

Briefing

Interim advice on Cook Islands health system readiness for Quarantine-Free Travel

Date due to MO: 19 February 2021 **Action required by:** N/A

Security level: IN CONFIDENCE **Health Report number:** 20210336

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

Copy to: Hon Andrew Little, Minister of Health

Contact for telephone discussion

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Minister's office to complete:

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|---|------------------------------------|--|
| <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 Withdrawn | |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:

Interim advice on Cook Islands health system readiness for Quarantine-Free Travel

Security level: IN CONFIDENCE **Date:** 19 February 2021

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

Purpose of report

1. This report responds to a request from your office for interim advice on Cook Islands health system readiness for two-way quarantine-free travel (QFT) in advance of final advice due in March.

Summary

2. In December 2020, Cabinet [CAB-20-MIN-0515] agreed to work towards two-way quarantine-free travel between the Cook Islands and New Zealand. It noted that further preparedness work and review of the Cook Islands readiness would be provided before consideration of commencement of two-way quarantine-free travel before the end of the first quarter of 2021.
3. The Ministry of Health and health experts have been supporting the Cook Islands on work towards two-way quarantine-free travel.
4. Notwithstanding some progress from the last visit by officials, the Cook Island health system remains unlikely to be ready for two-way quarantine-free travel before the end of the first quarter of 2021.
5. Critical gaps in the Cook Islands health system remain and are likely to remain in the medium term.
6. Significant New Zealand health support (personnel and resources) would be required to enable two-way quarantine-free travel, support that may be difficult to provide given the demands on the New Zealand health system in the event of community transmission in both countries.
7. Further advice on the Cook Islands health readiness and the options, including implications for the New Zealand health system, for enabling two-way quarantine-free travel will be provided in March.

Recommendations

We recommend you:

- a) **Note** notwithstanding progress since November 2021, the Cook Islands Health system requires further strengthening and support to prevent, detect and manage a potential outbreak of COVID-19. **Noted**
- b) **Note** that the Cook Islands health system is unlikely to be ready for safe two-way quarantine-free travel before the end of the first quarter of 2021. **Noted**
- c) **Note** that further work on what would enable the safe commencement of two-way quarantine-free travel is underway and further advice on this will be provided to you in March. This is likely to require significant personnel and resources from the New Zealand health system. **Noted**



Dr Ashley Bloomfield
Director-General of Health
Date: 19/02/2021

Hon Chris Hipkins
Minister for COVID-19 Response
Date:

Interim advice on Cook Islands health system readiness for Quarantine-Free Travel

Background

1. In December 2020, Cabinet [CAB-20-MIN-0515] approved the signature of the 'Arrangement to Facilitate Quarantine-Free Travel between New Zealand and the Cook Islands' (the Arrangement). Noting my advice that further preparedness work should be undertaken before consideration of commencement of two-way quarantine-free travel, further work towards one-way quarantine-free travel from the Cook Islands to New Zealand was agreed to be undertaken in the interim.
2. One-way quarantine-free travel from the Cook Islands to New Zealand began on 21 January 2021.
3. The Ministry of Health has continued work with the Cook Islands towards two-way quarantine-free travel.
4. Progress in this has been further supported by the visit by two public health experts supported by the Ministry. Dr Collin Tukuitonga (an independent expert) and Dr Tess Luff (public health registrar from the Ministry) arrived in the Cook Islands on 13 February 2021 for a two-week visit. The visit was delayed two weeks **s 9(2)(g)(i)** [REDACTED] and then due to Cook Islands travel restrictions following the Northland case.
5. The purpose of the visit is for the public health experts to provide advice and support to TMO on health system readiness. The experts are working directly with TMO officials to understand the current situation, provide advice and also assist with the preparation of documents. One of the experts also travelled to Aitutaki over the weekend at the request of TMO in order to review local plans for isolation/quarantine of residents and tourists. The support from New Zealand and the work of the two experts has been very well-received by TMO and other Cook Islands government officials.

Current status of readiness and potential next steps

Some progress has been made since the readiness assessment in November 2021

6. The four key areas the Ministry is assessing in relation to readiness are:
 - a. Completion and operationalisation of key public health planning documents:
 - i. Surveillance/testing strategy.
 - ii. Isolation and quarantine plans.
 - iii. Case and contact management.
 - b. PCR laboratory capacity and capability.

- c. Refinement and operationalisation of emergency response plan/response framework.
 - d. Workforce capacity and resilience.
7. The Cook Islands has made some progress against these since the readiness assessment conducted by officials in November 2020. This includes:
- a. Development of detailed protocols such as a surveillance and testing plan, emergency response plan and a public health protocol for COVID-19.
 - b. Delivery of some PCR laboratory equipment into the country.
 - c. Recruitment is underway for a number of roles, including a public health specialist and other doctors and nurses.

However significant challenges to health system readiness remain

- 8. The Ministry's current assessment is informed by information from the public health experts, on-going working relationships between Ministry and TMO officials, and further insights and information from the Ministry of Foreign Affairs and Trade (MFAT) and the New Zealand High Commission (for example, MFAT are leading New Zealand support for developing PCR capacity).
- 9. There remains significant capacity and capability gaps that are yet to be addressed. For example:
 - a. The absence of a public health specialist is a critical gap. s 9(2)(g)(i)
[REDACTED]
[REDACTED]
[REDACTED]
TMO have made an offer to a public health specialist, however it has not yet been confirmed and is therefore unlikely this role would be filled until end of March at the latest. Of note, the current Director of Public Health, a primary care doctor, is stepping down. Recruitment for this role has recently begun.
 - b. Current health workforce is stretched even without the pressures of the health demands of additional tourists and COVID-19 screening measures, let alone the demands of a COVID-19 outbreak. s 9(2)(g)(i)
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
 - c. The Cook Islands currently use GeneXpert testing for COVID-19, however this platform is reliant on cartridges which are in very limited supply globally. Should the testing capability rely on this method while quarantine-free travel is fully operational this could easily be overwhelmed should an outbreak occur.
 - d. The PCR laboratory will add some testing capacity, but it is not expected to be fully equipped until mid-March. Training will commence thereafter, however we will not know until the end of March whether staff have sufficient capability to effectively manage maximum testing capacity. Similar to the GeneXpert platform, it will also require a reliable supply of the necessary reagents that are also in high demand.
 - e. To make meaningful progress towards quarantine-free travel, further strategic planning is required before safe commencement. While plans have been developed

these need to be pulled together in the context of quarantine-free travel. This should be a bespoke approach that considers: modelling and scenarios for increased traveller numbers, future planning for testing capacity, appropriate use of surveillance, appropriate options for quarantine and isolation; and all of these must be suitably operationalised through sufficient workforce capacity. TMO are the lead agency for the health response but such planning requires a multi-agency response and it remains unclear what collaboration there is between agencies.

10. Further information against the four key areas (para 6) the Ministry is assessing is provided in Annex 1.

Commencement of two-way quarantine-free travel in the first quarter of 2021 is not considered safe for the Cook Islands health system

11. Our assessment, based on all the information we have, is that the Cook Islands health system is not currently nor expected to be ready to commence two-way quarantine-free travel by the end of March 2021. It is not considered feasible to address each of the four key focus areas in the next four to six weeks.

12. s 9(2)(g)(i)
[REDACTED]

s 9(2)(g)(i)

13. s 9(2)(g)(i)

14. s 9(2)(g)(i)

The Cook Islands health system may never be able to respond independently to COVID-19, but it can be better prepared

15. s 9(2)(g)(i)

16. s 9(2)(g)(i)

s 9(2)(g)(i)

17. The Ministry considers that with further work and support from New Zealand, the Cook Islands could be better prepared to respond to a case or an outbreak in the first 24 – 48 hours before additional support from New Zealand arrives (presuming this is feasible). If they have the right plans in place, some additional resourcing, have a good understanding of maximum capacity and what support they would need from New Zealand, they would be better able to spring into action and make informed decisions. s 9(2)(g)(i)

What would be required to enable two-way quarantine-free travel?

18. The Ministry is working through initial thinking on what else is required by the Cook Islands, further support New Zealand could provide and potential timeframes for readiness.
19. At this stage, we consider that the earliest possible date for the Cook Islands health system to achieve readiness would be around May/June, however there are number of dependencies for this as outlined in Annex 2.
20. Consideration is being given of a cap on the maximum number of tourists to enter the Cook Islands. This should be informed by the surveillance/testing strategy and the maximum number of tests per day, as well as other planning for contact tracing capacity and isolation/quarantine capacity. Overall, caps should be identified and managed through the Cook Islands emergency response plan/response framework.
21. Given the current and likely to remain systemic issues within the Cook Islands health system, New Zealand would likely need to be prepared to provide support to the Cook Islands in the event of an outbreak, potentially for an extended period of time, through personnel, equipment, supplies and funding for:
- Contact tracing and case management teams
 - Public health/clinical support teams
 - Isolation and quarantine management team
 - Personnel for Incident Management
 - Emergency Management Teams

The implications of a COVID-19 vaccine roll-out also need to be considered for commencement

22. Commencement of two-way quarantine-free travel in May/June could, however, coincide with potential COVID-19 vaccine roll-out. This could further complicate or delay commencement.
23. The additional health workforce that is due to arrive in-country may be fully utilised in the vaccine roll-out around the same time. This is dependent on further work between New Zealand and the Cook Islands on providing access to New Zealand's vaccine portfolio. No timeframes for this have been set as Cabinet will further consider the approach on 8 March 2021. However, it is likely that if Cabinet agrees to provide support to Polynesian countries in timeframes that are broadly aligned to our domestic roll-out, mid-year could be a busy time for the health system. This is not to say that commencement

- may not be feasible, but the Cook Islands health system would still have limited capacity to respond to a case or outbreak.
24. Full eligible population coverage of a COVID-19 vaccine could provide some opportunity to consider safe two-way quarantine-free travel. However, there is much we still do not know about the vaccines and decisions will depend on which vaccines the Cook Islands chose to use, when they reach full eligible population coverage and any residual risks to the health system.

Niue

25. Officials are working towards commencement of one-way quarantine-free travel from Niue to New Zealand. Any decisions made in terms of significant New Zealand support to enable two-way quarantine-free travel with the Cook Islands will need to be replicated for Niue, where the health system has even less capacity.

Equity

26. Commencement of two-way quarantine-free travel between the Cook Islands and New Zealand would provide significant economic and social benefits. Before the closure of borders due to COVID-19, tourism was a significant contributor to the Cook Islands economy, with the vast majority of tourists coming from New Zealand. There are deep family and social links that have been strained by border closures.
27. However, given the vulnerabilities of the health system and Cook Islands population, New Zealand also has a responsibility to ensure utmost care is taken to prevent the transmission of COVID-19 to the Cook Islands.

Next steps

28. The Ministry will report back to you my advice on Cook Islands health system readiness for two-way quarantine-free travel in March 2021 and options and implications for New Zealand health capacity for supporting the Cook Islands in the event of commencement of two-way quarantine-free travel and an outbreak of COVID-19.

ENDS.

Annex 1: Cook Islands two-way quarantine-free travel – key areas of assessment

#	Key area for assessment	Status & Insights as at 17 February 2021
1	Completion and operationalisation of key public health planning documents	<p>Status: Overall, documents not complete, timeframe TBC</p> <p>s 9(2)(g)(i)</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p>
a)	Surveillance/testing strategy	<p>Status: To be completed. TMO have developed an initial plan that the team received a week into the visit and are now currently providing input.</p> <p>s 9(2)(g)(i)</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p>
b)	Isolation and Quarantine plans ¹	<p>Status: To be completed. TMO have incorporated aspects of quarantine and isolation into several plans but not clearly documented in the context of QFT and potential response to an outbreak under QFT settings. Of note, TMO have redeveloped a ward at the hospital into an isolation ward with ten negative pressure room beds.</p> <p>s 9(2)(g)(i)</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p>
c)	Case and contact management	<p>Status: To be completed. TMO have developed protocols for case and contact management, but not clearly documented in the context of QFT.</p> <p>s 9(2)(g)(i)</p> <p>[REDACTED]</p> <p>[REDACTED]</p>

¹ Please note: Quarantine and Isolation are used here in terms of their accurate public health definitions. In general, quarantine is used for contacts or individuals that may pose a risk of transmission and isolation is used for cases.

Annex 2**Initial thinking on steps and support required**

#	Timeframe	Step	Dependencies
1	End of March/Early April	<ul style="list-style-type: none">• Public health specialist in country• Additional doctors and nurses in country	This recruitment is managed by the Cook Islands. Many of the doctors and nurses will need to travel from other parts of the Pacific via New Zealand and will therefore be subject to potential MIQ waitlists.
2	End of March/Early April	PCR lab fully equipped and staff trained	The trainers from New Zealand will provide an assessment at the end of March as to whether the lab can undertake maximum testing capacity as outlined in the surveillance/testing strategy (to be developed)
3	End of March/Early April	Key public health planning documents completed	<p>This is dependent on the Ministry being able to identify a suitable public health expert who can go to the Cook Islands to support this work for a period of around 6 weeks. Remote support from a wider range of experts in New Zealand would also be required.</p> <p>The other option is to wait until the public health specialist the Cook Islands is recruiting for is in place.</p> <p>This work is also contingent on TMO having sufficient programme management capacity. This could come from elsewhere in the Cook Islands system or would need to be provided by New Zealand.</p>
4	April	Operationalisation of public health planning documents	Once all planning is completed, there needs to be training for health system staff and other government agencies to ensure there is shared understanding of what the documents say, including roles/responsibilities. This would include table top exercises, etc.
5	May/June	Potential commencement	If all of the above have been completed. A further readiness assessment visit may be required.