

14 April 2022

s 9(2)(a)

By email: s 9(2)(a)
Ref: H202117272

Tēnā koe s 9(2)(a)

Response to your request for official information

Thank you for your request under the Official Information Act 1982 (the Act) on 7 December 2021 for:

"<https://covid19.govt.nz/news-and-data/latest-news/covid-19-media-conference-24-november-2021/>

Under the OIA I seek the independent peer review referred to please, as well as the advice the D-G referred to (regarding MIQ changes etc)".

Information identified within scope of your request are itemised in Appendix 1 of this letter. Where information is withheld under section 9 of the Act, please note I have considered the countervailing public interest in release in making this decision and consider that it does not outweigh the need to withhold at this time.

In reference to Document 1, it is important to note that the advice provided by the Ministry to COVID-19 Response Minister, Hon Chris Hipkins regarding the use of managed isolation for international travellers helped inform the Government's announcement on 24 November 2021 of a staged and managed removal of MIQ requirements for most international travellers. The Ministry advised the transition away from managed isolation for most international travellers would need to be managed carefully and safely over a period of time to minimise the impact on the health system, vulnerable communities and increase the support available for people isolating at home. The Ministry advised that further measures, such as pre-departure testing, were required to minimise the additional risk of community transmission posed by removing managed isolation requirements for most international travellers, and that there would be continued need for managed isolation in some specific circumstances.

The advice on the shift away from managed isolation was externally reviewed by experts in the relevant fields and was provided at a specific point in time. It was offered before the more contagious Omicron variant had been classified as a variant of concern by the World Health Organization (26 November 2021) and before there were significant Omicron outbreaks in countries with strong travel links to New Zealand.

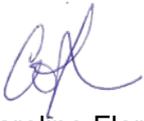
As we saw through December 2021 and early January 2022, the MIQ system continued to play an important role in managing the arrival of an increasing number of border cases with Omicron and delaying community transmission of the variant in New Zealand as we increased vaccination levels in the population.

The document advises carefully managed transition from MIQ to self-isolation as the primary means for minimising the spread of COVID-19. While the Public Health Risk Assessment suggested this transition might be quicker than had been proposed under Reconnecting New Zealanders (RNZ), it also emphasised the need to explore a number of implementation issues (refer to paragraph 18, Document 1) as part of the subsequent advice on a transition plan. Document 4 reflected this further advice on implementation, and from the two experts, and concluded that the RNZ timeframe provided a reasonable framework for doing this at the time.

I apologise for any inconvenience the delay in responding to your request may have caused.

Under section 28(3) of the Act, you have the right to ask the Ombudsman to review any decisions made under this request. The Ombudsman may be contacted by email at: info@ombudsman.parliament.nz or by calling 0800 802 602.

Nāku noa, nā



Caroline Flora
**Associate Deputy Director-General
System Strategy and Policy**

Appendix 1: List of documents for release

#	Date	Document details	Decision on release
1	12 November 2021	Memo: Updated Public Health Risk Assessment for international arrivals transmitting COVID-19	Released in full
2	22 November 2021	Memo: Email correspondence Director-General of Health from Professor Phillip Hill	Withheld in full under section 9(2)(g)(i) of the Act, to maintain the effective conduct of public affairs through the free and frank expression of opinions by or between or to Ministers of the Crown or members of an organisation or officers and employees of any public service agency or organisation in the course of their duty
3	21 November 2021	Email Correspondence between the Director-General of Health and Professor Antony Blakely	
3A	21 November 2021	Email attachment: <i>Slides from pandemic tradeoffs for NZ MoH</i>	
4	22 November 2022	Briefing: Advice on the ongoing role of the Managed Isolation and Quarantine for International travellers. (HR20212511)	Released with some information withheld under the following sections of the Act: <ul style="list-style-type: none"> • 9(2)(g)(i) – to maintain the effective conduct of public affairs through the free and frank expression of opinions by or between or to Ministers of the Crown or members of an organisation or officers and employees of any public service agency or organisation in the course of their duty; and • 9(2)(h) – to maintain legal professional privilege

Memo

Updated Public Health Risk Assessment for international arrivals transmitting COVID-19

Date:	12 November 2021
To:	Dr Ashley Bloomfield, Director-General of Health
Copy to:	Maree Roberts, Deputy Director-General, System Strategy & Policy Bridget White, Deputy Chief Executive, COVID 19 Health System Response
From:	Dr Caroline McElnay, Director of Public Health
For your:	Decision

Purpose of report

1. I am seeking your agreement to an updated Public Health Risk Assessment (PHRA) that considers the risk posed by international arrivals transmitting COVID-19 is no longer higher than the domestic transmission risk of COVID-19. If you agree to this PHRA, the effect would be that Managed Isolation for border returnees would no longer be justified on public health grounds as the 'default' for people travelling to New Zealand (other than those who are part of a quarantine free travel arrangement) as a period of home isolation is considered a more proportionate management measure.
2. There are legal and policy implications resulting from the revised PHRA, which are outlined in this memo for your consideration. If you agree to the revised PHRA, it will be necessary to shift to a requirement for home isolation in place of Managed Isolation as the *primary* means of minimising the spread of COVID-19.
3. For international arrivals, that may need to happen on a faster trajectory than the 'Reconnecting New Zealanders with the World' Cabinet paper currently envisages.
4. We propose to develop policy options for implementing this shift in Managed Isolation and Quarantine settings for Ministerial consideration and decision, work with the Crown Law Office, Department of Prime Minister and Cabinet and other relevant agencies to clarify the legal implications and develop a plan for how we can speed up the transition for Cabinet consideration.

Background and context

5. We have an ongoing requirement to consider the public health rationale for Managed Isolation and other legislative restrictions which is set out in the COVID-19 Public Health Response Act 2020 (the Act) and New Zealand Bill of Rights Act 1990 (NZBORA). These

obligations need to be carefully and consistently managed against the public health rationale for Managed Isolation. Any Order made by the Minister or Director General of Health must be kept under review.

6. The current public health risk profile of COVID-19 in New Zealand has changed and will continue to evolve as vaccine roll-out continues and changes to the management of COVID-19 in the community take effect, including the implementation of the COVID-19 Protection Framework.

Public Health Advice

7. We are seeking your approval to a revised PHRA that the general risk posed by international arrivals transmitting COVID-19 is no longer higher than the domestic transmission risk of COVID-19. However, a residual public health risk will remain for certain categories of international travellers.

Current situation

8. This advice is based on the current context, including:
 - a. Ongoing community transmission in Auckland with multiple incursions into neighbouring regions
 - b. Very high vaccination rates in Auckland and at a national level, as of today 90% eligible people in New Zealand have had their first dose and 81% have had their second
 - c. Signalled transition to the new COVID-19 Protection Framework, including the potential for the Auckland boundary to be removed
 - d. Vaccination requirements for those entering NZ who are not NZ citizens
 - e. Reducing case numbers in returnees, with positive case numbers between 0.2-0.3% of returnees, before the 1 November vaccination requirement.

Justification for the revised Public Health Risk Assessment

9. Previously, transmission through the international border was the most significant risk of introducing COVID-19 to New Zealand or increasing the spread of the disease across the country. However, as the use of vaccines have become more widespread globally, and vaccination can now be required as a condition to entry into New Zealand, there is now a reduced likelihood of importing COVID-19 across the international border.
10. The level of vaccination achieved within New Zealand also offers a higher degree of protection should a case emerge in this way. Concurrently, the ongoing community transmission within Auckland means that there is now a higher proportionate risk of domestic transmission within New Zealand.
11. The low likelihood of new cases crossing our international border is likely to be a manageable part of our evolving public health response. If a returnee is detected as a case while in the community, our high community vaccination rates are expected to mitigate the risk of transmission and/ or the seriousness of any resulting infections, particularly if the case is also vaccinated.

12. This effectively removes the justification on public health grounds for routine use of Managed Isolation and Quarantine Facilities (MIQFs) as the *primary* means of controlling the spread of COVID-19 in New Zealand. However, a small number of returnees and people in the New Zealand community are likely to require some form of Managed Isolation on an ongoing basis, where public health risks remain for the wider community¹, and/ or their circumstances mean that there are wellbeing risks for the individual concerned².
13. This change in approach would align with the shift in our management of cases and contacts in the community, with self-isolation and self-quarantine now being the default position. Because we are no longer *generally* managing close contacts of cases in a Managed Isolation facility, there is a case for treating international arrivals in the same way, because we now consider the risks represented by both groups of people to be broadly equivalent.

Legal implications of the revised Public Health Risk Assessment

14. The Act imposes a requirement on the Director-General or Minister to keep Orders made under the Act under review. Additionally, as the PHRA for international arrivals into New Zealand evolves so to do our legal obligations under the New Zealand Bill of Rights Act.
15. The implications of the PHRA are that we need to shift from managing international arrivals predominantly in Managed Isolation, to predominantly through self-isolation in the community. To do this safely, there will need to be a carefully managed transition from one system to another, noting that any transitional plan will need to be developed in line with our legislative responsibilities under the NZBORA. This will impact the timeframes in which that transition can lawfully be made.

Policy considerations arising from the revised Public Health Risk Assessment:

16. The updated PHRA aligns generally with the approach to Reconnecting New Zealanders that Cabinet will be asked to endorse on Monday 15 November. That paper proposes changes at the border that would prioritise New Zealand citizens returning on the "medium risk" pathway to be able to self-isolate at home. Cabinet will be asked to endorse a general timeline for these changes of the first quarter in 2022, subject to an assessment of public health, social and economic factors, and operational feasibility both domestically and at our international border.
17. The PHRA has been completed sooner than anticipated as a result of the rapidly changing domestic situation (high vaccination rates and ongoing community transmission in Auckland, with some spread to other parts of New Zealand). Noting the legal implications of this, it may be necessary to undertake the assessment of these wider considerations faster and possibly with a lighter level of detail than the Reconnecting New Zealand Cabinet paper envisages.
18. Despite the assessment now indicating a lower level of public health risk generally, we are mindful that any transition will need to be carefully managed to reduce potential impacts on communities and the health system resulting from the risks of changing from one system to

¹ For example, where an incoming traveller has not received an approved vaccination

² For example, if the person is living in an unsafe household, or their household is overcrowded

another too quickly. We are aware of the following policy and implementation considerations that will need to be worked through:

- a. **Mitigations to address residual public health risks:** while the PHRA considers that there has been a reduction in the general risk of international arrivals transmitting COVID-19 relative to the domestic situation, residual risks are likely to remain for some categories of international travel. To continue managing the overall level of public health risk during any period of transition, we need to understand what these residual risks are, the corresponding level of targeted restrictions that may continue to be warranted, and the timeframe needed to operationalise any necessary protections.
- b. **Relationship with other work programmes:** The updated PHRA will also need to be considered in the context of the Traveller Health Declaration System, COVID-19 Vaccine Certification, health system preparedness and work on our large-scale approach to managing COVID-19 cases in the community, as well as ongoing work on Managed Isolation, including work led by the Ministry of Business, Innovation and Employment (MBIE) on the future of MIQ.
- c. **New variants and testing requirements:** We will continue to monitor the international situation and reports of new variants emerging. The Institute of Environmental Science and Research Limited is proposing to continue to undertake Whole Genome Sequencing for all positive results in returnees. To enable this, there will likely be a continued justification for testing those who arrive in New Zealand at least once and the need to ensure that domestic testing capacity is able to accommodate this.
- d. **The implications for exemption requests from MIQ:** Following the *Bolton* case there has been an increase in the number of exemption requests, and these have significant resource implications due to the need for each to be assessed by a Medical Officer of Health. We need to manage any legal and operational impacts that the revised PHRA may have.
- e. **Volume of returnees/travellers:** If there were no restrictions on the number of people able to return, we would expect an increase in the absolute number of cases imported, and a more widespread and accelerated "seeding" of cases in the New Zealand community, including in previous COVID-naïve locations. Further modelling is required to ascertain the level at which this would present a public health concern.
- f. **Managing pressures on the health system:** As part of implementation, we would need to consider how we manage and measure pressures³ that could be created on our health and support systems through the greater reliance on home isolation.
- g. **Vulnerable communities:** In addition to managing the pressure of increased case numbers on the health system, we would also need to be cognisant of the impact of those numbers on vulnerable communities – noting that returnees from overseas are more likely to be geographically diverse in isolation location than current cases and contacts in New Zealand, given the community outbreak is still largely confined to Auckland. We would need to maintain ongoing efforts to increase vaccination rates in

³ For example increased demand for testing and/ or pressures on Healthline and community care, welfare and housing support, both in terms of volumes and dispersed and varied locations.

these communities; and may need to deploy regulatory tools such as short, localised lockdowns to keep those communities safe if the circumstances required.

- h. **Equity and fairness:** Currently those leaving Auckland to go to other parts of the country are only required to have a pre-departure test before leaving. The case rate in Auckland is higher than many of the countries that returnees are coming from, and yet those returnees require a pre-departure test, and then need to do 10 days of managed and self-isolation. The public health justification for the different requirements is limited.
- i. **Increased demand for isolation for cases that cannot be managed in the community:** The implementation of the COVID-19 Protection Framework will increase the likelihood of regional transmission. This will see the public health burden distributed around the country. There will inevitably be a small proportion of cases that cannot or will not safely self-isolate. The demand for community quarantine facilities may increase as a result⁴.

Next steps:

- 19. If you agree with the revised PHRA, you may wish to brief the Minister and direct us to work with other agencies (MBIE, Department of Prime Minister and Cabinet, New Zealand Customs Service, Ministry of Foreign Affairs and Trade and Crown Law) to:
 - o Develop policy options for implementing this shift in MIQ settings for Ministerial consideration and decision
 - o clarify the legal implications and ascertain what a legally defensible timeframe would be for transition away from a requirement for managed isolation, and
 - o develop a detailed transitional plan for Cabinet consideration.

⁴ Note that this links with the work being undertaken by MBIE on the future of MIQFs

Recommendations

It is recommended that you:

1.	Agree	to a revised Public Health Risk Assessment that the risk posed by international arrivals transmitting COVID-19 is no longer higher than the domestic transmission risk of COVID-19	Yes/No
2.	Note	that the effect of the revised Public Health Risk Assessment is that Managed Isolation for all international arrivals may no longer be justified on public health grounds as self-isolation is now considered a more proportionate management measure for most arrivals	Yes/No
3.	Note	the policy and implementation issues that will need to be considered because of the revised Public Health Risk Assessment outlined in this memo	Yes/No
4.	Agree	to brief the Minister for COVID-19 Response on the revised Public Health Risk Assessment	Yes/No
5.	Agree	that the Ministry work with relevant agencies to develop a plan for the safe transition to self-isolation as the default setting for international returnees, for Cabinet consideration	Yes/No

Signature 

Dr Caroline McElnay

Director of Public Health

Date: 15/11/21

Signature 

Dr Ashley Bloomfield

Director-General of Health

Date: 15/11/21

Briefing

Advice on the ongoing role of Managed Isolation and Quarantine for international travellers

Date due to MO: N/A **Action required by:** N/A

Security level: IN CONFIDENCE **Health Report number:** 20212511

To: Hon Chris Hipkins, Minister for COVID-19 Response

Contact for telephone discussion

Name	Position	Telephone
Dr Ashley Bloomfield	Director-General of Health	s 9(2)(a)
Dr Caroline McElroy	Director of Public Health	s 9(2)(a)

Minister's office to complete:

- Approved
 Decline
 Noted
- Needs change
 Seen
 Overtaken by events
- See Minister's Notes
 Withdrawn

Comment:

Advice on the ongoing role of Managed Isolation and Quarantine for international travellers

Security level: IN CONFIDENCE **Date:** 22 November 2021

To: Hon Chris Hipkins, Minister for COVID-19 Response

Purpose of report

1. This advice provides policy consideration of recently revised public health advice on the ongoing role of Managed Isolation for international travellers entering New Zealand, including cumulative risk and the timing of making and enacting policy decisions as a consequence of the revised Public Health Risk Assessment.

Summary

2. As part of an ongoing requirement to consider the public health rationale against Bill of Rights Act considerations, we have conducted a Public Health Risk Assessment of border settings and the potential risk associated with international travellers entering New Zealand.
3. Based on the assessment, given the current ongoing COVID-19 outbreak there is considered to be a lower relative level of public health risk from international returnees generally than there was when New Zealand was pursuing an elimination approach. However, the advice highlights that any transition away from Managed Isolation as the primary tool for managing risk from international returnees will need to be carefully managed to reduce potential impacts on communities and the health system resulting from the cumulative risks of changing from one system to another too quickly.
4. We have considered both the public health and policy implications, as well as seeking external review of the public health risk assessment from epidemiologists Professor Philip Hill and Professor Antony Blakely, who support moving away from Managed Isolation by default but note that this needs to be carefully managed.
5. Given the cumulative risk that is associated with transitioning to the Reconnecting New Zealanders with the World approach (Reconnecting New Zealanders) and implementing the COVID-19 Protection Framework, we note the need for caution. Furthermore, while maintaining a considered risk-based approach to the potential spread of COVID-19 from across the border, we are not advising to progress any further changes to Managed Isolation and Quarantine settings (on top of the recent move to a 7 day Managed Isolation and the 3 days self-isolation day isolation period) ahead of proposed Reconnecting New Zealanders timeframes.
6. This position has been considered alongside the potential of increased legal risk, and this advice includes independent advice from Crown Law Office.

Recommendations

We recommend you:

- a) **Note** that we provided you with revised public health advice on Tuesday 16 November on MIQ settings for international travellers entering New Zealand.
- b) **Note** that this was developed in response to the legal proceedings in *Bolton vs The Chief Executive of the Ministry of Business, Innovation and Employment*, which raised Bill of Rights Act considerations.
- c) **Note** that a risk-based approach to preventing border related transmission of COVID-19 has been developed as part of the Reconnecting New Zealanders with the World approach, including consideration of appropriate time frames for a phased re-opening of the border.
- d) **Note** that based on the Public Health Risk Assessment, I commissioned advice on the policy implications resulting from the public health advice, including in relation to Reconnecting New Zealanders with the World approach and the COVID-19 Protection Framework.
- e) **Note** that I also sought independent peer review of the Public Health Risk Assessment from Professor Philip Hill and Professor Antony Blakely.
- f) **Note** that we have sought legal advice from Crown Law.
- g) **Note** that current Managed Isolation settings involve limitations on rights guaranteed by the New Zealand Bill of Rights Act 1990 (NZBORA) that must be demonstrably justified if it is to continue.
- h) **Note** that the public health risk at the border has changed but that there still needs to be a considered transition from Managed Isolation as the 'default' setting for most people living in New Zealand to a new approach.
- i) **Note** that the public health risk of any changes to the Managed Isolation settings need to be considered and managed alongside the implementation of the COVID-19 Protection Framework and Reconnecting New Zealanders with the World approach.
- j) **Agree** that the Reconnecting New Zealanders with the World approach allows for a risk-based managed transition to new Managed Isolation and/or self-isolation arrangements alongside the introduction of the new COVID-19 Protection Framework. Yes/No

- k) **Agree** that the timeframes proposed currently under the Reconnecting New Zealanders with the World approach support this approach. Yes No
- l) **Agree** that the human rights limitations caused by the current Managed Isolation settings continue to be demonstrably justified. Yes No



Dr Ashley Bloomfield
Director-General of Health
Te Tumu Whakarae mō te Hauora
Date:



Hon Chris Hipkins
Minister for COVID-19 Response
Date: 23/11/2021

RELEASED UNDER THE OFFICIAL INFORMATION ACT 1982

Advice on the ongoing role of Managed Isolation and Quarantine for international travellers

Background

1. We have an ongoing requirement to consider the public health rationale for Managed Isolation and other legislative restrictions which is set out in the COVID-19 Public Health Response Act 2020 (the Act) and the NZBORA. These obligations need to be carefully and consistently managed against the public health rationale for Managed Isolation. Any Order made by the Minister or Director General of Health must be kept under review.
2. Recently, this was tested in the High Court decision in *Bolton v The Chief Executive of the Ministry of Business, Innovation and Employment* which has considered the right for people to self-isolation on Bill of Rights Act grounds.
3. The case prompted the development of a Public Health Risk Assessment (PHRA) that considers the current risk posed by international travellers entering New Zealand across the Air Border in light of a changing domestic and international context. We provided this to your office on Tuesday 16 November.
4. The assessment indicated that with increased vaccination rates domestically and internationally, and the increasing prevalence of COVID-19 within some communities in New Zealand – although largely contained within the Auckland boundary, the risk of international arrivals transmitting COVID-19 is no longer consistently higher than the domestic transmission risk.
5. Despite the assessment now indicating a lower relative level of public health risk from international returnees generally, the advice highlights that any transition will need to be carefully managed to reduce potential impacts on communities and the health system resulting from the cumulative risks of changing from one system to another too quickly.
6. This assessment is underpinned by the current range of assumptions, including the current level of community transmission in the Auckland region and lower levels of community transmission across 7 other DHBs, current local and international vaccination rates, and lower levels of border transmission.
7. This point-in-time assessment does not represent the impact of higher numbers of people crossing the border or new variants of the disease, or the evolving situation once the COVID-19 Protection Framework comes into effect. The PHRA, given the need to consider current legal challenges, was also predominately focussed on an individual risk profile, but does acknowledge the cumulative benefit of measures including the higher vaccination rates and the current New Zealand environment. This advice raised a number of questions in response to current policy settings.
8. Given the significance of this advice, we have sought further advice from Professor Antony Blakely and Professor Philip Hill who have reviewed the advice and provided their own professional and independent opinion (paragraphs 27 -31).

Current approach to managing risk at the border

9. The recent PHRA reflects the current state of policy settings as well as the domestic COVID-19 situation. As we move to enact changes, we need to carefully consider the range of upcoming policy changes that will affect the cumulative risk profile and inform considerations around the timing of making and enacting policy decisions as a consequence of the revised PHRA.
10. The key current settings to manage risk at the border include:
 - a. Highly limited entry pathway over the Air Border, with approximately 2,200 people arriving each week and entering Managed Isolation. From 8th of November, one way quarantine free travel arrangements also allow arrivals from low-risk jurisdictions: Samoa, Tonga, Vanuatu, and Tokelau.
 - b. Pre-departure testing is required for people returning from the vast majority of overseas jurisdictions.
 - c. Since 1 November vaccinations are required for all non New Zealand citizens who are returning across the Air Border.
 - d. Mandatory 7 days of Managed Isolation followed by self-isolation until a negative test result is returned after day 9. Returnees are tested on day 0/1, 3, 5/6 and then in the community on day 9.
11. There are also domestic measures that are relevant to the current cumulative risk:
 - a. The ongoing use of a border around the Auckland region, until confirmation that it will be removed on 15 December.
 - b. Until then, community transmission is primarily limited to Auckland with lower level outbreaks in other parts of the country. There are active cases in 7 DHBs outside of Auckland metropolitan DHBs and possible undetected transmission.
 - c. Increasing vaccination rates in communities.
 - d. Sufficient health sector capacity to respond to cases as they emerge.
12. These measures, centred around the use of Managed Isolation, have been effective in maintaining border protections and preventing the introduction of new variants of COVID-19 and formed a key part of the elimination strategy.
13. The change to 7 days of Managed Isolation and 3 days of self-isolation has only been in place since 14 November and it is too soon to see yet whether there has been any potential increased risk associated with the self-isolation component, particularly for those people isolating outside Auckland.

The development of a risk-based approach to border management

14. The risk-based approach to border management has been in development since March 2021, with initial Cabinet consideration in July 2021 [CAB-21-MIN-063 refers].
15. The development reflects a careful and evolving consideration of the domestic and international context. This includes increasing vaccination rates, the Delta outbreak, and the shift from the Elimination strategy to the COVID-19 Protection Framework. This has involved careful consideration of appropriate public health settings, and the appropriate

mitigations to manage potential border risk. In the process, options have been considered including shorter timeframes, however they were not considered appropriate within the context and objectives of the overall COVID-19 response.

16. Based on these considerations, timeframes for transition to a risk-based approach have been proposed that support the implementation of the appropriate mitigations at the border. The advice supports opening up in a phased way that is manageable to implement appropriate public health measures and manages pressures on our health system [CAB-21-MIN-074 and CAB-21-MIN-0498 refers]. This also allows time to make careful decisions in an evolving context, based on emerging and current information.

Significant changes in our COVID-19 response will change the cumulative risk profile

17. If the ongoing role of Managed Isolation as a default for all border returnees becomes disproportionate to the public health risk, we will need to move to quickly transition away from the current settings for Managed Isolation.
18. The challenge we are facing is the need to balance this need to move quickly, with limiting the impact to the cumulative public health risk at a time when significant changes are planned both at the border as part of Reconnecting New Zealand and in domestic settings. Essentially, there is limited justification for Managed Isolation by itself, however there is significant cumulative risk when changes are considered in the context of other significant changes being made. This challenge is complicated further by limited evidence to draw on, particularly because of the evolving public health settings.
19. There are operational implications as well, as transitioning away from Managed Isolation for international returnees will require changes to enable large scale isolation and testing regimes. Changes include implementation of day 0/1 testing regimes through community testing, as well as ensuring that we have systems that can manage the large scale of arrivals. This will also require the Traveller Health Declaration System to support validation of testing and vaccination information at scale. These changes are being considered at a time when the health system is currently under considerable pressure to establish, among other things, a large scale self-isolation programme for positive COVID-19 cases in the community.
20. We are considering any changes to MIQ settings in the context of implementing the COVID-19 Protection Framework and the Reconnecting New Zealanders. This is consistent with the shift to a minimisation and protection framework, enabled by high levels of vaccination against COVID-19.

The COVID-19 Protection Framework

21. Under the COVID-19 Protection Framework, which will be in place from 11.59pm on 2 December, the key objectives include suppressing and minimising COVID-19, ensuring that the health system has the capacity and capability to manage COVID-19 cases appropriately and targeting support for vulnerable communities.
22. Under the COVID-19 Protection Framework there is a pivot from a focus on case numbers to focusing on the impact of those cases. This reflects that with vaccination there is both a reduction in likelihood of becoming a case and significant reduction in

the consequences of a case. Risk is therefore no longer just about the number of cases – it is also about the consequences of those cases on the health system.

23. Aligned to this transition to a minimisation and protection approach, decisions around the implementation of the COVID-19 Protection Framework will inform an assessment of the level of public health risk for all parts of New Zealand. It is highly likely that with the removal of the border around the Auckland region there will be an increase in the spread of COVID-19 across the country and resulting pressure on the health system.
24. Based on preliminary analysis of current case numbers, we expect that there is between 10 and 50 times lower probability of a vaccinated community case leaving Auckland once the border is removed than a vaccinated case arriving in New Zealand.
25. These changes will require careful ongoing consideration to ensure that the changes are manageable within the overall context of the COVID-19 response. This includes the impact of COVID-19 entering different regions where there may be different population risks or health system capacity.
26. Modelling on the effects of these changes, combined with changes to border settings, is too early to be conclusive. The Te Pūnaha Matatini impact of border mitigation model/jurisdictional risk model currently suggests that changes to border settings could go on to trigger an outbreak in the community, although the net impact of this is lower when there is already active transmission. Given COVID-19 is currently predominantly restricted to Auckland, changing the settings too soon risks seeding outbreaks in the South Island or in vulnerable communities with lower vaccination rates. Ongoing modelling work is required to understand the impact of public health mitigations in place, and the potential impact on the health system and vulnerable communities and we will work with Te Pūnaha Matatini to progress this.

Reconnecting New Zealanders with the World

27. The Reconnecting New Zealanders approach proposes a carefully managed, risk-based approach to re-opening New Zealand's borders, including ongoing isolation settings. The proposals that are being developed include risk-based pathways that include compulsory vaccination and pre-departure testing requirements, as well as self-isolation for travellers from medium risk countries to manage associated risk.
28. On Monday 5 November, Cabinet agreed that opening the border will commence with fully vaccinated NZ citizens, residents, residence-class visa holders, and other eligible travellers returning from Australia from 11.59pm, January 16 2022. This would be followed by fully vaccinated New Zealand citizens, residents, residence-class visa holders, and other travellers from other medium risk countries by 31 March 2022.
29. We note that the first step is likely to increase arrivals from 2000 to 9000 people per week and step 2 of the re-opening plan will be significantly higher. Given the scale of the arrivals, the likelihood of transmission from across the Air Border is likely to increase significantly without appropriate mitigations. Our modelling indicates that an additional 24,000 – 50,000 non-New Zealander arrivals each week are estimated to bring in 40 – 67 additional community cases without any additional public health mitigations.

on arrival. In the fortnight from 1 November, of the 3131 people entering Managed Isolation, 2434 were vaccinated (this excludes under 12s) and there were 11 cases¹.

30. Against this context the proposed transitional phases of the Reconnecting New Zealand approach continue to appropriately reflect the anticipated reduction over time in the public health risk emerging from the border.

Potential constraints that will affect Reconnecting New Zealanders timeframes

31. The timeframes proposed as part of Reconnecting New Zealand take into consideration operational and other implications, including:
- a. the time required to strengthen testing capacity, including consideration of airport testing and implementation of rapid antigen testing for people in self-isolation.
 - b. the time required to implement validation of testing and vaccination status, being developed as part of the Traveller Health Declaration System, and the capacity to use a manual declaration process as an interim step.
 - c. implementing large scale self-isolation, particularly if there are compliance and monitoring systems that need to be developed.
 - d. the length of time required to enact a new Order and/or make significant amendments to other Orders under the COVID-19 Public Health Response Act 2020.
32. Given the need to make these changes to continue to carefully manage the public health risk for border returnees, there will be operational risks and potential public health risks if we progress changes to Managed Isolation ahead of the agreed Reconnecting New Zealanders timeframes.
33. Further consideration is required on the ongoing role of Managed Isolation as part of New Zealand's wider response. This will need to take into account the role of Managed Isolation for higher-risk travellers, for example unvaccinated New Zealander citizens or people from very high-risk countries, the potential for new variants and changing domestic and international circumstances, as well as the ongoing role of Managed Isolation and Quarantine in supporting the safe management of community cases. This is progressing as part of MBIE's workstream on the future of MIQ.

External advice on the Public Health Risk Assessment

34. The Public Health Risk Assessment was provided to Professor Phillip Hill and Professor Antony Blakely for their consideration. We invited additional comment on future scenarios from them, including the impact of re-opening borders, transition related risks and the COVID-19 Protection Framework.
35. The overarching feedback was that they supported a managed or phased transition, particularly in light of the vaccination programme being rolled out more rapidly than anticipated. However, it was noted that health system readiness and adequate public

¹ We expect that vaccine requirements will reduce the likelihood of cross-border transmission, although New Zealanders returning from Australia prior to 1 February will not be subject to vaccination requirements imposed by Air New Zealand, Qantas or Emirates.

health measures needed to be a pre-requisite for change. s 9(2)(g)(i) this needs to include pre-departure, on arrival, and post-arrival requirements, including for testing and self-isolation, which is consistent with the Ministry's thinking and advice to date.

36. They both highlighted the increased public health risk that is associated with increased international arrivals, particularly at the scale envisaged under the Reconnecting New Zealanders's approach. This will mean that the number of new 'introductions' of the virus into the community could increase substantially without appropriate measures in place.
37. They also highlighted concerns about the potential for a widespread 'seeding' effect, where there is a significant impact if new cases emerge in areas where there is currently no or low levels of transmission, if appropriate mitigations were not in place. This could have a significant impact on local health systems as well as the national testing, case follow-up and contact tracing capacity.
38. To manage these cases, s 9(2)(g)(i) strongly advocated for a risk-based approach at the border, that closely aligns to the approach under Reconnecting New Zealanders with the World, where an assessment of the risk of a traveller's country of departure would inform their isolation requirements.
39. Based on the Public Health Risk Assessment, and consideration of cumulative risk, there is a rationale to transition to Reconnecting New Zealanders and move away from Managed Isolation as the default setting, in line with the Reconnecting New Zealanders timeframes. The managed transition process allows for:
 - a. Managing the risk within Auckland ahead of the implementation of the removal of the Auckland boundary
 - b. Managing cumulative risk as the country shifts to the COVID-19 Protection Framework and works to implement the Reconnecting New Zealanders approach which will see much greater numbers of travellers entering the country, and supports the effective implementation of the new settings proposed under Reconnecting New Zealanders.
 - c. Mitigates the risk of seeding in communities where there is no (or low levels of) community transmission
 - d. Supports ongoing health system readiness at a time when there is likely to be greater pressure due to the shift to the COVID-19 Protection Framework.

s 9(2)(h)



s 9(2)(h)

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s 9(2)(h)

Equity

57. The proposal for a phased transition is dependent on higher levels of vaccination across the entire population and ongoing public health measures at the border and domestically. Without adequate levels of protection, vulnerable communities will be at greater risk of experiencing new cases as a result of border related transmission.

Next steps

58. Based on the ongoing public health rationale, we are proposing that we maintain the phased transition that is planned as part of Reconnecting New Zealanders with the

World. We can prepare further advice on potential trade-offs to implementing the Reconnecting New Zealanders approach that will need to be considered if you wish to progress changes ahead of current Reconnecting New Zealanders timeframes.

59. We also note that as the context changes and the effect of policy changes take effect, the public health assessment will require ongoing consideration.

ENDS.

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