



# Briefing

## RECONNECTING NEW ZEALANDERS: OMICRON UPDATE

To: Prime Minister, Rt Hon Jacinda Ardern  
Deputy Prime Minister, Hon Grant Robertson  
Minister for COVID-19 Response, Hon Chris Hipkins  
Associate Minister of Health, Dr Ayesha Verrall  
CC to: Minister of Immigration, Hon Kris Faafoi

Date	17/01/2022	Priority	High
Deadline	21/01/2022	Briefing Number	DPMC-2021/22-1192

### Purpose

In December 2021, Cabinet agreed to defer the commencement of the phased reopening of the international border until late February 2022, in light of the Omicron variant. This paper provides updated advice on the options for the timing of Reconnecting New Zealanders to the World for Ministers' consideration.

### Recommendations

- Note** that the emergence of the highly transmissible Omicron variant has significantly impacted the global and domestic COVID-19 context and has resulted in a step change in the number of COVID-19 cases being picked up at the border over the past four weeks;
- Note** that there is significant risk that Omicron will escape New Zealand's border system and enter the community and that this risk would be significantly higher when the medium-risk pathway is opened;

YES / NO

3. **Agree** to discuss the following approaches and provide feedback to officials to inform an upcoming Cabinet paper to be considered on Tuesday 1 February:
- 1.1. **Option 1** – Keep Omicron out of New Zealand for as long as possible by retaining current border settings and defer making a decision on Reconnecting until the relative risk of Omicron at the border reduces:

OR

- 1.2. **Option 2** – Proceed with the implementation of Steps 1 and 2 of the medium-risk pathway, assuming that Omicron does not become widespread beforehand, with one of the following options:
- 1.2.1. **Option 2a: Earlier implementation** – Implement Step 1 in line with the previously announced timeframe (end of February) with options to either implement Step 2 at the same time or two weeks later;
- 1.2.2. **Option 2b: Later implementation** – Delay the implementation of Step 1 to 31 March 2022 (in line with the implementation of the New Zealand Traveller Declaration – previously known as the Traveller Health Declaration System), with options to either implement Step 2 at the same time or two weeks later;
4. **Note** that Option 1 is supported by the Ministry of Health and would provide the best chance of achieving the public health objectives of minimising and protecting New Zealand from the impact of the Omicron variant for as long as possible;
5. **Note** that Option 2 would provide certainty to key stakeholders including businesses, the aviation sector, New Zealanders overseas and other travellers, and would support them to prepare and plan for border re-opening;
6. **Note** that, subject to Ministerial feedback, decisions on the Steps (including Step 3) will be sought through the 1 February Cabinet paper;
7. **Agree** that for travellers on the low-risk Pacific pathway, transit via a non-QFT country is not permitted prior to Step 1 of Reconnecting New Zealanders;

- 8. **Note** the feedback from Iwi Chairs on the implications of the Reconnecting approach on Māori and their preference to delay border reopening;
- 9. **Agree** that this briefing will be proactively released, subject to any appropriate redactions.

 <b>Ruth Fairhall</b> <b>Head of Strategy and Policy</b> <b>COVID-19 Group</b>	<b>Hon Chris Hipkins</b> <b>Minister for COVID-19 Response</b>
17/1/2022	...../...../.....

**Contact for telephone discussion if required:**

Name	Position	Telephone	1st contact
Ruth Fairhall	Head of Strategy and Policy, COVID-19 Group	s9(2)(a)	✓
Megan Stratford	Principal Advisor, Strategy and Policy, COVID-19 Group	s9(2)(a)	

**Minister's office comments:**

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

# RECONNECTING NEW ZEALANDERS:OMICRON UPDATE

## Executive summary

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1. In December 2021 Cabinet agreed in principle to defer the commencement of Reconnecting New Zealanders to the world until late February 2022 in response to concerns about the Omicron variant and to allow more time for the uptake of boosters.
2. Since then, Omicron has become widespread globally and emerging evidence shows that it is highly transmissible. The incidence of positive cases arriving at the border has escalated in the past four weeks, increasing the risk of a domestic outbreak. Officials consider this risk would increase significantly upon opening the medium-risk pathway.
3. Looking ahead, officials have identified two options for consideration by Ministers:
  - a) Option 1 – keep Omicron out of New Zealand for as long as possible by retaining current border settings and deferring a decision on Reconnecting until the relative risk of Omicron at the border reduces; and
  - b) Option 2 – proceed with implementation of Steps 1 and 2 of the medium-risk pathway from Q1 2022 on the assumption that Omicron does not become widespread in the community beforehand.
4. Under the first option, the rollout of the medium risk pathway would be further delayed to keep Omicron out of the community until such time as the global risk reduces, or New Zealand is experiencing an uncontained outbreak of COVID-19. This could enable more time for the further delivery of boosters (particularly amongst Māori and other vulnerable groups), paediatric vaccines and improvements to the readiness of our domestic response and community care systems, many of which are being redesigned in light of Omicron. The Ministry of Health supports this approach and advises that current border settings should remain to support the goals of minimisation and protection.
5. Under the second option, the medium risk pathway could proceed as announced from late February, or with a one-month delay, from 31 March. Implementation would proceed under this option irrespective of whether Omicron has become widespread in the community. This option would ensure the benefits of reopening are realised from Q1, and provide certainty to key stakeholders, enabling businesses, airlines, New Zealanders overseas and other travellers to plan and prepare for the border re-opening.
6. Officials recommend that the low-risk Pacific pathway commences as planned from 13 February, but that travellers are not permitted to transit through non-QFT countries.
7. In the meantime our border and domestic response systems remain focused on keeping Omicron out of the New Zealand community and preparing for an Omicron outbreak.
8. Feedback from Ministers on the options set out in this paper will inform a Cabinet paper in early February.

## Background

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9. On 24 November, the Cabinet Social Wellbeing Committee, having been authorised by Cabinet to have Power to Act [CAB-21-MIN-0498], endorsed a three-step medium-risk pathway and timeline for Reconnecting New Zealanders:
  - a) Step 1 – Fully vaccinated New Zealanders and other currently eligible travellers to and from Australia from 11.59 pm Sunday 16 January 2022;
  - b) Step 2 – Fully vaccinated New Zealanders and other currently eligible travellers to and from anywhere else from 11.59pm Sunday 13 February 2022; and
  - c) Step 3 – Fully vaccinated foreign nationals (possibly staged by visa category) from Saturday 30 April 2022 [SWC-21-MIN-0200 refers].
10. On 20 December, in response to the emergence of the Omicron variant, Cabinet agreed in-principle [CAB 21-MIN-0558 refers] to delay the reopening of the border to New Zealanders and other eligible travellers arriving from Australia (Step 1) to align the reopening with a greater proportion of the population having received a booster shot, which will likely be at the end of February 2022.

## What do we know about Omicron?

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11. Emerging evidence from outbreaks of Omicron overseas indicates that it is highly transmissible, even among highly vaccinated populations. Several jurisdictions, including the United Kingdom and parts of Europe, the United States and Australia are experiencing severe outbreaks. Cases in affected jurisdictions are doubling every 3 – 4 days for the first week or so of an outbreak, and then doubling every 4-10 days. In Australia daily case numbers exceeded 40,000 in New South Wales in early January.
12. Severity of disease is reduced compared to Delta. Hospital utilisation as a proportion of reported cases in New South Wales appears around a tenth of that during the Delta outbreak, which may be a combination of reduced hospitalisation rates for each case and shorter lengths of stay for those cases who do become hospitalised. However, overall numbers of people hospitalised with COVID-19 are around two times higher than the Delta peak (and continuing to increase) because of the much higher number of cases involved.
13. Early evidence suggests that vaccination offers some protection against symptomatic Omicron infection; however, vaccine effectiveness is reduced compared with the Delta variant. Vaccine effectiveness against Omicron also appears to wane – from around 70% protection against hospitalisation after a primary vaccine course, to around 50% 25 weeks after a second dose. This protection against hospitalisation appears to increase to around 90% following a booster dose.
14. Since the decision to defer the rollout of Step 1, the incidence of COVID-19 (the majority of which is Omicron) in arrivals into MIQ has escalated, with the rolling average of cases increasing from 1.7 as at 11.59pm 15 December to 33.7 as at 11.59pm 16 January. A high number of infections have recently been detected in arrivals from Australia.

15. Updated modelling by the Ministry of Health and the Department of Prime Minister and Cabinet (DPMC) indicates that if Step 1 leads to around 5,000 – 6,000 travellers per week from Australia, this would equate to an expected 100-300 imported cases being active in the community. This estimate includes the 65% reduction in risk attributed to border mitigations (such as self-isolation requirements) and relates to the current prevalence of infection in Australia (which may be materially different by the time the Step 1 pathway is enabled).

### Impact of Omicron on the timing of the Reconnecting Steps

16. Given what we now know about Omicron transmissibility, combined with the increasing prevalence of cases being identified at the border, officials consider there is significant risk that Omicron will get through New Zealand's border system and enter the community. Agencies are preparing for this eventuality and are stepping up systems to respond. However, the scale of the change in international and domestic context now necessitates a re-examination of the scope and timing of the pathway's rollout.
17. It is highly likely that the domestic situation will transition from the current state, where COVID-19 continues to be largely contained in the community, with extant border settings providing an ongoing layer of protection; to a future state whereby COVID-19 (likely the Omicron variant) is spreading widely in the community, to a point where the relative level of risk domestically is the same or greater than the risk posed by the border.
18. There are several factors than need to be considered as part of a re-examination of the medium risk pathway, including:
- a) Health and response system readiness, including the testing, tracing and isolation system and capacity for care in the community to deal with seeding of Omicron cases from overseas;
  - b) The uptake of booster and paediatric vaccine rollouts, including uptake by vulnerable population groups, such as Māori, to ensure our population is sufficiently protected;
  - c) The COVID-19 situation in Australia (and the rest of the world), given the relative public health risk posed by travellers from Australia has materially changed since Cabinet initially agreed to Australia being the first step of the three-step approach to the medium risk pathway;
  - d) The winter flu season, including cumulative impact on the health system of a potential Omicron outbreak in the winter concurrent with outbreaks of other infectious diseases (including those imported through the border);
  - e) Impact on economic and social wellbeing (i.e. family reunification, social connections, mental health, stranded travellers and trade and economic outcomes), s9(2)(h)

- f) Border system readiness, including the New Zealand Traveller Declaration (NZTD) which is on track to be implemented by 31 March, with a small number of pilot trials planned beforehand<sup>1</sup> and ongoing MIQ capacity; and
- g) The impact of further delaying the implementation of Steps 1 and 2 on fully vaccinated New Zealanders and other currently eligible travellers who have made travel arrangements on the understanding they could enter the country without requiring a Managed Isolation and Quarantine (MIQ) voucher from late February and 11.59pm Sunday 13 February 2022 respectively.

## Choices about timing of Reconnecting decision-making

- 19. As part of the public announcement on 24 November 2021 on the rollout of the medium-risk Reconnecting pathway, the Minister for COVID-19 Response noted that a “phased approach to reconnecting with the world is the safest approach to ensure risk is managed carefully”. The Minister also noted that the announcement was being made to provide certainty to “families, businesses, visitors and airline and airport companies”.
- 20. As the timing of reopening has already been deferred in light of Omicron, providing certainty to stakeholders remains important. However, Ministers have choices about when to take decisions on phased border reopening.
- 21. Taking decisions on the timing of the Steps at the 1 February Cabinet meeting would provide certainty to the public and businesses and would enable agencies to prepare for a potential late February opening. The timing of Step 3, and which groups would be introduced in each phase, needs to be decided in early February should Ministers wish to prioritise the entry of international students in time for Semester 2.
- 22. The aviation sector in particular has emphasised the need for certainty even more than the timing of reopening. s9(2)(g)(i)  
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Airlines advise that decisions on the timing of border reopening need to be made in February at the latest for the summer 2022/23 season.
- 23. New Zealand businesses have also highlighted uncertainty as a key impediment to business-critical international travel. A lack of certainty and a perception that the ‘goal posts’ are continuing to shift impacts wider economic and social wellbeing. Travellers have already taken decisions based on the November announcements. Further deferral of the decision, or of reopening, creates risks around stranded travellers and could undermine confidence to travel in the future.

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<sup>1</sup> The NZTD development team are also considering how updates can be made to support manual verification of PDT documentation when passenger volumes significantly increase.

24. On the other hand, in the coming weeks, we will have more information about Omicron to inform border reopening decisions. This could include learning from Australia's Omicron peak, should it occur, and any lag in mortality that would materially inform the costs and benefits of ongoing border closures. Deferring the decision preserves optionality while New Zealand develops its Omicron strategy and readiness for an outbreak.

### Options for the timing of opening the medium-risk pathway

25. When Ministers are ready to take decisions, there are several options to discuss in responding to the updated COVID-19 context brought about by the emergence of Omicron. Options identified include:

- a) **Option 1** (supported by the Ministry of Health) – keep Omicron out of New Zealand for as long as possible by retaining current border settings and defer making a decision on Reconnecting until Omicron becomes widespread in the community or when the global risk of Omicron reduces;

OR

- b) **Option 2** – proceed with the implementation of Steps 1 and 2 of the medium-risk pathway, assuming that Omicron does not become widespread beforehand, with one of the following options:
- i. **Option 2a: Earlier implementation** – Implement Step 1 in line with the previously announced timeframe (end of February) with options to either implement Step 2 at the same time or two weeks later;
  - ii. **Option 2b: Later implementation** – Delay the implementation of Step 1 to 31 March 2022 (in line the New Zealand Traveller Declaration - NZTD) with options to either implement Step 2 at the same time or two weeks later.

### Option 1 would protect New Zealand against the emergence of Omicron

26. Border settings continue to support the ongoing domestic response to COVID-19. Option 1 would mean maintaining existing border settings to keep Omicron out of community as long as possible.
27. The Ministry of Health considers that this option would support the aim of minimising and protecting New Zealanders from the impact of Omicron for as long as possible. This would continue to provide options for strengthening community protection, provide more time to 'crush the tail' of the Delta outbreak and avoid combatting two variants at the same time. Delaying provides opportunity for Omicron outbreaks around the world to peak and for the arrival risk to reduce, enabling safer border reopening.
28. The National Iwi Chairs Forum (NICF) have also emphasised the importance of ensuring that adequate domestic protections are in place (particularly for Māori) before pursuing reconnecting. Further feedback from the NICF is outlined in paragraphs 46 and 47 below.



- 29. However, this option would not provide certainty for stakeholders and potentially delays realising the benefits of reopening. Ultimately, the public health benefits gained from postponing the rollout of the Reconnecting strategy, including high uptake of boosters and paediatric vaccines, would need to materially offset the ongoing social and economic costs of ongoing border closures including, including the significant risk to air connectivity.

*In the event of a widespread Omicron outbreak we will need to revise our border settings*

- 30. Should we reach a point where Omicron is spreading widely in the community, the relative level of risk domestically is likely to become the same or greater than the risk posed by arrivals at the border. s9(2)(h)

[Redacted]

- 31. At this point, the Reconnecting Steps could be reconsidered, and officials would provide further advice on the implications for the Reconnecting approach, which may include consideration of an accelerated reopening timeline. In the meantime, officials will develop advice on revised border settings in the event of a widespread Omicron outbreak.

- 32. A minimum of two weeks is required for implementation from the date that detailed settings are agreed. The timing of the dates will depend on the nature of the border measures (i.e. if measures such as testing on arrival remain relevant, the ability to bring forward dates is likely to be constrained), and workforce capacity if there were a significant Omicron outbreak.

**Option 2 would provide more certainty of the Reconnecting approach and could enable re-opening to commence sooner**

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- 33. Having a clear date for reconnecting is vital for enabling businesses, the aviation sector, New Zealanders overseas and other travellers to plan and prepare for border re-opening. Steps 1 and 2 could be implemented together, or stepped, by implementing Step 2 two weeks after Step 1. A stepped approach would enable border systems to be tested ahead of broader re-opening.

- 34. The Omicron outbreak in Australia means that the COVID-19 risk posed by travellers from Australia is greater than when the timing of Step 1 was originally endorsed by Cabinet in November. While this has diminished the comparative advantage of prioritising travellers from Australia from a risk perspective, agencies still consider that there are benefits in starting with Australia. s6(c)

[Redacted]

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<sup>2</sup>New Zealand Trade and Enterprise advise that many exporters are concerned about the impact that our current border settings are having on their ability to do business, maintain strong business relationships, and meet obligations to overseas clients, particularly those in Australia given the importance of the trans-Tasman market.

35. Significant work is underway by the Ministry of Health to strengthen testing, tracing and isolation system capacity (TTIQ) by the end of January to prepare for an Omicron outbreak in New Zealand. Given the extension to the previously agreed timing for the implementation of Step 1, agencies are confident that the TTIQ, border and response systems would be ready for either of these options.
36. An earlier border re-opening would support economic recovery and re-establishing social connections with friends and whānau overseas. This would have a positive impact both for those at home and those returning; especially those living in challenging circumstances overseas.
37. There is a risk that implementing the medium-risk pathway too close to the winter flu season could put strain on the health system and lead to worse health outcomes. DPMC considers that having an earlier implementation date could avoid a winter Omicron outbreak and enable systems and processes for dealing with Omicron to be tested ahead of winter. However, as opening the border would admit flu and other diseases, the Ministry of Health considers that there is a strong health argument for maintaining current border settings while Omicron is held at the border.

*A later implementation date would allow more time to prepare domestically, including allowing the paediatric and booster vaccine programmes to be rolled out further*

38. A later implementation date from 31 March would allow more time for domestic preparation for the impacts of Omicron. In particular, this would enable more time for the paediatric and booster vaccine programmes to be rolled out, particularly for more vulnerable population groups. It would also enable the timing of re-opening to align with the implementation of the New Zealand Traveller Declaration (NZTD) which would streamline processing at the border.
39. A significant number of New Zealanders will be eligible to receive a booster by the end of February. At the end of October 2021, almost 3.2 million people had received a second vaccine dose, with these people becoming eligible to have a booster by the end of February at the latest. A further 400,000 will be eligible by the end of March and a further 250,000 by the end of April. This later cohort disproportionately comprises Māori and Pacific peoples. Approximately one third of vaccinated Māori and a quarter of vaccinated Pacific peoples will only become eligible for a booster after February. This compares to fewer than 1 in 6 for European/Pakeha/other and fewer than 1 in 9 for Asian people.
40. The recent Waitangi Tribunal findings highlighted the need to take steps to minimise the impact of COVID-19 decisions on Māori. Decisions on the timing of Reconnecting Steps therefore need to take into account the implications for iwi / Māori, who currently have a reduced level of vaccination protection compared to the New Zealand population more generally.
41. Advice from the Ministry of Health is that people will still have some protection from their late 2021 vaccinations. Reducing the eligibility period for a booster to 3 months could enable more people to receive a booster prior to or in the early stages of reopening. Officials can provide further advice on this option, should Ministers wish to consider reducing the eligibility period.

### Decisions are needed by February on the implementation of Step 3

42. On 20 December 2021 Cabinet noted that officials have identified three options for reopening under Step 3 (CAB-21-MIN-0551):
- a) Option A: a 'faster' rollout from 30 April 2022, which includes recommencing visa-waiver travel from this point;
  - b) Option B: an 'early' rollout from 31 March (aligned with the implementation of the New Zealand Traveller Declaration - NZTD), with visa- waiver travel following from 30 April 2022 (per Option A);
  - c) Option C: a 'slower' rollout from 30 April 2022, which delays recommencing visa waiver travel until October 2022.
43. To ensure sufficient operational lead in times, if Option B is preferred, Cabinet policy decisions need to be made no later than early February and, for the other options, no later than early March.
44. Officials will provide a preferred option for roll out of Step 3, including the size of the cohort for international students, in an upcoming Cabinet paper to be considered on 1 February.

### Iwi Chairs have provided initial feedback on the Reconnecting approach

45. DPMC has had an initial conversation with the NICF (Pandemic Response Group) to discuss the implications of the Reconnecting approach on iwi / Māori, particularly in light of Omicron. The key messages provided by the NICF are:
- a) **It is essential that we are well prepared domestically for Omicron before progressing border re-opening** – NICF shared significant concerns regarding the timing of the re-opening steps and the level of preparedness for Omicron in the community. They highlighted the need to be prepared domestically including:
    - i. Implementing the booster roll-out;
    - ii. Implementing the paediatric vaccine roll-out with resources to support it;
    - iii. Furthering the current vaccine roll out for adults – there are still many Māori that are not yet fully vaccinated;
    - iv. Having appropriate social supports and resourcing in place.
  - b) **There is a concern that the proposed timeframes for re-opening will not allow for appropriate planning and preparation** – Given the transmissibility of Omicron, there is a risk that “the horse will have bolted”, before appropriate supports are in place for managing a rapidly increasing number of cases in the community. Systems and processes will need to pivot from Delta to Omicron – some providers (including Māori providers) have only recently got systems in place for managing Delta and would need

time to adjust to the changing environment. Māori providers should be involved in any planning. There is a need to ensure resourcing is sufficient and provided quickly as there is a risk of system overwhelm and provider burnout.

- c) **Clear communications are needed ahead of time to support communities to prepare** – It is also important that the plan for dealing with Omicron in the community is communicated publicly ahead of time so that iwi / Māori can prepare themselves for these changes and know what they need to do to keep their communities safe. People need to know what to expect and how they will be supported. As Omicron cases increase, there will be an increasing emphasis on self-management. It is very difficult for some groups of people to be able to do this, e.g. those with mental health conditions. It is important that we do not neglect these groups and ensure that they are supported.

46. Overall, the NICF consider that the reconnecting Steps and medium-risk pathway settings should be re-considered in light of Omicron. In addition, the NICF indicated their preference for the number of travellers entering MIQ to be reduced, to limit the chances of an Omicron outbreak being seeded in the community.

### **Feedback on the medium-risk pathway from key sectors**

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47. Officials have sought feedback from a variety of sectors regarding the medium-risk pathway, and have received input from the education, hospitality, trade, and tourism sectors since the decision was made to defer Step 1. A desire for certainty of border settings to enable planning was a common theme, especially for the education sector where long lead in times impact the ability for international students to undertake study within New Zealand. Many respondents felt that self-isolation requirements would make travel to New Zealand less desirable for both tourists and the business community.

### **Further advice on the low-risk Pacific pathway**

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48. At the end of 2021, Cabinet agreed that Kiribati, Nauru, Solomon Islands, Tuvalu and American Samoa be included in the existing low-risk Pacific pathway from 11:59pm 13 February 2022. This timing was chosen to align with Step 2 of Reconnecting New Zealanders, and meant that travellers would be able to transit through non-QFT countries (e.g. Fiji and Australia).
49. Officials have revisited the transit rules for the low-risk pathway in light of Omicron developments. At the time of Cabinet's agreement to the expansion of the low-risk Pacific pathway, it was intended that travellers transiting either a QFT country or a non-QFT country in which they remained airside, would be considered to have arrived in New Zealand on the low-risk pathway. Only if a traveller went landside in a non-QFT country would they be deemed to have switched to the medium-risk pathway. However, the Ministry of Health has now considered whether these settings remain adequate to protect from the public health risk posed by Omicron and recommends that transit via a non-QFT country is not permitted prior to Step 1 of Reconnecting New Zealanders.
50. Due to the delay of Steps 1 and 2, there will be at least a two-week gap where travellers from these countries, other than American Samoa, will not have any commercial routes to New Zealand. RSE employers may choose to charter flights, otherwise other travellers will

need to wait until a transit pathway opens through another country (i.e. when Steps 1 and 2 of Reconnecting New Zealanders commence).

## Human rights

51. s9(2)(h)

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## Next Steps

55. Feedback from Ministers' discussions will inform a paper on Omicron for Cabinet's consideration on 1 February.

## Consultation

56. The following agencies contributed to the advice in this paper: Ministry of Health, Ministry of Transport, the New Zealand Customs Service, the Ministry of Foreign Affairs and Trade,

and the Ministry of Business, Innovation and Employment (Managed Isolation and Quarantine, Immigration Policy), New Zealand Trade and Enterprise, the Treasury and Te Arawhiti.

<b>Attachments:</b>		
<b>Attachment A:</b>		Options for Discussion

Proactively Released

## Attachment A: Options for Discussion

Option 1 – Keep it Out		Option 2 – Proceed with Reconnecting from Q1			
Keep Omicron out of New Zealand for as long as possible by retaining current border settings and defer making a decision on Reconnecting until the relative risk of Omicron at the border reduces.		Proceed with the implementation of Steps 1 and 2 of the medium-risk pathway, assuming that Omicron does not become widespread beforehand			
		2a: <u>Earlier implementation</u> - Implement Step 1 in line with the previously announced timeframe (end of February) with options to either implement Step 2 at the same time or 2 weeks later		2b: <u>Later implementation</u> - Delay the implementation of Step 1 to 31 March 2022 (in line with New Zealand Traveller Declaration) with options to either implement Step 2 at the same time or 2 weeks later	
Benefits	Risks	Benefits	Risks	Benefits	Risks
<p>Should Omicron continue to be stopped at the border:</p> <ul style="list-style-type: none"> <li>Achieve public health objectives of minimisation and protection for as long possible.</li> <li>Increased window for the rollout of the booster and paediatric vaccine programmes.</li> <li>Provides more time for border and response systems to prepare for Omicron.</li> </ul>	<ul style="list-style-type: none"> <li>Lack of certainty for key stakeholders.</li> <li>Economic and social wellbeing could be further delayed (i.e. family reunification, social connections, mental health, stranded travellers and trade and economic outcomes).</li> <li>A community outbreak of Omicron could occur during winter when the health system is regularly strained with other winter illnesses.</li> <li>May not allow time for providers to adjust to the changing environment.</li> <li>s9(2)(g)(i) [redacted]</li> </ul>	<ul style="list-style-type: none"> <li>3.2 million people will be eligible for a booster dose by the end of February.</li> <li>Provides certainty to key stakeholders (e.g. New Zealanders offshore, exporters, airlines) so they can continue preparations for reopening, in line with December 2021 announcements.</li> <li>Some improvement in protection from booster and paediatric vaccine rollout.</li> <li>Some improvement in the readiness of our domestic response and community care systems.</li> <li>Winter illnesses and Omicron outbreaks less likely to be concurrent.</li> <li>Supports those living overseas in challenging circumstances to return.</li> </ul>	<ul style="list-style-type: none"> <li>Over 650,000 people won't be eligible for booster doses until March and April.</li> <li>One third of vaccinated Māori and one quarter of vaccinated Pacific peoples will become eligible for booster doses after February, could further perpetuate issues identified within the recent Waitangi Tribunal findings.</li> <li>May not allow time for community health providers to adjust to Omicron.</li> </ul>	<ul style="list-style-type: none"> <li>Will allow for an additional 400,000 people to become eligible for booster doses.</li> <li>Provides certainty to key stakeholders (e.g. New Zealanders offshore, exporters, airlines).</li> <li>Further improved protection from booster and paediatric vaccine rollout.</li> <li>Aligns with recent Waitangi Tribunal findings regarding minimising the impact of COVID-19 decisions on Māori as it allows for more Māori to be vaccinated or receive boosters.</li> <li>Further improvement in the readiness of our domestic response and community care systems.</li> </ul>	<ul style="list-style-type: none"> <li>Over 250,000 people won't be eligible for booster doses until April onwards.</li> <li>Impacts on travellers who have made arrangements on the understanding they could enter the country without an MIQ voucher from February onwards; thereby increasing the number of New Zealanders overseas unable to secure an MIQ allocation.</li> <li>s9(2)(g)(i) [redacted]</li> <li>Winter illnesses and Omicron outbreaks more likely to be concurrent.</li> <li>Economic and social wellbeing are somewhat further delayed (i.e. family reunification, social connections, mental health, stranded travellers and trade and economic outcomes).</li> </ul>
<b>Regardless of preferred option, officials continue to recommend staggering Steps 1 and 2</b>					
<b>Benefits</b>					
<ul style="list-style-type: none"> <li>Allows for border agencies to test systems with lower passenger volumes.</li> <li>While the risk posed by travellers from Australia has only increased, and is unlikely to return to the same level as seen in November 2021 when the original timing for Step 1 was endorsed, beginning with Step 1 will support family reunification and improve business connections as Australia is our closest economic partner, largest source of tourists, and is usually the first export destination for our small and medium-sized businesses. Trusted systems are in place with Australia s6(c) [redacted] and there is confidence in Australia's International Vaccination Certificate.</li> </ul>					

Note: The above options have not been presented to the Iwi Chairs. However, in recent discussions with Iwi Chairs on the timing of Reconnecting, their strong preference was for border reopening to be delayed to allow more time for booster and paediatric vaccine rollout and community health providers to prepare for Omicron.