



Minister of Health

Cabinet material: Aotearoa New Zealand Strategic Framework for Managing COVID-19

Date of consideration: 31 July 2023

Date of publishing: 15 December 2023

These documents have been proactively released by the Ministry of Health on behalf of the Minister of Health, Hon Dr Ayesha Verrall.

Title of Cabinet paper:

- Aotearoa New Zealand Strategic Framework for Managing COVID-19

Title of minutes:

- Report of the Cabinet Social Wellbeing Committee: Period Ended 28 July 2023 (CAB-23-MIN-0338)
- Cabinet Social Wellbeing Committee minute: Aotearoa New Zealand Strategic Framework for Managing COVID-19 (SWC-23-MIN-0095)

Some information has been redacted from the Cabinet minute as it is out of scope of the subject of this proactive release.



Cabinet


Minute of Decision

This document contains information for the New Zealand Cabinet. It must be treated in confidence and handled in accordance with any security classification, or other endorsement. The information can only be released, including under the Official Information Act 1982, by persons with the appropriate authority.

Report of the Cabinet Social Wellbeing Committee: Period Ended 28 July 2023

On 31 July 2023, Cabinet made the following decisions on the work of the Cabinet Social Wellbeing Committee for the period ended 28 July 2023:

Out of scope


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SWC-23-MIN-0095

**Aotearoa New Zealand Strategic Framework for
Managing COVID-19**
Portfolio: Health

CONFIRMED

Out of scope

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Rachel Hayward
Secretary of the Cabinet



Cabinet Social Wellbeing Committee

Minute of Decision

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Aotearoa New Zealand Strategic Framework for Managing COVID-19

Portfolio Health

On 26 July 2023, the Cabinet Social Wellbeing Committee (SWC):

- 1 **noted** that in December 2022, SWC:
 - 1.1 directed Manatū Hauora and Te Whatu Ora officials to report back:
 - 1.1.1 by March 2023 to joint Ministers on the funding required for the June–December 2023 period, including a detailed breakdown of funding needs for the National Immunisation Programme, Telehealth, and the National Investigation and Tracing Centre;
 - 1.1.2 in March 2023 to Cabinet with an exit strategy that outlines how COVID-19 will be integrated into business-as usual healthcare services, and a plan for improving how the national laboratory network functions;
 - 1.1.3 in mid-2023 to Cabinet seeking approval on the use of any COVID-19 underspends from the January–June 2023 period;
 - 1.2 invited the Minister for COVID-19 Response to report back to the Cabinet Social Wellbeing Committee by March 2023 on Aotearoa New Zealand’s future COVID-19 strategy;

[SWC-22-MIN-0239];
- 2 **noted** that building on the previously agreed high-level strategy, and as the COVID-19 risk continues to evolve, the Minister of Health seeks to focus the COVID-19 strategy on enhancing preparedness and integrating the management of COVID-19 in the health system;
- 3 **noted** that the Minister of Finance and Minister of Health have approved the drawdown of \$441.604 million from the COVID-19 operational tagged contingency to meet costs in 2023/24, and the carry-forward of underspends from 2022/23 to help offset costs;
- 4 **noted** that the draft *Aotearoa New Zealand Strategic Framework for Managing COVID-19* (the draft Strategic Framework) attached under SWC-23-SUB-0095 gives effect to the previously agreed high-level strategy to managing COVID-19;
- 5 **approved** the draft Strategic Framework attached under SWC-23-SUB-0095, subject to final design and proofing;

- 6 **noted** that the Strategic Framework replaces the Aotearoa New Zealand Strategic Framework for COVID-19 Variants of Concern and the COVID-19 All-of-Government National Management Plan;
- 7 **noted** that from 1 July 2023, the national laboratory network will be funded on a fee-for-service basis, and that work is ongoing to broaden the scope of the network to cover other communicable diseases.

Rachel Clarke
Committee Secretary

Present:

Rt Hon Chris Hipkins
Hon Carmel Sepuloni
Hon Grant Robertson
Hon Dr Megan Woods
Hon Jan Tinetti
Hon Dr Ayesha Verrall
Hon Priyanca Radhakrishnan
Hon Ginny Andersen
Hon Barbara Edmonds
Hon Willow-Jean Prime
Hon Dr Deborah Russell

Officials present from:

Office of the Prime Minister
Officials Committee for SWC

[In Confidence]

Office of the Minister of Health

Cabinet Social Wellbeing Committee

Aotearoa New Zealand Strategic Framework for Managing COVID-19

Proposal

- 1 This paper seeks approval of the *Aotearoa New Zealand Strategic Framework for Managing COVID-19*.

Relation to government priorities

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

Executive Summary

- 3 Over the pandemic, our approach to managing COVID-19 has evolved. Most recently, in September 2022, Cabinet agreed to remove the COVID-19 Protection Framework and adopt a high-level strategy of prepared, protective, resilient, and stable [CAB-22-MIN-0251 refers]. In December 2022, in my capacity as the Minister for COVID-19 Response, I was invited to report back to the Cabinet Social Wellbeing Committee in March 2023 on Aotearoa New Zealand's future COVID-19 strategy [SWC-22-MIN-0239 refers]. This paper satisfies this, and other report backs, requested by Cabinet in December 2022.
- 4 The *Aotearoa New Zealand Strategic Framework for Managing COVID-19* (the Strategic Framework) builds on our agreed high-level strategy and looks out over the next 18 months. Its objectives are to strengthen our preparedness, protect Aotearoa New Zealand from the impacts of COVID-19, apply lessons learned over the past three years, and integrate our response into a 'new business-as-usual' (BAU) system that enhances pandemic resilience.
- 5 Funding decisions for delivery of services – within the envelope set by the COVID-19 tagged contingency – were delegated to the Ministers of Finance and Health in December 2022 [SWC-22-MIN-0239 refers]. The Minister of Finance and I have approved the drawdown of \$441.604 million from the COVID-19 response operational tagged contingency and the use of underspends for the 2023/24 financial year.
- 6 This Strategic Framework will replace the *Aotearoa New Zealand Strategic Framework for COVID-19 Variants of Concern* and the *COVID-19 All of Government National Management Plan*. Rationalising the number of COVID-19 strategic documents, will support greater clarity and a more coherent direction for how COVID-19 is to be managed going forward.

Background

- 7 COVID-19 has been the most significant and acute public health challenge in a lifetime. As of June 2023, over 760 million COVID-19 cases and almost 7 million related deaths have been reported to the World Health Organization (WHO)¹. In Aotearoa New Zealand, as of 16 July 2023, there have been a total of 2,429,544 reported cases, and the number of deaths attributed to COVID-19 has reached 3,1727.
- 8 Globally, Aotearoa New Zealand's COVID-19 response has been regarded as a success. We have a high vaccination rate, with 90% of the population over 12 years having completed a primary course of COVID-19 vaccination. We also have one of the OECD's lowest COVID-19 death rates, at 558 deaths per million people, compared with Australia (791), Singapore (305), South Korea (669), and the United Kingdom (3,345)².
- 9 However, COVID-19 has disproportionate impacts across population groups. Age-standardised hospitalization for COVID-19 among Māori and Pacific continue to be far higher than European or other ethnicities (1.8 times higher for Māori, 2.2 times higher for Pacific peoples), as are the rates for disabled and older people. COVID-19 attributed mortality among Māori, Pacific and people aged 65 and over is overall substantially higher than European and other ethnicities (1.7 times higher for Māori, 1.9 times higher for Pacific peoples). In many cases these at-risk features compound. For example, mortality rate is 15 times greater than the rest of the population among older people receiving disability support services.
- 10 The Waitangi Tribunal's *Haumarū: The COVID-19 Priority Report*, published in December 2021, found the Crown in breach of Te Tiriti o Waitangi. The Crown has acted on these recommendations to improve its COVID-19 response and give greater effect to its obligations under Te Tiriti o Waitangi.

Previous Cabinet decisions

- 11 In 2022, Cabinet set the strategic direction of our COVID-19 response by agreeing to:
- 11.1 the *Aotearoa New Zealand Strategic Framework for COVID-19 Variants of Concern* that was developed to support preparedness efforts for new variants of concern [CAB-22-MIN-0223 refers]
 - 11.2 shift from the minimisation and protection strategy and the COVID-19 Protection Framework to a high-level strategy of prepared, protective, resilient, and stable [CAB-22-MIN-0251 refers]
 - 11.3 amend the COVID-19 Public Health Response Act 2020 to narrow the scope of powers available to implement public health measures to support the COVID-19 response [CAB-MIN-0524 refers].
- 12 In December 2022, Cabinet invited the Minister for COVID-19 Response (now part of the Health portfolio) to report to the Cabinet Social Wellbeing Committee on

¹ <https://covid19.who.int/>

² <https://ourworldindata.org/covid-deaths#cumulative-confirmed-deaths-per-million-people>

Aotearoa New Zealand's future COVID-19 strategy [SWC-22-MIN-0239 refers]. This paper satisfies that report back.

- 13 In addition, Cabinet directed officials from Manatū Hauora and Te Whatu Ora to report back:
 - 13.1 by March 2023 to joint Ministers on the funding required for the June–December 2023 period, including a detailed breakdown of funding needs for the National Immunisation Programme, Telehealth, and the National Investigation and Tracing Centre: this report back has been considered by the Minister of Finance and myself and funding has been allocated for the 2023/24 financial year;
 - 13.2 in March 2023 to Cabinet with an exit strategy that outlines how COVID-19 will be integrated into business-as usual healthcare services, and a plan for improving how the national laboratory network functions: this paper and attached draft Strategic Framework satisfies this report back;
 - 13.3 in mid-2023 to Cabinet seeking approval on the use of any COVID-19 underspends from the January–June 2023 period: this paper and decisions taken by myself and the Minister of Finance satisfies this report back.

The changing context of COVID-19 in New Zealand

- 14 The context of Aotearoa New Zealand's response to COVID-19 has changed. Unlike during our previous Elimination, and Minimise and Protect strategies, we now have high levels of immunity, better access to antivirals, improved surveillance and diagnostics, and open borders.
- 15 We also have a better understanding of the virus. We expect the continued evolution of incrementally more immune evasive variants to generate an upward pressure on transmission, without necessarily corresponding to a distinct 'wave' of cases. While some uncertainty remains, the current expectation is that cases will continue to oscillate over the coming year, with a less substantial impact on hospitalisations than was seen in 2022.
- 16 We have observed how COVID-19 has highlighted existing inequities, particularly for at-risk populations, including Māori, Pacific people and disabled people. We have learned that the delivery of tailored services and community-led programmes that reflect the needs and aspirations of these groups can however result in better health outcomes and strengthen our response effectiveness. This has been most evident in the delivery of services by, and tailored for, Māori and Pacific Peoples.
- 17 At the same time, our health system has also undergone its most significant reform in a generation. New health and disability agencies have been established. Iwi Māori Partnership Boards have been recognised, and there is increased investment in primary care, all with the aim of achieving equity and a higher service of care across the health and disability systems.
- 18 Looking across our response within these different contexts, we have learned lessons to apply to the future management of COVID-19. We have learnt the importance of

generic preparedness, including the capacity to scale a response, know which measures best protect our wellbeing, and we have begun to apply COVID-19 capabilities to other areas, such as our rapid response to the recent measles threat. Applied well, these lessons will strengthen broader pandemic resilience and the management of other communicable diseases.

- 19 We have also learnt to right-size our approach since the peaks of 2020 and 2021, calibrating our tools to the epidemiological reality of the outbreak. As an example, the COVID-19 Tracer App, which during this period was a central tool of our response, has been reduced in functionality as appropriate, phasing out the QR and diary functionality from May 2023, and being decommissioned entirely in September 2023.

A Strategic Framework for Managing COVID-19

- 20 To respond to this changing context, I propose Cabinet agree to the attached Strategic Framework for Managing COVID-19.

The purpose of the Strategic Framework

- 21 The purpose of the Strategic Framework is to contextualise our response within a stabilising outbreak as no longer ‘emergency management’ but one of a ‘new business-as-usual’. To this end, the framework seeks to target government action more deliberately, focusing on the areas of highest impact of COVID-19, targeting our measures and resources in these areas.
- 22 The Strategic Framework recognises that while we work to transition our management of COVID-19 to a new business-as-usual, COVID-19 still presents unique challenges that demands a bespoke strategic framework. This is because:
- 22.1 COVID-19 as a disease has specific characteristics that distinguish it from other influenza-like illnesses in treatment and care, including the ongoing discovery of variants and ongoing research on vaccine and antiviral effectiveness;
 - 22.2 the impacts of COVID-19 are disproportionate across our communities, and this requires targeted action to mitigate;
 - 22.3 the potential for major impacts on the health system, beyond those experienced by other influenza-like illness or communicable diseases remain specific to COVID-19;
 - 22.4 we have a legacy of managing COVID-19 through emergency powers and legislation and that requires deliberate work to transition to a more mainstreamed approach.
- 23 Overall, the Strategic Framework, as an all-of-government document, emphasises coordination and coherency, the value of being forward looking, and applying lessons learned. It rationalises the number of COVID-19 strategic documents and replaces the *Strategic Framework for COVID-19 Variants of Concern*.
- 24 The Strategic Framework will be nested within a broader architecture of emergency management documents. The overarching framework is provided by the *National*

Civil Defence Emergency Management Plan. Sitting under that plan is the *National Health Emergency Plan*, which creates the framework to guide the health and disability sectors in their approach to prepare for, respond to and recover from health-related risks and hazards. This Strategic Framework is one of the sub-strategies and plans that sit under the *National Health Emergency Plan*.

- 25 It also complements related strategies and plans, such as Whakamaau: Māori Health Action Plan, the upcoming Pacific Health Strategy (Te Mana Ola), the Healthy Ageing Strategy and New Zealand Disability Strategy.
- 26 Specifically, the purposes of the Strategic Framework are as follows.
- 26.1 **Provide a single source of direction for all government COVID-19 action.** This will allow greater coordination and focus for agencies. This enables a more holistic approach to managing COVID-19, ensuring tools and measures support one another, that we have the greatest effect with limited resources, and that we are addressing the determinants of impacts of COVID-19.
- 26.2 **Provide clarity and transparency on government COVID-19 priorities.** This will enable individuals, communities, businesses, providers, researchers, and any other interested groups to better understand what the government is doing and why. In providing more certainty on where and how government makes its decisions individuals and communities will also be better enabled to support and protect themselves against COVID-19.
- 26.3 **Ensure an effective transition to the new business-as-usual in managing COVID-19.** In building a more resilient and coordinated response to pandemic events, the Strategic Framework is focused to ensure COVID-19 can be managed alongside other communicable diseases, ensuring lessons learned are properly applied and that our overall health and disability systems come out of this period stronger overall.

Te Tiriti o Waitangi

- 27 The Crown, as the kaitiaki and steward of the health system under Article 1 of Te Tiriti has responsibilities to Māori, including in enabling Māori to exercise their authority over their health and wellbeing (Article 2) and in achieving equitable health outcomes (Article 3).
- 28 These responsibilities which have been articulated as principles by the courts and the Waitangi Tribunal, and outlined in the Pae Ora (Healthy Futures) Act 2022, underpin the Ministry's commitment to Te Tiriti, and guide the actions under this Strategic Framework. At a high-level, these principles are:
- 28.1 the health sector should be equitable;
- 28.2 the health sector should engage with Māori, other population groups, and other people to develop and deliver services and programmes that reflect their needs and aspirations;
- 28.3 the health sector should provide opportunities for Māori to exercise decision-making authority on matters of importance to Māori;

- 28.4 the health sector should provide choice of quality services to Māori;
- 28.5 the health sector should protect and promote people's health and wellbeing, particularly those of Māori.
- 29 The Pae Ora (Healthy Futures) Act 2022 provides that health entities must be guided by these principles as far as reasonably practicable, having regard to all the circumstances, including any resource constraints, and to the extent applicable to them. The experience of iwi led care – through kaupapa providers – has shown how these principles can be applied in practice for better health outcomes for Māori.
- 30 In line with this responsibility, I propose the Strategic Framework places Te Tiriti o Waitangi at the centre of its approach. All aspects of the Strategic Framework, including the goal, outcomes, and objectives, will, as far as reasonably practicable, be guided by the principles above.

Principles underpinning the Strategic Framework

- 31 I propose that our management of COVID-19 is guided by two key principles: equity and proportionality. These principles inform how we prioritise activity, how services are delivered, and ultimately how we act to achieve our goal.
- 32 **Equity** must be central to our approach if we are to address the health, social, and economic inequities that COVID-19 has highlighted and/or exacerbated. It requires an understanding of how best to support and protect those most at-risk to the impacts of COVID-19, including supporting those groups to continue to have a role in determining those actions. It also requires meeting obligations to Māori under Te Tiriti o Waitangi in line with the principles outlined above.
- 33 **Proportionality** means that we 'right-size' our actions in managing COVID-19. This requires basing government activity on the best available evidence and measuring effectiveness and impact once delivered. It ensures we deploy our resources efficiently, while minimising (or mitigating) any collateral social, economic and health impacts that may result from government action. This principle also informs how we scope our integration of healthcare services into our new business-as-usual.

Structure and content of the Strategic Framework

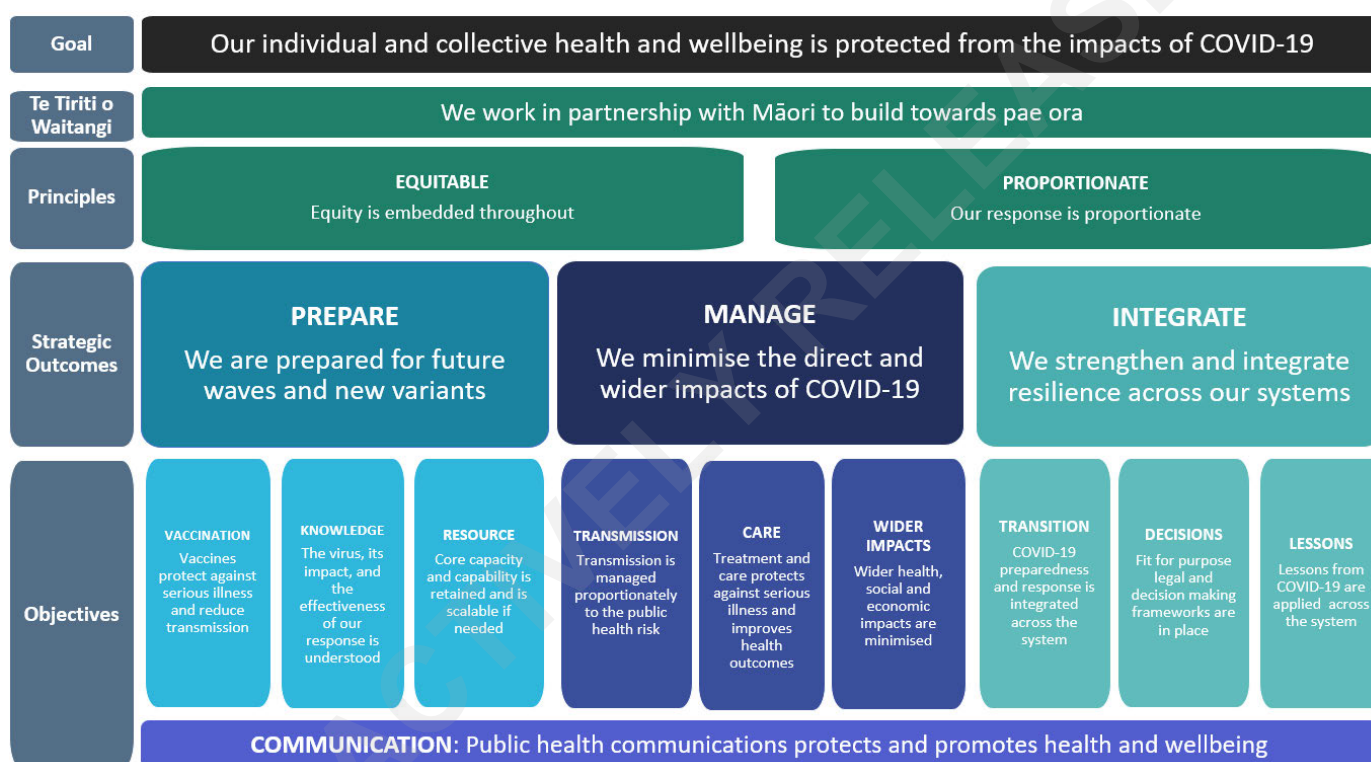
- 34 The Strategic Framework comprises an overriding goal, principles, Strategic Outcomes and Objectives. The high level Strategic Outcomes are:
- 34.1 **Prepare:** Our COVID-19 experience has highlighted the importance of being prepared for future public health threats. We need to ensure that we have an evidence-based approach, the capacity to scale a response, and where possible, prevent threats from occurring.
- 34.2 **Manage:** Our response seeks to minimise the impacts of COVID-19 on Aotearoa New Zealand and its people. This means preventing and mitigating the physical and psychosocial health and wellbeing impacts on individuals with COVID-19, and on those who are otherwise impacted by the pandemic. It also means preventing and mitigating the wider impacts from the measures

used to manage COVID-19 on the health and disability systems, the economy, and on education and welfare.

34.3 Integrate: As COVID-19 is likely to be with us for some time, this strategic outcome focuses on shifting out of an emergency response and integrating the management of COVID-19 into a new business-as-usual that is equity focused and pandemic resilient. This largely involves keeping some services but in a reduced capacity, or, as with the NZ COVID Tracer App, discontinuing them entirely.

35 An overview of the proposed Strategic Framework is provided at page 10 of the attached draft Strategic Framework and provided in Figure 1 below.

Figure 1: Proposed Strategic Framework for Managing COVID-19



Determining which measures to apply

36 The Strategic Framework does not dictate which measures should be in place. That is for Cabinet to consider as part of its regular review of settings and measures. It does, however, outline relevant factors and considerations, as well as the range of measures which may be put in place in certain contexts.

37 Specifically, the Strategic Framework identifies three categories of expected impacts, low, medium and high, which will demand different types and levels of measures. The Strategic Framework notes that a spectrum of measures is appropriate across these scenarios, moving from mostly guidance in a low impacts scenario, through to more mandatory measures in a high impacts scenario.

- 38 As noted above, we are currently experiencing a stabilisation of the outbreak, which is generating overall lower impacts. Incorporating the lessons we have learned over the last 3 years, the Framework outlines that it should be possible to effectively manage lower impacts of COVID-19 using guidance and the services and activities developed through the response.

National Laboratory Network report-back

- 39 In December 2022, Cabinet requested a report-back on a plan for improving how the national laboratory network functions. This report back was requested to ensure that the laboratory network is operating in an appropriate and right-sized way, given the epidemiological context.
- 40 The Minister of Finance and myself considered this matter as part of recent funding-related decisions. We agreed, as part of our delegated authority in determining future funding, that laboratories will be contracted on a fee-for-service (price per test) basis from 1 July 2023. This reduces overall cost, reducing guaranteed surge capacity for COVID-19. However, barring any significant changes to testing advice and the wider epidemiological context, we do not expect this surge capacity to be required in the short term.
- 41 I will keep further matters related to the effectiveness of the National Laboratory Network under review, and I will consider further advice from Manatū Hauora as necessary to maintain this effectiveness.

Implementation

- 42 If Cabinet agrees to the Strategic Framework, Manatū Hauora will work with Te Whatu Ora, Te Aka Whai Ora, and Whaikaha to implement the Strategic Framework.

Financial Implications

- 43 There are no financial implications arising from the Strategic Framework itself.
- 44 In December 2022, Cabinet authorised the Minister of Finance, Minister of Health, and the Minister for COVID-19 Response (now part of the Health portfolio) to make decisions for any further funding requests from the COVID-19 Response tagged contingency. Under that delegated authority, the Minister of Finance and I have approved the drawdown of \$441.604 million from the COVID-19 response operational tagged contingency for the 2023/24 financial year to fund the:
- 44.1 purchase and delivery of COVID-19 vaccinations;
 - 44.2 purchase of COVID-19 therapeutics;
 - 44.3 COVID-19 public health response.
- 45 In respect of report-back requested by Cabinet in December 2022 seeking approval on the use of any COVID-19 underspends from the January–June 2023 period, the Minister of Finance and I have also agreed – under our delegation for further funding requests – to allocate forecast underspends for the 2022/23 financial year. This will be

applied in the Implementing the COVID-19 Vaccine Strategy multi-category appropriation to offset the costs of vaccines and therapeutics in 2023/24.

Legislative Implications

46 There are no legislative implications from the decisions in this paper.

Population Implications

47 We have seen throughout our COVID-19 response that the disease itself, as well as measures to respond to it, has resulted in disproportionate impacts across a range of population groups, including Māori, Pacific peoples, disabled, older people, people on low incomes, ethnic communities, and at-risk communities and individuals. This flows from inequities that are highlighted and, in many cases, exacerbated by COVID-19 and some of our response measures.

48 Managing the impacts of COVID-19 proportionately and equitably is central to the Strategic Framework. To this end, the Strategic Framework includes several features.

48.1 The document explicitly acknowledges these disproportionate impacts. It incorporates this reality into all aspects of our proposed approach and enforces the benefits of tailored services and community-based programmes for all our population groups most at-risk of inequitable health outcomes (Māori, Pacific, disabled people, and ethnic communities).

48.2 Giving effect to the Crown's obligations in Te Tiriti is foundational to all actions taken under the Strategic Framework. Engagement with Māori has emphasised that supporting appropriately tailored and targeted by-Māori-for-Māori approaches, continues to be critical in the ongoing response to COVID-19. Such services not only work for Māori; they work for the whole community, building resilience for a range of challenges beyond COVID-19.

48.3 Supplementing this is the Equity principle as described in the Strategic Framework and above, which will inform how we carry out activities under this Framework. Equity is interpreted in the broadest sense to ensure that inequities identified in any population group are identified and addressed to the fullest extent possible.

48.4 The importance of data and evidence in informing our tools, measures, and overall strategic approach. The Strategic Framework underscores the need to obtain this evidence – and identifying inequities and associated impacts on populations – and then base our decisions on that evidence.

Human Rights

49 This paper anticipates managing the impacts of COVID-19 using measures that are proportionate to the risk posed by the virus, with as few rights limiting measures as possible being used. Any requirements imposed on individuals which engage rights under the New Zealand Bill of Rights Act 1990 must be demonstrably justified and the least rights infringing measures available. The human rights impact of any such requirements will be considered when the measures themselves are proposed.

Consultation

- 50 The following agencies were consulted: Te Aka Whai Ora, Te Whatu Ora, Whaikaha - Ministry of Disabled People, Crown Law Office, Department of Corrections, Department of Internal Affairs, Department of the Prime Minister Cabinet, Ministry of Business, Innovation and Employment, Ministry of Culture and Heritage, Ministry of Education, Ministry of Foreign Affairs and Trade, Ministry for Ethnic Communities, Ministry of Housing and Urban Development, Ministry of Justice, Ministry for Primary Industries, Ministry for Pacific Peoples, Ministry of Social Development, Ministry of Transport, the National Emergency Management Agency, the New Zealand Customs Service, New Zealand Police, The Office for Seniors, Te Arawhiti, and The Treasury.
- 51 Check-in discussions were undertaken with the National Iwi Chairs Forum, the Māori Monitoring Group, and the Home and Community Support Services Group. Iwi Māori Partnership Boards were also provided the opportunity to engage on the development of this Strategic Framework. It is important to note that only limited engagement was able to be conducted within the timeframes.
- 52 Discussions were also held with the COVID-19 Technical Advisory Group and the group had the opportunity to provide comment on the draft Strategic Framework.

Communications

- 53 Once agreed and finalised, the Strategic Framework will be published on the Manatū Hauora website.

Proactive Release

- 54 This paper will be proactively released following Cabinet consideration, subject to any justified redactions under the Official Information Act 1992.

Recommendations

The Minister of Health recommends that the Committee:

- 1 note that in December 2022 [SWC-22-MIN-0239 refers]; Cabinet invited the following report backs, which are now satisfied:
 - 1.1 the Minister for COVID-19 Response to report back to the Cabinet Social Wellbeing Committee by March 2023 on Aotearoa New Zealand's future COVID-19 strategy; this paper satisfies this report back;
 - 1.2 by March 2023 to joint Ministers on the funding required for the June–December 2023 period, including a detailed breakdown of funding needs for the National Immunisation Programme, Telehealth, and the National Investigation and Tracing Centre: this report back has been considered by the Minister of Finance and myself and funding has been allocated for the 2023/24 financial year;
 - 1.3 in March 2023 to Cabinet with an exit strategy that outlines how COVID-19 will be integrated into business-as usual healthcare services, and a plan for

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improving how the national laboratory network functions: this paper and attached draft Strategic Framework satisfies this report back;

- 1.4 in mid-2023 to Cabinet seeking approval on the use of any COVID-19 underspends from the January–June 2023 period: this paper and decisions taken by the Minister of Health and the Minister of Finance in respect of underspends satisfies this report back;
- 2 note that building on the previously agreed high-level strategy, and as the COVID-19 risk continues to evolve, I seek to focus the COVID-19 strategy on enhancing preparedness and integrating the management of COVID-19 in the health system;
- 3 note that the Minister of Finance and I have approved the drawdown of \$441.604 million from the COVID-19 operational tagged contingency to meet these costs in 2023/24, and the carry-forward of underspends from 2022/23 to help offset these costs;
- 4 note the attached *Aotearoa New Zealand Strategic Framework for Managing COVID-19* gives effect to the previously agreed high-level strategy to managing COVID-19 (Annex 1);
- 5 approve the draft *Aotearoa New Zealand Strategic Framework for Managing COVID-19* (the Strategic Framework), subject to final design and proofing;
- 6 note that the Strategic Framework replaces the *Aotearoa New Zealand Strategic Framework for COVID-19 Variants of Concern* and the *COVID-19 All of Government National Management Plan*;
- 7 note that from 1 July 2023, the national laboratory network will be funded on a fee-for-service basis, and that work is ongoing to broaden the scope of the network to cover other communicable diseases.

Authorised for lodgement

Hon Dr Ayesha Verrall

Minister of Health



Aotearoa New Zealand Strategic Framework for Managing COVID-19

2023

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Foreword

The *Aotearoa New Zealand Strategic Framework for Managing COVID-19* sets out the direction for the long-term management of COVID-19 for our country.

The COVID-19 virus continues to evolve, as will its impact and our response. This strategic framework builds on and replaces the *National Action Plan 3*¹ and the *Summary of Aotearoa New Zealand's Strategic Framework for COVID-19 Variants of Concern – Summary for Cabinet*². It is a single framework that outlines the outcomes we seek, and the priorities which will get us there, as we work together on the long-term management of COVID-19.

COVID-19 is likely to represent a challenge to public health for some time. While there is inherent uncertainty with a virus that continues to mutate, we have better tools and are better placed to respond than when the virus first emerged.

Immunity resulting from the cumulative effects of vaccination and previous infection is reducing the severity of the illness in our population. And for those at greater risk, antivirals are protecting against severe disease.

Our reformed public health system puts us in the best stead to deliver an integrated service, and our strong public health focus will serve everyone equally.

Now that the last remaining mandatory COVID-19 measures have been removed, we are shifting our management of COVID-19 from an emergency response, and focusing on improving our resilience to future pandemics and our management of other infectious diseases.

This strategic framework supports this shift and will harness our efforts toward the high-level goal of pae ora – healthy futures, by protecting Aotearoa New Zealand and the individual and collective wellbeing of our people from the impacts of COVID-19.

Dr Diana Sarfati
Te Tumu Whakarae mō te Hauora
Director-General of Health

¹ National Crisis Management Centre Planning Manager. 2020. *National Action Plan 3: National Crisis Management Centre*. Unite against COVID-19. URL: <https://covid19.govt.nz/assets/resources/legislation-and-key-documents/COVID19-National-Action-Plan-3-as-of-22-April-extended.pdf> (accessed 1 August 2023).

² Manatū Hauora. 2022. *Summary of Aotearoa New Zealand's Strategic Framework for COVID-19 Variants of Concern – Summary for Cabinet*. Manatū Hauora. URL: www.health.govt.nz/system/files/documents/pages/220601_final_summary_of_voc_sf_for_cabinet_paper_21_june.pdf (accessed 1 August 2023).

Introduction

The COVID-19 pandemic has been one of the most significant global events in a generation. It has had far-reaching social, health and economic impacts, well beyond the acute impact on human health. Lives and livelihoods have been disrupted, millions have died worldwide, and for many, the way we work, learn, travel and socialise has changed.

Internationally, and here in Aotearoa New Zealand, the pandemic has highlighted the need for better overall pandemic preparedness. We need more resilient systems with the agility to surge during crises and mitigate the shocks of public health emergencies.

Despite significant efforts, COVID-19 has exacerbated existing inequities, with its direct and indirect impacts in Aotearoa New Zealand falling more heavily on Māori, Pacific peoples, those with pre-existing health conditions, disabled people, ethnic communities and those with lower incomes.

The long-term impacts of COVID-19 are also becoming clearer, including persistent post-acute sequelae (long COVID), delayed and deferred health care, workforce impacts and changes in societal trust and behaviours.

All indications are that COVID-19 will be with us for the foreseeable future. We need to ensure we are well positioned to manage COVID-19 over the long term. We need to build on the gains we have made and have confidence that our systems and communities will be better prepared to respond to future waves of COVID-19, as well as other infectious agents with pandemic potential.

Most likely trajectory of COVID-19 for Aotearoa New Zealand

Based on the behaviour of the virus to date, we can expect emergent variants displaying increased 'immune evasion'³ and/or transmissibility. In combination with waning immunity, these will lead to a consistent base level of new COVID-19 infections with several outbreaks or waves each year.

The changing patterns of circulating subvariants with immune evasive properties mean that reinfections will be common. While the combined effect of vaccination and previous exposure to COVID-19 is reducing the severity of infection, all infections carry a risk of illness, hospitalisation, death and disability from long COVID.

COVID-19 infections do not currently follow a seasonal pattern like other respiratory infections. However, infection rates are likely to increase as immunity wanes and at

³ Immune evasion is where pathogenic organisms, such as variants of the COVID-19 virus, bypass or suppress a body's attempts to detect or kill them.

times of the year (for example, winter) when people are more likely to gather indoors, which increases the risk of transmission.

The size, timing and duration of the peaks and baseline trends of cases, hospitalisations and mortality is uncertain due to the current and future variant mix in the community. A complex mixture of sub-variants co-circulating at the same time, as seen in 2023, is likely to continue. At this stage, an increase in severity is unlikely but remains a possibility.

The emergence (or re-emergence) of a new non-Omicron variant (most likely from a zoonotic reservoir or chronic infection from an immunocompromised case, somewhere locally or globally) leading to significant increases in cases and severe disease is less likely, but this too, remains a possibility.

Purpose of this strategic framework

This strategic framework responds to the changing context, managing COVID-19 as part of 'business as usual' for the health system rather than through an extraordinary all-of-government emergency management crisis response. It does this by providing a clear, coherent and coordinated approach to government action on COVID-19.

Specifically, the framework:

- **provides a single source of direction for all government actions on COVID-19** (This allows agencies greater coordination and focus, ensuring: tools and measures support each other effectively, agencies can be as effective possible with limited resources and agencies address the determinants and impacts of COVID-19.)
- **provides clarity and transparency around what the government's priorities are for COVID-19** (This helps individuals, communities, businesses, providers, researchers and other interested parties understand what the government is doing and why, with the increased certainty helping individuals and communities better protect themselves against COVID-19.)
- **ensures an effective transition to the new business-as-usual system for managing COVID-19** (This helps build a more resilient and coordinated response to pandemic events, allowing COVID-19 to be managed alongside other communicable diseases, ensuring lessons are properly applied and our overall health system comes out of this period stronger overall.)

The framework also recognises that, while we transition our management of COVID-19 to a business-as-usual state, the virus still presents unique challenges that demand a targeted approach. This is because:

- COVID-19 has specific characteristics that distinguish it from other influenza-like illnesses in treatment and care, including post-infection conditions, such as long COVID, and the potential for major impacts on our health system
- frequent mutations in the SARS-CoV-2 virus result in variants with immune evasion properties, which means we will need to maintain a focus on vaccine and antiviral research and developments

- the impacts of COVID-19 remain very uneven across communities, requiring targeted actions
- we have a legacy of managing COVID-19 through emergency powers and legislation, and this requires deliberate work to transition to a more mainstreamed approach.

Drawing on a strengthened health system

The impact of COVID-19 on our society has highlighted the need for a strengthened and resilient health system to deal with pandemic prevention, preparedness, response and recovery. The 2022 health system reforms provide us with a key opportunity to deliver this. The overall outcome from these changes is a health system that protects, promotes and improves the health of all New Zealanders, across the continuum of need and throughout their lives. Achieving equity in access, quality of care and outcomes is fundamental to achieve this. Key elements in the reforms include:

- longer-term planning
- clearer decision-making and accountabilities
- working collectively and in partnership with communities and other organisations
- consumer, whānau and community voices reflected in the health system
- strengthened public health capability
- clarity over decisions and services that should be delivered nationally, regionally or locally.

The COVID-19 response has also helped model elements of this approach, with integrated health and welfare response at the community level, decentralised funding and decision-making in a high-trust model and use of technologies to improve access and outreach.

The health reforms also seek to better fulfil the Crown's obligations under Te Tiriti o Waitangi (Te Tiriti) and to drive improvements in hauora Māori. This means Māori authority on decision-making matters of importance to Māori, as well as engaging with Māori to develop and deliver services and programmes that reflect Māori needs and aspirations. Our experience to date has proved that COVID-19 services and programmes designed and led by Māori do just this.

COVID-19 also required us to look at the broader determinants of health to address those factors that increase the risk of poor outcomes for those infected with the virus and to build greater resilience within our various communities.

The threat of a new pandemic remains a possibility for which we need to be prepared. Our experience with COVID-19 gives us the opportunity to build a more resilient, connected and equitable health system, transforming the way we prepare for and respond to public health threats and work towards better health and wellbeing outcomes for all.

Broader emergency management context

This strategic framework is nested within a broader architecture of emergency management documents. The overarching framework is provided by the *National Civil Defence Emergency Management Plan*⁴.

Sitting under that plan is the *National Health Emergency Plan*⁵, which creates the framework to guide the health and disability sector in its approach to preparing for, responding to and recovering from health-related risks and hazards. This COVID-19 strategic framework is one of the sub-strategies and plans that sit under the *National Health Emergency Plan*.

⁴ See the plan on the New Zealand Legislation website at URL:

www.legislation.govt.nz/regulation/public/2015/0140/latest/DLM6485804.html#DLM6485804

⁵ Manatū Hauora. 2015. *National Health Emergency Plan: A framework for the health and disability sector*. Wellington: Manatū Hauora. URL: www.health.govt.nz/publication/national-health-emergency-plan-framework-health-and-disability-sector (accessed 1 August 2023).

Te Tiriti o Waitangi

Te Tiriti confers on the Crown a responsibility to protect Māori and all that is important to Māori. It requires the Crown to engage with Māori in good faith and be well informed of the views of iwi and Māori communities. It obliges the Crown to take all steps practicable to protect and support Māori health and wellbeing. This includes efforts to counteract inequitable health outcomes and prevent COVID-19 impacts (both direct and indirect) from falling disproportionately on Māori.

The Pae Ora (Healthy Futures) Act 2022 outlines principles for improving equity in health outcomes for Māori. Health entities must be guided by these principles as far as reasonably practicable, having regard to all the circumstances, including any resource constraints, and to the extent applicable to them. At a high level, these principles are that the health sector should:

- be equitable
- engage with Māori, other population groups and other people to develop and deliver services and programmes that reflect the needs and aspirations of those groups
- provide opportunities for Māori to exercise decision-making authority on matters of importance to Māori
- provide choice of quality services to Māori
- protect and promote people's health and wellbeing, particularly the health and wellbeing of Māori.

In addition, the *COVID-19 Māori Health Protection Plan*⁶, *Whakamaua: Māori Health Action Plan 2020–2025*⁷ and *Te Pae Tata Interim New Zealand Health Plan 2022*⁸ all inform government activities in giving effect to Te Tiriti in the health sector.

This strategic framework embeds these principles across all elements. Specifically, the framework:

- commits to working in partnership with Māori in preparing for and managing COVID-19 and integrating COVID-19 management into a strengthened health system
- includes Māori tino rangatiratanga in the COVID-19 response
- reinforces the value of providing meaningful options: the choice of targeted and tailored services and community-led programmes that reflect the needs and aspirations of Māori

⁶ Manatū Hauora. 2021. *COVID-19 Māori Health Protection Plan*. Wellington: Manatū Hauora. URL: www.health.govt.nz/publication/covid-19-maori-health-protection-plan (accessed 1 August 2023).

⁷ Manatū Hauora. 2020. *Whakamaua: Māori Health Action Plan 2020–2025*. Wellington: Manatū Hauora. URL: www.health.govt.nz/publication/whakamaua-maori-health-action-plan-2020-2025 (accessed 1 August 2023).

⁸ Te Aka Whai Ora, Te Whatu Ora. 2022. *Te Pae Tata Interim New Zealand Health Plan 2022*. Te Aka Whai Ora – Māori Health Authority, Te Whatu Ora – Health New Zealand. URL: www.tewhatauora.govt.nz/publications/te-pae-tata-interim-new-zealand-health-plan-2022/ (accessed 1 August 2023).

- emphasises the importance of understanding and resolving inequities in our management of COVID-19, including addressing the determinants of inequity
- treats wellbeing by seeking to minimise the health impacts of COVID-19, and embed COVID-19 services and supports as part of health care centred on whānau
- applies past experience in transitioning to a new and strengthened business-as-usual approach that integrates equity into our way of managing not just COVID-19 but health service provision overall
- emphasises the value of data and information for Māori communities and providers.

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Principles guiding our approach

Our approach to managing COVID-19 is guided by two key principles. These principles inform how the government prioritises its activities, how services are delivered and, ultimately, how we act to achieve our goal of protecting individual and collective health and wellbeing from the impacts of COVID-19.

Equitable: Equity is embedded throughout

Our approach must actively reduce health disparities, to achieve equity in health outcomes. The COVID-19 pandemic and the response so far has, at times, had a disproportionate impact on some population groups and has highlighted and exacerbated existing social, economic and health inequities. Our response to date has shown that a tailored and targeted response for at-risk populations is appropriate and necessary.

An equitable approach recognises and embeds actions to address unfair, avoidable or remediable differences to achieve equitable outcomes. It encompasses a targeted approach to at-risk populations. It also supports the Crown's efforts in meeting its obligations to Māori under Te Tiriti.

An actively pro-equity approach also implies the need to address the determinants of health and those underlying factors that make some populations more vulnerable to poor outcomes from COVID-19.

Proportionate: Our response is proportionate

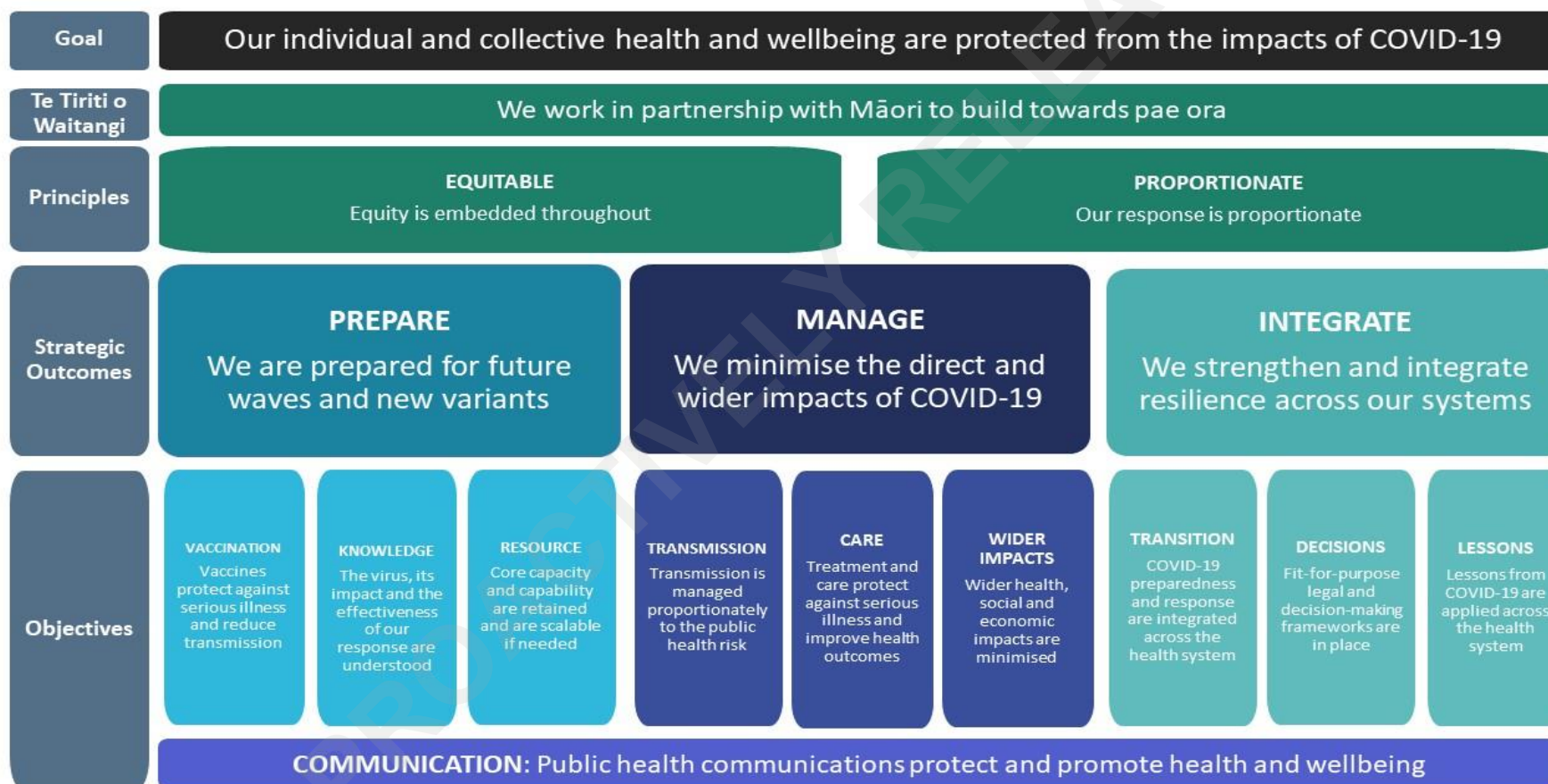
Our response to COVID-19 must be effective yet proportionate. This requires basing our interventions on the best available evidence and broad-based insights from communities and stakeholders. It also requires an ongoing commitment to measuring and reviewing the effectiveness and impact of our COVID-19 response and taking prompt action to recalibrate and update that response as required.

When determining which measures to use, we will seek to minimise or mitigate any social, economic and/or health impacts that result from our response. Efforts to manage the public health risk that COVID-19 presents need to also consider proportionality to a range of other competing challenges that need addressing at any one time, such as other health emergencies, other infectious diseases and other long-term public health challenges and pressures.

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Strategic framework overview

This framework outlines an overall goal, the outcomes we are aiming to achieve, the objectives that will help us achieve those outcomes, the role of communications and the principles, including those of Te Tiriti, that underpin all elements of our approach.



Overarching goal

Our individual and collective health and wellbeing are protected from the impacts of COVID-19

This high-level goal draws on the ambition of the health system: pae ora – healthy futures, where all New Zealanders live longer, healthier lives.

Our response to COVID-19 will seek to protect the health and wellbeing of individuals and communities through a proportionate and equitable response to managing COVID-19 in Aotearoa New Zealand, while building resilience for future pandemics and other infectious diseases.

Strategic outcomes and objectives

PREPARE: We are prepared for future waves and new variants

Our experience with COVID-19 has highlighted the importance of being prepared for future threats to public health. This requires us to have surveillance and risk-assessment systems in place. We must ensure our approach is based on evidence and informed by global intelligence, an understanding of the impact of our interventions and our capacity and capability to scale up a response if needed and to take steps to prevent threats from occurring in the first place.

Preparedness also recognises that Aotearoa New Zealand is part of a wider global community. It entails international cooperation, information sharing and capacity building, particularly with our neighbours in the Pacific.

Objectives to achieve this outcome

Vaccination: Vaccines protect against serious illness and reduce transmission.

Knowledge: The virus, its impact and the effectiveness of our response are understood.

Resource: Core capacity and capability are retained and are scalable if needed.

Key elements

- Maintaining prevention and protection from severe illness and reducing transmission through high levels of vaccination. In so doing we will ensure equitable and effective rollout of vaccines, with sufficient supply to support our priorities.

- Applying knowledge about the virus, its impact, and the effectiveness of our response. This involves surveillance and intelligence and also research and using data to calibrate our response against the impacts that are occurring.
- Ensuring we have capability to scale up our response if needed across social and health care services and providers, including Kaupapa Māori, community, primary and hospital services, as well as care in the community. This scaling-up could also happen across testing, contact tracing, isolation and quarantine, and border management, as well as communications, mask use and ventilation requirements.

MANAGE: We minimise the direct and wider impacts of COVID-19

We minimise the impacts of COVID-19 on Aotearoa New Zealand and our people. This means mitigating the direct and wider impacts on:

- individuals who contract COVID-19 in respect of both their physical and psychosocial health and wellbeing, including those with long COVID
- whānau, communities and services that support those with COVID-19 or that are otherwise impacted by the pandemic
- the economy, including businesses impacted by the pandemic and the measures to manage it
- the health and disability systems, including disruption to non-COVID-19 care
- other essential services, including education and welfare.

Objectives to achieve this outcome

Transmission: Transmission is managed proportionately to the public health risk.

Care: Treatment and care protect against serious illness and improve health outcomes.

Wider impacts: Wider health, social and economic impacts are minimised.

Key elements

- Managing transmission in a proportionate way according to the public health risk, including drawing on tools such as isolation, infection prevention and control (for example, public messaging on hygiene, mask use, ventilation, etc), testing and diagnostics, as needed.
- Providing care and treatment that is equitable and effective. This includes encouraging the availability and use of therapeutics, ensuring access to care for at-risk groups and populations and emphasising the importance of holistic health care that is centred on whānau.
- Minimising and addressing the wider impacts of COVID-19 and the impacts of our response. As appropriate, and in line with available resources, we will consider the needs for wider support where impacts are likely to be felt well beyond acute health care needs.

INTEGRATE: We strengthen and integrate resilience across our systems

This strategic outcome focuses on the shift away from a state of emergency response, maintaining the gains, drawing on the lessons learned and integrating the management of COVID-19 into a strengthened and more resilient health system.

Objectives to achieve this outcome

Transition: COVID-19 preparedness and response are integrated across the health system.

Decisions: Fit-for-purpose legal and decision-making frameworks are in place.

Lessons: Lessons from COVID-19 are applied across the health system.

Key elements

- Transitioning COVID-19 management activities. This means managing the virus as part of our core health and disability services and as part of broader communicable disease management while identifying and embedding what has enabled communities to respond successfully to any pandemic.
- Having fit-for-purpose governance, decision-making and legal frameworks that can be adapted as needed and include partnership with Māori.
- Drawing on lessons learned to build a more resilient health system. This involves supporting inquiries and reviews, learning from lived experiences of individuals, communities and groups and applying this knowledge and understanding to improve our response to COVID-19 and other respiratory infectious diseases more generally.

COMMUNICATIONS

Public health communications protect and promote health and wellbeing

Communications about COVID-19 that engage communities, build social trust and mitigate misinformation and disinformation will continue to be important across all aspects of how we manage COVID-19 and other public health challenges. Information must be designed and disseminated in ways that reach all audiences. It must: empower individuals and communities to make informed choices, support delivery of our response when acting as guidance and ultimately empower New Zealanders to promote and protect the health of their wider community, whānau and themselves.

To achieve this objective, we must:

- use effective communication methods and a range of relevant and tailored channels to reach and engage key audiences, including culturally appropriate methods

- communicate risk, to ensure the public and specific stakeholders understand the situation, what is being done about it, why and what part they play
- build public health understanding of the science of infection transmission, prevention and vaccination, including the modifiable determinants of epidemics/pandemics and the factors that make some people more likely to experience severe outcomes of infectious diseases
- regularly monitor the effectiveness of public communications
- monitor the prevalence and profiles of misinformation and disinformation to better understand how to address these two forms of information
- facilitate information sharing with providers involved in managing COVID-19.

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Toolkit of measures to manage COVID-19

Many tools are available to manage the direct and indirect impacts of COVID-19. Each can be calibrated up or down depending on the level of risk and the outcomes we are seeking to achieve.

The tools we use must be underpinned by a body of knowledge about their effectiveness and impact. We need to understand the costs of the intervention relative to the benefits being sought. This means we need to monitor, measure and review the impact of each intervention over time and as the context changes.

Measures that have been used to manage COVID-19 since the beginning of the pandemic are listed below. These are described in more detail in the appendix.

Community public health measures

- Vaccination
- Therapeutics (including antivirals)
- Testing
- Isolation
- Quarantine
- Record keeping
- Contact tracing and case investigation
- Social and physical distancing measures, including event and gathering limits
- Infection prevention and control (IPC) practices in health and disability settings
- IPC in community settings
- Face masks and personal protective equipment
- Ventilation and air filtration
- Travel restrictions
- Isolation requirements
- Shielding.

Border measures (air and maritime)

- Entry restrictions
- Pre-departure testing

- Post-arrival testing
- Vaccination requirements
- Quarantine and isolation.

Support for individuals and communities

- Health and welfare services to support individuals and whānau to isolate/quarantine, as well as those impacted by COVID-19 (for example, Care in the Community services)
- Distance health care advice, consultation and support, delivered remotely using communication or information technologies (for example, telehealth services)
- Health care treatment and support, including antivirals.
 - primary care (for example, general practitioners, practice nurses) and community-based services (for example, kaupapa Māori and Pacific providers, COVID-19 hubs, and lay vaccinators)
 - community pharmacies to dispense medication (for example, antivirals) and deliver vaccinations
 - tertiary care (hospitals) providing intensive and high dependency care for people who are serious ill
- Financial and welfare support for individuals and whānau affected by COVID-19 and/or the measures to manage it
- Financial and advisory support to businesses and organisations impacted by measures to manage COVID-19.

System enablers

- Surveillance
- Communications
- Science, research and technological innovations
- Government funding
- Workforce
- Information and Communications Technology (ICT) systems
- Regulatory and legislative tools
- Partnerships and engagement
- Governance and decision-making frameworks.

Determining which measures to apply

Since 2020, the pandemic has required considerable all-of-government and all-of-community cooperation and effort. Going forward, COVID-19 will be largely led by Manatū Hauora (the Ministry of Health) and its partner health agencies.

Public health and social measures to control COVID-19 can have considerable social and economic costs. These measures must be risk based, regularly reviewed on the basis of timely and robust public health advice, effectively communicated and, where feasible, targeted to minimise broader social and economic costs.

In delivering this strategic framework through the tools and measures identified above, it is important to:

- understand the potential impacts of both COVID-19 and any potential measures
- decide, in line with our principles, which tools should be employed to meet the strategic framework's outcomes and objectives.

Legal framework

The COVID-19 Public Health Response Act 2020 (the Act) is the primary legal framework for enabling laws and regulations as part of the COVID-19 response.

This Act allows the Minister of Health to make orders to give effect to the public health response to COVID-19. It was designed to provide a flexible legislative tool to enable the government to respond quickly to changing circumstances over the course of a pandemic and ultimately to protect human life.

In addition to this Act, the following legal instruments are also available to support or enable elements of the response.

- The Health Act 1956, which outlines the powers of the Director-General and medical officers of health
- The Epidemic Preparedness Act 2006, which outlines the requirements and powers available during an epidemic, including being able to issue epidemic notices
- Epidemic notices (issued under the Epidemic Preparedness Act) or authorisation notices (issued under the COVID-19 Public Health Response Act 2020), which allow for the making of COVID-19 orders
- Orders, made under the COVID-19 Public Health Response Act 2020, which can make tools or measures mandatory
- Other agency-specific legislation.

If the COVID-19 context were to deteriorate significantly, and a broader set of measures were needed quickly, parliament might choose to pass or amend laws under urgency.

Factors determining which tools and measures we use

To determine what measures are used to manage COVID-19, decision makers consider a number of factors. Table 1 provides a suite of relevant considerations. These considerations help determine which scenario may apply and, within that, which set of tools are most appropriate to meeting the strategic framework’s outcomes and objectives.

Table 1: Considerations for deciding which tools and measures to apply

Health factors
<ul style="list-style-type: none"> • Epidemiological trends, modelling and international experience
<ul style="list-style-type: none"> • Understanding of the realised or potential burden of disease, including premature death and long-term illness/disability
<ul style="list-style-type: none"> • Variant characteristics, including immune evasion, clinical severity and transmissibility
<ul style="list-style-type: none"> • The current level of protection from severe outcomes, including population immunity levels and availability and uptake of therapeutics
<ul style="list-style-type: none"> • Health system capacity, including demand from COVID-19 as well as demand from other health sector service provision
Factors relating to the effectiveness of the specific tools or measures
<ul style="list-style-type: none"> • Effectiveness of tools or measures in achieving their intended purpose, including regulatory costs and benefits, availability of legislative tools, ability to enforce a mandatory measure and alternatives to regulation
<ul style="list-style-type: none"> • Level of health gain, cost impacts and cost-effectiveness expected from the tool/measure or suite of tools/measures
<ul style="list-style-type: none"> • The extent to which people and businesses may be able to understand, accept and adhere to the tool or measure
<ul style="list-style-type: none"> • What support or exemptions, if any, may need to accompany the tool or measure
<ul style="list-style-type: none"> • The equity of any potential exemptions, and the ability to implement and resource an exemptions system
<ul style="list-style-type: none"> • How each tool or measure interacts with other tools or measures to achieve the objective
Proportionality
<ul style="list-style-type: none"> • Equivalence with how other health risks are managed
<ul style="list-style-type: none"> • Potential for the tools or measures to impact on human rights and the New Zealand Bill of Rights Act 1990
<ul style="list-style-type: none"> • The trade-offs, such as direct and indirect impacts on communities, businesses, education, etc

Equity considerations

- The tool or measure's actual or potential impacts on individuals, groups or communities at greater risk of COVID-19 impacts

Te Tiriti o Waitangi

- Consistency with the Crown's obligations under Te Tiriti, including the principles of equity, partnership, tino rangatiratanga, active protection and options

Factors relating to the social and economic impacts of the specific tools or measures

- Data relating to the tool or measure's impacts on the economy and society more broadly
- Any regional impacts, including regional disparities in the tool or measure's application
- Social impacts, and whether they be widespread or specific to communities or groups, including the impact on communities' ability to support members
- Impacts on businesses or organisations, including financial, logistical or related to supply chains or the availability of staff/personnel
- Impacts across the wider economy, including on macroeconomic indicators
- Any mental health impacts of the tool or measure
- Impacts on public service provision and the ability to access core public services
- Any impacts on educational outcomes, including at pre-school, primary, secondary and tertiary levels
- Impacts on broader social service provision, including the ability of individuals or communities to access support for their wellbeing beyond the impacts of COVID-19
- Any impacts on supply chains and transport service provision at local, regional and national levels

Operational implications

- The cost and feasibility to operationalise the tool or measure, including whether the tool or measure is, or can be, part of new business as usual or requires system adjustments to be established
- Ability for the tool or measure to be easily understood and complied with
- Ability for a legal requirement to be enforced.

Many of these factors will require evidence, consultation, and engagement to be fully considered. Once relevant factors are reviewed, the government will determine which measures and tools should be used to meet the outcomes and objectives in the strategic framework. The below table outlines how our measures would be generally calibrated across low, medium, and high impact outbreaks.

Table 2: How we calibrate the response according to the potential impact of the outbreak

Table 2 sets out the continuum of likely response actions, depending on expected impacts. Decisions on calibration will consider the *unmitigated* impacts, that is, what impacts are expected before any public health measures are applied.

	Low impacts expected	Medium impacts expected	High impacts expected
Expected virus character	Modest transmission advantages and low realised severity	Moderate level of realised severity or moderate transmission advantages	Moderate transmission and realised severity or high transmission or realised severity
Public health measures	Mostly guidance	Mandatory measures possible	Mandatory measures likely
Border measures	None	Limited requirements possible	Requirements in place
Supporting measures	Low level of investment Narrow eligibility for support	Medium level of investment Moderate level of eligibility	High level of investment Broad eligibility
Enablers	Minimum dedicated capacity Surge capacity retained for preparedness	Activate some capacity Services scale-up medium	Activate most capacity Services scale-up high
Emergency legal powers	Generally not needed	May be needed	Likely needed
Decision makers	Government agencies	Generally, Ministers	Cabinet

Implementation

This strategic framework reflects an all-of-government approach. This means it includes and provides strategic direction for all relevant government agencies, Ministers and Crown entities. The framework also consolidates other COVID-19-related documentation to provide a single, coordinated approach to managing COVID-19.

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Appendix: Description of measures to manage COVID-19

This table sets out a range of measure to manage the direct and indirect impacts of COVID-19. Each measure can be calibrated up or down depending on the level of risk and the outcomes we are seeking to achieve.

Community public health measures	
Vaccination	<p>Vaccines to prepare the body's immune system to protect against COVID-19</p> <p>Scope: Primary vaccination plus additional doses targeted to key populations to maintain protection, particularly against severe illness</p>
Therapeutics (including antivirals)	<p>Medicines and other treatments (such as oxygen support) to alleviate or prevent serious illness or treat COVID-19 disease or the symptoms associated with it</p> <p>Scope: Prescription, pharmacy or general sale medicines and other treatments</p>
Testing	<p>Diagnostic: Testing of symptomatic people – to support clinical and public health decisions by confirming or refuting a diagnosis and enabling a clinical and/or public health pathway for an individual or population group</p> <p>Screening: Testing of asymptomatic people – to identify cases early to inform the need to isolate, support early treatment and care (particularly for those at greater risk) and reduce onward transmission</p> <p>Surveillance: Testing at the population or subpopulation level to monitor the frequency and distribution of infections (including identification of new variants) and provide intelligence to improve understanding of the epidemiology and response efficacy</p> <p>Scope: Workplace, community, health facility or at-home testing</p>
Isolation	<p>Separation of people with confirmed COVID-19 infection</p> <p>Scope: Home or facility based</p>
Quarantine	<p>Separation of people who are not confirmed cases but who may have been exposed to a case and are potentially infectious</p> <p>Scope: Home or facility based</p>
Record keeping	<p>Record keeping of locations a person has visited to help with timely contact tracing if there is an exposure</p> <p>Scope: Scanning a QR code, using the COVID-19 tracer app or maintaining a manual diary</p>

Community public health measures	
Contact tracing and case investigation	<p>Interviews to identify potential contacts of a suspected or confirmed case, includes provision of appropriate testing, isolation, treatment and support advice to minimise the risk of transmission and to support wellbeing</p> <p>Scope: Face to face or technologically enhanced (for example, telehealth), electronic survey and assessment</p>
Social and physical distancing measures, including event and gathering limits	<p>Actions to reduce the frequency and proximity of contact between people to decrease the risk of transmission</p> <p>Scope: Settings closures (for example, schools, public facilities, workplaces, restaurants, bars), minimising mass gatherings, defined capacity limits, defined physical distancing limits (for example, 2 metres) and encouragement to work from home</p>
Infection prevention and control practices	<p>Health and disability settings: A wide range of precautions to reduce the risk of infection and onward transmission, including wearing personal protective equipment (goggles / face shields, aprons, gowns, gloves and face masks), hand hygiene, physical barriers and dedicated pathways, isolation rooms, remote triage areas, cleaning and disinfecting, ventilation and air purification, steps to protect clinically vulnerable patients, test requirements for visitors, etc</p> <p>Community settings: Encouraging behaviours to reduce the risk of transmission, such as cough and sneeze etiquette, staying home if sick and hand hygiene</p>
Face masks and personal protective equipment	<p>An IPC measure to reduce the risk of infection and onward transmission by reducing the inhalation and spread of airborne particles</p> <p>Scope: Targeted to specified settings, such as public transport, schools, health care services or specified population groups (for example, household contacts when in public areas, visitors to health and disability settings)</p>
Ventilation and air filtration	<p>Ventilation and air filtration measures to lower viral concentrations in the air and reduce the likelihood of inhalation, infection and transmission</p> <p>Scope: Building design, fans, filters and the opening of windows and doors in buildings and public transport</p>
Travel restrictions	<p>Domestic travel restrictions to limit or slow transmission of COVID-19 from one geographical location to another</p> <p>Scope: Advice or prohibitions to crossing geographical boundaries (can include requirements to produce evidence of a negative test to cross the boundary)</p>
Isolation requirements	<p>Mandatory requirements to stay-at-home and not undertake non-essential travel to reduce the frequency and proximity of contact with people outside a person's household in order to reduce, limit or slow transmission</p>
Shielding	<p>Actions to reduce the frequency and proximity of contact with others to reduce the risk of infection, such as limiting face-to-face contacts, avoiding crowds, education, limiting shopping or shopping online, working online, avoiding crowded public places and reducing unnecessary travel</p> <p>Scope: Advice generally aimed at protecting those at highest risk of serious illness</p>

Border measures (air and maritime)

<p>Entry restrictions</p>	<p>Limits on who can arrive in Aotearoa New Zealand via the air or maritime border to reduce the risk of COVID-19, and new variants, entering the country</p> <p>Scope: Restrictions can be broad or based on a traveller's place of origin where there may be a high incidence of COVID-19 or the presence of a new variant of concern</p>
<p>Pre-departure testing</p>	<p>Evidence of a negative COVID-19 test before boarding an aircraft or ship to New Zealand to reduce the risk of a person with COVID-19 entering Aotearoa New Zealand and potentially infecting other travellers and seeding additional cases in the community</p>
<p>Post-arrival testing</p>	<p>Testing after arrival in Aotearoa New Zealand to support early diagnosis and isolation</p> <p>Scope: Testing with rapid antigen tests (RATs) on specified days or if symptomatic within a specified day after arrival – may include taking a follow-up polymerase chain reaction (PCR) test to enable whole genome testing for variant identification and may include the requirement to report the test result</p>
<p>Vaccination requirements</p>	<p>Evidence of having completed COVID-19 vaccinations before boarding an aircraft or ship to Aotearoa New Zealand – depending on the length of time since the last vaccination, this measure may reduce the risk of infection (and therefore reduce onward transmission) and/or reduce the risk of severe illness, which also reduces pressure on the Aotearoa New Zealand health system</p>
<p>Quarantine</p>	<p>Separation of people who have recently arrived in Aotearoa New Zealand by advising or requiring them to isolate for a specified period or after testing negative</p> <p>Scope: Personal self-isolation (for example, at home) or facility-based isolation (for example, managed isolation and quarantine, MIQ)</p>
<p>Isolation</p>	<p>Separation of people who have recently arrived in Aotearoa New Zealand and who have a confirmed COVID-19 infection by advising or requiring them to isolate for a specified period or after testing negative</p> <p>Scope: Personal self-isolation (for example, at home) or facility-based isolation (for example, MIQ)</p>
<p>Prohibitions to board or arrive in Aotearoa New Zealand under certain circumstances</p>	<p>Provision for an airline or ship to prohibit a person from boarding/departing for or arriving in Aotearoa New Zealand if they have symptoms of COVID-19, have an active infection or are under a public health order to isolate – seeks to reduce the risk of an active case entering the country and seeding new cases</p> <p>Scope: Have active symptoms, are an active case or are under a public health order</p>

Support for individuals and communities

Health and welfare services to support individuals and whānau to isolate/ quarantine	<p>Provision of advice and welfare assistance to those who require additional support to self-isolate (if a confirmed case) or their whānau</p> <p>Scope: Can include food support, access to medicines and access to alternative accommodation for individuals who are unable to isolate safely at home or do not have a permanent address (that is, are homeless or in temporary accommodation) – can also assist with connecting individuals with various services to meet their immediate needs during and in transition from self-isolation</p>
Distance health care advice, consultation and support	<p>Remote delivery of health care advice and support using digital technologies for those with COVID-19 and their whānau</p> <p>Scope: Telephone, text / short messaging service (SMS) and phone and email and messaging systems</p>
Health care treatment and support (primary, community-based and tertiary care)	<p>Broad range of services for the diagnosis, care and treatment for those with COVID-19 infections and those with post-infection conditions (including long COVID), includes providing clinical care and therapeutics such as antivirals</p> <p>Scope: Testing, clinical assessment, treatment, manaaki / welfare support services and rehabilitation. Delivered through community care, pharmacies, primary and tertiary (hospitals) health care services</p>
Financial and welfare support for individuals and whānau affected by COVID-19	<p>Financial assistance to support those impacted by COVID-19 measures, such as payments to employers to help pay employees who have been advised to self-isolate because of COVID-19 and cannot work from home, and compensations to workers for loss of earnings during lock-down periods where they are unable to work from home</p> <p>Scope: Leave-support scheme, wage-subsidy schemes</p>
Financial and advisory support to businesses and organisations impacted by COVID-19	<p>Financial assistance and advice to businesses to mitigate the impact of COVID-19 and the measures to contain it</p> <p>Scope: Advice through to financial payments and loans</p>

System enablers

Surveillance	<p>Public health surveillance provides the scientific and factual information essential to inform decision-making and appropriate public health action – a tool to estimate the health status and behaviour of populations</p> <p>Scope: Population and subpopulation testing, border and waste-water testing, behavioural surveys, data on health system capacity, vaccine coverage, hospitalisation and mortality</p>
Communications	<p>Risk communication and dissemination of information using methods and channels that effectively reach intended audiences – such information needs to empower individuals, communities and other stakeholders to act in ways that promote and protect the health of their wider community, whānau and themselves and includes methods to understand and combat misinformation and disinformation</p> <p>Scope: Television, print, digital, social media and radio messaging, communication of research findings, information sharing providers, iwi and local providers</p>

System enablers	
Science, research and technological innovations	<p>Generation of research, science and technological knowledge that can be translated into innovations that help prevent and manage COVID-19</p> <p>Scope: Vaccines, testing, therapeutics, infection prevention and control innovations, health promotion, data and digital technologies, virtual health care innovations, data sharing developments, etc</p>
Government funding	<p>Fiscal resources from the Crown to implement all aspects of the COVID-19 response and the longer-term management of COVID-19 as it becomes integrated into a strengthened health and disability system</p> <p>Scope: Funding through Votes Health; Social Development; Business, Science and Innovation; and Customs, as well as other government agencies</p>
Workforce	<p>Growing and developing a resilient, diverse and substantiable workforce for all aspects of the COVID-19 response</p> <p>Scope: Clinical and non-clinical staff, researchers, laboratory technicians, data analysts, pharmacists, lay vaccinators, public health specialists, kaiāwhina, etc</p>
Information and communications technology	<p>Ensuring the right information and communications technology (ICT) systems, tools and data are in place to support delivery of our response</p> <p>Scope: Systems and software to support delivery of our response, including the data and personnel enabling the systems to function effectively, whether centralised or decentralised</p>
Regulatory and legislative tools	<p>Regulatory and legislative tools used by the government to achieve a certain outcome, such as to require certain behaviours or actions to limit the spread of COVID-19, protect people from severe illness or mitigate the impact of COVID-19 – also includes global cooperation agreements and obligations, such as the International Health Regulations</p> <p>Scope: Includes Health Act 1956, Epidemic Preparedness Act 2006, COVID-19 Public Health Response Act 2020 (and orders made under this Act), Immigration Act 2009, Customs and Excise Act 2018, International Health Regulations (2005) and others</p>
Partnerships and engagement	<p>Broad range of actions to build relationships to contribute to a shared outcome</p> <p>Scope: Engaging with individuals, communities or organisations at national, regional and local levels, including whānau, hapori and iwi Māori.</p>
Governance and decision-making frameworks	<p>Fit-for-purpose and transparent decision-making arrangements at national, regional and local levels that can be adapted as needed to support various levels of the response, that consider Te Tiriti obligations to partner with Māori and ensuring Māori are part of the decision-making process and that provide access to appropriate technical expertise to support evidence-based decision making</p> <p>Scope: All-of-government, ministerial, agency or sector-specific at national, regional and local levels.</p>