

## In Confidence

Office of the Associate Minister of Health

COVID-19 Ministerial Group

## Supporting the Pacific COVID-19 response

### Proposal

- 1 This paper seeks your agreement to reprioritise \$26 million of underspends in funding appropriated for the COVID-19 response in Vote Health baselines for 2021/22 only. This is to support the Pacific health and disability sector in leading the response to the current outbreak of COVID-19 Delta variant.

### Relation to government priorities

- 2 This proposal supports the Government's objective to keep New Zealanders safe from COVID-19. The current outbreak of the COVID-19 Delta variant is disproportionately affecting Pacific communities and the Government's response needs to deliver equitable outcomes for Pacific peoples.

### Key points

- 3 Pacific communities are disproportionately affected by the current COVID-19 outbreak. As of 9.30 am 28 August 2021, 300 of 429 (70 percent) active cases linked to community transmissions were identified as Pacific. The current trajectory of cases highlights that this outbreak of the COVID-19 Delta variant is bigger in size compared to the August 2020 outbreak.
- 4 Pacific health providers are facing unprecedented demand and are unique in that they are delivering the full spectrum of response activities alongside uplifting the vaccination service and providing wraparound support to aiga and whānau.
- 5 These providers form an essential part of the Government's response to this outbreak under the COVID-19 Elimination Strategy. The success of the response depends on these providers' ability to maintain the vastly enhanced scope of response activities compared to initially planned parameters.
- 6 This paper outlines several areas for urgent investment to help secure the ongoing service capacity of Pacific health providers, and uplift localised district health board (DHB)-led services, that will ensure the success of the current response to the COVID-19 Delta outbreak.
- 7 Based on learnings from the previous outbreaks and through the COVID-19 vaccine rollout, I propose deploying investment to providers in a more targeted, nuanced, and efficient way. This means a similar level of investment

as provided for the previous outbreak (August 2020) can realise greater benefits despite the larger size of the current outbreak.

## Background

### ***Pacific communities are disproportionately affected by the current outbreak***

- 8 As of 28 August, 300 of the 429 (70 percent) total active cases are Pacific<sup>1</sup>. Compared to earlier COVID-19 variants, the Delta variant is more infectious and those who do get infected are more likely to need hospitalisation. This poses an elevated risk to Pacific communities compared to other population groups, given that our Pacific families bear a disproportionate burden of health and social risk-factors that make them more susceptible to COVID-19.
- 9 Our Pacific population is highly urbanised, face financial challenges, and many are living in damp, cold and multi-generational housing conditions. Moreover, these families often face long-standing inequities in health outcomes (e.g., comorbidities, long-term conditions) and service use (e.g., access to primary care and prevention).
- 10 These factors, challenging in normal circumstances, are significantly amplified during the COVID-19 pandemic. It places Pacific families at greater risk of uncontrolled transmission, and more severe long-term health impacts following infection. The socioeconomic impact of a COVID-19 outbreak and its attendant lockdown also cannot be underestimated. For example, a Ministry of Health survey of Pacific families following the August outbreak last year found<sup>2</sup>:
  - 10.1 44 percent of Pacific households had not been able to pay their utility bills (e.g., water, gas) on time. During the same period, 38 percent had not been able to pay for household costs (e.g., food and accommodation) on time, compared to 9 percent among all New Zealanders.
  - 10.2 one in five (18 percent) Pacific households had lost half or more of their income because of COVID-19. Two thirds (66 percent) of those who lost their jobs due to COVID-19 were still out of work at the time, indicating a worrying entrenchment of socioeconomic disadvantage in the community.
- 11 In addition to material hardship, the rapidly increasing number of cases is causing anxiety and concern among our Pacific communities. This is exacerbated by the proliferation of racist and unhelpful sentiment on some parts of mainstream and social media directed at those affected.
- 12 Furthermore, there is growing concern about the long-term impacts of the pandemic and multiple lockdowns (Alert Level 3 and 4) on populations with

<sup>1</sup> Prioritised ethnicity. A deeper analysis indicates several Māori active cases also identify as Cook Island and other Pacific ethnicities.

<sup>2</sup> The survey was undertaken with people living in South Auckland. Fieldwork was undertaken in November and December 2020. The maximum margin of error for the survey results was  $\pm 4.4$  percent.

higher needs. While the cumulative impacts of the current lockdown are yet to be fully understood, we are hearing from Pacific health providers that the current lockdown is having a sharper impact on Pacific communities, especially the large number of families whose primary income has been cut due to lockdown measures and are having to self-isolate at home.

***The current outbreak requires a greater scale and intensity of response activities***

- 13 Given the increasingly disproportionate impact on Pacific communities, we need to move quickly and decisively to support their response to the outbreak. The Government has signalled its intent to provide strong leadership in its response from the beginning of the pandemic. Last year, Cabinet agreed to two tranches of funding (\$17 million in March 2020 and \$19.5 million in August 2020) to ensure the national response to COVID-19 delivered equitable health outcomes for Pacific peoples [CAB-20-MIN-1041 and CAB-20-MIN-0421 refers].
- 14 That funding successfully secured the capacity of the Pacific health and disability sector during the March and August outbreaks last year. It also represented a much-needed injection of funding for providers to sustain services and use Pacific models of care to deliver response activities.
- 15 One year on, that capability and capacity is being tested again. Local DHBs and Pacific health providers, particularly in Auckland and Wellington, have escalated a full spectrum of response activities. However, the response required for this outbreak will outstrip anything the sector has dealt with before. This is because:
  - 15.1 **The COVID-19 Delta variant is more transmissible compared to earlier variants.** This is evident in the trajectory of current case numbers. During August last year, we reached a peak of 82 active cases at 14 days into the outbreak; this time around, we were at 110 active cases within seven days of the outbreak starting (see **Appendix A**). As of 28 August 2021, contact tracing services indicate that roughly 30,000 close contacts have been identified who will need to test and self-isolate. Many of them are Pacific and likely to need health and social support to comply with public health guidance.
  - 15.2 **The accumulating impacts of successive lockdowns require a more intensive and long-term response.** Pacific communities, especially in Auckland, have been through multiple Alert Level 3 and 4 lockdowns. We know that this has taken a cumulative toll on families' wellbeing, which necessitates a more intensive and long-term response.
- 16 Already, frontline DHBs and providers are feeling the effects of the rapid scale-up and sustainment of response activities in Auckland and Wellington. Moreover, the outbreak has necessitated the redeployment of the Pacific workforce across the wider Auckland region to support the response effort. This means 'Business As Usual' (BAU) services are either on-hold or understaffed, which is creating a backlog of unmet need and will have

significant consequences, especially for families with complex needs (e.g., those with comorbidities, long-term conditions).

### **Pacific providers are the backbone of the COVID-19 response**

***Pacific health providers are unique in that they are both trusted by their communities and deliver the full spectrum of outbreak management activities***

- 17 Pacific health providers have now been at the sharp end of three major outbreaks, along with leading the COVID-19 vaccination rollout for Pacific communities. Their response activities are based on family-oriented Pacific models of care that make them trusted contacts and triage points for Pacific families. Since this outbreak began last week, Auckland and Wellington's Pacific health providers have:
  - 17.1 worked directly with high-risk clusters to establish ethnic-specific relationships with church and community leaders to help expedite testing and contact tracing activities
  - 17.2 stood up over 50 testing sites across Auckland and Wellington. In addition, these providers are also running multiple private pop-up testing sites for close contacts of cases and from locations of interests
  - 17.3 rapidly lifted Pacific vaccination rates through dedicated phone lines for Pacific families, active outreach through community networks, and using community-oriented vaccination models (e.g., group vaccinations, drive-throughs, and mobile vaccinations)
  - 17.4 established a Pacific community finders' services to enhance contact tracing
  - 17.5 established welfare support services for those self-isolating, and for high needs families generally within the community.
- 18 These providers are the bedrock of the national Pacific health and disability sector because of their organisational reach and maturity. Their workforce acts as a reserve for other providers across New Zealand, and the delivery models they develop and use often act as templates for Pacific and Māori service delivery for the wider sector. Also, their reach extends to Māori whānau as well, given the shared whakapapa between the two communities.
- 19 Moreover, these providers will be essential post-outbreak due to their role in the ongoing vaccination rollout, the country's border reopening, and responding to cumulative and long-term wellbeing impacts.
- 20 There are also the health system reforms to consider, and their focus on addressing entrenched inequities for Pacific people. The providers currently at the forefront of the response will be at the heart of the reformed health system when it goes live next year. Support is required to ensure they are operating in a focused and sustainable way, so they can continue to make a difference

for their communities and give effect to the new system settings over the coming years.

- 21 The interventions required over the past week have been funded primarily through provider baselines. This is because DHBs are facing significant pressures and constraints, limiting the flexibility and speed of their commissioning processes. They are unable to keep up with provider needs, who are working at pace. Waiting for DHB processes to catchup is a risk to these providers activities and undermines the success of the whole response.

**Priority investment areas for sustaining the Pacific response**

- 22 I propose Ministers agree that \$26 million is reprioritised from underspends in funding appropriated for the COVID-19 response in Vote Health for 2021/22 only to be used to support the Pacific health and disability sector to lead the response to the current outbreak of COVID-19 Delta variant.
- 23 This funding would enable providers to deliver an equitable response to this outbreak by sustaining community-led response activities, and maintaining capability to support post-lockdown recovery and the vaccination rollout. Specifically, this funding would:
- 23.1 sustain the service capacity of priority Pacific health and disability providers to continue leading the response - \$18 million
  - 23.2 allow DHBs to rapidly scale-up mobile outreach and community vaccination services for Pacific families - \$5 million
  - 23.3 undertake Pacific ethnic-specific engagement and communication across specific Pacific communities to maintain an elevated level of compliance with public health guidance - \$3 million.
- 24 The allocation methodology proposed in this paper is different to what was used in the previous two Pacific COVID-19 Response Packages tranches. The adjustments reflect a greater focus on direct support to providers because of the speed and flexibility required for deploying the funding, which can be more effectively achieved via direct commissioning and accountability through the Ministry of Health.
- 25 This is based on learnings from the March and August 2020 outbreaks, and the vaccine rollout since the beginning of this year. The services and models of care underpinning these investments have been tested and validated multiple times. This is also reflected in the overall quantum of funding being requested. While the scale of this outbreak is larger than what we have seen before (except March 2020), we are now able to deploy this funding in a much more targeted, nuanced, and efficient way. This means a similar level of investment as last year can realise greater benefits for the overall response.

***This will support the COVID-19 Elimination Strategy***

- 26 New Zealand's Elimination Strategy has been effective in protecting the country and maintaining its freedoms since the pandemic began. It continues to inform both our management of internal outbreaks and our plans to reconnect with the world. It has four pillars: Keep it out, Prepare for it, Stamp it out, and Manage the impact.
- 27 The third pillar (Stamp it out) guides the country's response to an outbreak. It requires a rapid and overwhelming focus on contact tracing, case management, and escalation of Alert Levels to contain and eliminate the virus.
- 28 Our Pacific health providers either lead or provide critical support across all of the activities necessitated by this pillar. They also provide welfare and social support to families which is crucial for maintaining compliance to public health guidance. Given the centrality of these providers to the response, the success of the entire strategy in this context hinges on the speed, efficiency, and scale of their services.
- 29 The investments proposed in this paper will directly help sustain Pacific health provider services long enough to help stamp out the virus, while also funding important enabling components of the wider response.

***This investment will be underpinned by clear accountability mechanisms that ensure transparency across the outcomes sought and achieved***

- 30 I recommend most of this funding is deployed by the Ministry of Health, with some limited funding going through local DHBs for targeted services. This will ensure commissioning arrangements are set against clear and decisive outcomes that are structured in line with Government's priorities for managing and eliminating COVID-19.
- 31 A key strength of the Pacific sector is its ability to work flexibly and adapt services across the health and social sector based on what local communities need. This can be achieved through trust-based relationships already in place between the Ministry of Health and the Pacific health and disability sector. However, clear accountability across this process is also important, and the Ministry of Health will put in transparent reporting lines that reflect:
- 31.1 a population view – what is being delivered for local communities, and how it varies by place. This will align with wider population frameworks across government, like for example the All of Government Pacific Wellbeing Strategy
- 31.2 a service view – accounting for spending, activities, and outcomes, and how this varies by population and place.
- 32 Contingent on your agreement to the proposals in this paper, officials will report back to the COVID-19 Ministerial Group on the deployment of investment and outcomes achieved by 10 December 2021.

## Implementation

### *Sustaining Pacific health and disability provider service capacity*

- 33 In August 2020, Pacific health providers in Auckland received \$6.5 million as part of the second tranche of the Pacific COVID-19 Response Package. This was a significant investment and helped deliver an effective response to what was then New Zealand's biggest localised outbreak.
- 34 During that outbreak, 107 of the total 180 cases were Pacific. For comparison, there are already 300 Pacific cases as of 28 August 2021, and the rate of new cases per day has not slowed down since the outbreak began on 17 August 2021.
- 35 The unexpected speed and scale of the current outbreak has required providers and local DHBs to undertake response activities beyond initially planned parameters. In most cases, providers have been asked to broaden the scope of their services by multiple orders of magnitude to try and get ahead of the spread. This has included maintaining a focus on vaccinations to encourage community confidence and provide a level of protection to those outside the direct chain of virus transmission.
- 36 Alongside core response activities, these providers are also delivering much needed BAU services for families with complex needs within Alert Level 4 restrictions. This includes activities like essential medicine delivery, health service appointments, and mental wellbeing checks. We know from previous experience that families are much more likely to breach their bubble and disregard public health guidance if their health or social needs are not met, so these activities are important in maintaining the effectiveness of Alert Level restrictions.
- 37 Our Pacific health providers also provide services to families with disabilities. These individuals are generally cared for by a network of family and community. Often, care is provided in home with limited access to formal supports. Many of these families and communities with disabled people are significantly impacted by the socioeconomic and psychological strain of the COVID-19 resurgence and the Alert Level restrictions. Their inherent vulnerability and the system barriers they face to accessing care must be considered.
- 38 The proposed funding is designed to sustain Pacific health provider capability to both continue delivering these services, and scale up services where necessary (e.g., vaccinations). This will include:
  - 38.1 multiple additional pop-up testing sites across Auckland and Wellington
  - 38.2 wraparound health and social support for cases and close contacts, especially the large number of families self-isolating in the community
  - 38.3 Alert Level 4 and 3 compliant BAU services, with a priority on families with complex need

38.4 mental health and disability specific support to Pacific families.

***Whānau Ora support for Pacific communities***

- 39 I understand that funding is also being sought for Whānau Ora Commissioning Agencies for social support they are providing to families, which includes self-isolation due to the current COVID-19 resurgence. There is one Pacific Whānau Ora commissioning agency (Pasifika Futures Limited). They contract with some Pacific health providers. Where this occurs the Ministry of Health will work closely with Pasifika Futures Limited to ensure any overlap is managed appropriately, that outcomes are aligned and that there is clear reporting.

***Enhancing specific DHB services***

- 40 In August 2020, Auckland metro DHBs used the second tranche of the Pacific COVID-19 Response Package to design and implement several critical services for Pacific communities in agreement with the Ministry of Health and in partnership with the Auckland Regional Public Health Service (ARPHS) [CAB-20-MIN-0421 refers].
- 41 The most important of these, in terms of improving access for Pacific families, was a mobile outreach service. This utilised Pacific staff and an expansive model of care to both test for COVID-19, and provide general practitioner, social and other supports for families that were socially or functionally isolated, or had complex needs that were not being met due to Alert Level restrictions. This is a critical part of both looking after high-need Pacific families and ensuring their compliance with public health advice.
- 42 Auckland metro DHBs have stood up these services again but with limited scope. The funding proposed in this paper will go towards maintaining current services and scaling them up in both Auckland and Wellington.
- 43 Funding will also be used for a scaling up of community vaccination services utilising drive-through clinics and family vaccination events. A free-call 0800 telephone line for a few South Auckland suburbs is already in service, providing group bookings and proactive follow-up for Pacific families (with Pacific language support). This has seen approximately 3,000 group bookings since 17 August 2021, and additional funding will go towards adding more language support and greater coverage across Auckland.

***Pacific ethnic specific communication and engagement***

- 44 It is important to note that Pacific peoples in Aotearoa comprise multiple different ethnicities and communities, each with their own unique language, cultural nuances, and relational networks. A unique feature of this outbreak is its disproportionate impact on the Samoan and Tongan communities, given one of its biggest clusters is linked to the Assembly of God church.
- 45 Over the past weeks, a cross-government team led by Pacific health providers, the Ministry of Health and Ministry for Pacific Peoples, and senior Pacific health leaders has been working directly with these communities to



establish ethnic specific relationships with church and community leaders. This approach has been integral in helping ARPHS expediate testing and self-isolation for these communities and will need to be maintained throughout the duration of the outbreak to ensure cluster control and compliance with public health guidance.

- 46 There are long-term gains here as well. The nuanced communications and engagement are building trust regarding vaccinations and the health system as a whole. It will also stand in good stead as we look towards the health reforms and a much more community driven service planning and delivery model.
- 47 The funding proposed in this paper will go towards formalising the ethnic specific engagement approaches developed already. It will also be used to broaden focus to include vaccinations, and officials will work to create and embed sustainable engagement models that can be used subsequently as part of the reformed health system to address long-standing disconnects between local and national health teams and Pacific communities.

### Financial Implications

- 48 During the first COVID-19 outbreak, Cabinet initially agreed to appropriate \$14 million for the COVID-19 Pacific Response package (CAB-20-MIN-0141 dated 30 March 2020 refers] and a further \$19.5 million in Tranche Two funding was provided in August 2020 [CAB-20-MIN-0421 refers]. Recently, the COVID-19 Vaccine Immunisation Programme has also agreed to invest an additional \$1.55m for Pacific providers to support an urgent uplift for Pacific vaccinations through targeted services and communications.
- 49 The Ministry of Health recently provided advice to the Ministers of Health, COVID-19 Response and Finance on COVID-19 funding in Vote Health baselines [HR 20211774 refers], and noted that after reprioritising \$53 million for known pressures, there was an underspend of \$97 million remaining for the continued health system response to COVID-19 and potential future impacts.
- 50 I propose Ministers agree to reprioritise \$26 million from the COVID-19 underspends discussed above in 2020/21 only to secure the capacity of the Pacific health and disability sector and support a national response to the health and disability needs of Pacific communities.
- 51 I note that there is considerable uncertainty around the costs of the COVID-19 response especially in relation to the current outbreak. If additional funding beyond that currently provided for the COVID-19 response in Vote Health baselines in 2021/22 is required, then further funding from the Covid-19 Response and Recovery Fund will be requested.
- 52 Separately, Cabinet would have considered advice on the 30 August 2021 to increase the tagged contingency to enable additional vaccine purchasing to support future immunisation needs.

- 53 The funding is expected to be distributed in one wave managed by the Ministry of Health. Contract discussions and detailed costing proposals will occur within seven days of Ministers approval and drawdown.

### **Legislative Implications**

- 54 There are no legislative implications arising from the recommendations in this paper.

### **Impact Analysis**

- 55 Impact analysis requirements do not apply to this paper.

### **Population Implications**

- 56 The current COVID-19 resurgence is disproportionately affecting Pacific communities.
- 57 The national response needs to have special attention and focus on meeting the needs of Pacific communities, and to minimise the system barriers that exist currently to achieving equitable outcomes.

### **Human Rights**

- 58 The proposals outlined in this paper are consistent with the Human Rights Act 1993 and the New Zealand Bill of Rights Act 1990.

### **Consultation**

- 59 The following agencies were consulted on this paper: The Treasury, the Ministry for Pacific Peoples, and the Ministry of Social Development.

### **Communications**

- 60 I propose a public announcement following the COVID-19 Ministerial Group deliberations on this paper.

### **Proactive Release**

- 61 This paper will be proactively released following the public announcement. The release is subject to redactions as appropriate under the Official Information Act 1982.

### **Recommendations**

The Associate Minister of Health recommends that Ministers authorised by Cabinet:

- 62 **Note** that Pacific communities are being disproportionately affected by the outbreak of the COVID-19 Delta variant, and the risk posed to Aotearoa by this outbreak is threefold:

- 62.1 The COVID-19 Delta variant is more transmissible and deadly compared to earlier variants. Current cases have outstripped the

August outbreak at a much faster rate and the magnitude of close contacts requiring support to self-isolate and adhere to public health guidance is much larger.

- 62.2 Pacific communities, especially in Auckland, are going through their third full Alert Level 4 lockdown. Each time, the lockdown has been maintained for at least four weeks, and this has taken a toll on families' socioeconomic and psychosocial wellbeing which will need to be considered in the response.
- 62.3 The success of the COVID-19 Elimination Strategy is dependent on Pacific health and disability providers and their capacity to maintain response activities. Existing pressures and the speed of the outbreak precludes DHB commissioning of these services; instead, direct support via the Ministry of Health is necessary to sustain ongoing response activities and secure the sector's long-term sustainability.
- 63 **Note** that our Pacific providers have been at the forefront of all significant outbreaks since the pandemic began last year, and they need direct investment to sustain them given the speed and the flexibility required by the fast-moving outbreak precludes existing DHB commissioning arrangements.
- 64 **Agree** to reprioritise \$26 million in 2021/22 only from underspends in funding appropriated to Vote Health baselines for the COVID-19 response to ensure Pacific providers and local DHBs have the capability to continue delivering the vastly expanded critical Pacific health and disability services they are currently delivering in response to the COVID-19 outbreak.
- 65 **Note** that most of this funding will go direct to Pacific health and disability providers via the Ministry of Health, and this will be underpinned by transparent and consistent accountability arrangements.
- 66 **Agree** to a report-back by 10 December 2021 to the COVID-19 Ministerial Group on the outcomes achieved through this investment.

Authorised for lodgement

Hon Aupito William Sio  
**Associate Minister of Health**

**Appendix A: COVID-19 cases for Pacific and non-Pacific people****Figure 1. Cumulative total of active COVID-19 cases, Pacific compared to non-Pacific, August/September 2020 and August 2021**