COVID-19 Response Measures

March 2020 to August 2022

Version 2.5 Dated 26 August 2022

"The COVID-19 global pandemic has given rise for the need for governments around the world to introduce measures in an attempt to address its adverse effects. In New Zealand this has led to an exercise of power by the executive government that is arguably unparalleled in New Zealand's history. Certainly the extent to which the government has exercised control of what New Zealanders have been able to do in their everyday lives extends well beyond any other exercise of power in living memory."

- Justice Cooke

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About This List of Response Measures

- There are a range of response measures available for New Zealand to manage COVID-19, such as public health and social behaviours, protections, and requirements. Different measures work together, when required.

- Response measures have been used within both the elimination or minimisation and protection strategies.

- Identifying these measures form a part of the COVID-19 response, including preparedness for future outbreaks and future frameworks. The information collated has been prepared following a workshop, consultation and feedback received from the COVID-19 National Response Group and stakeholder leads.

- Some of these measures are active and still in use, while others are no longer, or never used, and are considered inactive.

- Many of the measures require considerable resourcing, economic support, time to reactivate and changes to legislation. Measures can be implemented independently or in combination, depending on the desired outcome and the severity of the outbreak. A legislative authorisation may be required to implement a response measure.

- The response measures include the ramifications of applying each measure, at the time of its use, and an indication of the complexity of reactivating the measure, rather than necessarily being a total recommended suite for future use.

- The measures outlined were developed within the context and settings of New Zealand's COVID-19 response between March 2020 and June 2022. The information is reflective of the specific constraints, challenges, opportunities, information sets and legal frameworks that Ministers, policy makers and Public Service leaders were operating within at the time.

- Much has since changed, for example New Zealand now has a highly vaccinated population and lessons have been learnt from the experiences since the pandemic started in March 2020. Hence, were there to be a future outbreak of a new variant, or an entirely new pandemic, the appropriate measure to manage this may be different to those in this catalogue of measures or used in different combinations.

- As much information about the measures as possible has been captured based on agency feedback for this version (v2.0), in order to provide a single catalogue of measures so that should inactive or active measure be considered again in the future response there is an understanding of the purpose, utility and costs of doing so. It is likely that information collected may have utility across wider government in considering responses to other hazards and risks.

- This catalogue of measures supports separate work underway to provide advice on a variant of concern plan, post winter strategy and the legalisation review to identify future health orders to support mandated response measures and the basis (e.g., an epidemic notice) for orders to be made after the end of 2022.

The Treasury Advised the Economic Context Has Changed

- The economic context we are operating in has changed since the early days of our response and this, and the likelihood of further change, must inform our preparedness activity.

- Early in the pandemic, the potential for high domestic unemployment was a key concern. Instead, we are now facing persistent labour market tightness, and inflation is now the principal economic challenge in New Zealand and abroad. Annual CPI inflation reached a 32-year high of 7.3% in the June 2022 quarter. Inflation is expected to be around 6% at the end of 2022 and ease to 4.1% in 2023 and 3.1% in 2024 as monetary policy tightens.

- Further economic supports would likely exacerbate inflationary pressures; this is a trade-off that must always be faced. It is therefore important that support policies, if they are needed in the future, are temporary and well-targeted.

- Fiscal policy is expected to be contractionary in 2022/23 because of the withdrawal of COVID-19 supports after the 2021/22 year. It would be prudent at this time to maintain this contractionary fiscal stance. Such a stance would support monetary policy to combat inflation and ensure it does not need to overcompensate for any additional stimulus.

- The Treasury considers that no further business support is needed for measures equivalent to Red level of the COVID-19 Protection Framework or below. Providing further business support would likely have a substantial fiscal cost, risks exacerbating inflationary pressures, and may be detrimental to improving productivity. We should continue to signal that no further business support will be provided to strengthen incentives for firms to transition to more COVID-resilient ways of operating.

- If lockdown-type restrictions are imposed, there may be a case for additional business support to support compliance with the public health response and share the cost of restrictions.

- The Treasury and Inland Revenue have provided advice to the Minister of Finance and Minister of Revenue on plans for COVID-19 economic support under a severe variant of concern scenario. The recent changes to hardship grants as part of Budget 2022 and the wider change in economic context mean that it is very unlikely that a reintroduction of the Wage Subsidy Scheme would be supported in any scenario. The Treasury is also progressing work on alternative economic support mechanisms that could be used in the long-term to respond to crises.

Response Measure Enablers

Enabler measure	Role	Considerations and limitations
DPMC COVID-19 Group	DPMC COVID-19 Group acts as a centralised coordinating body in the response to COVID-19. It has mandated functions which include Policy, system readiness (operational) and planning, reassurance, communication (translated into 27 languages) and public engagement to 'push' consistent information out to communities.	• Coordination of system response agencies and stakeholders early has enabled consistency and efficiency by ensuring operational and legal implications are considered and system mechanisms are ready prior to a public announcement. • Without a coordination hub the response is disjointed. • The COVID-19 Group performed a critical role. In CIMS, Control is the primary function upon which all the other functions hinge, and this is the function that the Group was performing.
Subsidies and Financial Support for Individuals and Businesses	Providing government backed funds enabled individuals and businesses to comply with public health measures with a guarantee of some financial security. These included measures such as the COVID-19 Support Payment, Leave Support Payment, Short-Term Absence Payment, MIAC, and Essential Transport Connectivity scheme, amongst others. Some support was targeted to specific communities or sectors, such as the Māori Communities COVID-19 Fund and the Arts and Culture COVID Recovery Programme.	Due to the extent of activities appropriated amounts covered and the nature of the response, with many agencies using existing funding to cover COVID-19 measures, it is difficult to identify the exact cost of individual measures. Further detail on financial support and its costs is available in the next slide. Full information on COVID-19 related appropriations can be found on The Treasury's website.
Cross Agency Data and Intelligence reporting	The reporting of data and its sharing enabled agencies and officials to make informed decisions regarding the use, eligibility for, and management of response measures.	• Data and Insights teams across agencies do not collect or store data in a common format which has made reporting on this incomplete.
PSC Workforce Mobility Hub	The Hub has been responsible for enabling cross system mobilisation of resource for critical COVID-19 needs (from/to public service agencies). Circa 700+ people were mobilised between Dec 20 and May 22.	• To release resources for urgent cross system requirements, agencies need to reprioritise other work they are responsible for. Clearly articulated system wide priorities enable agencies to internally reprioritise to support system need.
AoG Sector Guidance and Engagement	Engagement and developing sector guidance allowed agencies to engage widely and identify settings relevant for sectors. This also enabled them to consider how to implement measures and identify barriers to operationalising prior to the public announcement. This enabled consistency and availability of relevant information for sectors.	• Collaboration and the ability for agencies to engage with sector leads early enabled system readiness, efficiency and for operational considerations to be worked through prior to the public announcement. • Refer Appendix 1 for list of contributing agencies and sectors.
Managing the Spread of Mis/Disinformation and Online Harm	Misinformation and online harm poses significant risk to both physical and mental health, trust of government, public safety, the public health response and general social cohesion in Aotearoa. New Zealanders personally affected by misinformation are more likely to get information from unofficial sources - in March 22 (TRA) 27% believed misinformation effects them personally. Response requires an evidence-based approach in order to deescalate and avoid further amplification. Cross-agency groups enable a strategic, well-informed and coordinated response to mitigate the impact of mis/disinformation or scans on the COVID-19 response.	• Allow time to set up the systems and process both internally and externally. Resources will also need to be allocated to ensure the work can be serviced to an appropriate level. • Cross-agency buy in and agreed reporting mechanisms in place to monitor and stop online COVID-19 scans and mis/dis information. • Vaccine hesitancy in Ethnic Communities has been identified as a result of misinformation. • With all cybersecurity agencies and the public sending reports into CERT NZ, a national picture of all COVID-19 related cybersecurity incidents has been established.
Local Government COVID-19 Response Unit	A formal arrangement with local government peak bodies, communication channels and access to Mayors etc. Coordination through this mechanism is used for critical services (including cemeteries/crematoriums and links into Waste and Three Waters).	
Agency COVID-19 Teams	Agencies having FTE's dedicated to the COVID-19 response enabled sectors to be effectively represented and their advice considered in decision making. They also served a critical role in giving operational effect to strategic decisions.	The need to resource these often came at the expense of BAU functions due to key personnel being drawn away.
Local Care Community Hubs	Care Coordination Hubs in each region bring together local providers of public health and welfare support, including district health boards, public health teams, general practice teams, Ministry of Social Development, welfare providers, iwi, Māori and Pacific providers.	This envisages that welfare and wellbeing support is tailored to each individual and the needs of the household. It relies on locally-led healthcare, welfare services, iwi and Pacific providers.
Border Executive Board (BEB)	Provides coordination mechanism for border agencies.	

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Response Measure Enablers continued.

Enabler measure	Role	Considerations and limitations
Regional Leadership Groups (RLG). Regional Public Service Commissioners (RPSC).	• RPSCs have a convening mandate for regional public service and can represent the public service in the regions. Regional Leadership Group (RLGs) consist of iwi, local government and community leaders. These are typically co-chaired by iwi and local government, or co-chaired with the RPSC role.	• Leadership needs to be connected to the single direction of travel from the outset to ensure minimal wasted work or delay in the response. • Each community will have a different cultural approach on how service is best delivered to their whānau. • Collaborative ways of working across agencies and NGOs occurred, with people brought together for a common purpose to enable a level of flexibility and joined up ways of working. • Having the regional public service work closely with RLGs enabled a well-coordinated response, offering a no wrong door approach to developing locally led responses to community need • In practice, some RLGs function better – and get better results – than others. RLGs are working with RPSCs in determining their future focus with an emerging commitment to ongoing collaboration. • RLGs are relied upon for a connection into the views of iwi and communities. Where there are a number of iwi in a region, iwi representatives need to be well supported to ensure loopback and connections with other iwi.
MIAC (Maintaining International Air Connectivity)	• Used to incentivise airlines to continue flying and keep freight moving to New Zealand • $726m contributed to airlines from March 2020 to 31 March 2022. • The average weekly spend as at March 2022 was $7.5m. Scheduled to expire by March 2023.	• In future, if support is again needed for air connectivity, MOT would look to develop advice on whether to extend MIAC past March 2023 or reinstate MIAC (depending on timing) or consider other options. • MIAC only allows airlines to achieve 'break even', whereas if airlines reprioritise to other markets, they achieve profitability, which may influence operating from New Zealand.
Essential Transport Connectivity (ETC) Scheme	• Maintain essential transport routes and services negatively impacted by COVID-19 and enable individuals to access social, health, economic and recreational opportunities. • The ETC focuses on passenger movement (not freight). • Scheduled to expire by 30 June 2022, with delegated Ministers considering a final extension to 31 October 2022.	• In future if support is again needed for essential transport connectivity, MOT would look to develop advice on whether to extend or reinstate ETC (depending on timing) or consider other options. • ETC is considered a funder of last resort and is limited to operators that deliver essential connectivity services. • Some critically essential routes struggle with commercial viability, even without the impacts of COVID-19. It is important ETC is not used to provide support for businesses to continue operating unsustainable routes on a long-term basis, essentially embedding a market distortion.

Response Measure Enabler

Fiscal Management Approach

- As of Budget 2022, $70.4 billion had been allocated for the COVID-19 response and recovery through the COVID-19 Response and Recovery Fund (CRRF) and the initial 17 March 2020 support package. A list of CRRF funding decisions is available on The Treasury's website. The Government closed the CRRF in Budget 2022.

- Now that the CRRF is closed, the COVID-19 response and recovery should be part of standard service delivery and any new funding should be managed through the standard Budget process and managed against Budget allowances.

- As part of the closure of the CRRF, $1.2 billion was set aside for any immediate COVID-19-realated public health needs that cannot be met within baselines or wait until the next Budget cycle. As of 3 August 2022, this contingency has not been drawn on.

- If funding required for response exceeded available funding sources, an out-of-cycle request could be made from the between-Budget contingency, the $1.2 billion public health response contingency, or as a pre-commitment against Budget allowances.

- If the funding required exceeded all available funding sources, this would need to be managed outside the allowance framework, which would directly impact fiscal indicators.

- Regardless of the funding source, all spending must be authorised through new or existing appropriations, with any changes approved by joint Ministers or Cabinet. There is a mechanism for spending without further appropriation in a state of emergency under section 25 of the Public Finance Act 1989, this mechanism has not been used during the COVID-19 response.

Scheme	Amount appropriated	Total cost attributions
COVID-19 Support Payment (CSP)	$1.530 billion (for 2021/22)	**$1.287 billion** (as of 6 May 2022) The CSP has distributed three payments since it was activated, ranging between $360m and $500m per payment. This represents an average of $5,000 per application. Before February 2022, the CSP was originally the Resurgence Support Payment (RSP). The RSP distributed seven payments ranging between $200m and $460m. This represents an average of $3,476 per application.
Short-term Absence Payment and Leave Support Scheme	$650.795 million (for 2021/22 reflecting the transfer of $50m in BEFU 22)	**$462.819 million paid out for 2021/22** (as of 22 July 2022)
Small Business Cashflow Scheme (SBCF)	$1.414 billion (for 2021/22)	**$473.79 million** loans approved for 2021/22 (as of 10 May 2022) In total, the SBCS has disbursed $2.2 billion since it was established in May 2020. This represents an average of $16,000 per applicant.
Care in the Community and Related Programmes	Approximately $1.201 billion total over multiple years	Funding across Votes: Social Development, Māori Development, Pacific Peoples, and Education (some allocated prior to the COVID-19 Protection Framework).
Wage Subsidy	$4.870 billion (for 2021/22) Approximately $20 billion total	**$4.753 billion for 2021/22** (as of 31 May 2022) was paid out through the Wage Subsidy (August 2021) scheme. Wage subsidies, the Leave Support Scheme and Short Term Absence Payments paid out in total since February 2020 amount to **approximately $19.4 billion.** From March 2020 to May 2020, over half a million businesses had applied for the wage subsidy and $10.85 billion worth of subsidies had been paid to New Zealand businesses to support 1.64 million employees.
Managed Isolation and Quarantine (MIQ)	Approximately $2 billion	This figure includes the cost of establishing and operating MIQ. The amount does not reflect any MIQ fees collected from arrivals.
Primary Sector Labour, Boosting Sector Economy and Directorate Set Up Correction to the figure for MPI COVID-19 Directorate and PPE: Please note the figure listed under 'Amount appropriated' should be $754.522 million plus $400,000. It is closer to the total operating funding over four years that MPI received through Budget 2020. MPI's total operating funding in Budget 2022 included both CRRF and other Crown funding for cost pressures that were not specific to the COVID-19 response.	Approximately $735.23 million plus $400,000 for MPI COVID-19 Directorate and PPE	• Transforming the Primary Sector labour market and workforce to meet sector labour needs: $4.90 million; • Mitigating economic and social impacts on rural and fishing communities: $6.79 million. Of this funding, $1.45 million is allocated in 2021/22 to support rural communities; • Boosting economic activity and future growth across the Horticulture Sector: $6.82 million operating, $0.5 million capital; • Boosting regional economies – National Wilding Conifer Control Programme: $32.5 million; • Boosting regional economies and employment – Containing wallabies to protect agriculture, forestry, and native plants: $7.70 million; and • Addressing the combined impact of COVID-19 Lockdown and Climatic Conditions – Ensuring the wellbeing of Animals: $1.34 million. • MPI COVID Directorate and PPE equipment such as masks, gloves, sanitiser, and lab supplies for testing.

Response Measure Enablers

COVID-19 Frameworks

- Frameworks form part of the two key COVID-19 strategies used in the response so far

    1. **Elimination Strategy** (*stamp out the virus)* – **Alert levels Framework** (March 2020 – Dec 2021)

        - The elimination strategy included measures focused on getting to and maintaining 'zero' COVID-19 cases.
        - Alert levels (AL) were determined by the Government and specified the public health and social measures to be implemented in the fight against COVID-19.
        - AL1 (prepare) , AL2 (reduce) , AL3 (restrict) , AL4 (Lockdown) were used.
        - ALs was mostly applied at a national level, though there were instances where different parts of the country were at different ALs. In Q3 of 2021, public health advice introduced AL3 step 1, 2 and 3 to gradually reduce restrictions in Auckland.
        - Each setting includes measures relevant to the AL. The settings were cumulative, for example at AL4, all restrictions from AL1, 2 and 3 apply.
        - The international border was largely closed to non-New Zealand citizens and non-permanent residents to mitigate the risk of the virus entering from overseas.
        - Home isolation, which was superseded by MIQ was used to isolate positive cases entering the country or within communities.
        - A national vaccination programme was introduced from mid 2021, once a safe COVID-19 vaccine was developed, purchased and a system was set up to administer.

    2. **Minimisation and Protection Strategy (M&P)** (*living with the virus*) - **COVID-19 Protection Framework (CPF)** (Dec 2021 – 2022 ongoing)

        - The CPF was implemented when almost 90% of eligible New Zealanders were fully vaccinated (2 doses) (Prior to paediatric vaccines)
        - The aim of the M&P strategy was to keep case numbers and hospitalisation levels as low as possible. While some level of cases remain in the community, the priorities are to protect those who are most at risk of severe disease and minimise negative impacts on social, health and economic outcomes.
        - The CPF is also known as the traffic lights system – red, orange and green settings.
        - The framework is intended to give certainty and stability to keep the economy moving, workplaces and educational institutions functioning.
        - The COVID-19 Public Health Response (Protection Framework) Order includes schedules which identify the measures for each setting. The measures used across the M&P strategy have changed based on the severity and transmissibility of the dominant variant in the community.
        - The structure of the Order was changed for this framework, which has made is easier for agencies to operationalise legal changes in a timely manner.

- COVID-19 orders are made and amended under the empowering provisions set out in the COVID-19 Public Health Response Act 2020. The ability to continue to use and amend existing COVID Orders, and to make new ones, depends on the COVID-19 Act remaining in force and there continuing to be an authorisation for COVID-19 Orders to be made (e.g., the epidemic notice being in force). The COVID-19 Act is due to expire in May 2023 and must also be periodically renewed by a resolution of the House of Representative if it is not to expire prior to that time.

- The estimated total reduction in economic activity per week cost of the frameworks are as follows:

Estimated Loss in GDP Activity (relative to no restrictions) and Assuming Open Border	$ Million per Week	% of GDP
Alert Levels 2020/21	$1,520 (National AL4) $520 (National AL3) $920 (AKL AL4 rest of country AL3)	25.3% 8.7% 15.3%
All New Zealand Red	$140	2%-3%
All New Zealand Orange	$105	1%-2%

Part One: COVID-19 Response Measure - Border

Baseline and reserve measures are used to prevent or manage the virus entering New Zealand, used at the border - pre travel to New Zealand or on arrival. A safe border also aids protection of Pacific Island nations for which New Zealand is the main transit hub. Below is a summary of the response measures used to protect New Zealand's border. Detailed information follow on the pages identified. The criteria for the 'operational complexity to reactivate' measure is identified in Appendix 3.

The Border Executive Board comprising chief executives of six agencies was established in 2021 and provides a coordination mechanism for border agencies and activities (including health agencies).

Category	Measure	COVID-19 Strategy	Operational Complexity to Reactivate	Scope of Impact	Page Number
Border Protections	Wide Border Restrictions	Elim & Min and Protect	Very high	Cultural, Social, Economic, Health, Bill Of Rights Act (BORA)	10
	Limited Border Restrictions	Elim & Min and Protect	High	Cultural, Social, Economic, Health, BORA	11
	Managed Isolation on Arrival	Elim & Min and Protect	Very high	Cultural, Health, Economic, Social, BORA	12
	Self-Isolation on Arrival	Elim & Min and Protect	Moderate (if low compliance model introduced)	Health, Cultural, BORA	13
Vaccination - Border	Vaccination Mandates – Border Workers	Elim & Min and Protect	Moderate	Health, Cultural, Social, BORA	14
Test, Trace, Isolation, Quarantine (TTIQ)	Surveillance Testing at Border	Elim & Min and Protect	Moderate	Health, Social	15
	Pre-Departure Testing	Elim & Min and Protect	Moderate to put requirement in place, Moderate - High to operationalise	Health, Social, BORA	15
	New Zealand Traveller Declaration (NZTD)	Elim & Min and Protect	Low	Health, Social	16

Border Protections

Measure: Wide Border Restrictions (Except for citizens, permanent residents and other border exceptions such as critical purpose visa holders and international legal obligations)			COVID-19 Strategy: Elimination		Kaiwhakahaere (lead agency) - Customs		
What Can It Achieve?	**Dependencies & Interdependencies**	**Financial Considerations**	**Re-activation Timing**	**Social & Cultural Impact (immediate)**	**Social & Cultural Impact (enduring)**	**Legal Mechanisms / Constraints**	**Kaitautoko (supporting agencies)**
Limits the spread of a severe virus into the community. Results in fewer cases of illness and death. Supported the elimination of the virus within the community when used in conjunction with lockdowns. Allows New Zealanders to enter in a managed way, with appropriate/ proportionate / justifiable health measures in place. Protection for Pacific Island nations, as New Zealand is a major transit hub.	• Public Health rationale and preparedness. • Virus identification – If not yet in NZ • Pacific nations securing orders and legislation to enable New Zealand to act as a gateway to the Islands • TTIQ plan – pre departure testing (PDT), testing on arrival, isolation for positive cases • Customs & immigration systems/ops update • Public information and mitigation of false information • Fiscal support recognising economic change • Domestic framework legislated • BORA considerations • Repatriation for New Zealanders stuck overseas, and foreigners stuck in New Zealand • Visa extensions for Recognised Seasonal Employer (RSE) workers to stay in New Zealand • Mechanisms for international surge capabilities need to be in place for likely assistance following a major event. • Lead in time being sufficient to keep the virus or variant out of New Zealand • Strategic tourism assets protection programme (requires future cabinet direction) • Commercial international air services continuing to offer inbound services for returning NZers, and outgoing foreigners, notwithstanding lower pax volumes. • International obligations E.g. Trade, Human rights, Legal • International health regulations • International border settings and testing for new variants • Support for air movement terminals to enable red flights at airports outside of Auckland • Deployment on Airline Liaison Officers for repatriation • Maritime and air border have separate considerations from each other • Commercial, cargo and passenger implications	1. Cost on economy to close border - approx. $50m /day (*Source: $48m/day Tourism NZ (excludes air freight, business loss)*) 2. To widely restrict the border again is likely to cost the economy at least $20m /day for every day restricted as the baseline is now lower than in 2020. 3. Other considerations Increase risk of fiscal crisis in Pacific countries (emergency budget support may be required).	1. Consult with sector and connect with travellers 4 weeks' notice requested (assuming border fully-open before this point). 2. Change air border settings 48 hours to change air border settings, including communications, outreach and updated programming of systems. 3. Change maritime border 2 months to recruit and train marine border workforce for ports and designated points of arrival such as Opua. 4. Other considerations Any needed legislative changes by Pacific nations. 5. Customs workforce would take 8 weeks to fully stand up again from dormant.	• **Legal challenges** e.g., Grounded Kiwis • **Unemployment -** in sectors such as hospitality, tourism, transport • **Significant economic impact** due to supply chain and trade disruptions • **RSE and migrant workers and foreign students** prevented from entering - impact on business, workforce and supply chain • **Financial impact and reputation** with trade and business • **Repatriation costs** along with reduced options for transport to New Zealand. • **Pacific disruption** to supply chains, labour mobility and tourism • **International fishing/food supply** • **Lack of skills and workforce** across numerous sectors • **National security risk** to rules based order and/or conduct surveillance (active presence) of South Pacific / Southern Ocean • **Risk to Antarctic operations** and Ross Dependency • **Challenges for timely Humanitarian Assistance and Disaster Relief** • **501 Deportees –** Inability to bring in 501 deportees from Australia through the BAU process. • **Ability to attend Funerals and Tangihangas** is impacted for overseas whanau. • **Emotional stress from separating families and friends** has effected mental health. • **Testing is a barrier** in terms of cost and inconsistent with overseas mandates. • **Travellers can become stranded** when publicised decisions change.	• **Loss of returning trade and foreign students** to other countries, may be unable to attract the same level seen prior to the border restriction • **Psychological and mental health issues caused by long** term separation with families overseas • Impact on bi-lateral relationships • **Brain drain** – skilled workforce leaving on mass once border reopens and inability to bring in needed workers. • Catch-up on national security training • **Airline reluctance** and capacity issues of airlines being able to return **when the border re-opens** (AIAL report international flights are 35% of pre-COVID levels as of May 2022, however aviation market access is at 88% of pre-COVID levels) • **Generational impacts for parts of the Pacific** being disconnected from New Zealand healthcare, education. • **Cultural impacts** for Pacific travellers wanting to travel to New Zealand for customary duties • Undermines any future border openings, flow on implications for industries such as aviation.	COVID-19 Public Health Response (Air Border) Order 2021 COVID-19 Public Health Response (Maritime Border) Order (No 2) 2020 COVID-19 Public Health Response (Isolation and Quarantine) Order 2020 New Zealand Bill of Rights Act 1990 (NZBORA) - not restrict citizen access to New Zealand. Not currently an approach supported by the World Health Organisation (WHO). The Immigration Act was utilised before there were COVID-19 border orders in place.	MoH - Health Response, TTIQ, vaccine, exemptions, instructing agency for legal mechanism MoT - Supply chains, Maritime NZ & CAA- engagement and implementation Customs - Border workforce, airport and port liaison, border infrastructure, ITOC and maritime security Police /MoJ – Compliance, security until January 2022. MBIE – Immigration settings and visa processes. MIQ. Compliance and security from January 2022. NZDF - Staffing support for border functions MPI - Primary sector compliance, biosecurity, International shipping and Flight export/import sector engagement Treasury and Inland Revenue - Financial support MoE - Foreign students Border Executives Board (BEB) - Provides coordination mechanism for border agencies. Crown Law, Parliamentary Counsel Office (PCO) - legal advice and Orders MFAT - Pacific, consular, diplomatic, Antarctic and other international legal obligations and relationship management DPMC - AoG co-ordination. UAC MSD - Financial support to people overseas National Ambulance Sector Office (NASO) - Emergency and inter-hospital ambulance service Transport industry - implementation of decisions

Border Protections

Measure: Limited Border Restrictions (to very high risk (VHR) jurisdictions), open to QFT channels)			COVID-19 Strategy: Elimination		Kaiwhakahaere (lead agency) Customs		
What Can It Achieve?	**Dependencies & Interdependencies**	**Financial Considerations**	**Re-activation Timing**	**Social & Cultural Impact (immediate)**	**Social & Cultural Impact (enduring)**	**Legal Mechanisms / Constraints**	**Kaitautoko (supporting agencies)**
Can halt the spread of cases coming in from high-risk or very high-risk countries, enables safe pathways with countries that are a low risk.	• Ability to identify and isolate new variant before it spreads widely • International border settings • International testing capacity and reliability for the new variant or disease of concern (i.e., can very high risk (VHR) countries be identified with confidence) • Knowledge of global flights and people movement patterns, incl. origin of variant and speed of spread • Public Health quarantine requirements for people entering from VHR country. • Compensation and support for tourism and transport operators • Pacific nations securing orders and legislation to enable New Zealand to act as a gateway to the Islands • Pre departure and arrival testing requirements. • Customs & immigration systems/ops update • Public information and mitigation of false information • Financial support - business, exports, education • Compliance and enforcement • Domestic protections framework • **Bill of Rights Act** considerations • Repatriation for New Zealanders • Redistribution of staff to manage surge capacity needs • Commercial international air services, continuing to offer inbound commercial services for returning NZers. • Isolation requirements – establishing MIQ would only be feasible with a full border restriction. • International legal obligations • Support for air movement terminals to enable red flights at airports outside of Auckland • Effectiveness depends on how long restriction is in place, to balance health benefits vs economic return. • Maritime and air border have separate considerations • Commercial, cargo and passenger implications	The cost for a full border restriction is indicated to be millions of dollars a day, however, it is not possible to determine the cost of a partial border restriction, as the financial impact would vary depending on the jurisdiction(s) the travel restriction is imposed on.	**1. 4 weeks - Consult with sector and connect with travellers** notice requested, depending on countries involved in partial restriction. (assuming border fully-open before this point). **2. 48 hours - change air border settings** to change air border settings, including communications, outreach and updated programming of systems. **3. 8 weeks - Change maritime border** to recruit and train marine border workforce for ports and designated points of arrival such as Opua. **4. Other considerations** Any needed legislative changes by Pacific nations. **5. Customs workforce would take 8 weeks to fully stand up again from dormant.**	• **Inconsistent with overseas testing restricts access** for citizens/residents – e.g., Grounded Kiwis • **Diplomatic relations impacted** due to perceived discrimination of applications. • **Delay and loss of income from tourism** / visa holders and skilled workers return from paused countries. • **Separating some families and friends,** while allowing others into New Zealand. • Reduction in **aviation capacity & connections** • Extra **complexities for airports & airlines,** with a mixture of quarantine/ non quarantine flights. • Possible **demand for repatriation** of New Zealanders if commercial air links close off. • Deployment of NZ Air Liaison Officers helpful for repatriation. • **Risk to Antarctic operations** (partner nations using CH gateway) and Ross Dependency. • **Challenges for timely Humanitarian Assistance and Disaster Relief** (HADR) or NZSRR • Delay in national security readiness training • **NZ Traveller Declaration** (NZTD) & NZ electronic travel authority (NZeTA) complexity (~15% of pax at AUS airports have not completed, ~60% at North American airports) • **Testing is a barrier** in terms of cost and can be inconsistent with overseas mandates.	• Loss of trade, education to other countries • Reinstitution of affected workforces takes time. As at May 2022, Air NZ employing 200 back house staff to deal with volume of calls due to complexity of current arrangements. • Processing delays at overseas airports: Swiss Port struggling to employ workforce at overseas airports. • Reduction in available airframes and trained crews; aviation supply lags aviation demand. • As borders are now open again, an **increased number of NZers are overseas, repatriation of a greater number of NZers will have a greater logistical impact** than previously. Increased traveler numbers, but not the number of returning flights to match this potential surge in demand	COVID-19 Public Health Response (Air Border) Order 2021 COVID-19 Public Health Response (Maritime Border) Order (No 2) 2020 COVID-19 Public Health Response (Isolation and Quarantine) Order 2020 NZBORA	**MOH -** Health Response, TTIQ, vaccine, exemptions, instructing agency for legal mechanism **MOT -** Air and sea transport, airlines & airports **Maritime NZ and CAA -** engagement and implementation **Custom / INZ** - Border control **Police /MOJ -** Compliance, security until January 2022. **MBIE —** Immigration settings and visa processes. **MPI -** Primary sector compliance, biosecurity, International shipping and Flight export/import sector engagement **Treasury and Inland Revenue -** Financial support & payments **MoE -** Foreign students **BEB -** Provides coordination mechanism for border agencies. **Crown Law, Parliamentary Counsel Office (PCO) -** Legal advice and Orders **MFAT -** Diplomatic community, Antarctic and other international legal obligations relationship management **DPMC -** AoG co-ordination, UAC **Cert NZ -** Scam prevention **NASO -** Patient transfer airport to hospital / facility **Te Arawhiti -** Consideration of Treaty implications

Measure: Managed Isolation (MIQ/MIF) – arrivals   **COVID-19 Strategy:** Elimination   **Kaiwhakahaere (lead agency)** MBIE - MIQ

What Can It Achieve?	Dependencies & Interdependencies	Financial Considerations	Re-activation Timing	Social & Cultural Impact (immediate)	Social & Cultural Impact (enduring)	Legal Mechanisms / Constraints	Kaitautoko (supporting agencies)
Protection of a population with low vaccination rates, from a severe variant potentially coming through the border, to help prevent overwhelming the health system. Requiring individuals to enter a managed isolation or quarantine facility on arrival under the Air Border Order or Maritime Border Order, allows for early detection of cases as they arrive in New Zealand. Reduces the spread into NZ to buy time to gain insights, prepare health system.	• Public Health Risk Assessment (PHRA) to determine necessity. Assessment of variant characteristics and severity. • Should intend for border to be restricted for longer than 6 months to implement MIQ • Legislative changes • Exemptions – multiple agency providers • Clinical and welfare support at MIQ • Transportation from border to MIQ facility • Public information for travellers and visitors to New Zealand. • False information monitoring and mitigation • MIQ workforce vaccine mandates and testing • Bill of Rights Act considerations (length of intended border restriction) • TTIQ – e.g. pre departure and arrival testing, isolation etc • Update of Customs and immigration settings and operational systems • Compliance and enforcement at the border and within facilities • Stand up MIQ facilities, staffing and structure (at national, regional and facility levels), processes and training • Facilities contracted • Allocation and emergency allocation system stood up including online and offline allocations for rooms • Fees system stood up (including waiver system) • Availability of funding for staff and facilities • Consideration of application if this is limited to only high risk or very high risk country arrivals • Safe planning for housing 501 deportees in MIQ • International legal obligations to certain groups including Antarctica workers, shipping crews and refugees • Dedicated ambulance services at select facilities (allows immediate transfers from MIQ facilities without impacting ambulance capacity or creating delays). • Fire safety regulations	**1. Operational costs** Estimated $800m for annual MIQ operational costs, or $66 million per month when operating at full capacity (32 facilities). [NB: Based on actual expenditure and is mixture of Crown and departmental costs. It is exclusive of any capital costs, or any revenue recovery from MIQ charge. Includes write off provision as an expense]. Excludes other agency costs. **2. MIQ - Refer MIQ Readiness Briefing [BN212-4550]** for details on facility stand-up, onboard staff and re implementation system. **3. Op Protect is NZDF's contribution towards the All of Government Covid-19 response**, including support of Managed Isolation and Quarantine, support for NZ Customs Service and NZ Police, as well as providing assistance to our regional neighbours. Subject to final audit clearance, the NZDF has incurred total cost of $190.87M on Op Protect. Actual cost in the last two financial years has been: **20/21 – $95.54 million** **21/22 - $95.33 million** **Total – $190.87 million**	**1. 3 – 4 weeks to reactivate** for 1,500 rooms then growing to 6,000 rooms in Auckland and Christchurch over following five weeks. Could have full capacity by approx. eight weeks. **2. 6 – 12 months to disestablish** and cover contract period to convert MIQ facilities back to accommodation providers. **3. Dedicated ambulance services** – three-week lead time. To warrant setting up MIQ it is anticipated a full border restriction is in place for at least six months	• **230,000 returnees through MIQ** • **89% of returnees felt safe and 92% returnees feel respected** (January returnee experience survey) • **People missing important events,** e.g. tangi/funeral, weddings • **Demand will always exceed capacity** resulting in loss of social licence unless consequence is very high. • **Police deployed approximately 214 FTE across 31 MIQF** as at August 2021. • Financial impact and reputation with trade and business • **Overseas kiwis unable to get home** and feeling abandoned. • **MIQ charges system** and waivers based on hardship • **MIQ considered as detention by Ombudsman** - Optional Protocol to the Convention against Torture (OPCAT) engaged • The imposition of border restrictions and **MIQ has caused enormous hardship** for New Zealanders • **Significant mental health impacts** for many. Should only be used as a last resort. • **Separated families and friends** • **Waitangi Tribunal report** considerations • **Heavily reliant on NZDF** with over 6,200 NZDF personnel involved from 1.2.20-23.2.22. This represents ~50% of the average total military headcount, incl. reserves, over this period.	• **Ongoing grief and mental health impacts** from missing significant life events. • **Ongoing resentment and feeling of being "betrayed"** by New Zealand and New Zealanders who created a hostile "us" and "them" approach to New Zealanders overseas. • **Reduction in tourism and workforce** - Critical Local and regional impact of having MIQ facilities E.G Rotorua and Hamilton. • **Legal challenges** e.g., Grounded Kiwis legal action and result • **MIQ is a major barrier for** whānau Māori living overseas **– little support for MIQ in the future.** • **High attrition rates in the military,** it is predicted it will take NZDF two years to regenerate from reduced readiness and delayed release of capability as a result of MIQ involvement The reference to MIQ as a place of detention reflects the views held by the Office of the Ombudsman. MIQ was first and foremost a public health measure that provided people with a way to enter New Zealand while preventing COVID-19 becoming widespread through communities before increased levels of vaccination could be achieved.	COVID-19 Public Health Response (Air Border) Order 2021 COVID-19 Public Health Response (Maritime Border) Order (No 2) 2020 COVID-19 Public Health Response (Isolation and Quarantine) Order 2020 Fire and Emergency New Zealand Act 2017 (S11 subpart 4) Fire and Emergency New Zealand (Fire Safety, Evacuation Procedures, and Evacuation Schemes) Regulations 2018 NZBORA - restricts access to NZ for citizens.	**MBIE/MIQ -** Operations, resourcing, facility management, staffing, custodial of care. Compliance and security (from January '22). **MOH -** Health response, testing, exemption, Vaccination, Clinical support Case investigation and contact tracing **NZDF /Police -** Security and compliance **MoT -** Transport of cases, aviation guidance **Treasury** – Financial support and payments **DPMC -** UAC **MFAT** – Consular network, Antarctic staff and diplomatic network **BEB -** Provides coordination mechanism for border agencies. **Customs -** Operationalising the requirement for arrivals to go into MIQ. Maritime border function **MPI -** Foreign vessel and fisheries workers **AVSEC -** Security **Local authority** – Location of MIQ facilities. **Crown Law, Parliamentary Counsel Office (PCO) -** Legal and Orders **Corrections -** Management of 501 deportees **NASO -** Dedicated ambulance service provision **FENZ**- compliance, response, training **Te Arawhiti -** Treaty implications **NEMA -** Exemption for emergency response **MSD -** Support coordination of welfare, including on-site Community Connectors

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Border Protections

Measure: Self Isolation - arrivals		COVID-19 Strategy: Minimisation and Protection			Kaiwhakahaere (lead agency): Te Whatu Ora (Health NZ)		
What Can It Achieve?	**Dependencies & Interdependencies**	**Financial Considerations**	**Re-activation Timing**	**Social & Cultural Impact (immediate)**	**Social & Cultural Impact (enduring)**	**Legal Mechanisms / Constraints**	**Kaitautoko (supporting agencies)**
Mitigates some risks around community transmission from new arrivals. Does not put capacity limits on New Zealanders' abilities to return home, allows for management of potential cases coming in through the border.	• Social welfare support – food, medicine, health • Support for overcrowded homes, particularly for Pacific communities • TTIQ measures to register as isolating, receive public health advice, and refer for clinical/welfare follow-up if needed • Individual and business action – stay home when sick, test if have symptoms • Financial support payments • Compliance reporting tool • Exemptions process • New Zealand travel declaration • Private transport to and from accommodation to isolate • Complexity of air and maritime borders – entering the community (air) or commercial (maritime) • 501 deportee and refugee accommodation. • Public Transport operator guidance- DG order for those needing to move accommodation when private transport is not available. • Travellers need to know requirements pre-departure and need time to plan.	Resourcing for the NZTD is secure until 2023.	**2 weeks** to ensure that settings are confirmed, legislation is enabled, collateral (self-iso guide) is ed, approved and published. **48 hours** if Community Provider contracts and community hubs remain in place.	• **Limited private transport** options for tourists travelling in a group or located remotely or needing to move. • Police **graduated enforcement model** worked well. • Significant **impact on tourism** (and business travel) if isolation period makes New Zealand unattractive or unviable for shorter trips. • Tourists do not have the same respect and social compliance for a country which is not their own. **Rules may differ from their home country.** • **Not all travellers will have health insurance** to pay for isolation accommodation • **Significant equity issues,** including: ○ Access to appropriate supports during isolation ○ Communication and engagement tailored to different communities ○ **Limited access to food and essential services**	• **Reduced confidence in NZ international tourism** market would negatively impact airlines' willingness to invest and reduce longer-term air connectivity.	COVID-19 Public Health Response (Air Border) Order 2021 COVID-19 Public Health Response (Maritime Border) Order 2020 COVID-19 Public Health Response (Isolation and Quarantine) Order 2020 NZBORA	**MSD, MOE, OT, HUD, MOH, Treasury, MEC, TPK, DIA, Police, SWA, KO, NEMA-** Caring for Communities **MOH/DHB -** Health response, TTIQ, assessment and exemptions, clinical support **Te Arawhiti/TPK, MPP, Ministry of Ethnic communities, Office of Disability, Office for seniors -** Population / Treaty implications **Treasury and Inland Revenue** - Financial support and payments **Police** - Education, enforcement and compliance **DPMC** - UAC, AoG engagement, GIS maps, Chair NRG, SOG and working Groups, sector guidance **MPI** - Foreign vessel and fisheries workers **MFAT** - Consular network, diplomatic network **MOE -** Support of Foreign students. **Crown Law, Parliamentary Counsel Office (PCO) -** Legal advice and Orders **NASO** - Ambulance services **FENZ-** Home fire safety education **MoT - G**uidance to aviation sector **Border Executive Board (BEB) -** Provides coordination mechanism for border agencies.

Vaccination – Border Workers

Measure: Border Order – Vaccine Mandates for Border Workers		COVID-19 Strategy: Elimination | Minimisation and Protection			Kaiwhakahaere (lead agency): MoH		
What Can It Achieve?	**Dependencies & Interdependencies**	**Financial Considerations**	**Re-activation Timing**	**Social & Cultural Impact (immediate)**	**Social & Cultural Impact (enduring)**	**Legal Mechanisms / Constraints**	**Kaitautoko (supporting agencies)**
Protecting workers (and their families and friends) to minimise or delay transmission into the community	• Vaccine supply, distribution and application. • Financial support • Proof of vaccine system – CVC/MVP - Border Workforce Testing Register (BWTR) • Workplace engagement, information and compliance. • Data and insights. • Single rule / legal requirement • Unions and private business support and engagement • RAT supplies provided to people conducting business or undertakings in the border workforce. • Border agencies and companies require lead-in time to engage with staff for any impacts on border workers (duty as employers). • Logistics will be different for maritime border; also different for commercial/cargo/fishing vs passengers/recreational.	Cost to support arrangements with Pacific countries, such as provision of vaccines.	Vaccine availability – simultaneous engagement and vaccination of hard-to-reach groups, rather than sequential (after the main vaccination drive) as in 2021. Vaccine and vaccinator availability- 2021 experience was that this **took 2 months for 95% of workers to be fully vaccinated**, where the vaccine was already fully accessible for the population.	• **99% compliance of mandated order**. 8 vaccination infringements out of 275,000 pax. • Consistent, safe work practices in place – **single rule for entire workforce** • **Tension within workforce** due to no jab, no job approach. • **Required extensive engagement** with sector groups and unions. • Impact on **border workforce** (both govt and commercial) if there are testing or vax requirements.		[COVID-19 Public Health Response (Air Border) Order 2021](#) [COVID-19 Public Health Response (Maritime Border) Order (No 2) 2020](#) [COVID-19 Public Health Response (Required Testing) Order 2020](#) [COVID-19 Public Health Response (Vaccinations) Order 2021](#) [NZBORA](#)	**MOH -** Vaccination mandates operations, supply and case management. Exemption process, clinical support, public information and engagement **Customs** - Collection and storage of vaccine status checks of workforce **MPI** - workforce **MoT** - Exemptions and guidance for supply chain exemptions, Maritime NZ and CAA engagement **Border Executive Board (BEB) -** Provides coordination mechanism for border agencies. **MBIE** - Workforce **Treasury** - Economic **PSC** - Public sector workforce deployment where unable or unwilling to be vaccinated **DPMC** - UAC **MFAT** - Alignment with international travellers, diplomats Pacific protection **Te Arawhiti -** Treaty implications **Crown Law, Parliamentary Counsel Office (PCO) -** Legal advice and Orders

Test, Trace, Isolation & Quarantine

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Measure: Surveillance Testing at Border

COVID-19 Strategy: Elimination | Minimisation and Protection

Kaiwhakahaere (lead agency): MoH (Public Health Agency)

What Can It Achieve?	Dependencies & Interdependencies	Financial Considerations	Re-activation Timing	Social & Cultural Impact (immediate)	Social & Cultural Impact (enduring)	Legal Mechanisms / Constraints	Kaitautoko (supporting agencies)
Border testing on arrival at airports to give advanced warning of a new threat. Monitoring new variants of concern coming through the border. Border worker testing.	• Border systems and processes to include pre-arrival and on arrival testing, including genome sequencing. • Systems to capture data, insights and reporting • System modelling of future impact • Testing labs capacity and workforce • Global surveillance and databases • Global vaccination effectiveness against new variants/subvariants • Dedicated space available at airports to undertake testing and to hold passengers (safely) while they wait for testing. • Difficulties with this as airports layouts are not conducive to undertake this type of testing safely. It has previously been considered it would cost $140m to operationalize this measure. • Border agencies and companies require lead-in time to engage with staff for any impacts on border workers (duty as employers). • Logistics will be different for maritime border; also different for commercial/cargo/fishing vs passengers/recreational.	Dependent on border settings.	~**2-4 weeks** for airlines to implement operational rostering, re-deploying staff etc	• Sub lineages of a variant detected quickly. • From 28 Feb 2022 international arrivals mandated to test with RATs twice within first 7 days. • **The degree of impact and capacity to respond depends on the extent of border restriction.** The operationalisation of the different layers of protection, e.g., pre-departure tests, becomes more complex when our border is fully open. Processing these requirements for the much greater number of travellers than we are receiving today, is very complex operationally. • Impact on **border workforce** (both govt and commercial) if there are testing or vax requirements. • Timing of crew changeovers can mean some workers are caught in between boarding and testing requirement activation (board months in advance).	• Testing requirements not used in other countries may be seen as a barrier to visiting NZ, inconsistency across countries. • Implications for travelers of ensuring they are aware of any new requirements in advance of travel, and for airlines and airports which need to brief and prepare staff to adequately implement the requirement. Some travelers remain unaware/non-compliant impacting ability to travel. • **The goodwill government agencies have with the air industry is being eroded** due to changing requirements in short timeframes.	COVID-19 Public Health Response (Required Testing) Order 2020	**MOH** - commissioning, intelligence and reporting. **Treasury** - Financial support **Border Executive Board (BEB)** - Provides coordination mechanism for border agencies. **DPMC** - UAC website **Te Arawhiti** - Treaty implications **MFAT** - Consular, Pacific, diplomatic community **MOT** - Aviation guidance **MPI** - Border support **MNZ** - Maritime passengers **Customs** - Incoming passengers

Measure: Pre-Departure Testing (PDT)

COVID-19 Strategy: Elimination | Minimisation and Protection

Kaiwhakahaere (lead agency): Customs/NZTD

What Can It Achieve?	Dependencies & Interdependencies	Financial Considerations	Re-activation Timing	Social & Cultural Impact (immediate)	Social & Cultural Impact (enduring)	Legal Mechanisms / Constraints	Kaitautoko (supporting agencies)
Limits the number of positive cases entering the country by stopping them at port of departure.	• Access to testing facilities when overseas. • Public information on the PDT requirement. • Compliance and training of aviation sector	MBIE: ALOs $187k/month Border Officers $65k/month Total: $252k/month Standby cost (per FY) Policy, MoH: within baseline Border ops, HealthNZ: Will depend on the ongoing size/role of the team – currently under review Customs: Approx. cost to reinstate PDT is $4.2 million per annum. This includes remuneration (salaries, allowances and superannuation) plus a provision to onboard, train, and enable the positions to operate (e.g. uniforms, IT). The remuneration cost is based on Customs	Customs PDT requirements could be reimposed within **a week** if random manual spot checking was used for verification. Longer if 100% compliance is needed.	• **Reduction in tourism for New Zealanders** to return home due to cost and access to PDT in overseas jurisdictions. • Traveller confusion exists with different PDT requirements between Australia and NZ. • **Supply of tests overseas reduced if other countries do not require PDT,** therefore demand is low supply is decreased. Airport testing centers and businesses would have closed their testing services.	• Where international travelers do not have access to supervised pre-departure testing in their country of departure, remote/online supervised tests to be considered as an acceptable form of evidence. • **Air NZ stats show 50% of non-compliance at international hubs are largely to do with PDT's.** This requirement has been in place for a long time and travelers still aren't understanding the requirements.	COVID-19 Public Health Response (Required Testing) Order 2020 COVID-19 Public Health Response (Air Border) Order 2021 NZBORA	**Customs** - Compliance **MOT** - Aviation guidance **MOH** – Commissioning, intelligence and reporting. **Border Executive Board (BEB)** - Provides coordination mechanism for border agencies.

Test, Trace, Isolation & Quarantine

Measure: New Zealand Traveller Declaration (NZTD)		COVID-19 Strategy: Minimisation and Protection			Kaiwhakahaere (lead agency): Customs		
What Can It Achieve?	**Dependencies & Interdependencies**	**Financial Considerations**	**Re-activation Timing**	**Social & Cultural Impact (immediate)**	**Social & Cultural Impact (enduring)**	**Legal Mechanisms / Constraints**	**Kaitautoko (supporting agencies)**
Provides traveller health information before entering NZ.

Enables the collection of information that may be required at the time, for border-related purposes including (but not limited to) Health, Customs and Biosecurity. Questions can be added or removed in response to a changing global situation.

Mandatory requirement. | • Customs led programme – checking at border
• Global health database, insights and surveillance
• MBIE contact centre
• Deployment of airline liaison officers to overseas airports
• Public information and companion website \ | Any increase in Service Centre FTE will be absorbed through baseline funding at MBIE as part of normal attrition rates. | Resourcing for the NZTD is secure until 2023. | • NZTD is **currently limited to air travel** – s9(2)(h)
• Some **technical problems exist** with online system. Usability improvements in progress.
• Pockets of **travellers are struggling** with NZTD requirements to enter NZ.
• **ALOs assisting people** and providing manual forms when online issues occur. | • **NZTD information can evolve** as response changes.
• Airlines requested next upgrade of tool consider **ease of access and user-ability**. E.g., mobile app.
• **Global recruitment shortages** for airlines and airports. | COVID-19 Public Health Response (Air Border) Order 2021

Customs seeking to make NZTD a permanent part of Customs pathway, i.e., not dependent on COVID Orders being available for use.

Legal basis required to allow collection and sharing of information | **MBIE/Immigration** - Declaration platform vendor, call centre, website, ALO's
Health - Declaration content
Border Executive Board (BEB) - Provides coordination mechanism for border agencies.
Customs - Compliance and storage of data
DPMC - UAC website
Te Arawhiti - Treaty implications
Crown Law, Parliamentary Counsel Office (PCO) - legal advice and Orders
MFAT - Consular
MOT - aviation guidance, maritime guidance |

Part Two: COVID-19 Response Measures - Domestic

A range of domestic baseline and reserve measures have been used as part of the response to eliminate, prevent or minimise the spread of the virus and its impact within New Zealand. Detail information follows on the pages identified. The criteria for the 'operational complexity to reactivate' measure is identified in Appendix 3.

Category	Measure	COVID-19 Strategy	Operational Complexity to Reactivate	Scope of Impact	Page Number
Protections	National Lockdown (Alert Level 4)	Elimination	Very high	Cultural, Economic, Health, Social, BORA	18
	Alert Level 3 (Step 1,2 and 3)	Elimination	Very high	Cultural, Economic, Health, Social, BORA	19
	Localised Lockdowns	Elim & Min and Protect	High	Cultural, Economic, Health, Social, BORA	20
	Targeted Closures (Under Section 70's)	Elim & Min and Protect	Moderate	Cultural, Health, Social, BORA	21
	Boundaries – Monitored checkpoints (Hard)	Elim & Min and Protect	Moderate	Cultural, Economic, Social, BORA	22
	Boundaries – Spot Checks (Soft)	Elim & Min and Protect	Low-Moderate	Cultural, Economic, Social, BORA	23
	COVID-19 Compliance Breach tool	Min and Protect	Low	Social	24
	Business Travel Documentation System	Elim & Min and Protect	Low-Moderate	Economic	24
Test, Trace, Isolation, Quarantine (TTIQ)	Managed Isolation (Domestic)	Elimination	Very High	Cultural, Economic, Health, Social. BORA	25
	Self-Isolation	Elim & Min and Protect	Low - Moderate	Cultural, Economic, Health, Social, BORA	26
	Testing (Diagnostic and Surveillance)	Elim & Min and Protect	Moderate - High	Economic, Health, Social	27
	Close Contact Exemption Scheme and Bubble of One	Elim & Min and Protect	Moderate	Economic, Health	28
	Critical Workers Return to Work Scheme	Min and Protect	Low	Economic, Health	28
	Personal Protective Equipment (PPE)	Elim & Min and Protect	Low	Economic, Health	28
	Record Keeping, Contract Tracing and Case Investigation	Elim & Min and Protect	Moderate - High	Economic, Health, Social	29
Care in the Community	Community Connectors	Min and Protect	Moderate	Cultural, Economic, Health, Social	30
Public Health and Social measures	Mask Wearing – Encouraged and Mandated	Elim & Min and Protect	Low	Cultural, Economic, Health, Social, BORA	31
	Ventilation and Gathering Limits	Elim & Min and Protect	Low - Moderate	Health, Economic, Social, BORA	32
	Stay Home If Sick, Physical Distancing, Hygiene Practices, Healthline	Elim & Min and Protect	Low	Health, Social	33
	Unite Against COVID-19 Channels	Elim & Min and Protect	Low	Social, cultural	34
	Geographic Information System (GIS)	Elim & Min and Protect	Low	Economic, Social	34
Vaccination	Vaccine and Booster	Elim & Min and Protect	High	Economic, Health, Social	35
	Proof of Vaccination (MVP)	Elim & Min and Protect	Low	Cultural, Economic, Health, Social, BORA	35
	Vaccine Mandates	Elim & Min and Protect	Moderate	Cultural, Economic, Health, Social, BORA	36
Prevention and Treatment	Therapeutics (new)	Elim & Min and Protect	Moderate - High	Economic, Health	36

Protections

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Measure: National Lockdown (i.e. AL4)		COVID-19 Strategy: Elimination			Kaiwhakahaere (lead agency): DPMC		
What Can It Achieve?	**Dependencies & Interdependencies**	**Financial Considerations**	**Re-activation Timing**	**Social & Cultural Impact (immediate)**	**Social & Cultural Impact (enduring)**	**Legal Mechanisms / Constraints**	**Kaitautoko (supporting agencies)**
Limits the movement of people to reduce the burden on the health system and slow the potential for a virus to spread through the community. Can give the health system time to prepare.	• Compliance and enforcement • Breach notification triage • Public health response, testing, contact tracing, measures, variant type and transmissibility. • Analysis of vaccination rates and virus immune escape. • Welfare and equity support. • Critical supply of essential items • Financial support and payments • Boundary (air, road, maritime), exemptions, security and traffic plans. • Misinformation monitor & mitigation • Public information, campaign, insights & data reporting, and social sentiment update. • Operational capacity and management of restrictions • International border status – restricted/unrestricted • International border exemptions process. • Surge workforce – community, food supply, healthcare, enforcement, AOG & agency contact centres • International landscape • Clarity of legal guidelines and lockdown rules. • Engagement with sector leads within the lockdown area is critical – both leading in and during. • Critical services – Water, Cemeteries and Crematoria, Highway infrastructure, Public Transport, Public toilets for transport operators. • Homelessness / temporary housing system • Residential housing and tenancies policy e.g. evictions, rental freezes etc). • Activation of an AOG coordination group/function • FENZ advice and education on fire safety matters	**1. Economic support** $10.85b wage subsidies to support 1.64M employees [March - May 2020] **2. Emergency accommodation -** $1500 per place per week **3. Auckland AL4** 30% decrease in GDP ($100m) [source: Auckland Council's Chief Economist Unit] **4. Primary sector** $3mil to Worker Redeployment in vote business, Science and Innovation to the Vote Agriculture, Biosecurity, Fisheries and Food Safety for Wilding Conifer Control. [2020] **5. Mental Health & addictions** $200,000 to 16 charities and community groups mental health and addiction challenges. [July 2020]	72 hours to activate, seek NRG system advice and develop Health Order mechanism. If possible, at least one-week prior notification to system leads is helpful for sector readiness.	• **Restricts access to education**, equity issues and social isolation impact most vulnerable: • School closures r**educe "eyes on the child"**, fewer reports of concern and family issue resolutions. No visibility of child need for food or period products. • **Child custody safety** - essential workers struggle to access childcare when schools / ELS are closed, or no social in-person contact allowed. • **Access to food and essential items limited** due to essential supply chain disruption. • **Significant equity issues**, e.g., support for overcrowded homes, particularly for Pacific communities • **Access to appropriate social / cultural / welfare supports**, especially for older people and the disabled community Communication and engagement is to be **tailored to different communities** • **Lockdowns have a 'use by' date** – longer they go on the more 'work arounds' are seen. Level of compliance also reduces. • **Healthcare and surgery delays** and cancellations • **Court hearing delays and disruptions** • **Animal welfare supply** chain delays. • **Strain on families** – loss of income, social isolation balancing work and childcare – increases risk of relationship problems, parenting difficulties, poor health and well-being. • **Impacts on employment and loss of income** – significant increase in beneficiary numbers during 2020 • **Loss of confidence in NZ brands** or international shift to other supply markets • **Active non-compliance and protests** • Concern with **concurrent domestic security response** to a national crisis, Around **1250 homeless** required a place to isolate (850 in motels 05.22) • Relocation of **stranded persons** at time of implementation e.g., hunters in remote locations, tourists on holiday. • **Funeral and Tangihanga** is restricted • Lack of understanding of who/what is an essential service/worker.	• **Cumulative impacts on psychosocial wellbeing**. • **Significant stress** on provider workforce / Māori / Pacific / Ethnic Community providers. • **Absenteeism** in the workplace and education • **Potential lifelong impacts on earnings** (due to lower educational attainment) • Ongoing **burden on schools** due to perceived fear causing stress in communities. • **Reduction in vaccine uptakes** since Omicron. • Many businesses and social sector now offer **services both online services as well as face to face** (when permitted). • Community providers will use existing resources and expertise to urgently keep communities safe and supported. • **Hesitance of 'return to normal'** post lockdown – people delaying returning to CBD's and hospitality venues etc. resulting in reduced economic activity and cash flow for certain sectors. • **Build on the experience of non-mainstream communities** to inform communications approaches in the future. • Legal challenges – e.g. Grounded Kiwis	Section 70 of the Health Act 1956 ("S70 notices") Health Act (COVID-19 Alert Level) Orders (March – May 2020) COVID-19 Public Health Response Act 2020 (from mid-May 2020). NZBORA - s9(2)(h) Early advice from CO/PCO enables efficiency of legal advice and ability to response under time pressure. National State of emergency declared under the Civil Defence Emergency Management Act 2002	**MOH/DHB** - Health response & behaviours, TTIQ, vaccination, exemptions **DPMC** - Policy, response centralised management, public engagement, UAC, GIS maps, NRG chair. Instruct PCO. **Police, MOJ, WorkSafe** - enforcement and compliance **MSD** - Welfare and economic supports. Includes establishment of systems between agencies and community sector. Support community providers. **PSC** - Public sector guidance, and workforce surge. **MSD, MOE, OT, HUD, MOH, Treasury, MEC, TPK, DIA, Police, SWA, KO, NEMA-** Caring for Communities **MPI** - Primary sector compliance monitoring, Primary Sector exemptions **Treasury and Inland Revenue** – Financial support and payments **MBIE** - Isolation, BTR, sector guidance **MOT** - Transport operation and supply chain **Te Arawhiti/TPK, MPP, MEC, Office of Disability, Office for seniors** - Population Treaty implications **Sport NZ** - Facilities and sporting events/activities **MFAT** - Diplomatic community and international trade protection. Support diplomatic missions in NZ. **Waka Kotahi -** Traffic plans **PCO** - Legal mechanism **CLO** - Legal advice **MOE** - ECS, Schools, Tertiary including School Hostels and Tertiary accommodation which remain open **DIA** - Local govt critical services **HUD** - Homelessness and residential tenancy policy **NASO** - Emergency and inter-hospital ambulance service **AVSEC** - Airport compliance checks **FENZ** - Fire safety

Protections

Measure: Alert Level 3 and Steps 1,2,3 (Auckland)		COVID-19 Strategy: Elimination			Kaiwhakahaere (lead agency): DPMC		
What Can It Achieve?	**Dependencies & Interdependencies**	**Financial Considerations**	**Re-activation Timing**	**Social & Cultural Impact (immediate)**	**Social & Cultural Impact (enduring)**	**Legal Mechanisms / Constraints**	**Kaitautoko (supporting agencies)**
Eases the burden on the health system in a region, while allowing some students to attend school and some stores and businesses to operate at a reduced capacity	• Enforcement and compliance • Health response, measures and TTIQ • Welfare support and alternative accommodation for vulnerable • Financial support and payment. Administrative difficulties in providing targeted financial support based on location and/or revenue decline • Boundary (air, road, maritime), exemptions, security, traffic plans, BTR, CWE, Personal exemptions • False information monitor & mitigation • Public information and UAC website • Operational capacity and management of closures – facilities, schools, workplaces etc • Vaccination rates and immunity in region • Surge workforce – e.g., food supply and enforcement. AOG & agency contact centres • Domestic security implications to enable (concurrent) national crisis response (e.g., natural disaster) • Sector guidance and engagement in affected regions and tailored to the audience (e.g., Pasifika business) is critical to ensure sectors feel heard and that 'coal-face' concerns can be escalated and addressed. • Regional Leadership Groups • Complexity when parts of the country are at different levels • Critical services – Water, Cemeteries and - Crematoria, Highway infrastructure, Public Transport. • Homelessness and temporary housing system • Residential housing and tenancies policy e.g., evictions, rental freezes etc). • Critical food and essential services	**1. Auckland AL3 Impact** Decrease in GDP by 14% ($47m) [source: Auckland Council's Chief Economist Unit] **2. Community support (MSD)** primarily for food and essential items was **$38.15 million. Inclusive of:** i) **$24.6 m** (since 17 August 21) to support individuals and whānau to access food and other essential wellbeing items, particularly in **Auckland.** ii) **Additional $13.55 million** was added on 11 Oct 21 from the CRR Fund to support foodbanks and social sector agencies. Funding includes $5.5 million to support foodbanks, food rescue and community food organisations across **Auckland,** including the New Zealand Food Network, Pacific food hubs and the Māori collective. **3. Emergency accommodation -** $1500 per place per week **4. Essential transport connectivity scheme** to maintain essential routes and services. Cost of ~**14.4m** or an average of $60 per passenger. This is used in lieu of a wage subsidy being provided to operators, unless operators are deemed an essential service.	48 - 72 hours notice required for a boundary event and legal orders	• Costs of economic supports very high • **Highlights pre-existing social-economic challenges.** • **Lockdowns have a 'use by' date** –longer they go on the more 'work arounds' are seen, and level of compliance reduces. • **Significant equity issues** e.g., overcrowded homes (i.e., Pacific communities), access to support during isolation and communication and engagement tailored to different communities. • **Access to food, essential services and personal products** in home and from schools. • **Social isolation /access to care** for older people and disabled community • **Child-care custody** arrangements unable to be followed. • **Strain on families** – loss of income and social isolation – increase the risk of relationship problem, parenting difficulties and poor health and well-being. • **Healthcare and surgery cancellations and delays.** • **Increased pressure on ED departments and 111** as the public have increased anxiety around COVID symptoms and treatment of them • **Animal welfare impacts** related to supply chain delays. • Wellbeing concerns for **tertiary students remaining in hostels.** • **Education equity issues** in schools and ELS when not open to all children/students. E.g., no access to devices, internet and for some an unstable home environment • **Vulnerable communities less likely to attend school in person.** • **Utilising central government networks** to leverage existing relationships is critical to build trust in settings and processes (e.g., Auckland Policy Office convening regular meetings with sector leads). • **Employment equity issues -** when WFH is not possible, sectors are more likely to have redundancies, loss of income/cash flow. Low skill/low pay sectors more at risk e.g., hospitality	• **Ongoing burden on schools** due to ongoing fear and stress in communities • **Absenteeism in the workplace and schools** • **Long COVID impacts on workforce and individuals.** • Cumulative **impacts on psychosocial and mental wellbeing** • **Significant stress on provider workforce /** Māori / Pacific / Ethnic Community providers. • **Society has adapted to better operate** within pandemic restrictions, e.g., greater use of technology for remote working, online sales and contactless delivery. This suggests a more resilient response in future. • **Businesses closing** due to regulations too restrictive to be profitable. • Auckland-based whānau are 'totally over' lockdowns.	[COVID-19 Public Health Response Act 2020](#) (from mid-May 2020) (Protection Framework could be used) [NZBORA](#) - **s9(2) (h)**	**MOH -** Health response, TTIQ, vaccination, exemptions **DPMC -** Policy, AOG coordination and centralised management, public engagement, UAC, GIS maps, NRG chair. Instruct PCO on order making. **Police, MOJ, WorkSafe -** Enforcement and compliance **MSD -** Welfare and economic supports. Includes establishment of systems between agencies and community sector. Support community providers. **PSC** - Public sector guidance, and workforce surge **MSD, MOE, OT, HUD, MOH, Treasury, MEC, TPK, DIA, Police, SWA, KO, NEMA-** Caring for Communities **MPI -** Primary sector compliance monitoring, Primary Sector exemptions **Treasury and Inland Revenue -** Financial support and payments **MBIE -** Isolation, BTR **MOT -** Transport operation and supply chain **MOE -** Education **Te Arawhiti/TPK, MPP, Ministry of Ethnic communities, Office of Disability, Office for seniors-** Population /Treaty implications **Sport NZ -** Facilities and sporting events/activities **MFAT -** Diplomatic community, Antarctic staff and international trade protection. Support diplomatic missions in NZ. **Waka Kotahi -** Traffic plans **DIA -** Local Government and coordination of related critical services **HUD -** Homelessness and temporary housing system **IRD -** Economic support (Resurgence Payment) **NASO -** Emergency and inter-hospital ambulance service **AVSEC -** Airport compliance checks **Crown Law, Parliamentary Counsel Office (PCO)** - Legal

Protections

Measure: Localised Lockdowns		COVID-19 Strategy: Minimisation and Protection			Kaiwhakahaere (lead agency): MoH	
What Can It Achieve?	**Dependencies & Interdependencies**	**Financial Considerations (predicted)**	**Re-activation Timing**	**Social & Cultural Impact (predicted)**	**Legal Mechanisms / Constraints**	**Kaitautoko (supporting agencies)**
This measure was developed under the CPF but has not yet been implemented. It is intended to ease the burden on the health system by minimising spread wider and ensure containment within a geographical area.	• Enforcement and compliance • Legislative Health orders • Health response and measures • Vaccination rates and immune escape. • Financial support and payments • Boundary considerations and exemptions (air, road, maritime), BTD, CCES, CWE • Personal exemptions • Passage for critical food and essential needs • Sector guidance and engagement. • Public campaign & information, geo spatial mapping. • False information monitoring / mitigation • Closures – e.g., workplaces, facilities, schools • Regional/local coordination groups to work with vulnerable populations. (e.g., young people (OT), homelessness (HuD), social support (WINZ), etc. • Domestic security implications • Challenges in responding to any (concurrent) national crisis (e.g., natural disaster in localised lockdown) • Critical services – Water, Cemeteries and Crematoria, Highway infrastructure, Public Transport • Foreign diplomats (border exemptions to permit travel for performance of critical operations); and foreign nationals with appointments with their foreign mission	**1. Auckland GDP** Economic impact of red on GDP is approximately 11 percent or $35M per day – for the initial week or two at Red.	**48 - 72 hours** notice required for a boundary event and legal orders	• **Risk of dislocating communities** or key economic zones – 'cutting off' communities from supermarkets or workplaces etc • **Disruptions to economic activity** will likely be driven by the prevalence of the virus in the community and by behavioural responses, rather than by public health restrictions. • **Emotional and financial stress** on households can lead to an increase in cases of domestic violence and mental health issues. • **Engagement with leaders** within lockdown area is critical – both leading in and during. • **Boundary needs to consider access to food and essential services**. • **Continuity / access to care for older people and services for disabled community.** • Funerals and Tangihangas are restricted. • Households in lockdown area may become more cautious as case numbers rise and so **defer some social interaction and related discretionary spending.** • **Access to appropriate social / cultural / welfare supports**, especially for older people and the disabled community	Section 70 of the Health Act 1956 ("S70 notices") Enforcement constraints (High trust model) NZBORA	**DPMC -** Policy, AOG coordination and centralised management, public engagement, UAC, GIS maps, NRG chair. Instruct PCO on order making. **Police, MoJ, WorkSafe -** Enforcement and compliance **MoH/DHB -** Health response & behaviours, TTIQ, vaccination, exemptions **MPI -** Primary sector compliance monitoring and exemptions **MSD, MOE, OT, HUD, MOH, Treasury, MEC, TPK, DIA, Police, SWA, KO, NEMA-** Caring for Communities **Treasury and Inland Revenue -** Financial support **MBIE -** NAAS, CCES, sector guidance **MoT -** Transport operation and critical food supply **MoE -** ECE, Schools, Tertiary **Te Arawhiti/TPK, MPP, Ministry of Ethnic communities, Office of Disability, Office for seniors -** Population / Treaty implications **Sport NZ -** facilities and sporting events/activities **Waka Kotahi -** Traffic plans **PSC -** Public sector workforce guidance and surge. **Local Government / DIA -** Regional intelligence and sector guidance, working together to decide regional boundaries and critical services maintained **AVSEC -** Airport compliance checks **Crown Law, Parliamentary Counsel Office (PCO) -** Legal advice and Orders **MFAT** – Diplomatic community

Protections

Measure: Targeted closures (under S70)		COVID-19 Strategy: Elimination | Minimisation and protection			Kaiwhakahaere (lead agency): MoH	
What Can It Achieve?	**Dependencies & Interdependencies**	**Financial Considerations (predicted)**	**Re-activation Timing**	**Social & Cultural Impact (predicted)**	**Legal Mechanisms / Constraints**	**Kaitautoko (supporting agencies)**
This measure was developed under the CPF but has not yet been implemented. It is intended to ease the burden on the health system in a region. S70's were used as part of the elimination strategy to restrict movement in, out and around an area.	• Enforcement and compliance Legislative change connected to responsive and protective strategy • Health response, rationale and coordination – TTIQ, vaccination, exemptions, isolation support, policy, surveillance. Health measures. • Vaccination rates and immune escape. • Financial support and payments • Localised boundary implementation and exemptions (air, road, maritime), BTD, CCES, CWE, Personal exemptions • Critical food and essential needs • Sector guidance and engagement. Public information, GIS mapping. • False information monitoring and mitigation • Population and equity support for vulnerable communities • Closures – e.g., workplaces, facilities, schools • Critical services – Water, Cemeteries and Crematoria, Highway infrastructure, Public Transport • Regional/local coordination groups to work with vulnerable populations. (e.g., young people (OT), homelessness (HuD), social support (WINZ), etc		**48 - 72 hours** notice required for a boundary event and legal orders	• **High trust model** with little or no social pressure to follow S70 rules • **Risk of dislocating communities** or key economic zones – 'cutting off' communities from supermarkets or workplaces etc • **Social burden** on businesses and education providers • Enforcement constraints - high trust model.	COVID-19 Public Health Response (Protection Framework) Order 2021. Section 70 of the Health Act 1956 ("S70 notices") NZBORA - s9(2)(h)	**DPMC** - Policy, AOG coordination and centralised management, public engagement, UAC, GIS maps, NRG chair. Instruct PCO on order making. **Police, MoJ, WorkSafe** - Enforcement and compliance **MoH/DHB** - Health response & behaviours, TTIQ, vaccination, exemptions **MPI** - Primary sector compliance monitoring and exemptions **MSD, MOE, OT, HUD, MOH, Treasury, MEC, TPK, DIA, Police, SWA, KO, NEMA-** Caring for Communities **Treasury and Inland Revenue** - Financial support **MBIE** - CCES, COVID-19 Compliance Breach Tool, guidance to business sectors **MoT** - Transport operation and critical food supply **MoE** - ECS, Schools, Tertiary **Te Arawhiti/TPK, MPP, Ministry of Ethnic communities, Office of Disability, Office for seniors** - Population / Treaty implications **Sport NZ** - facilities and sporting events/activities **Waka Kotahi** - Traffic plans **Local Government / DIA** - Regional intelligence and sector guidance, working together to decide regional boundaries and critical services maintained **Crown Law, Parliamentary Counsel Office (PCO)** - Legal advice and Orders **MFAT** – Diplomatic community

Protections

Measure: Boundaries – monitored checkpoints (hard)		COVID-19 Strategy: Elimination | Minimisation and Protection			Kaiwhakahaere (lead agency): DPMC		
What Can It Achieve?	**Dependencies & Interdependencies**	**Financial Considerations**	**Re-activation Timing**	**Social & Cultural Impact (immediate)**	**Social & Cultural Impact (enduring)**	**Legal Mechanisms / Constraints**	**Kaitautoko (supporting agencies)**
Targeted response within a specific region to minimise spread wider, allowing for enforcement of breaches to localised borders	• Police led compliance and enforcement (e.g., operation Romeo) • TTIQ • Public information - keep it simple • GIS mapping to have local guidance to avoid dislocating communities. • Public health response and testing regime • Financial support and payment • Travel exemption process – health and business, BTD, CCES, CWE, Personal exemptions • Physical checkpoint placement, set up, resourcing and operational plan. • Operational response and resolve of critical issues • Team to process and consider applications for exemptions that are received. • Driver vaccination status • Freight lanes where possible (including compliance checking sites for freight) • Corridor to allow supply of critical food and essential needs • Supply chain exemptions required • Critical services – Water, Cemeteries and Crematoria, Highway infrastructure, Public Transport, public toilets for transport operators. • Business Travel Documentation System (Note; was previously used under the alert level system, not the CPF). • Degree of community spread • RPSCs should be leading consultation with regions on advice (via MSD) to ensure any decisions are fit for purpose.	Temporary Traffic Management costs for the State Highway network (these costs are met by Waka Kotahi) is estimated at **$3.2million** Local Government costs for regional roads: • Auckland Transport $64,698 • Kaipara District Council $64,519 • Waikato District Council $30,006 • Hauraki District Council $160,776 Total costs (estimated) **$3.52million** Auckland's checkpoints are more costly as these were primarily on State Highways, whereas Hauraki checkpoints were on regional roads.	**72 hours** to reactivate	Location of boundaries can have adverse impacts i.e. • **cut off food / essential supply** • inconvenience getting to work causing delay in travel time • **separated families,** • travel with tamariki to and from care residence and schools • **hinder access to housing, court appointment, court hearings and youth justice residences, healthcare etc** • **Iwi want checkpoints for longer** to keep Māori safe. • **Public attitudes differ and can cause reputation damage** to Police and government. • **Resource intensive exemptions process impacted other BAU functions** • Police operations are resource intensive with large scale logistics. • **Animal welfare concerns due to delays** in transportation and challenges in getting supplies across boundaries • **Utilising central government networks** to leverage existing relationships is critical to build trust in settings and processes (e.g., Auckland Policy Office convening regular meetings with sector leads) • **Utilising Police to provide enforcement at regional boundaries** reduced presence on the ground and raised concerns about increasing crime rates. • **Risk of dislocating communities or key economic zones** – 'cutting off' communities from supermarkets or workplaces etc • Emotional/financial stress on households can lead to an **increase in cases of domestic violence** • **Access to appropriate social / cultural / welfare supports,** especially for older people and the disabled community.	• **System concern with coping if more than two regions in different levels/colours**. This is due to resourcing, funding and technology to implement. • **Risk of dislocating communities or key economic zones** – 'cutting off' communities from supermarkets or workplaces etc	[COVID-19 Public Health Response (Protection Framework) Order 2021](#) Operational decision on checkpoints – Police discretion [NZBORA](#)	**Police** - Management, enforcement & compliance **NZDF** - Support to operational agencies (as requested or directed) **MOH/DHB/PHU** - Health Response and travel exemptions **DPMC** - Policy, AOG coordination and centralised management, public engagement, UAC, GIS maps, NRG chair. Instruct PCO on order making. **MBIE** - CCES, COVID-19 Compliance Breach Tool, guidance to business sectors **MOT** - Transport sector (air, maritime, road), critical food and essential needs supply **Waka Kotahi** - Traffic plans **MPI** - Primary sector compliance monitoring, exemption process **Treasury and Inland Revenue** – Financial support **Te Arawhiti/TPK, MPP, Ministry of Ethnic communities, Office of Disability** - Population care / Treaty implications. **PSC** - Surge workforce **MOE** - Guidance for children, students and staff travelling inter-regionally to access education and accommodation (school hostels and tertiary accommodation); supply chain pressures (including for education building programme) **Local Government / DIA -** Regional intelligence and sector guidance, working together to decide regional boundaries and critical services maintained **AVSEC** - Airport compliance checks **MSD** - Support coordination of welfare, including on-site Community Connectors. **MFAT** – Diplomatic community

Protections

Measure: Boundaries – spot checkpoints (soft)		COVID-19 Strategy: Elimination | Minimisation and Protection			Kaiwhakahaere (lead agency): DPMC		
What Can It Achieve?	**Dependencies & Interdependencies**	**Financial Considerations**	**Re-activation Timing**	**Social & Cultural Impact (immediate)**	**Social & Cultural Impact (enduring)**	**Legal Mechanisms / Constraints**	**Kaitautoko (supporting agencies)**
High trust model to help contain an outbreak. CPF – different immunisation rates in different regions.	• GIS mapping of the boundary • Surveillance for enforcement and compliance • Public health risk assessment • Social welfare support and equity • Financial support and payment • Travel exemption process, Business Travel Declaration (BTD), Close Contact Exemption Scheme (CCES), Critical Worker Exemption (CWE), Personal exemptions. (note: the BTD can only be used under the alert level system, not the CPF). • COVID Protection Framework setting changes. • Surge workforce for breaches and exemptions • Public information – keep it simple • Impact on education and workforces • Critical services – Water, Cemeteries and Crematoria, Highway infrastructure, Public Transport • RPSCs should be leading consultation with regions on advice (via MSD) to ensure any decisions are fit for purpose.	**Absorbed into base line** Police staffing costs	**48 hours** notice required to activate	• Not everyone followed the rules – some impact to contain the virus • **Community sentiment split** over following rules. • Police district leadership to work closely with Iwi enforcement Officers. • Less resource intensive and **able to be handled as part of normal Police response**. • Vulnerable peoples living alone or with multiple supports can become isolated • Travel into/out of and through regions is restricted which **can isolate people from loved ones** • Funeral and Tangihanga are restricted		COVID-19 Public Health Response (Protection Framework) Order 2021 Enforcement manageable by Police NZBORA	**Police** - Management, enforcement and compliance **MOH/DHB** - Health Response and travel exemptions **DPMC** - Chair operations & planning workgroups, sector guidance, CPF policy, UAC, engagement, GIS mapping. **MBIE** - CCES, COVID-19 Compliance Breach Tool, guidance to business sectors **MOT** - Transport sector (air, maritime, road), critical food and essential needs supply **MPI** - Primary sector compliance monitoring, exemption process **Treasury and Inland Revenue** – Financial support **DIA /RLG** - regional / territorial engagement and support, local border restrictions **Te Arawhiti/TPK, MPP, Ministry of Ethnic communities, Office of Disability, Office for Seniors** - Population care / Treaty implications. **MOE** - guidance for children, students and staff travelling inter-regionally including to access accommodation (school hostels and tertiary accommodation) **MSD** - Support coordination of welfare, including on-site Community Connectors. **MFAT** – Diplomatic community

Protections

Measure: COVID-19 Compliance Breach Tool		COVID-19 Strategy: Elimination	Minimisation and Protection			Kaiwhakahaere (lead agency): MBIE and DPMC		
What Can It Achieve?	**Dependencies & Interdependencies**	**Financial Considerations**	**Re-activation Timing**	**Social & Cultural Impact (immediate)**	**Social & Cultural Impact (enduring)**	**Legal Mechanisms / Constraints**	**Kaitautoko (supporting agencies)**
A mechanism for reporting breaches of the CPF.	• Legal requirements and public information (Breach topic). • Triage of noncompliant to the relevant agency – compliance action as required. • The platform is Microsoft-based, meaning it is stable and adaptable. • UAC website is the online mechanism to link to vendor. • Requires changes in the CPF to be reflected in real time to ensure breaches are able to be correctly reported	**Scale and scope will determine if this measure can be absorbed within baseline funding**, or a request for additional funding from technology vendor.	Existing online measure accessed through UAC. **Able to activate quickly**, subject to resource availability and scope change (if any).	• Around **4,000 total breaches** reported and assigned to a compliance agency from Feb – May 2022 • Approximately **58% of breaches were referred to Worksafe, 30% to MOH and 12% to Police**. • This measure was very specific and bespoke to the needs of the CPF. While the breach tool is considered adaptable and changeable, **proactive measures can be difficult due to the ongoing uncertain nature of the pandemic**.	• Ownership of this online measure should be considered in delineation with other agencies. MBIE is the technology vendor but does not have people-capacity to operate the system.	COVID-19 Public Health Response (Vaccinations) Order 2021 COVID-19 Public Health Response (Protection Framework) Order 2021	**Police** - Action breach **MOH** - Action breach **MBIE** - Technology vendor **Worksafe** - Action breach **DPMC** - UAC website, CPF **Te Arawhiti** - Treaty implications

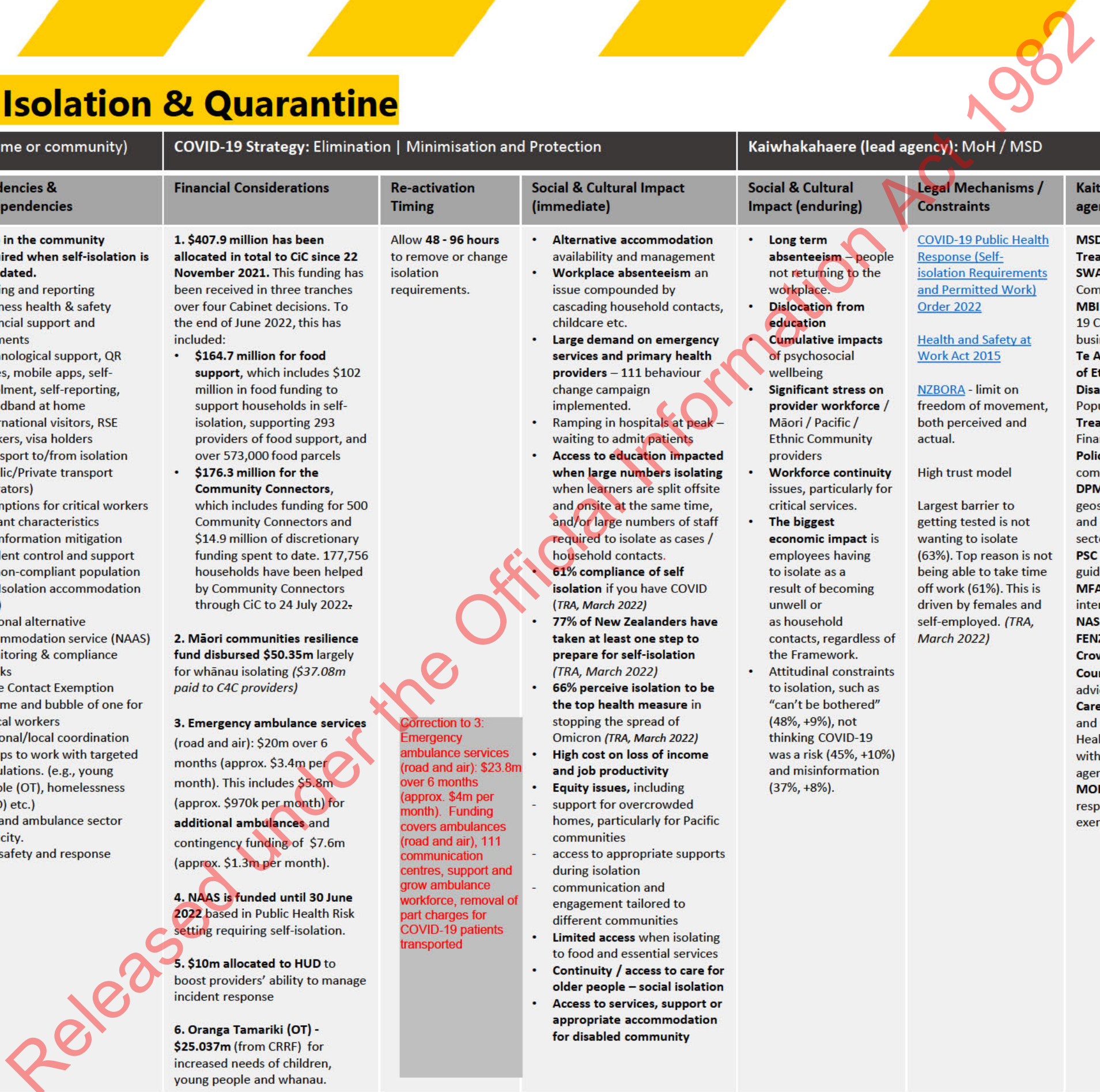| Measure: Business Travel Documentation (BTD) | | COVID-19 Strategy: Elimination | Minimisation and Protection | | | Kaiwhakahaere (lead agency): MBIE | | |
|---|---|---|---|---|---|---|---|
| **What Can It Achieve?** | **Dependencies & Interdependencies** | **Financial Considerations** | **Re-activation Timing** | **Social & Cultural Impact (immediate)** | **Social & Cultural Impact (enduring)** | **Legal Mechanisms / Constraints** | **Kaitautoko (supporting agencies)** |
| Business permitted travel and special exemption measure to allow essential business to pass across boundaries. | • MBIE online registration and ad hoc compliance checks
• NZ Business number
• Stand up temporary workforce to process exemptions
• Exemption teams and manual review teams within compliance agencies | **Scale and scope will determine if this can be absorbed within baseline** funding, or a request for additional funding is required. | **Less than 24 hours** to reboot site and confirm permitted travel guidelines

 Could be reactivated in **30 minutes** of Order being in place if no change to scheme model or **4-6 hours** if changes required

 Standing up teams to process exemptions or undertake manual processing could take **24-48 hours**. | • Critical component of the Auckland lockdown to make passage quicker and simpler for both workers and Police at checkpoints.
• **Access to internet/online facilities is required** to use the system | | COVID-19 Public Health Response (Alert Level Requirements) Order (No 10) 2021 | **MBIE** - Vendor, guidance to business sectors and public information.
DPMC - UAC
Te Arawhiti - Treaty implications
MOT, MPI, MOJ, Corrections, MOH, MOE -
Exemptions processing and updating of permitted travel reasons |

Test, Trace, Isolation & Quarantine

Measure: Managed Isolation - Domestic (community cases)		COVID-19 Strategy: Elimination	Minimisation and Protection			Kaiwhakahaere (lead agency): Te Whatu Ora (Health NZ)		
What Can It Achieve?	**Dependencies & Interdependencies**	**Financial Considerations**	**Re-activation Timing**	**Social & Cultural Impact (immediate)**	**Social & Cultural Impact (enduring)**	**Legal Mechanisms / Constraints**	**Kaitautoko (supporting agencies)**
Protection for vulnerable domestic populations from a severe variant. (e.g. low vaccine rates, high risk) Individuals required to enter a managed isolation facility under the COVID-19 Public Health Response (Self-isolation Requirements and Permitted Work) Order 2022 **MIQ was used domestically as an interim measure prior to the full operation of the Care in the Community model.**	• MIQ could only be used again in this context if MIQ is already in place for border arrivals following a full border restriction. • Facilities (hotels) would NOT agree to be stood up again only for a domestic response given previous experiences with community cases. • Legal advice to relevant CE as to whether they can accept community cases lawfully given PCBU responsibilities and previous experience of threats, harassment, and intimidation of staff. • Variant characteristics and severity • Significant increase in police resourcing and presence at facilities accepting community cases required • Significant increase in security resourcing and staffing at facilities accepting community cases • Reactivate MIQ facilities, staffing, processes and training • New staff to be hired and trained. • PHRA to determine necessity • legislative changes • Exemption system • Clinical and welfare support at facility • Public information, UAC and engagement • Misinformation monitoring and mitigation • Vaccine mandates and testing • Incident control and support for non-compliant population • Transit to/from MIQ/MIF • Support to move homeless people into temporary accommodation into MIQ. • Relevant local authority – early indication of change of use of facility to community cases • Fire compliance and training.	• Unlike border arrivals community cases were not charged fees. **All costs full born by Crown.** • **Additional security** and police resources • **Increased welfare and social support** • Accommodation **repair damage** and return to owner • **Overall operational costs for MIQ are estimated at $800m annually.** This is for MIQ and does not differentiate between arrival and community occupants. Please refer to measure "Managed Isolation (MIQ/MIF) – arrivals" for further financial considerations.	**MIQ** - Time to add reactive functionality to mitigate increased compliance challenges, welfare and IPC standards risks within facilities. **Two weeks** for implementation of dedicated ambulance services	• Cost of diverting additional police, health and social services staff away from other parts of the system (e.g. police response times) • Disproportionally affects lower socio-economic groups that may not have suitable housing/circumstances to isolate. • People missed important events, e.g., tangi/ funeral, wedding, time with loved ones • Concerns around the safety and welfare of MIQ staff, raising complex PCBU responsibilities and arrangements. • Total number of domestic community cases in MIQ was 4,986 (between 31.8.20 and 1.4.22) • Access to appropriate welfare and cultural support required to avoid enduring harm from reduced access	• Eroded trust in Government of people compelled out of their homes and communities and into MIQ. • Critical Local and regional impact of having MIQ facilities, such as Rotorua, Hamilton etc over the past few years. • MBIE do not believe MIQ should lead domestic isolation facilities in the future – propose MoH or included under self-isolation model.*	s9(2)(h) COVID-19 Public Health Response (Self-isolation Requirements and Permitted Work) Order 2022 COVID-19 Public Health Response (Isolation and Quarantine) Order 2020 Fire and Emergency New Zealand Act 2017 (S11 subpart 4) Fire and Emergency New Zealand (Fire Safety, Evacuation Procedures, and Evacuation Schemes) Regulations 2018 NZBORA - use of MIQ rooms for community cases obstructs the ability of overseas New Zealanders to return by reducing room capacity. **Low trust model.** Form of detention and restriction of movement.	**MIQ** - Operations, resourcing, facility management, staffing, custodial of care. Communications and engagement **MOH/DHB** - Health response, TTIQ, exemption, Vaccination, clinical support. **Police** - Security and compliance **NZDF** - Security and compliance (as requested or directed) **MOT** - Transport guidance for moving positive cases to isolation **Treasury** - Financial support **DPMC** - UAC **MFAT** - Consular, protocol division, returning NZ Inc personnel and people with priority access rights. **BEB** - Border coordinating function, data and insights **HUD** - Homelessness and temporary housing cohort. **MSD** - Support coordination of welfare, including on-site Community Connectors **NASO** - Ambulance services **FENZ** - Fire compliance, response, training **Te Arawhiti** - Treaty implications **Crown Law, Parliamentary Counsel Office (PCO)** - Legal advice and Orders

Test, Trace, Isolation & Quarantine

Measure: Self-isolation (home or community)		COVID-19 Strategy: Elimination | Minimisation and Protection			Kaiwhakahaere (lead agency): MoH / MSD	

What Can It Achieve?	Dependencies & Interdependencies	Financial Considerations	Re-activation Timing	Social & Cultural Impact (immediate)	Social & Cultural Impact (enduring)	Legal Mechanisms / Constraints	Kaitautoko (supporting agencies)
Positive cases and household contacts to isolate. Minimises risk of spread of COVID-19, in the community relieving pressure on the health system through a high trust high trust, primarily self-management model utilising self-service measures.	• **Care in the community required when self-isolation is mandated.** • Testing and reporting • Business health & safety • Financial support and payments • Technological support, QR codes, mobile apps, self-enrolment, self-reporting, broadband at home • International visitors, RSE workers, visa holders • Transport to/from isolation (Public/Private transport operators) • Exemptions for critical workers • Variant characteristics • Misinformation mitigation • Incident control and support for non-compliant population • Self Isolation accommodation (SIQ) • National alternative accommodation service (NAAS) • Monitoring & compliance checks • Close Contact Exemption scheme and bubble of one for critical workers • Regional/local coordination groups to work with targeted populations. (e.g., young people (OT), homelessness (HuD) etc.) • 111 and ambulance sector capacity. • Fire safety and response	1. **$407.9 million has been allocated in total to CiC since 22 November 2021.** This funding has been received in three tranches over four Cabinet decisions. To the end of June 2022, this has included: • **$164.7 million for food support,** which includes $102 million in food funding to support households in self-isolation, supporting 293 providers of food support, and over 573,000 food parcels • **$176.3 million for the Community Connectors,** which includes funding for 500 Community Connectors and $14.9 million of discretionary funding spent to date. 177,756 households have been helped by Community Connectors through CiC to 24 July 2022. 2. **Māori communities resilience fund disbursed $50.35m** largely for whānau isolating *($37.08m paid to C4C providers)* 3. **Emergency ambulance services** (road and air): $20m over 6 months (approx. $3.4m per month). This includes $5.8m (approx. $970k per month) for **additional ambulances** and contingency funding of $7.6m (approx. $1.3m per month). 4. **NAAS is funded until 30 June 2022** based in Public Health Risk setting requiring self-isolation. 5. **$10m allocated to HUD** to boost providers' ability to manage incident response 6. **Oranga Tamariki (OT) - $25.037m** (from CRRF) for increased needs of children, young people and whanau.	Allow **48 - 96 hours** to remove or change isolation requirements. **Correction to 3:** Emergency ambulance services (road and air): **$23.8m over 6 months** (approx. $4m per month). Funding covers ambulances (road and air), 111 communication centres, support and grow ambulance workforce, removal of part charges for COVID-19 patients transported	• **Alternative accommodation** availability and management • **Workplace absenteeism** an issue compounded by cascading household contacts, childcare etc. • **Large demand on emergency services and primary health providers** – 111 behaviour change campaign implemented. • Ramping in hospitals at peak – waiting to admit patients • **Access to education impacted when large numbers isolating** when learners are split offsite and onsite at the same time, and/or large numbers of staff required to isolate as cases / household contacts. • **61% compliance of self isolation** if you have COVID *(TRA, March 2022)* • **77% of New Zealanders have taken at least one step to prepare for self-isolation** *(TRA, March 2022)* • **66% perceive isolation to be the top health measure** in stopping the spread of Omicron *(TRA, March 2022)* • **High cost on loss of income and job productivity** • **Equity issues,** including - support for overcrowded homes, particularly for Pacific communities - access to appropriate supports during isolation - communication and engagement tailored to different communities • **Limited access** when isolating to food and essential services • **Continuity / access to care for older people** – social isolation • **Access to services, support or appropriate accommodation for disabled community**	• **Long term absenteeism** – people not returning to the workplace. • **Dislocation from education** • **Cumulative impacts** of psychosocial wellbeing • **Significant stress on provider workforce** / Māori / Pacific / Ethnic Community providers • **Workforce continuity** issues, particularly for critical services. • **The biggest economic impact** is employees having to isolate as a result of becoming unwell or as household contacts, regardless of the Framework. • **Attitudinal constraints** to isolation, such as "can't be bothered" (48%, +9%), not thinking COVID-19 was a risk (45%, +10%) and misinformation (37%, +8%).	[COVID-19 Public Health Response (Self-isolation Requirements and Permitted Work) Order 2022](#) [Health and Safety at Work Act 2015](#) [NZBORA](#) - limit on freedom of movement, both perceived and actual. High trust model Largest barrier to getting tested is not wanting to isolate (63%). Top reason is not being able to take time off work (61%). This is driven by females and self-employed. *(TRA, March 2022)*	**MSD, MOE, OT, HUD, MOH, Treasury, MEC, TPK, DIA, Police, SWA, KO, NEMA-** Caring for Communities **MBIE -** NAAS, H&S, CCES, COVID-19 Compliance Breach Tool, business guidance. **Te Arawhiti/TPK, MPP, Ministry of Ethnic communities, Office of Disability, Office for seniors -** Population / Treaty implications **Treasury and Inland Revenue -** Financial support and payments **Police -** educate, enforce and compliance **DPMC -** UAC, AoG engagement, geospatial maps, Chair operations and planning working groups and sector guidance **PSC -** Public sector workforce guidance and surge **MFAT -** Consular assistance for international visitors **NASO -** Ambulance services **FENZ -** Fire safety and education **Crown Law, Parliamentary Counsel Office (PCO) -** Legal advice and Orders. **Care in the Community -** Health and welfare components, led by Health and MSD respectively, with support for a range of other agencies. **MOH/DHB -** Health response, TTIQ, data, insights, exemptions

Test, Trace, Isolation & Quarantine

Measure: Testing – Diagnostic and Surveillance		COVID-19 Strategy: Elimination	Minimisation and Protection			Kaiwhakahaere (lead agency): MoH		
What Can It Achieve?	**Dependencies & Interdependencies**	**Financial Considerations**	**Re-activation Timing**	**Social & Cultural Impact (immediate)**	**Social & Cultural Impact (enduring)**	**Legal Mechanisms / Constraints**	**Kaitautoko (supporting agencies)**
Diagnostic Testing - enables people to get a test when needed. Testing options include rapid antigen tests (RATs), PCR, Lamp, Saliva Testing is available to everyone in New Zealand in a free or paid capacity, access to certain modalities does come with some restrictions.	• MOH procurement, RATs collection and community testing centres and community providers. • Agencies for the provision of testing within their subsidiary groups/agencies and the compliance and monitoring aspect. • Healthline to provide advice and support • Care in the community - support potentially required for positive cases • Ease of access to tests for the public – logistics, centralised/decentralised etc. • PCR testing for priority groups such as vulnerable persons, including those in hospital or residential care facilities and those who are immunocompromised.	Additional $20 million in funding required for diagnostic and surveillance	**14 days** required if this was scaled back (but depends on how far current measures are scaled back)	• **Workforce absenteeism** as a result of positive tests. • **Not testing** due to not wanting to isolate or miss an event. • **47% compliance of RATs** testing (TRA, March 2022)	• Retail ~$6.00 per RAT	[COVID-19 Public Health Response (Protection Framework) Order 2021](#)	**MOH/DHB -** Public health operations/supply, TTIQ, NITC, Intelligence, communications/Healthline, exemptions, clinical support. **DPMC -** UAC, chair NRG and C-19 SOG operations group, reassurance **Treasury -** Financial support **PSC -** Public sector workforce guidance **NASO -** Emergency services **MOT -** Guidance to aviation sector **DIA/Local Government -** Sector guidance and coordination with critical services. **NASO -** Engaging with providers on RAT supply, level / frequency of surveillance testing, providers working with DHBs to perform patient testing before ED arrival **Te Arawhiti -** Treaty implications
Surveillance Testing gives visibility on variants, prevalence and trend of COVID-19 across New Zealand e.g., wastewater, hospital patient testing, border testing.	• ESR contractual terms • Waste water monitor and trends • Case intelligence, assessment and advice • Health and Safety, compliance and monitoring aspect. • Health reporting on data, insights and modelling • Testing kits and distribution in easy to access locations – RATs/Lamp/PCR/Saliva Global databases of new variants and mutations • Vaccination effectiveness against new variants/subvariants • Mandated testing of workforce • Early access to tests – logistics, centralised/decentralised etc. • Working with industry to support test distribution and compliance. • Global intelligence and data (monitoring development) • Self reporting of test results	See above	Ongoing - Severity of variant takes **1 - 2 months for data to accumulate.**	• ESR's current capacity for WGS is 750 samples per week. **Work is underway to increase capacity to 850 a week by 1 June and then 1,500 a week by 1 July 22**. • Ongoing surveillance gives Health **early warning of potential immune escape variant**. • **Speed of new variant replacing old variant can be very swift**, (*Omicron infected 50% of US pop in 10 weeks*).		[COVID-19 Public Health Response (Required Testing) Order 2020](#)	**MOH -** Commissioning, intelligence and reporting. **Treasury -** Financial support **DIA/Local Government -** Assist with coordination and access to ensure smooth ongoing delivery of critical services including waters, cemeteries/crematoriums etc. **NASO -** Workforce **Te Arawhiti -** Treaty implications

Test, Trace, Isolation & Quarantine

Measure: Close Contact Exemption Scheme (CCES) and Bubble of One			COVID-19 Strategy: Minimisation and Protection			Kaiwhakahaere (lead agency): MBIE / MoH	
What Can It Achieve?	Dependencies & Interdependencies	Financial Considerations	Re-activation Timing	Social & Cultural Impact (immediate)	Social & Cultural Impact (enduring)	Legal Mechanisms / Constraints	Kaitautoko (supporting agencies)
Both schemes provide workers with a legal exemption from isolation order - Asymptomatic household contacts. - Cases that work alone.	• Business to register for the CCES scheme • High trust model – Worksafe responsible for compliance of breaches	Loss to economy if essential workforces are unable to continue due to the need to isolate.	Scheme is still underway. If no longer active, could be reactivated within an hour of Order being in place if no change to scheme model or 2 hours if changes required.	• CCES has received over **30,000 businesses registering more than 1.1 million workers** (40% of the total workforce) [@ 26 April 22] • **No register process exists for the Bubble of One** – numbers utilising this scheme is unknown.	• System proposes 'work in a bubble' in conjunction with 'bubble of one'.	Director-General of Health exemption of the COVID-19 Public Health Response (Self-isolation Requirements and Permitted Work) Order 2022	**MBIE** - Registration **Te Arawhiti -** Treaty implications **DPMC** - UAC, chair NRG and C-19 SOG operations group, reassurance **MOH** - Health advice MOT, MPI, MOJ, Corrections, MOH, MOE - Exemptions processing

Measure: Critical Workers Return To Work Scheme (very limited case by case)			COVID-19 Strategy: Minimisation and Protection			Kaiwhakahaere (lead agency): MoH	
What Can It Achieve?	Dependencies & Interdependencies	Financial Considerations	Re-activation Timing	Social & Cultural Impact (immediate)	Social & Cultural Impact (enduring)	Legal Mechanisms / Constraints	Kaitautoko (supporting agencies)
Legal framework to allow workers who are COVID-19 positive to return to work if the need is critical to NZ – the bar is <u>very</u> high.	• Sponsoring agencies to work with sectors • DG exemption process • Information template	Loss of infrastructure caused by isolation could have significant economic and social cost to NZ.	Scheme is still underway	• **Workers returning to work whilst positive delayed their full recovery** in some instances.	Requires sector agency to sponsor the workplace and worker to received DG exemption.	Director-General of Health exemption of the COVID-19 Public Health Response (Self-isolation Requirements and Permitted Work) Order 2022	**MOH** - Process, template, DG sign-off **Te Arawhiti** - Treaty implications **DPMC** - UAC, chair NRG and C-19 SOG operations group, reassurance **Sector agencies -** Sector guidance and initial case assessment

Measure: IPC - Personal Protective Equipment (PPE)			COVID-19 Strategy: Elimination│ Minimisation and Protection			Kaiwhakahaere (lead agency): MoH / Health NZ	
What Can It Achieve?	Dependencies & Interdependencies	Financial Considerations	Re-activation Timing	Social & Cultural Impact (immediate)	Social & Cultural Impact (enduring)	Legal Mechanisms / Constraints	Kaitautoko (supporting agencies)
Infection Prevention Control (IPC) measures to ensure the basic health protection and safety of users.	• PPE stocks availability across the country – includes particulate respirators, medical masks, isolation gowns, face shields, nitrile gloves, and good volumes of hand sanitiser, disinfectant wipes and other items of PPE utilised across the health and disability sector.			• MOH centralised supply and distribution model has **ensured the appropriate and regular supply of PPE and essential medical supplies throughout the COVID-19 response** including Delta and Omicron outbreaks. • **Longer time to turn around aircraft** due to extra MoH IPC measures over and above those set by IATA	• **Reduces life of aircraft interiors** due to increased wear & tear by MoH requirements	COVID-19 Public Health Response (Self-isolation Requirements and Permitted Work) Order 2022	**MOH** – Some supply and set IPC measures for aviation border. **MSD** – Purchase and distribution for PPE providers **MNZ** - Role in reviewing and setting these for maritime border. **MOT** - Sector guidance **NASO** - Sector guidance **Te Arawhiti** - Treaty implications

Test, Trace, Isolation & Quarantine

Measure: Record Keeping, Contract Tracing and Case Investigation			COVID-19 Strategy: Elimination | Minimisation and Protection			Kaiwhakahaere (lead agency): Health NZ	
What Can It Achieve?	**Dependencies & Interdependencies**	**Financial Considerations**	**Re-activation Timing**	**Social & Cultural Impact (immediate)**	**Social & Cultural Impact (enduring)**	**Legal Mechanisms / Constraints**	**Kaitautoko (supporting agencies)**
Contact Tracing and Case Investigation- Identifies and provides the appropriate testing and isolation advice to people to minimise the risk of transmission. It reduces the number of infectious people active in the community.	• Legal requirement • Staff training, capacity and investigation network • COVID-19 Domestic Framework • Healthline • Public information and campaign - Posters/content distribution. • Mobile technology - QR scanning Testing methodologies • Police to be kept appraised to contact tracing – high risk contact - RFI (Request For information) • Online Contact Tracing Form • IT: National Contact Tracing Solution • Isolation exemption schemes • Legal framework – isolation and quarantine requirements, scanning requirements	**Return to greater monthly expenditure for national telehealth services** to support increased workforce	**1 week** to activate surge workforce capacity, reactivate management processes and pathways, provided current model of baseline and surge workforce retention is maintained	• **Total contacts – 1,154,762** (627,552 contacts reached) • Case management needs can surge quickly. • **Increased need to monitor and manage compliance**. • Education providers having to contact trace as trusted members of the community has placed a **strain on education resources** • Notification to a close contact to watch for symptoms and get tested **helps minimise the spread** across the Motu	• Expectations from members of the public that they will be contacted by a health official not being met could result in distrust or a false sense of security. • **Inequitable access to support** particularly the vulnerable or those without mobile tech may result in worse long term health outcomes • Build on the **experience of non-mainstream communities** to inform communications approaches in the future.	[COVID-19 Public Health Response (Protection Framework) Order 2021](#) [COVID-19 Public Health Response (Self-isolation Requirements and Permitted Work) Order 2022.](#)	**MOH -** Public health operational, policy, staffing and managing the delivery of national telehealth services **DPMC/MOH -** UAC and public engagement. Policy CPF changes. **MBIE -** Business guidance and engagement **AOG Agencies -** Sector and workforce guidance **PSC -** Workforce surge from public service agencies. **Healthline -** Advice & information, surge workforce. **Police -** High risk RFI. **Te Arawhiti -** Treaty implications
Contract Tracing Upload online tool for the uploading of cases numbers to MoH database.	• Sectors to upload contact tracing sheets e.g., education	N/A	Active measure	• Online tool was **not user friendly** and some organisation (e.g. schools) found it difficult to navigate and get technical support for.	• Limited role when contract tracing is not required.	N/A	**MOH -** Vendor and online host **Education/sectors –** user
Record keeping - public ability to record movements by scanning or manual diary. Allows contact tracing to happen quickly when there is an exposure relating to a new variant(s) of concern	• Legislative mandate to record keep • Public information and sector guidance • QR code posters or manual record keeping. • COVID-19 tracer app and technology update (if required by MOH)	**Up to 2 weeks** for sector guidance and installation of Posters and manual record keeping mechanism onsite. Waka Kotahi paid costs for public transport sector to put QR codes on fleets	**48 hours** for legislating, gazetting and sectors to mobilise record keeping apparatus. **2 weeks** to update mobile app on stores (if required)	• **High trust model** influenced by social sentiment • **38% compliance of scan/record keeping**. [Willingness to comply has declined 19% since Jan 2022] *(TRA, March 2022.*	• **Reduced belief in effectiveness** led to reduced compliance. • **Resistance to being mandated** to scan in and/or keep records.	[COVID-19 Public Health Response (Protection Framework) Order 2021](#)	**MOH -** Public health assessment, intelligence and guidance **DPMC -** UAC posters, content and communications. Engagement with sector stakeholders **MBIE -** Guidance to business, hospitality and events sector. **WorkSafe -** Compliance **MOT -** Transport sector **AoG agencies -** Guidance and engagement with relevant sector **Te Arawhiti -** Treaty implications

Care in the Community

Measure: Community Connectors		COVID-19 Strategy: Elimination	Minimisation and Protection			Kaiwhakahaere (lead agency): MSD		
What Can It Achieve?	**Dependencies & Interdependencies**	**Financial Considerations**	**Re-activation Timing**	**Social & Cultural Impact (immediate)**	**Social & Cultural Impact (enduring)**	**Legal Mechanisms / Constraints**	**Kaitautoko (supporting agencies)**
The Community Connection service takes an active approach to ensuring people needing help are able to access information, support and services across multiple government agencies and service providers.

The Community Connectors support the welfare needs of individuals and whānau to keep them safe while isolating at home / in the community. Community Connectors navigate and connect individuals and whānau to various services available during and in transition from self-isolation.

Includes associated funding and establishment of systems between agencies, and community sector. | • Welfare Financial support
• Welfare case management - accessed through call centre or online request help online
• Clinical and emergency support
• Existing contracts in place with community providers – adapted to include services
• Whole of social sector communication channel
• Critical services – Water, Cemeteries and Crematoria, Highway infrastructure, Public Transport
• Tax instalment arrangements, write-offs and remittance of penalties, interest and some benefit criteria, where appropriate.
• Alternative accommodation access for people unable to safety isolate at home, or do not have a permanent address (i.e. homeless or in temporary accommodation)
• CDEM Group local knowledge may aid coordination and support especially for Māori, Pasifika, rural and ethnic communities and community leaders, and the Community Connection Service. This is typically a last resort. | **1. Community connectors** $178.6m to providers who support households with critical welfare needs.

2. Māori community providers - $37.08m [part of resilience fund of $50.35m for whānau isolating]

3. **Care in the community $407.9 million has been allocated in total to CiC since 22 November 2021.** This funding has been received in three tranches over four Cabinet decisions. To the end of June 2022, this has included:
• **$164.7 million for food support**, which includes $102 million in food funding to support households in self-isolation, supporting 293 providers of food support, and over 573,000 food parcels
• **$176.3 million for the Community Connectors**, which includes funding for 500 Community Connectors and $14.9 million of discretionary funding spent to date, which connectors can use to support people's immediate needs such as rent arrears, food, medical needs and utilities. 177,756 households have been helped by Community Connectors through CiC to 24 July 2022.

4. **Time-limited funding for MPP to deliver CiC ceased as at the end of the 2021/22 financial year.** This presents a gap in the CiC response as there is currently no Pacific-specific programme. | **Providers are already working with communities** and some able to provide instant support (noting some providers often find this leaves them out of pocket).
There are 500 Community Connectors contracted through to June 2023

4 weeks reactivation if not already operational – allows time for procurement / contracting and training staff. | • **Community connectors have supported ~150 thousand households** in communities when they needed it most.
• **The Community Connection service has been expanded** to flexibly respond to ongoing demands under the CPF, and to ensure the diverse needs of individuals and whānau who are self-isolating can be met by making sure they have access to the support and services they need.
• Ensuring **Care in the Community is delivered in an equitable manner** is critical to providing Aotearoa's most vulnerable and high-risk communities the level of care and support required to manage impacts from COVID-19.
• Digital tools have enabled COVID-19 people and whānau to be triaged and assessed quickly.
• Sector leads play a role e.g., EMA, Chambers of Commerce run help lines, and webinars.
• In May 2022, **funding was ring-fenced to support disabled communities**. | • The expansion of the Community Connection service **complements the wider welfare approach** and will continue to be a 'go to' service for people affected by COVID-19.
• This measure is a **vital link to support the needs of people self-isolating**. The expansion has enabled help to people with broader COVID-related issues like supporting people with high and complex needs with employment or education support.
• Providers have found **collaborative and flexible ways of working** that will be retained in future outbreaks.
• Ongoing **mental health and wellbeing support has not been provided** as part of welfare support.
• The Māori health workforce **is feeling exhausted, unsupported and underappreciated**. | N/A | **Caring for communities -** Caring for Communities Informal CE's Group acting as a triage and resolution group for welfare system issues – includes **MSD, MOE, OT, HUD, MOH, Treasury, MEC, TPK, DIA, Police, SWA, KO, NEMA.**
MBIE - Business sector guidance, NAAS
MOT - Critical food supply
MPI - Primary sector engagement
DIA - Local government
Inland Revenue - Supporting tax payers
NEMA - Coordination of aid and support where appropriate
HUD - Homelessness and people in temporary accommodation
Te Arawhiti - Treaty implications
RLGs - regional hubs and network governance.
Care in the Community - Health and welfare components, led by Health and MSD respectively, with support for a range of other agencies .
MOH / DHB - Health response, TTIQ, clinical support, exemption process |

Public health & social measures

Measure: Face Masks (encouraged)		COVID-19 Strategy: Elimination | Minimisation and Protection			Kaiwhakahaere (lead agency): MoH		
What Can It Achieve?	**Dependencies & Interdependencies**	**Financial Considerations**	**Re-activation Timing**	**Social & Cultural Impact (immediate)**	**Social & Cultural Impact (enduring)**	**Legal Mechanisms / Constraints**	**Kaitautoko (supporting agencies)**
Encourage wearing masks to reduce the risk of transmission where social distancing is not able to be maintained	• Public health need • Personal, community and business support of mask wearing. • Misinformation monitoring and mitigation • Face mask exemptions		**48 hours** for setting change	• **78% of people are willing to comply** *(TRA March 22)* • **The Deaf community lose access to lip reading**. Some in the blind community find their mobility hearing is negatively affected. • **Social pressure to not wear masks Barrier for hearing impairment** • **Clarity needed on mask types that are safe to use.** • **Robust exemption process** helps reduce fake exemptions. • **Communications reinforces safe behaviour** • Not able to pick up on non- verbal cues can **impact social work to assess issues/needs**.	• Removal of mandate interpreted as no longer beneficial to wear masks, rather than no longer justifiable as a requirement. • Abuse of the mask exemption system has **disadvantaged people with disabilities**. • Māori / Iwi supportive of masking as a baseline measure.	COVID-19 Public Health Response (Protection Framework) Order 2021	**MOH** - Public health response and guidance on mask usage/types. Exemptions **AOG agencies -** Sector guidance **DPMC** - Policy and UAC campaign and engagement **Te Arawhiti -** Treaty implications

Measure: Face Masks (mandatory)		COVID-19 Strategy: Elimination | Minimisation and Protection			Kaiwhakahaere (lead agency): MoH		
What Can It Achieve?	**Dependencies & Interdependencies**	**Financial Considerations**	**Re-activation Timing**	**Social & Cultural Impact (immediate)**	**Social & Cultural Impact (enduring)**	**Legal Mechanisms / Constraints**	**Kaitautoko (supporting agencies)**
Mandatory wearing of masks reduces the risk of transmission in high- risk locations	• Legal Framework setting – red and orange. • Public health risk assessment • Compliance and enforcement • Legal mandate as required • Misinformation monitoring and mitigation • Face mask exemptions		**72 hours** for CPF setting change **Sector guidance in place** prior to announcement. Retail & Business to increase stock of face masks.	• **78% of people are willing to comply** *(TRA March 22)* • **The Deaf community lose access to lip reading**. Some in the blind community find their mobility hearing is negatively affected. • **Impacts on education** – more difficult to both teach and learn when masks are required. **Barrier for hearing impairment** • Potential **impact on attendance onsite at school**, and difficulty enforcing use in education. • **Clarity needed on mask types that are safe to use.** • **Robust exemption process** helps reduce fake exemptions. • **Keep face masks requirements** simple to follow. • Not able to pick up on non- verbal cues can **impact social work to assess issues/needs**.	• Agencies and Regional Leadership Groups (RLGs) note, **anecdotally, face mask compliance is waning**. • Abuse of the mask exemption system has **disadvantaged people with disabilities**. • Māori / Iwi supportive of masking as a baseline measure.	COVID-19 Public Health Response (Protection Framework) Order 2021 NZBORA	**MOH** - Public health response and guidance on mask usage/types. Exemptions **MBIE -** Engagement and guidance with event, business and tourism sectors. **AOG agencies -** Sector guidance **DPMC** - Policy, Chair C-19 SoG / NRG, UAC campaign and engagement. **DIA/Local Government -** Local government guidance **Te Arawhiti -** Treaty implications **MSD** - support distribution of masks for workforce, including vulnerable communities, which are provided through NZ food network or community providers.

Public health & social measures

Measure: Events and Gathering Limits			COVID-19 Strategy: Elimination | Minimisation and Protection			Kaiwhakahaere (lead agency): MoH	
What Can It Achieve?	**Dependencies & Interdependencies**	**Financial Considerations**	**Re-activation Timing**	**Social & Cultural Impact (immediate)**	**Social & Cultural Impact (enduring)**	**Legal Mechanisms / Constraints**	**Kaitautoko (supporting agencies)**
Minimises risk of infection when high numbers of people come together	• Framework setting • Public health risk assessment to determine capacity limits • Vaccination • Financial support • Sector Guidance early • Clarity of definitions and mixed-use premises. • Moving face to face meetings to online settings	**1. Significant economic impacts** on event and gathering-based sectors, including reduced viability of certain sectors, such as festivals, or individual businesses, for example where they are too small to absorb reduced income from events subject to gathering limits. **2. Auckland's GDP** Capacity restrictions at red caused approx. 11% drop or $35M per day – for the initial week or two at Red.	**48 hours** for CPF setting change Sector engagement required prior to announcement	• **Police require clarity on rules** to maintain public compliance. • Effective **public information vital**. • **Poor application of tikanga makes it hard to practice social work** in a culturally appropriate way. • **Online social work makes Family Group Conferences tricky to navigate** • Impacts on Tangihanga/Funerals, weddings and family gatherings.	• **Slow return** of events, festivals and loss of confidence in setting up new hospitality or tourism businesses	[COVID-19 Public Health Response (Protection Framework) Order 2021](#) [NZBORA](#)	**MOH** - TTIQ and Health response **MBIE** - Workplace compliance, sector guidance **Police** - Compliance and enforcement. **Treasury and Inland Revenue** – Financial support **DPMC** – E.g. CPF policy changes, UAC communications, AoG engagement/guidance and National Response Group, C-19 SOG (operations and planning) **All agencies** - Sector guidance **Police** - Education, encouragement and enforcement. **DIA/Local Government** - Guidance and input to inform decision making including any limits set. **Te Arawhiti** - Treaty implications

Measure: Ventilation			COVID-19 Strategy: Elimination | Minimisation and Protection			Kaiwhakahaere (lead agency): MoH and MBIE	
What Can It Achieve?	**Dependencies & Interdependencies**	**Financial Considerations**	**Re-activation Timing**	**Social & Cultural Impact (immediate)**	**Social & Cultural Impact (enduring)**	**Legal Mechanisms / Constraints**	**Kaitautoko (supporting agencies)**
Brings fresh air in and removes potentially contaminated air from indoor settings, reducing the risk of transmission	• Communications and behaviour change • The built environment has solutions and strategies for good ventilation to be achieved, monitored and maintained.	Installing ventilation property improvements (i.e., CO2 monitors and air cleaners) into building/homes/schools comes at a cost.		• Good ventilation has been a focus for schools across New Zealand.	• Public aware of the value of opening windows and maintaining good ventilation as a safety measure. • Personal health measure • Build on the **experience of communities** to educate sectors.	Various regulatory levers; approach to be canvassed in October 2022 report back to Ministers	**MOH** - Public health **MBIE** - Guidance for building owners and users of commercial buildings to reduce the spread of illnesses. **DPMC** - UAC content and campaign **MOE** - Provision of, and funding for ventilation property improvements and supplementary technologies (i.e., CO2 monitors and air cleaners) in the education sector.

Public health & social measures

Measure: Health Behaviour and Habits (encouraged)		COVID-19 Strategy: Elimination | Minimisation and Protection			Kaiwhakahaere (lead agency): MoH / Health NZ		
What Can It Achieve?	**Dependencies & Interdependencies**	**Financial Considerations**	**Re-activation Timing**	**Social & Cultural Impact (immediate)**	**Social & Cultural Impact (enduring)**	**Legal Mechanisms / Constraints**	**Kaitautoko (supporting agencies)**
Stay home if you are sick can reduce transmission of the virus	• High trust on people following healthy habits when unwell • Workplace Health and Safety	N/A	**Ongoing** healthy habit	• **58% compliance** of staying home when unwell *(TRA, March 2022)*	• Personal health measure	N/A	**MOH** - Public health **MBIE** - Business sector guidance. **WorkSafe -** Health & safety **DPMC** - UAC content and campaign **PSC** - public sector guidance **Te Arawhiti** - Treaty implications
Physical distancing can reduce transmission of the virus when distancing 1m from others.	• Social sentiment and behaviour change • Continual public information and reminders • Health and Safety measures	N/A	**Ongoing** Replacement of promotional materials (e.g. posters) may be required.	• After two years, there is **erosion of social licence** and unwillingness to cooperate with public health measures • Impact on the ability for Early learning centres ability to operate.	• Health & safety measure	N/A	**MOH** - Public health risk assessment and guidance on mask usage. Exemptions **DPMC** - UAC campaigns and public engagement. **DIA/Local Government** - Local government guidance **Te Arawhiti -** Treaty implications **PSC** - Public sector guidance
Hygiene (wash hands) can reduce transmission of the virus	• Social behaviour • Continual public information and reminders • Means to wash hands in workplaces and public facilities.	N/A	**Ongoing** Replacement of education materials (e.g. posters) may be required.	• After two years, there is **erosion of social licence** and unwillingness to cooperate with public health measures	• Personal health & safety measure	N/A	**MOH** - Public health risk assessment and guidance on mask usage. Exemptions **DPMC -** UAC campaigns and public engagement. **Te Arawhiti -** Treaty implications

Measure: Healthline Contact Centre		COVID-19 Strategy: Elimination | Minimisation and Protection			Kaiwhakahaere (lead agency): MoH		
What Can It Achieve?	**Dependencies & Interdependencies**	**Financial Considerations**	**Re-activation Timing**	**Social & Cultural Impact (immediate)**	**Social & Cultural Impact (enduring)**	**Legal Mechanisms / Constraints**	**Kaitautoko (supporting agencies)**
Call centre for COVID-19 health advice and vaccination advice.	• Health advice and information sharing for call centre scripts • Scalable workforce – available 24/7 • MOH and UAC website to house contact details • 0800 contact numbers • Free health advice	N/A	**Ongoing** contract in place.	• **Well recognised by the system and the public** as the place to go to talk to someone about COVID-19 advice. • **Translation interpreters available** as well as Deaf, hearing impaired, Deafblind and speech impaired.	• Consistent of call centre for COVID-19 is an important aspect of the response. • **Demand for support is rising** as we enter the winter period. The **7-day average of calls was 3,500 per day** as at 1 June 2022.	COVID-19 Public Health Response (Protection Framework) Order 2021 COVID-19 Public Health Response (Vaccinations) Order 2021	**DPMC -** Workforce and management and policy **MOH -** Subject specialists **BEB agencies -** Subject specialists **Whakarongorau Aotearoa -** Service provider

Public health & social measures

Measure: Unite Against COVID-19 Channels (UAC)		COVID-19 Strategy: Elimination | Minimisation and Protection			Kaiwhakahaere (lead agency): DPMC		
What Can It Achieve?	**Dependencies & Interdependencies**	**Financial Considerations**	**Re-activation Timing**	**Social & Cultural Impact (immediate)**	**Social & Cultural Impact (enduring)**	**Legal Mechanisms / Constraints**	**Kaitautoko (supporting agencies)**
Public facing source for public facing information shared on campaign, website and social channels. Ensuring all agencies and communities have the same public information, and communications going to sectors is consistently delivered across multiple channels. Equity of information and translation is vital part of these channels	• Public announcements and media releases • Communication channels to distribute accurate and consistent information out to the response sector. • Approvals process and system to ensure information is accurate and checked before release. • Technology platform requirements, functionality, certification, etc • Centralised and aligned public information that has been sourced from all response sectors e.g. transport, health, border etc • Research and social monitoring enable effectiveness and clarity of measures and understands public sentiment. • Skilled workforce required to manage baseline measure such as UAC website and 5 social channels.	• UAC Campaign budget to develop managed social channels, website and media placement is significant - **$60 million in 2021**. • UAC engagement and communication requires a dedicated team to inform AOG agencies and stakeholders, and response to public and media questions. • Vaccination campaign and event activities budget is significant - **$32 million in 2021**.	Ongoing. **Would require new responsible agency to takeover** or renegotiate existing external contracts and technology platforms. Some disruption is expected if new workforce required to take over channels. **24 – 48 hours** to transfer platforms to new host server (if required).	• Well-known by a sizeable proportion of the population as providing accurate and timely information. • Agencies, such as Te Arawhiti/TPK and the Ministry for Pacific Peoples culturally tailor UAC information and share with communities in a timely and accurate way Such **tailored guidance has supported trust and confidence across diverse communities** within New Zealand. The guidance was available in up to 9 Pacific languages and te reo Māori. • **National information was sometimes hard to understand** and interpret into a regional lens. • UAC brand associations are stable and is perceived to be clear, directional and informative [TRA, March 22] • UAC channels have grown substantially. Since January 21, the website had **over 20 million views and social channels grew by 50%,** plus a new youth focused social channel (TikTok) was set up. [UAC social report] • UAC campaigns have been highly recognised, winning 40 creative, effectiveness and media awards in 2020/21. • UAC has a **dedicated COVID-19 information hub for disabled people**. Information on accessible vaccination centres is available online and through other accessible channels.	• AoG communications (e.g., Grid, FAQ and newsletter) are used widely by response agencies to share information to sectors. • UAC channels including advertising is **easy to identify and well respected.** • Build on the **experience** of non-mainstream **communities to inform** communications approach in the future. • Future messaging to reduce uncertainty and anxiety of populations. • **Trusted community influencers** kept appraised of developments / engaged, have subsequently supported agency communications as an effective dissemination channel.	COVID-19 Public Health Response (Protection Framework) Order 2021	**DPMC -** Communications, channels, campaign, engagement **MOH -** Subject specialists and communication channels **BEB agencies -** Subject specialists

Measure: Geographic Information System (GIS)		COVID-19 Strategy: Elimination | Minimisation and Protection			Kaiwhakahaere (lead agency): DPMC		
What Can It Achieve?	**Dependencies & Interdependencies**	**Financial Considerations**	**Re-activation Timing**	**Social & Cultural Impact (immediate)**	**Social & Cultural Impact (enduring)**	**Legal Mechanisms / Constraints**	**Kaitautoko (supporting agencies)**
Geospatial Platform for public facing web map, static image and localised boundaries	• UAC website and sector engagement • MoU between DPMC and Police – supported by Eagle and Intergen. • New Zealand Police host the GIS platform.	**Monthly running costs are split between DPMC, the Ministry of Health (MoH), and the Ministry of Business, Innovation & Employment (MBIE),** by transfer each month to NZ Police. DPMC agreed to pay $10,500 per month from 1st April 2021 to 31st March 2023 or a total of $252,000 (excl. GST), GIS costs $31,500 a month to run.	GIS in place until 31 March 2023	• **Visible and clear way to show alert level or traffic light boundaries.** • Allows individual addresses to identify setting for each region.	• Important measure when settings are regionalised or localised.	COVID-19 Public Health Response (Protection Framework) Order 2021	**DPMC -** Insights & reporting team **MOH -** Health advice on location.

Vaccination

Measure: Vaccination and Proof of Vaccine			COVID-19 Strategy: Elimination | Minimisation and Protection			Kaiwhakahaere (lead agency): MoH / Health NZ	
What Can It Achieve?	**Dependencies & Interdependencies**	**Financial Considerations**	**Re-activation Timing**	**Social & Cultural Impact (immediate)**	**Social & Cultural Impact (enduring)**	**Legal Mechanisms / Constraints**	**Kaitautoko (supporting agencies)**
Vaccine and Booster Protection of the population from death and severe illness. Can enable the lifting of population-wide controls (e.g. lockdowns, border restriction) and a move to an individual-based system of controls 91% of eligible population (5yrs+) are fully vaccinated (Two doses @ 19.5.22]	• Vaccine supply, distribution and health care officials • Vaccination effectiveness / waning evidence • Vaccine rates and insights • Financial support • Proof of vaccine system - MVP • Vaccine mandates • Workplace guidance, support and public information • Health vaccination centre network • Legal requirements and BORA • Misinformation monitoring and mitigation • Pacific vaccine supply and NZ Inc personnel and dependents • Incident control and support to get Homeless population vaccinated • Supply chain exemptions • Linking to hard to reach populations • Transport to Vaccine centres • Recognition of vaccines administered overseas	**1. Public vaccination campaign** $35 million (March 21 – Feb 22) 2. **Māori communities vaccination campaign** $70.58m **3. Total Vaccination programme** is estimated to have cost $1.4 billion [Minister Hipkins May 21] **4. Cost to support arrangements with Pacific countries,** such as provision of vaccines.	From the start of vaccination rollout to over 90% of the eligible population being vaccinated was **10 months** (FEB-Dec 2021). A new rollout is likely to be similar timing. Vaccine availability – **Simultaneous engagement and vaccination of hard-to-reach groups**, rather than sequential (after the main vaccination drive) as in 2021.	• **2021 campaign identified hard-to-reach groups** (e.g. Māori, Pasifika, rural, younger NZers), many of whom still have below-average vaccination rates. • **Targeting at-risk groups** not factored into planning from the start. • Alignment with international availability for travellers **Employment implications** for unvaccinated workforce where mandates in place • As more New Zealanders get the booster, the **un-boosted group becomes more resistant** • Māori and Pacific communities were highly **impacted by misinformation** causing some to not get vaccinated and/or boosted. • An 'all of whanau' approach and a schools-based programme prioritising deciles four and below – was not proceeded with.	• MOH have reported three deaths associated with the vaccine [May 22] • Legal challenges to vaccine mandates • Ongoing social cohesion and social licence. • May require ongoing boosters to remain effective, additional access requirements • Accessible vaccination options now include low sensory and physically accessible vaccination centres, free transport to vaccination centres and home-visit vaccination options.	COVID-19 Public Health Response (Vaccinations) Order 2021	**MOH -** Vaccination strategy, operations, supply and case management. Vaccine mandates and exemption process, clinical support, public information/campaign. **Treasury** - Economic **PSC** - Public sector workforce **Te Arawhiti/TPK/MPP/ Disability/Seniors/MEC-** Community engagement. mobilisation with local health providers. Treaty implications. **DPMC** - UAC **MFAT** - Alignment with international travellers, resident diplomats. Pacific supply. **BEB** - (Maritime and air) – Vaccine mandates **HUD** - Homeless population **MOT** - Supply chain exemption process **DIA/Local Government** - Local government guidance **MBIE** - Purchase of Vaccinations
Proof of Vaccination – CVC/MVP Get more people vaccinated and provide a mechanism for proof of being fully vaccinated to access locations.	• MVP digital vaccine passes software and mobile app • Change to vaccine expiry dates • Vaccination system response, supply and network • Financial • Vaccine mandates • Vaccine evidence required for entry • Workplace health and Safety guidance • public information and business posters and content. • Misinformation monitoring and mitigation • Proof for Pacific and NZ Inc personnel and families. • Proof point for vulnerable communities without digital access.	Customs verification workforce cost $6.4 million per year.	MVP app and software in place System changes (e.g. expiry dates, boosters included) Legislate vaccine and pass requirement if needed. If workforce disbanded the Customs vaccination and PDT verification workforce would take between **4-8 weeks to re-establish** dependent on whether existing airport staff could be leveraged. The verification team in Customs is approximately **60FTE**. This number may not be sufficient depending on passenger numbers at the time of use.	• Exemption for govt funded housing caused **logistical issues for providers** due to vulnerability of the homeless cohort and high density of some facilities • **Caused social division** with those not wanting to get vaccinated unable to access some facilities or services. • Alignment with international availability for travellers (including Ministerial visitors). • **Significant safety concerns** relating to enforcement and compliance, security guards have been required at different local government offices and venues which has both direct financial costs and social impacts	• **Social cohesion and social license** erosion, some still hold the belief of a two-class system with regards to vaccine requirements.	COVID-19 Public Health Response (COVID-19 Vaccination Certificate) Order 2021 NZBORA	**MOH** - My vaccine pass mobile app, Health system assessment and guidance. Vaccine campaign and content. Policy. Clinical support. Exemptions. Public information/campaign **MBIE** - Business engagement and vaccine guidance. **WorkSafe** - Health & safety business guidance **Treasury** - Economic **DPMC -** Sector engagement, UAC **AOG** - Sector guidance **BEB** - Border vaccine mandates **MFAT** - Alignment with international travellers, resident diplomats. Pacific supply. **Customs** - Verifying vaccination and PDT status at the border through the New Zealand Traveller Declaration system. **DIA/Local Government** - Local government guidance **HUD** - Homeless population **Te Arawhiti -** Treaty implications

Vaccination and Therapeutics

Measure: Vaccine Mandates and Therapeutics			**COVID-19 Strategy:** Elimination | Minimisation and Protection			**Kaiwhakahaere (lead agency):** MoH / Pharmac	
What Can It Achieve?	**Dependencies & Interdependencies**	**Financial Considerations**	**Re-activation Timing**	**Social & Cultural Impact (immediate)**	**Social & Cultural Impact (enduring)**	**Legal Mechanisms / Constraints**	**Kaitautoko (supporting agencies)**
Vaccine mandates: Ensures the protection of critical and frontline workers, most at risk of contracting and passing on the virus	• Legislation of mandate requirements. • Mitigation of false information • Extensive sector and business engagement required.	To implement further mandates would require MBIE to reprioritise work programmes and obtain additional funding.	A minimum of **4 weeks** would likely be needed to assess whether the above requirements were met and to prepare necessary briefings, undertake the required consultation and prepare the necessary Order.	• **Protests** – Social unrest as seen in protests across NZ (Over $2.5m for police staffing and $1m for clean up) • **Disinformation** – Government mandates or requirements can provide fuel for dis/misinformation groups • **Exacerbates existing workforce shortages** e.g. volunteer firefighters, health and disability sector • **6,407 Temporary Medical Exemptions received by MOH**. (As of 12.5.22) 4,509 were granted, 919 declined, remainder are open or incomplete.	• Consideration toward the findings of the judicial review judgments of the High Court in COVID-19 cases, particularly vaccination mandates • This includes the level of vaccination in the applicable workforce, the level of risk and whether there are any other less-rights infringing alternatives to requiring vaccination that could be effective.	COVID-19 Public Health Response (Vaccinations) Order 2021 NZBORA Yardley v Minister for Workplace Relations and Safety - Police and Defence Force Work Mandates overturned	**MOH** - Policy, sector engagement, vaccine supply **Transport / MBIE** - Border and MIQ workforce **Te Arawhiti -** Treaty implications
Therapeutics (anti-viral medication) to protect those at higher risk of death and severe illness from COVID-19 infection.	• Supply, distribution and health care officials, clinical science • Vaccine rates and insights • Financial support • IPC measures • MedSafe approval process • Allocation of therapeutics to appropriate recipients • If supply is limited access criteria need to be tightened, so that therapeutics reach those with greatest need	Can utilise existing distribution and dispensing systems **High-cost** medication with limited global supply.	Time for MedSafe approval, purchase, manufacturing, logistics and distribution.	• Paxlovid, Molnupiravir and Lagevrio (5.5.22) provides additional oral treatment options in the home.			**MOH -** Policy and clinical care **MedSafe** - Approves anti-virals for use in New Zealand **Pharmac -** Procurement/funding of treatments **Te Arawhiti -** Treaty implications

Appendix 1: Sectors Responsibility Per Response Agency

Sector	Agency/Agencies
Education – ECE, Schools and Tertiary	Ministry of Education
Transport – Public, Aviation and Maritime	Ministry of Transport
Hospitality, Events and Tourism	Ministry of Business, Innovation & Employment
Supermarkets, Critical Lifelines	Ministry of Business, Innovation & Employment
Small Businesses	Ministry of Business, Innovation & Employment
Healthcare	Ministry of Health
Primary Sector	Ministry for Primary Industries
Social Services	Ministry for Social Development
Local Government and Councils	Department of Internal Affairs
Public Sector Agencies	Public Service Commission
Places of Worship	Department of the Prime Minister and Cabinet *(Note: Long term agency lead required to lead this sector)*
Marae – Iwi/Māori	Te Arawhiti
Sport	Sport NZ
Justice and Enforcement	Ministry of Justice, Corrections, New Zealand Police
Emergency	Fire and Emergency New Zealand, National Ambulance Sector Office
Borders	Customs / BEB
Isolation Accommodation	Ministry of Business, Innovation & Employment (supply – contracting third party provider), Ministry of Health (assessment and placement)
Critical Infrastructure & Business	Ministry of Business, Innovation & Employment

Appendix 2: Glossary

Abbreviation	Meaning
ABO	Air Border Order - COVID-19 Public Health Response (Air Border) Order (No 2) 2020
AOG	All of Government
ALO	Airline Liaison Officer
AVSEC	Aviation Security Service
BAU	Business as Usual
BEB	Border Executives Board
BORA	Bill of Right Act 1990
BTD	Business Travel Documentation System
C4C	Caring for Communities
CCES	Close Contact Exemption Scheme
CDEM	Civil Defence and Emergency Management
CERT	Computer Emergency Response Team
CIC	Care in the Community
CLO	Crown Law Office
CP Visa	Critical Purpose Visa
CRRF	COVID-19 Response and Recovery Fund
CSP	COVID-19 Support Payment – Previously Resurgence Support Payment
CWE	Critical Worker Exemptions
DG	Director-General of Health
DHB	District Health Board
DIA	Department of Internal Affairs
DPMC	Department of the Prime Minister and Cabinet
ECE	Early Childhood Education Centre
FTE	Full time equivalent - A unit that indicates the workload of an employed person
GDP	Gross Domestic Product
GIS	Geospatial Insights Software
HADR	Humanitarian Assistance Disaster Relief
HUD	Housing and Urban Development
INZ	Immigration New Zealand
IPC	Infection Prevention Control
MBIE	Ministry of Businesses Innovation and Employment
MBO	Maritime Border Order - COVID-19 Public Health Response (Maritime Border) Order (No 2) 2020
MEC	Ministry for Ethnic Communities
MFAT	Ministry of Foreign Affairs and Trade
MIQ	Managed Isolation and Quarantine
MNZ	Maritime New Zealand

Appendix 2: Glossary continued

Abbreviation	Meaning
MOE	Ministry of Education
MOH	Ministry of Health
MOJ	Ministry of Justice
MOT	Ministry of Transport
MPI	Ministry for Primary Industries
MPP	Ministry for Pacific People
MSD	Ministry for Social Development
MVP	My Vaccine Pass
NAAS	National Alternative Accommodation Service
NASO	National Ambulance Sector Office
NCMC	National Crisis Management Centre
NITC	National Investigation and Tracing Centre
NRG	National Response Group
NZDF	New Zealand Defence force
NZeTA	New Zealand Electronic Travel Authority
NZSRR	New Zealand Search and Rescue Region
NZTD	New Zealand Traveller Declaration
PCBU	Person Conducting a Business or Undertaking
PCO	Parliamentary Council Office
PDT	Pre-Departure Testing
PHRA	Public Health Risk Assessment
PSC	The Public Service Commission - Te Kawa Mataaho - is the central agency charged with leading and improving the performance of the State sector
RAT	Rapid Antigen Test
RFI	Request for Information
RLG	Regional Leadership Group
RSE	Recognised Seasonal Employer
SBCS	Small Business Cashflow Loan Scheme
SOG	Senior Officials Group
TPK	Te Puni Kōkiri – Māori wellbeing and development
TTIQ	Test, Trace, Isolate and Quarantine
UAC	Unite Against COVID-19 - A central place for information from the New Zealand Government about COVID-19
VHR	Very High Risk
WINZ	Work and Income New Zealand

Appendix 3: Criteria

1. Operational Complexity Criteria

Pages 6 and 14 of this document include a criteria measure for the complexity of reactivating a border or domestic measure.
Below is the criteria used to classify the operational complexity measure.

Very High	Extremely high fiscal and economic impact that is likely to outweigh health benefits. Complex to operationalise due to resource, time to stand up measure and legal requirement. Limited private sector support and lacks public sentiment.
High	High fiscal impact and complex to operationalise due to resource required and time to stand up measure. Public sentiment may not support the measure.
Moderate	Some difficulties to operationalise the measure as it requires additional resources and financial commitment. Sector guidance and Public information required to implement. Legal mechanism in place or not required.
Low	Able to operationalise quickly, measures already in place and limited public information required. Legal mechanism in place or not required.

2. Government agency role criteria

Kaiwhakahaere (leading role)

An agency may list an activity as lead if the following criteria apply:

- The agency's role within the system naturally aligns themselves with playing a leading role of activities required to meet the objective.
- The agency's role within the system naturally aligns themselves with playing a leading role in owning a critical activity.
- That resources available to that agency positions themselves to play a leading role in the objective/critical activity.
- The agency is ultimately accountable or has a legislative mandate for the correct and thorough completion of the activity.

Kaitautoko (supporting role)

An agency may list an activity as support if the following criteria apply:

- The agency's role within the system naturally aligns itself with playing a responsible role in delivering aspects of the activities required in meeting the objective(s).
- The agency's role within the system aligns itself with leading secondary activity.
- The agency's contribution towards the completion of an activity is to provide subject-matter advice and/or keep informed.

Appendix 4: Agencies Consulted

Agencies engaged through the workshop and follow-up consultation on the Catalogue of COVID-19 Response Measures were:

- Crown Law Office
- Department of Internal Affairs
- National Emergency Management Agency
- Public Service Commission
- The Treasury
- Ministry of Education
- Ministry of Business, Innovation & Employment, including MIQ and the Auckland Office
- Ministry of Health
- Ministry for Pacific Peoples
- New Zealand Police
- Te Arawhiti
- New Zealand Customs
- Department of the Prime Minister and Cabinet
- Inland Revenue

- Immigration New Zealand
- Ministry of Foreign Affairs and Trade
- Ministry for Primary Industries
- Ministry of Social Development
- Ministry for Transport
- Ministry for Ethnic Communities
- Te Puni Kōkiri
- Oranga Tamariki
- Ministry of Housing and Urban Development
- Parliamentary Counsel Office
- Ministry of Justice
- Fire and Emergency New Zealand
- Department of Corrections
- National Ambulance Sector Office
- New Zealand Defence Force