

Briefing

Country risk assessments: 'very high risk' countries and jurisdictions, July 2021

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Security level:	IN CONFIDENCE	Health Report number:	20211552
To:	Reconnecting New Zealanders Ministerial Group		

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:

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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 Withdrawn | |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:

PROACTIVELY RELEASED

Country risk assessments: 'very high risk' countries and jurisdictions, July 2021

Security level: IN CONFIDENCE **Date:** 8 July 2021

To: *Reconnecting New Zealanders* Ministerial Group

Purpose of report

1. This report provides the Director-General's assessment and recommendation on the risk posed to New Zealand of travellers from Brazil, India, Pakistan, and Papua New Guinea, which are currently classified as 'very high risk' countries.
2. This advice is informed by the country risk assessment framework agreed by Cabinet on Monday 5 July [SWC-21-MIN-0101/CAB-21-MIN-0257].
3. This report discloses all relevant information and implications.

Summary

4. In April 2021, the Government created a new category of 'very high risk' (VHR) countries to manage the risk of high numbers of positive COVID-19 cases arriving in New Zealand. The risk assessment resulted in Brazil, India, Pakistan and Papua New Guinea being classified as VHR, and travellers from those countries have been subject to travel restrictions since.
5. Cabinet agreed to a new framework for assessing country risk on Monday 5 July [SWC-21-MIN-0101/CAB-21-MIN-0257]. Initially this framework will be applied to assess the risk posed by travellers arriving in New Zealand from VHR countries. Over time it will be integrated into the *Reconnecting New Zealanders* approach.
6. The risk assessment framework creates a structured risk assessment and decision-making framework to enable Government to make evidence-based, consistent and transparent decisions about how to categorise the risk presented by different countries and jurisdictions. A detailed assessment is carried out by public health professionals assessing the COVID-19 situation within a country or jurisdiction. The assessment is made on the balance of the overall public health considerations and using professional judgment, similar to the current process for considering Alert Level changes.
7. The risk assessment process is multi-stepped to enable the most useful advice to be provided to decision-makers at each stage. This Health Report provides the public health risk assessments of the in-country situation for the countries and jurisdictions currently considered 'very high risk'. Further stages of the process require input from across Government to provide advice on appropriate mitigation measures should a country or jurisdiction change risk categories.
8. Currently four countries are classified as VHR; Brazil, India, Pakistan, and Papua New Guinea. Travel from these countries is currently restricted to New Zealand citizens and

dependents only. Travellers are also required to have a negative pre-departure test from a government-approved laboratory, in addition to the standard MIQ requirements.

9. s 6(a) [Redacted]

10. s 6(a) [Redacted]

11. s 6(a) [Redacted]

12. **Taking account of the public health assessments, my advice is we continue to treat Brazil, Pakistan and India as VHR while Government considers how to manage the risk that changes in travel flows as a result of changed risk ratings may present to New Zealand.**

13. s 6(a) [Redacted]

14. **Based on the public health risk assessment, my advice is that Papua New Guinea continue to be treated as VHR.**

15. Once a decision on risk-category has been made, the next step is to determine what measures are appropriate to manage the risk for the countries in a category. This decision is based on recommendations from the relevant agencies.

16. I recommend that advice is sought from operational border agencies, coordinated by the DPMC COVID-19 Policy Group, with input from the Director of Public Health, as to what the potential changes to arrivals numbers are likely to be, what risk those changes pose, and what risk mitigation measures would be prudent to address these before risk ratings are changed from VHR to high risk for Brazil, Pakistan and India.

17. Further advice on potential risks, mitigations measures and the feasibility of risk mitigation options can be provided by the Ministry of Health and operational agencies via the DPMC COVID-19 Policy Group as part of their leadership of the *Reconnecting New Zealanders* strategy.

18. When a final decision has been made the Ministry of Health will make any necessary amendments to the COVID-19 Public Health Response (Air Border) Order.

Recommendations

We recommend you:

- a) **Note** that Cabinet agreed to a new approach to country risk assessment on Monday 5 July [SWC-21-MIN-0101/CAB-21-MIN-0257] that includes a broad range of public health considerations and creates a structured risk assessment and decision-making framework Yes/No
- b) **Note** that this Health Report provides the public health risk assessments of the in-country situation for the countries currently considered 'very high risk' Yes/No
- c) **Note** that the countries currently classified as 'very high risk' are Brazil, India, Pakistan, and Papua New Guinea Yes/No
- d) **Note** that travel from 'very high risk' countries is currently restricted to New Zealand citizens and dependents only, and travellers are required to have a negative pre-departure test from a government-approved laboratory, in addition to the standard MIQ requirements on arrival in New Zealand Yes/No
- e) **Note** that the public health assessments highlight that although the trends in data suggest situations in Brazil, India and Pakistan are improving and these countries would now be considered high risk Yes/No
- f) **Note** that changes to the risk rating of a country is likely to have an impact on the travel flows from that country, which may pose an additional risk to New Zealand, and it is prudent to consider what mitigations can be put in place to manage that risk before ratings are changed Yes/No
- g) **Note** my recommendation that Brazil, India and Pakistan continue to be treated as VHR while Government considers how to manage the risk that changes in travel flows as a result of changed risk ratings may present to New Zealand Yes/No
- h) **Note** that we have limited reliable information about the situation in Papua New Guinea, and although our best estimate is that the in-country situation is now high risk due to the lack of certainty we should continue to treat Papua New Guinea as VHR for now Yes/No
- i) **Note** my recommendation that Papua New Guinea continues to be treated as VHR Yes/No
- j) **Agree** that Brazil, India and Pakistan continue to be treated as VHR while Government considers how to manage the risk that changes in travel flows as a result of changed risk ratings may present to New Zealand Yes/No
- k) **Agree** that Papua New Guinea continues to be treated as VHR for now Yes/No
- l) **Agree** to seek further advice from relevant agencies, coordinated by the DPMC COVID-19 Policy Group, on what the potential changes to arrivals numbers are likely to be, what risk those changes pose, what risk mitigation measures would be prudent to address these risks, the operational feasibility and required timeframes to implement any changes Yes/No

- m) **Note** that once appropriate risk mitigation measures have been agreed the **Yes/No** Ministry of Health will report back on timeframes for any necessary amendments to the COVID-19 Public Health Response (Air Border) Order



Dr Ashley Bloomfield
Te Tumu Whakarae mō te Hauora
Director-General of Health
Date: 8/7/21

Rt Hon Jacinda Ardern
Prime Minister
Date:



Hon Grant Robertson
Minister of Finance
Date:

Hon Chris Hipkins
Minister for COVID-19 Response
Date: 9/7/2021

Hon Nanaia Mahuta
Minister of Foreign Affairs
Date:

Hon Kris Faafoi
Minister of Immigration
Date:

Hon Michael Wood
Minister of Transport
Date:

Hon Peeni Henare
Associate Minister of Health (Māori Health)
Date:

Hon Dr Ayesha Verrall
Associate Minister of Health
Date:

Hon Aupito William Sio
Associate Minister of Health (Pacific Peoples)
Date:

Hon Meka Whaitiri
Minister of Customs
Date:

Country risk assessments: 'very high risk' countries and jurisdictions, July 2021

Background

19. In April 2021, the Government created a new category of 'very high risk' (VHR) countries to manage the risk of high numbers of positive COVID-19 cases arriving in New Zealand. This was in the context of a review of the initial suspension of travel from India.
20. The risk assessment resulted in Brazil, India, Pakistan and Papua New Guinea being classified as VHR, and travellers from those countries have been subject to travel restrictions since April 2021. The current air border settings do not include an expiry date and will remain the status quo until further decisions are made.
21. Cabinet agreed to a new framework for assessing country risk on Monday 5 July [SWC-21-MIN-0101/CAB-21-MIN-0257]. This framework will be used to undertake regular monthly assessments of countries of interest with the outcome of assessments reported to the *Reconnecting New Zealanders* Ministerial Group.
22. Initially this framework will be applied to assess the risk posed by travellers arriving in New Zealand from VHR countries. Over time it will be integrated into the *Reconnecting New Zealanders* approach.

Country risk assessment framework

Overview of risk assessment framework

23. The risk assessment framework, as agreed by Cabinet on 5 July [SWC-21-MIN-0101/CAB-21-MIN-0257] creates a structured risk assessment and decision-making framework to enable Government to make evidence-based, consistent and transparent decisions about how to categorise the risk presented by different countries and jurisdictions. It will give us a more nuanced understanding of the risk that travellers from each country or jurisdiction pose to New Zealand.
24. Under the framework a detailed assessment is carried out by public health professionals assessing the COVID-19 situation within a country or jurisdiction. This takes account of a broad range of factors including case rates, testing rates and positivity, the predominant variant circulating, the epidemic curve, the effectiveness of their response, the capacity and capability of their health system, and our confidence in the data we are receiving. The assessment is made on the balance of the overall public health considerations and using professional judgment, similar to the current process for considering Alert Level changes

Criteria and process used to assess public health status

25. The criteria used in the public health assessment includes consideration of a range factors in the country of interest, during transit, and upon arrival in New Zealand:
 - a. the potential volume and flow of travellers that may arrive in New Zealand from the country or jurisdiction;

- b. where there has been a high proportion of cases of COVID-19 per 1000 arrivals, for designating a country into a higher risk category (not designating a reduction of risk rating);
- c. number of tests per positive COVID-19 case (indicating insufficient testing/under reporting);
- d. case fatality rate (indicating likelihood of undetected cases, or whether there is a highly fatal variant);
- e. the prevalence of variants of concern circulating in the country;
- f. weekly new cases per million population;
- g. Estimated Dissemination Ratio (EDR) – how quickly case numbers are increasing or decreasing;
- h. vaccination rates (and type of vaccine) in the country (we anticipate available information on this will improve over time);
- i. 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;
- j. our confidence in the pre-departure testing measures in the country or jurisdiction;
- k. the country's strategies for managing outbreaks (including effectiveness in dealing with any previous outbreaks).

Process for reporting and decision making

26. The risk assessment process is multi-stepped to enable the most useful advice to be provided to decision-makers at each stage. The assessments are attached in Appendix A.

Step in process	Description
1. Surveillance	The Ministry of Health's weekly surveillance would assess, at a high level, the public health considerations outlined above. This serves as a triage process for countries and jurisdictions that may warrant a more detailed public health assessment (as this cannot be undertaken for all countries and jurisdictions).
2. Assessment	If a country or jurisdiction has been identified as presenting a potentially VHR through the Ministry of Health's weekly surveillance, the Director of Public Health and the Director-General of Health would undertake an assessment and make a recommendation about the level and nature of public health risk posed and the appropriate category a country or jurisdiction would fit in.
3. Analysis	Following the risk assessment, a DPMC-led inter-agency process makes a recommendation to the <i>Reconnecting New Zealanders</i> Ministerial Group on appropriate risk responsive mitigation measures and what strategies could be deployed to manage or reduce that risk, for example pre-departure testing. This process will ensure that any policy and operational constraints are considered, including assessing whether a particular measure is consistent with law and existing Government policy.

4. Decision	Based on the above analysis, the <i>Reconnecting New Zealanders</i> Ministerial Group makes decisions on: <ul style="list-style-type: none"> - whether to change or maintain the risk ratings for the assessed countries or jurisdictions, and - what measures may be applied for travellers arriving in New Zealand from that country or jurisdiction.
5. Implementation	If a country has been classified as VHR, the Ministry of Health will report back to the <i>Reconnecting New Zealanders</i> Ministerial Group every 4 weeks (or more frequently if required) to ensure that any risk mitigation measures imposed are still justified or be reduced, and whether any other countries or jurisdictions of concern may be considered for assessment as VHR. The appropriate action would be taken to add or remove countries from the VHR designation in the Air Border Order or make changes to operational rules.

27. Currently this process will be used to assess and make recommendations for countries designated as VHR, and for any countries considered to be potentially VHR as a result of the Ministry's global surveillance.
28. Over time, it can be expanded to assess whether a country is very high, high, medium or low risk as part of the *Reconnecting New Zealanders* strategy, and as long as country risk remains one of the relevant considerations for reconnecting with the rest of the world.
29. This Health Report provides the advice outlined in stage 2 of the process, Ministry of Health advice on potential public health mitigation measures as outlined in stage 3, and the potential next steps to gain the rest of the advice required in stage 3.

Country and jurisdiction risk assessments at 5 July 2021

Current status and settings

30. Currently four countries are classified as VHR:
 - a. Brazil
 - b. India
 - c. Pakistan
 - d. Papua New Guinea
31. Travel from these countries is currently restricted to New Zealand citizens and dependents only. Travellers are also required to have a negative pre-departure test from a government-approved laboratory, in addition to the standard MIQ requirements on arrival in New Zealand (a 14-day MIQ stay, day 0/1, 3 and 12 testing in MIQ, room restrictions until day 0/1 test result received).

Public health assessment overview

32. The public health risk assessments, as at 5 July 2021, of the countries currently classified as VHR are:

Country/jurisdiction	Current risk rating	Recommended updated risk rating
Brazil	VHR	High Risk
Pakistan	VHR	High Risk
India	VHR	High Risk
Papua New Guinea	VHR	High Risk

33. Full assessments of each country are attached in Appendix A.
34. The public health assessment now rates all 4 countries as high risk based on the situations in each country, however, **I advise that Brazil, Pakistan and India continue to be treated as VHR while Government considers how to manage the risk that changes in travel flows as a result of changed risk ratings may present to New Zealand.** Taking a cautious approach to changing the risk rating for Brazil, India and Pakistan is prudent at this time.
35. **I advise taking a precautionary approach and continuing to treat Papua New Guinea from VHR to high risk for now** due to the lack of certainty of information.

Public health risk assessments – Brazil, Pakistan and India

36. The purpose of the VHR rating is to enable us to take the measures necessary at our border to manage the risk posed by travellers arriving from countries where the COVID-19 situation is considered very high risk.

37. s 6(a)



Case and mortality rates

38. Reported case numbers in Brazil have decreased slightly over the last 2 months from 271 per million to 238 per million. The death rate has reduced from its peak over this period.
39. Reported case numbers in Pakistan are also reducing; on 23rd April the 7-day rolling average of new daily cases per million was 26, it has now reduced to 5 cases per million. Deaths have also reduced over this period of time.
40. Reported case numbers in India have decreased significantly over the last two months. The 7-day rolling average of new cases was 84 per million in early April when travel restrictions were introduced. This rate continued to rise as India responded to the current wave of infections to peak at 283 per million in early May. The decline in new case numbers has continued for seven consecutive weeks and has been seen across all major states in India. The rate has now dropped to 33 per million. This a significant reduction which starts to bring the rate in India towards the levels we are seeing in countries of comparable size and complexity.
41. The daily deaths from COVID-19 in India has also reduced substantially from its peak of almost 4,900 in late May to less than 750 in early July.

Testing rates and testing positivity

42. Testing rates and testing positivity rates data is not reliably available for Brazil.
43. In Pakistan testing positivity levels have dropped from a peak of 10.5% in late April to 2% in early July.
44. In India it is encouraging that testing rates have increased while testing positivity has decreased. Testing positivity reached a peak of 23% during May but has dropped to 2% in early July - therefore even though more tests are being carried out, fewer are returning a positive result.

Vaccination roll-out

45. Brazil's vaccination roll out has continued to progress since March, and currently 33.8 % of the population have had 1 dose and 12.4% are fully vaccinated with a combination of Oxford/AstraZeneca, Pfizer/BioNTech, Sinovac.
46. Pakistan is continuing to roll out vaccines. Currently 4.9% of the population have received 1 dose and 1.6% are fully vaccinated with a combination of CanSino, Oxford/AstraZeneca, Sinopharm/Beijing, Sinovac, Sputnik V.
47. India has accelerated its vaccination programme as part of its response to this recent wave. Currently 19% of the population have received 1 dose, and 4% are fully vaccinated with a combination of Covaxin, Oxford/AstraZeneca, Sputnik V.

In-country public health measures

48. There is limited information available about the public health measures being employed in Brazil and Pakistan.
49. In India the surge of cases earlier in the year was, in part, a consequence of India's approach to public health measures. In particular, following Prime Minister Modi's declaration that COVID-19 was beaten, all places of public gathering were re-opened, including election rallies which drew large unmasked crowds, and a religious festival in early April that attracted between 1-3 million people on the banks of the Ganges, which is now understood to have been a super-spreader event. This situation was exacerbated by the rise of the Delta variant in the region.
50. In response to the worsening situation India instigated a significant programme of public health measures and restrictions. The testing service was rapidly expanded with testing levels reaching approximately 2 million test per day, much higher than the WHO-proposed minimum benchmark of at least 1 test per 1000 population per week. The testing levels facilitated improved isolation and quarantine measures. In response to a request from the national government, almost all Indian states established strict movement restrictions. It should be noted that timing, enforcement and duration varied, but evidence suggests mobility levels were significantly lower than normal during May and June.

Conclusions and advice

51. s 6(a)

s 6(a)

52. s 6(a)

53. **Taking account of the public health assessments, my advice is that Brazil and Pakistan continue to be treated as VHR while Government considers how to manage the risk that changes in travel flows as a result of changed risk ratings may present to New Zealand.**

54. s 6(a)

55. The previously high number of arrivals from India testing positive for COVID-19 had the potential to stress our border and health systems, and I recommend we take all measures possible to ensure this does not happen again.

56. Prior to the initial travel restrictions for travellers from India being introduced there were there were approximately 1,990 travellers from India booked in MIAS for May 2021. Over half of these were unable to enter New Zealand due to the restrictions. This indicates high numbers of people who were intending to travel to New Zealand. Over recent months bookings have declined as a result of the uncertain timeframe for the current travel restrictions and data from MIAS indicates there are approximately 265 travellers from India booked into MIQ in July and 56 booked in for August. Previous arrival numbers and the high volumes of potential travellers previously booked into MIQ facilities indicate an ongoing demand for travel to New Zealand from India. Additionally, if border restrictions are lifted it is likely commercial flight routes will be re-established, providing an easy and accessible route for travellers from India to reach New Zealand. However, we understand that MIQ spaces are fully booked in July and mostly booked in August.

57. s 6(a)

58. **Taking account of the public health assessment of the situation, my advice is that India continues to be treated as VHR and we continue to closely monitor the trends in indicators including the daily rolling average of cases, testing rates and testing positivity, and consider how to manage the risk that changes in travel flows as a result of changed risk ratings may present to New Zealand.**

Public health risk assessment: Papua New Guinea

59. s 6(a)
60. s 6(a)
61. It should also be noted that all routes for travelling between Papua New Guinea and New Zealand have been closed with no indicated plans to reopen.
62. **Based on the public health risk assessment, my advice is that Papua New Guinea continue to be treated as VHR.**

Surveillance and monitoring update: other countries or jurisdictions of interest

63. The Ministry of Health continues to monitor the international situation so as to identify any countries or jurisdictions of concern that may warrant a more detailed public health assessment.
64. At this time, our weekly surveillance has not identified any other countries or jurisdictions requiring a public health risk assessment. s 6(a)

Measures to manage risk

Process for determining appropriate risk management measures

65. The risk assessment provides a public health assessment of the in-country situation and makes a recommendation as to the potential risk-category for that country or jurisdiction. Once a decision has been made, the next step is for Government to determine what measures are appropriate to manage the risk for the countries in a category.
66. Currently the determination of appropriate risk management measures is made by you, as the Minister for COVID-19 Response and in the future by the *Reconnecting New Zealanders* Ministerial Group. The decision is based on recommendations from the relevant agencies including the Ministry of Health, MBIE MIQ, and frontline border agencies such as Customs and Immigration NZ. This process will, in the future, be coordinated by the DPMC COVID-19 Policy Group as part of their leadership of the *Reconnecting New Zealanders* strategy.
67. There are limited additional risk mitigation measures that can currently be operationalised, and which would be effective within our current border system.

Current measures in place

68. Currently in-bound travellers fall into four categories:

Category	Countries/jurisdictions	Description of measures
Very high risk	India, Brazil, PNG and Pakistan	<ul style="list-style-type: none"> • Travel restrictions (NZ citizens only) • Pre-departure test from government-approved laboratory • 14-day MIQ stay (including day 0/1, 3 and 12 testing and, room restrictions until day 0/1 test result received)
High risk	Outside Australia and the Pacific	<ul style="list-style-type: none"> • Pre-departure test • 14-day MIQ stay (including day 0/1, 3 and 12 testing and room restrictions until day 0/1 test result received)
Medium/low risk	Most of the Pacific	<ul style="list-style-type: none"> • 14-day MIQ stay (including day 3 and 12 testing)
Quarantine free	Australia and Cook Islands	<ul style="list-style-type: none"> • No MIQ required

Recommendations from the Ministry of Health

69. Changing the risk rating of a country is likely to have an impact on the travel routes and traveller flows from that country. An increase in travellers from any one destination has the potential to pose an additional risk to New Zealand through the impact on our border and/or health system. Therefore, it is prudent to consider what mitigations can be put in place to manage that risk before ratings are changed.
70. The Ministry of Health recommends that advice is sought from operational border agencies, coordinated by the DPMC COVID-19 Policy Group, with input from the Director of Public Health, as to what the potential arrivals changes are likely to be, what risk those changes pose, and what risk mitigation measures would be prudent to address these before risk ratings are changed from VHR to high risk for Brazil, Pakistan and India.
71. This may include exploring whether the mitigation measures for high risk countries can be re-introduced using a phased approach, such as limiting arrival numbers or continuing additional pre-departure testing requirements for a time. Additional temporary assurance measures such as variations to the standard testing regime could also be explored to ensure we are able to manage the potential increase in volume of arrivals.

Areas for advice from AoG

72. Advice should be sought from the rest of Government via the DPMC COVID-19 Policy Group about what the potential arrivals changes are likely to be, what risk those changes pose, and what risk mitigation measures would be prudent to address these, as well as the operational implications of any changes to risk mitigation measures.

Equity

73. Any changes to our border settings, and the potential impact on the movement of people, will need to consider the impact on human rights, particularly the proportionality of any strengthened or new measures.

74. From a human rights perspective, any limitations on New Zealanders arriving in New Zealand or other public health measures (quarantine, testing requirements, etc.) must be justified by being proportionate to the level of risk presenting to New Zealand. There is a specific requirement in the COVID-19 Public Health Response Act 2020 that the Minister be satisfied that any limit an order would impose on rights protected by the New Zealand Bill of Rights Act (NZBORA) is a justified limit (s9(ba)).
75. The risk assessment approach ensures that risk mitigation measures are proportionate to the severity and nature of the public health risk presented by travellers to New Zealand from different countries or jurisdictions, and therefore provides a balanced and equitable approach.
76. Any risk mitigation measures imposed on travellers are only intended to be temporary and are reviewed every four weeks to ensure they are still justified. Human rights analysis will be undertaken at the time of deciding on appropriate measures to ensure they are consistent with the NZBORA.

Next steps

77. Once you have made a decision as to what risk-rating you wish to apply to each of the countries that have been assessed, advice should be sought from relevant agencies via the DPMC COVID-19 Policy Group on what the potential changes to arrivals numbers are likely to be, what risk those changes pose, what risk mitigation measures would be prudent to address these risks, the operational feasibility and required timeframes to implement any changes.
78. When a final decision has been made about the risk-ratings and risk mitigation measures the Ministry of Health will work with the Parliamentary Counsel Office to draft any necessary amendments to the COVID-19 Public Health Response (Air Border) Order.

ENDS.