

In Confidence

Office of the Prime Minister

Office of the Minister for COVID-19 Response

Cabinet

Reconnecting New Zealanders with the World: Moving forward with the approach

Proposal

- 1 This paper seeks Cabinet's endorsement of the next stages in reconnecting New Zealanders to the world through opening the medium-risk pathway in 2022.

Relation to government priorities

- 2 This paper supports the ongoing response to COVID-19 by setting out next steps for implementing changes to border settings.

Executive Summary

- 3 Our COVID-19 context is changing – we have shifted our overall strategy to focus on minimisation and protection, and announced the COVID-19 Protection Framework (the Framework) which lays out our domestic response to COVID-19 for a highly vaccinated population.
- 4 Progressively opening-up our border is the next step in our Reconnecting New Zealanders plan. We have begun to take steps towards reconnecting, by expanding one-way quarantine-free travel to eligible travellers from Samoa, Tokelau, Tonga and Vanuatu. Our next step is to look towards the medium-risk pathway, allowing people to come in via self-isolation rather than Managed Isolation and Quarantine (MIQ). Our ability to reconnect with the world on a larger scale will be supported by our strong domestic response and health system capacity.
- 5 We are seeing significant demand from New Zealanders (and non-New Zealanders) wanting to return and travel abroad, and a concern that New Zealand may lose air connectivity as the rest of the world starts to open up more widely. While high levels of vaccination enable greater flexibility at the border, we still need to take a cautious approach.
- 6 To achieve our goals of protecting people and minimising health impacts by containing outbreaks, we will need to be confident in the effectiveness of the Framework to manage COVID-19 and protect the vulnerable alongside changes to our border settings. This includes ensuring that changes to domestic settings, such as potential increased movement across the Auckland boundary, are bedded in before significant changes are made to border settings. We need to develop our border and health systems to manage COVID-19 domestically and at the border so that we do not put undue pressure on our testing, tracing and case management capacity or otherwise exceed our ability to minimise transmission and contain outbreaks.

- 7 The proposals in this paper set out an approach that stages the growth in traveller volumes through the medium-risk pathway with ‘stay at home’ (self-isolation) requirements upon arrival, recognising the twin objectives to both reopen and protect public health. We consider that taking steps to open-up the medium-risk pathway could begin once the Framework has had a chance to bed-in.
- 8 We are seeking Cabinet’s endorsement of this approach today. The decision to open up the medium-risk pathway will be subject to more detailed assessment of the public health risks and settings of the risk based pathways, operational feasibility, and social and economic benefits, which we will report back to Cabinet on in December 2021.
- 9 We propose to sequence the steps of re-opening as:
- 9.1 Step 1 – opening the medium-risk pathway to fully vaccinated New Zealand citizens and those residence-class visa holders and other travellers eligible under our current restrictive border settings, from Australia. This stage could begin from 1 February 2022;
 - 9.2 Step 2 – expanding the medium-risk pathway to fully vaccinated New Zealand citizens and those residence-class visa holders and other travellers eligible under our current restrictive border settings, from all but higher-risk countries. This stage could begin once the traveller health declaration system (THDS) is in place by 31 March 2022;
 - 9.3 Step 3 – expanding the medium-risk pathway to fully vaccinated foreign nationals, possibly staged by visa category, and subject to further advice on immigration visa processing capacity and health advice on the ongoing need for volume controls. Depending on the progress of the earlier steps, this could start to occur from Q2 2022 onwards.
- 10 The first two steps are likely to involve a significant proportion of potential travellers. New Zealanders travelling from other countries represented close to half of all arrivals in 2019. At the end of the steps, the flow of border arrivals into MIQ will be very limited, such as arrivals from higher-risk countries, unvaccinated New Zealand citizens (if an airline will carry them) or those who do not meet the vaccine requirements but are permitted to travel to New Zealand.
- 11 Maintaining stable settings will also be critical for reconnecting. Once travel from a country has opened it will be neither feasible nor desirable to change settings frequently. However, we will need to be prepared to tighten our settings at the border if our domestic situation requires.
- 12 The aviation industry is urgently seeking signals about the pathway for border re-opening. s9(2)(g)(i)

Our overall context is changing, shaping the way we reconnect with the world

- 13 On 9 August, Cabinet agreed to shift border settings to a risk-based approach, based on three entry pathways [CAB-21-MIN-0305]. Since then we have taken several steps towards our reconnecting approach including:
- 13.1 the requirement for non-New Zealand citizens to be vaccinated before entering MIQ from 1 November;
 - 13.2 expanded one-way quarantine-free travel to eligible travellers from Samoa, Tokelau, Tonga and Vanuatu from 8 November;
 - 13.3 the reduction of time in MIQ from 14 to seven days from 14 November;
 - 13.4 implementation of the self-isolation pilot.

We now have a new strategy for managing COVID-19 in New Zealand

- 14 On 18 October, Cabinet confirmed that our COVID-19 strategy will transition from elimination to minimisation and protection. As part of this strategy we have announced the Framework which lays out our domestic response to COVID-19 for a highly vaccinated population. This framework offers greater freedoms to those who are vaccinated, while minimising harm from COVID-19, and protecting those who are most vulnerable.
- 15 Minimisation means that we are aiming to keep the spread of COVID-19 at as low a level as possible by containing and controlling any outbreaks. It also means that there will more than likely be some cases in the community on an ongoing basis. Protection means that we will protect people from the virus, with vaccination, management, and a response that focusses on minimising the significant health impacts of the virus.
- 16 Being able to control COVID-19 domestically, allows us to change our risk tolerance at the border, and open up travel in a manner that will deliver social and economic benefits for New Zealand, while still managing public health risks to an acceptable level. This means adapting the settings for arrivals to reflect the changing risk. Opening up the medium risk pathway is the next step in regaining more freedoms, and social and economic connections.
- 17 Today Cabinet is also considering changes to domestic settings as part of the Framework, including when to allow more travel through the Auckland boundary. It is important that the timing of international re-opening is considered in conjunction with changes to domestic settings, in order to ensure that COVID-19 impacts can be managed by the health system.

Our approach to Reconnecting New Zealanders will work as part of the minimisation and protection strategy

- 18 More international travel will mean increased risk of COVID-19 cases entering New Zealand. Our minimisation and protection strategy acknowledges that there will be some level of cases in the community on an ongoing basis, and the Framework is designed to manage that in the context of a highly vaccinated population. The proposed approach for Reconnecting New Zealanders aims to ensure that the risk of

cases entering New Zealand via international travel can be readily managed domestically through the Framework.

- 19 No country has transitioned from an elimination strategy to re-opening in a way that does not lead to an increase of COVID-19 cases in the community. Most countries still have a phased approach to re-opening and additional public health measures in place to manage COVID-19 risk at the border.
- 20 Once travel from a country has opened it will be neither feasible nor desirable to change settings frequently. Travellers, airlines, airports and border agencies need as much certainty as possible. Airlines and airports have emphasised the importance of building a system that is simple, stable, and scalable, and that s9(2)(ba)(i) [redacted]
[redacted] Under the reconnecting approach, the intent is that the entry pathways would remain stable, unless there are significant changes in the COVID-19 situation, such as a major new variant of concern or overwhelming pressure on our health system due to increasing case numbers.
- 21 Decisions to reconnect too quickly will be difficult to change, and it is therefore essential that we take a cautious and manageable approach to reconnecting.

There is increasing appetite and need to reopen our air borders, but this needs to be done sustainably

- 22 There is pent up demand for New Zealanders (and non-New Zealanders) to return home, to travel abroad to reconnect with family and friends, and to foster business opportunities, employment and investment. Sectors of the economy which rely on international connections, such as tourism, international education and international aviation, have been impacted significantly by the border restrictions and re-opening would support these businesses and their workers.

- 23 s9(2)(g)(i) [redacted]
[redacted]
[redacted] The Maintaining International Air Connectivity (MIAC) scheme, which allows airlines to break-even on routes, has been enough to keep airlines in New Zealand. However, some airlines are already shifting their now-smaller fleets to focus on more profitable routes in preference to operating here with government support. Industry has emphasised that the lack of certainty increases the risk of international airlines choosing to leave the New Zealand market, and is putting additional pressure on airlines' ability to manage limited resources. s9(2)(g)(i) [redacted]
[redacted]

- 24 s9(2)(b)(ii) [redacted]
[redacted]
[redacted]
[redacted]
[redacted]

- 25 Lead times will also be particularly important if any changes are introduced before the THDS is available (by 31 March 2022), to enable time to work through the expectations for and implementation of compliance checks.

Timing of re-opening steps will align with domestic settings

- 26 We cannot move to relax border settings, other than at a small scale for testing systems, until we have acceptably high vaccination rates and confidence in the Framework to effectively control outbreaks and manage the impacts of COVID-19 in practice. Changes to domestic settings, including allowing more travel across the Auckland boundary will impact the spread of COVID-19 domestically, and we need to be able to manage this increased risk alongside changes to settings at the border. This includes managing cases from the border that could be seeded in diverse locations within New Zealand through onward travel.
- 27 It is also important the health system can manage the cumulative risk of COVID-19 at the border alongside other healthcare needs. Overall, the health system needs to be agile to respond to changes in community cases, while ensuring other health priorities are met to avoid inequitable outcomes across New Zealand. Opening the border too quickly risks overwhelming the healthcare system and harming vulnerable populations, and therefore a staged approach is appropriate in minimising this risk.
- 28 Border and community surveillance is being increased to ensure early detection and management of COVID-19 in the community. The Ministry of Health is developing a testing strategy to deploy appropriate testing, including rapid testing, in different settings, in the context of a highly vaccinated population. Further work on arrival testing is progressing as part of the self-isolation pilot in order to support the re-opening approach. Appendix 1 provides further information on health system preparedness for re-opening.
- 29 We propose that taking steps to open-up the medium-risk pathway could begin once changes to the Framework have had a chance to bed-in, from 1 February 2022. This would allow time for domestic systems and processes, including our health system, to be prepared to support additional COVID-19 cases through the border. It will be important for the timing of this first step to account for changes in risk that could allow an earlier reduction in restrictions at the border, and this will be kept under review.
- 30 We therefore propose the following re-opening steps:
- 30.1 Step 1 – opening the medium-risk pathway to fully vaccinated New Zealand citizens and those residence-class visa holders and other travellers eligible under our current restrictive border settings, from Australia (provided they have been in Australia or New Zealand for the past 14 days).
 - 30.2 Step 2 – expanding the medium-risk pathway to fully vaccinated New Zealand citizens and those residence-class visa holders and other travellers eligible under our current restrictive border settings, from all but higher-risk countries.
 - 30.3 Step 3 – expanding the medium risk pathway to fully vaccinated foreign nationals, possibly staged by visa category subject to further advice on

immigration visa processing capacity and health advice on the ongoing need for volume controls.

The risk-based pathways can help ensure that the level of COVID-19 risk is managed at each step of re-opening

- 31 Entry through the risk-based pathways will aim to ensure that the level of COVID-19 risk is managed appropriately at each step of re-opening. At a broad level, once fully operational, we consider that the risk-based pathways could facilitate entry in the following way:
- 31.1 The low-risk pathway could enable one-way quarantine-free entry for vaccinated travellers from countries with low COVID-19 risk (currently limited to certain Pacific jurisdictions)
 - 31.2 The medium-risk pathway could enable modified quarantine requirements (i.e. self-isolation requirements) for fully vaccinated travellers from the majority of jurisdictions
 - 31.3 The high-risk pathway could enable MIQ for unvaccinated New Zealand citizens and all travellers with higher-risk profiles.
- 32 The public health and entry requirements of each pathway (such as vaccination, testing, and isolation requirements) for incoming travellers are expected to reflect the level of COVID-19 risk posed.
- 33 It is not proposed that the approach to managing arrivals through the risk-based pathways would change in response to COVID-19 cases in New Zealand, or in response to changing levels of the Framework. However, should the international situation change substantially, for example with the emergence of a new variant of concern, or a development of a major outbreak in another country, we should be prepared to once again limit the number of arrivals by relying more on the higher-risk pathway.
- 34 The specific requirements for each of the pathways will be subject to more detailed assessment of the public health and equity risks, operational feasibility and constraints, and social and economic risks and benefits at the time of opening.

The medium-risk pathway can be used to support a higher volume of travellers while continuing to mitigate public health risk

- 35 We propose that the first steps towards substantial reconnection should involve opening up the medium-risk pathway, with self-isolation requirements for fully vaccinated travellers upon arrival. Where unvaccinated children under 17 are travelling with adults, they will enter on the same entry pathway as their adult guardians. This pathway ensures that there are suitable risk mitigations in place for travellers, while also enabling a more substantial volume of travellers to enter New Zealand.
- 36 It is also important to consider the interaction between the isolation and testing requirements for the management of COVID-19 contacts in the community, travellers entering MIQ, and travellers entering self-isolation. The requirements for both

managing COVID-19 contacts and cases in the community and for self-isolation for international travel are being finalised, and may not necessarily be the same. However, indicatively, the conditions for entry through the medium-risk pathway could include:

- 36.1 acceptable evidence of full vaccination and a negative pre-departure test prior to boarding
 - 36.2 declaration of relevant prior travel history and all required information, including contact details provided prior to boarding
 - 36.3 a 'stay at home' requirement for a minimum of seven days
 - 36.4 health precautions such as testing on arrival including a nasopharyngeal (NP) PCR Day 0/1 test, self-administered Rapid Antigen tests, and a NP PCR Day 9 test at a community testing centre.
- 37 The Ministry of Health and the Ministry of Business Innovation and Employment (MBIE) will report back to the Reconnecting New Zealanders Ministerial Group in November with the confirmed public health settings for self-isolation under the medium-risk pathway.

The higher-risk pathway will continue to be used when travellers carry a greater COVID-19 risk

- 38 The higher-risk pathway will be used to help manage the higher public health risk domestically from travellers entering New Zealand. From 14 November, the higher-risk pathway will include seven-day MIQ, and an additional three days self-isolation. Those entering through the higher-risk pathway may include:
- 38.1 arrivals from higher-risk countries
 - 38.2 unvaccinated New Zealand citizens (if an airline will carry them)
 - 38.3 travellers who have been vaccinated with an unrecognised vaccine, or do not meet the vaccination certification requirements
 - 38.4 travellers who have tested positive on arrival.
- 39 Vaccination standards are also a critical factor for determining traveller risk profile along the three pathways. The Ministry of Health has indicated that vaccinated travellers protect the community twice. First, unvaccinated people are up to ten times more likely to be infected than recently vaccinated people if they are exposed before departure. And if they are infected, they are up to three times as likely to transmit to another person than those who are vaccinated.
- 40 Further work is underway on the specific settings for the higher-risk pathway, including the country risk assessment. Further advice will be provided as part of the report-back to Cabinet in December, prior to the implementation of Step 1.
- 41 The Ministry of Health will also report back to the Reconnecting New Zealanders Ministerial Group at the end of November on the recognised vaccines and

vaccination documentation standards for the medium-risk pathway. It is expected that inbound travellers who do not meet these standards would use the higher-risk pathway.

Managing volumes through re-opening remains important

- 42 Risk at the border is determined not only by the risk that an individual traveller is infected, but also by the overall volume of travellers entering the country. While the individual risk of a traveller may be low, the cumulative risk from large volumes of travellers (even when supported by testing, isolation and vaccination requirements) may lead to a level of cases that is not compatible with the settings and objectives of our domestic protection framework. A stepped approach is also important to managing volumes while systems used to facilitate more substantial re-opening are tested.

High-level modelling can give a sense of the size and scale of COVID-19 cases that may be seeded in the community under each step

- 43 It is difficult to estimate the anticipated number of travellers who would travel into New Zealand on the medium risk pathway. Initial high-level modelling by the Ministry of Health can help to provide an initial sense of size and scale of the number of COVID-19 cases that may enter the community, based on incoming traveller volumes and capturing the benefit of existing risk mitigations such as pre-departure testing (PDT).
- 44 It is assumed that the risk mitigation measures on the medium-risk pathway include vaccination requirements, a minimum of seven day 'stay at home' requirements and testing regimes and that these measures reduce the expected numbers of cases that would create the risk of a community outbreak. The degree of risk reduction achieved will depend on the detailed settings used, but assumptions below are broadly consistent with recent results from Te Pūnaha Matatini.
- 45 Initial high-level estimates using airport arrival data and assumptions about the appetite to travel suggests the following outcomes of opening the medium-risk pathway under the scenarios below¹:
- 45.1 Step 1 – Opening to fully vaccinated New Zealanders in Australia on the medium-risk pathway. It is estimated that this could result in approximately 5,000 – 6,000 arrivals and 1-2 cases in the community per week (after self-isolation).
- 45.2 Step 2 – Opening to fully vaccinated New Zealanders from all other countries on the medium-risk pathway. It is estimated that this could result in an

¹ 2022 traveller volume estimates are indicative only and may vary significantly depending on policy decisions made and other external factors impacting demand. Modelling is based on the current operating environment and assumes that 35% of cases that enter via self-isolation get into the community. Effectiveness of self-isolation in preventing cases entering the community will depend on the detailed settings that are used. See also: Te Pūnaha Matatini, 10 November 2021, "Effect of vaccination, border testing, and quarantine requirements on the risk of COVID-19 in New Zealand."

additional 10,000-13,000 arrivals and an additional 16-21 cases in the community per week (after self-isolation).

- 46 It is expected that the number of travellers may spike initially, due to pent up demand for people to return home or for family reunification. We would also expect the volume of travellers to increase over time, as confidence grows in international travel and more airline routes become available. However, volumes will remain suppressed while self-isolation requirements are in place.
- 47 In addition, initial high-level estimates by MBIE, based on 2019 arrivals data based by broad visa type and assumptions about appetite to travel, suggests that the following outcomes for opening the medium-risk pathway to other visa holders:
- 47.1 Step 3 – Opening to fully vaccinated non-New Zealanders from all other countries (possibly staged by visa category). It is estimated that this could result in an additional 24,000 – 55,000 arrivals and an additional 40 – 67 cases in the community per week (after self-isolation).
- 48 These results are based on the current overseas risk and will continue to change as the global COVID-19 situation evolves (for example, if COVID-19 prevalence increases in other jurisdictions, the number of additional cases seeded in the community would increase). It is very difficult to estimate the anticipated traveller volumes and expected COVID-19 cases for Step 3, given the rapidly evolving global COVID-19 situation. Further information on the high-level modelling of the scenarios above is included in Appendix 2.
- 49 As the settings for the entry pathways are refined and confirmed, further modelling will be undertaken to refine settings for the pathways, and to inform future decisions. This will include ongoing consideration of what level of cases is manageable to avoid overloading our testing and tracing systems and wider health capacity.

The first step of opening the medium-risk pathway would prioritise travel for New Zealanders from Australia

- 50 Our first priority for reconnecting using the medium-risk pathway is to allow fully vaccinated New Zealanders to travel to and from Australia.
- 51 From a New Zealand Bill of Rights Act perspective, it is New Zealand citizens who have the right to return home. However, we propose to extend the medium-risk pathway to fully vaccinated travellers who are currently eligible to enter New Zealand under current restricted immigration settings, which includes for example:
- 51.1 New Zealand citizens and residence class visa holders² and their partners and/or dependent children;
- 51.2 air crew and marine cargo crew;

² Excluding, for now, 'first time' resident visa holders who have not travelled to New Zealand to activate their visas.

- 51.3 diplomats and consular personnel; and
- 51.4 the small number of temporary visa holders with a border exception (for example, critical health workers and other critical workers, people who have humanitarian reasons to travel to New Zealand, and people belonging to a class exception agreed to by Cabinet).
- 52 This approach ensures that those entering New Zealand are treated consistently from a public health perspective. Appendix 3 provides more detail on those who can travel to New Zealand under current restricted immigration settings.
- 53 Travellers will be required to have been in New Zealand or Australia for the past 14 days, and will be required to make a declaration of their travel history prior to boarding. This will reduce the risk of people transiting Australia to get to New Zealand from countries with a higher-risk profile.
- 54 We propose that Step 1 for opening-up the medium-risk pathway could take place from 1 February 2022.

Opening up the medium-risk pathway to travellers from Australia

- 55 Taking a stepped approach to opening-up the medium-risk pathway, by initially allowing New Zealanders to travel from Australia, will enable us to prepare and test our systems and processes at the border and domestically with a country that currently has a relatively low risk-profile.
- 56 We have built trusted systems with Australia and are expanding on these s6(a) [REDACTED] This will enable us to have a higher level of assurance that travellers meet the eligibility criteria than we would when re-opening more broadly to all travellers from other countries. In particular, we will be able to check that travellers have been in Australia for 14 days prior to travelling to New Zealand.
- 57 There are also social and economic benefits to prioritising New Zealanders to travel to and from Australia. This would support the reunification of families and enable social connections, and would also allow New Zealanders to maintain and pursue business connections. Australia is our closest economic partner, our largest source of tourists, and is usually the first export destination for our small and medium-sized businesses. This was demonstrated while TTQFT was operating. Over four months, there were more than 480,000 passenger movements between our countries, enabling family and friends to reunite, generating economic activity and smoothing the transition for some of our struggling sectors, especially the tourism sector. However, traveller volumes and economic benefits will remain suppressed while the self-isolation requirements remain in place as part of the medium-risk pathway.

Travel from Australia can be supported by interim processes for checking a traveller's health information

- 58 The THDS will not be in place within the proposed timeframes for Step 1. However, agencies will work with relevant airlines on implementing checks of passenger compliance with travel requirements, including vaccination status and

pre-departure testing, in a sustainable way. Immigration New Zealand airline liaison officers (ALOs) will be deployed on the ground in Australia to support pre-departure processes. Implementation can take place from 1 February 2022, provided that an announcement and conformation of requirements are provided 4-6 weeks in advance.

- 59 Verification will be supported by the availability of both New Zealand's and Australia's international COVID-19 vaccination certificates. Airlines are working on using industry apps to facilitate checking in a way that is expected to give a higher level of confidence than full manual checks by airline staff – Qantas is already using this for its international operations to Australia and other countries; Air New Zealand is working to have systems in place by 1 February (and earlier if required). Officials will assess the degree of assurance these processes will provide and any further actions that might be required before the THDS is in place, including the nature of Customs' checks on arrival.
- 60 Anyone who does not meet the requirements will need to hold an MIQ voucher to board the flight and will enter MIQ on arrival (noting Qantas Group and Air New Zealand have/will have "no jab, no fly" policies in place). The process to identify and manage people through the airport will need to be developed in more detail.
- 61 New Zealand and Australian border agencies have agreements and processes in place to provide assurance that all passengers meet the 14 day in country eligibility requirements before being allowed to travel.

This approach will replace the previous trans-Tasman travel arrangements

- 62 The current TTQFT suspension is in place until 19 November. Due to the ongoing COVID-19 outbreak in Australia, we propose that the TTQFT suspension remains in place. However, we propose that the reconnecting approach in this paper will replace the previous TTQFT arrangements.

The second step would be to expand the medium-risk pathway to New Zealanders from all other countries

- 63 We propose that the next step is to enable fully vaccinated New Zealanders from all other countries to enter New Zealand through the medium-risk pathway by 31 March 2022. As with Step 1, we propose that this also includes those who are currently eligible to enter New Zealand under current restricted immigration settings.
- 64 Opening the medium-risk pathway to New Zealanders arriving from other countries would further support the rights of New Zealanders to return home, and would enable travel abroad to reconnect with family and friends and to foster business opportunities, employment and investment.
- 65 There is significant pent-up demand among New Zealanders, many of whom are fully vaccinated, to return home from a range of countries and to travel abroad. MIQ bookings data indicates that the top five countries for returnees are Australia, the United States, the United Kingdom, India and China – 60% are New Zealand citizens and a further 20% are residents. Recent releases of MIQ rooms have seen around 18,000 people trying to secure an MIQ room to enable them to enter New Zealand.

The traveller health declaration system will be available by 31 March 2022

- 66 The THDS is expected to be operational by 31 March 2022. Aligning the opening of Step 2 with the implementation of the THDS will facilitate and streamline pre-departure processes for operational agencies and airlines, which includes verification of vaccination and testing status. This will provide a level of assurance across the world that travellers meet the relevant requirements for entering through the medium-risk pathway, in a scalable way.

The third step would be to expand the medium-risk pathway to third country nationals

- 67 At this third step, we can start to open up the medium-risk pathway to vaccinated non-New Zealanders arriving from other countries. This step signals the move away from our current restricted immigration settings that require a one-by-one, individualised assessment of whether a traveller meets the high bar to travel to New Zealand, to processing visas at scale under our usual suite of visa categories and policies. Taking this step will shift our border settings from ‘closed except to those on exception’ to ‘open subject to our existing immigration settings’. This would also include re-establishing visa-waiver travel.
- 68 This broad re-opening step is expected to have significant immigration visa processing implications. This call on visa processing capacity will need to be tempered with other processing priorities recently agreed (such as processing the significant volumes of applications under the new 2021 Residence Visa). For these reasons, reopening visa categories will need to be staged.
- 69 The need to stage visa category re-opening could also depend on whether traveller volumes remain a factor. If traveller volumes are not a consideration, because we have demonstrated our health and border systems are able to safely manage increased traveller volumes, then the Minister of Immigration suggests the following staged approach for Step 3, opening the medium-risk pathway to:
- 69.1 those who already hold a visa,
 - 69.2 general visitor visa category (e.g. tourists) and visa-waiver travel (which facilitates short term travel),
 - 69.3 family visa categories that were open prior to the border closure (e.g. partner of a worker, dependent child/ren of a worker)
 - 69.4 work visa categories (e.g. the Essential Skills work visa, the Skilled Migrant Category)
 - 69.5 student visa categories (e.g. the full-fee paying student visa)
 - 69.6 working holiday schemes covered by existing Agreements.
- 70 If controlling volumes is required to manage health risk in the initial period, then step three could begin with the family, work and student visa categories. This is because volumes are not able to be controlled for visitor and visa-waiver travel.

- 71 Under either scenario, re-opening visa categories would require regulatory change (to rescind the current suspension of visa applications from offshore) and will be subject to further decisions by the Minister of Immigration and Cabinet. In December 2021 the Minister of Immigration will report back to the Reconnecting New Zealanders Ministerial Group with proposals for re-opening visa categories at the third step under both volume scenarios and the implications for visa processing priorities and service level trade-offs.
- 72 Once we have ensured that our health and border systems can manage increased volumes of travellers, we may be able to start Step 3 from Q2 2022 onwards.

Operational readiness at the border will be required to support re-opening decisions

Manual verification of passengers' credentials is a key constraint on passenger numbers entering New Zealand

- 73 Cabinet will shortly be considering a paper on the policy and administrative settings necessary to implement the THDS. The THDS will support the operation of the risk-based entry pathways by providing information such as testing and vaccination status.
- 74 Under Tranche 1 of the THDS implementation, vaccination certificates from Australia and EU-DCC countries, such as the European Union and United Kingdom and possibly Singapore, will be able to be automatically verified. Pre-departure tests will all be manually checked. As Step 2 involves opening up to New Zealand citizens and residents from all countries initially, all other vaccination and test certificates would need to be manually verified through a back-office function. Tranche 1 of the THDS will be implemented by 31 March 2022, in line with the proposed opening of the medium-risk pathway under Step 2.
- 75 Based on the expected volumes for Step 1 and 2 it is estimated that vaccination status of approximately 6,000 travellers per week (5,000 from Australia, 900 from United Kingdom and 100 from Singapore) will be able to be assessed automatically, with the balance requiring manual assessment (9,000 – 14,000 per week). We anticipate this level of manual verification through the THDS will be possible, however, it may not be sustainable over time, depending on how quickly passenger numbers increase through the medium-risk pathway. Should this eventuate, one option may be to loosen the current verification requirements around pre-departure checking. Officials will provide further advice on this should it be required.
- 76 Automatic verification of certificates from countries outside of Australia and EU-DCC associated countries, will depend on advice on which types of vaccination are acceptable and from what countries. Additionally, the service design implications of manually verifying the credentials of passengers travelling to New Zealand from all countries still needs to be assessed, including the implications on the delivery milestones currently in the THDS work programme.
- 77 Work to expand the THDS to automatically validate vaccination and testing certificates from additional countries will occur during Tranche 2 (June 2022 - March 2023). This will allow the system to scale and support an increase in traveller

volumes. Integration of THDS with carriers in Tranche 2 will also enable authoritative boarding directives to be provided to carriers (at present only directives based on immigration status are automated, while airlines are responsible for checking travellers' health status as per vaccination and PDT information).

- 78 Officials are investigating the required regulatory framework for Tranches 2 and 3 of the THDS to ensure more enduring legislation is in place for the development and implementation of a fully digital arrival card from 2023.

The implementation of the risk-based pathways will have implications for border agencies, airports and airlines

- 79 s9(2)(g)(i)
[REDACTED] Under the risk-based approach it is assumed that the risk-profile of travellers on flights will be mixed. Beyond direct routes, we have no control of the additional exposure events en-route. The individual-based public health measures implemented as part of the medium-risk pathway will need to provide sufficient layers of assurance to account for risk of potential exposure events in international and domestic transit.

- 80 Initially, airports will be required to facilitate differentiated processing for travellers who will go into MIQ and those who will not. This would have a significant impact on processes and possibly infrastructure at airports, for example passenger separation would require further pathway reconfiguration at airports. This is different to the currently operational red and green pathways at Auckland and Christchurch airports, which rely on categorisation of passenger by flight. Once health requirements are determined, Customs will also need to consider any further resourcing implications for its workforce.

Next steps for reconnecting with the Pacific

- 81 New Zealand has particular interests in prioritising connectivity with the Pacific, reflecting our ongoing commitment to supporting Pacific partners' COVID-19 economic recovery and resilience. On 28 October, Ministers agreed to expand eligibility for one-way QFT from Samoa, Tonga and Vanuatu, plus Tokelau, and to align entry requirements for eligible travellers from these jurisdictions with those of Cook Islands and Niue under a Pacific low-risk pathway.

- 82 s9(2)(g)(i)
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Next steps

- 85 Subject to Cabinet’s agreement, engagement can take place with Māori and stakeholders on the more detailed aspects of these proposals, such as the social and economic impacts of re-opening on the community.
- 86 We will seek Cabinet agreement ahead of the implementation of Step 1, which will include an updated assessment against public health risk, social and economic factors, further advice on the country risk assessment, and operational feasibility.

Activity	Timeframe
Māori and Stakeholder engagement	November 2021 onwards
Report back on recognised vaccines and vaccination documentation standards for the medium-risk pathway – MOH	End of November
Detailed design of self-isolation requirements – MOH and MBIE	November 2021
Assessment of further candidates for the Pacific low-risk pathway	December 2021
Proposals for re-opening visa categories - MBIE	December 2021
Seeking agreement to next steps for re-opening, which includes considering public health risk and settings for the entry pathways, social and economic factors, country risk and operational feasibility – DPMC	December 2021

- 87 Officials have started to consider how to make changes to our maritime border to align with the principles underpinning the Reconnecting New Zealanders work. This will consider commercial (cargo and fishing); small craft; and then other types of commercial vessels such as passenger vessels and cruise ships. Early consideration

will be given to the vaccination requirements for seafarers. The work plan envisages early engagement with industry to leverage their operational insights and global experience, and with Australia.

Financial Implications

- 88 This paper sets out the broad reconnecting framework and approach. Specific funding requirements, including for the THDS and ongoing MIQ costs, have been sought separately. Costs of implementing self-isolation for the medium-risk pathway will be set out in a subsequent paper on large-scale self-isolation that the Minister for COVID-19 Response is taking to Cabinet in late November.

Legislative Implications

- 89 The current legislative framework for quarantine-free travel is complex and not fit-for purpose for supporting the reconnecting approach set out in this paper. The Air Border Order and accompanying quarantine-free travel notices and exemptions must be replaced with a new legislative framework that is adaptable for future changes in circumstances to give effect to the proposals in this paper.
- 90 The changes to the legislative framework may be made incrementally, reflecting the stepped approach. Officials recommend you authorise them to replace or amend the current Air Border Order and associated notices and exemptions as necessary or desirable to give effect to the new approach to border settings and isolation and quarantine. Consequential changes will also be needed to the Immigration (Visa, Entry Permission, and Related Matters) Regulations (the Regulations) and to immigration instructions.
- 91 Changes to regulation 9A of the Immigration Regulations will be needed to enable foreign nationals to apply for visas to travel to New Zealand. As decisions are taken on re-opening, Cabinet will be asked to invite the Minister of Immigration to issue drafting instructions to PCO to enable regulatory amendments, and to certify new immigration instructions, if required.

Impact Analysis

Regulatory Impact Statement

- 92 The Regulatory Impact Analysis (RIA) Team at the Treasury has determined that the proposal to endorse the Reconnecting New Zealanders with the World approach is exempt from the requirement to provide a Regulatory Impact Statement. The exemption is granted on the grounds that it is intended to manage, mitigate or alleviate the short-term impacts of the declared emergency event of the COVID-19 pandemic, and endorsement of the approach is required urgently before further work can be undertaken (making a complete, robust and timely Regulatory Impact Statement unfeasible). Given the significance of the potential impacts, this exemption is conditional on impact analysis being provided to support decision making on further policy details. The Treasury and DPMC will work together to determine what form of impact analysis should be undertaken, and when, to provide the most value.

Population Implications

Risk and implications for vulnerable population groups

- 93 If a large number of additional COVID-19 cases are seeded at the border, there is a risk that there may be some additional health and non-health effects of COVID-19 in the community. We know that COVID-19 has had a disproportionate health impact on Māori and Pacific communities as Māori, and younger age groups of Pacific peoples currently have low rates of vaccination compared with the wider population and could be disproportionately impacted. However, our strategic Framework will help to ensure that the impacts of COVID-19 in the community are minimised, and that vulnerable population groups are protected.
- 94 Impacts on Māori will also be mitigated in part by the government's recent investment in increasing Māori vaccinations and supporting Māori and iwi-led initiatives to protect their communities against COVID-19.
- 95 There could also be impacts on disabled people who have had barriers to their access for vaccination. Older people are most at risk of hospitalisation and morbidity from COVID-19 and younger children more generally who cannot yet be vaccinated will also be at risk. An increased risk of transmission and exposure may disproportionately affect those in low socio-economic areas, who are likely to experience multi-generational living and co-morbidities, and already face inequities in both access to health care, and overall health outcomes.
- 96 Many Pacific countries have also relied on New Zealand as their first line of defence against COVID-19 as we maintained an elimination strategy. New Zealand's shift in strategy will increase the risk of COVID-19 entering the region and may have health, social, and economic implications. s6(a)
- [REDACTED]
- [REDACTED] Officials are considering how best to support the Pacific to mitigate and respond to the increase in risk and will provide advice to Ministers. s6(a)
- [REDACTED]
- [REDACTED]
- [REDACTED]

Benefits and opportunities from reuniting New Zealanders with the world

- 97 It is important to acknowledge that by re-opening we will reunite New Zealanders currently overseas and unable to get a place within MIQ, with friends and whānau. This will have a positive impact for both those at home and those returning. It will also have a positive impact for those living in challenging circumstances overseas. It will be especially beneficial for Pacific peoples who will have the opportunity to reunite with their families based in the Pacific region and fulfil family and/or cultural obligations. Furthermore, as demonstrated by current quarantine-free travel arrangements with some Pacific countries, the increase in travel provides economic opportunities and access to essential services including specialist health care and education.
- 98 Population groups living in certain regions and areas will be impacted positively by an influx in visitors in many cases and the resulting increase in employment. The

business sector and the tourism industry will benefit as will the economy. However, certain geographic areas with high at-risk population groups may be concerned if points of entry are located in their region, increasing their risk of exposure to COVID-19.

Equitable approach to reconnection settings needed to avoid adverse impacts

- 99 There is also a need to balance the benefits to the business sector and the tourism industry and regions from an influx of overseas visitors, against the adverse impacts of increasing the volume of visitors to areas of the country with high-risk populations.

Further engagement

- 100 There may be opportunities to work with community organisations and population groups on the next level of detail of the proposals in this paper, including the potential impact of reconnecting on communities.

Treaty Analysis

- 101 The Te Tiriti/Treaty principles require that the Crown be properly informed of the Māori interests and to act reasonably and with the utmost good faith towards Māori. In this context, engagement with Māori is an important part of meeting the Crown's Te Tiriti obligations.
- 102 COVID-19 is likely to have disproportionate effects on Māori due to a range of factors, including underlying health conditions and lower vaccination rates. It is important that the appropriate domestic settings are in place and developed in consultation with Māori, and work is underway to consult with Māori on the Framework settings. A key factor is to ensure healthcare and wrap around support services and facilities are provided and are appropriate to the specific situations Māori face.

Implications of the current proposals

- 103 The proposals within this paper create both opportunities and concerns for Māori. Māori individuals and business groups who have an interest in travelling overseas for both social and economic benefits are likely to support these proposals. While Māori communities are likely to have concerns that there is a higher risk of COVID-19 entering their communities.
- 104 There will be many Māori who are in support of reconnecting with Australia as it provides greater social advantages due to the large population of Māori living in Australia.
- 105 However, the recommendation to use self-isolation may affect Māori disproportionately as Māori are more likely to live in multi-family, multi-generational households and are also overrepresented in lower socio-economic populations, meaning they are less likely to afford alternative options such as hotels. To mitigate these concerns and to allow for equitable outcomes, it is important that Māori have the opportunity to participate in developing options that they consider will work for them.

Further work to support Māori

- 106 Ongoing work on Māori specific scenario planning is needed to counter additional risks from re-opening the border. Engagement with Māori needs to be undertaken throughout our approach to reconnecting given the Crown’s responsibilities under Te Tiriti and the impacts opening our borders will have on Māori.

Human Rights (Legally privileged)

107 s9(2)(h) [Redacted text block]

International Law Considerations

- 111 A range of international law obligations are relevant and potentially engaged by New Zealand’s current border restrictions and MIQ requirements. These include: trade law obligations regarding temporary entry of business persons; entry obligations under Working Holiday agreements; and obligations under the World Health Organisation’s International Health Regulations (IHRs). Up until this point New Zealand’s restrictions have been justified under legal exceptions, such as ‘human health’ exceptions under the WTO and free trade agreements, and the IHRs which permit states to impose additional unilateral health requirements where that is required to protect public health and based on scientific evidence. In the case of the Working Holiday schemes the decision was taken to temporarily suspend the agreements based on grounds of public health and public order.

112 s9(2)(h) [Redacted]

[Redacted]

Consultation

114 The paper was developed by the Department of the Prime Minister and Cabinet (COVID-19 Response Group) in consultation with the Ministry of Health. Crown Law advised on the Bill of Rights Act implications. The following were also consulted: 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 for Ethnic Communities; Ministry of Foreign Affairs and Trade; Ministry of Justice; Ministry for Pacific Peoples; Ministry for Primary Industries; Ministry for Women; Ministry of Social Development; Ministry of Transport; New Zealand Customs Service; New Zealand Police; Office for Disability Issues and the Office for Seniors; Public Service Commission; Te Arawhiti; Te Puni Kōkiri; Crown Law Office; and The Treasury.

Communications

115 Subject to Cabinet’s agreement, the Prime Minister will announce the content in the paper.

Proactive Release

116 We intend to proactively release this paper and its associated minute with any appropriate redaction where information would have been withheld under the Official Information Act 1982.

Recommendations

The Prime Minister and the Minister for COVID-19 Response recommend that the Committee:

- 1 **note** that in August 2021, Cabinet agreed to shift New Zealand’s border settings from a country-based approach to a risk-based approach, based on country risk and

an individual's vaccination status, when New Zealand's health and border systems have the capability and capacity to safely manage higher traveller volumes [CAB-21-MIN-0305];

- 2 **note** that New Zealand is adopting the new COVID-19 Protection Framework for a highly vaccinated New Zealand which will work in tandem with border settings to continue to minimise harm from COVID-19;
- 3 **agree** that the first step towards substantial reconnection should involve opening-up the medium-risk pathway, which will include 'stay at home' requirements for travellers upon arrival;
- 4 **note** that the Ministry of Health and the Ministry of Business Innovation and Employment will report back to the Reconnecting New Zealanders Ministerial Group in November with the confirmed settings for self-isolation under the medium-risk pathway;
- 5 **endorse** the proposed approach to reconnecting New Zealanders with the world, starting from 1 February 2022, subject to assessments of public health factors for the risk pathways, social and economic factors and operational feasibility prior to commencement of each step:
 - a. Step 1 – opening the medium-risk pathway to fully vaccinated New Zealand citizens and those residence-class visa holders and other travellers eligible under our current restrictive border settings, from Australia from 1 February 2022 (provided they have been in Australia or New Zealand for the past 14 days);
 - b. Step 2 – expanding the medium-risk pathway to fully vaccinated New Zealand citizens and those residence-class visa holders and other travellers eligible under our current restrictive border settings, from all but higher-risk countries, by 31 March 2022;
 - c. Step 3 – expanding the medium-risk pathway to fully vaccinated foreign nationals (possibly staged by visa category) and subject to further advice on immigration visa processing capacity and advice the ongoing need for volume controls, from Q2 2022 onwards;
- 6 **note** that in order to implement Step 1, agencies will work with airlines on implementing checks of passenger compliance in line with the requirements for the medium-risk pathway, which will include deploying Airline Liaison Officers in Australia to support pre-departure processes;
- 7 **note** that the traveller health declaration system will be available to support travel from all countries by 31 March 2022, in line with the proposed timing for Step 2;
- 8 **note** that operational agencies and airlines require 4-6 weeks to implement each step, following announcement of the decision and confirmation of all requirements;
- 9 **note** that Step 3 of re-opening will have implications for immigration visa processing capacity and the Minister of Immigration will report back to the

Reconnecting New Zealanders Ministerial Group with firm proposals for the proposed sequencing of re-opening visa categories in December 2021;

- 10 **agree** to continue the trans-Tasman Quarantine Free Travel suspension and that when travel with Australia resumes it will be under the reconnecting approach;
- 11 **note** that the aviation industry is urgently seeking signals about the pathway for re-opening as more profitable routes are opening up elsewhere and airlines are seeking to manage limited resources;
- 12 **agree** that officials will provide a heads up to relevant airlines (Air New Zealand, Qantas Group and Air Chathams) and airports at least 24 hours before announcements to enable them to prepare communications and call centres
- 13 **note** that the Ministry of Foreign Affairs and Trade will continue to assess further candidates for the Pacific low-risk pathway and officials will provide further advice to Cabinet by early December 2021 on our approach to reconnecting with other Pacific partners, including in regard to assessment of health and border settings;
- 14 **note** that the current legislative framework for quarantine-free travel is complex and not fit-for purpose for supporting the reconnecting approach outlined in this paper;
- 15 **agree** that the Air Border Order and accompanying quarantine-free travel notices and exemptions be replaced with a new legislative framework that is adaptable for future changes in circumstances;
- 16 **direct** officials to engage with Māori, the aviation sector, and community stakeholders on the relevant details of these proposals, such as the social and economic impacts of re-opening;
- 17 **note** that further consideration will be given to changes to maritime settings over the course of 2022, once our reconnection approach at the air border has bedded in;
- 18 **invite** the Prime Minister and the Minister for COVID-19 Response to report back to Cabinet in December 2021 to seek agreement to the next step of re-opening, including the updated modelling results, further assessment of the public health risks (including country-risk), social and economic benefits and costs, and operational feasibility;
- 19 **invite** the Minister for COVID-19 Response to report back to Cabinet in November on options for large-scale self-isolation as part of the medium-risk pathway, including costs.

Authorised for lodgement

Rt Hon Jacinda Ardern

Prime Minister

Hon Chris Hipkins

Minister for COVID-19 Response

Proactively Released

Appendix 1: Health system preparedness for re-opening

Our health system is preparing for COVID-19 in the community in the context of a highly vaccinated population

- 1 The Delta outbreak has shifted our focus in the health system towards dealing with COVID-19 in the community in a sustained and sustainable way.
- 20 Overall, the health system needs to be agile to respond to changes in community cases, while ensuring other health priorities are met to avoid inequitable outcomes across New Zealand.

The New Zealand health sector is positioned to respond to COVID-19 in the community.

- 21 The New Zealand health sector is equipped to respond to COVID-19 in the community. DHBs have spent the past 18 months preparing to manage COVID-19 surges within hospitals and the primary and community care sector has also adapted to dealing with COVID-19.

Supporting the care of people with COVID-19 in the community is now a key focus.

- 22 The Northern Region has been actively responding to the current Delta outbreak since mid-August. Whilst the health system, including staff, is generally under pressure to manage both acute and planned care, there is also backlog of demand from planned care and non-deferrable health conditions (such as cancer treatments).
- 23 A key focus now is the finalisation of a community model of care for managing most COVID-19 cases safely in the community. This work is being expedited across Auckland, and a national approach will be finalised ready for implementation nationwide in November.
- 24 This work is part of a wider National Health Resilience Programme. The key objectives of the Programme are two-fold:
 - a. minimise the number of people who get COVID-19 – through ongoing active public health intervention (testing, tracing, isolation); and
 - b. manage people with COVID-19 with the optimal level of appropriate input to meet health and social needs.
- 25 Other focus areas include continuing to enhance critical care capacity, which encompasses workforce, infrastructure, supplies, environment, and models of care. Underpinning this work, both short and long term, is modelling to provide a DHB, regional and national view.
- 26 Health sector workforce capability and capacity also remains a significant challenge. There are known pre-existing skills gaps and headcount shortages. The Ministry of Health is working with the sector to develop an immediate roadmap and implementation plan to address workforce shortages, including through enabling immigration of key workers.

Ongoing sector and cross-agency collaboration will be critical to ensure people are provided with wrap-around services as we manage COVID-19 cases at a community level

- 27 Most COVID-19 positive cases will not need hospital-level care and will be safely cared for at home or in a community facility, but this will vary depending on vaccination status, ethnicity and socio-economic issues such as housing. In light of this, we have made key strategic changes to our COVID-19 response, including consideration of high support, higher trust models of both quarantine and isolation outside of MIQ facilities.
- 28 Management of COVID-19 cases and their whānau at home will be enabled by support from primary and community health providers, including Hauora and Pacific providers, and social support from wider social agencies.
- 29 The Ministry of Health is working with the Ministry of Social Development and across existing community groups to develop welfare and wrap-around service support for COVID-19 care in the community.

Border and community surveillance is being increased to ensure early detection and management of COVID-19 in the community

- 30 Re-opening will mean that we are opening ourselves to an increased risk of importing the virus and that cases could be seeded in different locations across New Zealand. Even with COVID-19 present in the community, it will be important to ensure that the level of cases coming through the border can be managed within the settings and objectives of the COVID-19 Protection Framework. Testing, self-isolation and vaccination requirements will minimise the risk from individual travellers, but the system will need to be able to manage the overall cumulative risk including the additional pressures on testing and tracing capacity.
- 31 A testing strategy is being developed to deploy appropriate testing, including rapid testing, in different settings, in the context of a highly vaccinated population.

Therapeutics will play a critical role in the future in managing cases COVID-19 cases in the community

- 32 It is likely that effective therapeutics that will play an increasingly important role in mitigating the impacts of COVID-19. As well as treating severe illness in hospitals, therapeutics are being developed to protect people at risk and prevent disease progressing.
- 33 Pharmac has negotiated an agreement with suppliers to purchase the antiviral Molnupiravir. It will be used to treat New Zealanders with mild to moderate COVID-19 symptoms, subject to the treatment gaining regulatory approval in New Zealand by Medsafe.

Equitable outcomes for all our populations need to be central to our readiness planning

- 34 COVID-19 has exacerbated existing inequities. Social needs identified in the current outbreak are often associated with communities already struggling including through; cultural and linguistic diversity, food security, housing availability and suitability, disability, number of people living in the home, family and sexual violence, the digital

divide and internet connection for tele-health, and in managing more immediate drivers of need (such as income).

- 35 The Health System Preparedness Programme will ensure that all workstreams, projects, initiatives, and activities will consider how the policy or operational decisions contribute to improving equity across various population groups.

Proactively Released

Appendix 2: Analysis of jurisdictional risk and border risk mitigations

Proactively Released

Analysis of jurisdictional risk and border risk mitigations

11 November, 2021

Overview of JRAT

The Jurisdictional Risk Assessment Tool (JRAT) is the model used to estimate case numbers from international arrivals. It is used to estimate the number of community cases which would be expected under each step in the “Reconnecting New Zealanders with the World: Moving forward with the approach” Cabinet Paper.

Overview: The JRAT models the correlation between caseloads in overseas countries and case incidence in arrivals at the NZ border from each country. Immigration and Auckland Airport modelling based on pre COVID-19 travel is used to estimate travel volumes for each origin country.

Outputs: Estimated number of cases per week from each country, given a certain number of total arrivals.

Assumptions for the medium-risk pathway: it is assumed that this pathway is 65% effective at identifying cases before the end of self-isolation. This assumes the following layers of protection:

- Negative pre-departure test
- Test on arrival
- Seven-day self-isolation on arrival
- Day 7 test (upon completion of self-isolation)

Benefits and limitations of JRAT

Benefits of the JRAT:

- The model automatically captures factors like vaccination rates, case under-reporting, effectiveness of pre-departure testing, and differences between the general population and the population that travels to NZ
- The model can be continually updated with more data as traveller volumes increase and the pattern of infections evolves

Limitations of the JRAT:

- The model makes predictions based on current data, i.e. small traveller volumes, making the results more sensitive
- 2022 traveller volume estimates are indicative only and may vary significantly depending on policy decisions made and other external factors impacting demand
- 2022 travel patterns (i.e. volumes per country of origin) may not align exactly with pre-COVID arrivals data
- Previous traveller volumes are a mixture of vaccinated and unvaccinated travellers, which will not be the case in the future given vaccination requirements
- In reality, overall risk will be a function of risk per traveller, volumes of travellers, and achievable risk mitigations en route and on arrival. The JRAT does not attempt to optimise between these elements, it simply indicates expected case volumes for a given volume of arrivals

Steps 1 and 2: 5-6k arrivals of NZ citizens and residents from Australia and then from all other countries, Step 3 adds (vaccinated) travellers from elsewhere

From the Paper:

Step 1: Opening to fully vaccinated NZ citizens and residents in Australia on the medium-risk pathway. It is estimated that this could result in approximately 5,000 – 6,000 arrivals and 1-2 cases in the community per week *after self-isolation*

Step 2: Opening to fully vaccinated NZ citizens and residents from all other countries on the medium-risk pathway. It is estimated that this could result in an additional 10,000 – 13,000 arrivals and an additional 16-21 cases in the community per week *after self-isolation*

Step 3: Opening to fully vaccinated travellers from all other countries (possibly staged by visa category). It is estimated that this could result in an additional 24,000 – 55,000 arrivals and an additional 40 – 67 cases in the community per week *after self-isolation*

The arrival risk modelling results above, and in the slides which follow, is based on pre-COVID travel patterns for NZ citizens, residents and non-New Zealanders from different countries.

For 5,000 – 6,000 NZers arriving from Australia each week: 1 – 2 community cases per week are predicted

Arrivals, by jurisdiction, per week



Total Step 1: 5,000 – 6,000 travellers per week

Predicted cases in the community¹, by jurisdiction, per week

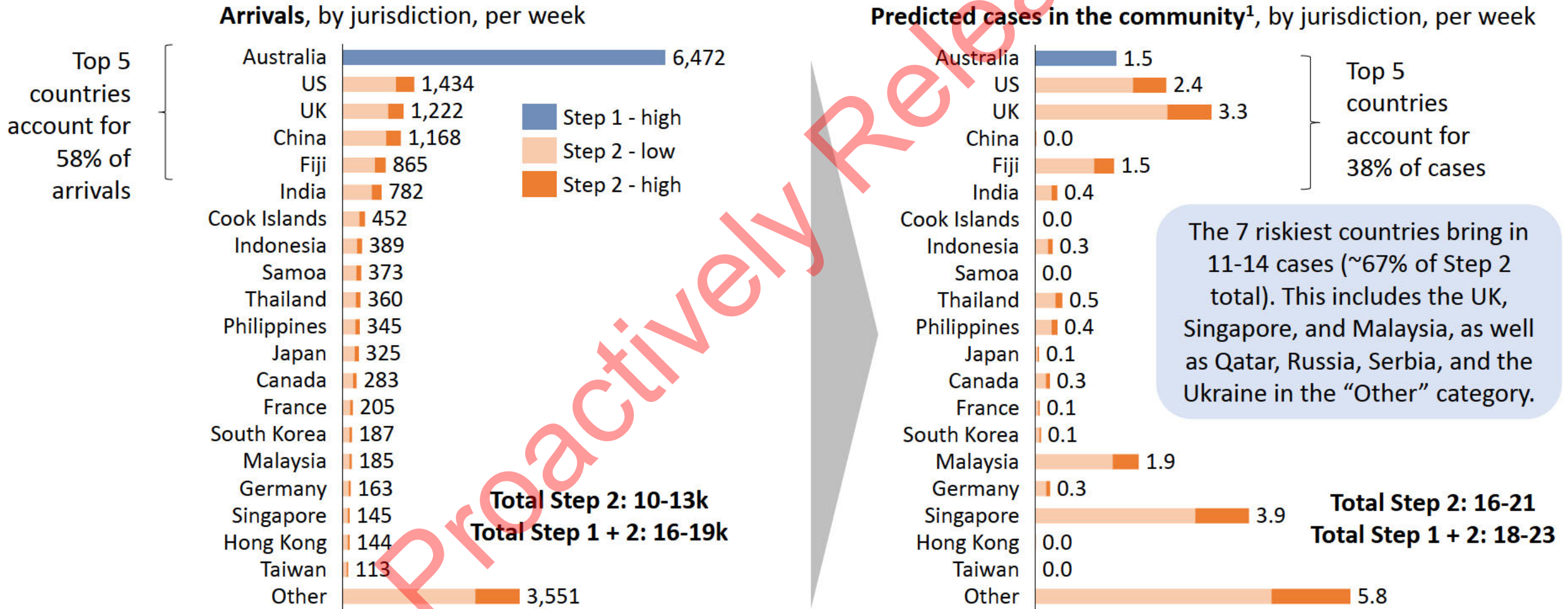


Total Step 1: 1-2 community cases per week (after self-isolation)

9x154yo3ur 2021-11-29 09:33:38; point-in-time and based on countries' current risk profiles. It is highly subject to change as the respective situations evolve.

1) Cases in the community are adjusted for self-isolation and other measures, per slide 2 (i.e. only 35% of cases at the border enter the community)

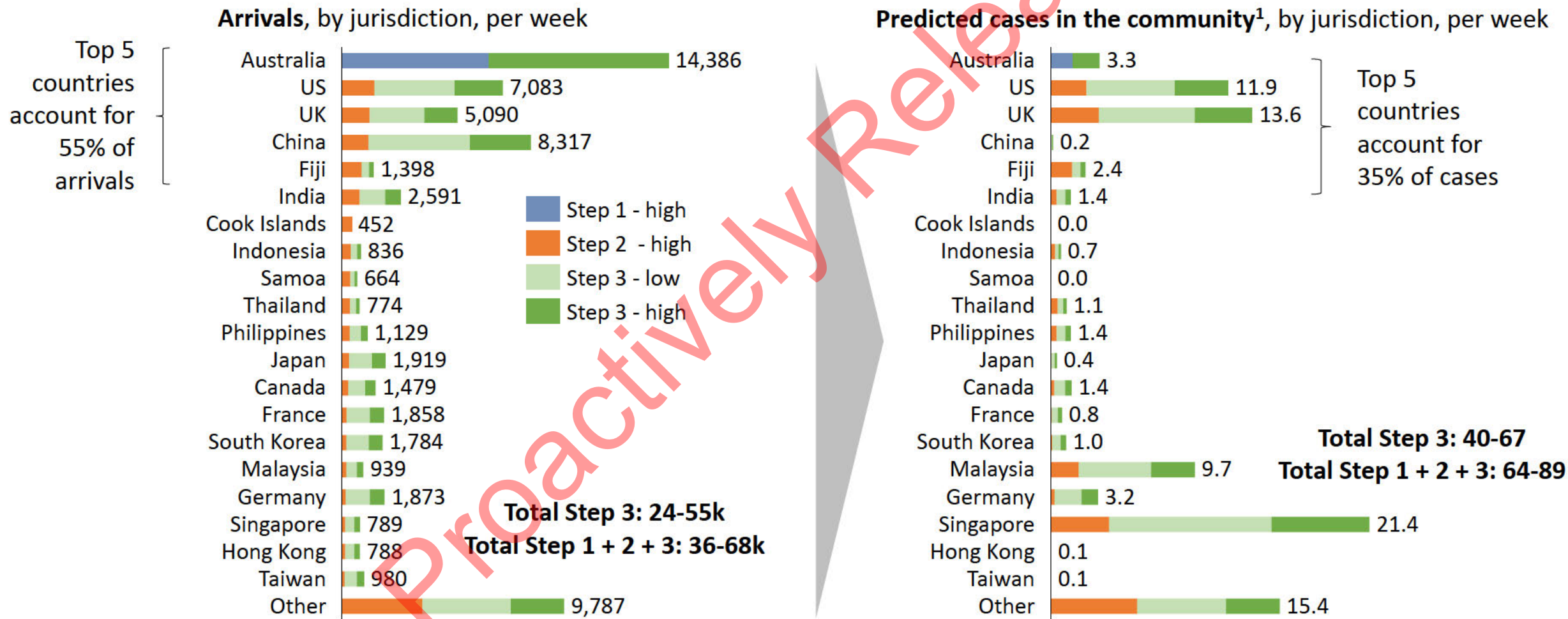
For an additional 10,000 – 13,000 NZer arrivals each week from elsewhere, 16 – 21 additional cases are predicted



9x154yo3ur 2021-11-29 09:33:38; point-in-time and based on countries' current risk profiles. It is highly subject to change as the respective situations evolve.

1) Cases in the community are adjusted for self-isolation and other measures, per slide 2 (i.e. only 35% of cases at the border enter the community)

An additional 24 – 55k non-NZer arrivals each week are estimated to bring in 40 – 67 additional community cases



Some notes regarding jurisdictional risk

- In theory, we are indifferent to where cases come from, but note that the model has not been designed to optimise volume for a set (“target”) caseload. This means that to maximise the number of travellers while minimising the incidence of border cases, we would prioritise travellers from the lowest-incidence countries.
- Note also that the output is dynamic; the model is updated whenever more data is received, so the previous three slides will look slightly different with each update.
- Risk levels will also change significantly over time; for example, ^{s6(a)} [redacted] was a low-risk country until recently. The results in this pack should be taken as point-in-time only and operational decisions should be made on the basis of the most updated data available at the time.
- In practice, this means that decisions *now* can’t take into account risk *later* when pathways are operationalised – decision-makers may wish to incorporate some conditionality or caveats around any near-term announcements that have a significant lag to implementation.

TPM is developing a separate model on border risk mitigation modelling

- TPM published a paper on reduced risk attributable to different “arrival pathways” – testing, isolation, vaccination status of traveller, vaccination coverage in NZ.
- The paper was published on 10 Nov and is titled “Effect of vaccination, border testing and quarantine requirements on the risk of COVID-19 in New Zealand.”
- We can overlay the TPM model onto the JRAT results to “discount” jurisdictional cases based on these intended arrival pathways and their various risk reductions.

Sample TPM result: remaining transmission potential of infected travellers under various border controls

Post-arrival	Pre-depart	Non-vacc traveller	Vacc traveller
None	Symp check only	100%	50%
Regular symptom checks	No test	78%	39%
	PCR on day -3	76%	38%
	LFT on day -1	73%	36%
PCR on days 0 & 4	No test	66%	33%
	PCR on day -3	66%	33%
	LFT on day -1	63%	32%
Daily LFT for 5 days	No test	45%	22%
	PCR on day -3	44%	22%
	LFT on day -1	43%	22%
5 day isolation + PCR on days 0 & 4	No test	29%	15%
	PCR on day -3	29%	15%
	LFT on day -1	28%	14%
5 day isolation + daily LFT	No test	20%	10%
	PCR on day -3	20%	10%
	LFT on day -1	19%	10%
7 day MIQ + PCR on days 0 & 4	No test	0.36%	0.18%
	PCR on day -3	0.35%	0.18%
	LFT on day -1	0.36%	0.18%
14 day MIQ + PCR on days 3 & 12	No test	0.0%	0.0%
	PCR on day -3	0.0%	0.0%
	LFT on day -1	0.0%	0.0%

We can apply different risk reduction proportions to different traveller volumes depending on:

- Policy on vaccination status of the traveller (e.g. for vaccinated travellers only)
- NZ vaccination coverage likely to increase over time, so the expected border case transmissibility will lower
- Testing policy for each origin country (note the JRAT already captures the benefit of pre-departure testing requirements)
- Isolation policy for each origin country

The results in the previous slides assume a 65% reduction in community cases as a result of a self-isolation policy for international arrivals. This aligns with a risk-averse interpretation of these TPM results.

What does this mean for domestic COVID management and for the healthcare system?

For domestic COVID management:

- The volume of infectious arrivals can have a material impact on domestic outcomes as we look to the next phase of COVID response and a desire to minimise and protect.
- Broadly, if there are lower volumes of domestic cases (i.e. in the double digits or low hundreds, daily), then high levels of imported cases are more likely to make the domestic situation unsustainable within the settings of the COVID-19 Protection Framework. If there are large volumes of domestic cases (i.e. in the thousands, daily), then the rate of introduction of new cases across the border may be less material, but could still impact domestic COVID-19 management, for example in terms of system capacity.
- Preliminary strategic modelling results suggest that higher border case prevalence is likely to result in a higher burden of infection and greater lengths of time with a more restrictive domestic stance – i.e. the 'Red' level of the CPF.

For the healthcare system:

- Border (international) cases may have more complex healthcare system requirements than cases in the community:
 - They are less likely to have a suitable self-isolation space (depending on their travel plans, accommodation bookings)
 - They may have diverse cultural or linguistic healthcare requirements, e.g. translation services may be needed
 - They may lack family and/or local networks to support in their care and recovery

Appendix 3: Current restricted immigration settings

Border Setting framework: Categories and decision-makers

Border Exemption Categories: Those to whom the border restrictions do not apply

Exempt: do not need approval before travelling

- New Zealand citizens and residence class visa holders (excluding, for now, first time resident visa holders)
- The partner or dependent children of a New Zealand citizen or residence class visa holder, who holds a visa based on that relationship
- Air crew and marine crew (only cargo)
- Diplomats and consular personnel

Exempt but should seek clarification before travelling

- Partners, dependent children (aged 19 years or under) or legal guardians of New Zealand citizens or residents who do not hold a visa based on their relationship and either:
 - are travelling with their New Zealand citizen or resident family member, or
 - Normally reside in New Zealand, or
- Australian citizens and permanent residents normally resident in New Zealand

INZ confirms these people are exempt

Only Cabinet can decide:

- Any expansion of an exception category (eg changing criteria agreed by Cabinet)
- Any additional border exemption or exception categories

Border Exception Categories: Groupings under which people can request exceptions to the border restrictions

Border Exceptions

- Critical health workers and their partners and dependent children
- Other critical workers and their partners and dependent children
- People belonging to a class exception agreed to by Cabinet or the Minister of Immigration
- Citizens of Samoa and Tonga making essential travel to New Zealand
- People who have humanitarian reasons for travel to New Zealand
- People who hold a visitor, work or student visa and:
 - are ordinarily resident in New Zealand; and
 - are the partner or dependent child of a work or student visa holder who is in New Zealand
- Replacement cargo ship crew travelling to New Zealand by air
- Marine crew arriving by the maritime border
- Essential Skills, Entrepreneur and Work to Residence visa holders who normally live in New Zealand
- Replacement cargo ship crew travelling to New Zealand by air servicing the Pacific
- People who held a visitor, work or student visa on 19 March 2020 that was granted on the basis of their relationship to a work or student visa holder who is currently in New Zealand
- The partner or dependent child of a work visa or a Critical Purpose visa holder who is in New Zealand and that visa holder is either a critical health worker or a highly-skilled worker

Other critical worker

Short term (<6 months)

- has unique experience and technical OR specialist skills that are not readily obtainable in New Zealand; OR
- is undertaking a time-critical role:
 - for the delivery of an approved major infrastructure project; or a government approved event or a major government-approved programme; or
 - in support of an approved government-to-government agreement; or
 - for work which brings significant wider benefit to the national or regional economy; OR
- meets the requirements of an approved class of worker

Long term (>6 months)

- One of the short term criteria and...
- earns at least \$106,080 per annum; OR
- has a role that is essential for the completion or continuation of a science programme under a government funded or partially government-funded contract; OR
- has an essential role for delivery or execution of:
 - an approved major infrastructure project; or
 - for a government-approved event; or
 - a major government-approved programme

21 JUNE 2021



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: Moving Forward with the Approach

Portfolio **Prime Minister / COVID-19 Response**

On 10 November 2021, the Cabinet Social Wellbeing Committee **referred** the submission under SWC-21-SUB-0176 to Cabinet on 15 November 2021 for further consideration, revised as appropriate in light of discussion at the meeting.

Rachel Clarke
Committee Secretary

Present:

Hon Grant Robertson
Hon Kelvin Davis
Hon Dr Megan Woods
Hon Chris Hipkins (Chair)
Hon Andrew Little
Hon Poto Williams
Hon Kris Faafoi
Hon Willie Jackson
Hon Jan Tinetti
Hon Dr Ayesha Verrall
Hon Aupito William Sio
Hon Meka Whaitiri
Hon Priyanca Radhakrishnan

Officials present from:

Office of the Prime Minister
Officials Committee for SWC



Cabinet

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Reconnecting New Zealanders with the World: Moving Forward with the Approach

Portfolios **Prime Minister / COVID-19 Response**

On 15 November 2021, following reference from the Cabinet Social Wellbeing Committee, Cabinet:

- 1 **noted** that in August 2021, Cabinet agreed to shift New Zealand's border settings from a country-based approach to a risk-based approach, based on country risk and an individual's vaccination status, when New Zealand's health and border systems have the capability and capacity to safely manage higher traveller volumes [CAB-21-MIN-0305];
- 2 **noted** that New Zealand is adopting the new COVID-19 Protection Framework for a highly vaccinated New Zealand which will work in tandem with border settings to continue to minimise harm from COVID-19;
- 3 **agreed** that the first step towards substantial reconnection should involve opening-up the medium-risk pathway, which will include 'stay at home' requirements for travellers upon arrival;
- 4 **noted** that the Ministry of Health and the Ministry of Business Innovation and Employment will report back to the Reconnecting New Zealanders Ministerial Group in November 2021 with the confirmed settings for self-isolation under the medium-risk pathway;
- 5 **endorsed** the following proposed approach to reconnecting New Zealanders with the world, starting, **subject to** assessments of public health factors for the risk pathways, social and economic factors and operational feasibility prior to commencement of each step:
 - 5.1 Step 1 – opening the medium-risk pathway to fully vaccinated New Zealand citizens and those residence-class visa holders and other travellers eligible under our current restrictive border settings from Australia from 11.59 pm on 16 January 2022 (provided they have been in Australia or New Zealand for the past 14 days);
 - 5.2 Step 2 – expanding the medium-risk pathway to fully vaccinated New Zealand citizens and those residence-class visa holders and other travellers eligible under our current restrictive border settings, from all but higher-risk countries, by 31 March 2022, with staging if required;

- 5.3 Step 3 – expanding the medium-risk pathway to fully vaccinated foreign nationals (possibly staged by visa category) and subject to further advice on immigration visa processing capacity and advice the ongoing need for volume controls, by 31 May 2022;
- 6 6.1 **invited** the Minister for COVID-19 Response to discuss implementation of the dates set out in paragraph 5 above with the Ministry of Business Innovation and Employment and to update the Cabinet Social Wellbeing Committee (SWC) at its meeting on 17 November 2021;
- 6.2 **authorised** SWC to have Power to Act at its meeting on 17 November 2021 to take further decisions on the dates set out in paragraph 5 above if required;
- 7 **noted** that in order to implement Step 1 above, agencies will work with airlines on implementing checks of passenger compliance in line with the requirements for the medium-risk pathway, which will include deploying Airline Liaison Officers in Australia to support pre-departure processes;
- 7 **noted** that the traveller health declaration system will be available to support travel from all countries by 31 March 2022, in line with the proposed timing for Step 2;
- 8 **noted** that operational agencies and airlines require 4-6 weeks to implement each step, following announcement of the decision and confirmation of all requirements;
- 9 **noted** that Step 3 of re-opening will have implications for immigration visa processing capacity and the Minister of Immigration will report back to the Reconnecting New Zealanders Ministerial Group with firm proposals for the proposed sequencing of re-opening visa categories in December 2021;
- 10 **agreed** to continue the trans-Tasman Quarantine Free Travel suspension and that when travel with Australia resumes it will be under the reconnecting approach;
- 11 **noted** that the aviation industry is urgently seeking signals about the pathway for re-opening as more profitable routes are opening up elsewhere and airlines are seeking to manage limited resources;
- 12 **agreed** that officials will provide a heads-up to relevant airlines (Air New Zealand, Qantas Group and Air Chathams) and airports at least 24 hours before announcements to enable them to prepare communications and call centres;
- 13 **noted** that the Ministry of Foreign Affairs and Trade will continue to assess further candidates for the Pacific low-risk pathway and officials will provide further advice to Cabinet by early December 2021 on our approach to reconnecting with other Pacific partners, including in regard to assessment of health and border settings;
- 14 **noted** that the current legislative framework for quarantine-free travel is complex and not fit-for purpose for supporting the reconnecting approach outlined in this paper;
- 15 **agreed** that the Air Border Order and accompanying quarantine-free travel notices and exemptions be replaced with a new legislative framework that is adaptable for future changes in circumstances;
- 16 **directed** officials to engage with Māori, the aviation sector, and community stakeholders on the relevant details of the above proposals, such as the social and economic impacts of re-opening;

- 17 **noted** that further consideration will be given to changes to maritime settings over the course of 2022, once the reconnection approach at the air border has bedded in;
- 18 **invited** the Prime Minister and the Minister for COVID-19 Response to report back to Cabinet in December 2021 to seek agreement to the next step of re-opening, including the updated modelling results, further assessment of the public health risks (including country-risk), social and economic benefits and costs, and operational feasibility;
- 19 **invited** the Minister for COVID-19 Response to report back to Cabinet in November 2021 on options for large-scale self-isolation as part of the medium-risk pathway, including costs.

Michael Webster
Secretary of the Cabinet

Proactively Released