

# Opening Up

National's plan to  
tackle COVID-19,  
end lockdowns and  
reopen to the world

2021



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## Foreword

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**Hon Judith Collins**  
Leader of the Opposition



**Chris Bishop**  
National Party Spokesperson  
for COVID-19 Response

New Zealand led the world during 2020 in eliminating COVID-19 through a bold and aggressive strategy. Mistakes were made along the way, but overall the strategy worked. By the start of 2021, New Zealanders enjoyed freedoms that many other people didn't have. The future looked bright, with COVID-19 vaccines already rolling out around the world and set to roll out in New Zealand.

Unfortunately, the Government has taken its eye off the ball during 2021. Instead of building on the gains of last year, by taking advantage of our isolation and aggressively vaccinating as many New Zealanders as possible as quickly as possible, investing in world-class contact tracing and testing, and building capacity in the health system, the Government has been complacent. The COVID-19 Response and Recovery Fund was misspent on art therapy, cameras on fishing boats, and Three Waters reform, rather than on investments that would have made a difference in our response.

The ongoing Delta outbreak that started in August has been a rude awakening for both the Government and many New Zealanders, with the Level 4 lockdown in Auckland lasting longer than the original lockdown in March 2020. The Delta outbreak has proven hard to contain, exacerbated by a low level of vaccination coverage at the start of the outbreak and a lack of planning and preparation in dealing with it.

New Zealand is at a tipping point. Delta is here in New Zealand, it may not be possible to eliminate it, and it would almost inevitably arrive into the community again anyway. Newer variants pose fresh risks. But New Zealand cannot remain isolated forever, with hundreds of thousands of Kiwis stuck offshore, functionally unable to return to New Zealand due to highly restrictive border settings and lack of space in Managed Isolation Facilities. Likewise, New Zealand will continue to need migration to bolster our economic recovery and to fill skill shortages, especially in our health system.

In the National Party, we believe fervently that our future lies as a small and nimble nation connected to the rest of the world. Our prosperity in the 21st century will depend on those global connections – trade, tourism, foreign investment, international education and more. Many other developed countries are now reopening and we cannot sit in splendid isolation forever. We must take the steps necessary to turn our defensive success against COVID into an ongoing advantage. The sooner we can safely reconnect to the rest of the world, the better.

This document outlines National's plan for the next twelve months in responding to COVID-19.

The first pillar of our plan is called **INVEST**. It is an outline of ten steps that we need to take urgently to respond to COVID-19 and to set ourselves up to begin to reconnect to the world. These are important measures that New Zealand needs to take, whatever the strategy is for the future. These steps will help us evolve our response away from lockdowns and help us reconnect to the world. They give us options and choices about the future.

The second pillar of our plan is called **EVOLVE**. It is all about doing what it takes to end our reliance on economically damaging and socially costly lockdowns. We have set a milestone of 70-75% of the population aged 12+ being fully vaccinated as soon as possible. Modelling shows that once we get to that level, and including community response measures like those listed in pillar one, nationwide lockdowns are no longer needed. By itself, reaching this milestone as quickly as possible will have a demonstrably positive impact on New Zealand.

The third pillar of the plan is called **OPEN**. It is our pathway to reconnect New Zealand to the world. We have set a milestone of at least 85-90% of the 12+ population being fully vaccinated for this to happen, although we want to get as high a vaccination rate as possible. Vaccination coverage in the community of at least 85% plus community response measures (pillar one) means that COVID can be dealt with adequately and efficiently by our public health system.

To be clear, this is a strategy based on vigorous suppression of COVID-19. It means dealing with COVID-19 in the community as and when it arises, and gearing up the health system to cope with people who fall sick.

New Zealand has a choice. We can continue on the path of elimination forever, using expensive and socially devastating lockdowns with incredibly tight border settings that lock out thousands of New Zealanders from returning to their homeland. Or we can recognise that Delta has changed the game, New Zealand cannot remain a hermit kingdom forever, and that our response must evolve accordingly. With proper deployment of public health tools in our community and at the border, we can avoid nationwide lockdowns and reopen to the world, while still responding effectively to COVID-19.

New Zealanders have done the hard yards. They have willingly followed harsh lockdown measures and other COVID-19 restrictions and, increasingly, they have been vaccinated for the common good. It's time for them to be offered a vision and a plan about how their hard work will pay off. This is that plan.

Once we reopen to the world, the future is in the hands of New Zealanders. National will have more to say in the coming months about the opportunities being a world leader in COVID management brings. But to get there, we need National's plan.



**Hon Judith Collins**  
Leader of the Opposition



**Chris Bishop**  
Spokesperson for COVID-19 Response

# Summary of policy initiatives

## PILLAR ONE: INVEST

### Step 1: Supercharge the vaccine rollout

#### Priority vaccinate South Auckland

- Increase utilisation of GPs and other health providers who can target those in vulnerable communities using existing data.
- Ramp up pop-up clinics, walk-in centres, 24 hour drop-in clinics for essential workers and vaccination buses/vans.
- Partner with civil society in South Auckland – church and faith groups in particular.
- Increase use of social service providers like The Fono to target ethnic communities to boost vaccination rates amongst Māori and Pasifika.

#### Quickly complete vaccinating the vulnerable

- Support GPs to go through patient lists and identify who should be getting a vaccine based on their own patient data.

#### Vaccinate the vectors: young people

- Set up vaccination centres on university and polytechnic campuses around New Zealand and consider cash or voucher incentives.
- Work with hospitality and business associations to establish pop-up vaccination clinics in major hospitality/nightlife areas.

#### Resource Māori to get vaccination rates higher

- Increase resourcing to Whānau Ora providers and Māori health providers to allow them to develop programmes that will work.
- Allow data held by District Health Boards (DHBs) and Primary Health Organisations about patients to be automatically accessed by Whānau Ora providers.
- Establish a Rangatahi Advisory Group to specifically advise on how to engage with this group of young people.

	<p><b>Make better use of GPs and pharmacists</b></p> <ul style="list-style-type: none"> <li>Onboard as many GPs as possible into the vaccine system by cutting red tape and mandate that all currently vaccinating GPs and pharmacists can vaccinate for COVID-19.</li> </ul> <p><b>Go door to door focusing on high risk communities</b></p> <ul style="list-style-type: none"> <li>Establish a continuous programme of door-knocking, starting in suburbs and areas with low vaccine uptake.</li> </ul> <p><b>Vaccinate in MIQ</b></p> <ul style="list-style-type: none"> <li>Establish a roving team of vaccinators to vaccinate people in MIQ.</li> </ul> <p><b>Use incentives</b></p> <ul style="list-style-type: none"> <li>Commission behavioural scientists and economists to draw upon the best available evidence about what incentives have worked and are working in other jurisdictions, and then quickly invest in a variety of incentive programmes.</li> </ul> <p><b>Vaccinate 12+ year olds in schools before the end of the year</b></p> <ul style="list-style-type: none"> <li>Immediately task the Ministry of Education and Ministry of Health with creating a plan to vaccinate in secondary schools before the end of the year.</li> </ul> <p><b>Be ready to go immediately with 5-11 year olds</b></p> <ul style="list-style-type: none"> <li>Planning should begin immediately to ensure as many 5-11 year olds can get vaccinated in a variety of settings before the end of the year, including at school.</li> </ul> <p><b>Mandate COVID-19 healthcare worker vaccination</b></p> <ul style="list-style-type: none"> <li>Use the COVID-19 Public Health Response Act 2020 to mandate that healthcare workers in COVID-19 workstreams are vaccinated.</li> </ul>
<p><b>Step 2: Order vaccine boosters</b></p>	<ul style="list-style-type: none"> <li>Finalise vaccine supply contracts with Pfizer for boosters in 2022, 2023 and beyond.</li> </ul>

<b>Step 3: Upgrade our contact tracing capability</b>	<ul style="list-style-type: none"> <li>• Increase resourcing for contact tracing significantly, both for the “steady state” and surge capacity ready to go when needed for outbreaks.</li> <li>• Make the development of multilingual contact tracers a high priority.</li> <li>• Develop relationships and training with networks of community providers especially people of faith and marae communities.</li> <li>• Develop relationships and certify private call centres around patient confidentiality and expectations.</li> <li>• Increase engagement with primary care in contact tracing.</li> <li>• Ensure contact tracing training incorporates Bluetooth and ensure it is utilised appropriately.</li> <li>• Develop weekly and then daily reporting frameworks around accountability metrics and drive continuous improvement.</li> </ul>
<b>Step 4: Roll out saliva testing at the border and in the community</b>	<ul style="list-style-type: none"> <li>• Roll out mandatory daily saliva testing for border workers.</li> <li>• Roll out mandatory daily saliva testing for residents in quarantine facilities.</li> <li>• Contract a provider to deliver saliva testing for arrivals from low- and medium-risk pathway jurisdictions (see pillar three).</li> <li>• Contract a provider for surge capacity testing resource in the event of medium to large outbreaks.</li> <li>• Work with public hospitals (particularly Middlemore) to provide daily saliva testing for the workforce.</li> </ul>
<b>Step 5: Roll out rapid tests for essential workers and in the community</b>	<ul style="list-style-type: none"> <li>• Work with airports to provide rapid tests for everyone entering New Zealand under the low- and medium-risk pathways.</li> <li>• Roll out to all essential workers.</li> <li>• Routinely test for COVID-19 both in the pre-hospital environment and in primary care and hospital admission.</li> <li>• Reduce the barriers to rapid testing so all New Zealanders can access a COVID-19 test when and where needed.</li> </ul>



<b>Step 6: Create a dedicated agency, Te Korowai Kōkiri, to manage our COVID-19 response</b>	<ul style="list-style-type: none"> <li>• Create a dedicated and separate standalone agency, Te Korowai Kōkiri, to manage New Zealand's overall response to COVID-19. The new agency will be based in Manukau, not Wellington.</li> </ul>
<b>Step 7: Build purpose-built quarantine</b>	<ul style="list-style-type: none"> <li>• Start building purpose-built quarantine facilities immediately, targeting an early 2022 open date.</li> </ul>
<b>Step 8: Launch a digital app for vaccination authentication</b>	<ul style="list-style-type: none"> <li>• Develop and introduce a digital app compliant with international standards and norms.</li> <li>• The app should also include pre-departure test certificates and past COVID-19 tests.</li> </ul>
<b>Step 9: Invest in next-generation COVID-19 treatments</b>	<ul style="list-style-type: none"> <li>• Establish a dedicated and ring-fenced COVID-19 Treatment Fund from the COVID-19 Response and Recovery Fund. Task Pharmac with negotiating advance purchase agreements with a variety of manufacturers for next-generation COVID-19 treatments.</li> </ul>
<b>Step 10: Prepare our hospitals and expand ICU capacity</b>	<ul style="list-style-type: none"> <li>• Urgently implement a specialist healthcare workforce migration plan.</li> <li>• Support migrant nurses already in New Zealand to complete competence assessment programmes including financial support for examination fees where necessary.</li> <li>• Increase healthcare student enrolment caps and Equivalent Full-time Student (EFTS) allocations at training institutions to increase long-term labour participation rates and align with OECD benchmarks.</li> <li>• Increase medical workforce by providing more post graduate year 1 roles within hospitals and focusing on retention.</li> <li>• Invest in technology solutions to increase time to care and optimise productivity.</li> <li>• Fast-track build of new hospital wards to increase bed capacity.</li> </ul>

## PILLAR TWO: EVOLVE

- Reach a 70-75% vaccination milestone.
- Pursue elimination without nationwide lockdowns.

## PILLAR THREE: OPEN

- Reach an 85-90% vaccination milestone, with supplementary DHB and age based milestones.
- Change to vigorous suppression strategy.
- Implement a traffic light travel system for travel to New Zealand, allowing New Zealand to re-open to the world.



# Principles to guide our response

## The overwhelming importance of vaccination

Vaccines are by far our most effective tool in our fight against COVID-19. Vaccines are safe, low cost and highly effective at avoiding illness or death. Vaccines (and booster shots) must play the central role in efforts to minimise illness and reduce spread. It is impossible to overstate how important vaccines are. They are safe, and save lives.

## The need for a clear pathway back to reconnecting to the world

New Zealand has had a stated strategy of elimination for the last 18 months. This strategy made sense during the period that vaccines were not available. However, the elimination strategy did see periodic outbreaks resulting in lockdowns, business closures, 60,000 more people dependent on a benefit and a doubling of New Zealand's debt. Delta has now fundamentally changed the game and many experts believe elimination is impossible. In any event, lockdowns are not a sustainable long-term strategy and we can't keep doing them forever. The team of five million needs to see the game plan from here.

## An embrace of new technologies and innovation

We must be quick to embrace new technologies in our fight against COVID-19. As the quick development and deployment of revolutionary new vaccines shows, science and innovation will help us on our pathway to not only reduce sickness but also improve our border.

## Learning from other jurisdictions

Across multiple elements of our response, New Zealand has seemed reluctant to embrace new techniques and tools deployed overseas to great effect. New Zealand has done a good job of tackling COVID-19, but we can do better. That means blending our own unique New Zealand response with the best of what other jurisdictions are doing redundant.

## A least regrets approach

COVID-19 represents such a threat to our way of life that we need to throw everything we can at beating it. We should adopt a "least regrets" approach on investment in things like vaccine boosters, MIQ facilities, emerging treatments, and new technologies. The benefits of investments like these far exceed the possibility of any perceived "waste" of money.

## Flexibility

Our plan is based on the information as it stands today. New Zealand needs a plan. But we also need flexibility. If the science changes, if new variants emerge, the plan may need to adapt and change.

## A needs-based approach

COVID-19 has a disproportionate impact on some sectors of society. Our response should follow a needs-based approach to direct health resources to where the greatest need lies. We should adopt a "whatever it takes" approach to ensure people who need help the most get that help.

# PILLAR ONE: INVEST – Ten steps New Zealand needs to take

## STEP ONE: Supercharge the vaccine rollout

New Zealand has been negligently slow in rolling out the Pfizer COVID-19 vaccine. We were told New Zealand was at the “front of the queue”<sup>1</sup> for vaccines by COVID-19 Response Minister Chris Hipkins in November 2020 but until August 2021 New Zealand had the slowest vaccine rollout in the OECD. It took the jolt of the Delta outbreak in August 2021 for the Government to urgently speed up the rollout. On 7 August, when Delta is thought to have entered New Zealand in the most recent outbreak, just under 17% of the New Zealand population was fully vaccinated.

From the Prime Minister down, the Government spent the first half of 2021 justifying why New Zealand was no longer at the “front of the queue” for the vaccines while the rest of the world delivered hundreds of millions of doses of vaccines. A variety of excuses have been given, ranging from “the equation [in New Zealand] is so different [to other countries]”<sup>2</sup> (an implication New Zealand has altruistically received supplies deliberately after other countries), to “we’re not in a race to be first”, a seeming acceptance of slowness.<sup>3</sup>

At one point the Prime Minister even said “we have taken our rightful place in the delivery of vaccine”<sup>4</sup> and that she supported New Zealand being “later in the pecking order”.<sup>5</sup> At various points Ministers have even comically claimed we were “ahead of schedule”, even though they set the schedule for the rollout themselves – a real case of marking one’s own homework.

### Why were we so slow?

The Government has been incredibly secretive about the arrangements it has reached with vaccine manufacturers, but enough information has dribbled into the public domain for New Zealanders to fairly conclude that the process has been mishandled from the start.

- New Zealand only established a negotiating strategy for vaccine purchases in August 2020.<sup>6</sup> By that time, the United States, UK, Canada and many other countries had already signed supply contracts with Pfizer.
- New Zealand signed what was described as a “vaccine purchase agreement” with Pfizer on 12 October 2020<sup>7</sup> but it actually took until just before Christmas 2020 before “final, legally binding APA contracts (“definitive agreements”) which follow and supersede the heads of terms” were signed. It is clear from notes released that officials were scrambling to get contracts signed by Christmas.<sup>8</sup> By this stage Pfizer jabs were already going into arms in the UK and other countries.

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<sup>1</sup> [www.tvnz.co.nz/one-news/new-zealand/new-zealand-front-queue-chris-hipkins-says-nation-well-placed-covid-19-vaccine-roll](http://www.tvnz.co.nz/one-news/new-zealand/new-zealand-front-queue-chris-hipkins-says-nation-well-placed-covid-19-vaccine-roll)

<sup>2</sup> [www.tvnz.co.nz/one-news/new-zealand/jacinda-ardern-defends-slow-covid-vaccine-roll-commentators-say-its-unacceptable](http://www.tvnz.co.nz/one-news/new-zealand/jacinda-ardern-defends-slow-covid-vaccine-roll-commentators-say-its-unacceptable)

<sup>3</sup> [www.reuters.com/article/us-health-coronavirus-newzealand-idUSKBN2A303Y](http://www.reuters.com/article/us-health-coronavirus-newzealand-idUSKBN2A303Y) 4 [https://www.parliament.nz/en/pb/hansard-debates/rhr/document/HansS\\_20210511\\_050640000/1-question-no-1-prime-minister](https://www.parliament.nz/en/pb/hansard-debates/rhr/document/HansS_20210511_050640000/1-question-no-1-prime-minister)

<sup>5</sup> [www.parliament.nz/en/pb/hansard-debates/rhr/combined/HansDeb\\_20210831\\_20210831\\_32](http://www.parliament.nz/en/pb/hansard-debates/rhr/combined/HansDeb_20210831_20210831_32)

<sup>6</sup> [www.nzherald.co.nz/business/kate-macnamara-how-new-zealand-came-to-be-woefully-short-of-supply-in-the-year-of-the-vaccine/W7Z6XCSIGJRWZ5RWMJIX5IBQRA/](http://www.nzherald.co.nz/business/kate-macnamara-how-new-zealand-came-to-be-woefully-short-of-supply-in-the-year-of-the-vaccine/W7Z6XCSIGJRWZ5RWMJIX5IBQRA/)

<sup>7</sup> [www.beehive.govt.nz/release/first-covid-19-vaccine-purchase-agreement-signed](http://www.beehive.govt.nz/release/first-covid-19-vaccine-purchase-agreement-signed)

<sup>8</sup> MBIE note to Minister Hipkins, released under the Official Information Act 1982.

- The Government did not offer to buy more vaccines from Pfizer between October 2020 and December 2020 when the final agreement was executed. Chris Hipkins said there was “no basis” to do that.<sup>9</sup>
- The Government only raised its first purchase order with Pfizer on 29 January 2021, weeks after other countries had already started their rollouts.<sup>10</sup>
- New Zealand did not offer to pay more to Pfizer for earlier delivery of vaccines,<sup>11</sup> even though other countries managed to do so.<sup>12</sup> In fact Ministers have even said it would be “unethical” to have done so.<sup>13</sup>
- The Prime Minister’s first conversation with the CEO of Pfizer, Albert Bourla, was only in March 2021.<sup>14</sup>
- The Government waited until we had the recent Delta outbreak to try to secure surplus vaccines from other countries, something they should have been doing from the start.

Our rollout has been slow.

### Consider the following:

- It took until mid-September for vaccination coverage of workers at the border to hit over 95% (vaccinations at the border started in February 2021).<sup>15</sup>
- As of mid-September, only about 75% of health workers around the country are fully vaccinated. DHBs are only confident of a “high level” of coverage in workers on COVID-19 workstreams and the Government is yet to make it mandatory for these workers to be vaccinated.<sup>16</sup>
- There is no comprehensive plan to vaccinate in schools in 2021, despite this being an obvious approach to boost coverage.<sup>17</sup>

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**The slow vaccine rollout has been a monumental failure of public policy, but right now the focus needs to be on vaccinating as many people as possible, as quickly as possible.**

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<sup>9</sup> [www.newshub.co.nz/home/new-zealand/2021/09/coronavirus-latest-on-covid-19-community-outbreak-wednesday-september-22.html](https://www.newshub.co.nz/home/new-zealand/2021/09/coronavirus-latest-on-covid-19-community-outbreak-wednesday-september-22.html)

<sup>10</sup> Question for Written Answer 28632 (2021).

<sup>11</sup> Question for Written Answer 23149 (2021).

<sup>12</sup> [www.ctvnews.ca/health/coronavirus/canada-paid-a-premium-to-get-doses-from-pfizer-earlier-than-planned-1.5467958](https://www.ctvnews.ca/health/coronavirus/canada-paid-a-premium-to-get-doses-from-pfizer-earlier-than-planned-1.5467958)

<sup>13</sup> [www.nzherald.co.nz/nz/politics/covid-19-coronavirus-throwing-more-money-at-pfizer-to-jump-the-queue-unethical-hipkins/F2VHTMEBPORZIUMFTIGISJUHQU/](https://www.nzherald.co.nz/nz/politics/covid-19-coronavirus-throwing-more-money-at-pfizer-to-jump-the-queue-unethical-hipkins/F2VHTMEBPORZIUMFTIGISJUHQU/)

<sup>14</sup> [www.beehive.govt.nz/sites/default/files/2021-04/March%202021%20Proactive%20Diary%20Release.pdf](https://www.beehive.govt.nz/sites/default/files/2021-04/March%202021%20Proactive%20Diary%20Release.pdf)

<sup>15</sup> [www.nzherald.co.nz/nz/covid-19-delta-outbreak-96-per-cent-of-border-workers-vaccinated-a-week-before-deadline/CCBDJ3AH4TE2LIENN5MYP6X2ZI/](https://www.nzherald.co.nz/nz/covid-19-delta-outbreak-96-per-cent-of-border-workers-vaccinated-a-week-before-deadline/CCBDJ3AH4TE2LIENN5MYP6X2ZI/)

<sup>16</sup> [www.stuff.co.nz/national/health/coronavirus/300413450/covid19-number-of-fully-vaccinated-health-board-staff-varies-widely-across-nz](https://www.stuff.co.nz/national/health/coronavirus/300413450/covid19-number-of-fully-vaccinated-health-board-staff-varies-widely-across-nz)

<sup>17</sup> [covid.immune.org.nz/news-insights/covid-19-vaccination-programme-extended-12-15-year-olds](https://covid.immune.org.nz/news-insights/covid-19-vaccination-programme-extended-12-15-year-olds)

## National's Vaccination Plan

National's plan to supercharge the rollout includes the following twelve components across three areas.

### Improved targeting

- A. Priority vaccinate South Auckland
- B. Quickly complete vaccinating the vulnerable
- C. Vaccinate the vectors: young people
- D. Resource Māori to get vaccination rates higher

### Improved mechanisms

- E. Make better use of GPs and pharmacists
- F. Go door to door focusing on high risk communities
- G. Vaccinate in MIQ
- H. Use incentives

### Improving coverage

- I. Vaccinate 12-15 year olds in schools before the end of the year
- J. Be ready to go immediately with 5-11 year olds
- K. Mandate COVID-19 healthcare worker vaccination

### A) Priority vaccinate South Auckland

South Auckland has always been at the frontline of our response to COVID-19:

- Our three most recent major clusters have all been centered there (August 2020, February 2021 and August/September 2021).
- The area has high deprivation, meaning crowded housing and people living in vulnerable conditions.
- Major managed isolation and quarantine facilities are located in the area alongside Auckland International Airport, the entry point for the vast majority of people entering New Zealand under our current border restrictions.
- Many essential and border workers live in the area.

It follows that every effort should be made to vaccinate as many people in South Auckland as possible. There is now more than enough vaccines either in New Zealand or soon to arrive that nobody else in the country will miss out by prioritising someone in South Auckland.

### Actions:

- Increase utilisation of GPs and other health providers who can target those in vulnerable communities using existing data.
- Ramp up pop-up clinics, walk-in centres, 24 hour drop-in clinics for essential workers and vaccination buses/vans. Target the vectors of transmission – the young, at-risk families, and faith groups.



- Partner with civil society in South Auckland – church and faith groups, sports clubs, and organisations like Lions and Rotary in particular.
- Increase use of social service providers like The Fono to target ethnic communities to boost vaccination rates amongst Māori and Pasifika.

## **B) Quickly complete vaccinating the vulnerable**

We need to quickly complete vaccination of our most vulnerable Kiwis. There are still thousands of Kiwis in the original Group 3 of the rollout who are not yet vaccinated.

### **Action:**

- Support GPs to go through patient lists and identifying who should be getting a vaccine based on their own data. They know their patients and have the relationships to get people vaccinated, but GPs have been woefully underutilised in the vaccine rollout so far.

## **C) Vaccinate the vectors: young people**

The experience from overseas, and now here in New Zealand, is that Delta spreads rapidly among younger people who are more socially active and mobile. Around two-thirds of cases in the current outbreak have been people aged under 30.<sup>18</sup>

### **Actions:**

- Set up vaccination centres on university and polytechnic campuses around New Zealand and consider cash or voucher incentives to get students vaccinated.
- Work with hospitality and business associations to establish pop-up vaccination clinics in major hospitality/nightlife areas (e.g. Courtenay Place or the Viaduct).

## **D) Resource Māori to get vaccination rates higher**

Government Ministers have been quick to blame Māori for not getting vaccinated at the rates of people from other ethnicities, but less keen to take responsibility for a poor rollout to our Māori communities, despite repeated warnings from their own advisors.<sup>19</sup>

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**We need to adopt a “whatever it takes” mentality to getting Māori vaccination rates up as high as possible.**

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<sup>18</sup> [www.health.govt.nz/our-work/diseases-and-conditions/covid-19-novel-coronavirus/covid-19-data-and-statistics/covid-19-case-demographics](https://www.health.govt.nz/our-work/diseases-and-conditions/covid-19-novel-coronavirus/covid-19-data-and-statistics/covid-19-case-demographics)

<sup>19</sup> [www.newsroom.co.nz/the-stark-inequity-of-the-vaccine-rollout](https://www.newsroom.co.nz/the-stark-inequity-of-the-vaccine-rollout)

The failure to make use of Whānau Ora providers is a real missed opportunity. The Government was advised in March that “Whānau Ora Commissioning Agencies are well positioned to support the rollout of the COVID-19 vaccinations” but the Government has failed to fund them properly and failed to allow them to access data held by government agencies.<sup>20</sup>

#### **Actions:**

- Increase resourcing to Whānau Ora providers and Māori health providers to allow them to develop programmes that will work.
- Allow patient data held by DHBs and Primary Health Organisations to be automatically accessed by Whānau Ora providers so they can be contacted by those providers about getting the vaccine.
- Establish a Rangatahi Advisory Group (10–20 young Māori leaders) to specifically advise on how to engage with this group of young people.

### **E) Make better use of GPs and pharmacists**

Research shows people are keen to get vaccinated from people they trust like their local GP. The Government has been incredibly slow at bringing GPs into the COVID-19 vaccine rollout. The process to “onboard” GPs takes around six weeks and there is seemingly endless red tape. As late as mid-September, just 113 GPs in Auckland were offering COVID-19 vaccinations, out of around 400 in metropolitan Auckland.<sup>21</sup> On Friday 24 September, the Director of Public Health Dr Caroline McElnay said that pharmacists had delivered just 14% of all vaccines on that day – which begs the question of why they were not involved earlier.

#### **Action:**

- Onboard as many GPs and pharmacists as possible into the vaccine system by cutting red tape and mandate that all currently vaccinating GPs and pharmacists can vaccinate for COVID-19.

### **F) Go door to door focusing on high risk communities**

Many people have been, and will be, vaccinated at either their local GP, a pop-up vaccination centre, or at a mass vaccination event. However, there is a segment of society who are hard to reach. They may not watch the 1pm updates or the 6pm news. The botched census showed us that online-only approaches don't work. There will be a group of people for whom it will be important to actually physically turn up on their doorstep and offer a vaccine. This will be expensive and time consuming, but worth it. It is being done overseas.

<sup>20</sup> [www.newshub.co.nz/home/politics/2021/09/wh-nau-ora-providers-need-better-access-to-government-data-to-target-m-ori-for-covid-19-vaccinations-john-tamihere.html](https://www.newshub.co.nz/home/politics/2021/09/wh-nau-ora-providers-need-better-access-to-government-data-to-target-m-ori-for-covid-19-vaccinations-john-tamihere.html)

<sup>21</sup> [www.newstalkzb.co.nz/on-air/early-edition/audio/dr-shane-reti-national-party-health-spokesperson-calls-government-to-explain-why-more-auckland-gps-arent-administering-the-covid-19-vaccine/](https://www.newstalkzb.co.nz/on-air/early-edition/audio/dr-shane-reti-national-party-health-spokesperson-calls-government-to-explain-why-more-auckland-gps-arent-administering-the-covid-19-vaccine/)



Every extra person vaccinated makes a material difference to the future of New Zealand, so even large-scale investment is worth the cost.

#### Action:

- Establish a continuous programme of door-knocking, starting in suburbs and areas with low vaccine uptake.

### G) Vaccinate in MIQ

At present, the Government has no intention of establishing vaccination centres in MIQ facilities.<sup>22</sup> Around 4,000 rooms are available each fortnight so this is a captive audience of people who can be vaccinated before going back out into the community.

#### Action:

- Establish a roving team of vaccinators to vaccinate people in MIQ.

### H) Use incentives

It is critical we get our vaccination coverage as high as possible. This means convincing people who are hesitant or reluctant to get the vaccine into getting it. Obviously providing information is important, but there is also a case to be made for targeted incentives to give people a nudge. A vaccine is a public good. If we don't get our vaccination rates up, we will spend more money on measures to reduce community spread. Every unvaccinated person who winds up in hospital is taking up scarce health resources and is an unnecessary additional cost for the taxpayer.

- Hanmer Springs Thermal Pools and Spa is offering staff the chance to win \$1,000 if they get vaccinated.<sup>23</sup>
- Steel & Tube is offering \$150 either in cash, Kiwisaver contribution, or Steel & Tube shares to all employees who are fully vaccinated by mid-November 2021.<sup>24</sup>
- The Ngāti Hine Trust in Northland has daily supermarket vouchers and a weekly iPad draw for those getting vaccinated in Moerewa.<sup>25</sup>

Investing in vaccines and vaccinations is one of the best investments that governments can make and there is a case to be made for the use of government funding to increase uptake.

<sup>22</sup> Question for Written Answer 36443 (2021).

<sup>23</sup> [www.stuff.co.nz/business/industries/126373078/businesses-offer-staff-incentives-to-increase-covid19-vaccine-uptake](http://www.stuff.co.nz/business/industries/126373078/businesses-offer-staff-incentives-to-increase-covid19-vaccine-uptake)

<sup>24</sup> [blog.steelandtube.co.nz/steel-tube-offers-150-incentive-for-staff-vaccination](http://blog.steelandtube.co.nz/steel-tube-offers-150-incentive-for-staff-vaccination)

<sup>25</sup> [www.newsroom.co.nz/green-light-for-incentives-to-vaccinate-young-maori](http://www.newsroom.co.nz/green-light-for-incentives-to-vaccinate-young-maori)

**Action:**

- The Government should quickly commission behavioural scientists and economists to draw upon the best available evidence about what incentives have worked and are working in other jurisdictions, and then quickly invest in a variety of incentive programmes. Adopting the principle of “least regrets”, this means some will likely fail, but programmes that work will have big benefits that more than justify the cost.

**I) Vaccinate 12+ year olds in schools before the end of the year**

The Government took two months to affirm Medsafe’s decision to approve extending the rollout to the 12–15 year old age group and there are no current nationwide plans to vaccinate children in schools before the end of the year.<sup>26</sup> We must administer the vaccine to 12+ year olds in schools before the end of the year. This is a massive wasted opportunity and planning should begin immediately to vaccinate children in the settings where they spend many hours each week.

**Action:**

- Immediately task the Ministry of Education and Ministry of Health with creating a plan to vaccinate in secondary schools before the end of the year.

**J) Be ready to go immediately with 5–11 year olds**

Pfizer announced on 20 September that results from clinical trials had now shown the vaccine to also be safe in children aged 5 to 11.<sup>27</sup> The vaccine will likely be approved as safe for this group very soon. Pfizer stated they planned to submit the results to regulatory agencies around the world as soon as possible.

Allowing this age cohort to be vaccinated will make a big difference to our level of overall vaccination coverage and it is critical that the moment it is approved by enough overseas authorities similar to our Medsafe, we move quickly to approve it here too and then roll out vaccines to this age group.

**Action:**

- Planning should begin immediately to ensure as many 5–11 year olds can get vaccinated in a variety of settings before the end of the year. A comprehensive information campaign targeted at parents will be a vital part of this plan.

<sup>26</sup> Question for Written Answer 36203 (2021)

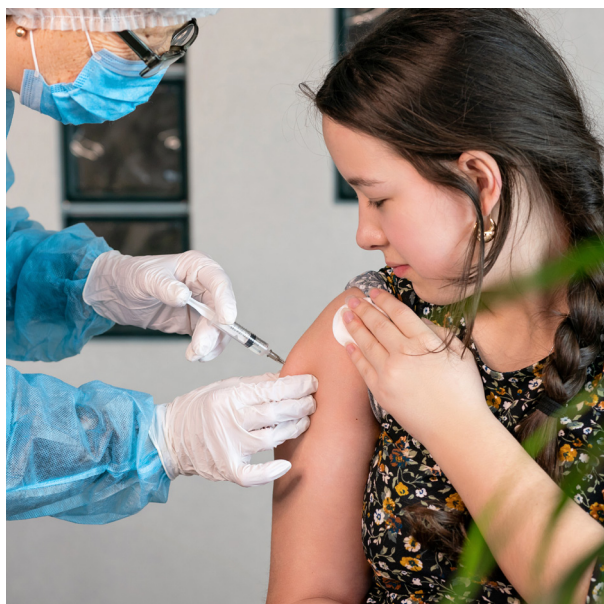
<sup>27</sup> [www.pfizer.com/news/press-release/press-release-detail/pfizer-and-biontech-announce-positive-topline-results](https://www.pfizer.com/news/press-release/press-release-detail/pfizer-and-biontech-announce-positive-topline-results)

## K) Mandate COVID-19 healthcare worker vaccination

The Government has moved very slowly to mandate vaccination for workers in healthcare settings, with consultation only just beginning in recent days. New Zealand is well behind other countries in this regard, with Australia, the United States, the United Kingdom (UK) and Singapore already having done so.<sup>28</sup>

### Action:

- Use the COVID-19 Public Health Response Act 2020 to mandate that workers in COVID-19 workstreams (emergency departments, those in primary care and working with vulnerable patients, residential care facilities, critical support services including medical laboratories and catering facilities, and private and community care services) are vaccinated.



<sup>28</sup> [www.nzherald.co.nz/nz/covid-19-delta-outbreak-disparity-in-dhb-staff-vaccination-levels-revealed/SOSKODHEDGSOYYXNQPMDBZVYU/](https://www.nzherald.co.nz/nz/covid-19-delta-outbreak-disparity-in-dhb-staff-vaccination-levels-revealed/SOSKODHEDGSOYYXNQPMDBZVYU/)

## STEP TWO: Order vaccine boosters

There is emerging evidence that the effectiveness of the Pfizer vaccine may wane over time<sup>29</sup> and to counteract that, other countries have started to roll out third ("booster") shots of the vaccine. For example:

- Israel initially offered a third booster shot of the Pfizer vaccine to those aged over 60 only but has now extended this to everyone over the age of 12, if the third dose is at least five months after their second dose.<sup>30</sup>
- On 23 September, the United States Food and Drug Administration (FDA) authorised a third booster dose for those aged 65 and older, those most susceptible to severe disease, and those in jobs that put them at risk, such as "healthcare workers, teachers and daycare staff, grocery workers and those in homeless shelters or prisons, among others." The booster is to be administered at least six months after the completion of the second dose.<sup>31</sup> This was then confirmed by the Centre for Disease Control and Prevention (CDC).<sup>32</sup>
- The UK is offering booster shots to people aged 50 years and over, health and social care workers and younger people at risk, six months after the last dose.<sup>33</sup>

It is now six months since New Zealand's frontline border workers started receiving their first vaccine doses, but to date New Zealand has not ordered any booster shots, and Medsafe has not approved booster shots.

On 22 August Dr Ashley Bloomfield said:<sup>34</sup>

*"So we're just finalising our discussions with Pfizer, and it's at sort of a fairly crucial stage and you know, in a commercial stage, but again, what we're wanting to do is keep open the option of accessing either the current version of the vaccine, a new altered vaccine but also, if we don't need that vaccine, that we're able to donate it as well."*

This comment from the Director-General of Health is reassuring. New variants may emerge that require updates to the existing Pfizer vaccine, so taking an approach that allows New Zealand to secure either boosters of the existing vaccine or new altered versions is the right thing to do.

However, since this comment there has been no update. At current rates and based on current supply, New Zealand will likely have an excess of around 2 million doses from our initial Pfizer order, but that will quickly deplete.

In keeping with the principle of "least regrets", New Zealand should immediately finalise vaccine supply contracts with Pfizer for boosters in 2022, 2023 and beyond. It is likely they will be approved and needed in New Zealand. In the unlikely event they are not, New Zealand can donate the doses to other countries as part of our humanitarian obligations.

### Action:

- Finalise vaccine supply contracts with Pfizer for boosters in 2022, 2023 and beyond.

<sup>29</sup> [www.nature.com/articles/d41586-021-02532-4](https://www.nature.com/articles/d41586-021-02532-4)

<sup>30</sup> [www.timesofisrael.com/bennett-defends-booster-shots-says-us-to-soon-follow-israel-with-widespread-use/](https://www.timesofisrael.com/bennett-defends-booster-shots-says-us-to-soon-follow-israel-with-widespread-use/)

<sup>31</sup> [www.theguardian.com/world/2021/sep/22/fda-approves-covid-booster-pfizer](https://www.theguardian.com/world/2021/sep/22/fda-approves-covid-booster-pfizer)

<sup>32</sup> [www.cnn.com/2021/09/23/covid-booster-shots-cdc-panel-endorses-third-pfizer-doses-for-millions.html](https://www.cnn.com/2021/09/23/covid-booster-shots-cdc-panel-endorses-third-pfizer-doses-for-millions.html)

<sup>33</sup> [www.gov.uk/government/publications/covid-19-vaccination-booster-dose-resources/covid-19-vaccination-a-guide-to-booster-vaccination](https://www.gov.uk/government/publications/covid-19-vaccination-booster-dose-resources/covid-19-vaccination-a-guide-to-booster-vaccination)

<sup>34</sup> Ashley Bloomfield talks about Covid-19 vaccination rollout amid Delta outbreak, TVNZ, 21 August, 2021

## STEP THREE: Upgrade contact tracing capability

Contact tracing, as defined by Dr Ayesha Verrall in April 2020, is “the identification and isolation of people who have been exposed to an infectious case, to prevent onward transmission from the contact to others.”<sup>35</sup> It is critical to an elimination strategy against COVID-19 but will be equally as important in an environment in which COVID-19 is aggressively managed in the community and we try to stamp out any COVID-19 cases that come through the borders.

Our contact tracers do a heroic job but unfortunately have been poorly supported. There have been four independent reviews of contact tracing since April 2020. Many of the recommendations have either been ignored or only partly implemented. As a result, the performance of contact tracing in the recent Delta outbreak has been found wanting – again.

### Performance in most recent outbreak

- Around 38,000 contacts were identified from 17 August onwards. However, by 15 September, around 13% (or 5,000 people) had still not received a single outbound call from a contact tracer.<sup>36</sup>
- The Ministry eventually moved (on 15 September) to recording “active contacts being managed”. Even then, on 18 September the percentage who received an outbound call from contact tracers to confirm testing and isolation requirements remained was only 94% and 18% (200 people) had not had a single test result returned.<sup>37</sup>
- Despite recommendations to stop using the terms in the review of the February 2021 cluster<sup>38</sup>, at the start of the outbreak the Ministry persisted in using the confusing nomenclature of “casual”, “casual plus”, “close” and “close plus.”
- The Government has admitted that the performance measures developed by Ayesha Verrall in April 2020 for an outbreak (the “Verrall metrics”) will not be met. Ministers have said they will be reported on but at the time of writing they have not been published. The Government has argued that the Verrall metrics are inappropriate for a Delta outbreak but has not provided any alternative metrics to judge the system performance against.
- It took six days from the start of the outbreak for staff from other government departments to be seconded into contact tracing.<sup>39</sup>
- Despite exhortations from officials for months for people to “turn Bluetooth on” in the COVID-19 Tracer App, Bluetooth was not used in the critical first couple of weeks of this current outbreak.<sup>40</sup>

### Review of February 2021 Outbreak (published by June 2021)

The review of the February 2021 in Auckland makes for sobering reading. For example:<sup>41</sup>

<sup>35</sup> [www.health.govt.nz/system/files/documents/publications/contact\\_tracing\\_report\\_verrall.pdf](https://www.health.govt.nz/system/files/documents/publications/contact_tracing_report_verrall.pdf)

<sup>36</sup> [www.health.govt.nz/news-media/media-releases/15-community-cases-covid-19-two-border-cases-managed-isolation](https://www.health.govt.nz/news-media/media-releases/15-community-cases-covid-19-two-border-cases-managed-isolation)

<sup>37</sup> [www.health.govt.nz/news-media/media-releases/20-community-cases-covid-19-2-confirmed-cases-and-2-historical-cases-managed-isolation-more-60000](https://www.health.govt.nz/news-media/media-releases/20-community-cases-covid-19-2-confirmed-cases-and-2-historical-cases-managed-isolation-more-60000)

<sup>38</sup> [covid19.govt.nz/assets/reports/Independent-Advisory-Groups/IAG3-Review-of-the-Auckland-February-2021-COVID-19-Outbreak-and-New-Zealands-current-COVID-19-Outbreak-Response-Capability.pdf](https://covid19.govt.nz/assets/reports/Independent-Advisory-Groups/IAG3-Review-of-the-Auckland-February-2021-COVID-19-Outbreak-and-New-Zealands-current-COVID-19-Outbreak-Response-Capability.pdf)

<sup>39</sup> [www.newsroom.co.nz/the-18-month-contact-tracing-struggle](https://www.newsroom.co.nz/the-18-month-contact-tracing-struggle)

<sup>40</sup> [www.nzherald.co.nz/business/what-went-wrong-why-bluetooth-tracing-data-has-not-been-used-for-the-delta-outbreak/6HB6YW563OUNLCOUUQRIGH737I/](https://www.nzherald.co.nz/business/what-went-wrong-why-bluetooth-tracing-data-has-not-been-used-for-the-delta-outbreak/6HB6YW563OUNLCOUUQRIGH737I/)

<sup>41</sup> [covid19.govt.nz/assets/reports/Independent-Advisory-Groups/IAG3-Review-of-the-Auckland-February-2021-COVID-19-Outbreak-and-New-Zealands-current-COVID-19-Outbreak-Response-Capability.pdf](https://covid19.govt.nz/assets/reports/Independent-Advisory-Groups/IAG3-Review-of-the-Auckland-February-2021-COVID-19-Outbreak-and-New-Zealands-current-COVID-19-Outbreak-Response-Capability.pdf)

- "The shift to formalise an aggressive early approach to community case and contact management, including the new contact definitions is not fully or properly formed as an approach..."
- "There was a lack of piloting or stress-testing of the early aggressive approach to an outbreak. The need for scenario planning and stress testing the COVID-19 Response System has been identified in previous reports and needs to be actioned. To solely rely on lessons from actual outbreaks is unnecessarily risky."
- "Despite the previous recommendations about the COVID-19 Response System's capacity in multiple reports, the Ministry appears to have been developing advice based on the assumption that the need for capacity to surge to be able to trace the contacts of 1,000 cases per day is now obsolete."
- "If an outbreak is advanced already when it is detected, or an early aggressive approach fails, the 'back-up' surge capacity should continue to be substantial..."

Despite the above recommendation about stress-testing, the Ministry had still not conducted a comprehensive stress-test in advance of the most recent outbreak, only conducting "scenario testing tabletop exercises".<sup>42</sup>

Professor Hill has since noted that "we previously warned in each of three previous reports since mid-2020 that New Zealand would struggle to deal with a significant outbreak if capacity wasn't increased substantially. We have not seen how this has been addressed since the report submitted in early June this year."<sup>43</sup>

#### **Actions:**

- Increase resourcing for contact tracing significantly, both for the "steady state" and surge capacity ready to go when needed for outbreaks.
- Make the development of multilingual contact tracers a high priority.
- Develop relationships and training with networks of community providers especially people of faith and marae communities.
- Develop relationships and certify private call centres around patient confidentiality and expectations.
- Increase engagement with primary care in contact tracing.
- Ensure contact tracing training incorporates Bluetooth and ensure it is utilised appropriately.
- Develop weekly and then daily reporting frameworks around accountability metrics and drive continuous improvement.

<sup>42</sup> Question for Written Answer 37760 (2021).

<sup>43</sup> [www.newsroom.co.nz/the-18-month-contact-tracing-struggle](https://www.newsroom.co.nz/the-18-month-contact-tracing-struggle)



## STEP FOUR: Roll out saliva testing at the border and in the community

### Background

Most New Zealanders are now familiar with the nasopharyngeal swab test (the “up the nose” test) used to diagnose COVID-19. This is a highly effective form of detecting COVID-19, but suffers from a number of major drawbacks: the tests are expensive, they are time consuming to take and process, they are uncomfortable for many people (particularly people who have to take a test once a week), and they generally require a health professional to take the swab.

For these reasons, most other jurisdictions have supplemented nasal PCR tests with saliva based PCR tests which are cheaper, return results more quickly, and are much less unpleasant for people providing the samples. In September 2020, over a year ago, the Roche/Simpson report recommended that “all efforts should be made to introduce saliva testing as soon as possible as part of the range of testing methods being conducted.”<sup>44</sup>

New Zealanders should be very proud of the work of Dr Anne Wyllie, dubbed the “spit queen”, who invented a type of saliva test at Yale University in March 2020. It was granted emergency use authorisation by the FDA in August 2020, and is now used in 40 US states, including by sports leagues like the NBA to keep their players safe.<sup>45</sup>

### Saliva testing in New Zealand

The lack of widespread use of saliva testing in New Zealand has been a long and drawn out saga that reflects extremely poorly on the Ministry of Health and the Government.

Despite the recommendation in the Roche/Simpson report in September 2020, it was not until January 2021 that the Government started offering saliva testing on a voluntary basis for border workers – and then only for workers in quarantine (not MIQ) facilities.<sup>46</sup> This resulted in a very low number of actual tests.

The Ministry spent much of the first half of this year casting doubt on the accuracy of saliva tests in comparison to nasal PCR tests, even though an existing private provider, Rako Science, had their test diagnostically validated in NZ laboratories, and Dr Anne Wyllie’s work was being increasingly recognised in the United States and internationally. Associate Professor Janet Pitman from Victoria University says Rako’s test “is similar if not better than the nasal swab test.”<sup>47</sup> Sir Brian Roche’s Continuous Improvement group even said to Minister Hipkins that there is a “strong case for adopting saliva testing as the main method for testing in New Zealand.”<sup>48</sup>

Finally in February the Government announced they would issue a Request for Proposals (RFP) for more widespread saliva testing in border facilities. It took another month to issue tender documents, which noted they wanted testing to start in April. By May, no progress had been made and only 339 saliva tests had been carried out in quarantine facilities.<sup>49</sup>

<sup>44</sup> [covid19.govt.nz/assets/Review-of-Surveillance-Plan-and-Testing-Strategy/Final\\_Report-of-Advisory-Committee-to-Oversee-the-Implementation-of-the-....pdf](https://covid19.govt.nz/assets/Review-of-Surveillance-Plan-and-Testing-Strategy/Final_Report-of-Advisory-Committee-to-Oversee-the-Implementation-of-the-....pdf)

<sup>45</sup> [www.stuff.co.nz/national/health/coronavirus/300401244/kiwi-spit-queen-created-a-covid19-saliva-test](https://www.stuff.co.nz/national/health/coronavirus/300401244/kiwi-spit-queen-created-a-covid19-saliva-test)

<sup>46</sup> [www.beehive.govt.nz/release/voluntary-saliva-testing-offered-quarantine-workers-monday](https://www.beehive.govt.nz/release/voluntary-saliva-testing-offered-quarantine-workers-monday)

<sup>47</sup> [businessdesk.co.nz/article/opinion/why-the-hell-arent-we-saliva-testing-right-now](https://businessdesk.co.nz/article/opinion/why-the-hell-arent-we-saliva-testing-right-now)

<sup>48</sup> [www.national.org.nz/government-told-saliva-testing-should-be-main-test](https://www.national.org.nz/government-told-saliva-testing-should-be-main-test)

<sup>49</sup> Question for Written Answer 14591 (2021).

A contract was eventually and belatedly awarded to Asia Pacific Healthcare Group (although it is worth noting the tender process has been the subject of complaints, now with the Auditor-General). The saliva testing rollout was due to start in June – only for it to be delayed to August 2021. More than a year after the Roche/Simpson report, saliva testing by the Government is only just getting going. It is now in use:

- at border facilities (airports, ports, MIQ facilities) as an option for workers being mandatorily tested;
- at the Auckland boundary for essential workers who cross the boundary (who are required to be tested once a week).

In recent days the New Zealand Microbiology Network has issued a statement saying that saliva testing is accurate enough to be used as a substitute for nasal swabs.<sup>50</sup>

Rako Science is providing saliva testing for a range of organisations, including private hospitals.



Source: Rako Science

## National's position

Saliva testing has a big role to play in New Zealand both at the border and for general community surveillance testing purposes. During the recent Auckland outbreak, some people were forced to queue for 10-12 hours to take a nasal PCR test. Many gave up and went home. It is highly likely some people did not bother to get tested at all, which is the exact opposite of what we want to happen in an outbreak. The Royal College of Pathologists of Australasia recently published a survey which reported over two thirds of New Zealanders did not seek testing when they had symptoms consistent with COVID-19.<sup>51</sup>

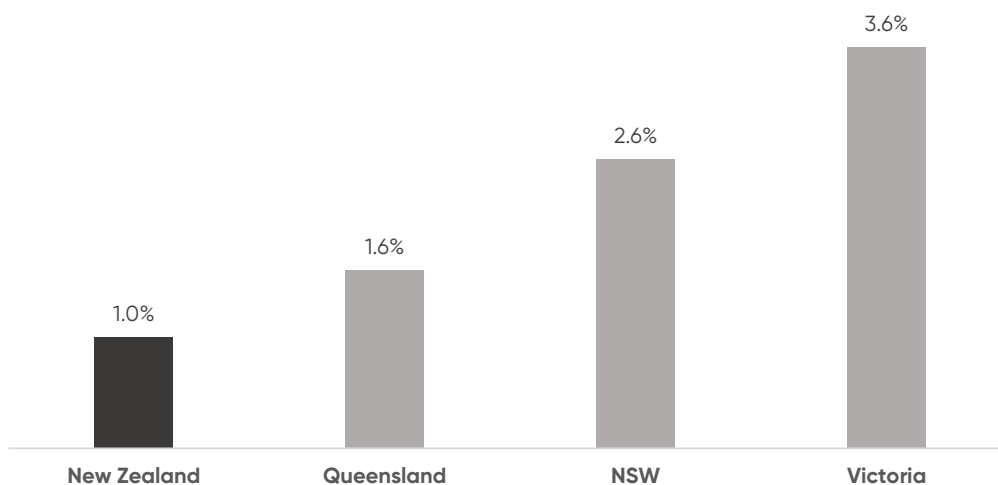
<sup>50</sup> [www.stuff.co.nz/business/126419825/covid19-uturn-on-saliva-testing-as-fears-grow-around-nasal-swab-hesitancy](https://www.stuff.co.nz/business/126419825/covid19-uturn-on-saliva-testing-as-fears-grow-around-nasal-swab-hesitancy)

<sup>51</sup> [www.stuff.co.nz/business/126419825/covid19-uturn-on-saliva-testing-as-fears-grow-around-nasal-swab-hesitancy](https://www.stuff.co.nz/business/126419825/covid19-uturn-on-saliva-testing-as-fears-grow-around-nasal-swab-hesitancy)



A good time to look at surveillance testing rates is shortly after the trans-Tasman bubble was announced (see chart 1). At this time, New Zealand was conducting just over 50,000 tests per fortnight. Our surveillance testing rate was 1% per fortnight. In contrast, the rates in the three main Australian states that are travel destinations for New Zealanders were 1.6% (Queensland), 2.6% (NSW) and 3.6% (Victoria). More recently, in the fortnight before New Zealand's Delta outbreak started, our testing rate was 1.5% of the population per fortnight. Queensland, also concerned that Delta might arrive from NSW, was testing at 7.3% per fortnight. New Zealand had a sizeable Delta outbreak, Queensland did not.<sup>52</sup>

**Chart 1: Surveillance testing, percentage of total population tested, 8-21 May 2020**



Saliva testing offers an easy way to both increase testing capacity (Rako has said it can test up to 10,000 people per day) and increase people's willingness to get tested.

#### **Actions:**

- Roll out mandatory daily saliva testing for border workers.
- Roll out mandatory daily saliva testing for residents in MIQ facilities to supplement existing nasal PCR testing.
- Contract a provider to deliver saliva testing for arrivals from medium-risk pathway jurisdictions (see pillar three below).
- Contract a provider for surge capacity testing resource in the event of medium to large outbreaks where both quick and large-scale surveillance testing is required and be ready to quickly deploy that testing. We should be doing mass testing at supermarkets, pharmacies and petrol stations in South Auckland right now.
- Work with public hospitals (particularly Middlemore) to provide daily saliva testing for the workforce (with a priority for COVID-19 workstreams).

<sup>52</sup> [covidlive.com.au/](https://covidlive.com.au/) and [www.health.govt.nz/our-work/diseases-and-conditions/covid-19-novel-coronavirus/covid-19-data-and-statistics/testing-covid-19](https://www.health.govt.nz/our-work/diseases-and-conditions/covid-19-novel-coronavirus/covid-19-data-and-statistics/testing-covid-19)

## STEP FIVE: Roll out rapid tests for essential workers and in the community

### What are rapid tests?

Rapid antigen tests are tests for COVID-19 that give results in around 15–20 minutes. They can be done at home and don't require a laboratory to process the results. They are widely available overseas but are prohibited from importation into New Zealand through the COVID-19 Public Health Response (Point-of-care Tests) Order 2021 (unless an exemption is obtained from the Director-General).

It is broadly accepted that rapid antigen tests are less accurate than saliva or nasal PCR tests, but seem to be fairly reliable when a person is infectious. It is worth noting they are accepted by the New Zealand Government as an acceptable form of pre-departure test.<sup>53</sup>

### Their role in New Zealand

Not using rapid tests under our elimination strategy was at least arguable, on the basis that we needed absolute specificity and accuracy of test results. However, rapid tests have a definite use in the current Delta outbreak as a surveillance tool and will be crucial once we pivot towards a vigorous suppression strategy.

### Current Delta outbreak

The Government has mandated that essential workers crossing the Auckland boundary (truck drivers, for example) must get tested weekly, through either a nasal PCR or saliva based PCR test. The rationale for this testing makes sense. There has been transmission amongst essential workers and there is a need to pick up the cases.

Weekly testing leaves open the possibility of a driver getting infected with COVID-19 in the six days between tests, and potentially spreading it to thousands of people before it is picked up by the test.

The Government should be requiring essential workers crossing the Auckland boundary, and potentially a wider group of workers such as supermarket and hospital workers, to take daily rapid tests before going to work, as well as weekly PCR tests. Where someone arrived at the Auckland boundary without having undertaken a test, they could be provided with a rapid antigen test and have their results in 15 minutes.

While the tests are less accurate, the frequency of test compared to a weekly PCR tests makes up for it.

Professor Shaun Hendy has argued for their use:<sup>54</sup>

*"I would like to see more rapid testing, I mean I think that's a tool that we haven't taken advantage of and I think we're going to have to ... that could make a significant difference... Also because you can test more frequently you can more than make up for in some of the deficiencies in sensitivity by testing on a daily basis."*

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<sup>53</sup> [covid19.govt.nz/travel/pre-departure-tests-to-enter-new-zealand/](https://covid19.govt.nz/travel/pre-departure-tests-to-enter-new-zealand/)

<sup>54</sup> [www.rnz.co.nz/news/national/451050/elimination-possible-in-coming-weeks-covid-19-modeller-shaun-hendy](https://www.rnz.co.nz/news/national/451050/elimination-possible-in-coming-weeks-covid-19-modeller-shaun-hendy)

## Rapid testing under a vigorous suppression strategy

Rapidity of test results becomes more important in an environment in which there is an acceptance that COVID-19 will make its way into New Zealand, but we then do our best to stamp out or suppress outbreaks. As Professor James Ussher says:<sup>55</sup>

*"But once we move to a suppression strategy then the game changes. You're trying to dampen down opportunities for transmission so you probably don't mind the occasional case. Instead you're wanting to maximise the range of people you're testing or minimise disruption to workplaces."*

National believes rapid testing should be widely available in New Zealand and the effective ban on rapid tests should end.

### Actions:

- Work with airports to provide rapid tests for everyone entering New Zealand under the low risk pathway (see pillar three).
- Roll out rapid testing to all essential workers, including healthcare workers, aged care support staff, supply chain (transportation, ports and airports), emergency first responders, and high-risk customer-facing roles such as in supermarkets, schools, and universities.
- The healthcare system should routinely test for COVID-19 both in the pre-hospital environment and in primary care and hospital admission. Ensuring COVID-19 is identified before patients enter the health system reduces the risk of hospital outbreaks that have significant adverse impacts on the hospital workforce.
- Reduce the barriers to rapid testing so all New Zealanders can access a COVID-19 test when and where needed. COVID-19 testing would be available to be undertaken at home, work and school. Rapid tests would be available for order online, via community nursing and from local retailers such as the community pharmacies and supermarkets.



<sup>55</sup> [thespinoff.co.nz/science/24-09-2021/what-is-rapid-testing-and-when-is-it-coming-to-new-zealand/](https://thespinoff.co.nz/science/24-09-2021/what-is-rapid-testing-and-when-is-it-coming-to-new-zealand/)

## STEP SIX: Create a dedicated agency, Te Korowai Kōkiri, to manage our response

During the 2020 election campaign, National proposed the establishment of “Te Korowai Whakamaru/NZ Border Protection Agency” to provide a professional and coordinated approach to securing the border from COVID-19 and other pandemic threats in the future.

National would expand that initial proposal into a dedicated agency, Te Korowai Kōkiri separate from the Ministry of Health, to manage our response. Sir Brian Roche, the chair of the Government's COVID-19 Independent Continuous Review, Improvement and Advice Group, has recently recommended the same thing, which builds on the recommendations made in the Roche/Simpson review of September 2020.<sup>56</sup>

### The case for change

Public health experts Des Gorman and Murray Horn recently made the case for change in a recent article. They argue persuasively that “pandemics need to be managed by a dedicated governance and management agency” so that the rest of the health system can focus on what it needs to do, including addressing the impact of deferred treatment because of the pandemic, and the pandemic response receives the dedicated attention required for the sort of proactive response it deserves.<sup>57</sup> Researchers at the University of Otago also supported the setup of a dedicated agency in an article published in The Lancet medical journal.<sup>58</sup>

### Functions of the dedicated agency

This standalone, dedicated agency would be capable of dealing with the prevention and control of pandemics. It will also provide professional coordination and comprehensive management of the potential entry of COVID-19 and other public health threats.



<sup>56</sup> [www.rnz.co.nz/news/national/449090/covid-19-advisor-for-the-government-recommends-stand-alone-agency-again](https://www.rnz.co.nz/news/national/449090/covid-19-advisor-for-the-government-recommends-stand-alone-agency-again)

<sup>57</sup> [onlinelibrary.wiley.com/doi/epdf/10.1111/imj.15443](https://onlinelibrary.wiley.com/doi/epdf/10.1111/imj.15443)

<sup>58</sup> Summers, J., Cheng, H. Y., Lin, H. H., Barnard, L. T., Kvalsvig, A., Wilson, N., & Baker, M. G. (2020). Potential lessons from the Taiwan and New Zealand health responses to the COVID-19 pandemic. The Lancet Regional Health-Western Pacific, 100044

The agency will have overall control and governance of the response when dealing with an outbreak. It would be empowered to ensure compliance with agency policies and oversee the response from other agencies such as the Ministry of Health, District Health Boards, and other agencies operating at ports of entry.

The agency would bring together world-class health professionals, crisis management, planning and intelligence (including economic modelling), logistics, supply chain, procurement, and operational execution.

Heightened border management will be required in New Zealand for the foreseeable future to keep the virus at bay, even as our vaccination rate peaks. We need a dedicated agency that acts as a centre of expertise, with the personnel, technology and capability to provide a world-class defence against COVID-19. The agency would have features of our highly successful biosecurity agencies.

The agency would draw on resources across Government and have the ability to order compliance, which has been sorely lacking from our response to date.

The agency would provide the necessary resources to ensure this agency is organised and equipped to provide a robust first line of defence. It would also improve our public health response through investment in new technologies, science, systems and working with stakeholders, including iwi representatives.

Lastly, it would continually prepare for a more effective response to future outbreaks when they occur.

**Actions:**

- Create a dedicated and separate standalone COVID-19 Response agency to manage New Zealand's overall response to COVID-19.
- The new agency will be based in Manukau, not Wellington.

## STEP SEVEN: Build purpose-built quarantine

New Zealand's network of Managed Isolation and Quarantine facilities was put in place in mid-2020 to make minimise the risk of travellers to New Zealand spreading COVID-19 into the community.

Everyone involved in the extremely complex MIQ system works very hard, and we thank them for their service to New Zealand – they are performing a very important task.

Hotel-based MIQ facilities were set up very quickly and it should be noted that regular infection control audits have greatly improved the operations over time. However, there are some fundamental shortcomings of hotel-based MIQ which are nearly impossible to overcome and result in continued risk to New Zealand.

- Many hotels are located in Auckland, our largest city, meaning that any leakage of COVID-19 from MIQ is likely to be far worse. Professor Nick Wilson has called it "crazy" to have managed isolation facilities in Auckland.<sup>59</sup>
- Security has been found wanting on regular occasions at the facilities.
- Hotel-based facilities have inherent problems with shared spaces and inadequate ventilation.<sup>60</sup>
- Only 674 quarantine rooms have air filtration units installed.<sup>61</sup>
- Hotels were never designed with infection control in mind.

The most recent outbreak was probably caused by leakage of COVID-19 from the Crowne Plaza MIQ facility in downtown Auckland.

National has argued since early February 2021 that purpose-built quarantine facilities should be built. We identified land near Auckland Airport as the ideal site, allowing quick access for arriving passengers as well as good transport links for workers in the facilities. Our proposal was for single storey prefabricated modular units with limited shared spaces, able to be built quickly and then used as emergency/temporary housing in later life, or retainable for national pandemic response capability.

As Professor Nick Wilson says:

*"We really, as a country, need to be moving to what Australia is doing and building purpose built facilities which are single storey separate units like they have in Howard Springs in Australia, and all very good ventilation."*

### Victorian State Government proposal

The Victorian State Government has now moved forward with purpose-built quarantine on similar lines to that proposed by National in February. The Victorian Government has announced:<sup>62</sup>

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<sup>59</sup> [www.nzherald.co.nz/nz/politics/covid-19-coronavirus-epidemiologist-slams-highly-problematic-border-operation-as-jacinda-ardern-pours-cold-water-over-building-specialist-miq/UGF2K3MMCU4D64TMQZLGFT27VY/](https://www.nzherald.co.nz/nz/politics/covid-19-coronavirus-epidemiologist-slams-highly-problematic-border-operation-as-jacinda-ardern-pours-cold-water-over-building-specialist-miq/UGF2K3MMCU4D64TMQZLGFT27VY/)

<sup>60</sup> Prof Nick Wilson, Dr Leah Grout, Prof Michael Baker, [blogs.otago.ac.nz/pubhealthexpert/how-best-to-classify-and-count-nzs-border-control-failures-in-the-covid-19-pandemic/](https://blogs.otago.ac.nz/pubhealthexpert/how-best-to-classify-and-count-nzs-border-control-failures-in-the-covid-19-pandemic/)

<sup>61</sup> [www.rnz.co.nz/news/national/450571/govt-dropped-ball-over-lack-of-air-filtration-systems-in-miq-facilities-public-health-expert](https://www.rnz.co.nz/news/national/450571/govt-dropped-ball-over-lack-of-air-filtration-systems-in-miq-facilities-public-health-expert)

<sup>62</sup> [www.vic.gov.au/victorian-quarantine-hub](https://www.vic.gov.au/victorian-quarantine-hub)



- a purpose-built quarantine accommodation hub outside Melbourne's CBD;
- based on the existing standalone facility operating at Howard Springs (cabin-style outdoor accommodation);
- dedicated onsite services, including catering;

The first stage of the hub will provide 500 beds, with a second stage doubling capacity a short time later. It is also designed with the ability to increase to up to 3,000 beds as part of a scalable build if a larger facility is determined to be required at any point. Similar to National's proposal the new hub will be designed with relocatable cabins so that it can be utilised for alternative and future needs, including ongoing quarantine arrangements, crisis accommodation and other emergencies.

Construction is anticipated to begin this month with the first stage of the hub operational in early 2022.

### National's proposal

Under National's Opening Up Plan, quarantine facilities would still be required for travellers from high-risk destinations and reserve capacity would be required for positive community cases who are unable to isolate at home or where it is felt by health officials it is better for them to isolate in quarantine.

National proposes that we build up to 1,000 to 1,500 permanent quarantine units and associated facilities outside of urban Auckland and close to the international airport and health and security workforce.

This purpose-built community would open progressively from early to mid-2022. The estimated build cost would be circa \$200 million, excluding the land, and excluding ongoing operational running costs.

National would use the legislative process to fast-track consents and approvals and contract with the private sector to design, build, operate and maintain this facility.

These modular units would have a 50-70 year life span. They could be transported and changed to alternative use in the future, such as refugee resettlement accommodation or transitional community housing. We foresee the need for purpose-built quarantine facilities for the next three to five years.

The construction of this community would be led by New Zealand companies and provide opportunities for construction apprenticeships to support the future growth in this sector in the upper North Island. National would also work with construction material suppliers to manage supply chain constraints where possible.

### Action:

- Start building purpose-built quarantine facilities immediately, targeting an early 2022 open date.

## STEP EIGHT: Launch a digital app for vaccination authentication

It has been clear for months now that New Zealanders will need a universal and straightforward way of verifying their vaccination status when they need to. This will be essential for international travel and useful for domestic use.

Domestic uses may involve proof of vaccination for some jobs and possible entry into private businesses and events. Many countries are imposing vaccination requirements for entry into their jurisdictions and imposing vaccination requirements for some events and activities inside the jurisdiction. An EU digital vaccine certificate system went live in June.<sup>63</sup> In the UK, people have been able to show their vaccine status on an NHS COVID pass app for months, and this is already recognised by over 30 other countries.<sup>64</sup> Seven US states (as at 1 September) are rolling out apps so people can show they've been vaccinated.<sup>65</sup>

Currently, the process for proving vaccination status is long and complicated. It requires requesting documentation from the Ministry of Health and waiting, sometimes up to several weeks, to receive a letter. Even then, there are reports that some jurisdictions are not accepting these letters.<sup>66</sup>

Despite this, Cabinet only agreed to prioritise the development of a traveller health declaration system in August 2021.<sup>67</sup> National has been asking the Government about this issue since February this year.<sup>68</sup> It is hard to understand why the Government has taken so long to establish a system where Kiwis can prove digitally that they have in fact been vaccinated.

Digital vaccination authentication needs to be introduced as a priority. We expect the vaccination status of New Zealanders to become a more central part of our COVID-19 response and surveillance effort. Therefore everyone should be able to have quick and easy access to information to prove their vaccination status.

### Actions:

- Develop and introduce a digital app compliant with international standards and norms. This app would allow people who need to prove their vaccination status to do so quickly and easily both here in New Zealand and internationally.
- The app should also include pre-departure test certificates, past COVID-19 tests (including the potential to upload rapid antigen test results). This is already the case in the UK via their NHS app. It should also include if a person has natural immunity to COVID-19 after being infected already (confirmed with a test).

<sup>63</sup> [www.technologyreview.com/2021/06/02/1025633/seven-eu-countries-just-got-a-digital-vaccine-passport/](https://www.technologyreview.com/2021/06/02/1025633/seven-eu-countries-just-got-a-digital-vaccine-passport/)

<sup>64</sup> [www.bbc.com/news/world-europe-56522408](https://www.bbc.com/news/world-europe-56522408)

<sup>65</sup> [www.technologyreview.com/2021/08/31/1033993/vaccine-credential-initiative-us-state-guide/](https://www.technologyreview.com/2021/08/31/1033993/vaccine-credential-initiative-us-state-guide/) It is also worth noting 22 US states have banned use of the apps.

<sup>66</sup> [www.tvnz.co.nz/one-news/new-zealand/exclusive-govt-working-digital-vaccine-passport](https://www.tvnz.co.nz/one-news/new-zealand/exclusive-govt-working-digital-vaccine-passport)

<sup>67</sup> Question for Written Answer 41001 (2021).

<sup>68</sup> [www.parliament.nz/en/pb/hansard-debates/rhr/document/HansS\\_20210209\\_050700000/2-question-no-2-covid-19-vaccines](https://www.parliament.nz/en/pb/hansard-debates/rhr/document/HansS_20210209_050700000/2-question-no-2-covid-19-vaccines)



## STEP NINE: Invest in next-generation COVID treatments

COVID-19 is a very serious illness that frequently requires hospitalisation and, in severe cases, admission to an intensive care unit (ICU). A variety of exciting new “next generation” treatments for COVID-19 have been developed, but unfortunately New Zealand is now well behind other countries in ordering the treatments and approving them for use.

### Ronapreve

Ronapreve, a monoclonal antibody treatment made by Regeneron Pharmaceuticals and Roche is used to treat or prevent COVID-19 infection. It can be given either to people already showing symptoms or those who have recently been exposed to someone infected to lower the risk of catching the virus.

The Ministry of Health says “evidence from a well-designed, phase three, randomised controlled trial suggests a reduction in hospitalisation and all-cause mortality in people with mild-moderate COVID-19 who are not hospitalised but who are at high risk of progressing to severe disease.”<sup>69</sup>

It has just been approved for use in the UK and is licensed for emergency use in more than 20 countries – including the US, EU, Canada, Japan, and Switzerland.<sup>70</sup>

In New Zealand, Medsafe has received an application for use in New Zealand but Pharmac has not yet agreed to fund it and New Zealand has not purchased any doses.<sup>71</sup>

The EU has already bought 55,000 doses.<sup>72</sup> Kurt Krause, a Professor at the University of Otago, says Ronapreve “is just a game changer... It’s extremely important that we acquire this as soon as possible.”<sup>73</sup>

### Sotrovimab

Sotrovimab is also a monoclonal antibody-based medicine, made by GlaxoSmithKline (GSK). Sotrovimab can be given as soon as someone receives a positive test result or within ten days of getting COVID-19 symptoms.

In May this year, the US and EU authorised Sotrovimab to be used in adults and children aged over 12 with mild to moderate COVID-19, but who are at a high risk of progression to severe COVID-19.<sup>74</sup> The EU has bought 22,000 doses.<sup>75</sup>

Sotrovimab was provisionally approved in Australia in August 2021 and the government has purchased 7,700 doses.<sup>76</sup>

Sotrovimab has not been approved in New Zealand, and Pharmac has not bought any doses.

<sup>69</sup> [www.health.govt.nz/system/files/documents/pages/csu\\_09\\_july\\_2021\\_covid-19\\_pharmaceutical\\_treatments.pdf](https://www.health.govt.nz/system/files/documents/pages/csu_09_july_2021_covid-19_pharmaceutical_treatments.pdf)

<sup>70</sup> Airfinity, “September 2021 snap shot COVID-19 data”, presentation supplied to Chris Bishop.

<sup>71</sup> Question for Written Answer 36490 (2021).

<sup>72</sup> [www.reuters.com/business/healthcare-pharmaceuticals/europe-secures-55000-doses-roche-regeneron-covid-drug-hope-2021-06-03/](https://www.reuters.com/business/healthcare-pharmaceuticals/europe-secures-55000-doses-roche-regeneron-covid-drug-hope-2021-06-03/)

<sup>73</sup> [www.stuff.co.nz/national/health/coronavirus/300407658/covid19-government-urged-to-buy-game-changer-drug-treatment-for-positive-cases?cid=app-iPhone](https://www.stuff.co.nz/national/health/coronavirus/300407658/covid19-government-urged-to-buy-game-changer-drug-treatment-for-positive-cases?cid=app-iPhone)

<sup>74</sup> [theconversation.com/what-is-sotrovimab-the-covid-drug-the-government-has-bought-before-being-approved-for-use-in-australia-165802](https://theconversation.com/what-is-sotrovimab-the-covid-drug-the-government-has-bought-before-being-approved-for-use-in-australia-165802)

<sup>75</sup> [www.connexionfrance.com/French-news/EU-orders-promising-treatment-for-severe-COVID-19-from-UK-pharma-firm-GlaxoSmithKline](https://www.connexionfrance.com/French-news/EU-orders-promising-treatment-for-severe-COVID-19-from-UK-pharma-firm-GlaxoSmithKline)

<sup>76</sup> [www.health.gov.au/ministers/the-hon-greg-hunt-mp/media/tga-approves-new-covid-19-treatment-for-use-in-australia](https://www.health.gov.au/ministers/the-hon-greg-hunt-mp/media/tga-approves-new-covid-19-treatment-for-use-in-australia)

## Molnupiravir

Molnupiravir is an antiviral drug being developed by Merck (MSD) and Ridgeback Biotherapeutics. It is intended to be taken orally as a capsule for the treatment of mild to moderate COVID-19 in the early days of the onset of illness. Treatment in a hospital is not required; therefore it has very exciting potential.

Phase three trials are underway. The Biden Administration has committed to purchasing 1.7 million doses should it receive FDA approval.<sup>77</sup> Australia has granted provisional determination to Merck, the first step in getting the treatment approved.<sup>78</sup>

Molnupiravir has not been approved in New Zealand, and Pharmac has not bought any doses.

## New Zealand's approach

New Zealand's current approach to Medsafe approval and Pharmac funding means it will be around four years before these treatments are available in New Zealand. We simply cannot wait that long.

Most governments that are able to have been locking in supply contracts with manufacturers in advance of treatments being approved by the appropriate regulators. We should do the same.

### Actions:

- Establish a dedicated and ring-fenced COVID-19 Treatment Fund from the COVID-19 Response Fund and task Pharmac with negotiating advance purchase agreements with a variety of manufacturers for next-generation COVID-19 treatments.
- Senior Ministers should be encouraging manufacturers to apply to Medsafe for approval in New Zealand so that New Zealand does not fall behind the rest of the world.

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<sup>77</sup> [www.afr.com/policy/health-and-education/new-covid-19-drug-steps-closer-to-approval-in-australia-20210810-p58hns](https://www.afr.com/policy/health-and-education/new-covid-19-drug-steps-closer-to-approval-in-australia-20210810-p58hns)

<sup>78</sup> [www.tga.gov.au/media-release/tga-grants-provisional-determination-merck-sharp-dohmes-antiviral-covid-19-treatment-molnupiravir](https://www.tga.gov.au/media-release/tga-grants-provisional-determination-merck-sharp-dohmes-antiviral-covid-19-treatment-molnupiravir)

## STEP TEN: Prepare our hospitals and expand ICU capacity

Despite being more than 18 months into this pandemic, the recent outbreak has revealed that our hospitals are still woefully unprepared. This puts us all at risk.

Last year, New Zealanders did the hard work through weeks of lockdown to stamp out COVID-19 and buy us all time. That gave us time to prepare for when the virus made its way into the community again.

But rather than using that time to make sure our hospitals were ready for another outbreak, the Government inexplicably chose instead to focus on restructuring the entire health system in the middle of a global pandemic.

It's shocking but perhaps unsurprising then that we've seen a number of failures through this latest outbreak:

- At the start of the recent Auckland outbreak, builders were being called in to make urgent alterations to hospital wards across Auckland that didn't have enough rooms to isolate COVID patients.<sup>79</sup>
- No new ICU bed spaces were provisioned over the five months since Delta first appeared in our MIQ facilities.<sup>80</sup>
- The number of ICU beds across New Zealand has actually fallen since the end of April 2020, from 358<sup>81</sup> to 327 (as of 6 September).<sup>82</sup>
- Auckland DHB was forced to issue an urgent callout for 30 ICU nurses on 1 September.<sup>83</sup>
- At Middlemore and Waitakere hospitals, patients who were clearly symptomatic with COVID were left in shared rooms for several hours with other terrified patients.<sup>84</sup>

Because the Government still hasn't ensured our hospitals can handle basics like keeping COVID patients isolated, critical health staff have been forced to isolate and multiple wards have been shut down at one of our busiest hospitals including the Emergency Department at our second biggest hospital for two days.

We have already had more than 62,000 surgeries, planned procedures or initial assessments cancelled across the country since the start of the outbreak. The backlog will take months, if not years to clear.

Our health workforce will need to have the capacity and capability to deal with our changing health needs. Expanding our critical care capacity (ICU and high dependency units), implementing better infection control, and ensuring our hospitals are able to continue operating during an outbreak should be an immediate priority.

It takes around a decade to train specialist nurses and doctors for ICU, which is time we don't have.

<sup>79</sup> [www.nz.co.nz/news/national/450468/urgent-alterations-as-hospitals-covid-19-pressure-rooms-near-capacity](https://www.nz.co.nz/news/national/450468/urgent-alterations-as-hospitals-covid-19-pressure-rooms-near-capacity)

<sup>80</sup> [www.national.org.nz/health-system-unprepared-for-a-delta-outbreak](https://www.national.org.nz/health-system-unprepared-for-a-delta-outbreak)

<sup>81</sup> [www.health.govt.nz/system/files/documents/pages/ventilators\\_and\\_icu\\_capacity\\_11\\_may\\_2020.pdf](https://www.health.govt.nz/system/files/documents/pages/ventilators_and_icu_capacity_11_may_2020.pdf)

<sup>82</sup> Question for written answer 38872 (2021).

<sup>83</sup> [www.national.org.nz/multiple-icu-failings-from-a-distracted-minister](https://www.national.org.nz/multiple-icu-failings-from-a-distracted-minister)

<sup>84</sup> [www.nzherald.co.nz/nz/covid-19-delta-outbreak-infected-middlemore-hospital-patient-sons-fury-after-father-shared-room/](https://www.nzherald.co.nz/nz/covid-19-delta-outbreak-infected-middlemore-hospital-patient-sons-fury-after-father-shared-room/) ; [www.nzherald.co.nz/nz/covid-19-coronavirus-delta-outbreak-waitakere-hospital-patient-placed-in-same-room-as-covid-positive-case/XISWZ3CAWOVRTQILJ42MC4QJDY/](https://www.nzherald.co.nz/nz/covid-19-coronavirus-delta-outbreak-waitakere-hospital-patient-placed-in-same-room-as-covid-positive-case/XISWZ3CAWOVRTQILJ42MC4QJDY/)

Fortunately, there are thousands of fully trained health professionals who are ready, willing and able to come to New Zealand right now. If the Government only let them, these ambitious people could help us significantly increase our ICU capacity in a relatively short amount of time. It's really a no-brainer.

### Actions:

- **Urgently implement a specialist healthcare workforce migration plan:**
  - Select the 3,000 doctors and nurses out of the expression of interest (EOI) pool and process the applications urgently.
  - Prioritise and fast track residence applications for critical healthcare workers.
  - Set aside dedicated MIQ spaces for specialist critical healthcare workers.
  - Offer conditional residence class visas upon arrival to experienced, specialist nurses who have the qualifications, skills and experience to immediately start working in New Zealand to fill critical shortages. We would begin with highly-skilled ICU nurses where there is an obvious and urgent demand. Residency would take full effect within three years, which would ensure nurses remain working in their field in New Zealand while providing the certainty and incentive of a clear pathway to permanent residency.<sup>85</sup>
- **Support immigrant nurses already in NZ** to complete competence assessment programmes including financial support for examination fees where necessary.<sup>86</sup>
- **Increase healthcare student enrolment** caps and full-time equivalent training (EFTs) allocations at training institutions to increase long-term labour participation rates and align with OECD benchmarks.<sup>87</sup>
- **Increase medical workforce** by providing more post graduate year 1 roles within hospitals and focusing on retention, e.g. career progression and continuous professional development and managing the overseas risk.<sup>88</sup>
- **Invest in technology solutions to increase time to care** and optimise productivity e.g. electronic rostering systems.
- **Fast-track build of new hospital wards to increase bed capacity.** Business cases have been completed and awaiting capital funding to increase hospital ward capacity (beds). In Auckland projects at Waitakere Hospital (ICU/HDU and wards) could be progressed immediately.

<sup>85</sup> [www.national.org.nz/nationals-plan-to-solve-critical-healthcare-worker-shortages](https://www.national.org.nz/nationals-plan-to-solve-critical-healthcare-worker-shortages)

<sup>86</sup> Nursing (CAP) and Doctors (NZREX Clinical).

<sup>87</sup> NZ has 990 medical graduates/per 100,000 population, Australia has 15.86/100,000, UK has 13.07/100,000.

<sup>88</sup> NZ 3.43 doctors/per 1,000 population vs Australia 3.83/1,000

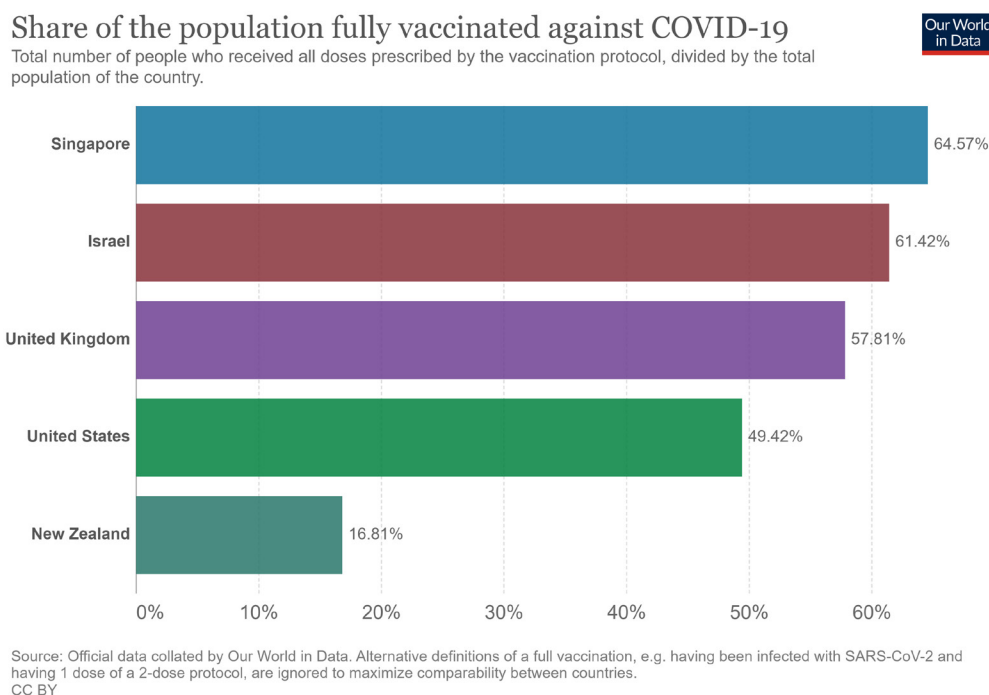
## PILLAR TWO: EVOLVE – Reach a 70–75% vaccination milestone to avoid nationwide lockdowns

### Background

On 17 August a single person tested positive for COVID-19 in Auckland. On identification of the positive case, and once it was clear the man had no obvious connection to the border, New Zealand was placed into a nationwide Level 4 lockdown.

On 7 August, when Delta is believed to have entered New Zealand, only about 20% of New Zealanders over the age of 12 were fully vaccinated, just under 17% of our total population. At the same time, the UK had 58% of its population fully vaccinated. Our vaccine rollout was the slowest in the OECD.

**Chart 2: Share of population fully vaccinated against COVID-19 on 7 August 2021<sup>89</sup>**



Our low vaccination rate meant that within the ten days it took to detect Delta, it had spread to hundreds of people.

The facts are clear. If we had vaccinated faster and sooner, Delta would have spread slower, fewer people would have been infected and our lockdown would have been shorter and more successful.

<sup>89</sup> It is worth noting that Our World in Data actually overstates our rate of vaccination since it assumes New Zealand has a population of 4.8 million people, rather than 5.1 million.

Modelling undertaken by Professor Shaun Hendy and others shows that moving from a 30% vaccination coverage to 50% means a Delta outbreak can be stamped out in half the time.<sup>90</sup>

### Pursuing elimination without nationwide lockdowns

New Zealand has a variety of key tools to stop the spread of COVID-19. These are:

- Vaccinations – We know the more people that are vaccinated, the slower COVID-19 spreads.
- Contact tracing – By testing, tracing and isolating positive cases and close contacts we reduce the spread.
- Community health measures – Wearing masks, sanitising and improving ventilation to reduce the spread of COVID-19.
- Lockdowns – Asking people to stay at home to reduce the spread of COVID-19.

Lockdowns should be everyone's least preferred measure. Over the last 18 months, New Zealand has almost doubled our national debt as we compensate businesses for the cost of lockdowns, which will severely curtail our options in the future. Lockdowns cause our children to stay home from school and our vulnerable to become socially isolated. Just last week, a study of Ministry of Health data showed that COVID-19 lockdowns significantly increased mental distress in New Zealand children.<sup>91</sup>

We need to continue to improve our contact tracing and continue to deploy community health measures. But a 70–75% vaccination milestone is key to avoiding any more severe, nationwide lockdowns.

With 70–75% of New Zealand's eligible population fully vaccinated, nationwide lockdowns will become an absolute last resort.

The Doherty Institute in Australia has modelled a situation where Australia gets to 70% of the eligible population being vaccinated. Doherty noted:

*In an average year of influenza, we would roughly have 600 deaths and 200,000 cases in Australia. Any death is a tragedy, but our health system can cope with this. In the COVID-19 modelling, opening up at 70% vaccine coverage of the adult population with partial public health measures, we predict 385,983 symptomatic cases and 1,457 deaths over six months. With optimal public health measures (and no lockdowns), this can be significantly reduced to 2,737 infections and 13 deaths.*

Note that Doherty predicts 13 deaths over six months for Australia under such a strategy. New Zealand has already had 27 COVID-19 deaths while pursuing an elimination strategy, and Australia has five times New Zealand's population.

In other words, we can expect fewer deaths once we have vaccinated 70% of our population and we can avoid nationwide lockdowns.

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<sup>90</sup> [www.tepunahamatatini.ac.nz/2021/06/30/a-covid-19-vaccination-model-for-aotearoa-new-zealand/](https://www.tepunahamatatini.ac.nz/2021/06/30/a-covid-19-vaccination-model-for-aotearoa-new-zealand/)

<sup>91</sup> [www.scoop.co.nz/stories/GE2109/S00114/lockdowns-double-attempted-suicides-in-10-14-year-old-nzrs.htm](https://www.scoop.co.nz/stories/GE2109/S00114/lockdowns-double-attempted-suicides-in-10-14-year-old-nzrs.htm)

## PILLAR THREE: OPEN – Reach an 85-90% vaccination milestone to begin reopening to the world

### From elimination to vigorous suppression

Elimination is the right strategy with low levels of vaccination.

But once New Zealand hits 85% and above of the 12+ population being vaccinated, a suite of choices and options await us.

Vaccination at that level would give us one of the highest levels of vaccination in the world. Combined with sensible public health measures, we can then pivot to a “vigorous suppression” strategy.

### Modelling

No one has yet built a model accurately incorporating all of the variables involved in border reopenings and the effect on the health system. Much depends on the assumptions built into the model, almost all of which are open to challenge or questioning.

Mathematical models are useful but, as the Prime Minister says, they are tools only and don't define singular pathways.<sup>93</sup>

There have been three recent modelling exercises done around border restrictions:

- **Hendy et al (September 2021)<sup>94</sup>**

This model considers how rates of vaccination coverage might reduce the health burden from COVID-19 if combined with only moderate public health measures to reduce transmission of the virus. Simulated outbreaks are seeded with an average of one case per day arriving at the border and entering the community.

The model suggests that with 90% vaccine coverage of the population over the age of 5, a suite of moderate public health measures and an effective test, trace and isolate system, there would be around 500 hospitalisations and 50 fatalities from COVID-19 over a one year period.

- **Nguyen et al (August 2021)<sup>95</sup>**

This model, published in the Lancet, forecasts the effect of strategies of minimising disease spread in the community and prioritisation of high-risk age groups. It models different vaccination programme strategies for the following health outcomes: number of cases, hospitalisations, and deaths over two years with open borders.

<sup>93</sup> [www.stuff.co.nz/national/politics/300414401/covid19-nz-rodney-jones-says-shaun-hendys-7000death-vaccine-model-doesnt-pass-plausibility-test](https://www.stuff.co.nz/national/politics/300414401/covid19-nz-rodney-jones-says-shaun-hendys-7000death-vaccine-model-doesnt-pass-plausibility-test)

<sup>94</sup> Nicholas Steyn, Michael Plank, and Shaun Hendy, “Modelling to support a future COVID-19 strategy for Aotearoa New Zealand”.

<sup>95</sup> [www.thelancet.com/journals/lanwpc/article/PIIS2666-6065\(21\)00165-6/fulltext](https://www.thelancet.com/journals/lanwpc/article/PIIS2666-6065(21)00165-6/fulltext)

The paper suggests that with 90% (whole population) coverage, adopting a high risk prioritisation vaccine strategy, with 10 imported cases per day for two years (but no other public health controls), there would be 80,400 total cases over the two years, 1,380 peak active cases over the two years, 1,950 total hospitalisations (34 at peak) and 145 total deaths.

- **Doherty Institute (Australia)**

The Doherty Institute is a highly respected research joint-venture between the University of Melbourne and the Royal Melbourne Hospital. The Doherty Institute modelled various outbreak scenarios for the Australian population considering partial and optimal public health measures. With 70% of adults vaccinated, and no lockdowns, 2,737 infections and 13 deaths were modelled for the Australian population. This reduced to just 6 deaths with 80% of adults vaccinated.<sup>96</sup>

### What does the modelling show?

Leaving aside the overall numbers, the take-home points from all of the models are quite simple:

- Vaccination is critical. The more people vaccinated as a percentage of the eligible or whole population, the better.
- Bringing 12-15 year olds and the 5-11 year olds into vaccine coverage is very important (as it raises the overall population coverage rate).
- Vaccination alone is insufficient – other public health measures must be used to supplement vaccination, and will allow for a safer re-opening.
- Gradual opening of the border introduces COVID-19 into the community, which then must be responded to by the health system.

### National's position

Once New Zealand hits 85% of people over 12 being fully vaccinated, we believe New Zealand needs to move away from the elimination strategy we have followed to date. At that point, New Zealand will have a very high vaccination rate relative to the rest of the world and everyone will have had the chance to have been vaccinated.

We define our strategy as "vigorous suppression". This is a strategy where New Zealand aims to keep the number of COVID-19 cases very low, but not necessarily at zero. There will likely be cases of infection under this strategy, but the aim is to rapidly respond when they occur and minimise the number of people infected.<sup>97</sup>

The modelling from the Doherty Institute indicates a lower number of deaths occurring than New Zealand has experienced under our elimination strategy. Moving to a "vigorous suppression" strategy is not about accepting deaths, but rather utilising vaccines, contact tracing, testing and isolation instead of lockdowns to reduce infection.

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<sup>96</sup> Doherty Institute modelling (Table 4.2) [https://www.doherty.edu.au/uploads/content\\_doc/DohertyModelling\\_NationalPlan\\_and\\_Addendum\\_20210810.pdf](https://www.doherty.edu.au/uploads/content_doc/DohertyModelling_NationalPlan_and_Addendum_20210810.pdf)

<sup>97</sup> [www.esr.cri.nz/our-expertise/covid-19-response/strategies-for-covid-19/](https://www.esr.cri.nz/our-expertise/covid-19-response/strategies-for-covid-19/)



Professor Michael Baker has noted that our elimination strategy could move to suppression later this year or early next year.<sup>98</sup>

Under this new strategy, New Zealand will use the following tools to manage COVID-19, along with the enhancements outlined in pillar one of our plan:

- Vaccination (including regular booster shots where needed)
- Mass testing
  - Nasal and saliva PCR tests in isolation, quarantine, at the border, and for close contacts of COVID-19 cases
  - Rapid antigen tests for essential workers, community surveillance testing and upon entry to New Zealand
- Enhanced contact tracing
- Isolation for people who test positive for COVID-19 (either in quarantine or at home)
- Ongoing use of the COVID-19 Tracer App (including Bluetooth)
- Mask wearing
- Community health measures where outbreaks occur

The steps outlined in pillar one to increase ICU and hospital capacity will also be crucial.

### **The Government will eventually support a suppression strategy**

The Government knows that perpetual border restrictions are socially and economically unsustainable. In August (before the current outbreak) the Prime Minister said "we cannot keep border restrictions on forever, and to be absolutely clear we do not want to either", noting that "border closures were only ever a temporary measure in order to keep COVID out before a vaccine was developed and administered."<sup>99</sup>

In the same speech the Prime Minister outlined a range of proposals to partly reopen the border from the start of 2022.

If the Government is committed to reopening borders, then they are committed to moving away from elimination. It may have been possible to reopen borders and maintain elimination with the original form of COVID-19. It is impossible with Delta. As Chris Hipkins says:<sup>100</sup>

*"Delta does raise some big questions that we're going to have to grapple with, you know less than a 24-hour period for someone getting it and passing it on to others ... that's like nothing we've dealt with in this pandemic so far, and it does change everything."*

Even with only partly reopened borders, Delta will slip through into the community. The Government is being intellectually dishonest in maintaining the fiction that borders can reopen while New Zealand simultaneously maintains an elimination strategy. In a delta world, that is impossible.

<sup>98</sup> [www.theguardian.com/world/2021/aug/23/big-questions-new-zealand-covid-minister-raises-doubts-about-elimination-strategy](https://www.theguardian.com/world/2021/aug/23/big-questions-new-zealand-covid-minister-raises-doubts-about-elimination-strategy)

<sup>99</sup> [www.beehive.govt.nz/speech/speech-reconnecting-new-zealanders-world-forum](https://www.beehive.govt.nz/speech/speech-reconnecting-new-zealanders-world-forum)

<sup>100</sup> [www.theguardian.com/world/2021/aug/23/big-questions-new-zealand-covid-minister-raises-doubts-about-elimination-strategy](https://www.theguardian.com/world/2021/aug/23/big-questions-new-zealand-covid-minister-raises-doubts-about-elimination-strategy)

National's view is that the time has now come to be honest about the need to move to vigorous suppression.

### Our milestones for the strategic pivot

There are three key milestones that should be reached:

- 85-90% of the 12+ New Zealand population is fully vaccinated against COVID-19.
- Each DHB area has at least 80% of its 12+ population fully vaccinated.
- Each 12+ age group, broken down in ten year bands, has at least 70% of its eligible population fully vaccinated.

85-90% is National's major milestone. It would give New Zealand one of the highest vaccination rates in the world.

The regional requirement ensures, or makes it more unlikely, that an outbreak of COVID-19 does not concentrate in a particular area.

The age requirement is a reflection of two factors. First, that elderly people are particularly vulnerable and we want good coverage amongst that group. Second, that Delta spreads quickly amongst young people, so it's important to lift their vaccination rates.



## Reopening to the world

Once the milestone of 85–90% is reached, a traffic light system should begin to operate for travel to New Zealand:

- Green pathway – low risk travel
- Orange pathway – medium risk travel
- Red pathway – high risk travel

	GREEN TRAVEL	ORANGE TRAVEL	RED TRAVEL
<b>Jurisdictions</b>	Zero or little COVID-19 in the community; and  Vaccination rates higher than 80% of eligible population.	COVID is spreading but under control/ manageable; and  Vaccination rates higher than 50% of the eligible population.	All other travel to New Zealand – COVID is spreading and not under control.
<b>Rules for fully-vaccinated travellers</b>	Must be an approved vaccine.  Negative pre-departure test within 48 hours.  A rapid test on arrival at entry port.  A saliva-based PCR test upon arrival at entry port with negative result returned within 12 hours.	Must be an approved vaccine.  Negative pre-departure test within 48 hours.  A rapid test on arrival at entry port.  A saliva-based PCR test upon arrival at entry port with negative result returned within 12 hours.	
<b>Isolation</b>	None (unless test positive upon arrival – then to home self-isolation or MIQ depending on public health assessment).	Mandatory seven days home self-isolation.	

		<p>Enforcement via spot checks by public health and police, fines, possible mandatory use of the Singapore style "Homer" app.</p> <p>People would be allowed to self-isolate with other people in their bubbles.</p> <p>Isolation can be at home or in hotels, Air BnB etc.</p> <p>Encouragement to take daily rapid tests (packs given upon arrival at airport).</p>	
<b>Rules for non-vaccinated NZ citizens and permanent residents</b>	MIQ 14 days.	MIQ 14 days.	MIQ 14 days.
<b>Rules for non-vaccinated, non-citizens and non-permanent residents</b>	Travel banned.	Travel banned.	Travel banned.
<b>Example jurisdictions<sup>101</sup></b>	Queensland, ACT, Western Australia, Cook Islands, Taiwan, most Pacific countries.	NSW, Victoria, Singapore, USA, UK.	

<sup>101</sup> Obviously the situation is dynamic and the requisite vaccination rates have not been reached yet. But these are examples based on current COVID-19 levels and assuming these jurisdictions eventually reach the 80% target.

**Notes:**

- Must be fully vaccinated with an approved vaccine. We anticipate Pfizer, Moderna, AstraZeneca, and Janssen at this stage. Approval would be given by government based on advice from Medsafe.
- An approved pre-departure test could include a nasal PCR, saliva PCR, LAMP, or rapid antigen test.
- There would be rules against transiting through countries that have a higher risk rating and/or travel on flights that include passengers from such countries.



# APPENDIX ONE: Upgrading our health system in the long term

## Background

As noted, no one has built a model incorporating all of the variables involved in border re-openings and the effect on the health system that also incorporates vaccination levels, public health measures, the impact of pre-departure tests and community surveillance testing, and other measures.

Moving from elimination to vigorous suppression will involve COVID-19 entering New Zealand and our health system will need to respond. National's plan in step 10 of pillar one will help the system cope with COVID.

This section looks at the scale of resource required, looking at three key elements of hospital based resourcing that have been rate limiting steps in each outbreak of COVID-19 to date: ICU beds, hospital beds, and ICU/general ward staff and proposes a formula for assessing future need in an endemic rather than a surge capacity model.

## Hospital surge policy to manage COVID-19

In New Zealand and across the world, COVID-19 has impacted the hospital environment in many areas but this is especially so for ICU beds and resources, ward beds and qualified staff to manage them both.

These three factors are closely integrated. For example, an ICU bed is blocked from discharge to the ward if there are simply not enough ward beds available. Similarly, neither hospital environment can function properly if there are not enough qualified staff available.

To date, New Zealand has used a surge capacity redistribution model where temporary policies are instituted to redistribute existing resources. The alternative is an endemic model, where new resources are required for new cases.

The two main policy levers used to reduce ICU impact during an outbreak have been:

- **Lock down alert levels** – this has the effect of reducing acute ICU admissions by as much as 33%<sup>102</sup> with some trauma centres reporting a 43% reduction.
- **Reducing elective planned procedures** – the collective effect of this in the initial 2020 outbreak was a backlog of 180,000 cases including radiology.<sup>103</sup> In the first three weeks of the recent outbreak, we have already seen 62,829 cancelled inpatient procedures.<sup>104</sup>

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<sup>102</sup> [journal.nzma.org.nz/journal-articles/unplanned-admissions-to-the-wellington-hospital-intensive-care-unit-before-during-and-after-new-zealands-covid-19-lockdown](https://journal.nzma.org.nz/journal-articles/unplanned-admissions-to-the-wellington-hospital-intensive-care-unit-before-during-and-after-new-zealands-covid-19-lockdown)

<sup>103</sup> [www.stuff.co.nz/national/health/coronavirus/122672310/backlog-of-people-still-waiting-for-diagnosis-because-of-covid19-delays](https://www.stuff.co.nz/national/health/coronavirus/122672310/backlog-of-people-still-waiting-for-diagnosis-because-of-covid19-delays)

<sup>104</sup> Question for written answer 40832 (2021)

## Hospital surge policy resource impact

Hospital resources required to manage COVID-19 are multifactorial from high end ICU to general ward support. From an ICU and ward bed perspective the two New Zealand outbreaks to date present a macro picture of ICU and ward beds requirements for the earlier variant, and the more infectious Delta variant. Table 1 presents this data.

**Table 1: Hospitalisation events across two New Zealand COVID-19 outbreaks**

	Positive Cases	Hospitalised	ICU
21 Feb – 13 May 2020 (82 days)	1503	95	10
7 Aug – 18 Sept 2021 (42 days)	1029	242	19

This data does not reveal the peak demand faced by ICU, nor nursing requirements. Some estimates for the latter suggest six ICU nurses per ICU bed.<sup>105</sup> Others describe a resourced ICU bed as a 1:1 ratio,<sup>106</sup> however this presumes one nurse on duty 24/7. A more realistic assessment may be three 8-hour shift nurses and one cover for a total of four nurses per ICU bed. Ward beds are also a rate limiting step in that ICU needs to discharge to a ward and if these are blocked then so is ICU. We assume 0.25 nurses per ward bed.

## Estimating hospital resources under a pillar 3 relaxed border settings model

With COVID-19 in the community a surge model is no longer applicable and an endemic model is more suitable. Under this model, elective surgery continues, as does accidents and emergency, in the absence of lockdowns in a pre-pandemic like scenario. The levers to this model will be some combination of a border response (open or closed), a community response (lockdown, contact tracing, testing) and a vaccination response. An endemic model assumes hospital resource utilisation is already close to 100%, so new resources are required for any endemic cases.

What is useful is to have an assessment of peak cases as this is the peak resource that will need to be catered for rather than an average. In a recent study published in the Lancet medical journal, a consortium of experts in infectious disease epidemiology, public health, statistics and computer science from ESR, Victoria, Massey, Auckland and Otago Universities modelled a New Zealand scenario with open borders for two years with no other public health measures (Nguyen et al<sup>107</sup>).

They estimate peak cases for hospital admissions at different levels of vaccination under a high prioritised vaccination strategy. Using UK approximations of ICU admissions and already described nurses ratios (see assumptions) a baseline fully utilised health system might give the following figures.

<sup>105</sup> [www.rnz.co.nz/programmes/the-detail/story/2018811173/increasing-icu-bed-numbers-is-not-that-simple](http://www.rnz.co.nz/programmes/the-detail/story/2018811173/increasing-icu-bed-numbers-is-not-that-simple)

<sup>106</sup> Question for written answer 41043 (2021)

<sup>107</sup> [www.thelancet.com/journals/lanwpc/article/PIIS2666-6065\(21\)00165-6/fulltext](https://www.thelancet.com/journals/lanwpc/article/PIIS2666-6065(21)00165-6/fulltext)



Various modellers have expressed relaxed border and community settings producing outbreak numbers even at 85–90% vaccination in the thousands to tens of thousands.<sup>108</sup>

Assessing peak cases is useful as this is the peak resource that will be need to be catered for as compared to an average. ICU stay time has a binomial distribution, short (<7 days) and long (>21 days) with a mean time of 8.7 days. Nguyen et al<sup>109</sup> (also known as the ESR model) models a New Zealand scenario with open borders for two years comparing vaccination as the prime strategy versus reducing spread and how this affects hospital admissions.

A hybrid model under open borders is also proposed that does have improved figures but this is not carried across all three key vaccination levels and so is not reported here. The Nguyen model is the key model underpinning our estimates.

We are interested in ICU admissions as well as general admissions and how this contributes to total hospital resources required at peak. Using the Nguyen model to estimate ICU resources, with the stated limitations and assumptions, gives the following figures.

**Table 2. Pillar three hospital resourcing for two year open border prioritised vaccination as the only measure (Nguyen model)**

Total population vaccinated	Peak cases	Peak hospitalisation	Peak ICU	Peak ICU nurses	Peak ward nurses
90%	1,380	34	4	21	9
*85%	NA	765	96	508	191
80%	66,700	1,530	191	1,012	382
70%	163,000	3,640	455	2,411	910

*\*unmodelled estimate*

Under an 85% vaccination target, on the Nguyen model of open borders and no other measures, it is conceivable that the health system may require a further 800 new ward beds, 100 ICU beds, 500 extra ICU nurses and 200 extra ward nurses.

By way of comparison, Auckland City Hospital, the biggest in New Zealand has approximately 1,100 general beds and 94 ICU beds.<sup>110</sup> New resource at 85% would be the equivalent in resourcing of another Auckland City Hospital distributed around the country. The new Dunedin hospital will be 420 beds and 30 ICU beds for \$1.4 billion.<sup>111</sup> The cost of CAPEX for this new distributed resource, then, would be in the area of \$3 billion with operating expenditure on top of this.

National does not expect these resources to be required because we are not proposing open borders with no public health measures. But this is an indication of the fact that more investment in ICU and nursing will be required (see step 10, pillar one).

<sup>108</sup> [www.nzherald.co.nz/nz/covid-19-delta-outbreak-experts-vaccine-warning-thousands-of-deaths-unless-rate-tops-90-per-cent/ASYXNGBO4C755VATQ2VHCOOVNU/](https://www.nzherald.co.nz/nz/covid-19-delta-outbreak-experts-vaccine-warning-thousands-of-deaths-unless-rate-tops-90-per-cent/ASYXNGBO4C755VATQ2VHCOOVNU/)

<sup>109</sup> [www.thelancet.com/journals/lanwpc/article/PIIS2666-6065\(21\)00165-6/fulltext](https://www.thelancet.com/journals/lanwpc/article/PIIS2666-6065(21)00165-6/fulltext)

<sup>110</sup> [www.adhb.health.nz/hospitals-and-clinics/auckland-city-hospital/](https://www.adhb.health.nz/hospitals-and-clinics/auckland-city-hospital/)

<sup>111</sup> [www.health.govt.nz/our-work/health-infrastructure-unit/dunedin-hospital-redevelopment-project](https://www.health.govt.nz/our-work/health-infrastructure-unit/dunedin-hospital-redevelopment-project)

## Estimating hospital resources under pillar 2 relaxed community settings

Steyn, Plank and Hendy add useful contributions to the impact on hospital resources as it relates to what they define as moderate public health measures with a hypothesised transmission reduction rate of 17%.<sup>112</sup> Initial approximations under this model suggest higher resource requirements for pillar two than that given in Table 2.

### Assumptions and limitations

Table 2 extends the Nguyen model to ICU and wards. Note the Nguyen tables are constructed at  $R_0$  4.5 with 10 imported cases per day over two years. The ICU and ward bed assumptions are 1:8 (12.5%) ICU admissions for each hospitalisation. This is derived from UK post "Freedom Day" daily data showing 30,000 cases, 800 admissions, and 100 ICU admissions per day. The current New Zealand rate at 18 September 2021 is 1,029 cases, 242 hospitalisations, and 19 ICU admissions giving a rate of 1:12 or 7.8% of hospital admissions admitted to ICU. ICU nurse capacity is assessed as 5.3 ICU nurses per bed, 4 patients per general ward nurse.

Table 2 gives figures at 85% vaccination. It is important to note that these are unmodelled estimates based on straight line 50% reduction from the 80% level. It is recognised that this is not a linear relationship and is an approximation only.

No new modelling has been undertaken by the authors but rather peak resource figures rely extensively on the models published by Nguyen et al and Hendy et al.

Caution is also advised with modelling estimates, as relatively low New Zealand outbreak data points means any model may be less well-fitted.



<sup>112</sup> [cpb-ap-se2.wpmucdn.com/blogs.auckland.ac.nz/dist/d/75/files/2017/01/modelling-to-support-a-future-covid-19-strategy.pdf](https://cpb-ap-se2.wpmucdn.com/blogs.auckland.ac.nz/dist/d/75/files/2017/01/modelling-to-support-a-future-covid-19-strategy.pdf)

## APPENDIX TWO: Immigration – seizing our opportunities

The success of New Zealand's long-term economic and health response to COVID-19 will hinge on our immigration settings. The steps that we take to attract and retain talent will be decisive to our recovery.

The world as we know it has changed, and right now New Zealand is being left in the dust.

Our post-pandemic future demands smart planning and a willingness to embrace bold new policy ideas. Instead, the Government has walked off the job and abandoned its post. The Immigration Minister has been almost invisible, unable to reach key decisions which has led to a broken department.

National's immigration blueprint would seize every opportunity we have available, providing fresh policy thinking and exhibiting a mature vision for a diverse, connected and forward-looking New Zealand.

### **Our skilled migrants are key**

New Zealand's migrants are crucial to our economy. Without access to skilled workers, we won't be able to claw our way out of the economic crater that the pandemic has wrought, nor build the resilience in our health system that we will need to manage endemic COVID.

The necessary closure of our borders has had an impact on all New Zealanders but profoundly on our migrants – and in turn on the New Zealand businesses that employ them. We have witnessed an exodus of migrants from our country, as many thousands of seasonal and working holiday visa holders fled to their home countries while COVID-19 ravaged the world. The negative impacts across many of our industries were felt instantly.

Even long-term visa holders, our highest skilled migrants, have begun to move abroad, lured by offers of residency and family reunification.<sup>113</sup> We are struggling to secure and retain the talent we need, as highly skilled and in-demand migrants have understandably opted for more certainty and greater opportunities offshore.

New Zealand is enduring our biggest labour shortage in over 40 years. Business confidence surveys prior to the August 2021 lockdown cited labour shortages as the number one problem facing almost every sector.<sup>114</sup> Among the hardest hit sectors are technology, hospitality, agriculture, education, construction, manufacturing and healthcare.

As economies around the world recover and open up, a global bidding war for talent has emerged. Almost every advanced economy other than New Zealand has begun deploying aggressive tactics to attract skilled workers.

New Zealanders and migrants alike are being actively targeted with online advertisements beckoning them to move to countries like Canada or Australia to help address their labour shortages. New Zealand's broken immigration system, continued woeful treatment

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<sup>113</sup> [stuff.co.nz/business/125796584/skilled-migrants-are-leaving-in-droves-frustrated-by-lengthy-residency-delays](https://www.stuff.co.nz/business/125796584/skilled-migrants-are-leaving-in-droves-frustrated-by-lengthy-residency-delays)

<sup>114</sup> [www.nzherald.co.nz/business/business-confidence-rebounds-but-labour-shortages-worst-on-record-nzier/XUZCTY4MYNTUMAJCSYWESZVEAU/](https://www.nzherald.co.nz/business/business-confidence-rebounds-but-labour-shortages-worst-on-record-nzier/XUZCTY4MYNTUMAJCSYWESZVEAU/)

of migrants, and total lack of government vision or foresight have left us completely unprepared to compete for new talent – let alone retain the talent we already have.

### **Inability to bring skilled workers to New Zealand**

While very limited numbers of critical workers have been granted visas to travel to New Zealand, these have primarily been for healthcare or government projects, leaving private businesses to fend for themselves with the limited pool of skilled workers available onshore.

Some class exceptions for limited numbers of workers have been established, but these have proven ineffective: they have taken far too long to set up; too few workers have been allowed entry (in some cases, only a handful); and MIQ spaces have not been set aside, meaning that even if visas are granted, migrants cannot physically travel here.<sup>115</sup>

### **New Zealand's exodus of migrant workers**

For migrants in New Zealand, weathering the pandemic here has been particularly hard. They have far fewer rights than citizens and residents, yet have worked tirelessly as essential workers during lockdowns, filling vital skill shortages in sectors like education, agriculture and healthcare. Despite their efforts, our treatment of them has fallen far short of what members of the 'team of five million' deserve. In fact, our closed borders and highly constrained supply of MIQ spaces have seen migrants fare among the worst.'

### **Split families**

Our migrant community has been fighting a long uphill battle to extract even the smallest concessions from the Government around family reunification. Thousands of workers have faced torturous separation from their partners and young children for more than 18 months and counting. Many thousands are still separated from their families with no hope on the horizon. For the few families lucky enough to be granted visas for reunification, the inability to book an MIQ space has prevented them from actually reuniting with their loved ones.<sup>116</sup>

### **Emergency travel**

Migrants on our shores have been unable to leave and temporarily return to their countries of origin for crucial life events like births, marriages, funerals, or to spend time with terminally-ill family members, out of fear that they would then be locked out of the country they now call home. Meanwhile, the Government has seen fit to prioritise letting in sportspeople and celebrities, whose priority over migrant family reunification has been devastating.

### **No certainty around residency**

On top of this, Immigration New Zealand has been paralysed with the longest residency queues in our history. Applications that used to be completed in under nine months are now routinely taking up to 27 months to process. There has also been a freeze on inviting new applicants to apply for residency. Migrants are living from one visa to the next with no certainty about their future in New Zealand. Many live in constant fear of having the rules change on them and then being forced to leave.

<sup>115</sup> [www.rnz.co.nz/news/national/451367/new-zealand-losing-migrant-rest-home-staff-to-canada-uk-due-to-miq-unavailability](https://www.rnz.co.nz/news/national/451367/new-zealand-losing-migrant-rest-home-staff-to-canada-uk-due-to-miq-unavailability)

<sup>116</sup> [www.newsroom.co.nz/skilled-migrants-throw-in-the-towel-after-families-rejected](https://www.newsroom.co.nz/skilled-migrants-throw-in-the-towel-after-families-rejected)

All of these conditions have produced a shameful situation for migrants in New Zealand. Unsurprisingly, many are beginning to re-think their commitment to our country after having their efforts and loyalty thrown in their faces by an unkind and uncaring Government. As a result, our migrants are extremely vulnerable to being enticed by countries like Canada that are offering residency on arrival, rights to travel, family reunification, as well as higher pay rates – extremely tempting offers that increasing numbers are starting to take up.<sup>117</sup> Each week New Zealand is losing talent overseas and nothing is being done to stop this.

## National's proposals

- 1. Prioritise visas for critical healthcare workers**
- 2. Implement our traffic light model for travel (pillar three)**
- 3. Fix our broken immigration system**
- 4. Offer conditional residence on arrival for highly-sought skilled workers**

### Prioritise our critical healthcare workers

One of the most urgent crises gripping our COVID-19 response is New Zealand's chronic shortage of healthcare staff.

To build resilience in our healthcare system and augment our pandemic response, National would:

- Prioritise granting residency to onshore healthcare workers, who are in the residency queue as a matter of urgency, to deter them from leaving.
- Select the 3,000 doctors and nurses out of the expression of interest (EOI) pool and process their applications urgently.
- Prioritise and fast track residence applications for critical healthcare workers.
- Set aside dedicated MIQ spaces for specialist critical healthcare workers.
- Offer conditional residence class visas upon arrival to experienced, specialist nurses who have the qualifications, skills and experience to immediately start working in New Zealand to fill critical shortages.

We would begin with highly-skilled ICU nurses where there is an obvious and urgent demand. Residency would take full effect within three years, which would ensure nurses remain working in their field in New Zealand while providing the certainty and incentive of a clear pathway to permanent residency.

It is unfathomable that in the midst of a pandemic, our Government has failed to prioritise our health workforce while we are short 3,000 nurses. With specialist nurses in such high demand, it will take a bold policy like National's to attract the staff we need to urgently bolster our healthcare system.

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<sup>117</sup> [www.stuff.co.nz/national/126383960/essential-workers-leaving-aotearoa-for-other-open-doors-to-residency](http://www.stuff.co.nz/national/126383960/essential-workers-leaving-aotearoa-for-other-open-doors-to-residency)

### Implement our traffic light travel model (see pillar three)

National's traffic light system would give New Zealand the ability to compete with other countries to attract and retain skilled workers. It would be a vital salve for businesses desperate to attract staff. Implementing the traffic light model would have a number of benefits:

- We would be able to drastically widen the categories of workers we grant visas to, providing a reprieve for our sectors under the greatest pressure.
- We would also be able to facilitate split family reunification, by allowing separated family members to enter New Zealand either through self-isolation at home or through MIQ (which will be considerably freed up).
- Partnership-based visas could be processed, including the General Visitor Visas based on partnership – reuniting loved ones who have been separated for more than 18 months.
- International students could return, with schools and institutions enabled to arrange suitable home isolation plans for students.
- We would also be able to give migrants in New Zealand the same rights as Kiwis to travel offshore without fear of being trapped.

### Fix our broken immigration system

National would immediately get to work fixing our broken immigration system. We would do this by addressing three key areas:

- Opening the EOI pool and clearing the residency backlog.
- Creating a pathway to residency for those who stuck with us through the pandemic, including offering a COVID Contribution Visa.
- Creating a streamlined residence application process to fast-track applications.
- Properly resource the residency processing team, boosting the number of case officers to process applications.
- Prioritise residence for families with adult children to allow them to study or work.
- Grant age waivers to those migrants who passed the eligibility age while stuck in residency queues.
- Decouple visas from specific employers to stop migrant exploitation and provide more flexibility for workers.

While waiting in an endless residency backlog, our migrants have had to bounce from visa to visa without any certainty. They have faced ongoing costs and have been unable to properly establish themselves here. In the global bidding war for talent that we have described, no country can afford to not offer attractive pathways to residency, yet New Zealand has remained narrow-minded and inward-looking.



It is crucial that we implement National's plan which would clear the backlogs, fast-track residency and offer a streamlined pathway to attract the high-calibre skilled workers we need, as well as rehabilitating New Zealand's ailing global reputation as a migrant destination.<sup>118</sup>

### Offer residence on arrival for highly-sought skilled workers

The final plank of National's plan would be an extension of our prioritisation of residency for specialist healthcare staff, and would see conditional residency on arrival offered to certain other classes of highly-skilled workers.

The global landscape has changed dramatically since the COVID-19 pandemic. There is a worldwide shortage for labour, and other countries are working to revive and restore their economies while aggressively vying for global talent. New Zealand cannot rest on our laurels and expect people to flock to us when they are being offered far superior and competitive propositions offshore. If we are to compete for talent, we must be prepared to follow in the footsteps of our neighbours and we need to stop making it so difficult for people to come here.

National would implement a system to grant limited numbers of conditional residence class visas to sectors needing to attract uniquely skilled people. If we want top tech experts, for example, to come to New Zealand, they need the ability to buy a home, invest in KiwiSaver and have certainty about their future in this country.

In order to attract the best global talent we need to be the best. National's plan would protect our reputation as a COVID-19 safe haven and would, in fact, extend it. It is morally imperative that we leverage this reputation to invite families that will enhance the lives of today's Kiwis to join us and become Kiwis themselves.



<sup>118</sup> [www.national.org.nz/nationals-plan-to-fix-the-immigration-crisis](http://www.national.org.nz/nationals-plan-to-fix-the-immigration-crisis)



## National's COVID-19 Response Team

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 **National**

Funded by the Parliamentary Service. Authorised by Hon Judith Collins,  
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