVID-19 vaccine certificates (CVCs), to manage the higher public health risk to, and from, unvaccinated people. Action is well underway on key elements for transitioning into the Framework

(for example, on CVCs, on changes to testing and isolation systems, on welfare and support arrangements, and on sector guidance).

- 7 Given Auckland's high vaccination rates, we expect to move the Auckland region to the new Framework in the week beginning 29 November. Cabinet will consider this move for Auckland to the Framework at its meeting on Monday 29 November, and at the same time we will consider options for moving the rest of the country into the new Framework.
- 8 As part of the expected move to the Framework, the Auckland boundary settings will continue to apply for a short period only. Consistent with our minimisation and protection strategy, we need to do the following things when we change the boundary settings around Auckland in order to minimise serious harm from the likely spread of COVID-19 throughout the country, and protect the most vulnerable:
 - 8.1 **Change the focus of our efforts from locking down Auckland to providing stronger protection measures for the most vulnerable areas of the country** – This means continuing our vaccination efforts in these areas and engaging with local communities. Further, moving to the Framework will provide greater protection for more vulnerable communities with lower vaccination rates.
 - 8.2 **Make sure that everyone is prepared for the management of COVID-19 cases** – We all have a part to play here – government, including health and social services, local communities, iwi, hapū, whānau, businesses and individuals. We need to strengthen our messaging to people about what they can do to get ready and to lower their risk. Papers coming to Cabinet over the next two weeks on case management and social supports in the community will help with that. Modelling to help local areas understand the expected risk of cases seeding in their local areas, and the expected transmission dynamics in their area once an initial small cluster has been seeded, will also be produced.
- 9 In addition, as a short-term transitional measure, we could place restrictions on who can leave Auckland. While people will be able to leave for any reason, we are seeking Cabinet's consideration of whether they should be vaccinated or tested. This could be enforced through spot checking near the Auckland boundary, where practical. A requirement would help in reducing the spread of cases from Auckland to vulnerable areas, both through raising awareness of responsible behaviour in the travelling public (i.e. don't travel if you pose a risk), and as a deterrent to irresponsible behaviour.
- 10 However, this requirement is not supported by the Ministry of Health, [REDACTED] s9(2)(h) [REDACTED]. The Ministry of Health consider that the higher rates of vaccination elsewhere in the country, their confidence in Red level settings to protect vulnerable regions (this rationale only holds if all of New Zealand is managed under the Framework), and the fact that such requirements would

place an additional burden on already-strained testing and laboratory capacity, mean that unrestricted travel would be preferable.

Introduction

- 11 On 18 October Cabinet agreed to a minimisation and protection approach and to use the COVID-19 Protection Framework for New Zealand's domestic response. Cabinet invited the Minister for COVID-19 Response to report back to Cabinet with a progress report on transition plans and any funding implications on 15 November 2021, and subsequently with a full plan in late November or early December before implementation. [CAB-21-MIN-0421]
- 12 This paper fulfils that progress report back. There are no funding implications in this paper; these are being addressed in issue-specific papers being considered in the coming weeks.
- 13 The paper has two sections:
 - 13.1 Updates on the implementation of the Framework; and
 - 13.2 Decisions on the Auckland boundary.

Update on COVID-19 Protection Framework Implementation

- 14 The implementation of the Framework is being coordinated centrally by DPMC and operationalised by relevant agencies. Governance of the implementation programme will be through the COVID-19 Chief Executives Board (CCB). A temporary role has been created within DPMC to oversee this work, reporting to the Chair of the CCB. An overview of the workstreams underway is provided in Appendix One and further updates will be provided to Cabinet on 22 November and 29 November.
- 15 Sector guidance is being developed by the relevant agency for each sector, co-ordinated by DPMC, and will be ready for publication the week starting 22 November. Sectors covered are:
 - 15.1 Education (ECE, schools, tertiary);
 - 15.2 Transport (including public transport);
 - 15.3 Hospitality;
 - 15.4 Workplaces;
 - 15.5 Events;
 - 15.6 Healthcare;
 - 15.7 Primary sector;
 - 15.8 Social services;
 - 15.9 Local government;
 - 15.10 Public facing government agencies;

- 15.11 Justice sector;
- 15.12 Religious venues;
- 15.13 Māori-led responses; and
- 15.14 Sports.

Update on testing, contact tracing and case management

- 16 The Ministry of Health are updating testing, tracing and case management strategies for use under the COVID-19 Protection Framework. A series of papers will be considered at the Cabinet Social Wellbeing Committee on 17 November outlining key changes in COVID-19 testing, contact tracing, case management and home isolation that will support the transition to the minimisation and protection approach and the Framework.
- 17 The new COVID-19 Testing Strategy is expected to be finalised by 22 November. Work is also underway to expand the use of Rapid Antigen Testing, where appropriate, including a current trial with businesses. The Ministry has recently publicly released the first iteration of *Managing COVID-19 in the Community Operating Guidelines* that looks to provide central guidance on the establishment of regionally delivered and locally led systems which provide both clinical and welfare and wellbeing support to people in the community. The aim is to ensure that COVID-19 positive people and whānau receive the support they need.

CVCs

- 18 Ministry of Health officials are working to progress the delivery of CVCs to vaccinated people (and the limited group who are unable to be vaccinated for medical reasons) and the CVC verifier app. The primary legislation and orders to enable this will be in place by 30 November. The domestic My COVID Pass will be available on 15 November, with a pilot of the verifier app ready from 22 November, followed by general release on 1 December.

Infringements, enforcement, and compliance

- 19 Officials are considering how the COVID-19 infringements regime will apply within the COVID-19 Protection Framework. A principled approach to the infringement regime will help to inform our compliance approach, which will have operational impacts on the police and other enforcement officers. As part of this work, officials are also considering the question of liability across different settings within the Framework.
- 20 Police have advised they will continue to apply the Graduated Response Model: Engage, Encourage, Educate and Enforce (4Es):
 - 20.1 Police advise that education will be the primary focus, unless there is wilful or intentional breach of the requirement.
 - 20.2 If widespread non-compliance occurred, creating a significant public health risk, Police advise they would apply the Graduated Response Model at a population level. This would involve clear encouragement

and education to the public, followed by rapid escalation to enforcement action for all non-compliant individuals, where there is evidence of a breach.

- 21 We must acknowledge that enforcement activity will be influenced by the capacity of Police and other agencies. Summer is already a time of increased pressure for Police and enforcement agencies, and Police anticipate that many staff will expect to be able to use their accrued leave (Police currently has a large leave liability) this summer.

Use of localised lockdowns

- 22 Under the Framework localised lockdowns could be used over the top of other measures. We propose such lockdowns are targeted to areas with high rates of transmission. Localised lockdowns will not be one size fits all, and the settings within them will vary by location, as required to best protect affected communities within our minimise and protect strategy. This will also provide us with opportunity to directly engage with affected communities and key stakeholders, including iwi and RLGs, in the development and implementation of lockdowns. Such engagement may also provide opportunity for us to proactively leverage community-led action.

- 23 This means that localised lockdowns may look different to the Alert Level 3 and 4 lockdowns previously experienced by New Zealanders. Localised lockdowns will employ the combination of tools proportionate to the response required in the affected area. These controls may include:

23.1 stay at home orders;

23.2 closure of premises, e.g. schools and retail;

23.3 restrictions on gatherings; and

23.4 restrictions on movement in and out of the lockdown area.

- 24 Our current expectation is that the default option for localised lockdowns is that they will apply at the city or town level within a Red region. These would be given effect through section 11 COVID-19 Public Health Response Act 2020 Orders, which specified Ministers are consulted on prior to being made by the Minister for COVID-19 Response. In exceptional circumstances, hyper-localised lockdowns or movement restrictions that apply to a sub-section of a city or town may be considered.

Decision making under the Framework

- 25 Cabinet will decide whether shifts between levels should be made, which will be informed by public health advice. Shifts will be given effect to by the Minister for COVID-19 Response making Orders under the COVID-19 Public Health Response Act 2020. On 18 October, Cabinet approved changes to the factors upon which decisions would be made [CAB-21-MIN-0421]. Next year, a regular cycle of fortnightly reviews could be established, with urgent decisions in between if required. We will want to make clear that changes up and down levels will be less frequent under the Framework. Given changes

between levels relate to pressure on the health system, there should be fewer changes and longer lead-in times for changes in levels.

- 26 There will be a need for more local input into decision making under the Framework. In particular, this input will be required when making decisions about lockdowns in different regions, and the potential associated use of boundaries. Local advice would inform what is feasible to implement.
- 27 We propose that officials develop a process to include input from Regional Leadership Groups (RLGs), local government and iwi with respect to decisions on shifts in level or lockdowns. The Minister for COVID-19 Response will report back to Cabinet on 22 November with more detailed proposals for this process. These could have funding implications because RLGs are currently unfunded. We will also provide information on how health system capacity considerations and public health risk assessments will inform decisions related to lockdowns.

Other Settings within the Framework

- 28 Officials will seek necessary policy decisions on settings within the Framework from Ministers with Power to Act and other relevant portfolio Ministers in the week beginning 15 November, and we will provide an update on the settings to Cabinet on 22 November. Key issues currently under consideration include settings for events, including Specified Outdoor Community Events, sports, and gathering limits for groups including unvaccinated at Red.
- 29 In addition to being informed by engagement with key stakeholders, experts and iwi, the Framework policy settings will use current Alert Level framework settings where practicable. For example, we anticipate the current exemptions listed within the COVID-19 Health Response (Alert Level Requirements) Order (No 12) 2021 will also apply to the Framework.

Engagement with Iwi

- 30 Initial engagement has occurred with the Pandemic Response Group of the Iwi Chairs Forum where DPMC proposed engagement occur across five kaupapa:
 - 30.1 iwi involvement in local decision making under the Framework;
 - 30.2 how would local lockdowns work;
 - 30.3 guidance produced by different agencies;
 - 30.4 what we do in areas that do not reach 90% vaccination coverage; and
 - 30.5 transition from the Alert Level framework to the Framework.
- 31 The Pandemic Response Group will respond shortly on these kaupapa and further engagement will follow. They also raised concerns with immediate welfare needs of communities affected by COVID which officials are addressing.

Engagement with Advisory Groups

- 32 Ministers and DPMC will be engaging with the COVID-19 Independent Continuous Review, Improvement and Advice Group and the Strategic COVID-19 Public Health Advisory Group on the phased approach to shifting Auckland, followed by the rest of New Zealand, to the Framework. DPMC will also engage with the Community Panel in relation to the implementation of the Framework.

Transitioning Auckland and the rest of New Zealand to the COVID-19 Protection Framework

Moving Auckland to the COVID-19 Protection Framework

- 33 Cabinet agreed in principle, and it was subsequently confirmed by Ministers with Power to Act, that Auckland would move to the new Framework when each Auckland DHB had reached 90% full vaccination of those eligible. [CAB-21-MIN-0421] We have also signalled that we would be pragmatic about our decision, not necessarily waiting until all three are over 90%.
- 34 In early December, full vaccination rates are projected to be 86% for Counties Manukau, 89% for Waitematā, and 92% for Auckland. All three Auckland DHBs are currently on track to reach 90% full vaccination of their eligible populations in mid-December. Updated projections for when DHBs will reach 90% first and second doses are in Appendix Two.
- 35 Based on these projections, and subject to public health advice, we expect Auckland to transition to the Framework in the week beginning 29 November, marking three weeks since all three DHBs reached 90% first doses. If Auckland moved to the Red level, this would represent a shift down in restrictions for vaccinated people, but a small step up for the unvaccinated.¹
- 36 The vaccination rates in Auckland also mean that we can make changes to the Auckland boundary, to allow for more travel over the summer holiday period. This decision is considered in paragraphs 44-58 below. This will increase the rate of spread to areas outside of Auckland, so we need to consider the best approach to managing further spread to other regions.

Moving the rest of New Zealand to the COVID-19 Protection Framework

- 37 We consider shifting the rest of New Zealand to the COVID-19 Protection Framework prior to the changes at the Auckland boundary would position us most strongly to manage the impacts of increased transmission of COVID-19. Key to this is our proposal that we flip our current approach to thinking about using lockdowns and boundaries to limit transmission and keeping the virus within a certain area, to using measures to keep it out of vulnerable regions while they increase their vaccination rates and build their capacity to respond.
- 38 With Aucklanders being able to more easily travel around the country, the risk of the virus spreading outside Auckland is increased. If at this time, the rest of

¹ Under current Red settings, moving from stage 2 of Alert Level 3, the only change for the unvaccinated will be lower caps for outdoor and controlled gatherings that will go from 25 to 10.

the country was still using the Alert Level system, it would not be proportionate to move regions with no cases up Alert Levels as a precautionary measure. This is because the restrictions under higher Alert Levels are too severe and do not differentiate between vaccinated and unvaccinated people.

- 39 Moving the whole country to the Framework would allow a more pre-emptive and precautionary approach to be taken in vulnerable regions. Early engagement has occurred with Northland stakeholders on this, and will be undertaken more widely in coming weeks. Rather than just focussing on case numbers, the Framework takes into account such things as vaccination rates and health system readiness in determining the appropriate level of restrictions to apply in a region. The Framework places limits on what unvaccinated people can do, particularly in higher risk settings and at higher levels of the Framework. It also allows greater freedoms for vaccinated people than is possible under the Alert Level system, and so reduces the social and economic burden of public health restrictions.
- 40 We have time now to lift our preparedness in these more vulnerable regions. Vaccination is our greatest protection from COVID-19 and we need to continue to lift vaccination rates. Additional funding is being provided to Māori health providers in these regions, and DHBs are continuing their push to increase vaccination rates.
- 41 We also need to strengthen our messaging to people about what they can do to get ready and to lower their risk. Papers coming to Cabinet over the next two weeks on case management and social supports in the community will help with that. Modelling to help local areas understand the expected risk of cases seeding in their local areas, and the expected transmission dynamics in their area once an initial small cluster has been seeded, will also be produced.
- 42 A further benefit of moving the rest of New Zealand to the Framework is that it would simplify our response. We understand that there are significant complexities running multiple systems across the country if there are active cases outside of Auckland, including for the coherence of our communications. It could be manageable for a short time, which would have the benefit of giving the public more time to prepare for the transition, but using a single system, especially as people travel during the summer period will simplify the understanding of our response for people. Also, importantly for our social cohesion, it will reduce perceived disparities in treatment of regions with similar vaccination rates, or the sense that some regions are being held up by others.
- 43 On 29 November we will bring a decision paper to Cabinet for Auckland's move to the Framework, and at the same time will consider advice on timing for the rest of New Zealand to move to the new Framework. The timing of this paper will provide opportunity for further engagement and preparedness work to be facilitated by Ministers and officials, to ensure that sectors and communities are well placed to transition when needed.

The Auckland Alert Level boundary and future protective boundaries

- 44 The high vaccination rates in Auckland, and the expected move to the Framework, mean that it is an appropriate time to change our approach at the Auckland boundary. Restrictions on travel between regions are not intended to be a long-term part of the Framework, though have been helpful to slow the movement of COVID-19 around the country. As vaccination levels have risen in other parts of New Zealand, we can now make a change.
- 45 We propose to change the management of the Auckland boundary on 15 December. This date coincides with school holidays, allows more time for vaccination rates across New Zealand to lift, and allows pre-Christmas travel to be spread across nine days.
- 46 The Ministry of Transport estimates that the number of people travelling out of Auckland Airport could be between 7,000 to 10,000 each day in December, including transiting passengers, and 60,000 to 70,000 each day by road. These numbers make the current high level of compliance checking at the hard road boundary impractical and would lead to delays of over eight hours.
- 47 For the air boundary, most but not all air travellers will be captured by Air New Zealand's recently announced measures. From 14 December, for an initial period until 31 March 2022, only vaccinated or tested people over the age of 12 can travel on their services. Jetstar is investigating how it could integrate vaccination status into its booking systems, should Government require it as a condition of travel out of Auckland. The maritime boundary is currently not enforced and it is not practical to do so.
- 48 Given the current outbreak in Auckland, and that having more Aucklanders travelling is likely to spread the virus, we have considered whether there should be requirements for people leaving Auckland. In a similar way to how risks are managed at the international border, risk mitigations can be considered for travellers departing Auckland for the rest of the country as a way of limiting the rate of exposures outside of Auckland.

Options

- 49 We have identified two options for changing the management of the boundary around Auckland, both of which would apply from 15 December. Under both options, people would be able to travel for any reason and the current exemption process would end:
- 49.1 Retaining restrictions on travel out of Auckland and require all people² leaving for any reason by air, land or sea to be vaccinated, or have a negative test result, for a transitional period until 11.59pm Sunday 9 January.³

² This requirement would apply to all people over the age of 12 years and 3 months - consistent with the requirement for CVCs.

³ The standard exemption provision in the case of emergencies would apply.

49.2 allowing unrestricted travel by air, land or sea for all people (i.e. no requirement for vaccination or to have a negative test).

50 Whether to apply vaccination and testing requirements requires careful consideration of various factors:

50.1 Modelling tells us that when vaccination rates are at 90%, up to 50% of cases could be in vaccinated people, and 20 to 25% could be in the under 12 population. This means that by testing unvaccinated over 12s, only around 25 to 30% of cases might be caught, even with very high compliance rates.

50.2 The efficacy of the requirements are impacted by the difficulties of compliance monitoring and enforcement (discussed below) but while 100% compliance cannot be achieved, the existence of a legal requirement would mean a significant (but unquantifiable) number of people would comply.

50.3 Workforce pressures and constraints on Police and Waka Kotahi would be exacerbated by any road boundary. For Police in particular, this will be the holiday period, and road police presence will be required on roads and to provide support at events.

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

[Redacted content]

50.5 The Crown's obligations to Māori under the Treaty of Waitangi, including active protection of Māori interests, must be a relevant consideration, informed by appropriate knowledge of the views of, and engagement with, Iwi leaders and other representatives of potentially vulnerable Māori communities. The Minister's overall assessment will also occur against the background that urgent action is being taken to achieve higher levels of vaccination across the motu, and the window of opportunity to do this is temporary and relatively short-term.

51 The Ministry of Health advise that a vaccination or testing requirement is not necessary – primarily because there are high rates of vaccination elsewhere in the country, and there is confidence in Red level settings in the vulnerable regions to prevent widespread transmission in those areas and minimise the

stress placed on the health system. This presumes that we will place such regions at Red when we move the rest of the country to the Framework, and that the timing of this will be before or at the same time as changes to the management the Auckland boundary. Cabinet will consider options around this at its meeting on 29 November.

- 52 Further, the Ministry of Health advises that a testing requirement is not a good use of the available testing capacity, as it will put pressure on the lab network, which is already under strain, at a time when cases will be rising. They strongly recommend that resources are prioritised for testing of people presenting with symptoms and contacts of known cases. The Ministry has also indicated that rapid antigen testing will be readily available in Red areas in the near future, adding another layer of protection.
- 53 Given the range of factors, we consider that a full discussion of both options is the best approach. Regardless of which option we choose, communications will be important to strongly encourage people not to travel if they pose a risk (because they are unvaccinated or may have symptoms of the virus).
- 54 We propose that if it is decided to require people leaving Auckland to be vaccinated or have a negative test result, the existing surveillance testing regime (rather than a negative pre-departure test) should continue to apply to workers crossing the boundary, but narrowed to only apply to those who are not vaccinated. We propose this regime also cease by 11.59pm Sunday 9 January.
- 55 We note that more laboratory capacity to process symptomatic tests will become available once the surveillance testing regime and the more general vaccination and testing requirement cease. In either case, requiring a pre-departure PCR test as well as vaccination would increase the protection, but the Ministry of Health officials advise that this would be unsustainable for more than a very limited time as demand for tests would overwhelm capacity. They also advise rapid antigen testing would not be suitable for use at the boundary, as testing would create significant delays if used at the boundary or be too difficult to accurately link back to the right person.

Compliance and enforcement

- 56 For some vulnerable regions it may be possible for Police to establish checkpoints and monitor compliance if required. This may be the case with Northland where there is a particularly vulnerable community and likely high numbers of Aucklanders travelling into the region. In such places we note iwi may want checkpoints to be established to protect their communities and could partner with Police to provide necessary human resources.
- 57 We have been advised that the only feasible approach to enforcing these types of requirements related to crossing boundaries will be spot checks, near (but not at) boundaries. Should we decide to impose a requirement officials will provide further advice on the appropriate penalty (potentially a fine of \$1000).

- 58 The Ministry of Transport advises that further analysis of the feasibility of sample checking at boundary checkpoints exiting Auckland indicates that this would be extremely challenging to implement. This is due to the lane space required to carry out compliance checks safely and efficiently. Waka Kotahi advises that while sample checking options provide, theoretically, an ability to minimise delays to between one and three hours, in practice the layout requirements would require more space (i.e. continuous four lanes) than is available at all locations. Subject to further detailed site analysis, this option is not considered practical from a vehicle speed and safety perspective.

Risks

- 59 Operating the Alert Level System and the COVID-19 Protection Framework simultaneously will be complex and likely confusing for many of the New Zealand public at a time when we are already facing diminishing social license in some parts of New Zealand, and more protest activity. Minimising the time between transitioning Auckland and the rest of New Zealand to the Framework, in combination with very clear public communication about differing or new requirements, will be our key mitigation.
- 60 There is concern that Māori will be disproportionately impacted from the spread of COVID-19. We need to work hard to ensure that we uphold our Treaty obligations and ensure that intensive efforts continue to lift Māori vaccination rates before and after we transition. Further specific population impacts are provided in subsequent sections of this paper.
- 61 It is possible that some regions may not want to receive Aucklanders, which may impact on social cohesion. Transitioning all New Zealand to the framework soon after Auckland, and the vaccination or testing requirement on people leaving Auckland, should help to mitigate this risk.
- 62 Relying on spot checking as the key general mechanism for boundary enforcement risks a less than desirable non-compliance detection rate, but nonetheless will incentivise responsible travelling. There is also a risk that enforcement officers may unconsciously take a discriminatory approach to spot checks.

Next steps

- 63 The Minister for COVID-19 Response will bring a paper to Cabinet on 22 November to confirm key settings of the Framework. This paper will also include further information on:
- 63.1 the vulnerable areas in New Zealand that would likely need to be designated as Red within the Framework;
 - 63.2 the triggers for moving between red, orange and green;
 - 63.3 how health system capacity considerations and public health risk assessments will inform decisions related to lockdowns;

63.4 potential for greater regional input into decision making; and

63.5 the estimated economic impact of the new Framework.

64 On 29 November the Minister for COVID-19 Response and I will bring a paper to Cabinet to seek a decision to move Auckland to the Framework and to consider advice on timing for the rest of New Zealand to move to the new Framework. This paper will also provide information on any outstanding implementation details.

65 It would also be prudent for us to check in before Christmas. Accordingly, we propose the Minister for COVID-19 Response provide an update to Cabinet on Monday 13 December. That paper will also set out how decisions will be made if required over the Christmas period.

Financial Implications

66 Any financial implications associated with the Framework will be dealt with in related Cabinet papers.

Legislative Implications

67 To give effect to the Framework, the Minister for COVID-19 Response will make Orders under the COVID-19 Public Health Response Act 2020 Act, following consultation with specified Ministers.

68 The infringement offence penalty framework will be set in regulations subject to the passage of the COVID-19 Public Health Amendment Bill 2021, and then given effect to through Orders.

Impact Analysis

69 The Treasury's Regulatory Impact Analysis team has determined that the proposals in this Cabinet paper relating to transitioning to the new COVID-19 Protection Framework are exempt from the requirement to provide a Regulatory Impact Statement on the grounds that they are intended to manage, mitigate, or alleviate the short-term impacts of a declared emergency event of the COVID-19 pandemic, and the implementation of the policy is required urgently to be effective (making complete, robust and timely impact analysis unfeasible).

Human Rights

70 s9(2)(h)
[Redacted text block]

71 s9(2)(h) [Redacted]

72 s9(2)(h) [Redacted]

73 s9(2)(h) [Redacted]

Treaty of Waitangi Analysis

74 Treaty principles require the Crown to do what is reasonable in the circumstances and do not necessarily require the Crown to adopt a particular course of action. The Crown’s particular interests of relevance to the proposals in this paper include the Crown’s duty to protect Māori health equitably and actively and the Crown’s responsibility to address the disproportionately low vaccine uptake by Māori.

75 Current vaccination rates are lower for Māori, with current rates across the population at 76% first dose and 59% second dose. The moves that have been taken to control the outbreak strongly and quickly have been intended to prevent the spread of COVID-19 to all New Zealanders, including these vulnerable populations.

76 Transitioning all New Zealand to the Framework, rather than relying on the Alert Level system, will provide us with more proportionate options under the Red settings to protect vulnerable communities, and potentially to accelerate vaccination rates. As such, the measures are intended to promote equity of health outcomes within the Minimise and Protect context. We note, however, that imposing restrictions to achieve better health outcomes could involve worse economic outcomes for vulnerable populations in the short term.

77 In a context with increased COVID-19 management in the community, Māori will need to be involved in local and national decision-making as outlined above, and appropriately supported and funded to take a leading role in providing community support. The engagement outlined in this paper with the

Iwi Chairs Forum Pandemic Response Group is an example of work at a national level.

- 78 Phase 2 of the Māori Communities COVID-19 Fund can provide some of this support, and we expect relevant officials will continue to work together with Māori partners to develop a framework that will support the role of Māori in the community.

Population and economic impacts

- 79 On 18 October, Cabinet considered the impacts of the change in strategy from the Alert Level system to the Framework [CAB-21-MIN-0421 refers]. These included the health impacts from further spread of COVID-19 in the community and the impacts from measures used to suppress cases. This paper focuses on the impacts of opening the Auckland boundary and contemplates moving the whole country before that time to the Framework.

Health impacts of opening the Auckland boundary

- 80 While vaccinations reduce the health impacts of the virus, they do not eliminate them. Vaccinated people can still get sick and spread the virus and Aucklanders travelling will spread the virus. The impact of more people having the virus will have flow on effects into other areas of health, for example by reducing the health system's capacity to deal with urgent or elective care.
- 81 The virus has had a disproportionate health impact on Māori and Pacific communities. As well as making up a large proportion of cases to date, Māori and Pacific peoples generally have higher rates of co-morbidities that result in poorer outcomes if they are infected with the virus. Younger Māori have some of the lowest vaccination rates, therefore are at higher risk of health impacts, and being excluded due to CVC requirements.
- 82 Older people are most at risk of hospitalisation and death with COVID-19 and there will be health impacts in this group, even with high vaccination rates. In people aged under 12, who cannot be vaccinated, there is also some risk of impact, and this age group is generally exempt from mask usage. There could also be impacts on disabled people who have had barriers to their access for vaccination or could otherwise be unable to be vaccinated.
- 83 The degree of undetected infection is the key factor for the risk of inter-regional transmission (detected cases are expected to stay at home and not travel). The number of undetected infections is expected to increase with (in absolute terms, and as a proportion of) rising reported case numbers, as individual case management, isolation and contact tracing performances weaken. By definition, the true extent of undetected infection in Auckland is not known. Any loosening of the boundary with Auckland, coupled with high numbers of reported cases in Auckland, would mean that we must expect infected people to travel across New Zealand.
- 84 Historical movement data can be used to provide insight on where people in Auckland typically go, including seasonal changes in movements patterns over the summer period. The regions that experience greater influxes of

Aucklanders include Northland, Waikato (particularly in the Thames-Coromandel district) and Bay of Plenty.

- 85 In communities with lower rates of vaccination, transmission can be expected to be quicker. This means that outbreaks would be larger at the point they are detected, and harder to contain once they are detected. As well as vaccination coverage, the rate of testing in a local area is a key factor in the time prior to detection, and, hence, the number of active cases at that point.

Measures to mitigate the health risks of opening the Auckland boundary

- 86 To mitigate some of the negative health impacts of opening the boundary, this paper discusses identifying areas that may be particularly vulnerable to the opening of the Auckland boundary and putting in additional measures to protect these communities.
- 87 For vulnerable communities inside the Auckland boundary, the Red Level protections will assist with reducing the impacts, along with continued effort to increase vaccination rates for Māori in particular.

Economic impacts of opening the Auckland boundary and introducing the Framework

- 88 The economic impact of the Framework is highly uncertain and Treasury will provide an estimate of the impact in the Cabinet paper on 22 November. There are likely positive economic impacts from allowing travel out of Auckland and the introduction of the Framework across New Zealand, depending on the levels in the area. There will be additional costs to businesses implementing this new system.
- 89 As we are considering a staggered transition to the Framework, the Minister of Finance will report back to Cabinet on arrangements for deactivating the Wage Subsidy. A final universal payment under current settings for the Resurgence Support Payment would be made on 26 November. A targeted transitional payment would likely be made on 10 December; Ministers are still considering the settings for this transitional payment.

Social Impacts of introducing the Framework

- 90 Additional supports may be necessary for communities in the event of localised lockdowns, especially working poor households who may face a sharp drop in employment income, and for households with limited social support networks who will continue to be hardest hit by lockdowns.
- 91 Transitioning to the Framework also has potential to impact on social license. We have already seen protest activity from people who oppose vaccination, and/or mandatory vaccination requirements; as the principal impact from the change to the new framework is the introduction of measures that depend on the vaccination status of an individual it is possible that such activity may increase.
- 92 The transition to the Framework also has potential to maintain and improve our social license. It is designed to create more certainty and stability in our

response, and is our best available option to proportionately manage the spread of COVID-19 in New Zealand. Sentiment research conducted in October found that people who were aware of the new Framework were more likely to think we were 'going in the right direction'.

Impacts on Pacific Island Countries

- 93 This proposal has possible implications for Pacific countries, including those with whom we have quarantine-free travel arrangements. Many of our Pacific partners have remained cautious about travellers from New Zealand importing COVID-19, and maintain strict border settings, including mandatory MIQ, to mitigate this risk. An increased risk of travellers contracting COVID in New Zealand may impact partners' capacity and confidence to repatriate travellers.
- 94 Early and clear communications with Pacific partners will be vital to explain our policy changes and address any concerns. Officials will report to Ministers separately on managing these implications.

Consultation

- 95 This paper was prepared by the COVID-19 Group in the Department of the Prime Minister and Cabinet. The Ministry of Health reviewed the paper and provided advice on the vaccination and testing requirement at the boundary. Crown Law advised on the Bill of Rights implications.
- 96 The following agencies were also consulted on the paper: Customs, Departments of Internal Affairs, Corrections, Ministries of Education, Ethnic Communities, Foreign Affairs and Trade, Housing and Urban Development, Culture and Heritage, Social Development, Justice, Police, Primary Industries, Business, Innovation and Employment, Transport, Pacific Peoples, Te Arawhiti, the Treasury, Te Puni Kōkiri, Oranga Tamariki, and the Public Service Commission.

Communications and proactive release

- 97 The decisions in this paper will be announced in the week of 15 November by the Prime Minister. The paper will be proactively released following Cabinet consideration.

Recommendations

The Prime Minister and Minister for COVID-19 Response recommend that Cabinet:

- 1 note that on 18 October 2021, Cabinet agreed to move from the Alert Level system to a new COVID-19 Protection Framework (the Framework), which supports the move from an elimination strategy to a minimise and protect strategy for managing the virus [CAB-21-MIN-0421 refers];
- 2 note that this paper is one of suite of papers that Cabinet will consider today and over the next two weeks regarding the transition to and implementation of the new Framework;

Updates on Implementation

- 3 note the transition to the Framework will be co-ordinated centrally by DPMC and overseen by the COVID-19 Chief Executives Board;
- 4 note agencies will provide guidance to relevant sectors by the week starting 22 November;
- 5 note Cabinet has previously agreed that consultation on Framework levels, boundaries and lockdowns will continue to be undertaken with Cabinet prior to Orders being made by the Minister for COVID-19 Response under the COVID-19 Public Health Response Act 2020 [CAB-21-MIN-0421 refers];
- 6 agree Regional Leadership Groups will provide advice and recommendations on local responses;
- 7 note officials are currently considering how the COVID-19 infringements regime will apply within the COVID-19 Protection Framework, including whether any changes may be necessary to ensure it remains proportionate within a Minimise and Protect context;
- 8 agree Ministers with Power to Act and relevant portfolio Ministers will consider issues related to events and gatherings, including Specified Outdoor Community Events, and adjust the COVID-19 Protection Framework settings to mitigate any issues as necessary;
- 9 agree Ministers with Power to Act will consider on an as-needed basis any further policy settings that require confirmation or reconsideration for implementation of the COVID-19 Protection Framework;
- 10 note that running the Framework and the Alert Level system simultaneously would be complex and challenging to communicate, and that we should minimise the time spent operating under both;
- 11 note the COVID-19 Protection Framework would enable us to implement a proportionate response across all New Zealand, including vulnerable regions, to the risk of spreading cases;
- 12 note that all three Auckland DHBs reached 90% first dose on Sunday 7 November, and that on this basis, we expect Auckland to be in a position to move into the Framework in the week of Monday 29 November;
- 13 note on Monday 29 November the Prime Minister and the Minister for COVID-19 Response will bring a paper to Cabinet to take a decision on moving Auckland into the Framework, and consider advice on timing for the rest of New Zealand to move to the new Framework;

Management of the Auckland Alert Level boundary

- 14 note the Framework was not designed to use boundaries in the long term;
- 15 agree to maintain the current boundary around the Auckland and to retain the current restrictions on movement across the boundary until Wednesday 15 December 2021;

16 note that from 15 December, the current restrictions on travel across the boundary including the permitted activities and the exemptions process would no longer apply;

17 agree to:

EITHER

17.1 require people travelling out of Auckland to be vaccinated or to have a negative COVID-19 test result within 72 hours prior to exit, as a transitional measure to apply from the time at which the current restrictions on the Auckland boundary are removed to 11.59pm Sunday 9 January 2022

OR

17.2 allowing unrestricted travel by air, land or sea for all people (i.e. no requirement for vaccination or to have a negative test) once the current restrictions on the boundary are removed

18 note that a requirement would help reduce the spread of cases from Auckland to vulnerable areas, both through raising awareness of responsible behaviour in the travelling public (i.e. don't travel if you pose a risk), and as a deterrent to irresponsible behaviour;

19 note that this vaccination or testing requirement for people travelling out of Auckland is not deemed necessary by Public Health at this time;

20 note the need to reconsider the existing surveillance testing regime for workers in the Auckland region ahead of removal of the boundary movement restriction, in particular with a view to increasing laboratory capacity to process tests from symptomatic people and close contacts;

21 *[Legally privileged]* s9(2)(h)
[Redacted text block consisting of seven horizontal bars]

22 note that while 100 percent compliance checking of such vaccination or testing requirements is not possible, some spot checking near boundaries, the presence of which would provide some level of deterrence to non-compliance, would be operationally feasible;

23 note that subject to further site-specific analysis, officials do not currently consider sample checking to be a feasible option to implement at (as distinct from near) the Auckland boundary, due to space requirements needed to ensure the safety of those conducting compliance checks and those travelling;

- 24 note those under 12 years and three months would be exempt from the requirement for a negative COVID-19 test in recommendation 17.1;
- 25 note the importance of ensuring that travellers vaccinated offshore are able to have their vaccination certificates recognised for the purposes of crossing boundaries, should any such requirements be put in place;

Engagement

- 26 note officials have begun work the Iwi Chairs Forum's Pandemic Response Group on specific details of the Framework and will provide an update in due course to Ministers;
- 27 note that early engagement with Northland stakeholders has taken place on the potential use of boundaries in Red areas, and that wider engagement with other stakeholders on this matter will occur in coming weeks;
- 28 note Ministers and DPMC will be engaging with the COVID-19 Independent Continuous Review, Improvement and Advice Group and the Strategic COVID-19 Public Health Advisory Group on transitioning to the Framework;

Next steps

- 29 note the Prime Minister intends to announce decisions in the week of 15 November on Auckland boundary travel;
- 30 note the Minister for COVID-19 Response will bring a paper to Cabinet on 22 November to confirm key settings for implementation of the Framework;
- 31 note the Prime Minister and Minister for COVID-19 Response will bring a paper to Cabinet on 29 November to consider Auckland's move to the Framework, and to consider options for moving the rest of the country into the new Framework before or at the time that the Alert Level boundary around Auckland is removed; and
- 32 note the Minister for COVID-19 Response will bring a paper to Cabinet on 13 December to provide a progress update on implementation of the Framework, and to confirm how Framework decisions will be made over the summer period.

Rt. Hon. Jacinda Ardern
Prime Minister

Hon Chris Hipkins
Minister for COVID-19 Response

Appendix 1 – COVID-19 Protection Framework implementation workstreams

Summer Readiness System Lead	
Component Workstream	Lead Agency
Health system readiness	MoH
Legal orders	DPMC (with Crown Law and PCO)
Compliance and enforcement	Police
Care in the community	MoH
Strategic public communications	DPMC
Workforce (surge) capacity	MoH Other agencies
Response leadership	DPMC
Economic supports	Treasury
Welfare supports	MSD
MIQ	MBIE
Crosscutting workstreams	
Iwi / Māori	
Stakeholder engagement	
Border	

Appendix 2 – Vaccination projections

Ministry of Health projections for second doses at 29 November

DHB	Actual data as at 09 November 2021		Modelled forecast as at 29 November 2021		Modelled forecast as at 13 December 2021	
	Remaining 2 nd doses	Current	Worst case	Mid-point	Worst case	Mid-point
New Zealand	454,291	79%	82%	86%	83%	89%
Auckland	9,783	88%	88%	92%	89%	94%
Bay of Plenty	37,832	73%	73%	81%	75%	84%
Canterbury	50,623	80%	81%	87%	83%	92%
Capital and Coast	15,242	84%	85%	91%	86%	93%
Counties Manukau	43,648	81%	82%	86%	83%	89%
Hawkes Bay	21,621	75%	77%	82%	78%	85%
Hutt Valley	13,937	79%	81%	86%	82%	88%
Lakes	18,405	71%	72%	78%	74%	81%
Mid Central	20,684	76%	78%	84%	79%	87%
Nelson Marlborough	15,583	79%	80%	84%	82%	87%
Northland	33,718	69%	71%	77%	72%	80%
South Canterbury	6,207	78%	80%	83%	81%	87%
Southern	25,908	81%	83%	87%	84%	91%
Tairāwhiti	9,179	68%	68%	75%	69%	79%
Taranaki	18,298	72%	73%	81%	74%	85%
Waikato	47,874	77%	78%	84%	79%	87%
Wairarapa	5,785	76%	78%	83%	79%	86%
Waitematā	30,721	84%	84%	89%	85%	92%
West Coast	5,187	71%	73%	78%	74%	82%
Whanganui	10,364	72%	74%	78%	75%	81%

Ministry of Health projections for reaching 90% second dose

DHB	Current		Remaining doses		Forecast	
	1 st dose	2 nd dose	1 st dose	2 nd dose	Mid-point	Worst case
New Zealand	90%	79%	21,304	454,291	Late Dec	Mid Mar
Auckland Metro	92%	84%	-	84,152	Mid Dec	Early Apr
Auckland	95%	88%	-	9,783	Late Nov	Mid Jan
Bay of Plenty	85%	73%	11,451	37,832	Early Feb	Early May
Canterbury	93%	80%	-	50,623	Early Dec	Late Feb
Capital and Coast	93%	84%	-	15,242	Late Nov	Mid Feb
Counties Manukau	90%	81%	-	43,648	Mid Dec	Early Apr
Hawke's Bay	87%	75%	5,015	21,621	Mid Jan	Unlikely
Hutt Valley	89%	79%	953	13,937	Early Jan	Mid Mar
Lakes	83%	71%	6,973	18,405	Late Jan	Unlikely
Midcentral	88%	76%	3,202	20,684	Late Jan	Unlikely
Nelson Marlborough	88%	79%	2,596	15,583	Late Jan	Unlikely
Northland	81%	69%	14,094	33,718	Mid Feb	Unlikely
South Canterbury	88%	78%	984	6,207	Mid Jan	Early May
Southern	91%	81%	-	25,908	Mid Dec	Late Apr
Tairāwhiti	81%	68%	3,725	9,179	Early Feb	Unlikely
Taranaki	86%	72%	4,155	18,298	Late Jan	Early Apr
Waikato	88%	77%	6,505	47,874	Mid Jan	Late Apr
Wairarapa	87%	76%	1,121	5,785	Mid Jan	Unlikely
Waitemata	92%	84%	-	30,721	Early Dec	Late Feb
West Coast	84%	71%	1,716	5,187	Late Jan	Unlikely
Whanganui	82%	72%	4,356	10,364	Mid Feb	Unlikely

Appendix 3 – COVID-19 Protection Framework



New Zealand COVID-19 Protection Framework

Factors for considering a shift between levels: vaccination coverage; capacity of the health and disability system; testing, contact tracing and case management capacity; and the transmission of COVID-19 within the community, including its impact on key populations.

Localised lockdowns: will be used as part of the public health response in the new framework across all levels, and there may still be a need to use wider lockdowns (similar to the measures in Alert Level 3 or 4).

Vaccination certificates: Requiring vaccination certificates will be optional for many locations. There are some higher-risk settings where they will be a requirement in order to open to the public. Some places won't be able to introduce vaccination requirements, to ensure everyone can access basic services, including supermarkets and pharmacies.

<p>GREEN</p>	<p>COVID-19 across New Zealand, including sporadic imported cases.</p> <p>Limited community transmission.</p> <p>COVID-19 hospitalisations are at a manageable level.</p> <p>Whole of health system is ready to respond – primary care, public health, and hospitals.</p>	<p>General settings</p> <ul style="list-style-type: none"> Record keeping/scanning required Face coverings mandatory on flights, encouraged indoors Public facilities – open 	<ul style="list-style-type: none"> Retail – open Workplaces – open Education (schools, ECE, tertiary) – open 	<ul style="list-style-type: none"> Specified outdoor community events – allowed
	<p>No limits if vaccination certificates are used for:</p> <ul style="list-style-type: none"> Hospitality Gatherings (e.g. weddings, places of worship, marae) 	<ul style="list-style-type: none"> Events (indoor/outdoor) Close contact businesses 	<ul style="list-style-type: none"> Gyms 	
	<p>If vaccination certificates are not used, the following restrictions apply:</p> <ul style="list-style-type: none"> Hospitality – up to 100 people, based on 1m distancing, seated and separated Gatherings (e.g. weddings, places of worship, marae) – up to 100 people, based on 1m distancing 	<ul style="list-style-type: none"> Events (indoor/outdoor) – up to 100 people based on 1m distancing, seated and separated Close contact businesses – face coverings for staff, 1m distancing between customers 	<ul style="list-style-type: none"> Gyms – up to 100 people, based on 1m distancing 	
<p>ORANGE</p>	<p>Increasing community transmission with increasing pressure on health system.</p> <p>Whole of health system is focusing resources but can manage – primary care, public health, and hospitals.</p> <p>Increasing risk to at risk populations.</p>	<p>General settings</p> <ul style="list-style-type: none"> Record keeping/scanning required Face coverings mandatory on flights, public transport, taxis, retail, public venues, encouraged elsewhere 	<ul style="list-style-type: none"> Public facilities – open with capacity limits based on 1m distancing Retail – open with capacity limits based on 1m distancing 	<ul style="list-style-type: none"> Workplaces – open Education – open with public health measures in place Specified outdoor community events – allowed
	<p>No limits if vaccination certificates are used for:</p> <ul style="list-style-type: none"> Hospitality Gatherings (e.g. weddings, places of worship, marae) 	<ul style="list-style-type: none"> Events (indoor/outdoor) Close contact businesses 	<ul style="list-style-type: none"> Gyms 	
	<p>If vaccination certificates are not used, the following restrictions apply:</p> <ul style="list-style-type: none"> Hospitality – contactless only 	<ul style="list-style-type: none"> Gatherings (e.g. weddings, places of worship, marae) – up to 50 people, based on 1m distancing 	<ul style="list-style-type: none"> Close contact businesses, events (indoor/outdoor) and gyms are not able to operate 	
<p>RED</p>	<p>Action needed to protect health system – system facing unsustainable number of hospitalisations.</p> <p>Action needed to protect at-risk populations.</p>	<p>General settings</p> <ul style="list-style-type: none"> Record keeping/scanning required Face coverings mandatory on flights, public transport, taxis, retail, public venues, recommended whenever leaving the house 	<ul style="list-style-type: none"> Public facilities – open with up to 100 people, based on 1m distancing Retail – open with capacity limits based on 1m distancing Workplaces – working from home encouraged 	<ul style="list-style-type: none"> Education – schools and ECE open with public health measures and controls Specified outdoor community events – allowed with capacity limits
	<p>With vaccination certificates, the following restrictions apply:</p> <ul style="list-style-type: none"> Hospitality – up to 100 people, based on 1m distancing, seated and separated Gatherings (e.g. weddings, places of worship, marae) – up to 100 people, based on 1m distancing 	<ul style="list-style-type: none"> Events (indoor/outdoor) – up to 100 people based on 1m distancing, seated and separated Close contact businesses – public health requirements in place 	<ul style="list-style-type: none"> Gyms – up to 100 people, based on 1m distancing Tertiary education – vaccinations required for onsite delivery, with capacity based on 1m distancing 	
	<p>If vaccination certificates are not used, the following restrictions apply:</p> <ul style="list-style-type: none"> Hospitality – contactless only Gatherings (e.g. weddings, places of worship, marae) – up to 10 people 	<ul style="list-style-type: none"> Close contact businesses, events (indoor/outdoor) and gyms are not able to operate Tertiary education – distance learning only 		

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