

## COVER SHEET: PROACTIVE RELEASE – TRANSITIONING PACIFIC COMMUNITIES TO THE COVID-19 PROTECTION FRAMEWORK

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**Hon Aupito William Sio**  
Minister for Pacific Peoples

**Date of issue: 7 June 2022**

The following documents have been proactively released in accordance with Cabinet Office Circular CO (18) 4.

Information redacted in these documents is redacted in accordance with the Ministry for Pacific People's policy on Proactive Release and is labelled with the reason for redaction. This may include information that would be redacted if this information was requested under the Official Information Act 1982.

No.	Document	Comments
1	<b>Transitioning Pacific Communities to the COVID-19 Protection framework [SWC-21-SUB-0182]</b> <i>Cabinet paper</i> Office of the Minister for Pacific Peoples	Released in full.
2	<b>Transitioning Pacific Communities to the COVID-19 Protection framework [SWC-21-MIN-0182]</b> <i>Cabinet Social Wellbeing Committee minute</i> Cabinet Office	Released in full.
3	<b>Transitioning Pacific Communities to the COVID-19 Protection framework [CAB-21-MIN-0490]</b> <i>Cabinet minute</i> Cabinet Office	Some information is out of scope.

**IN CONFIDENCE****In confidence**

Office of the Minister for Pacific Peoples and Associate Minister of Health  
Cabinet Social Wellbeing Committee

**Transitioning Pacific Communities to the COVID-19 Protection framework****Proposal**

- 1 This paper seeks your agreement to prioritise \$10 million from the COVID-19 Response and Recovery Fund to target support to Pacific communities to transition to the COVID-19 Protection Framework. I am proposing:
  - 1.1 \$8 million for Pacific health and disability providers to address capacity pressures, accelerate ongoing protection measures and adapt their business models to respond to the additional responsibility of rising COVID-19 infections and providing care in the community.
  - 1.2 \$2 million to support targeted Pacific community outreach engagement to underpin the whole-of-system transition to the COVID-19 Protection Framework.
- 2 The proposed investment will support the wider shift in the Government's COVID-19 response and aligns with other papers on the Cabinet Social Wellbeing Committee's agenda for Wednesday 17 November:
  - 2.1 COVID-19 Care in the Community (Minister of Health and the Minister for COVID-19 Response)
  - 2.2 COVID-19 Minimisation and Protection approach – changes to testing, case investigation and contact tracing (Minister for COVID-19 Response, Associate Minister of Health).
  - 2.3 COVID-19: A whole of system welfare approach under the COVID Protection Framework (Minister for Social Development and Employment).

**Relation to government priorities**

- 3 This proposal supports the Government's objective to keep New Zealanders safe from COVID-19. Our ongoing experience with COVID-19 shows it is disproportionately affecting Pacific communities and the Government's response needs to deliver equitable outcomes for Pacific peoples.

**Summary**

- 4 The Government is shifting its COVID-19 strategy from elimination to minimisation and protection and transitioning to the COVID-19 Protection Framework (CPF).

**IN CONFIDENCE**

- 5 The impacts of COVID-19 are known to disproportionately impact Māori and Pacific communities. Targeted investment is required to ensure that existing health and socioeconomic inequities are not exacerbated, the success of the COVID-19 response can be sustained, and that the shift in strategy is well communicated, followed and understood by Pacific peoples in Aotearoa.
- 6 The shift in strategy signals COVID-19 becoming endemic in the most vulnerable communities, including Pacific, Māori and people with disabilities. There is a clear need to prepare new systems and healthcare approaches, to protect and empower vulnerable communities, when COVID-19 cases are seeded in the general population.
- 7 This paper proposes critical investment of \$8 million to support Pacific health and disability providers continue to lead and manage the response for Pacific communities, and to adapt and scale up to the new approach. It also proposes investment of \$2 million to support Pacific communities to transition to, understand, and comply with the CPF.
- 8 This investment is an initial measure only to support the transitional period, address capacity issues and prepare Pacific communities as much as possible for the shift. As Auckland and then the rest of Aotearoa moves to the CPF, further investment will be required as the full picture of Pacific communities' needs and provider demand is more clearly understood.

## Background

- 9 Pacific communities are especially vulnerable to COVID-19. The Pacific population is highly urbanised, face financial challenges, and a disproportionate number are living in damp, cold and intergenerational housing conditions which increases the risk of transmission of infectious diseases. These factors, challenging in normal circumstances, are amplified in their impact during the COVID-19 pandemic.
- 10 Acknowledging these challenges, the Government has made significant investments to support the Pacific COVID-19 response.
- 11 Pacific health providers received \$21 million in September 2021 to support the immediate response to COVID-19 with additional pop-up testing sites, mental health and disability specific support to Pacific families, provision of ethnic-specific support services and delivering business as usual activities. This also included ethnic-specific engagement and communication across specific Pacific communities to support compliance with public health measures.
- 12 District health boards (DHBs) also received \$5 million funding support, which was largely localised to Auckland and Wellington and has supported mobile outreach services for vaccination and testing, as well as enhanced capacity for delivering via Pacific models of care, including pop-up vaccination and testing sites, and expanded support for vaccination booking services including in Pacific languages.

- 13 The flexibility and innovation applied by Pacific providers under this funding has supported the Pacific wellbeing collaborative approach to help significantly lift Pacific vaccination rates. However, with 30 percent of the Pacific population 15 years and younger, there is still a large portion of the community ineligible for vaccination and at heightened risk. Furthermore, ethnic-specific disparities in Pacific vaccination rates persist for Tokelauan and Cook Island communities. Further ethnic-specific outreach to these populations, and other hard-to-reach Pacific communities is still required.

*A shift in the COVID-19 strategy*

- 14 The Government has announced a shift in its COVID-19 strategy with a planned move to the new COVID-19 Protection Framework (CPF) [CAB-21-MIN-0421]. The CPF focuses on minimisation and protection against the severe health impacts of the virus.
- 15 Government agencies are working on the system changes needed to support the new CPF. Across every area, officials have identified that Pacific health and social service providers, as well as community groups and leaders will be critical to enabling equitable outcomes for Pacific peoples.
- 16 The leadership by Pacific health providers, and ongoing engagement with Pacific community groups and networks has been critical to ensuring the COVID-19 response protects Pacific families and communities. The incremental improvement in Pacific vaccinations has largely been because of the mobilisation of Pacific providers and communities, supported by specific investment by government.
- 17 As a specific example, South Seas Healthcare have been at the forefront of the Pacific response in Auckland throughout the pandemic. They have seen their staffing capacity swell by 150 people at various points in the outbreaks in order to provide an end-to-end Pacific model of care. This places significant pressure across all their business systems and infrastructure. The reprioritisation and scaling up of services has been a consistent requirement across the entire Pacific health provider network.

**Supporting Pacific health providers to continue to lead the COVID-19 response**

*Managing COVID-19 in the Pacific community*

- 18 Pacific health providers are the backbone of their COVID-19 response for Pacific communities. They are unique in that they are both trusted by their communities and are delivering the full spectrum of response activities alongside uplifting the vaccination service and providing wraparound support to aiga and whanau.
- 19 Delivering this comprehensive response has required reprioritisation of their workforce and business systems for the duration of an outbreak to focus on the COVID-19 response. Reprioritisation inevitably means that there is a significant reduction in the ability for providers to meet demand, characterised by drops in childhood immunisation rates, fewer referrals to screening

programmes and challenges meeting the increased demand for primary mental health services.

- 20 While deferred treatment is likely to be experienced broadly particularly in Auckland, it will impact Pacific providers and communities disproportionately. Pacific peoples living in New Zealand already experience some of the worst health inequities in the country. Some examples of this includes:
- 20.1 Pacific peoples have lower life expectancy than New Zealand European, Asian and others, and the gap is widening.
  - 20.2 Less than half of pregnant mothers are enrolled with a midwife for crucial screening and health checks in their first trimester.
  - 20.3 Only 59 percent of Pacific babies are getting their core Well Child/ Tamariki Ora health visits compared to 81 percent of non-Māori/Non Pacific.
  - 20.4 Pacific babies are six times more likely to end up in hospital for skin conditions (and asthma and dental issues) compared to non-Māori/non Pacific babies.
  - 20.5 Half of Pacific elders aged over 65 years have diabetes and this figure has remained the same for over five years. Although Pacific peoples with diabetes are accessing care, their diabetes is often not controlled and their outcomes are the worst in the country.
- 21 DHBs are well underway with preparing for managing community supported isolation and quarantine. The shift to managing COVID-19 in the community and the new CPF means that Pacific providers can no longer look to temporarily reprioritise their resources. Rather, they must now adapt their business models, organisational infrastructure and workforce to manage the dual challenge of their 'business as usual' demand, as well as incorporate the new 'care in the community' response. While DHBs will provide some operational funding for care in the community services, this proposed investment will support provider development to secure their ongoing sustainability by adapting their business models accordingly.
- 22 Moving to the CPF will also require upscaling current components of the wider response, including supporting diagnosis and at-home management of COVID-19, supporting testing and other public health measures required under the CPF and providing outreach and wraparound support services. Pacific health providers are also experiencing the additional burden of delivering care to patients that require culturally relevant and tailored services, and who are typically registered with a non-Pacific health provider.
- 23 This investment will be key to helping Pacific health providers in Auckland, Wellington and Waikato to better support Pacific communities during the shift to the CPF, whilst ensuring that Pacific health inequities are not further exacerbated in the process. More importantly, it will also ensure that Pacific

health providers can continue to meet the needs of the wider group of Pacific peoples who are accessing their services.

- 24 Ola Manuia the Pacific Health and Disability Action Plan 2020-2025 provides the impetus for continuing to support investment into Pacific models of care (including ethnic specific models) and the link that this has to improving health outcomes within Pacific communities.

*Funding of \$8 million to accelerate ongoing protection measures and build Pacific health provider resilience*

- 25 This \$8 million investment will enable the continuation and upscaling of Pacific health providers' current response. It will allow providers to assess their business models and adapt their infrastructure and workforce to permanently meet the additional burden of delivering COVID-19 care and support in the community. This investment will also allow the continuation of targeted vaccination and testing activities for vaccine hesitant and hard to reach Pacific groups. This investment is aligned to the ongoing development of overarching policy settings for the CPF under the Health System Preparedness (HSP) workstream being led by the Ministry of Health.
- 26 This will also lay the foundations for Pacific providers in key regions to respond to anticipated increased demand for capacity and functions required as part of the system-wide HSP changes, new model for community-management of COVID-19 and expected spread of cases throughout the country in coming weeks.

**Supporting Pacific communities to successfully transition to and comply with the COVID-19 Protection Framework**

- 27 Since the onset of the delta outbreak the Ministry for Pacific Peoples have facilitated over fifty zoom meetings with Pacific communities. This has included engagement with targeted groups to ensure information about the shift to the new CPF is understood.
- 28 Central to this support are Pacific community organisations, including businesses, churches and ethnic-specific or place-based groups as key part of our ecosystem of Pacific-led engagement across our health and welfare systems. These groups will play an ongoing role during the transition to the CPF, including as emerging providers of welfare support, and supporting capacity-pressured social and health service providers.
- 29 Insights from communities via these engagements clearly indicate Pacific leaders and communities need support to do the following:
- 29.1 Provide guidance and assistance to their communities to help translate and understand the various levels within the CPF.
  - 29.2 Assistance to ensure compliance with the various levels and within the settings they are responsible for including church services, funerals, large family gatherings, sporting and cultural events.

- 29.3 Support to ensure their communities can easily register for 'My COVID Record' and print vaccine certificates for members of the community who do not have access to computers and printers.
- 29.4 Support to ensure they have capability for ongoing contact tracing including by use of QR codes or manual collection of visitor information.

*Funding of \$2 million to support Pacific community outreach to underpin the whole of system response*

- 30 This \$2 million investment will enable continued engagement between government and Pacific communities to keep Pacific peoples safe, informed, compliant and motivated as we transition to the CPF. It will also ensure that Pacific communities have support to both access and apply vaccination certificates.
- 31 The funding aims to increase engagements via the current channels and coordinate targeted engagements across Government to support penetration into hard to reach Pacific cohorts. The type of engagement will look at target groups such as Pacific churches, community-based groups who have lower vaccination rates, young people, businesses and community leaders. This will support Pacific communities to engage with regional leadership in the new all of system welfare response and the Care in the Community model aligning to the CPF.

***Supporting the wider transition to the COVID-19 Protection Framework***

- 32 The funding proposed in this paper is intended to complement and not replace other investments proposed for the wider health and social sector by the Ministries of Social Development and Health to support the transition to the CPF. Officials have engaged with these agencies to ensure there is clear alignment and that investment does not overlap.

**Financial Implications**

- 33 Funding through this proposal will be time-bound until June 2022. The Ministry for Pacific Peoples and Ministry of Health will continue working with partner agencies to ensure the funding complements wider system changes enabling our shift to the CPF.
- 34 The \$8 million of funding for Pacific health and disability providers will be managed and distributed by the Ministry of Health. The \$2 million of funding for community outreach engagement will be managed by the Ministry for Pacific Peoples.
- 35 I intend to report back to Cabinet in April 2022 on the funding which has been distributed to-date and how it is delivering on our goals to protect Pacific communities' wellbeing in the transition to the CPF.
- 36 If further funding requirements are identified and escalated through Lalanga Fou Deputy Chief Executives Group relating to the ongoing COVID-19

response and transition to the CPF for Pacific communities, I will take action to request further funding from the COVID-19 Recovery and Response Fund.

37 Previous funding in the current resurgence has been allocated to maintaining the capacity of Pacific health providers through the reprioritisation of baseline Vote Health Funding [CMG-21-MIN-0008].

38 I have been advised that baseline funding is not available for reprioritisation from Vote Health and Vote Pacific Peoples to undertake these critical actions to keep Pacific communities safe from the health impacts of the resurgence and transition to the CPF.

### **Legislative Implications**

39 There are no legislative implications from this paper.

### **Impact Analysis**

40 Impact analysis requirements do not apply to this paper.

### **Population Implications**

41 This paper addresses issues faced by Pacific communities in responding to the current resurgence and implications of our transition to the COVID-19 Protection framework. Proposed funding will support greater equity for Pacific through our transition to the CPF while demonstrating the Government's commitment to *teu le va* with Pacific communities.

### **Human Rights**

42 This paper is consistent with the New Zealand Bill of Rights Act and Human Rights Act.

### **Consultation**

43 This paper was developed in consultation with the Ministry of Pacific Peoples, Ministry of Health, Ministry of Social Development, and The Treasury.

### **Communications**

44 I propose the funding is announced with a public statement from the Minister for Pacific Peoples and Associate Minister of Health alongside a public release.

### **Proactive Release**

45 I intend to proactively release this Cabinet paper and associated material within the regular 30-day period.

## Recommendations

- 1 The Minister for Pacific Peoples and Associate Minister of Health recommends that you:
- 2 **note** that on October 18 2021, Cabinet agreed to replace the elimination strategy with the minimisation and protection approach, noting that there will be disproportionate impacts in moving to the COVID-19 Protection Framework on Māori and Pacific communities;
- 3 **note** that Pacific health providers are under significant strain delivering higher-intensity services to meet increased breadth and intensity of demand for support, and a transition to community-management of COVID-19 will have further impacts on their capacity as cases emerge across the country;
- 4 **note** that the shift in the Government's COVID-19 response strategy and using the CPF requires targeted communications and engagement with the diverse Pacific communities in order to keep people safe and protected;
- 5 **agree** to the following \$10 million investment in 2021/22 only:
  - 5.1 \$8 million to support Pacific health providers to continue targeted vaccination and testing activities, address capacity pressures, accelerate ongoing protection measures and build provider resilience from increasing demand from rising COVID-19 infections
  - 5.2 \$2 million to support Pacific community engagement outreach to underpin the whole-of-system response and transition to the CPF.
- 6 **agree** that proposed funding will be time-bound until end-June 2022;
- 7 **agree** that the Minister for Pacific Peoples and Associate Minister of Health, and Minister of Finance will make further operational decisions regarding the funding in recommendation 5;
- 8 **approve** the following changes to appropriations to give effect to the policy decision in recommendation 8. With a corresponding impact on the operating balance and/or net core Crown debt;

IN CONFIDENCE

	\$m – increase / (decrease)				
Vote Health Minister of Health	2021/22	2022/23	2023/24	2024/25	2025/26 & Outyears
<b>Multi-Category Expenses and Capital Expenditure:</b>					
<b>National Response to COVID-19 Across the Health Sector MCA:</b>					
<i>Non-Departmental Output Expenses:</i>					
COVID-19 Public Health Response	8.000	-	-	-	-
<b>Total Operating</b>	<b>8.000</b>	-	-	-	-
	\$m – increase / (decrease)				
Vote Pacific Peoples Minister for Pacific Peoples	2021/22	2022/23	2023/24	2024/25	2025/26 & Outyears
<b>Multi-Category Expenses and Capital Expenditure:</b>					
<b>Policy Advice and Ministerial Servicing MCA:</b>					
<i>Departmental Output Expense:</i>					
Communications, Projects and Relationships (funded by Revenue Crown)	2.000	-	-	-	-
<b>Total Operating</b>	<b>2.000</b>	-	-	-	-

- 9 **agree** that the proposed changes to appropriations for 2021/22, covered by recommendation above, be included in the 2021/22 Supplementary Estimates and that, in the interim, the increases be met from Imprest Supply;
- 10 **agree** that expenses incurred under recommendation 8 be charged against the COVID-19 Response and Recovery Fund;
- 11 **agree** the additional investment is to be announced to the public by the Minister for Pacific Peoples and Associate Minister of Health;
- 12 **direct** the Ministry for Pacific Peoples and Ministry of Health to ensure that they can separately report on how much of this funding has been spent, forecast expenditure and progress against key milestones; at least quarterly;

Authorised for lodgement

Hon Aupito William Sio

**Minister for Pacific Peoples and Associate Minister of Health**



# Cabinet Social Wellbeing Committee

## Minute of Decision

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

### Transitioning Pacific Communities to the COVID-19 Protection Framework

**Portfolio** Pacific Peoples / Associate Health (Pacific Peoples)

On 17 November 2021, the Cabinet Social Wellbeing Committee (SWC):

- 1 **noted** that in October 2021, Cabinet agreed to replace the elimination strategy with the minimisation and protection approach, noting that there will be disproportionate impacts in moving to the COVID-19 Protection Framework (CPF) on Māori and Pacific communities [CAB-21-MIN-0182];
- 2 **noted** that Pacific health providers are under significant strain delivering higher intensity services to meet increased breadth and intensity of demand for support, and a transition to community-management of COVID-19 will have further impacts on their capacity as cases emerge across the country;
- 3 **noted** that the shift in the government's COVID-19 response strategy and using the CPF requires targeted communications and engagement with the diverse Pacific communities in order to keep people safe and protected;
- 4 **agreed** to the following \$10.0 million funding, in 2021/22 only:
  - 4.1 \$8.0 million to support Pacific health providers to continue targeted vaccination and testing activities, address capacity pressures, accelerate ongoing protection measures and build provider resilience from increasing demand from rising COVID-19 infections;
  - 4.2 \$2.0 million to support Pacific community engagement outreach to underpin the whole-of-system response and transition to the CPF;
- 5 **agreed** that the above funding be time-bound until 30 June 2022;
- 6 **authorised** the Minister of Finance, Minister for Pacific Peoples and Associate Minister of Health (Pacific Peoples) to make further operational decisions regarding the funding in paragraph 4 above;

7 **approved** the following changes to appropriations to give effect to the decision in paragraph 4 above, with a corresponding impact on the operating balance and/or net core Crown debt:

	\$m – increase / (decrease)				
<b>Vote Health Minister of Health</b>	<b>2021/22</b>	<b>2022/23</b>	<b>2023/24</b>	<b>2024/25</b>	<b>2025/26 &amp; Outyears</b>
<b>Multi-Category Expenses and Capital Expenditure: National Response to COVID-19 Across the Health Sector MCA:</b> <i>Non-Departmental Output Expenses:</i> COVID-19 Public Health Response	8.000	-	-	-	-
<b>Total Operating</b>	<b>8.000</b>	-	-	-	-
	\$m – increase / (decrease)				
<b>Vote Pacific Peoples Minister for Pacific Peoples</b>	<b>2021/22</b>	<b>2022/23</b>	<b>2023/24</b>	<b>2024/25</b>	<b>2025/26 &amp; Outyears</b>
<b>Multi-Category Expenses and Capital Expenditure: Policy Advice and Ministerial Servicing MCA:</b> <i>Departmental Output Expense:</i> Communications, Projects and Relationships (funded by Revenue Crown)	2.000	-	-	-	-
<b>Total Operating</b>	<b>2.000</b>	-	-	-	-

8 **agreed** that the changes to appropriations for 2021/22 above be included in the 2021/22 Supplementary Estimates and that, in the interim, the increases be met from Imprest Supply;

9 **agreed** that expenses incurred under paragraph 7 above be charged against the COVID-19 Response and Recovery Fund;

10 **agreed** that the Minister for Pacific Peoples and Associate Minister of Health (Pacific Peoples) publicly announce the above decisions;

11 **directed** the Ministry for Pacific Peoples and Ministry of Health to ensure that they can separately report on how much of this funding has been spent, forecast expenditure and progress against key milestones at least quarterly;

12 **invited** the Minister for Pacific Peoples and Associate Minister of Health (Pacific Peoples) to report back to SWC in April 2022 on the funding distributed to date and how it is delivering on protecting Pacific communities’ wellbeing in transition to the CPF.

Rachel Clarke  
Committee Secretary

**Attendees (see over)**

**Present:**

Rt Hon Jacinda Ardern  
Hon Grant Robertson  
Hon Kelvin Davis  
Hon Dr Megan Woods  
Hon Carmel Sepuloni (Chair)  
Hon Andrew Little  
Hon David Parker  
Hon Poto Williams  
Hon Kris Faafoi  
Hon Willie Jackson  
Hon Jan Tinetti  
Hon Kiri Allan  
Hon Dr Ayesha Verrall  
Hon Aupito William Sio  
Hon Meka Whaitiri  
Hon Priyanca Radhakrishnan

**Officials present from:**

Office of the Prime Minister  
Office of the Chair  
Ministry of Housing and Urban Development  
Ministry of Health  
Ministry of Social Development  
Ministry for Pacific Peoples  
Officials Committee for SWC

Proactively Released



# Cabinet

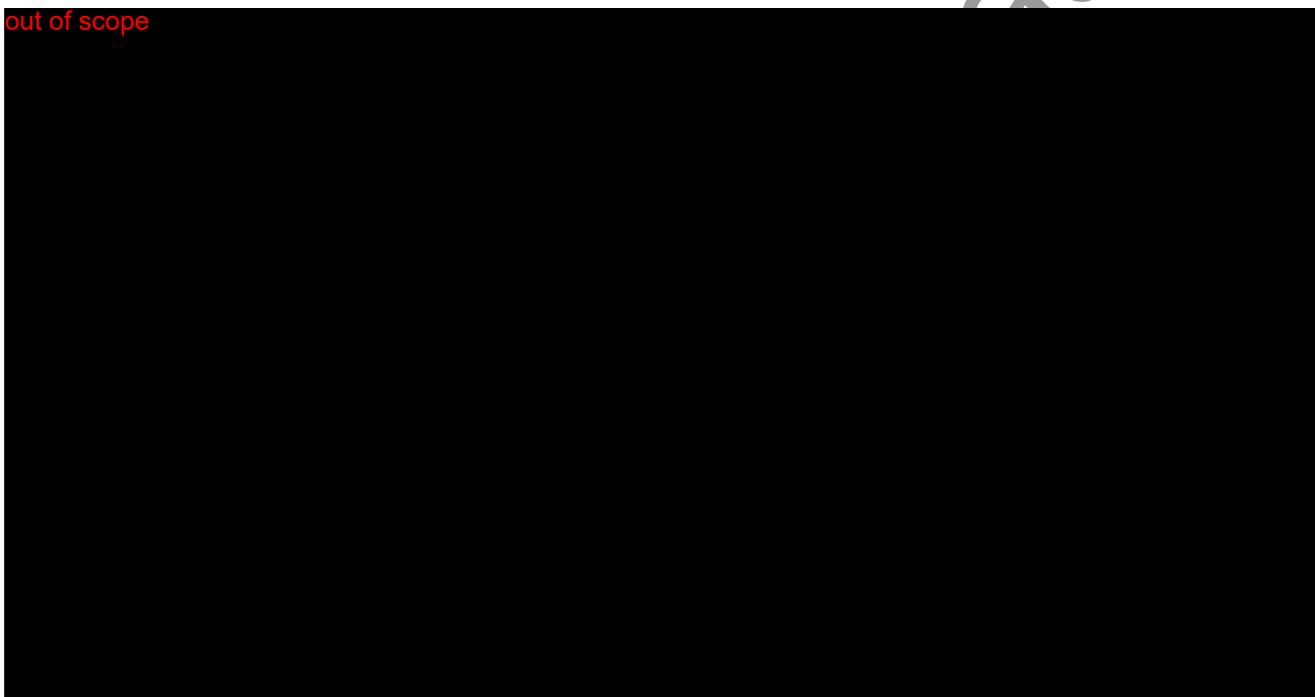
## Minute of Decision

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### Report of the Cabinet Social Wellbeing Committee: Period Ended 19 November 2021

On 22 November 2021, Cabinet made the following decisions on the work of the Cabinet Social Wellbeing Committee for the period ended 19 November 2021:

out of scope

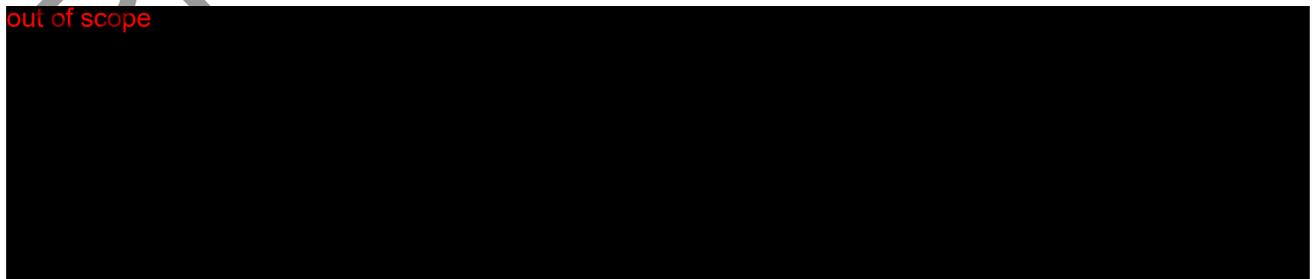


SWC-21-MIN-0182

**Transitioning Pacific Communities to the COVID-19 Protection Framework**  
Portfolios: Pacific Peoples / Associate Health  
(Pacific Peoples)

CONFIRMED

out of scope



out of scope



Martin Bell  
for Secretary of the Cabinet

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