

In Confidence

Office of the Prime Minister
Social Wellbeing Committee

RECONNECTING NEW ZEALANDERS WITH THE WORLD

Proposal

- 1 This paper outlines our approach to *Reconnecting New Zealanders* with the world. It proposes that, as vaccines roll out, we prepare to move from our current approach of Quarantine Free Travel with specific countries, towards a risk based approach where we are progressively changing our border settings for travellers based on a set of factors, including the country of departure and vaccine status. It outlines the key questions and considerations that will need to be met to inform next steps towards easing border restrictions without compromising public safety, and provides a stocktake of current and upcoming work.

Relation to Government priorities

- 2 This proposal supports the ongoing response to COVID-19 by setting out an approach for safely reconnecting New Zealanders to the world.

Executive Summary

- 3 The success of New Zealand's Elimination Strategy in responding to the pandemic puts us in a stronger position than most other countries. We have choices and options that most do not. In setting policy for our reconnection with the world, we will look to measures that reflect the best of what we see overseas, but that work for New Zealand.
- 4 The pandemic remains the largest threat to the health of New Zealanders and our economy. Many countries are experiencing, or have experienced, a third wave of infection. Some that were initially successful are now responding to large outbreaks. Others are vaccinating to recover freedoms that New Zealand's response to date is providing.
- 5 The rollout of the vaccine globally will create opportunities for people and countries to reconnect, helping to reduce prevalence, protect populations, and lower the risk profile of fully vaccinated individuals who wish to travel. As the vaccine rolls out around the world, we will continue to learn more about the ongoing effect of vaccination on transmission of and immunity to the virus, and evolve our response accordingly, supported by science, research and evidence. Advice suggests it will be a significant period of time before we reach a 'new normal' as this is contingent on high levels of vaccination across the world, including in developing countries.
- 6 The rollout of vaccination in New Zealand is key to our reconnection approach. As our domestic rollout progresses, it will increase our layers of protection and will open

up options. Over time, high uptake of vaccination is likely to reduce our reliance on lockdowns to manage the virus.

- 7 Reconnecting with the world allows families and whānau to reunite, and creates opportunities to accelerate the economic recovery. As we reconnect, we will also have the opportunity to rebalance our migration policy and reform policy settings in the tourism and international education sectors.
- 8 I propose a reconnection approach moving from where we are now with travel based entirely on a country-by-country arrangement (demonstrated by the start of Quarantine Free Travel with Australia, the Cook Islands, and one-way QFT from Niue), through to a risk based approach based on country of origin and vaccination status.
- 9 We currently make decisions almost entirely on a country-level basis. To take the next step requires tools and processes to enable an assessment at the traveller level, with a tool box we can apply depending on the risk posed by a traveller.
- 10 While we will continue to consider QFT opportunities, arrangements are limited given that only a small number of countries in the Pacific are likely to be considered low risk. The risk based approach provides greater flexibility and scalability over time, allowing us to manage volume by progressively opening to travellers and presenting a wider range of potential options for reconnection.
- 11 Country-based public health risk assessments will remain an important layer of protection across all steps of our reconnection, as also highlighted in the Minister for COVID-19 Response's paper on a risk-responsive border. This is because factors such as prevalence of COVID-19 in the places of departure and transit affect the likelihood of a traveller arriving in New Zealand with COVID-19 even if they are vaccinated.
- 12 As we move forward with reconnection, we will also need to consider the final state – our 'new normal' – how we manage COVID-19 long-term relative to how other infectious diseases are managed and ensure our future resilience.
- 13 I propose a *Reconnecting New Zealanders* Ministerial Group oversee, co-ordinate and drive the programme of work to support the development of our approach, particularly over the next six months.
- 14 The work will benefit from independent advice and expertise from the COVID-19 Independent Advisory Groups: the Public Health Advisory Group, 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 ongoing engagement with the Business Leaders Forum, chaired by Rob Fyfe and Kirk Hope.
- 15 We need to ensure we are ready to move when it is safe to do so. It is my expectation this work is prioritised so that we can build on our current position and take the opportunities ahead.

Reconnecting New Zealanders approach

New Zealand's COVID-19 response puts us in a unique position, we have choices and options that are not open to other countries

- 16 The global COVID-19 pandemic is not over. s6(a)
- 17 Some countries are choosing to open relatively quickly. s6(a)
- Other countries are vaccinating to recover freedoms that New Zealand's response to date is providing. Some are more hesitant to open up or have begun to open and then re-introduced restrictions when outbreaks have occurred.
- 18 A summary of the approaches to re-engagement taken overseas is outlined in the Attachment 1 – International Approaches to Reconnecting. Almost all have pre-entry requirements.
- 19 We need to look at and engage with other countries and their experience to make sure that we are learning the lessons about successfully changing border settings or where protections have proven inadequate.
- 20 However, we also need to recognise that our strategy is different. Our Elimination Strategy, to keep New Zealanders safe from COVID-19 by stamping out new cases when they arise, has saved lives, but it's also given us options and will continue to do so.
- 21 If in future a variant of concern emerges that undermines the global vaccine effort, we will be better placed to manage it, including protecting vulnerable people.
- 22 Our stamp it out approach does not mean our borders must remain as they are. The vaccine roll out presents an opportunity to change these settings and apply a greater range of tools, rather than relying solely on MIQ.

As our domestic vaccination rollout progresses, it will increase our layers of protection and open up more options

- 23 The rollout of our vaccination programme is a significant development in supporting protection for the New Zealand population against the virus:
- 23.1 Domestically, vaccination will reduce the health risks associated with any future recurrences of the virus to a significant degree, by providing a level of personal protection and community protection to many, by mitigating severe impacts, and reducing transmissibility.

- 23.2 Internationally, vaccination campaigns in our key partner countries will help to reduce COVID-19 prevalence within their borders, and will increase the frequency with which vaccinated travellers arrive in New Zealand in comparison to the unvaccinated (who are likely to have a different risk profile).
- 24 We have invested significantly in our vaccination programme and secured sufficient doses to vaccinate everyone in New Zealand and also to support some Pacific neighbours. The vaccination rollout will build population protection over the course of this year.
- 25 As at 22 June 2021, more than 1,000,000 doses have been administered in New Zealand, and we are preparing for the bulk of the vaccine to arrive in the country from July. All DHBs have started vaccinating those in group 3, which includes everybody aged 65-plus, those with disabilities, and people who have relevant underlying health conditions. We will be starting group 4 – the general population – from the end of July.
- 26 Vaccination is critical, but will not bring an end to the pandemic. As the vaccine rolls out around the world, we will continue to learn much about transmission and immunity, including against any new variants of concern. Not everyone in New Zealand will be eligible for COVID-19 vaccinations when the group 4 rollout commences, as approved use is available only for people aged 16 and over (with provisional approval granted for 12-15 years), and not everyone can be vaccinated.
- 27 Over time, high uptake of vaccination is likely to reduce our reliance on higher Alert Levels, avoiding the need for full lockdowns to manage the virus. There may still be a need for localised restrictions, especially if there are high levels of unvaccinated populations, but we expect to be able to rely more on our other layers of protection, including contact tracing and surveillance to stamp out COVID-19 cases. Some layers will become more critical, including our surveillance and testing. Changing our border settings will require a greater focus on risk management in the community so that we can quickly detect any ‘seed’ (index) cases of potential outbreaks and successfully stamp out transmission.
- 28 Researchers, including Te Pūnaha Matatini and the Institute for Environmental Science and Research (ESR), are currently undertaking modelling specific to the New Zealand context to help us understand the levels of vaccination in the general population that would reduce our reliance on lockdown restrictions.

The Public Health Advisory Group considers that high vaccination coverage will enable a cautious approach to reopening

- 29 The Public Health Advisory Group reported back on 24 June with initial advice on how a staged reopening approach can take account of the vaccine rollout. They advised that:
- 29.1 Levels of vaccination here and overseas are unlikely to cross a 'herd immunity' threshold.

- 29.2 It is nonetheless vital to achieve the highest possible vaccination coverage across the population.
- 29.3 Border settings should not be relaxed significantly until the vaccination programme has rolled out fully and as many New Zealanders have been vaccinated as possible.
- 29.4 Until then, further bubble country arrangements could be considered, but options are limited.
- 29.5 Once vaccination programmes here and in our bubble countries are sufficiently advanced, quarantine-free travel between such countries should be restricted to adults who have been fully vaccinated (and their accompanying children).
- 29.6 For further reopening, changes would need to start in a carefully planned, phased way, and it is likely they would need to be restricted initially to individuals from countries where the pandemic is well-controlled.
- 29.7 To be eligible for reduced MIQ duration or quarantine-free entry, travellers would need to meet additional precautions such as vaccination certification, negative PCR test before departure, rapid test on arrival, further test during stay, and measures for contact tracing.
- 29.8 A first step could be to start with fully vaccinated New Zealand citizens or residents who have gone overseas for a short trip and are returning.
- 29.9 Greater vigilance will also be essential throughout New Zealand, including strengthening some public health and social measures.
- 29.10 The staging of a re-opening cannot be specified in detail yet, as too much will change over the next six months, but preparatory work is needed now.

Building on our response to date, we will reconnect gradually, changing our border settings to new groups when it is safe to do so

- 30 We are moving from protection based primarily on our border defences, supported by public health settings (including the Alert Level system), to using a combination of border settings, vaccination and public health settings to keep New Zealanders safe from COVID-19.
- 31 The table below shows where we have come from, describes the phases to reconnect New Zealanders with the world, and reflects the advice of the Public Health Advisory Group:
 - 31.1 The first phase ('borders closed') describes our initial response, where we closed our borders as our primary defence to restrict entry of COVID-19 into New Zealand.
 - 31.2 The second phase ('country-based travel') describes where we are now, with quarantine-free travel from Australia, the Cooks Islands and one-way QFT from Niue. I describe this phase as 'country-based travel' as it reflects

reconnection on a country-by-country basis, rather than the status of the individual traveller.

31.3 The third phase ('individual risk based approach') is where we are heading as the domestic and international vaccination rollout progresses and our knowledge about ongoing protection against transmission and immunity evolves. This next step requires a broader range of tools and processes to enable assessment of the public health risk at an individual traveller level, in addition to the country-based travel risk assessment we use now.

	Borders closed	Country-based travel	Individual Risk Based Approach
Description	<i>Closed borders provide our primary defence to restrict entry of COVID-19 into New Zealand</i>	<i>Country-level approach to reconnection</i>	<i>Tools and processes in place to assess risk of travellers arriving in New Zealand, as well as country-based assessment. Vaccination programme well-advanced. Need for enhanced public health settings, e.g. contact tracing capacity.</i>
Bubble country	<ul style="list-style-type: none"> • N/A 	<ul style="list-style-type: none"> • Quarantine-free travel from Australia, the Cooks Island and Niue (i.e. no MIQ) • Limited opportunities to open up to other jurisdictions in the Pacific 	<ul style="list-style-type: none"> • Quarantine-free travel from Australia, the Cooks Island and Niue (i.e. no MIQ) • Limited opportunities to consider opening up to other jurisdictions in the Pacific
Very high risk country	<ul style="list-style-type: none"> • New Zealand citizens only • 14-day MIQ for all travellers 	<ul style="list-style-type: none"> • New Zealand citizens only, with additional requirements • 14-day MIQ for all travellers 	<ul style="list-style-type: none"> • New Zealand citizens only, with additional requirements • 14-day MIQ for all travellers
Other country (non-bubble low-risk, medium-risk and high-risk countries)	<ul style="list-style-type: none"> • New Zealand citizens and Permanent Residents only • Few exemptions: critical workers and humanitarian reasons • 14-day MIQ for all travellers 	<ul style="list-style-type: none"> • New Zealand citizens and Permanent Residents only • Few exemptions: critical workers and humanitarian reasons • 14-day MIQ for all travellers 	<ul style="list-style-type: none"> • New Zealand citizens and Permanent Residents, with amended requirements on arrival to reflect risk • Changing border settings for groups of travellers who meet set criteria: <ul style="list-style-type: none"> ○ Combination of traveller and country-based risk assessment ○ Vaccination / immunity status of traveller recognised ○ Public health measures to be met by groups of travellers reflect risk e.g., testing, isolation/quarantine requirements, contact tracing ○ Volume increases over time, with increasing confidence in criteria and systems ○ s9(2)(f)(iv) [redacted] [redacted] [redacted]

32 There are limits to the number of QFT zones that we can establish, given that only a small number of countries are likely to be considered sufficiently low risk. Ongoing management of QFT zones is also resource-intensive. Too many arrangements run the risk of overloading the system. We need to prepare for accepting travellers from other countries, based on both the country they are travelling from and their individual status.

33 We can start small and safe, changing border settings for travellers who meet our public health criteria and allowing volume to increase over time, as we gain confidence in our criteria, protections and capacity. s9(2)(f)(iv)

[Redacted]

34 Country-based public health risk assessment will remain an important layer of protection across all steps of our reconnection, including once we look beyond the country-by-country approach. This is because factors such as prevalence of COVID-19 (including prevalence of variants of concern) in the places of departure and transit affect the likelihood of a traveller arriving in New Zealand with COVID-19 even if they are vaccinated. It also provides the starting point for determining how confident we can be in a traveller's status. s9(2)(g)(i)

[Redacted]

35 I note that the Minister for COVID-19 Response is bringing a paper alongside this paper, seeking agreement to a country risk assessment framework for very high risk countries. The first step will be to apply this framework to the process of adding and removing countries from the 'very high risk' category, from where we continue to restrict travel to New Zealand regardless of individual traveller status. It is likely that we will need to retain a 'very high risk category' for some time, potentially restricting entry regardless of an individual traveller status (except for New Zealand citizens and permanent residents).

36 The next phase of reconnection will require a broader process of country risk assessment that enables us to differentiate between the large number of countries in the 'other country' row in the table above, to inform the low, medium and high-risk categories – based on factors such as COVID-19 prevalence, approaches to managing COVID-19 and vaccination progress. s9(2)(f)(iv)

[Redacted]

37 As we continue to reconnect with the world, we will also need to consider how we manage COVID-19 long-term relative to how other infectious diseases are managed and ensure our future resilience (our 'new normal'). This includes planning for vaccine booster shots, ensuring well-functioning capacity for surveillance, testing, tracing and quarantine/isolation systems, and the institutional arrangements to support the management of COVID-19 and to prepare for possible future pandemics. This will be an ongoing piece of work reflecting the latest science and evidence.

Reconnecting New Zealanders is starting with travel bubbles with trusted, low risk countries

38 We have made our most significant steps in reconnecting recently, with the start of QFT with Australia, the Cook Islands and one-way QFT from Niue. Much of the success in reaching these QFT arrangements can be attributed to the similar approaches to managing COVID-19 and the existing relationships between our nations, which have supported the negotiation process and the ongoing functioning of these arrangements.

39 The types of considerations to inform decisions on any future QFT arrangements include:

39.1 Which jurisdictions are low risk? There are a small number of jurisdictions that are likely to meet this threshold, beyond those we already have QFT arrangements with.

39.2 s6(a) [Redacted]

39.3 Is the other country also interested in QFT with New Zealand? And with our existing QFT partners?

39.4 Can we safely manage volumes within the available limits of our health and border systems and workforces? The cumulative risks of additional QFT arrangements should be considered.

40 There are limited options for future QFT arrangements. Officials are preparing advice on the next steps for MIQ-free travel from low-risk Pacific Island countries, including for Recognised Seasonal Employers (RSE) workers. The biggest risk with QFT in the Pacific is New Zealand exporting COVID-19 to vulnerable jurisdictions. Vaccinations and one-way arrangements can mitigate this risk. Expanding MIQ-free travel in the Pacific would facilitate social reconnection and family reunification, as well as skilled worker migration, which is important for Pacific remittances and New Zealand's economic recovery

The next phase of our reconnection will be guided by where a traveller has come from, what protections they have in place, what further public health measures they need to meet in New Zealand, and approaches to prioritise and sequence groups of travellers

- 41 As we take the next step from a country-based approach to an individual risk based approach, we will be guided by the following factors:
- 41.1 The public health risk of the jurisdiction they have come from or travelled through before arriving in New Zealand
 - 41.2 Individual protections or pre-travel measures the traveller has undertaken (such as vaccination, pre-departure testing, and health declaration) before arriving in New Zealand
 - 41.3 Public health measures the traveller needs to meet in New Zealand based on the risk that they pose.
- 42 The first factor relates to the point made earlier that country risk remains an important consideration throughout all phases of reconnection, as also highlighted in the Minister for COVID-19 Response's risk-responsive border paper. The types of consideration in assessing country risk include:
- 42.1 Prevalence of COVID-19 and other risk factors such as the presence of variants of concern
 - 42.2 Effectiveness of public health measures in place, including the success of the vaccination programmes
 - 42.3 s9(2)(g)(i) [REDACTED]
- 43 The second factor relates to confidence that we have in a traveller's protections or measures that they have met before they arrive in New Zealand. We are likely to consider all stages of the traveller journey such as:
- 43.1 Pre-travel documentation: vaccination status (type of vaccine), pre-departure testing: negative result
 - 43.2 Travel routes: likelihood of infection in transit or in-flight
- 44 The third factor relates to the public health measures that individual travellers need to meet on arrival and during their stay in New Zealand. There are operational challenges associated with providing different traveller pathways based on granular assessment of risk, so we need to carefully balance a tailored approach to the risk level of the traveller alongside operational complexity. The types of considerations include: MIQ duration, self-isolation options, contact tracing requirements, testing on arrival/during stay.
- 45 We may want to start with travellers currently residing in New Zealand who are leaving and looking to return. This would mean applying the country and traveller risk

assessment frameworks to determine what public health requirements need to be met on arrival by groups (e.g. testing, need for / duration of MIQ). For this suite of travellers, we have greater confidence in their status – for example, we already know with confidence whether they have been vaccinated and with which vaccine.

- 46 The table below illustrates some of the components that could be considered as part of a risk based approach. Different requirements could be applied depending on risk.

Country of departure	Before departure	On arrival	During stay
<ul style="list-style-type: none"> • Prevalence • Variants of concern • Vaccination type / rate • Prior travel if applicable 	<ul style="list-style-type: none"> • Pre-departure testing • Vaccination (including type) • Travel health pass • Safe travel route • Contact details for contact tracing 	<ul style="list-style-type: none"> • Testing on arrival, including serology • Entry with conditions • Self-isolation, managed isolation or MIQ • Border health check and results 	<ul style="list-style-type: none"> • QR scanning • Testing during stay • Self-isolate or MIQ when sick • Itinerary for contact tracing • Further testing (e.g. day 3 or 8)

- 47 **For illustrative purposes only; not be taken as a particular proposal.** To illustrate how this may work in practice: s9(2)(g)(i)

[Redacted text block]

This traveller would need to provide a certified proof of vaccination status, a negative pre-departure PCR test within a specified time of flying and be travelling on a flight with other vaccinated travellers s9(2)(g)(i) They would need to provide contact details for contact tracing, undertake testing on arrival and potentially self-isolate for a shortened period.

- 48 At every decision point, we will need to ensure we have the necessary public health and border measures in place to safely manage additional volumes of arrivals. This will be guided by:

48.1 New Zealanders’ protections against the virus. As the domestic vaccination rollout programme progresses, it will increase our layers of protection and open up more options. We need to maintain the integrity of each layer of protection to keep New Zealanders safe from COVID-19 – including widespread testing, surveillance, contact tracing, and self-isolating when sick.

48.2 The cumulative risk of the volume and composition of arrivals to New Zealand on our health and border systems. Mitigation measures to manage the volume of arrivals will include opening progressively to groups based on set criteria – this could start with vaccinated travellers from particular low-risk countries.

The priorities for taking this work forward include defining the public health conditions that will enable us to change our border settings, setting out the engagement pathway, and ensuring we have the appropriate tools

49 Key components of the work to move forward with our reconnection approach are:

Defining the public health conditions that will enable us to change our border settings

50 Progress in changing our border settings will be contingent on public health settings that enable us to manage risk in the New Zealand community. s9(2)(f)(iv)

Conditions will also be informed by advice from the COVID-19 Strategic Public Health Advisory Group.

51 s9(2)(f)(iv)

Ongoing assessment of the population implications, and potential mitigations will be required each time we are presented with choices within this work programme.

52 s9(2)(f)(iv)

Mapping the pathway through the re-engagement phase

53 Reconnecting New Zealanders to the world will be a gradual process where the border is opened in stages to travellers who meet our public health criteria. Taking a gradual approach allows us to test and learn as we implement new systems and as the domestic and global situation changes, and to preserve the gains from our response to COVID-19 so far.

54 In the August report-back, I will report back on a proposed pathway for reconnection and further detail on the next steps in changing our border settings. s9(2)(f)(iv)

55 s9(2)(f)(iv)

Country and traveller risk assessment frameworks

56 The Minister for COVID-19 Response is taking a paper to Cabinet seeking agreement to a country risk assessment framework to inform the approach to the 'very high risk countries' category, given the immediate need in this space. The next step will require

an assessment of risk in a broader range of countries, to inform low, medium and high risk categories as we move towards an individual risk based approach to reconnecting.

57 In considering traveller risk, we can overlay other factors including vaccination status to indicate the risk level of different groups of travellers. We can then apply a set of public health measures to those travellers that is proportionate to the risk they pose and mitigates the risk of them introducing COVID-19 to New Zealand.

58 s9(2)(c) [redacted]
[redacted]
[redacted] It will be important to ensure that the system provides the necessary protections but is simple to implement and understand. It will also need to be as stable as possible through the re-engagement, while being responsive to changes in risk domestically and around the world.

59 s9(2)(f)(iv) [redacted]
[redacted]
[redacted]
[redacted]

Vaccine certification

60 The Ministry of Health is developing a digitally enabled COVID-19 vaccination certificate for those vaccinated in New Zealand. This will be designed to high standards of security, be easily verified, and aligned with international standards (which are still evolving) so it can support the ability of New Zealanders to travel internationally. s9(2)(f)(iv) [redacted]
[redacted]
[redacted]

Travel health pass and border systems

61 Officials from the Ministries of Transport, Health, Customs, and Business, Innovation and Employment are leading the design and implementation of a travel health pass that will enable border staff and health officials to have confidence in the COVID-19 health credentials presented by travellers at the New Zealand border. Work is underway to understand implications for border agencies' processes and systems, along with costs and timeframes for implementation. s9(2)(f)(iv) [redacted]
[redacted]
[redacted]

62 There are also opportunities to start testing the operational feasibility of some of the options set out in the paper on current arrivals into New Zealand. I expect border agencies to work with airports on verifying pre-departure testing and border health checks on new arrivals. This provides us with an opportunity to test new systems on a smaller volume of travellers and learn from any operational challenges before taking steps to increase the volume of travellers arriving in New Zealand.

63 s9(2)(f)(iv) [redacted]
[redacted]

Other measures travellers may need to take

64 The traveller journey and the measures they must undertake pre-departure, in-flight, on arrival, and within New Zealand are important interventions to ensure risk of COVID-19 entering the community is managed at each stage. s9(2)(f)(iv)

[Redacted text]

The future of MIQ

65 As we progress our reconnection with the world, demand for MIQ will shift, as more travellers are safe to enter New Zealand without managed isolation or for shorter periods of time. However, this shift in volume is difficult to predict accurately and any significant changes in MIQ capacity or design that affect MIQ infrastructure will take time to prepare for and implement. s9(2)(f)(iv)

[Redacted text]

QFT bubble countries

66 In early July, Cabinet will receive advice on next steps on MIQ-free travel from low-risk Pacific Island countries including allowing entry to groups of RSE workers.

67 s9(2)(f)(iv)

68 s9(2)(f)(iv)

Population implications and other considerations

69 Ongoing assessment of the population implications including Te Tiriti o Waitangi analysis, and potential mitigations will be required each time we are presented with choices within this work programme. As part of this, we will need to determine the flow-on implications of changes to settings, e.g. the suitability or adequacy of supports, such as support for community cases who need to self-isolate.

70 Alongside this, an assessment of human rights implications and international law obligations will be required.

We need to be ready to move forward and take decisions while the context is still evolving

- 71 Some of the public health conditions that need to be met for us to move forward with reconnection are within our control, such as our health system capacity and capability, whilst others will be imposed on us, such as the impacts of the evolving international environment, and the behaviour of the virus, including variants of concern.
- 72 We need to prepare to make decisions in the face of substantial uncertainty – requiring us to keep our guard up and take an adaptive, iterative approach using the latest intelligence and science and public health perspectives. It also means being ready to move forward when it is safe to do so, and considering when we might need to make pauses.
- 73 To assist our decision-making, we can use modelling to identify the likely impacts at different stages along the vaccine rollout. Modelling does not give us precise answers about what would happen if we opened in a particular way or at a particular point, but it can allow a better-than-intuitive sense of which interventions are likely to be most effective, and which new information would most change the likely outcomes.
- 74 Initial modelling by Te Pūnaha Matatini and ESR highlights both the importance of high rates of vaccination and a need to maintain public health settings, such as contact tracing and testing, to keep New Zealanders safe from COVID-19. The modelling reflects New Zealand’s unique starting point relative to other countries, and the need for world-leading vaccination rates to give ourselves the widest set of options for reconnecting safely. When comparing ourselves to other countries overseas, it is important to remember that we are starting this journey from a different position.

75 s9(2)(f)(iv) [Redacted text block]

The Reconnecting New Zealanders work programme

Reconnecting New Zealanders to the world is a process that is the responsibility of no single agency, with a coordinated effort required across government

- 76 Our reconnection approach must be coordinated across government, underpinned by international experience, supported by public health intelligence, human rights analysis, and tested widely to ensure that it considers the diverse wishes of New Zealanders, with a focus on equity. Social licence has enabled this country to respond as a ‘team of five million’ and underpins high adherence to measures to keep New Zealanders safe.

- 77 Developing and operationalising our reconnection approach requires a significant work programme, some of which is underway (see Attachment 2 – *Reconnecting New Zealanders* Work Programme). The *Reconnecting New Zealanders* Ministerial Group will oversee, co-ordinate and drive the programme of work to support the development of our strategy. My expectation is that this work is prioritised so that we are ready to move and understand the lead-in times to operationalise the different options, should public health conditions permit.
- 78 While public health measures are central, I propose the *Reconnecting New Zealanders* Ministerial Group consider links to other related portfolios that support the public health response and other relevant workstreams. This includes 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.
- 79 The core membership of the Ministerial Group will be:
- 79.1 Prime Minister Rt Hon Jacinda Ardern (Chair)
 - 79.2 Minister of Finance – Hon Grant Robertson
 - 79.3 Minister for COVID-19 Response – Hon Chris Hipkins
 - 79.4 Minister of Foreign Affairs – Hon Nanaia Mahuta
 - 79.5 Minister of Immigration – Hon Kris Faafoi
 - 79.6 Minister of Transport - Hon Michael Wood
 - 79.7 Associate Minister of Health (Māori Health) – Hon Peeni Henare
 - 79.8 Associate Minister of Health – Hon Dr Ayesha Verrall
 - 79.9 Associate Minister of Health (Pacific Peoples) – Hon Aupito William Sio
 - 79.10 Minister of Customs - Hon Meka Whaitiri

This work programme will benefit from independent advice from the COVID-19 Independent Advisory Groups

- 80 Alongside work across the public service, development of options will be informed by independent advice from the two COVID-19 Independent Advisory Groups: the Public Health Advisory Group, 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.
- 81 Minister Verrall, in her capacity as the Associate Minister of Health, has posed three primary questions for the Public Health Advisory Group to consider related to the reconnection strategy as part of the Group’s forward work programme:

- 81.1 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?
- 81.2 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?
- 81.3 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)?
- 82 The Public Health Advisory Group provided initial advice in early June on the future of the Elimination Strategy, including:
- 82.1 It is viable and optimal to continue with the goals of the Elimination Strategy, defined as a focus on a zero-tolerance towards new cases, rather than a goal of no new cases.
- 82.2 Continuing with the goals of the Elimination Strategy keeps New Zealand's future policy options open, and if the strategy were to be abandoned now it may never be possible to reverse the change.
- 82.3 A successful vaccination programme will make the Elimination Strategy more feasible, in any situation where the virus keeps entering the country.
- 82.4 Our ability to stamp out COVID-19 will partly depend on the level of vaccination coverage achieved, including across regions and population groups.
- 83 In response to the remaining two questions, the Group recommended a cautious, staged approach to reopening our borders that is enabled by high levels of vaccine coverage. This advice has framed the approach proposed in this paper (see paragraph 29).
- 84 The COVID-19 Independent Continuous Review, Improvement and Advice Group's forward work programme will be on capturing lessons and innovations to inform the evolution of a 'fit-for-the-future' COVID-19 prevention and response system. Their focus will be on continuous improvement across an evolving operating environment as the country moves into a post-vaccinated world with greater freedoms at the border.
- 85 I consider it important to continue to draw on independent advice from the Groups as relevant to their expertise, to ensure their advice is provided on the most critical elements and within appropriate timeframes, as they emerge.

Wider engagement and public-facing communications will also be needed

- 86 It is my expectation that the *Reconnecting New Zealanders* approach will involve engagement beyond the two Advisory Groups. Early engagement with key partners and stakeholders including iwi/Māori, Pacific peoples, ethnic communities and migrants, disabled people organisations, the health sector, the business community,

local government and the wider public will therefore be needed to ensure the approach reflects the diverse views of New Zealanders and to support social licence, equity and economic recovery. The development of the approach will require an ongoing relationship with Māori and iwi, for example through the Iwi Chairs Forum, s9(2)(h) and representation of urban Māori across the community panel.

- 87 s9(2)(f)(iv) [REDACTED]
[REDACTED]
[REDACTED]
[REDACTED] Once the approach is agreed, public-facing communications material will be developed, including alternate formats and translations. Early development of a public communications strategy will provide important clarity for sectors and regions that rely on international connections. It will also help to build understanding about the rationale for reopening progressively and that it may be a significant period of time before we reach a 'new normal'.

Financial Implications

- 88 There are no financial implications arising from endorsing the approach set out in this paper. Future Cabinet papers will outline the financial implications associated with implementing the approach.

Legislative Implications

- 89 There are no legislative implications arising from this paper. To implement the approach, decisions will be required in future that have legislative implications. These will be sought in subsequent Cabinet papers.

Treaty Analysis

- 90 As part of the 2020 Elimination Strategy review, Tiriti o Waitangi and equity analysis was undertaken. It found that while some parts of our COVID-19 response have aligned well with Te Tiriti o Waitangi principles, for example partnering with iwi providers for testing, there are opportunities to strengthen our response. We need to take these lessons forward and ensure our reconnection approach is aligned with Te Tiriti o Waitangi principles and achieves equitable outcomes. Strengthening engagement with iwi Māori will be important as we further develop our approach to reconnecting New Zealanders to the world.

Population Implications

- 91 A safe approach to reconnecting our people to the world will benefit New Zealanders by supporting economic recovery and re-establishing social connections with friends and whānau overseas.
- 92 In considering changing our border settings, our primary objective remains to keep New Zealanders safe from COVID-19.
- 93 The risk of negative health impacts of COVID-19 could disproportionately affect population groups such as older people, disabled people, Māori, Pacific Peoples and some ethnic communities. Disabled people, Māori and Pacific peoples are more likely

to experience these impacts, as they have higher rates of underlying health conditions and co-morbidities. Those who live in crowded housing, especially Māori and Pacific peoples for example, living in an intergenerational arrangement, or those who work in particular roles such as border security, are also likely to be more at risk of transmission.

- 94 Moreover, some of those within the above groups will not be eligible for vaccinations since approved use is available only for persons 16 years and above, with provisional approval recently given for those 12 – 15 years of age.
- 95 Ongoing assessment of the population implications, and potential mitigations will be required each time we are presented with choices within this work programme. The proposed approach makes reconnection contingent on protecting our people, in particular high-risk groups.

Human Rights

- 96 There may be New Zealand Bill of Rights Act 1990 and Human Rights Act 1993 implications arising, however, this will need to be assessed further against scientific/health advice further detailed policy work on relevant matters. s9(2)(h)

- 97 Ongoing assessment of the human rights implications will be required each time we are presented with choices within this work programme.

Consultation

- 98 The paper was developed by the Department of the Prime Minister and Cabinet (COVID-19 Response Group). The following were consulted: Crown Law Office, Department of the Prime Minister and Cabinet (Policy Advisory Group); Department of Internal Affairs; Ministry of Business, Innovation and Employment (Managed Isolation and Quarantine, Immigration and Tourism); Ministry of Education; Ministry of Foreign Affairs and Trade; Ministry of Health; Ministry of Justice; Ministry for Pacific Peoples; Ministry for Primary Industries; Ministry of Social Development; Ministry of Transport; New Zealand Customs Service; New Zealand Police; Te Puni Kōkiri; Office for Disability Issues and the Office for Seniors; Office of Ethnic Communities; Te Arawhiti; and the Treasury.

Communications

- 99 I intend to make further announcements about our reconnection approach to tie in with the publication of modelling results and the release of advice from the Public Health Advisory Group.

Proactive Release

- 100 I intend to proactively release this paper and its associated minute within the standard 30 business days from the decision being made by Cabinet, with any appropriate redaction where information would have been withheld under the Official Information Act 1982.

Recommendations

The Prime Minister recommends that Cabinet:

- 1 **note** the proposal to progressively change our border settings for travellers, without compromising public safety, moving from an approach based on quarantine-free travel with countries, to a risk based approach for individual travellers;
- 2 **note** the individual risk based approach provides greater flexibility and scalability over time and presents a wider range of potential options for reconnection;
- 3 **note** that country-based public health risk assessment will remain an important layer of protection across all steps of our reconnection;
- 4 **note** developing and operationalising the approach will require a significant work programme and Attachment 2 *Reconnecting New Zealanders* work programme sets out elements already underway;
- 5 **invite** the Prime Minister and the Minister for COVID-19 Response to report back to Cabinet by early August 2021 on:
 - 5.1 s9(2)(f)(iv) [redacted]
 - 5.2 a more sophisticated risk based approach, including the next steps for country risk assessment, tools for traveller-level assessment, s9(2)(f)(iv) [redacted]
 - 5.3 s9(2)(f)(iv) [redacted]
- 6 **note** the following advice will inform the August Cabinet paper:
 - 6.1 s9(2)(f)(iv) [redacted]
 - 6.2 s9(2)(f)(iv) [redacted]
 - 6.3 s9(2)(f)(iv) [redacted]
- 7 **note** report-backs will also be provided on the following:
 - 7.1 s9(2)(f)(iv) [redacted]

7.2 s9(2)(f)(iv) [redacted]
[redacted]
[redacted]

7.3 s9(2)(f)(iv) [redacted]
[redacted]
[redacted]

- 8 **agree** to establish a *Reconnecting New Zealanders* Ministerial Group that will oversee, coordinate and drive the *Reconnecting New Zealanders* work programme;
- 9 **agree** that the *Reconnecting New Zealanders* Ministerial Group is comprised of the Prime Minister, the Ministers of Finance, COVID-19 Response, Foreign Affairs, Transport, Customs and Immigration, and Associate Ministers of Health (Hon Peeni Henare, Hon Dr Ayesha Verrall and Hon Aupito William Sio);
- 10 **note** this work programme will benefit from independent advice from the COVID-19 Independent Advisory Groups, as well as wide engagement;
- 11 **note** that the Public Health Advisory Group provided initial advice on matters relating to reconnection including:
- 11.1 it is viable and optimal to continue with the goals of the Elimination Strategy, defined as a focus on a zero-tolerance towards new cases;
 - 11.2 continuing with the goals of the Elimination Strategy keeps New Zealand's future policy options open;
 - 11.3 levels of vaccination here and overseas are unlikely to cross a 'herd immunity' threshold;
 - 11.4 it is nonetheless vital to achieve the highest possible vaccination coverage across the population;
 - 11.5 border settings should not be relaxed significantly until the vaccination programme has rolled out fully and as many New Zealanders have been vaccinated as possible;
 - 11.6 changes to border settings would need to start in a carefully planned phased way – it is likely they would need to be restricted initially to individuals from countries where the pandemic is well-controlled;
 - 11.7 additional precautions will need to be in place for travellers such as vaccination certification, testing and contact-tracing, and greater vigilance will also be essential throughout New Zealand;
 - 11.8 unvaccinated travellers are likely to continue to be required to go into MIQ for a full 14 days;
 - 11.9 the staging of a re-opening cannot be specified in detail yet, as too much will change, but preparatory work is needed now.

12

s9(2)(f)(iv)

Authorised for lodgement

Rt Hon Jacinda Ardern

Prime Minister

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Border reopening measures in selected jurisdictions

This table summarises major border measures in place, announced, or under consideration in selected jurisdictions. Because most jurisdictions have a variety of measures (variously depending on country risk, individual risk, vaccination status, amongst other factors) the measures included below are the least restrictive in each case. The information is drawn from reporting by MFAT's global network of posts and open sources. While every effort is made to ensure accuracy, COVID border measures change quickly. This table is intended as an overview only, and individual data points should be cross-verified before use for policy decision making or public messaging.

Country	Current or planned?	Percent fully vaccinated	Settings	Lowest risk group this applies to	PDT	Test on arrival	Self-isolation	Quarantine in hotel/govt facility	Notes
Australia	Under consideration	4.26%	Understood to be linking border reopening to vaccine rollout	Unknown					In early stages of consideration, some media speculation of possible reduced restrictions for vaccinated travellers and considering use of vaccination passports
UK	Current	46.39%	Traffic light system	Travellers from 'green' countries	Y	Y	N	N	Stronger restrictions for red/amber countries
USA	Current	44.98%	Vaccinated can skip self-quarantine recommendation	All except non-citizens recently in high-risk areas	Y	N	N	N	7-day self-quarantine recommended for non-vaccinated travellers
Canada	Planned (July)	20.71%	Vaccinated can skip quarantine	Citizens, PRs, essential workers, those who meet eligibility	Y	Y	Until test result received	N	Some provinces/territories waiving self isolation for fully vaccinated travellers
Singapore	Under consideration (Q3/4 likely)	35.17%	Travel corridors for vaccinated	Residents (returning from low-risk areas)		Y	N	N	
Japan	Current	8.20%	Self-isolation for non-variant country travellers	Nationals, PRs and those with re-entry permits	Y	Y	Y	N	Travellers from variant countries must enter hotel quarantine, delta variant designated countries required govt quarantine and additional testing
Taiwan	Planned (unknown timeframe)	0.12%	Vaccinated can skip quarantine	Air-crew of Taiwanese carriers only			N	N	
Germany	Current	32.20%	Vaccinated can skip self-isolation	Travellers from non-variant-of-concern places	Y	N	N	N	Self-isolation also not required for travellers from lower-risk areas.
France	Current	25.51%	Traffic light system	Travellers from 'green countries'	Unvaccinated only	N	N	N	Stronger measures for red/amber countries
Iceland	Current	45.52%	Vaccinated/prior infected can skip quarantine	Travellers from all countries	N	Y	Until test result	If self-isolation not possible	Non-vaccinated travellers need PDT and 5-day quarantine
Israel	Current	59.53%	Vaccinated/prior infected can skip quarantine	Citizens, residents and approved foreigners	Y	Y	N	Until test result received (those vaccinated abroad only)	Vaccinated travellers recently in high-risk areas must still isolate (citizens/residents) or quarantine (foreigners)

Reconnecting New Zealanders work programme

Item	Key considerations	Who	Work currently underway
Public health preconditions for reopening	<ul style="list-style-type: none"> What are the public health conditions that will enable us to change our border settings? How do these change over time? 	MoH Public Health Advisory Group DPMC COVID-19 Group	<ul style="list-style-type: none"> s9(2)(f)(iv) [Redacted] [Redacted] [Redacted] [Redacted]
Domestic public health measures & response capacity	<ul style="list-style-type: none"> What domestic public health protections and response capacity needs to be in place? Which layers may need strengthening? What is needed for the long-term management of COVID-19 and what does this look like relative to other infectious diseases? 	MoH Public Health Advisory Group COVID-19 Independent Continuous Review, Improvement and Advice Group DPMC COVID-19 Group	<ul style="list-style-type: none"> s9(2)(f)(iv) s9(2)(f)(iv) [Redacted] Ongoing rollout of the vaccine programme – start of vaccination of Group 4 end of July s9(2)(f)(iv) s9(2)(f)(iv) Ongoing advice from the COVID-19 Independent Continuous Review, Improvement and Advice Group regarding the current and future readiness and resourcing across the system
Traveller volume / prioritisation	<ul style="list-style-type: none"> Which groups will we prioritise to safely manage volumes of arrivals? s9(2)(f)(iv) [Redacted] s9(2)(f)(iv) How will we progressively open to different groups? 	DPMC COVID-19 Group s9(2)(f)(iv)	<ul style="list-style-type: none"> Advice outlining the option for QFT for RSE workers from Pacific Countries – MFAT, July 2021 s9(2)(f)(iv) [Redacted] [Redacted] [Redacted] [Redacted] [Redacted] [Redacted]

Reconnecting New Zealanders work programme

Item	Key considerations	Who	Work currently underway
Country and traveller risk	<ul style="list-style-type: none"> What are our criteria and processes for assessing country and traveller risk? At what point do we assess individuals seeking to travel? How does vaccination status combine with country of departure and other factors in determining risk? What information-sharing arrangements are needed, both domestically and internationally? What public health measures will groups of travellers need to meet, depending on risk profile? 	<p>MoH</p> <p>Public Health Advisory Group</p> <p>MFAT</p> <p>COVID-19 Independent Continuous Review, Improvement and Advice Group</p>	<ul style="list-style-type: none"> Country risk assessment framework for very high risk countries – MoH, Cabinet paper in June s9(2)(f)(iv) Approach to individual traveller assessment, including public health measures/mitigations for travellers – DPMC / MoH, report-back to Cabinet in early August Ongoing advice from the COVID-19 Independent Continuous Review, Improvement and Advice Group regarding the processes and tools to support the flow of people across our border
Vaccine certification / Travel Health Pass	<ul style="list-style-type: none"> What are our vaccination requirements and what processes are required to verify vaccination status at the border? What are the vaccination requirements of other overseas jurisdictions and what proof is required? 	<p>MoH, MoT, Customs, DIA, MBIE (Immigration)</p>	<ul style="list-style-type: none"> s9(2)(f)(iv) s9(2)(f)(iv) s9(2)(f)(iv)
Future of country-based QFT	<ul style="list-style-type: none"> What is the future of country-to-country QFT? Will we open new QFT zones/bubbles? 	<p>DPMC COVID-19 Group / MFAT</p>	<ul style="list-style-type: none"> s9(2)(f)(iv) s9(2)(f)(iv)
Engagement & Communications	<ul style="list-style-type: none"> How do we ensure our work programme brings in diverse perspectives at key points, including our Treaty partners? How do we bring the public along the journey? 	<p>DPMC COVID-19 Group</p>	<ul style="list-style-type: none"> s9(2)(f)(iv)



Cabinet Social Wellbeing Committee

Minute of Decision

This document contains information for the New Zealand Cabinet. It must be treated in confidence and handled in accordance with any security classification, or other endorsement. The information can only be released, including under the Official Information Act 1982, by persons with the appropriate authority.

Reconnecting New Zealanders with the World

Portfolio **Prime Minister**

On 30 June 2021, the Cabinet Social Wellbeing Committee **referred** the submission under SWC-21-SUB-0104 to Cabinet on 5 July 2021, revised as appropriate in light of discussion at the meeting.

Rachel Clarke
Committee Secretary

Present:

Rt Hon Jacinda Ardern
Hon Grant Robertson
Hon Dr Megan Woods
Hon Chris Hipkins
Hon Carmel Sepuloni (Chair)
Hon Damien O'Connor
Hon Stuart Nash
Hon Kris Faafoi
Hon Peeni Henare
Hon Jan Tinetti
Hon Michael Wood
Hon Dr Ayesha Verrall
Hon Meka Whaitiri
Hon Priyanca Radhakrishnan

Officials present from:

Office of the Prime Minister
Officials Committee for SWC



Cabinet

Minute of Decision

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Report of the Cabinet Social Wellbeing Committee: Period Ended 2 July 2021

On 5 July 2021, Cabinet made the following decisions on the work of the Cabinet Social Wellbeing Committee for the period ended 2 July 2021:

SWC-21-MIN-0104 **Reconnecting New Zealanders with the World** Separate minute:
Portfolio: Prime Minister CAB-21-MIN-0263

Michael Webster
Secretary of the Cabinet



Cabinet

Minute of Decision

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Reconnecting New Zealanders with the World

Portfolio Prime Minister

On 5 July 2021, following reference from the Cabinet Social Wellbeing Committee, Cabinet:

- 1 **noted** that the paper attached under CAB-21-SUB-0263 proposes to progressively change New Zealand's border settings for travellers, without compromising public safety, moving from an approach based on quarantine-free travel with countries, to a risk based approach for individual travellers;
- 2 **noted** that the individual risk-based approach (the approach) provides greater flexibility and scalability over time and presents a wider range of potential options for reconnection;
- 3 **noted** that country-based public health risk assessment will remain an important layer of protection across all steps of our reconnection;
- 4 **noted** that developing and operationalising the approach will require a significant work programme, and the Reconnecting New Zealanders work programme attached under CAB-21-SUB-0263 (the work programme) sets out elements already underway;
- 5 **invited** the Prime Minister and the Minister for COVID-19 Response to report back to Cabinet by early August 2021 on:

5.1 s9(2)(f)(iv)

5.2 a more sophisticated risk-based approach, including the next steps for country risk assessment, tools for traveller-level assessment s9(2)(f)(iv)

5.3 s9(2)(f)(iv)

- 6 **noted** that the following advice will inform the August Cabinet paper:

6.1 s9(2)(f)(iv)

6.2 s9(2)(f)(iv)

6.3 s9(2)(f)(iv)

7 **noted** that the following report-backs will also be provided:

7.1 s9(2)(f)(iv)

7.2 s9(2)(f)(iv)

7.3 s9(2)(f)(iv)

8 **agreed** to establish a Reconnecting New Zealanders Ministerial Group (the Ministerial Group) that will oversee, coordinate and drive the work programme;

9 **agreed** that the Ministerial Group comprise the Prime Minister, Minister of Finance, Minister for COVID-19 Response, Minister of Foreign Affairs, Minister of Immigration, Minister of Transport, Minister of Customs, and the Associate Ministers of Health (Hon Peeni Henare, Hon Dr Ayesha Verrall and Hon Aupito William Sio);

10 **noted** that the work programme will benefit from independent advice from the COVID-19 Independent Advisory Groups, as well as wide engagement;

11 **noted** that the Public Health Advisory Group provided initial advice on matters relating to reconnection including:

11.1 it is viable and optimal to continue with the goals of the Elimination Strategy, defined as a focus on a zero-tolerance towards new cases;

11.2 continuing with the goals of the Elimination Strategy keeps New Zealand's future policy options open;

11.3 levels of vaccination in New Zealand and overseas are unlikely to cross a 'herd immunity' threshold;

11.4 it is nonetheless vital to achieve the highest possible vaccination coverage across the population;

11.5 border settings should not be relaxed significantly until the vaccination programme has rolled out fully and as many New Zealanders have been vaccinated as possible;

11.6 changes to border settings would need to start in a carefully planned phased way – it is likely they would need to be restricted initially to individuals from countries where the pandemic is well-controlled;


11.7 additional precautions will need to be in place for travellers such as vaccination certification, testing and contact-tracing, and greater vigilance will also be essential throughout New Zealand;

11.8 unvaccinated travellers are likely to continue to be required to go into MIQ for a full 14 days;

11.9 the staging of a re-opening cannot be specified in detail yet, as too much will change, but preparatory work is needed now;

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s9(2)(f)(iv)

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Michael Webster
Secretary of the Cabinet

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