

Briefing

Final health advice prior to the commencement of two-way quarantine-free travel with the Cook Islands

Date due to MO:	13 May 2021	Action required by:	N/A
Security level:	IN CONFIDENCE	Health Report number:	202111046
To:	Hon Chris Hipkins, Minister for COVID-19 Response		
Copy to:	Hon Aupito William Sio, Associate Minister of Health		

Contact for telephone discussion

Name	Position	Telephone
Dr Ashley Bloomfield	Director-General of Health Te Tumu Whakarae mō te Hauora	s 9(2)(a)
Maree Roberts	Deputy Director-General, System Strategy and Policy	s 9(2)(a)
Megan McCoy	Group Manager, Global Health	s 9(2)(a)

Minister's office to complete:

- | | | |
|---|------------------------------------|--|
| <input type="checkbox"/> Approved | <input type="checkbox"/> Decline | <input type="checkbox"/> Noted |
| <input type="checkbox"/> Needs change | <input type="checkbox"/> Seen | <input type="checkbox"/> Overtaken by events |
| <input type="checkbox"/> See Minister's Notes | <input type="checkbox"/> Withdrawn | |

Comment:

Final health advice prior to the commencement of two-way quarantine-free travel with the Cook Islands

Security level:	IN CONFIDENCE	Date:	13 May 2021
To:	Hon Chris Hipkins, Minister for COVID-19 Response		
Copy to:	Hon Aupito William Sio, Associate Minister of Health		

Purpose of report

1. This report outlines my final health advice you require prior to the commencement of two-way quarantine-free travel (QFT) between New Zealand and the Cook Islands from 11:59pm on 16 May 2021.

Summary

2. On 7 December 2020, Cabinet approved the 'Arrangement to Facilitate Quarantine-Free Travel (QFT) between New Zealand and the Cook Islands' (the Arrangement) [CAB-20-MIN-0515]. The Arrangement notes that QFT may only start when both country's health authorities have mutually determined that the rate of COVID-19 transmission and associated public health risk is acceptably low. The Cook Islands continue to have report no cases of COVID-19.
3. On 3 May 2021, Cabinet agreed that two-way QFT between New Zealand and the Cook Islands can commence from 11:59pm on 16 May 2021, subject to my final health [CAB-21-MIN-0138].
4. New Zealand and Cook Islands health officials have undertaken considerable work to maximise the Cook Islands' health system preparedness for QFT. This has focused on public health capability and contact tracing, case management, and testing capacity.
5. There remains some preparedness work to complete prior to commencement, including monitoring plans for quarantine. However, at this stage I am confident that this is progressing well and does not change my overall assessment of the public health risk.
6. QFT is not risk-free. The Cook Islands health system could be overwhelmed if there was a confirmed case or outbreak of COVID-19. In such a scenario, the immediate activation of a New Zealand All-Of Government response would be required to mitigate the risk of further community transmission and impact on the Cook Islands' health system.
7. Based on current information and work completed to-date, I consider that risk of COVID-19 transmission and associated public health risk is acceptably low in both countries and that **two-way QFT between New Zealand and the Cook Islands can commence from 11:59pm on 16 May 2021.**

Recommendations

We recommend you:

- a) **Note** that the work completed by New Zealand and Cook Islands health officials in recent months has ensured that the current risk of COVID-19 transmission is, as far as practicable, acceptably low in both New Zealand and the Cook Islands. **Noted** ✓
- b) **Note** that it is important that the Cook Islands maintain the capability it has developed over recent months, and that response plans continue to account for public health best practice and the lessons learned to-date. **Noted** ✓
- c) **Note** that the Ministry of Health has received assurance from the Cook Islands that its quarantine facilities will allocate a small number of rooms for immediate use (if required) and will be closely monitoring how this plan progresses. **Noted** ✓
- d) **Note** that quarantine-free travel is not risk-free, and that the Cook Islands' health system could be overwhelmed if there were a confirmed case or outbreak of COVID-19. **Noted** ✓
- e) **Note** that the immediate activation of a New Zealand All-Of Government response would be required if there is a suspected or confirmed case or outbreak of COVID-19 in the Cook Islands to mitigate the risk of further community transmission and impact on their health system. **Noted** ✓
- f) **Note** that work on contingency and response planning is ongoing, including for managing the return of travellers if quarantine-free travel is suspended due to a case or outbreak of COVID-19 in the Cook Islands. **Noted** ✓
- g) **Note** that based on current information, I consider the risk of COVID-19 transmission and associated public health risk is acceptably low in New Zealand and the Cook Islands and that two-way quarantine-free travel between both countries can commence from 11:59pm on 16 May 2021, as previously agreed by Cabinet. **Noted** ✓



Dr Ashley Bloomfield

Te Tumu Whakarae mō te Hauora
Director-General of Health

Date: 13/05/2021



Hon Chris Hipkins

Minister for COVID-19 Response

Date: 14/5/2021

Final health advice prior to the commencement of two-way quarantine-free travel with the Cook Islands

Background

8. On 7 December 2020, Cabinet approved the 'Arrangement to Facilitate Quarantine-Free Travel (QFT) between New Zealand and the Cook Islands' (the Arrangement) [CAB-20-MIN-0515].
9. Cabinet noted that two-way QFT with the Cook Islands would start by the end of quarter one 2021, subject to a review of the Cook Islands' health system readiness to ensure that certain public health criteria are met.
10. In the interim, Cabinet agreed to work towards one-way QFT from the Cook Islands to New Zealand. On 13 January 2021, you approved an exemption from the COVID-19 Public Health Response (Air Border) Order (No 2) 2020 which enabled one-way QFT from 21 January 2021.
11. On 22 March 2021, Cabinet noted my advice that the Cook Islands health system would not be ready to commence two-way QFT within the first quarter of 2021, and that further strengthening and support was required to prevent, detect and manage a potential outbreak of COVID-19 [CAB-21-MIN-0079].
12. Cabinet also noted that officials would work with the Cook Islands to prepare for two-way QFT and would report back to Ministers in May 2021 on the feasibility of commencement by the end of the second quarter of 2021. New Zealand health officials have engaged in a significant work programme to support the Cook Islands' health preparedness for QFT.
13. On 3 May 2021, Cabinet agreed that that two-way quarantine-free travel between New Zealand and the Cook Islands would commence from 11:59pm on 16 May 2021 subject to my final health assessment prior to proposed commencement.

Cook Islands health readiness for two-way QFT

Health system context

14. Te Marae Ora (TMO), the Cook Islands Ministry of Health, is the lead delivery agency for of primary, secondary and tertiary health services, and for preparedness for and response to COVID-19. Life-threatening conditions in the Cook Islands are generally referred to New Zealand for treatment.
15. While the Cook Islands have reasonably good health services compared to other Pacific countries there is limited health resource and workforce across the Cook Islands. The health system is considerably less resourced than New Zealand, including the number of health staff that would be available to respond to a case or outbreak of COVID-19.

16. The TMO workforce is small. As of February 2021, there are approximately 30-40 public health staff, the majority of which are concentrated on the main island of Rarotonga.¹ Key roles include a Director of Public Health, a recently appointed Public Health Medicine Specialist, and a mix of public health nurses and health protection officers.
17. There are three key factors that risk overwhelming the Cook Islands health system if there is a case or outbreak of COVID-19:
 - a. the small size of the health workforce;
 - b. the underlying population risk for poorer health outcomes with the high prevalence of non-communicable diseases;
 - c. the emergence of several COVID-19 variants internationally.
18. It is important to note that the Cook Islands' public health workforce is stretched without any cases of COVID-19. Other pressures the public health workforce is currently facing include managing the current dengue outbreak, conducting health checks for arriving and departing travellers, entering data on arriving travellers, and the development and delivery of the COVID-19 vaccination programme.

Health preparedness work to-date

19. New Zealand health officials have been working closely with Cook Islands counterparts on health preparedness prior to QFT commencing. New Zealand health officials have provided a considerable amount of support online and on the ground in the Cook Islands via regular meetings, peer review of documents, engagement, and advice.
20. In October 2020, the first visit by Ministry of Health officials to the Cook Islands occurred as part of a wider delegation from other agencies. In February 2021, two New Zealand public health doctors provided two weeks of on-the-ground support to inform Ministry of Health assessments of health system readiness. From late-March to early-April 2021, a TMO delegation visited New Zealand for workshops to gain expertise and further progress preparedness work.
21. In late-April 2021, New Zealand health officials visited the Cook Islands to further support TMO with QFT work. Two members of the Ministry of Health's contact tracing team conducted training for two weeks, while a public health registrar provided support to the TMO public health team for three weeks. This team observed and provided feedback on a live scenario exercise (21 April 2021) and refined standard operating procedures (SOPs) and priority plans, following that live exercise.
22. While QFT preparations have been underway for some time, the Cook Islands has undertaken significant work in the last two months. This has been a notable effort, particularly as they have also been preparing for its vaccine delivery programme.

¹ Note that TMO uses the term 'public health staff' to cover key primary health care services such as non-communicable disease checks, childhood immunisations, and support to primary care doctors. Our understanding is that for a case or outbreak of COVID-19, these nurses will be performing case investigation and be guiding contact tracing.

Assessment against the Arrangement's health criteria

23. The Arrangement sets out the health criteria that must be met prior to QFT commencement and guides my final health advice on the matter. These criteria are:
- a. leadership and governance;
 - b. the ability to detect cases through sufficient testing and surveillance;
 - c. the spread of cases has been controlled and there have been no locally acquired cases of unknown source for the preceding 28 days;
 - d. the ability to manage cases through contact tracing and case management;
 - e. border controls are adequate for identifying and preventing transmission of COVID-19 and are proportionate to the risk;
 - f. Other relevant matters – e.g. vaccination of the eligible Cook Islands' population.
24. There is some outstanding health preparedness work to be completed during the week prior to commencement. However, I am confident that work is progressing well and does not change my overall assessment of the public health risk.
25. My assessment has included consideration of key pieces of work completed in recent months to address the above criteria including:
- a. the completion of necessary plans and frameworks to support a potential COVID-19 response in the Cook Islands
 - b. sufficient and appropriate workforce to operationalise plans, including contact tracing;
 - c. the completion of the PCR laboratory and staff training.

a) Leadership and governance

26. This criterion includes overall response planning, infrastructure and sharing of information. The Cook Islands have set up an All-Of-Government response with TMO as the lead health agency. Other public sector agencies, non-government organisations, and the private sector are also supporting this work (e.g. Red Cross and Tourism Cook Islands).
27. The Cook Islands have several plans and SOPs in place to guide their COVID-19 response. These plans have been developed by TMO with support from the New Zealand Ministry of Health and include a focus on risk-based decision making.
28. All relevant documents will be provided to the Cook Islands Border Easement Taskforce and Cabinet endorsement will be sought by 14 May 2021. This includes:
- a. *Public Health Risk Assessment Guide* - This will be a key framework to guide the Cook Islands' response plans, ensuring TMO can identify and respond to risk appropriately, and proportionate to the capacity and capability of the health system to respond. It stems from a New Zealand health officials' review of all planning and response documentation. That review showed that the required public health approach to identifying and responding to risk was unclear/absent.
 - b. *Cook Islands QFT Response Framework* - The Cook Islands are developing a response framework modelled on New Zealand's Response Framework.

- c. *Cook Islands QFT Plan* - This plan is an umbrella document for TMO for all COVID-19 and QFT-related operational plans and SOPs.
29. The Cook Islands recently refined their four-level COVID-19 alert system and are currently at Alert Level 1 'Prepare'. Led by TMO, the system is generally aligned with New Zealand's Alert Levels:
- a. Level 1: Prepare - COVID-19 is not present in the Cook Islands and is controlled in New Zealand with no community transmission. Two-way QFT is permitted, providing travellers have spent a minimum of 14 days in either country before travel.
 - b. Level 2: Reduce - COVID-19 is not present in the Cook Islands but there is a case of community transmission in New Zealand. Two-way QFT may be suspended for at least 48 hours. QFT and passenger arrivals suspended for at least 72 hours.
 - c. Level 3: Restrict - COVID-19 detected in the Cook Islands and community transmission may be occurring. Two-way QFT and passenger arrivals suspended for at least 72 hours.
 - d. Level 4: Lockdown - There is more than one case of COVID-19 in the Cook Islands and community transmission may be occurring. Two-way QFT and passenger arrivals suspended for at least 14 days. People must stay home other than for essential activities, including work and all non-essential business will close.
30. Information sharing between the Cook Islands and New Zealand has been underway since February 2021. This includes:
- a. sharing of epidemiological data and case information (e.g. testing numbers) via each country's National Focal Point;
 - b. TMO confirming it will share similar information with New Zealand should a response be activated in the Cook Islands;
 - c. an arrangement between New Zealand's Office of the Director of Public Health (ODPH) and TMO public health to meet at regular intervals, mirroring the arrangement with Australian health officials. This will allow streamlined information sharing. ODPH has also agreed to provide collegial support to the Cook Islands Public Health Medicine Specialist as an adjunct to the information sharing arrangement;
 - d. a process for communication between the public health teams in-country is also being set up. This will support prompt two-way information sharing.
31. TMO has further developed its leadership and relationships with other government agencies for COVID-19 response:
- a. in the last two months, the Secretary of Health (in place since January 2021) has empowered his leadership team to be directly involved in QFT preparedness work;
 - b. in the last week a 'Public Health QFT Co-ordinator' has been appointed. I understand that this role will focus on internal TMO process alignment and interagency communication;
 - c. a Public Health Medicine Specialist from New Zealand has been recruited to bolster their public health team approach. The impact of this has been clear throughout the development of the Public Health Risk Assessment Guide.

32. These developments have instilled a higher degree of confidence in New Zealand officials as there is now less reliance on any single individual.
33. As the Cook Islands have not had a COVID-19 case, they have run scenario and table-top exercises to test and refine their COVID-19 response. It is reassuring that the Cook Islands have undertaken these activities in recent weeks as they have provided valuable lessons and an opportunity to adapt their plans. They have also experienced activating a response to COVID-19 situations in Auckland, including the August 2020 and February 2021 clusters.

b) Ability to detect cases through sufficient testing and surveillance

34. TMO have developed a surveillance and testing plan. Their primary COVID-19 testing platform is the cartridge-based rapid PCR GeneXpert (PCR GX), which is used in some locations in New Zealand. The capacity of this testing method is around 100 tests per day (over one shift).
35. The use of PCR GX is a suitable method of testing and one the Cook Islands have used for over a year. This is not yet covered off in their surveillance plan yet, although New Zealand health officials have given feedback and have been providing further assistance.
36. Since 10 May 2021, their new PCR lab has been operational, following staff training by the Pacific Pathology Training Centre. It will provide additional testing capacity of up to 180 tests per day (three staff performing 80 tests) on top of existing PCR GX capacity. This may increase with automated extraction and speed over time.
37. The Cook Islands Alert Level system also dictates the appropriate testing response proportionate to the level of risk. TMO's public health team uses the Public Health Risk Assessment Guide to respond appropriately to their existing lab and testing capacity.

c) Ability to manage cases and contacts

38. Within TMO, a new Health and Intelligence Unit (HIU) has been set up to manage an expected increase data flow and to coordinate contact tracing. TMO have also:
 - a. undertaken scenario testing and training to improve their capability for contact tracing and case investigation;
 - b. updated their contact tracing SOPs;
 - c. signed a memorandum of understanding (MoU) with the local Red Cross to bolster their capacity should it be needed. This will support HIU staff with the administrative function of contact tracing.
39. TMO await the arrival of approximately 28 health professionals from Fiji. This will add to the Cook Islands' clinical and laboratory workforce, but it is not clear that they will include contact tracing roles. We have been informed they will primarily be clinical nursing staff.
40. The Cook Islands use a contact tracing app ('CookSafe') and have recently launched 'CookSafe Plus' with Bluetooth functionality. The app's Bluetooth is interoperable with the NZ COVID-19 Tracer App.
41. There is some minor work still to be completed on the Cook Islands' contact tracing system. The extended deployment of two contact tracing experts from the Ministry of

Health in recent weeks has contributed to a significant increase in the capacity, capability, systems/process and confidence of the Cook Islands contact tracing team.

42. TMO had already set up a 32-bed isolation ward (including 10 negative pressure room beds) at the hospital for cases who are unwell. The Cook Islands have experienced running an *isolation* facility since early 2020, but it is one of the few Pacific Island countries not to have required running a *quarantine* facility.
43. The Cook Islands has since developed an operational framework for quarantine for cases and contacts. This includes contracting the Edgewater Hotel to provide quarantine, with an agreement that their sister facility (Club Raro) will be used if the Edgewater is fully occupied. The Ministry has sought and received assurance from the Cook Islands that regardless of the facility used, they have an agreement with the facility to keep available a small number of rooms (ideally in a dedicated wing) for immediate quarantine purposes, if required. I understand that the Cook Islands appreciates the significance of this issue and the Ministry of Health will be closely monitoring how this plan progresses.

d) No locally acquired cases of unknown source for the preceding 28 days

44. The Cook Islands continue to have zero locally acquired or imported cases of unknown source since early 2020. By way of comparison, it has been 74 days for New Zealand. I am satisfied that the Arrangement's criteria that any spread of cases has been controlled and there have been no locally acquired cases of unknown source for the preceding 28 days has been met.

e) Border controls

45. I am satisfied that the Cook Islands' border controls are adequate for identifying and preventing transmission of COVID-19 and are proportionate to the risk. This is detailed in the 3 May 2021 Cabinet paper [CAB-21-MIN-0138].

f) Other relevant considerations - e.g. vaccination of the eligible Cook Islands' population

46. In March 2021, I initially advised that high vaccination of the eligible population of the Cook Islands should be considered before commencement of two-way QFT [SWC- 21-MIN-0024]. Following further consideration and discussion with Ministers we agreed this is an important consideration, but did not need to be a pre-condition, and that two-way QFT could progress in parallel with the rollout of the vaccine delivery programme.
47. A target date of 20 May 2021 has been set with the Cook Islands for commencement of their vaccine rollout. This is based on the expected 18 May 2021 arrival of vaccines into Rarotonga and the 19 May 2021 'wet run' (vaccination of vaccinators).
48. The risk of COVID-19 and of severe health impacts from any COVID-19 transmission will be lower in a vaccinated population. This risk will reduce over time, as vaccination in both countries increases.

Overall conclusion about health system readiness

49. Overall, I consider that the Cook Islands has sufficiently maximised its health system readiness to respond to cases or outbreaks of COVID-19. The work undertaken over

recent months has put them in a good position to take informed decisions and know when/how to reach out for remote technical assistance from New Zealand.

50. This includes in the first 24 to 48 hours (prior to the deployment of any health response from New Zealand). It will also be important for the Cook Islands to maintain the capability they have developed to ensure plans take account of real-world lessons learned and exercises as required.

New Zealand health readiness for two-way QFT

51. One way-QFT to New Zealand from the Cook Islands and Niue has operated since January 2021 and two-way trans-Tasman QFT since April 2021. Many other health protocols and requirements to implement QFT are therefore already in place, including:
- a. the same health requirements and measures for Cook Islands arrivals as trans-Tasman arrivals;
 - b. the separation of QFT arrivals from the Cook Islands (and trans-Tasman) from passengers from other destinations;
 - c. the requirement for airlines to only carry passengers that have completed pre-departure eligibility health questions at check-in, including ensuring there is internet access to allow travellers to complete their travel declarations at the airport;
 - d. random temperature-checking for arriving QFT passengers;
 - e. a 72-hour stand-down period and a negative PCR COVID-19 test at the end of that period for air crew who have previously operated flights from countries other than short-haul routes to Australia and Pacific Island countries, and non-Managed Isolation and Quarantine (MIQ) flights domestically within New Zealand.
52. Some measures have required operational changes to suit the Cook Islands context and communications material has been adapted to ensure they are fit-for-purpose.

Current New Zealand COVID-19 status

53. As at 9.00am, 13 May 2021, the New Zealand COVID-19 situation is as follows:
- a. one new imported case in MIQ in the last 24 hours;
 - b. no new locally acquired cases in the last 24 hours;
 - c. zero days since last imported cases in MIQ;
 - d. 35 days since last import-related case reported (not in MIQ);
 - e. 74 days since last locally acquired, unknown source case reported;
 - f. 22 active cases;
 - g. 2595 cases recovered;
 - h. No open clusters.

Health and disability system capacity in New Zealand

54. There are currently no people in hospital with COVID-19 as at 13 May 2021. Hospitals are well-placed to manage cases that require hospital care and have plans in place to manage a surge in demand associated with new cases or outbreaks.

Surveillance and testing capacity

55. On 12 May 2021, 4,902 COVID-19 tests were processed, bringing the weekly total of tests processed last week to more than 27,764 tests. Approximately 121,580 tests have been carried out in the last month. The total number of tests processed by laboratories to date is 2,069,812.
56. This level of testing is well within the baseline capacity of 11,934 tests per day and a surge capacity of around 32,000. We have supplies in stock for approximately 49 days based on the seven-day rolling average. This period can be extended through pooling of tests during a surge if required.

Contact tracing capacity in New Zealand

57. As agreed by Cabinet, contact tracing for Cook Islands QFT will mirror our approach used domestically and for trans-Tasman QFT [CAB-21-MIN-0138]. Travellers who have been at an exposure event will be classified according to risk level and managed according to public health advice. The key difference will be the capacity of the Cook Islands to provide prompt and comprehensive case and contact information to the National Investigation and Tracing Centre (NITC).
58. If current contact tracing category definitions and management plans are followed and QFT is paused or suspended, existing NITC capacity is likely to be able to absorb the additional calls required for contacts of a case at a similar level of earlier outbreaks.
59. Should we need to contact trace a significant volume of travellers over and above what earlier outbreaks have required, the NITC will need additional capacity to manage demand. The NITC have made changes to manage the needs of trans-Tasman QFT. Adjustments will continue as more is learned as QFT is implemented and is expanded to other countries.

Industry readiness

60. Relevant airlines (Air New Zealand and Jetstar) and airports (Auckland, Wellington, and Christchurch) already meet the Ministry of Health's Infection Prevention and Control measures for QFT operations following the commencement of trans-Tasman QFT. However, only Air New Zealand and Auckland Airport will be facilitating QFT flights to the Cook Islands from commencement.

Border controls

61. Robust border controls remain critical to the success of our Elimination Strategy. Our air and maritime borders remain closed to non-residents and a limited number of others, except by Ministerial-approved exception. The maritime border with the Cook Islands will continued to be closed under current QFT arrangements.

62. With some exceptions (e.g. Australia, Antarctica, and most of the Pacific including the Cook Islands), travellers must provide evidence of a negative pre-departure PCR COVID-19 test (PDT) prior to boarding flights to New Zealand. Arrivals from countries where PDT is required are also tested on day 0/1 of their arrival to New Zealand and MIQ stay, then again around day three and again around day 12 of their 14-day MIQ stay.
63. We also have Orders to ensure vaccination and the regular testing for border workers, alongside other measures to reduce the risk of COVID-19 entering via the border.

Control measures, compliance, and public sentiment

64. There is still good support for, and compliance with, the Government's approach and control measures at COVID-19 Alert Level 1. As of 13 May 2021, the New Zealand COVID-19 Tracer App has 2,817,871 registered users. Total poster scans have reached 266,625,183 and users have created 9,987,293 manual entries. There have been 609,046 poster scans in the previous 24 hours to 1pm 12 May 2021.
65. People must wear a face mask or covering on all public transport and flights throughout New Zealand at COVID-19 Alert Level 1. There also remains regular public messaging to encourage people who have cold or flu symptoms to get a COVID-19 test and to stay home until they receive a negative test result.

Vaccination of the eligible New Zealand population

66. Our vaccination rollout continues to scale-up and prioritise people that are most at risk of COVID-19 or are most at risk of becoming seriously ill or dying from the virus. As at 11:59pm on 11 May 2021, 268,787 first doses, 120,090 second doses, and 388,877 total doses have been administered. New Zealand has secured enough Pfizer vaccine doses for everyone to get the required two doses.
67. Since February 2021, high-risk frontline border and MIQ workers (and their households) and people living in high-risk places have been vaccinated (Groups 1 and 2). From May 2021, people aged 65 or over, with a relevant underlying health condition, pregnant, disabled, and adults in a custodial setting are being vaccinated (Group 3). From July 2021, the wider population aged 16 or over will begin to be vaccinated (Group 4).

Consideration of Alert Levels and Cook Islands QFT Response Framework

68. New Zealand is currently at Alert Level 1 with relevant settings proportionate to the public health risk to effectively respond to COVID-19. We have had considerable success in managing community transmission through prompt use of the Alert Level system in the past, and when necessary, there remains a strong case for taking a precautionary approach to maintain our effective Elimination Strategy within the QFT context.
69. This is reflected in New Zealand's Cook Islands QFT Response Framework (the Response Framework) that outlines possible responses to an increase in QFT-related risk. It outlines potential actions over and above our domestic response to mitigate that risk including pausing or suspending QFT. It broadly aligns with our Alert Levels and risk assessments and draws on the approach of the trans-Tasman QFT Response Framework.

70. The tools to manage Cook Islands QFT COVID-19 risk are the same as for trans-Tasman QFT. However, the situations and thresholds for their use may differ, due to the nature of Cook Islands QFT to reflect that:
- a. key aspects of the Cook Islands health system will always be constrained despite ongoing work to maximise its preparedness - there is a high demand on health staff and other resources outside of the context of COVID-19;
 - b. if there is a case or outbreak of COVID-19, there is limited ability to manage a public health response and clinical response in the Cook Islands;
 - c. Cook Islanders have higher rates of pre-existing health conditions which puts them at risk of more severe illness, including COVID-19;
 - d. the Cook Islands' contact tracing, case management, and managed isolation and quarantine systems are still developing and have not been tested;
 - e. compared to trans-Tasman QFT, it is anticipated that many travellers will be holidaymakers rather than individuals or families visiting family and friends. These travellers will likely stay in holiday accommodation (resorts and hotels) and the ability to effectively self-isolate in these settings will be variable.
71. The Response Framework is flexible and has been refined to reflect the context of the Cook Islands. The first part considers an increase in New Zealand risk (e.g., cases in Auckland) and the second part considers an increase in Cook Islands risk (e.g., a case in Rarotonga).
72. We can apply both parts conjointly if there is increased risk in both countries. It will evolve as risk changes, for example:
- a. as vaccination rates increase and as more evidence on the impact of various vaccines becomes clearer;
 - b. to reflect any changes to the Cook Islands' own Response Framework and QFT response plan – both of which are initially cautious, with a view to refinement after six months;
 - c. to incorporate future Ministerial directions on managing the return of travellers to New Zealand if QFT is suspended.
73. Officials will continue to refine the Response Framework to ensure it is fit-for-purpose. Agencies are working on finalising operational requirements. New Zealand and Cook Islands officials will continue working to ensure alignment of respective Response Frameworks, noting that the Cook Islands' response framework is still in development.

Managing the return of travellers to New Zealand if QFT is suspended

74. Linked to the Response Framework, we have also developed an approach to managing travellers who need to return to New Zealand from the Cook Islands if QFT is suspended.
75. A precautionary approach will be taken to any outbreak given the geographical size and social settings (e.g. tourist-focused) in the Cook Islands and to minimise, as far as practicable, further spread back to New Zealand. Our approach is context specific and based on the public health risk assessment as to traveller risk groups, based on their proximity to an outbreak.

76. Due to the assumed number of travellers in the Cook Islands at any one time (estimated to be 900 in the initial weeks following commencement, increasing to approximately 2000 in July 2021), if there is an outbreak, a prolonged or ongoing presence of travellers may present an unsustainable burden on the Cook Islands' health system.
77. Our Response Framework therefore provides for the option of allowing travellers to return to New Zealand with extra requirements. This would likely depend on a traveller's risk-profile following a public health risk assessment and whether they are a low, medium, or high-risk traveller. Context permitting, travellers could then return to New Zealand in stages through MIQ for a period, e.g. until a negative day 5 test. If considered appropriate, some travellers may be able to self-isolate and test upon return.
78. These measures reflect the pressure a 'shelter-in-place' option would put on the Cook Islands and the relatively small number of travellers needing to return (compared to trans-Tasman QFT).
79. The Department of Prime Minister and Cabinet (DPMC) is coordinating more detailed planning of an All-of-Government response if QFT is paused or suspended and a managed return of travellers follows. We are aware that the Ministry of Business, Innovation and Employment (MBIE)-MIQ are concerned about the potential impact and feasibility of managing large volumes of returnees, and the operational and regulatory arrangements to support stays fewer than 14 days. We are working with DPMC and MBIE-MIQ officials on detailed planning.

New Zealand support during any COVID-19 outbreak in the Cook Islands

80. New Zealand's constitutional links and commitments to the Cook Islands means we must retain capacity to respond to any case or outbreak of COVID-19 in the Cook Islands. Our capacity to respond through current mechanisms outlined below draws on an entirely voluntary workforce.
81. Individuals need to volunteer their services, and their employers will then need to agree to release them. This is not expected to be an issue as relevant individuals have already self-selected to volunteer. However, there may be challenges in employers (including District Health Boards) agreeing to release these individuals, especially if there is significant concurrent outbreak in New Zealand. This could affect our ability to effectively respond to an outbreak in the Cook Islands.
82. Officials are continuing to develop contingency plans to identify suitable New Zealand response options should a case or outbreak of COVID-19 affect the Cook Islands. These plans recognise the systemic capacity constraints in the Cook Islands, including limited personnel in public health, clinical health, MIQ, communications and coordination.
83. High rates of population vaccination are expected within the coming three months. This combined with the health system preparedness work, should reduce the risk of serious health outcomes in the Cook Islands if there was a case or outbreak of COVID-19.
84. Agencies would use existing frameworks (such as the New Zealand Medical Assistance Team, and the Ministry of Foreign Affairs and Trade Humanitarian Response Programme) to respond appropriately. Initially, a multi-agency/disciplinary team from New Zealand would provide support for the Cook Islands response.

85. An initial response could include health advisors, and testing and contact tracing personnel. Clinical and other public health teams could be deployed should the outbreak escalate, to mitigate the risk of the health system becoming overwhelmed.
86. Officials have identified the potential mix of personnel and skills that would be needed from New Zealand as below. This information has been shared with Cook Islands officials for confirmation and feedback.
87. If there is a case or a small-scale outbreak, the team would focus on public health support with the aim of supporting the Cook Islands to contain any case or outbreak of COVID-19 with rapid contact tracing, quarantine of high-risk contacts and isolation of cases. This team would likely include:
- a. one or two public health specialists to support the local public health specialist;
 - b. five contact tracing support staff;
 - c. one to two quarantine staff to support isolation and facility management;
 - d. one to two Infection Prevention and Control staff (clinical nurses) to support existing quarantine facility staff (who may be non-health);
 - e. one to two lab technicians to support increase in testing demand on rotating shifts.
88. If there was a larger-scale outbreak, and/or if COVID-19 cases were being admitted to hospital, a stronger clinical contingent would be needed. This team could include:
- a. medical specialists (ICU/anaesthetics, one general medical physician, one emergency medicine specialist);
 - b. nursing staff (six clinical nurses with a mix of medical ward/emergency department experience on rotating shifts with existing nursing workforce);
 - c. a Medivac team of four in total (two doctors and two nurses) on stand-by supporting the above work if not needed for transfers.
89. The Cook Islands have also been clear that they would request support from New Zealand to backfill the roles in their hospital if there is a hospitalised case of COVID-19. This is because the COVID-19 ward will require specialist personnel who will not be able to do any other work for an extended period.
90. The New Zealand Ministry of Health's Emergency Management Team (EMT) are working with the COVID-19 Directorate's Incident Management Team (IMT) to identify what resources and/or personnel may be required to support the outbreak management both within country and remotely from New Zealand.

Final advice of the Director-General of Health prior to commencement of two-way QFT between New Zealand the Cook Islands

91. There is some outstanding work to be completed during the week prior to commencement (e.g. monitoring plans for quarantine) and on an ongoing basis (e.g. contact tracing and testing capability). However, at this stage I am confident that this is progressing well and does not change my overall assessment of the public health risk.
92. The work New Zealand health officials have completed in recent months has helped the Cook Islands to improve their overall capability and capacity for responding to COVID-

19. This work has ensured that the risks in both countries are, as far as practicable, acceptably low.

93. **Based on current information and work completed to-date, I consider that risk of COVID-19 transmission and associated public health risk is acceptably low in both countries and that two-way QFT between New Zealand and the Cook Islands can commence from 11:59pm on 16 May 2021.**

94. In reaching this view, I have considered the health criteria in the Arrangement and the advice provided by New Zealand's health officials and experts engaged with TMO.

95. However, QFT is not risk-free and the Cook Islands' health system could rapidly be overwhelmed if there were a case or outbreak of COVID-19. The Cook Islands will need support from New Zealand the moment there is a suspected or confirmed COVID-19 case, or if there is an increased risk in New Zealand.

96. This will require the immediate activation of a New Zealand All-Of Government response to mitigate the risk of further community transmission and impact on the Cook Islands. Noting that, I understand that Cook Islands has firmly registered to New Zealand that it is willing to accept a degree of risk to avoid economic collapse. This will require careful and close management by New Zealand officials working with their Cook Island counterparts.

97. It will also be important for the Cook Islands to maintain the capability they have developed over previous months to ensure plans take account of real-world lessons learned and exercises as required. After commencement, the Cook Islands will likely need ongoing support in the following key areas:

- a. public health advice with emerging evidence and lessons learned in key areas (e.g. testing, surveillance, isolation, quarantine at scale, immunisation, and response) that relate to both countries e.g. management of tourists in an outbreak;
- b. clinical and public health support should a case or outbreak of COVID-19 occur and/or it is having a significant impact on their health workforce and hospital capacity;
- c. ongoing support with training for case management and contact tracing.

98. There will also be opportunities for both countries to further enhance the Cook Islands' COVID-19 response including modelling support, incident management support, sharing of MIQ experience, and other testing methods such as whole-genome sequencing.

Next steps

99. The Ministry of Health will continue to engage and support TMO to finalise outstanding plans and systems. Ministry officials will also continue work with agencies on detailed contingency planning activities.

ENDS.