

Briefing

Creating a risk responsive border: concept for country risk assessment

Date due to MO: 12 June 2021

Action required by: 14 June 2021

Security level: IN CONFIDENCE

Health Report number: 20211364

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)
Maree Roberts	Deputy Director-General, System Strategy and Policy	s 9(2)(a)

Minister's office to complete:

☐ Approved

☒ Decline

☐ Noted

☐ Needs change

☐ Seen

☐ Overtaken by events

☐ See Minister's Notes

☐ Withdrawn

Comment:

Creating a risk responsive border: concept for country risk assessment

Security level: IN CONFIDENCE **Date:** 12 June 2021

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

Purpose of report

1. This report provides you with a potential concept for assessing country risk, and attaches talking points for your standing oral item on the COVID-19 response to Cabinet on 14 June 2021.

Summary

2. Our border controls have provided one of our primary defences to restrict entry of COVID-19 into New Zealand. The 'Keep it Out' pillar has been at the core of our Elimination Strategy. This has continued to be an effective approach as the virus has evolved and we've responded quickly to situations which represent a higher risk to New Zealand.
3. As we begin to re-open our borders to some countries and reconnect with the world as part of the *Reconnecting New Zealand* framework, we need to create border settings that are responsive and adaptive. We will need to assess a broader picture of risk (including an assessment at the traveller level and transit route) so we can apply a range of tiered and proportionate response options, however the severity of the situation in a country will continue to be a key part of our considerations.
4. It is becoming increasingly clear that situations of concern in other countries will become a longer-term feature of our COVID-19 response, as flare ups and outbreaks are likely to happen in different countries over time as different variants emerge and countries deal with complex vaccination rollouts at different speeds. As a result, we are going to see situations and risk levels changing in different countries at different times, and a more sustainable and responsive approach is required to enable us to manage the risk of travellers arriving from higher risk countries.
5. Currently, we only use country risk assessment to consider which countries may be very high risk and which may be low risk (for future QFT consideration). This approach has enabled us to respond rapidly as global situations have needed, but a more nuanced approach is now required to enable a sustainable and responsive public health approach to in-bound travellers.
6. Over time, our country risk assessment model will give us a more nuanced understanding of the risk of each country to New Zealand, and we anticipate it will enable us to differentiate between very high, high, medium and low risk countries to

enable us to layer over other elements of traveller risk to create a bespoke approach. Shifting away from fixed thresholds will allow for a more tailored response to the level of risk posed.

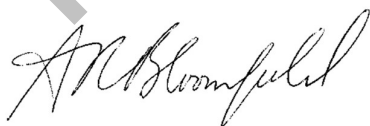
7. The assessment process for this proposed approach builds on and further iterates our current processes. If a country has been identified through the Ministry's regular international surveillance as presenting a potentially higher risk (using professional judgment and considering the relevant public health factors), the Director of Public Health would then undertake a detailed assessment of the country considering the level and nature of public health risk posed, make a determination on balance of the overall public health considerations what different risk mitigation measures may be applied in response to that risk, and make a recommendation to the Director-General of Health. An example public health risk assessment template is attached as **Appendix Three**.
8. As part of the more detailed risk assessment of a country, there are a range of options that we could use to manage the public health risk. The options create a 'toolbox' of tiered response options which can be used proportionate to the level of public health risk, with a 'traffic light' approach for how different levels of measures could be applied to manage risk.
9. If you agree with the general approach to country risk assessment, the Ministry will test this approach with Crown Law, MFAT and border agencies to understand the BORA implications and the operational complexities.
10. Once we have consulted with relevant agencies the Ministry will take further steps to test the approach, including trialling an initial assessment of the current countries considered 'very high risk' and any other countries indicated by our surveillance, and working closely with Crown Law, MFAT and the border agencies to understand the geo-political and implementation considerations of the recommendations.
11. Following testing of the approach and initial risk assessment testing, we will report back on the operationalisation implications for the Ministry and other agencies and the timeframes that would be required to implement this approach to inform your final decision.
12. We have attached the following items to this report to support the discussion at Cabinet on Monday 14 June 2021:
 - a. talking points (**Appendix One**);
 - b. creating a risk responsive border: concept A3 (**Appendix Two**);
 - c. example public health country risk assessment template (**Appendix Three**).

Recommendations

We recommend you:

- a) **Note** as we begin to re-open our borders to some countries and reconnect with the world as part of the *Reconnecting New Zealand* framework, we will need to assess a broader picture of traveller risk so we can apply a range of tiered and proportionate response options. **Noted**

- b) **Note** that situations of concern in other countries will likely be a longer-term feature of our COVID-19 response, and therefore the severity of the situation in a country will continue to be a key part of our border risk assessment. **Noted**
- c) **Note** that currently we only use country risk assessment to consider which countries may be very high risk or low risk but a more nuanced approach is now required. **Noted**
- d) **Agree** to a new approach to country risk assessment approach that provides for the Director of Public Health to consider the severity and specific nature of the risk in a country and recommend to the Director-General tailored response options to manage the resulting risk posed to New Zealand citizens. **Yes/No**
But final decisions need to be taken by Cabinet or Minister(s) with Power to Act
- e) **Note** that the proposed risk assessment approach creates a 'toolbox' of tiered response options which can be used proportionate to the level of public health risk, with a 'traffic light' approach for how different levels of measures could be applied to manage risk. **Noted**
- f) **Note** that if the approach is agreed the Ministry will test the approach with Crown Law, MFAT and border agencies to understand the BORA implications and the operational complexities. **Noted**
- g) **Note** that once we have consulted with other agencies, the Ministry will take further steps to test the approach, including trialling an initial risk assessment of the current countries considered 'very high risk' and any other countries indicated by our surveillance, testing the specific implementation considerations with agencies. **Noted**
- h) **Note** the Ministry will work with agency partners to plan a communication approach. **Noted**
- i) **Note** the Ministry will report back on the operationalisation implications following testing of the approach and initial risk assessment testing, and the timeframes that would be required to implement this approach to inform your final decision. **Noted**
- j) **Note** the Ministry has discussed the proposed approach with DPMC but we have not shared this briefing with them for consultation **Noted**
- k) **Note** the attached talking points and supporting information for your standing oral item on the COVID-19 response to Cabinet on 14 June 2021. **Noted**



Dr Ashley Bloomfield
Director-General of Health
Date: 12 June 2021



Hon Chris Hipkins
Minister for COVID-19 Response
Date: 18 June 2021

Creating a risk responsive border: concept for country risk assessment

Background

13. Our border controls have provided one of our primary defences to restrict entry of COVID-19 into New Zealand. The 'Keep it Out' pillar has been at the core of our Elimination Strategy. This has continued to be an effective approach as the virus has evolved and we've responded quickly to situations which represent a higher risk to New Zealand.
14. As we begin to re-open our borders to some countries and reconnect with the world as part of the *Reconnecting New Zealand* framework we need to create border settings that are responsive and adaptive, and allow us to tighten and loosen requirements based on the situation. As we consider how we move through the phases of the *Reconnecting New Zealand* framework we need to assess a broader picture of risk based on a number of public health considerations so we can apply a range of tiered response options which can be used proportionate to the level of public health risk.
15. The severity of the situation in a country and the risk therefore posed to New Zealand citizens will continue to be a key part of our considerations. As we expect to see situations of concern occur throughout the world in the longer-term, a more sustainable and responsive approach is required to enable us to manage the risk of travellers arriving from higher risk countries.
16. Shifting to a more responsive border will require a more nuanced approach to assessing country risk. Rather than setting fixed thresholds or criteria that must be met for risk mitigation measures to be imposed, we can assess a broader picture of country risk based on a number of public health considerations.
17. The Ministry has been refining its approach to assessing country risk as more information has become available. We have a better understanding of the different types of risk through our regular surveillance, and it has become increasingly clear that situations of concern in other countries will become a longer-term feature of our COVID-19 response.

The need to respond to higher risk situations as we reconnect with the world

18. We are seeing third waves of COVID-19 in some countries and re-emergence of the virus in jurisdictions like Singapore and Vietnam which had previously been largely able to contain the spread of the disease. This highlights the need for a gradual approach to reopening our border, and a more bespoke range of measures to respond to situations which present a higher risk to New Zealand when they arise.
19. At the moment we have one broad category of 'very high risk' (VHR) country – with one response measure that restricts travel to New Zealand from a VHR country to New Zealand.

citizens and other specified persons.¹ This was introduced to mitigate the risk associated with a recent sharp rise in arrivals in New Zealand from VHR countries. This restriction on travel enables officials to further monitor the situation and better understand the broader public health situation which led to the initial spike in cases presenting at the New Zealand border.

20. It is becoming increasingly clear that situations of concern in other countries will become a longer-term feature of our COVID-19 response. Rather than seeing immediate spikes in cases which may subside reasonably quickly (i.e. within three to five weeks), resurging waves of the virus may appear in countries that may not subside for months, and correspondingly present a longer-term risk to New Zealand from travellers arriving from those countries.
21. The potential future reality is that flare ups and outbreaks are likely to happen in different countries over time as different variants emerge and countries deal with complex vaccination rollouts at different speeds, and against the backdrop of the economic and social fallout from the last 18 months. As a result, we are going to see situations and risk levels changing in different countries at different times.

Creating a responsive and adaptive border

22. Currently, we only use country risk assessment to consider which countries may be very high risk and which may be low risk (for future QFT consideration). This approach has enabled us to respond rapidly as global situations have needed, but as situations of concern continue for longer than anticipated a more nuanced approach is required to enable a more sustainable and responsive public health approach to travellers from those countries.
23. Moving through the re-engagement phase of our *Reconnecting New Zealanders* framework will require new tools and processes. We currently make decisions about the public health risk posed to New Zealand based on a country-level risk assessment. To take the next step requires processes and tools to enable an assessment at the traveller level (e.g. vaccination status, previous COVID-19 history), whilst recognising that incidence of COVID-19 in countries of departure and transit are likely to continue to be factors.
24. Country risk is determined by a set of factors assessing the situation in the country. This may include incidence, testing rates, predominant variant circulating, the epidemiological curve, the effectiveness of their response, the capacity and capability of their health system, and our confidence in the data we are receiving (criteria indicative only and need to be confirmed).
25. While in-country information sources provide the data needed for assessment, it should be noted that we will not have assurance processes for information from other countries.
26. Over time, this assessment model will give us a more nuanced understanding of the risk of each country to New Zealand, and we anticipate it will enable us to differentiate between very high, high, medium and low risk countries to enable us to layer over other elements of traveller risk to create the bespoke approach outlined above.

¹ Specified persons include immediate family members of NZ citizens, foreign diplomats, and those granted a humanitarian exemption.

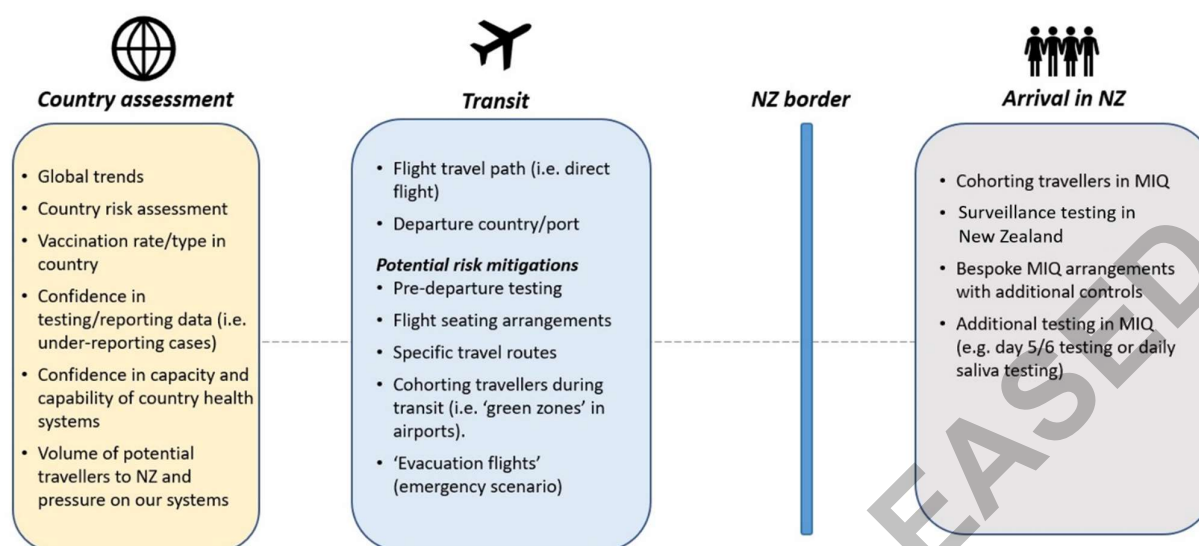
A more nuanced approach to assessing risk

27. Shifting to a more responsive border will require a more nuanced approach to assessing country risk. Rather than setting fixed thresholds or criteria that must be met for risk mitigation measures to be imposed, we can assess a broader picture of country risk based on a number of public health considerations. This could include consideration of factors in the country, during transit, and upon arrival in New Zealand, for example:
- number of tests per positive COVID-19 case (indicating insufficient testing/under reporting);
 - case fatality rate (indicating likelihood of undetected cases, or whether there is a highly fatal variant);
 - weekly new cases per million population;
 - Estimated Dissemination Ratio (EDR) – how quickly case numbers are increasing or decreasing;
 - travel route and transit ports;
 - vaccination rates (and type of vaccine) in the country (we anticipate available information on this will improve over time);
 - our confidence in the capacity and capability of the country's health system to effectively manage a new spike in cases or a larger outbreak;
 - our confidence in the pre-departure testing measures in the country;
 - the potential volume of travellers that may arrive in New Zealand from the country;
 - the country's strategies for managing outbreaks.
28. Shifting away from fixed thresholds will allow for a more tailored response to the level of risk posed. The level of public health risk, and nature of the risk (i.e. during transit or pre-departure) is likely to vary from country to country, and it may not be useful or practical to group countries together in fixed categories.

How an assessment would be made

29. The Ministry undertakes a weekly international surveillance update to assess the public health situation globally. If a country has been identified as presenting a potentially higher risk through this surveillance (using professional judgment and considering the public health factors above), the Director of Public Health would then undertake a detailed assessment of the country and make a recommendation to the Director-General of Health. An example public health risk assessment template is attached as **Appendix Three**. We would then look to other inputs such as information from MFAT, and then a recommendation would be made.
30. The aim is to provide a holistic assessment of the level of public health risk posed and any other implications, the nature of that risk (i.e. pre-departure or during transit), and what different risk mitigation measures may be applied in response to that risk. An assessment would be made on balance of the overall public health considerations.
31. A potential system view for how we could assess country risk and how to apply risk mitigations measures is outlined in Diagram One below.

Diagram One: potential system view of public health considerations

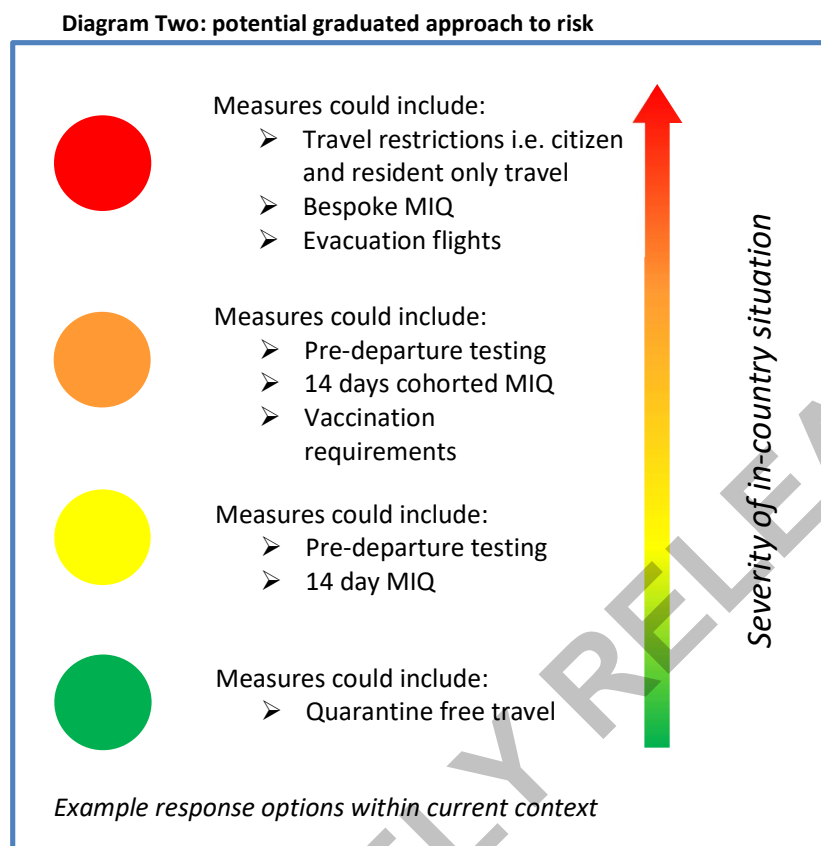


What risk mitigation measures may be appropriate

32. As part of the more detailed risk assessment of a country, there are a range of options that we could use to manage the public health risk to New Zealand citizens - both the citizens currently in New Zealand and those in other countries. The options available create a 'toolbox' or layering of measures to mitigate and manage risk. Possible risk mitigation measures include:

- **'Do not travel' warnings** - to minimise the risk of New Zealanders going to the country;
- **Pre-travel requirements** – such as requiring pre-departure tests of particular types from specified laboratories, or specific vaccination requirements for travel (for future consideration);
- **Travel requirements** – such as requiring travel on specific routes or specific flights/approved airlines, or seating arrangements on flights (similar to what is currently used with sports teams);
- **Flow tools** - immigration and air border options to control who can come from the country (i.e. only allowing New Zealand citizens/permanent residents and dependents);
- **Border/arrival requirements** – such as cohorting arrivals into specific facilities with additional controls;
- **Evacuation flights** - where the situation in a country reaches the state of being a 'health emergency' and the public health risk to New Zealanders in that country is high.

33. This could create a toolbox of tiered response options which can be used proportionate to the level of public health risk, with a 'traffic light' approach for how different levels of measures could be applied (illustrated by Diagram Two below):



Operationalisation

Testing the approach with agencies

34. This approach has not been tested yet outside of the Ministry of Health so to ensure this approach can be operationalised the Ministry will discuss these proposals with relevant agencies including Crown Law, MFAT and border agencies.
35. It is important that the BORA implications of any this approach are fully understood, and that the rights of New Zealand citizens both in New Zealand and overseas are considered in how any recommendations are operationalised. We will work closely with Crown Law to both understand how this approach interacts with BORA at a conceptual level, and how any recommendations as a result of the risk assessment interact with BORA at a specific level.
36. MFAT have highlighted to us the that New Zealand has strong foreign policy, economic and development interests in ensuring that any system to differentiate foreign jurisdictions by risk level includes a clear methodology for understanding how jurisdictions are added, and might be removed from, any list and a process for advance warning ahead of public announcements. We will work closely with MFAT to ensure that the process for operationalising recommendations takes account of these considerations.
37. This approach will likely produce sets of measures to mitigate risk which, while more specifically tailored to the public health risk presented by each country, will be more varied

and therefore more complex to operationalise both in terms of our legislative framework and for border agencies on the ground. The Ministry will test this approach with Crown Law and PCO to understand how it can be accommodated within the legislative framework. We will also test the approach with border agencies and consider how to support them to operationalise the requirements in a manageable way.

38. The Ministry will also work with agency partners to understand the operational impacts and how shifting to this approach would be implemented by stakeholders, including working with airlines and the border sector to understand how they would need to adjust their practices.

Initial country risk assessment testing

39. Once we have tested the feasibility of this approach with agencies the Ministry will take further steps to test the approach, including trialling an initial risk assessment of countries where our international surveillance data gives cause for concern, this will include but not be limited to the current VHR countries (India, Pakistan, Brazil and Papua New Guinea).
40. As the proposed approach provides for a more nuanced response it is possible that the public health recommendation may include a broader range of restrictions applied to more or different countries than currently considered 'very high risk'.
41. Once the assessment is complete the Ministry will work closely with Crown Law, MFAT and the border agencies to understand the geo-political and implementation considerations for the specific recommendations that result from the assessment.

Communications

42. The Ministry will work with agency partners to plan how any changes to the framework could be communicated to the public, potentially using a 'traffic light' framework to clearly illustrate the different tiers of risk mitigation settings that may be applied.
43. The timeframes and planning will need to provide sufficient lead-in time for the Ministry of Foreign Affairs and Trade to notify the governments of any directly affected countries.

Resourcing requirements

44. This approach is more nuanced and complex, and therefore has significant operational and resourcing implications both for the Ministry of Health, border agencies and the wider border sector.
45. The approach introduces additional requirements for more detailed, regular monitoring and assessment of the situation in countries across the world requiring a greater commitment of technical, epidemiological and public health resources than currently available.
46. The assessments will also potentially produce more tailored sets of measures which may require bespoke implementation arrangements for travellers from different countries. The resourcing implications of these are not yet clear.

Report back for final decision-making

47. We will report back on the operationalisation implications for the Ministry and other agencies following testing of the approach, initial risk assessment testing, resourcing implications and the timeframes that would be required to implement this approach to inform your final decision.

Equity

48. As this approach will create restrictions which are more specifically tailored to the severity and nature of the public health risk presented by different countries, these will be more proportionate and provide a more balanced and equitable approach.
49. We do not consider there are any long-term equity concerns given that any risk mitigation measures imposed on travellers are only intended to be temporary.

Next steps

50. If this approach is agreed, the Ministry will test the approach with Crown Law, MFAT, PCO and border agencies and report back on how it may be operationalised, including developing the legal framework for transition from our existing border settings.
51. The Ministry will take further steps to test the approach, including trialling an initial assessment of the current countries considered 'very high risk' and any other countries indicated by our surveillance.
52. We will also work with partners to develop a communications approach.

ENDS.

Appendix One: Talking points

Creating a risk responsive border

- Our border controls have provided one of our primary defences to restrict entry of COVID-19 into New Zealand. This has continued to be an effective approach as the virus has evolved and we've responded quickly to situations which represent a higher risk to New Zealand.
- As we begin to re-open our borders to some countries and reconnect with the world, we need to create border settings that are responsive and adaptive, and allow us to tighten and loosen requirements based on the situation.
- We are seeing third waves in some countries and re-emergence of the virus in jurisdictions like Singapore and Vietnam. This highlights the need for a gradual approach to reopening, and a more bespoke range of measures to respond to situations which present a higher risk to New Zealand.
- Currently, we use country risk assessment to consider which countries may be very high risk (VRH) and which may be low risk (for future QFT consideration). This approach has enabled us to respond rapidly as global situations have needed.
- As situations of concern are expected to continue throughout the world in the longer-term, a more sustainable approach is required to enable a responsive public health approach to mitigate the risk of travellers arriving from higher risk countries.

Shifting to a more responsive border as we reconnect with the world

- We currently make decisions based on a country-level risk assessment and cases already presenting at our border. For our response – we have one broad category of VHR, with one response measure to restrict the number of arrivals to New Zealand from a VHR country.
- The level of public health risk, and nature of the risk (i.e. during transit or pre-departure) is likely to vary from country to country.
- To take the next step, we need new processes and tools that can assess a broader picture of risk based on a number of public health considerations. This could include consideration of factors in the country, during transit, upon arrival in New Zealand, and also our confidence in the data we are receiving from that country.
- Under this approach, we can apply a range of tiered response options which can be used proportionate to the level of public health risk. This could include requiring travel via specific routes or on approved airlines.
- This is key to enabling New Zealand to reconnect with the world and will ensure we continue to protect our people, while enabling us to reopen as public health conditions allow.

Next steps

- The Ministry of Health would need to work closely with partner agencies, including Crown Law, to work through a transition plan and how we would move to this approach from our existing VHR country settings.
- This would involve working through a number of operational issues to ensure our border settings can implement any measures we want to use, and working with airlines to ensure they can adjust their practices as required.
- We would also need to work through how any changes to the framework would be communicated to the public, potentially using a 'traffic light' framework to clearly illustrate the different tiers of risk mitigation settings that may be applied. The Ministry of Foreign Affairs and Trade would also need to notify the governments of any directly affected countries.

Creating a risk responsive border: concept for country risk assessment

DRAFT

Responsive border settings as we reconnect with the world

As we begin to re-open our borders to some countries and reconnect with the world, we need to create **border settings that are responsive and adaptive**, and allow us to tighten and loosen requirements based on the situation. As we expect to see situations of concern occur throughout the world in the longer-term, a more sustainable and responsive approach is required to mitigate the risk of travellers arriving from higher risk countries.

Moving through the re-engagement phase of our *Reconnecting New Zealanders framework* will require new tools and processes. We currently make decisions based on a country-level risk assessment. To take the next step, **we need to assess a broader picture of risk based on a number of public health considerations**, so we can apply a **range of tiered response options** which can be used proportionate to the level of public health risk.

A more holistic approach to assessing risk

Shifting to a **more responsive border** will also require a more nuanced approach to how we assess country risk.

Rather than setting fixed thresholds that must be met for any risk mitigation measures to be imposed, **we can assess a broader picture of country risk** based on a number of public health considerations.

This could include consideration of factors in the country, during transit, and upon arrival in New Zealand.



Factors included in the country risk assessment

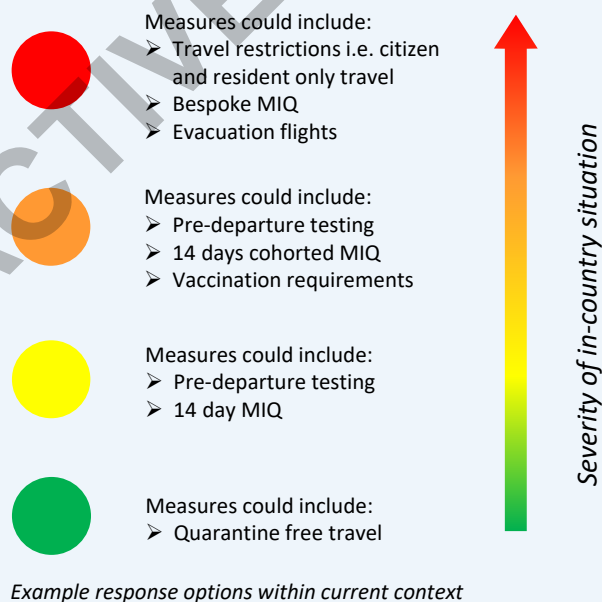
- Number of tests per positive COVID-19 case (indicating insufficient testing/under reporting)
- Case fatality rate (indicating likelihood of undetected cases)
- Weekly new cases per million population
- Estimated Dissemination Ratio (EDR) – ‘how quickly case numbers are increasing or decreasing’
- Travel route and transit ports
- Vaccination rates (and type of vaccine) in the country (we anticipate this information will improve over time)
- Our confidence in the capacity and capability of the country's health system to effectively manage a new spike in cases or a larger outbreak
- Our confidence in that data we are receiving from the country
- Our confidence in the pre-departure testing measures in the country
- Potential volume of travellers that may arrive from the country
- The country's strategies for managing outbreaks

Graduated risk mitigation options

There are a range of options that we may use to manage the public health risk to New Zealand citizens from the situation.

This could create a toolbox of **tiered response options** which can be used proportionate to the severity of the situation in the country, and tailored to the nature of the risk posed to New Zealand citizens.

A ‘**traffic light**’ approach could be used to illustrate how different levels of measures may be applied, as below with example response options placed against severity of in-country situation (note, example risk options relate to our current context and will likely change with vaccination).



Tailored responses

An example of how we may undertake a country risk assessment through this approach is outlined below. This will ensure we can **tailor our response to the level of risk posed**.

- 1 Weekly surveillance of global public health situation**
 - The Ministry's main tool for identifying the public health situation in countries, which can be compared against previous weeks' data to identify trends of concern
 - Can identify countries of concern for further public health risk assessment
- 2 Further individual country assessment by Director of Public Health**
 - Individual country risk assessment, considering a range of public health criteria (far left column)
 - Holistic assessment of the level of risk posed, the nature of that risk, and what risk mitigation measures may be applied in response
 - Example risk assessment template: **Appendix Three**
- 3 Recommendation made to Minister for COVID-19 Response**
 - Public Health risk assessment above provided to Minister with recommended action
 - Would include different options for Minister to decide which risk mitigation measures to impose (with a public health recommended option)
- 4 Implementation of Minister decision**
 - Make any required operational or legal changes (such as Air Border Order settings)
 - Review country risk assessment again (step 2) in **two weeks** if measures are imposed to ensure they are still justified or fit for purpose

Risk responsive border: public health assessment template

This assessment template should be completed for countries which have been identified as presenting a potentially higher risk to New Zealand through the Ministry's weekly international surveillance update.

1. Public health risk assessment (to determine whether risk mitigation measures are required)

Country: [INSERT]

Date of completion: [INSERT]

[The following questions would be informed by discussions with Office of the Director of Public Health, Chief Clinical Advisors COVID-19 response, Dr Caroline McElnay (DPH) and Dr Ian Town (Chief Science Advisor)].

The questions below assess the potential risk of travellers arriving to New Zealand from a country identified as potentially presenting a higher risk. The aim is to provide a holistic assessment of the level of risk posed, the nature of that risk (i.e. pre-departure or during transit), and what different risk mitigation measures may be applied in response to that risk. **An assessment would be made on balance of the overall public health considerations.**

Potential traveller risk to New Zealand			
	Question/public health consideration	Further information	Public health assessment
1.	Are there increasing case numbers in the country? How quickly?		
2.	Do we have confidence in the testing data from that country?		
3.	Do we have confidence in the capacity and capability of the health system in the country?		
4.	Is the country experiencing any variants of concern?		
5.	Do we have confidence in the pre-departure testing measures in the country?		
6.	Is there a particular flight path or transit hub that may present a higher risk?	Yes/No [provide details, e.g. only via Qatar].	[i.e. would this mitigate the risk].
7.	Vaccination rate/coverage in the country (and type of vaccine)		
8.	Does the volume of potential travellers from the country present an additional risk?		
9.	Any other factors of concern?	[i.e. has there been a significant/recent change, emergence of new hotspot]	
10.	If already subject to public health measures: what has changed in the 14 days since the previous assessment?		[i.e. has the level of risk reduced?].

Appendix Three: Example public health risk assessment

2. Are risk mitigation measures needed for travellers arriving from the country?

Based on the public health considerations on page 1, are additional measures required to reduce the risk to the New Zealand community?

- **Public health response:** [YES/NO, with brief explanation of reason (e.g. there is an emerging risk we want to impose measures while we monitor further)].
- **If yes, what additional measures are proposed (complete table below)?**

Proposed risk mitigation measure(s)	Rationale
[E.g. Travellers from [country] must transit via Singapore as this is considered a safe travel route].	[E.g. primary risk to New Zealand is by travellers arriving via Qatar. Requiring transit via Singapore would reduce the risk to New Zealand].
[Insert proposed measure]	[Insert rationale]
[Insert proposed measure]	[Insert rationale]

3. Other considerations (for noting)

Crown Law / NZBORA considerations in proportion to level of public health risk

[The following questions are likely to be explored in relation to the proposed risk assessment and any risk mitigation measures that are agreed]

- If risk mitigation measures are imposed, this assessment will be completed again in two weeks to determine whether any public health measures are still justified.
- Does the level of public health risk justify the risk mitigation measures proposed?

Equity / Treaty considerations

- Do the proposed measures impact disproportionately on certain groups (equity) and if so, is that reasonable?
- Are the proposed measures consistent with the Crown's obligations to Māori under the Treaty of Waitangi?

4. Public Health Advice Recommendation from Director of Public Health:

Overall recommendation

- Based on current available information, public health risk from travellers arriving from [COUNTRY] is considered to be [INSERT] at present.
- Note that this recommendation may change as further information become available.
- Given the above assessment, the Director of Public Health recommends [INSERT RECOMMENDED MEASURES/NO ACTION].

Appendix Three: Example public health risk assessment

[DATE]
Director of Public Health

Director-General of Health Agreement

- The advice above is also agreed by the Director-General of Health
- Any additional comments from Director-General:

[DATE]
Director-General of Health

PROACTIVELY RELEASED