



# Briefing

## RECONNECTING NEW ZEALANDERS STRATEGY AND WORK PROGRAMME

To: Rt Hon Jacinda Ardern  
Prime Minister

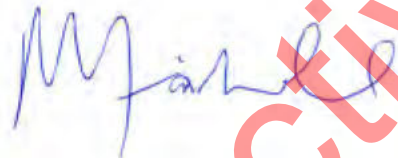
Date	21/05/2021	Priority	High
Deadline	24/05/2021	Briefing Number	DPMC-2020/21-960

### Purpose

1. You intend to take a paper to Cabinet on 14 June 2021 outlining an approach to reconnecting New Zealanders to the world, the key questions we need to answer to inform next steps and a stocktake of the work already underway.
2. This briefing seeks your direction to inform the Cabinet paper. It includes:
  - a) Framework to support reconnection options (**Annex One**) for your feedback;
  - b) Uncertainty across the key factors for *Reconnecting New Zealanders* (**Annex Two**);
  - c) Key questions and stocktake of work underway across the system related to the border (**Annex Three**) for your feedback;
  - d) Draft skeleton for Cabinet paper on *Reconnecting New Zealanders* (**Annex Four**) for your feedback;
  - e) Terms of reference and membership of the two COVID-19 Independent Advisory Groups and the Business Leaders Forum (**Annex Five**).
3. We will continue to work with your office to ensure we reflect your feedback on the items contained within the report. We will provide a draft Cabinet paper on Thursday 27 May 2021 ahead of Ministerial consultation.

## Recommendations

1. **Provide feedback on:**
  - 1.1. the framework to support reconnection options (**Annex One**)
  - 1.2. the priority questions and considerations to inform New Zealand's progress through the reconnection framework (including those at **Annex Three**)
  - 1.3. the draft skeleton Cabinet paper (**Annex Four**) for discussion at Cabinet on 14 June 2021
  - 1.4. the proposed options for a report-back in the Cabinet paper
2. **Note** the stocktake of work underway across the system related to the border, and identify any workstreams that you would like more information on (**Annex Three**)
3. **Note** we will provide a draft Cabinet paper on Thursday 27 May 2021 ahead of Ministerial consultation
4. **Indicate** your preference for a Ministerial Group to oversee, coordinate, drive the Reconnecting New Zealanders work programme **YES / NO**
5. **Indicate** your preference for an oral briefing on the initial results of the vaccination modelling produced by Te Pūnaha Matatini **YES / NO**
6. **Agree** that this briefing is proactively released in July 2021, with any appropriate redaction where information would have been withheld under the Official Information Act 1982 **YES / NO**

  
Ruth Fairhall  
Head of Strategy & Policy  
COVID-19 Group, DPMC  
21/5/2021

Rt Hon Jacinda Ardern  
Prime Minister  
...../...../2021

Contact for telephone discussion if required:

Name	Position	Telephone	1 <sup>st</sup> contact
Ruth Fairhall	Head of Strategy and Policy, COVID-19 Strategy and Policy, COVID-19 Group	s9(2)(a)	✓
Rachael Wookey	Special Advisor, COVID-19 Strategy and Policy, COVID-19 Group	s9(2)(a)	N/A

Minister's office comments:

- Noted
- Seen
- Approved
- Needs change
- Withdrawn
- Not seen by Minister
- Overtaken by events
- Referred to

Proactively Released



# RECONNECTING NEW ZEALANDERS STRATEGY AND WORK PROGRAMME

## Executive Summary

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1. You intend to take a paper to Cabinet on 14 June 2021 about work to reconnect New Zealanders to the world. This briefing seeks your direction to inform the Cabinet paper.
2. This briefing provides advice on the Reconnecting New Zealanders approach, a summary of work underway across the system to support the border reopening approach, and the role of the COVID-19 Independent Advisory Groups and the Business Leaders Forum.
3. We will work with your office to reflect your feedback on the items contained within the report and provide a draft Cabinet paper on Thursday 27 May 2021 ahead of Ministerial consultation.

## Reconnecting New Zealanders strategy

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### ***We seek your feedback on the framework to support reconnection options***

4. In April 2021, officials provided you with initial thinking on a four-phase approach to reconnecting our people to the world.
5. Your office asked us to consider a version with three, rather than four, phases to better reflect that it is unlikely to be a one-way, linear path. We have amended the policy framework, combining the two 're-engagement' phases from the four-phase approach for your feedback (**Annex One – Framework to support reconnection options**):
  - Phase 1 – 'Keep it out' – our border controls have provided our primary defence to restrict entry of COVID-19 into New Zealand;
  - Phase 2 – 'Re-engagement' – starting with travel to and from countries where we have high levels of trust and confidence in their systems, moving towards reconnection of individuals or cohorts of individuals, where individual protections and measures are in place; and
  - Phase 3 – 'Steady state' or 'New normal' – border open to all travellers who meet New Zealand's visa requirements, recognising that this may look different to travel before COVID-19.
6. We see it as important to retain the idea of a shift within a broad re-engagement phase from trust and confidence in other countries' systems to individual protections and measures, but without creating artificial breaks between the phases.
7. We have not yet produced a public facing version of the *Reconnecting Framework*. We can work with your office on reflecting feedback on the framework and supporting public communications material.



**Priorities in developing the Reconnecting New Zealanders strategy**

8. We recommend that your Cabinet paper sets out the questions that will be key to shaping the *Reconnecting New Zealanders* strategy.
9. The *Reconnecting New Zealanders* framework sets out the phased approach, and we will need to move through the phases in line with our primary objective to keep New Zealanders safe. We also need to know how we will reconnect New Zealanders with the rest of the world (e.g., the health and border settings that will apply at each phase) and what groups we will prioritise in terms of entry into New Zealand (e.g., which countries, cohorts and individuals will be able to enter and leave, and when).
10. The priority questions that you may wish to highlight for shaping the strategy and our approach include:
  - a) What are the public health conditions that will allow movement through the phases of the framework in line with our primary objective to keep New Zealanders safe from COVID-19? These conditions are likely to include the progress of our domestic and international vaccine rollout, vaccine effectiveness, health system capability and capacity.
  - b) How does our health and border management system need to adapt? What are the most effective public health measures (e.g., testing, mask use, future of MIQ, health travel pass, alert levels) at each stage of the strategy? This is likely to be an ongoing piece of work reflecting our understanding of how the risk at the border changes, based on the latest science, evidence and operational settings, including the role of technology and experience overseas.
  - c) Which countries, cohorts or individuals will be allowed to enter and leave New Zealand under what settings and when? While maintaining our primary objective to keep New Zealanders safe from COVID-19, there is a range of economic and social factors that will be important to consider as part of our reconnecting strategy. This also means having an eye to some of the longer term economic, social and environmental challenges and opportunities from reconnecting.
  - d) What does the long-term management of COVID-19 look like relative to other diseases like flu and the measles? New Zealand adopted an elimination strategy in response to a set of known and anticipated risks. Based on the evolution of that risk to date, this has continued to be the correct approach. However, at various points, that risk dynamic will change, and our approach to delivering the goals of the elimination strategy will adjust accordingly.
11. Our first priority question to answer is to define the public health conditions that need to be met for us to even entertain the idea of relaxing our border restrictions (paragraph 10a above). Next, we need to define the groups of people that we will allow entry into New Zealand, when and under what settings (paragraphs 10b and 10c above).
12. At the moment, the situation is relatively simple; we have only two broad categories of travellers – those who arrive from Australia and the Cook Islands who can enter and leave New Zealand without MIQ; and all other arrivals who go through our MIQ system. In the future, we are going to have a wider set of categories of travellers – for example, those vaccinated or not vaccinated, those arriving and transiting through low risk versus high risk countries. For each category of traveller, we will need to define what public health



settings they will need to meet in order to meet our primary objective to keep New Zealanders safe from COVID-19. This would also include changes to settings for New Zealanders travelling from and to New Zealand and to our domestic alert level settings.

13. The pace at which we can move through the phases will be determined by the following types of considerations:
  - what we know of the emerging science, including the transmissibility and the behaviour of the virus;
  - the progress in rolling out vaccination;
  - the impacts of the evolving international environment and context;
  - equity considerations, including impacts and risks for vulnerable groups;
  - testing, tracing and surveillance; and
  - our public health system's readiness to respond with agility to changing threats.
14. Some of these factors we can influence, but we will lack a definitive evidence base on key issues for some time. We have outlined some of the uncertainties we are facing, and how we can progress our knowledge (**Annex Two - Uncertainty across the key factors for Reconnecting New Zealanders**).
15. We identified a broader set of questions that will need to be answered in the developing the strategy and the work currently underway to answer them (**Annex Three - Key questions and stocktake of work underway across the system related to the border**). We seek your feedback on whether these are the right set of questions to be considering and if there are additional questions you would like us to consider.

#### ***Framing for the Cabinet paper on Reconnecting New Zealanders***

16. We have outlined a skeleton of the narrative for your Cabinet paper for early feedback (**Annex Four – Draft Skeleton for Reconnecting New Zealanders Cabinet paper**). We will work with your office to ensure we reflect your feedback.

### **The Reconnecting New Zealanders work programme**

#### ***A considerable programme of work lies ahead to support the border reopening strategy***

17. Reconnecting New Zealanders to the world is a task that is the responsibility of no single agency, with a coordinated effort required across Government to ensure its success. The approach must be underpinned by international experience, supported by public health data, and tested widely to ensure that it reflects the diverse wishes of New Zealanders, with a focus on equity.
18. Developing and operationalising the strategy will require a significant work programme, some of which is already underway (**Annex Three – Key questions and stocktake of work underway across the system related to the border**).
19. This interconnected work programme illustrates the need for strong collaboration and coordination across the public sector. Our expectation is that a project management function for the border reopening work programme will sit within the DPMC COVID-19 Group. We anticipate the costs of this being covered within the COVID-19 Group's current budget.



20. The DPMC COVID-19 Group is currently leading a small core cross-agency group to develop the *Reconnecting New Zealanders* strategy, comprising officials from the Ministry of Health, Ministry of Transport, the Treasury, Ministry of Foreign Affairs and Trade, Customs, Ministry of Business Innovation and Employment (MIQ and Immigration teams). Other agencies will also be involved in particular aspects. This supports buy-in to the strategy, maintains momentum, and recognises the need to bring in a wider set of perspectives when needed.

***This work programme will benefit from independent advice and challenge from the COVID-19 Independent Advisory Groups, as well as wider engagement***

21. Alongside work across the public service, development of options for an approach to reopening will be informed by independent advice from the two COVID-19 Independent Advisory Groups: the COVID-19 Strategic Public Health Advisory Group (SC19PHAG), chaired by Sir David Skegg; and the COVID-19 Independent Continuous Review, Improvement and Advice Group, chaired by Sir Brian Roche. It will also benefit from wider engagement, including with the Business Leaders Forum, chaired by Rob Fyfe and Kirk Hope (see membership and terms and reference of the Advisory Groups and Business Leaders Forum in **Annex Five**).
22. The chairs of the two Advisory Groups and the Business Leaders Forum provided initial feedback on the Reconnecting New Zealanders framework. Key themes included:
- The need for clarity around the overall health goal to be achieved, the objective of the reconnecting work and the future of the elimination strategy;
  - Recognition of the significant uncertainties that are likely to exist for some time, and the importance of developing a range of scenarios to help guide thinking;
  - Vaccination as the key pre-condition to enable movement across the phases whilst continuing to protect the health of New Zealand residents; and
  - Identifying the public health and social measures that will be needed as we move through the different phases of the framework.

***We see an ongoing role for the two Advisory Groups in supporting the development of the border reopening strategy***

23. SC19PHAG will start to consider the Reconnecting New Zealanders Framework at its meeting on 2 June 2021. Minister Verrall has posed three primary questions for the Group to consider related to the border reopening strategy as part of the Group's forward work programme:
- a) How do we stage a phased re-opening of New Zealand's borders taking account of vaccination coverage and the possibility of vaccine resistant variants?
  - b) Is an elimination strategy still viable as international travel resumes and/or are we going to need to accept a higher level of risk and more incidence of COVID in the community?
  - c) Is a target for the percentage of population vaccinated helpful for making decisions on re-opening borders and moving between phases (or for driving vaccine uptake)?



24. The COVID-19 Independent Continuous Review, Improvement and Advice Group's forward work programme will be framed around continuous improvement, with a whole-of-system perspective within an evolving operating environment as the country moves into a post-vaccinated world with greater freedoms at the border. The focus of the Group is not system redesign but is on capturing lessons and innovations to inform and build the 'fit-for-the-future model'.
25. It will be important to continue to draw on independent advice from the Groups as relevant to their expertise and to the extent that is feasible, given the constraints on their availability, and within the existing commissioning and reporting arrangements. You may wish to discuss priorities for the forward work programme with the responsible Ministers to ensure advice is provided on the most critical elements and within appropriate timeframes, as they emerge.

***Extensive engagement will be critical to ensure we move forward together***

26. The period ahead will involve all New Zealanders. Early engagement with key stakeholders including iwi/Māori, the business community, local government and the public will therefore be needed to ensure the strategy reflects the diverse views of New Zealanders and to support social licence, equity and economic recovery.
27. The engagement process could draw on some existing channels, including the COVID-19 Business Leaders' Forum and the planned COVID-19 community panel.
28. We consider the development of a robust engagement process as important as part of the sequencing of the work programme.

***Te Pūnaha Matatini are undertaking modelling on vaccination states***

29. Initial results of the modelling outcomes of different vaccination states conducted by Te Pūnaha Matatini (Professor Hendy) were presented to the SCH19PHAG at its meeting on 19 May 2021. We also provided a separate briefing to the Minister for the COVID-19 Response and Associate Minister of Health on the vaccination modelling and recommended they refer the briefing to you and the Minister of Finance (DPMC-2020/21-944 refers).
30. We could offer an oral briefing on these results to you or the group of Ministers who met recently to discuss the Reconnecting New Zealanders work. This briefing could serve to update you on the initial results, assess the key policy implications, and discuss the priorities for the ongoing modelling work programme, overseen by the COVID-19 Modelling Governance Group<sup>1</sup>.
31. We could arrange for this briefing to be provided by Professor Hendy (as director of TPM), Sir David (in his role as chair of SC19PHAG, with responsibility for providing advice and assurance on modelling approach and application) and Dame Professor Juliet Gerrard (in her role as your Chief Science Advisor and as a member of the COVID-19 Modelling Governance Group).

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<sup>1</sup> The COVID-19 Modelling Governance Group includes officials from DPMC, Treasury, MBIE, MOH, MSD, Statistics New Zealand, and the Prime Minister's Chief Science Advisor.



## **Coordinating and driving the *Reconnecting New Zealanders* work programme**

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***We seek your feedback on how you wish to govern the Reconnecting New Zealanders work***

32. The establishment of a Ministerial group on reopening could focus the cross-agency process and drive the work forward. This could include the Ministers who met recently to discuss the *Reconnecting New Zealanders* framework (as listed below) or other Ministers you identify:
- a) Prime Minister Rt Hon Jacinda Ardern
  - b) Minister of Finance – Hon Grant Robertson
  - c) Minister for COVID-19 Response – Hon Chris Hipkins
  - d) Minister for Social Development and Employment – Hon Carmel Sepuloni
  - e) Minister for Trade and Export Growth – Hon Damien O’Connor
  - f) Minister of Immigration – Hon Kris Faafoi
  - g) Associate Minister of Health – Hon Dr Ayesha Verrall
  - h) Minister for Foreign Affairs – Hon Nanaia Mahuta

### ***Ministers could help to sustain momentum on the reopening work***

33. There are competing policy and operational priorities that will need to be navigated as the work progresses, for example the work involved in running quarantine-free travel arrangements and the vaccination programme. Clear, ongoing and consistent messages about relative priority from Ministers will be helpful in getting and keeping the requisite focus. The clear message from the Advisory Groups on this work is the importance of vaccinating as many people as possible as a pre-cursor to opening up.
34. In addition, expectations about the timelines for this work will help to sustain momentum on the cross-agency strategy. This is not about setting timelines for movement across the border reopening strategy, but knowing how soon Ministers might want the system to be ready to move and identifying the lead-in times to operationalise the different policy options, should conditions permit. It is also about identifying what the key unknowns are and when we might know more, for example about vaccine effectiveness against COVID-19 transmission.

### ***We recommend committing to a report-back in the Cabinet paper as a way to drive momentum on the work programme***

35. Potential options for a report-back to your Cabinet (or a COVID-19 Ministerial Group) in the near-term include:

- a) s9(2)(f)(iv) [REDACTED]
- b) The public health preconditions to inform movement across the phases in the strategy. This is likely to include domestic vaccination roll-out being on target and continuing to be effective, monitoring and management of risk at the border, international COVID-19 management strategies (such as vaccination progress), protection for vulnerable populations, health system capability/capacity; and
- c) The reconnection options in the broad re-engagement phases, such as what a new model for what quarantine free travel might look like that moves beyond a country-to-country approach and to consider additional factors, such as vaccination status, both of New Zealand's population and of incoming travellers.

36. We seek your feedback on the potential options outlined above and what you would like officials to prioritise in the near-term.

## Next steps

37. We will continue to work with your office to ensure we reflect your feedback on the items contained within the report. We will provide a draft Cabinet paper on s9(2)(f)(iv) [REDACTED] ahead of Ministerial consultation. We suggest the following timeframe:
- a) s9(2)(f)(iv) [REDACTED] – Review draft Cabinet paper and agree to circulate for Ministerial consultation
- b) s9(2)(f)(iv) [REDACTED] – Review final draft Cabinet paper reflecting feedback from Ministerial consultation
- c) s9(2)(f)(iv) [REDACTED] – Sign off the final version of the Cabinet paper ahead of lodgement
- d) s9(2)(f)(iv) [REDACTED] – Cabinet paper lodged
- e) s9(2)(f)(iv) [REDACTED] – Cabinet discussion

Attachments:	
Attachment 1:	Framework to support reconnection options
Attachment 2:	Uncertainty across the key factors for <i>Reconnecting New Zealanders</i>
Attachment 3:	Key questions and stocktake of work underway across the system related to the border
Attachment 4:	Draft skeleton for Cabinet paper on <i>Reconnecting New Zealanders</i>
Attachment 5:	Terms of reference and membership of the COVID-19 Independent Advisory Groups and the Business Leaders Forum



# Annex One: Framework to support reconnection options

A simple three phase approach could support the/a decision-making process around reconnecting our people with the world.

## Key considerations to guide us

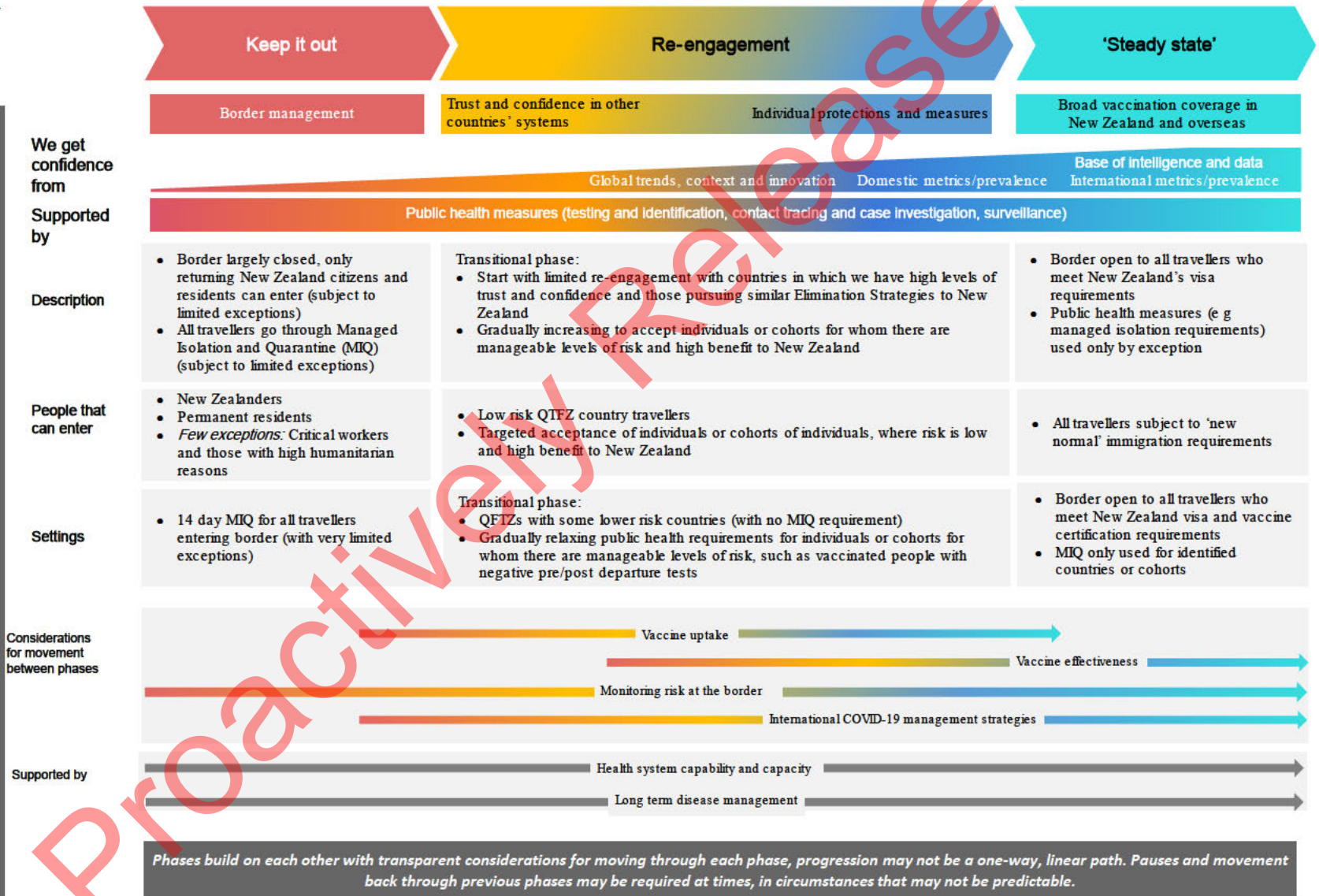
As we are making decisions about reconnecting, we will need to take account of a number of considerations

Some of these are within our control, including:

- Vaccination uptake rates (including by community and demographic)
- How we can screen arrivals at the border for risk (e.g. through a health travel pass or testing)
- How we assure ourselves of other countries' COVID-19 management strategies
- The readiness of our health system to respond
- How we manage COVID-19 domestically

There are further considerations that are outside our control, including:

- The effectiveness of the vaccine against infection for individuals exposed
- The effectiveness of the vaccine at preventing transmission of COVID-19
- Duration of vaccine effectiveness (including effectiveness against any future COVID-19 variants)
- The COVID-19 prevalence, vaccination success and emerging treatments in other countries





## Annex Two: Uncertainty across the key factors for *Reconnecting New Zealand*

As we consider reconnecting our people with the world, we acknowledge that there remain significant uncertainties, some of which will persist beyond the time at which decisions will be taken. To maximise the wellbeing opportunities for New Zealand, we need to prepare to make decisions in the face of substantial uncertainty - requiring an adaptive, iterative approach using latest intelligence.

The table below is indicative of what we know now (April 2021), what we might expect to know in future, and when. Some of these factors are within the control of New Zealand's government or citizens, whilst others will be imposed on us. In addition to these factors, other things may influence the speed at which we move between the phases including vaccine supply chain, implications of any side effects from the vaccine identified, and the international context.

<i>High-level consideration</i>	Theme	Factor	What we know now	When we might know more	Our ability to influence outcomes
<i>Movement between Phases will rely on our domestic vaccine roll - out being on target, continuing to be effective, and understanding the state of immunity across the population</i>	Vaccine uptake	Overall take-up rates	<ul style="list-style-type: none"> <li>→ We know about the early vaccine groups or border workers and their households contacts</li> <li>→ We have social research as a guide to broader vaccination, or observation overseas as a proxy (but where circumstances are very different)</li> <li>→ Unknown if / when the vaccine will be administered to younger age groups</li> </ul>	<ul style="list-style-type: none"> <li>→ We will know as / when we roll out vaccines to the general population</li> <li>→ Likely to get leading indicators in terms of appointments made through the booking system, well ahead of actual vaccine doses being delivered</li> <li>→ Trials to inform when / can the vaccine be administered to children</li> </ul>	<p><b>Medium/High ability to influence</b> Government communications will drive some portion of uptake</p> <p>Targeting, and reacting to some of the leading indicators, may play a significant role in improving uptake beyond what would naturally happen</p>
		Take-up rates by community, demographic			
	Vaccine effectiveness	Effectiveness against disease (direct protection), including expectations with respect to future variants of concern (VOCs)	<ul style="list-style-type: none"> <li>→ Strong evidence from Phase 3 trials and experience overseas gives confidence to estimates for effectiveness - but still a range of plausible outcomes</li> <li>→ Greater uncertainty in specific sub-populations, where trial results will be based on smaller sample sizes</li> <li>→ Some uncertainty regarding outcomes: <i>how</i> severe can disease be in the vaccinated population?</li> </ul>	<ul style="list-style-type: none"> <li>→ We will continue to monitor developments overseas</li> </ul>	<p><b>No/limited ability to influence</b> Reliant on emerging scientific evidence and international experience</p>
		Effectiveness against transmission (indirect protection), including with expectations with respect to VOCs	<ul style="list-style-type: none"> <li>→ Some indirect evidence about transmissibility but large range of outcomes, wide confidence intervals</li> </ul>	<ul style="list-style-type: none"> <li>→ Near term, we are likely to be more reliant on inference rather than direct observations</li> </ul>	<p><b>No/limited ability to influence</b> Reliant on emerging scientific evidence and international experience</p>
Duration of protection (if boosters required or how they work in face of new variants)		<ul style="list-style-type: none"> <li>→ Limited evidence and understanding at this stage</li> </ul>	<ul style="list-style-type: none"> <li>→ Timeframes uncertain, but unlikely to be a material factor for choices in the near-term (2021)</li> </ul>	<p><b>No/limited ability to influence</b> Reliant on emerging scientific evidence and international experience</p>	
<i>Movement between Phases will rely on understanding the risk at the border</i>	Monitoring risk and immunity status at the border	How will New Zealand monitor immunity among new arrivals e.g., serological testing, health travel pass?	<ul style="list-style-type: none"> <li>→ Limited information available at this stage</li> </ul>	<ul style="list-style-type: none"> <li>→ Timeframes uncertain</li> </ul>	<p><b>Low ability to influence</b> Less in our control, but we can monitor the latest technological developments</p>
	International COVID-19 management strategies	How will we ensure we have confidence in other countries' COVID-19 management strategies?	<ul style="list-style-type: none"> <li>→ Reliant on international cooperation and data shared e.g., on contact tracing variant sequencing, prevalence overseas</li> </ul>	<ul style="list-style-type: none"> <li>→ Will rely on continued engagement in international forums</li> </ul>	<p><b>Low/Medium ability to influence</b> Less in our control, but we can promote capability globally and foster relations bilaterally</p>
		COVID-19 outcomes in other countries and across the globe	<ul style="list-style-type: none"> <li>→ Good real-time information is available</li> <li>→ Prediction of outcomes beyond the very near-term is very difficult</li> </ul>	<ul style="list-style-type: none"> <li>→ Continuous monitoring and assessment of immunisation programme outcomes</li> </ul>	<p><b>No/limited ability to influence</b></p>
<i>Movement between Phases will be contingent on having adequate protections (in addition to the vaccination programme) in place</i>	Health system capability / capacity	How does our health system capability and capacity need to adapt in response to any change in border operations?	<ul style="list-style-type: none"> <li>→ Able to predict outcomes based on scenarios to inform planning and investments, including in the health and border workforce</li> </ul>	<ul style="list-style-type: none"> <li>→ Will require us to refine our understanding and reflect more information in planning over time</li> </ul>	<p><b>High ability to influence</b> Health system readiness is within government control</p>
	Long-term disease management	What does the long-term management of COVID-19 look like? What is the role of therapeutics?	<ul style="list-style-type: none"> <li>→ We are likely to transition towards managing COVID-19 in a similar way to how other notifiable diseases are managed</li> </ul>	<ul style="list-style-type: none"> <li>→ Will be informed by science and other international intelligence</li> </ul>	<p><b>High ability to influence</b> Long-term disease management practices is within government control</p>



## Annex Three: Key questions and stocktake of work underway across the system related to the border

Item	Key questions that need answering	Who	Work currently underway
Conditions	<ul style="list-style-type: none"> <li>What is needed in order for NZ to transition between and within phases?</li> <li>What might cause us to go backwards or pause phases?</li> <li>How will our health system capability and capacity need to adapt?</li> </ul>	MoH / DPMC	<ul style="list-style-type: none"> <li>The Ministry of Health is developing a work programme to determine public health conditions to inform timing of border reopening, such as vaccine uptake, vaccine effectiveness, confidence in other countries' COVID-19 management strategies (timing tbc)</li> <li>Te Pūnaha Matatini (Professor Hendy) modelling outcomes of different vaccination states (initial results June 2021)</li> <li>SC19PHAC providing independent advice on the public health conditions to inform movement through the phases (late July 2021)</li> </ul>
Public health measures	<ul style="list-style-type: none"> <li>What is the evolution of public health measures?</li> <li>What is the role of the vaccine programme and how will uptake affect the phased approach?</li> <li>What is the long-term management of COVID-19?</li> </ul>	MoH	<ul style="list-style-type: none"> <li>The Ministry of Health is developing a work programme to determine public health measures required to support border reopening (timing tbc)</li> <li>Te Pūnaha Matatini (Professor Hendy) modelling outcomes of different vaccination states (initial results June 2021)</li> <li>Ongoing rollout of the vaccine programme</li> </ul>
Risk at the border	<ul style="list-style-type: none"> <li>What are the public health requirements for incoming passengers?</li> <li>Which countries / cohorts / individuals will be allowed to enter NZ and when?</li> <li>How can we screen arrivals at the border for risk (e.g. through a Health Pass or testing?)</li> <li>How can we ensure we have confidence in other countries' COVID-19 management?</li> </ul>	MoH	<ul style="list-style-type: none"> <li>Ongoing monitoring of risk profile of countries and regular review of 'very high risk' countries</li> <li>Advice on design and implementation options for travel pass, including implications for border agencies, process, system, costs and timeframes (June/July 2021)</li> <li>Advice on scientific and public health position on vaccination certification (June 2021)</li> </ul>
Vaccine certification / International Travel Health Pass	<ul style="list-style-type: none"> <li>What are we expecting New Zealanders to do who wish to leave and return?</li> <li>What are the expectations of other jurisdictions?</li> <li>What are the certification requirements?</li> <li>What options are there to enable people to access and share their health records with trust and confidence?</li> </ul>	MoT / MoH	<ul style="list-style-type: none"> <li>Advice on design and implementation options for travel pass, including implications for border agencies, process, system, costs and timeframes (June/July 2021)</li> <li>Trial of IATA Travel Pass app (May 2021)</li> <li>Advice on scientific and public health position on vaccination certification (June 2021)</li> <li>Work underway to enable identification of consumers so they can digitally access their health records (including vaccination and test results) and share these as required</li> </ul>
Who can come and when (immigration)	<ul style="list-style-type: none"> <li>What are the public health requirements for incoming passengers?</li> <li>How far will we cast the net?</li> <li>What visa requirements are needed?</li> <li>Will we prioritise based on value or need?</li> <li>How does this align to sector strategies?</li> <li>Will support be needed for impacted sectors?</li> </ul>	MBIE	<ul style="list-style-type: none"> <li>Advice on changes to the immigration system that lead to fewer migrants in low-skilled, low-paid jobs and more support for higher skills levels, starting with report-backs on options for temporary workers (September 2021), students (October 2021 – joint with MoE), currently onshore migrants (November 2021)</li> <li>Ongoing consideration of border class exemptions and exceptions (Border Ministers Group)</li> <li>Publication of revised recovery strategy for International Education (led by MoE, planned for July/August 2021)</li> <li>MBIE work programme preparing for reopening international tourist industry including review of the International Visitor Levy (late 2021), reset of regulatory settings for responsible camping (late 2021), development of an Industry Transformation Plan for tourism (beginning mid 2021, ongoing)</li> </ul>
Compliance	<ul style="list-style-type: none"> <li>How will we encourage people to maintain compliance with public health requirements?</li> <li>Can we guarantee that people will not circumvent the system?</li> <li>What happens to those who are dishonest about where they have been?</li> </ul>	DPMC / MBIE / Health / Customs	<ul style="list-style-type: none"> <li>Ongoing communications to encourage domestic compliance with public health measures</li> <li>Current pre-departure requirements and testing regime at the border</li> </ul>
Future of MIQ	<ul style="list-style-type: none"> <li>Is there a role for MIQ long term?</li> <li>How many spaces will we need?</li> <li>Are there options to build dedicated facilities?</li> </ul>	MBIE / MoH	<ul style="list-style-type: none"> <li>Advice on options for legacy infrastructure looking to the next 2-3 years, including design, scale, location, system and settings, workforce implications and financial sustainability (June 2021)</li> </ul>
Future of QFT	<ul style="list-style-type: none"> <li>What is the future of QFT?</li> <li>Will we open new QFT zones?</li> <li>What are the safe travel areas to allow people to travel to and from New Zealand?</li> </ul>	DPMC	<ul style="list-style-type: none"> <li>Cabinet paper on extending QFT to the maritime sector (June 2021)</li> <li>Agencies are preparing for two-way QFT with Niue. The earliest that Niue's health system could be ready is August 2021, following Niue's vaccination programme</li> <li>There are limited opportunities for further expansion of QFT before New Zealand's vaccination programme is complete. Officials consider that QFT may safely be expanded through one-way QFT from other low-risk Pacific Islands to New Zealand</li> <li>Officials are starting to consider what a new model for QFT might look like that moves beyond the country-by-country approach and to consider additional factors, such as vaccination status, both of New Zealand's population and of incoming travellers</li> </ul>
Connectivity	<ul style="list-style-type: none"> <li>How do we continue to maintain connections to our key trading partners?</li> <li>What support is needed to maintain a reliable and predictable network through the border reopening phases?</li> </ul>	MoT	<ul style="list-style-type: none"> <li>Advice on possible extension to international air connectivity scheme (September 2021)</li> </ul>



## ATTACHMENT 4

### Skeleton for Cabinet paper on *Reconnecting New Zealanders*

*Our border controls have provided one of our primary defences to restrict entry of COVID-19 into New Zealand*

- **In the immediate response to COVID-19 we closed our borders to most people, going 'hard and early'.** This gave us time to get our safeguards in place, using the elimination strategy to manage risks and protect lives.
- **Since then we have been on a path of gradually reconnecting our people with the world.** This started with decisions on exceptions to the border closure and have gradually opened more widely over time as it was safe to do so.
- **We have made the most significant steps recently, with the opening of quarantine free travel with Australia and the Cook Islands.** This is a significant step for New Zealand in supporting economic recovery and re-establishing social connection with friends and whānau overseas.
- **We will continue to reconnect our people gradually, following a three-phase approach towards a 'new normal'.**
- **In considering the reopening of our borders, our primary objective remains to keep New Zealanders safe from COVID-19.** New Zealand adopted an elimination strategy in response to a set of known and anticipated risks. Based on the evolution of that risk to date, this has continued to be the correct approach. However, at various points, that risk dynamic will change, and our approach to delivering the goals of the elimination strategy will adjust accordingly.

*The next most important tool to keep New Zealanders safe from COVID-19 is vaccination*

- **The deployment of our vaccination programme is a significant development in protecting the New Zealand population against the virus.**
- Domestically, vaccination will reduce the health risks associated with any future recurrences of the virus, by providing personal protection and community protection and by reducing transmissibility and mitigating severe impacts in high-risk populations.
- Internationally, vaccination campaigns in our key partners will reduce COVID-19 prevalence within their borders, and will increase the frequency with which vaccinated travellers arrive (who may have a different risk profile) in comparison to the unvaccinated.
- **Broad and equitable population coverage is a critical precondition for a safe reopening of the border.** We will gain more certainty about vaccine performance and coverage over time, which will create opportunities to consider changing our border settings. There is also likely to be a need for ongoing public health measures to manage risk.



*There remain significant uncertainties which will require ongoing consideration of emerging evidence*

- **As we roll out vaccines and consider the next steps for New Zealand, there remain significant uncertainties.** Some of these uncertainties we can influence, but we will lack a definitive evidence base on key issues for some time.
- **While we might not know all the answers yet, we need to be clear about the conditions under which we will make decisions on next steps in order to keep New Zealanders safe.** This will also form a strong basis for discussions with key stakeholders and the public to ensure that we are developing our strategy together. The process should take into account a range of factors including:
  - what we know of the emerging science, including the behaviour of the virus;
  - the progress in rolling out vaccination;
  - the impacts of the evolving international environment and context;
  - equity considerations including impacts and risks for vulnerable groups;
  - testing, tracing and surveillance; and
  - our public health system readiness to respond with agility to changing threats.

*Our Reconnecting New Zealanders framework sets out our approach to reopening and for considering the uncertainties we are facing*

- **A phased approach is designed to provide a strategic frame to navigate the most immediate choices and options on the pathway to reconnecting New Zealanders to the world.**
  - Phase 1 – ‘Keep it out’ – our border controls have provided our primary defence to restrict entry of COVID-19 into New Zealand;
  - Phase 2 – ‘Re-engagement’ – starting with travel to and from countries where we have high levels of trust and confidence in their systems, moving towards reconnection of individuals or cohorts of individuals, where individual protections and measures are in place; and
  - Phase 3 – ‘Steady state’ or ‘New normal’ – border open to all travellers who meet New Zealand’s visa requirements, recognising that this may look different to travel before COVID-19.
- Each phase is cumulative and builds on the previous – and there may be a situation where we are in a different phase in relation to individual jurisdictions. It is unlikely to be a one-way, linear path and ‘tactical retreats’ may be necessary at times, requiring pauses and movement back through previous phases.

*A considerable programme of work lies ahead to support the border reopening strategy*

- The key questions that we need to answer include:



- What are the public health conditions that will allow movement through the phases of the framework in line with our primary objective to keep New Zealanders safe from COVID-19? These conditions are likely to include progress of our domestic vaccine rollout, vaccine effectiveness, health system capability and capacity.
  - How does our health and border management system need to adapt? What are the most effective public health measures (e.g., testing, mask use, future of MIQ, health travel pass, alert levels) at each stage of the strategy? This is likely to be an ongoing piece of work reflecting our understanding of how the risk at the border changes, based on the latest science, evidence and operational settings, including the role of technology.
  - Which countries, cohorts, individuals will be allowed to enter and leave New Zealand and when?
  - What does the long-term management of COVID-19 look like relative to other diseases like flu and the measles?
- We will report back on these questions on [time-frames to be agreed].

*The extent, pace and safety of New Zealanders' reconnection will be a key driver of our social and economic performance over the next few years*

- **While maintaining our primary objective to keep New Zealanders safe from COVID-19, there is a range of economic and social factors that will be important to consider as part of our border reopening strategy.** This includes the pace and strength of our economic recovery and resilience, as well as responding to changes in the global and health outlook.
- **It also means having an eye to some of the longer term economic, social and environmental challenges and opportunities.** The longer-term questions will need to be considered in the shorter term too, as the choices we make now will in part determine the future of the New Zealand economy and society.
- **Decisions we make over 2021 will continue to impact individuals, families, whānau, iwi, Pacific partners, rural and urban communities, businesses, and the health sector.** We will need to bring them with us as we consider what our 'new normal' may look like and any changes to policy and other settings that support COVID-19 readiness, response and recovery over the medium to long term. We need to understand where benefits to some groups, for example from easing border restrictions, might cause concern, impact on or heighten risk to others.



## ATTACHMENT 5

### Terms of reference and membership of the COVID-19 Independent Advisory Groups and the Business Leaders Forum engagement channel

#### COVID-19 Strategic Public Health Advisory Group (SC19PHAG)<sup>2</sup>

##### **Purpose**

The Group will provide independent advice on our ongoing COVID-19 response informed by their expertise in epidemiology, infectious diseases, public health, and modelling.

##### **Role and Scope**

The Group will be responsible for providing independent advice and analysis to the responsible Minister on epidemiological modelling and analyses in relation to COVID-19 vaccine rollouts and any changes to the approach to public health protections and border settings.

The Group will also have a public-facing role, engaging with a broader group of experts, who will be able to breakdown complex scientific analysis for the public. The Group will be a public communications channel to the general public and business, laying out the key pathway to any changes to current border settings and public health measures.

##### **Membership**

Sir David Skegg (Chair), Associate Professor Nikki Turner, Professor Philip Hill, Dr Maia Brewerton, Professor David Murdoch, Dr Ella Iosua, Rodney Jones, Professor Shaun Hendy

##### **Reporting**

The Group will report to the Minister for the COVID-19 Response, via the Associate Minister of Health (Public Health).

##### **Meetings**

It is expected that four days effort per month will be required for meeting preparation, meetings and the development of advice.

#### COVID-19 Independent Continuous Review, Improvement and Advice Group<sup>3</sup>

##### **Purpose**

The purpose of the Group is to provide advice to the Minister for the COVID-19 Response on specific areas of the response where improvements could be made with the benefit of alternative and independent perspectives.

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<sup>2</sup> For full terms of reference, see <https://covid19.govt.nz/assets/resources/latest-updates/COVID-19-Strategic-COVID-19-Public-Health-Advisory-Group-Terms-of-Reference.pdf>

<sup>3</sup> For full terms of reference, see <https://covid19.govt.nz/assets/resources/latest-updates/COVID-19-Independent-Continuous-Review-Improvement-and-Advice-Group-Terms-of-Reference.pdf>

This may include consideration of current COVID-19 response efforts across the Government's system-wide response and advice on the robustness of the response system.

### **Scope**

It is expected the Group will advise the Minister for the COVID-19 Response on the extent to which the Government response is performing efficiently and effectively and is based on best practice and technical advice.

The Group will provide advice to the Minister for the COVID-19 Response on priority areas for improvement and learning. The Group will also provide advice on forward scenario planning, readiness and preparedness of the system.

### **Membership**

Sir Brian Roche (Chair), Rob Fyfe, Dr Debbie Ryan, Professor Philip Hill, Dr Dale Bramley

### **Reporting**

The Group will report to the Minister for the COVID-19 Response who will lead consultation with the Minister of Finance, Minister of Health, and Associate Minister of Health.

### **Meetings**

The Group is expected to meet twice each month. It is expected that two days' effort will be required in preparation for each meeting.

### **Business Leaders Forum<sup>4</sup>**

#### **Purpose**

The purpose of the Forum is to create further opportunities for Ministers to engage with the private sector on their priorities for New Zealand as we respond to and recover from COVID-19.

#### **Role and scope**

The Forum is an independent group of leaders available to support the Government's COVID-19 response through engagement and insights. It is not structured as a Ministerial advisory committee or a representative group for consultation.

Key topics under discussion include:

- Vaccination programme – and how business can contribute to the programme/encourage uptake among population
- Reconnecting New Zealanders – economic and business considerations for steps to reopen the border
- Issues highlighted from the business community
- Areas within the response that business can aid with (e.g. contact tracing usage)

Ministers may request the Forum to consider specific issues and provide their views. These views may or may not be progressed with or without direct engagement from Ministers as appropriate.

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<sup>4</sup> Establishment of COVID-19 Engagement Mechanisms for Business [DPMC-2020/21-615 refers].



**Membership**

The Forum is co-chaired by Rob Fyfe and Kirk Hope with other members from key business sectors.

**Reporting**

The Forum may provide written feedback or comment back to the Minister for the COVID-19 Response directly on topics of interest. The Forum will not operate in an advisory committee structure and will therefore not work towards the production of formal advice or consensus.

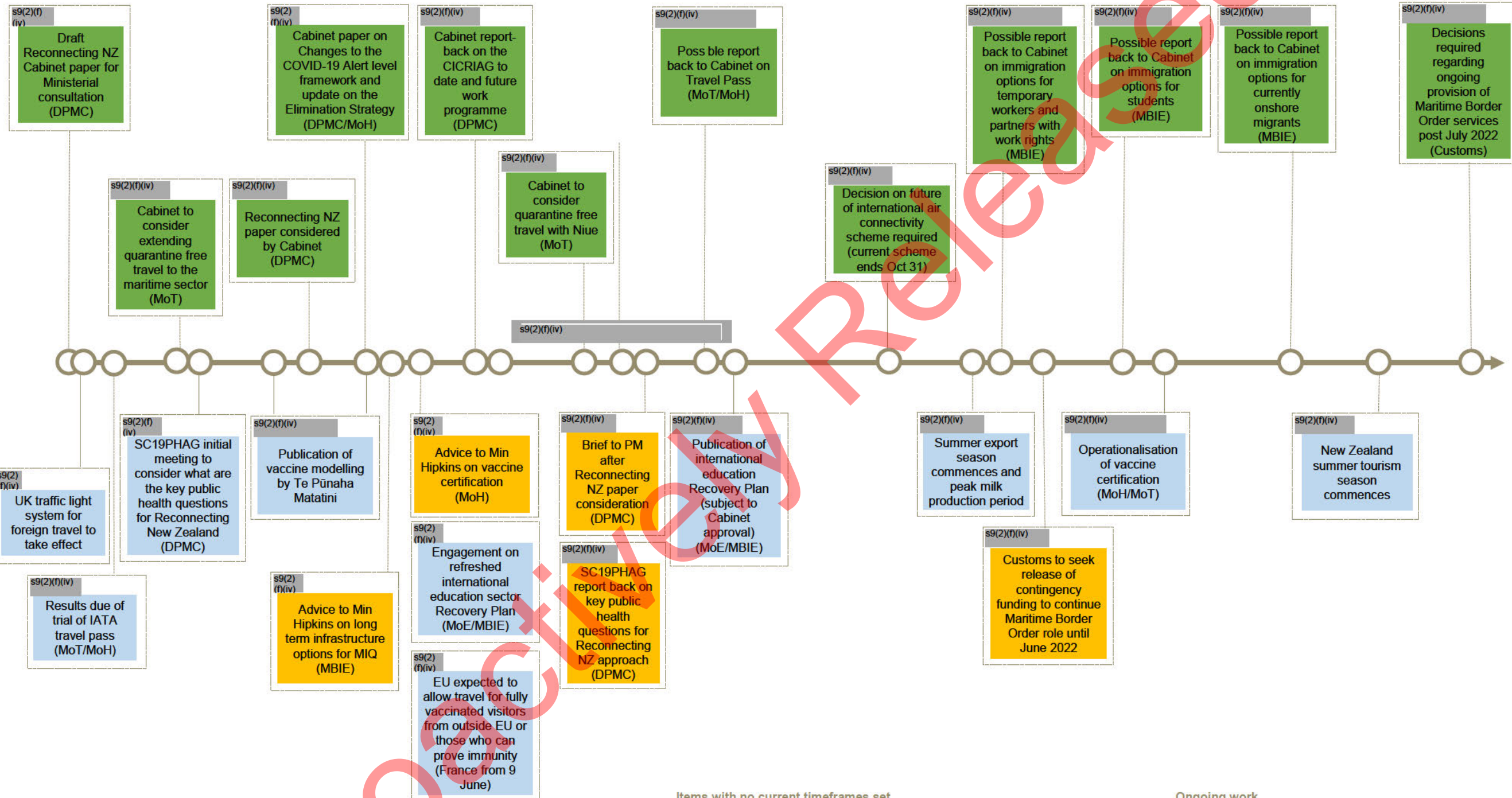
**Meetings**

Internal meetings will be held bi-weekly or monthly, or on a frequency determined by the co-Chairs. The Forum will also meet as required with the Minister for the COVID-19 Response (every three or four weeks at present). It may also meet periodically with the COVID-19 Chief Executives Board to facilitate public and private sector engagement on key issues.

Proactively Released

# Reconnecting New Zealand timeline of known work

The diagram below shows the known key actions on the workstreams within the Reconnecting New Zealand work, alongside other key actions that may impact the programme.



- Key**
- Cabinet decisions/considerations
  - Ministerial decisions/considerations
  - Other events that may impact the programme

- Items with no current timeframes set**
- Cabinet consideration of public health pre-conditions for movement through Reconnecting NZ phases
  - Public health measures to support border opening
  - Cabinet stage two report back on immigration changes (sectoral impacts and transitions, possible levers to enhance pace of change)
  - Tourism recovery (including review of International Visitor Levy, setting for responsible camping, development of an Industry Transformation Plan for tourism)
  - Cabinet consideration of economic strategy

- Ongoing work**
- Monitoring of risk profile of countries and review of 'very high risk' countries
  - Maritime border order review (every three months)
  - Consular advice and support to New Zealanders offshore