

In Confidence

Office of the Prime Minister

Office of the Minister for COVID-19 Response

Cabinet

Reconnecting New Zealanders with the World: Shifting to a Risk-Based Approach to Border Settings

Proposal

- 1 This paper reports back on the development of our Reconnecting New Zealanders approach, as previously outlined [CAB-21-MIN-0263 refers] and seeks:
 - 1.1 endorsement of the proposed risk-based approach that provides for three entry pathways into New Zealand for low, medium, and higher-risk travellers;
 - 1.2 agreement to prioritise development of the traveller health declaration system (including vaccination certification) and further advice on introducing rapid border testing at airports to enable this pathway approach;
 - 1.3 agreement to proceed with a pilot to test the feasibility of self-quarantine as an isolation measure, instead of managed isolation facilities in some circumstances; and
 - 1.4 agreement to the factors for Cabinet to consider when taking decisions about how and when to change border settings.

Relation to government priorities

- 2 This paper supports the ongoing response to COVID-19 by setting out a risk-based approach to border settings.

Executive Summary

- 3 Our Elimination Strategy has put us in a stronger position than other countries and we have choices and options that many do not. In reconnecting with the world, we need to take the opportunity afforded by vaccines, protect the gains we have worked hard for and plan carefully for the phase ahead. Our COVID-19 vaccine rollout plan means everyone in New Zealand aged 16 and over will have the opportunity to be vaccinated by the end of the year. We need to use this time to do the work needed to make border reopening successful and safe. This means developing critical tools and systems, testing and piloting and iterating so we are well prepared and moving forwards.
- 4 We propose the phased introduction of a risk-based system with three entry pathways, for low, medium and higher-risk travellers, building on the approach noted in July

[CAB-21-MIN-0263 refers]. The entry pathway that a traveller takes would largely be based on their vaccination status and country-risk assessment.

5 As the number of low-risk countries increases, and vaccination programmes roll out internationally, this approach will enable us to grow traveller volumes safely, primarily through a quarantine-free pathway. The Strategic COVID-19 Public Health Advisory Group (SC19PHAG) has advised border settings should not be relaxed significantly until after full rollout of our vaccination programme. As we have seen recently, some countries that have moved too soon are seeing rising cases of the Delta variant.

6 s9(2)(f)(iv)

7 We seek Cabinet agreement to prioritise the traveller health declaration system and preparation for the potential introduction of rapid testing at airports to ensure that we are ready to move forward.

8 We propose to pilot self-quarantine between October and December 2021. This will allow us to safely test the feasibility of systems and processes that could be used for self-quarantine as an option for the medium-risk pathway, s9(2)(f)(iv)

9 Throughout our journey to reconnect New Zealanders with the world, Cabinet will take decisions about how and when to expand border settings. We propose that these decisions are based on:

- 9.1 the level of risk that New Zealand would be exposed to;
- 9.2 the extent to which our border and health systems can manage that level of risk;
- 9.3 the economic and social benefits of the proposed change; and
- 9.4 operational factors.

10 We will report back to Cabinet in October with further advice on how the risk-based approach will be operationalised, funding requirements, and how we can maintain our Elimination Strategy while gradually opening our borders.

Background

11 In July, Cabinet noted the proposal to change New Zealand's border settings by shifting to a risk-based approach without compromising public safety and further development of the health and border settings toolkit [CAB-21-MIN-0263 refers]. Cabinet invited the Prime Minister and the Minister for COVID-19 Response to report back in August with further information on the risk-based approach and what public health settings would be required to make this shift.

- 12 Since then, we have suspended trans-Tasman quarantine-free travel s6(a) [REDACTED]
- 13 Our proposed approach to phased border reopening, and the risk-based system, is informed by the Strategic COVID-19 Public Health Advisory Group (SC19PHAG) and aims to preserve the gains that we have achieved through our Elimination Strategy. Their recent advice emphasises the caution required for border reopening in light of the Delta variant, and the dynamic situation we are navigating, which requires up-to-date public health advice on border settings to ensure that we are responding to the global and domestic epidemiological situation as it evolves.

Maintaining an Elimination Strategy

- 14 New Zealand's Elimination Strategy, underpinned by science and supported by clear public messaging, has been critical to our successful response to COVID-19.
- 15 An Elimination or 'Stamp it Out' Strategy does not mean zero incidence of COVID-19, but zero tolerance for it [CAB-21-MIN-0257]. Based on the advice of Professor David Skegg and our SC19PHAG, we are proposing that through the next stages of our reconnection work, we maintain a 'Stamp it Out' approach for the following reasons:
- 15.1 It gives us options: We can always choose to alter our strategy in the future but once we forgo elimination, it would be hard to regain.
 - 15.2 Variants: If in future a variant of concern emerges that undermines the global vaccine effort, a 'Stamp it Out' strategy means we are better placed to manage it, including protecting vulnerable people.
 - 15.3 It protects our health system: Maintaining an Elimination Strategy does not mean maintaining all the same practices we have to date. Vaccines provide us an opportunity to vary our settings, but without putting undue pressure on our health system.
- 16 Our focus on the different pillars of the Elimination Strategy requires sufficient health system capacity, which is already under strain due to the seasonal rise in respiratory illnesses. The Ministry of Health is reviewing health system capacity in the light of the Delta variant and to ensure that we have capacity to stamp out any outbreaks through the reopening phase. This includes whether we have sufficient capacity, such as intensive care unit beds, for managing seriously ill patients. Modelling is underway to estimate the capacity requirements through reopening and will inform this work.
- 17 The effective roll-out of the Immunisation Programme has the potential to significantly reduce the risk and impact of COVID-19 in New Zealand. Vaccines

provide a high level of personal protection and are effective at preventing severe outcomes from COVID-19, including hospitalisation and death.

18 We have considered the value of a vaccination target, as some other countries, s6(a) are using. SC19PHAG advises that plausible levels of vaccination coverage are unlikely to meet the threshold indicated by modelling where infection would not spread through the community.

19 Instead, SC19PHAG advises that the higher the level of vaccination, the greater ability we will have to stamp out cases and regain our freedoms. They recommend pursuing the highest levels of vaccination possible, in particular amongst vulnerable communities, and ensuring that all who are eligible are offered the vaccine before significant border reopening. Higher levels of vaccination will also reduce the need for lockdowns. s9(2)(f)(iv)

20 Our systems for testing, tracing and surveillance become even more important as we build more flexibility into our border settings. These systems will help to protect vulnerable communities and avoid wider restrictions. Our testing system capacity and capability have been proven to surge as required to help contain an outbreak. However, SC19PHAG recommends further strengthening this capacity to safely enable border reopening.

21 The Ministry of Health is establishing a COVID-19 Testing Technical Advisory Group (CT TAG) to advise on the suitability of the current approach to COVID-19 testing within New Zealand, with the first meeting to be held on 23 August. The CT TAG will provide rapid, independent and practical advice to the Director-General of Health on testing technologies, approaches, and feasibility, to inform New Zealand's COVID-19 response and the reconnection work. The terms of reference and membership will be approved by Associate Minister of Health Dr Ayesha Verrall.

22 s9(2)(f)(iv)

Risk-based approach to reconnection

23 With high levels of vaccination in place we will shift from our current system with two entry pathways (QFT zones and 14-day MIQ) to three risk-based entry pathways that include vaccination, testing and isolation requirements in proportion to risk. This model is scalable as the entry pathways do not rely on country-specific agreements so can accommodate changes to country and individual risk (e.g. approved vaccination type) over time.

24 The entry pathways would be:

24.1 **Low-risk entry pathway:** Quarantine-free entry for low-risk travellers, being fully vaccinated travellers who have only been in low-risk countries for the 14

days prior to entering New Zealand. An additional testing requirement may be needed, and could be pre-departure, on arrival in New Zealand, or both.

24.2 **Medium-risk entry pathway:** Reduced quarantine (e.g. 7 days) or self-isolation and testing requirements for medium-risk travellers, e.g. vaccinated travellers who have been in medium-risk countries for the 14 days prior to entering New Zealand.

24.3 **Higher-risk entry pathway:** Full MIQ and testing requirements for all travellers who have been in high- and very high-risk countries in the 14 days prior to entry, s9(2)(f)(iv)

25 Shifting from two to three entry pathways allows us to better tailor our health measures, ensuring that the restrictions we impose on travellers are proportionate to the public health risk. However, this also introduces greater complexity, both for travellers and for border agencies. The proposed three entry pathway model seeks to strike the right balance between simplicity and responsiveness, in a continuously evolving and complex environment.

26 While we strive to define a core set of health measures that could apply to traveller categories and the requirements they need to meet, evidence continues to emerge and the virus is constantly changing, as we have seen through this pandemic. This means that we may need to adjust our settings for the three entry pathways from time to time to ensure that we continue to keep New Zealanders safe from COVID-19.

27 Ultimately our goal will be to allow as many travellers as possible to enter quarantine-free, supported by ongoing layers of protection such as vaccination and testing. This will be a phased process, starting with smaller numbers of travellers who meet the criteria for the low-risk pathway, then building on this, and adapting our settings as needed, to increase numbers as it is safe to do so.

28 When our systems are ready, the medium-risk pathway will be introduced. Over time, the medium-risk and higher-risk pathways can serve as stepping stones, as more travellers meet the criteria for the low-risk pathway and as we gain assurance that we can safely manage volumes (i.e. cumulative risk).

29 s9(2)(f)(iv)

Determining the most effective package of health measures for each pathway

30 A traveller's vaccination status will become one of the most important considerations in traveller risk, alongside country-risk assessment. Vaccination status is determined by the type of vaccine they have received, when they received it, and whether they are fully or partially vaccinated. s9(2)(f)(iv)

31 To a lesser extent, transit risk is also important, but this will depend on the proportion of vaccinated travellers on the same flights and the exposure risk at overseas airports, neither of which New Zealand is able to control. We need to build a system of entry pathways that accounts for uncontrollable risks. s9(2)(c)

32 Testing may be applied to all of the pathways. This could be pre-departure, on arrival to New Zealand, or both. Advice from SC19PHAG is that both pre-departure and arrival testing may be required to safely enable entry of vaccinated travellers and they specifically recommend the selection and piloting of rapid arrival testing at airports.

33 The Ministry of Health is reviewing our testing and surveillance system to ensure we are using the most appropriate test type for each setting within our overall border protection and public health response systems. This includes considering how rapid antigen testing can be used at overseas airports on departure, and on arrival in New Zealand, to offer additional layers of protection.

34 While rapid antigen testing does not yet have sufficient sensitivity to replace RT-PCR tests for diagnostic purposes in low prevalence environments (such as in New Zealand), the rapid nature of the test may provide a useful surveillance tool at the border and provide a useful additional layer of assurance in our border protection system.

35 Officials will report back to the *Reconnecting New Zealanders* Ministerial Group in August with an update on rapid border testing, s9(2)(f)(iv)

We propose a pilot to test the feasibility of self-quarantine as a tool in our entry pathways

36 The Minister for COVID-19 Response has requested a pilot of self-quarantine for New Zealanders who have been fully vaccinated in New Zealand with the Pfizer vaccine and have made a short trip away from New Zealand.

37 The purpose of this work is to safely test the systems and processes that could be used for self-quarantine as an option for the medium-risk pathway for vaccinated travellers. The pilot will not be used to assess the risk that travellers are infected. It will instead be designed so that there is low risk and that this risk is carefully managed. It is intended to be a small-scale pilot s9(2)(f)(iv)

38 The pilot would be used to test:

38.1 the logistics of entry in New Zealand under a self-quarantine model and the traveller journey (including through checking in, moving through airports, and travelling to accommodation);

38.2 the ability to monitor or enforce compliance (including the use of technology to monitor compliance); and

38.3 management of COVID cases if they arise.

- 39 The pilot is proposed to run between October and December 2021 and test groups of people who meet the following criteria:
- 39.1 New Zealand citizens and residents who have been fully vaccinated in New Zealand with Pfizer and have made a short trip away from New Zealand;
 - 39.2 travelling for a period of less than three weeks, with travel to be completed by the end of November 2021;
 - 39.3 travelling to one of an approved list of countries;
 - 39.4 able to supply a self-quarantine plan as part of their application that meets the Ministry of Health's requirements.
- 40 We propose that employers are offered the opportunity to nominate staff for the pilot, to provide additional assurance that participants will be supported to comply with the pilot conditions. An Expression of Interest process will be used to identify employers that have employees who need to travel for work purposes and may meet the criteria.
- 41 As the domestic vaccination rollout will still be underway at the time of the pilot, stringent processes and protections will need to be in place. For example, participants will be required to quarantine for 14 days and have no contact with household members who are entering the community during this time.
- 42 The process to determine the full measures for self-quarantine will be run by the Ministry of Health, in conjunction with Medical Officers of Health. Ultimately Medical Officers of Health have the legislative power to determine the appropriate place and conditions of self-quarantine.
- 43 The selection criteria and isolation requirements reflect the need to manage risk but have implications for who could be involved in the pilot and the scalability of the model. When considering the suitability of self-quarantine as an ongoing part of the system, population implications will be assessed to inform future choices. Conditions for self-quarantine may be different if this option is adopted as part of the medium-risk pathway and the lessons learned from the pilot will inform future design options.
- 44 Final decisions on the pilot will be sought from Cabinet in September, together with funding for any associated costs.

We will also consider options for reduced time in MIQ

- 45 Advice from SC19PHAG is to consider a reduced stay in MIQ of 5-7 days, with self-isolation and additional testing in the week following. They recommend trialling additional testing within MIQ and recording the vaccination status of people in MIQ, to inform future decisions on whether to adopt a short-stay MIQ option.
- 46 The Ministry of Business, Innovation and Employment (MBIE) is examining the operational implications of various short-stay MIQ options. s9(2)(f)(iv)
- [REDACTED]
- [REDACTED]
- [REDACTED]

- 47 The Ministry of Health has reviewed the returnee testing schedule in place across the MIQ system and is considering options for implementing an additional test on day five/six, s9(2)(f)(iv) [redacted]. Additional testing could be operationalised from September. Health officials are also considering options for recording the vaccination status of people in MIQ (e.g. type of vaccine, number of doses, dates received, where received), with a view to overlaying this information on positive MIQ case data.
- 48 Officials will report back to the *Reconnecting New Zealanders* Ministerial Group in late August with an update on implementing day five/six testing and recording vaccination status. There will be further work to develop options for short-stay MIQ, including operational implications, s9(2)(f)(iv) [redacted].

Operationalising the approach

- 49 The New Zealand Customs Service (Customs) is working with other agencies and the aviation sector (including airport operators and airline representatives) to identify, design and implement border systems to operationalise the Reconnecting New Zealanders risk-based approach. The aim is to deliver options for safe and smart solutions that will support the approach at the air border, focusing on pre-arrival, en-route, arrival and domestic stages of the travel and border process.

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

- 51 A traveller health declaration system will be needed to risk assess individual passengers prior to arrival and ensure that they are correctly processed on arrival. The digital system will include proof of vaccination certificates (both New Zealand and other countries), pre-departure test certificates, and traveller declared data such as contact details and travel history. The platform will eventually provide a single place for passengers to make their complete travel declaration, s9(2)(f)(iv) [redacted].

- 52 s9(2)(f)(iv) [redacted] work on the traveller health declaration system and rapid border testing will need to be prioritised to ensure they are ready in time. It is likely that the initial solution for the traveller health declaration will be manual, with a digital tool phased in over time as it is developed.

- 53 The Minister for COVID-19 Response will report back to Cabinet s9(2)(f)(iv) [redacted] on the traveller health declaration system including funding requirements.

Moving forward with the approach

- 54 SC19PHAG has suggested that the first cohort of travellers enabled under the new reconnection approach could be fully vaccinated New Zealanders. This is likely to begin with travel to and from a low-risk country.

55 s9(2)(f)(iv) [Redacted]

56 At present, there are few countries other than our existing QFT zones that are low risk. How this changes before we take reconnection decisions will depend on COVID-19 management overseas. SC19PHAG advises that border settings should not be relaxed significantly until our domestic vaccination programme has been fully rolled out, indicating the new approach could commence in early 2022.

57 s9(2)(f)(iv) [Redacted]

Decision-making framework

58 As we move forward with the approach, decisions will be sought from Cabinet on when and how to change border settings prior to each reconnection step.

59 The framework for guiding decisions on Alert Level changes [CAB-21-MIN-2057 refers] has served us well. We propose a similar approach for guiding decisions on reconnection, based on the following factors:

Public Health factors

59.1 the satisfaction of the Director-General of Health that the residual risk is acceptably low, based on the following health matters:

Assessment of risk

59.1.1 risk of cases being imported and the resultant risk of community outbreaks;

59.1.2 the broader global epidemiological situation including variants of concern;

Ability to manage the risk, based on

59.1.3 domestic vaccination coverage and distribution;

59.1.4 the capacity and capability of our health and response systems;

59.1.5 the protections in place for at-risk populations and any equity considerations;

Feasibility

59.2 operational factors and practical considerations, s9(2)(f)(iv) [Redacted]

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

Economic and social factors

59.3 the benefits for the economy and society more broadly, s9(2)(f)(iv) [redacted]
[redacted]

59.4 the economic and social impacts of the proposed step on population groups.

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

Next steps

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

62 Officials will report back to the *Reconnecting New Zealanders* Ministerial Group with further advice through August and September, as set out below:

August	September
s9(2)(f)(iv) [redacted] [redacted] [redacted]	s9(2)(f)(iv) [redacted] [redacted] [redacted]
s9(2)(f)(iv) [redacted] [redacted] [redacted]	s9(2)(f)(iv) [redacted] [redacted] [redacted]
Update on rapid border testing	
Update on progress with implementing day 5/6 testing and recording vaccination status of people in MIQ	

63 Cabinet papers will be prepared for s9(2)(f)(iv) on:

63.1 The final design and funding requirements for the self-quarantine pilot; and

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

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

- 64.1 s9(2)(f)(iv) [Redacted]
- 64.2 s9(2)(f)(iv) [Redacted]
- 64.3 s9(2)(f)(iv) [Redacted]
- 64.4 s9(2)(f)(iv) [Redacted]

Financial Implications

65 There are no direct financial implications from endorsing the three pathway risk-based approach or from agreeing to the factors for consideration when taking decisions on changing our border settings under the approach.

Project management function

- 66 A new project management function will be established in the COVID-19 Group at the Department of the Prime Minister and Cabinet (DPMC). This will ensure that activities proceed in a timely and phased manner and are coordinated across government.
- 67 The project management function includes three new roles, with costs to be met within baseline. As the DPMC COVID-19 Group is already managing a number of additional costs, this will increase pressure on its baseline, and the Group will be commensurately less able to absorb further cost pressures in 2021/22.

Traveller health declaration system

- 68 s9(2)(f)(iv) [Redacted]

Self-quarantine pilot

69 Any funding requirements associated with the self-quarantine pilot will be addressed when final decisions are sought from Cabinet in September.

COVID-19 Modelling

70 Epidemiological modelling is an important tool in informing the response to COVID-19 and navigating future choices. To date, modelling work has been funded by MBIE’s COVID Innovation Acceleration Fund and other sources of research funding (such as Health Research Council grants).

- 71 s9(2)(f)(iv) [Redacted]

s9(2)(f)(iv)

Other costs associated with implementing the approach

72 There will be a range of one-off and ongoing costs associated with implementing the approach such as costs of resourcing work programmes, developing tools and processes, and ensuring the necessary capacity and infrastructure is in place.

73 s9(2)(f)(iv)

74 s9(2)(f)(iv)

Legislative Implications

75 There are no legislative implications arising from this paper. To implement the approach, decisions will be required in future that have legislative implications. A detailed legal framework may be required to support the proposed approach, which is complex and intended to incorporate flexibility to accommodate multiple variables. This will be worked through and addressed in subsequent Cabinet papers.

Impact Analysis

76 There are no legislative implications, therefore a regulatory impact statement is not required.

Population Implications

77 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. In considering changing our border settings, our primary objective remains to keep New Zealanders safe from COVID-19.

78 The risk of negative health and non-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.

79 Moreover, some of those within the above groups will not be eligible for vaccinations since use of the Pfizer vaccine is available only for persons 16 years and above, with Cabinet considering an extension to 12 – 15 year olds.

80 It will be critical to achieve as high as possible vaccination coverage for eligible individuals across population groups. DHBs have equity plans to support the prioritisation of access to the vaccine for Māori, Pacific and disabled people. A

variety of delivery methods supports a focus on equity, including whānau-based approaches, local initiatives, workplace vaccinations and support for Māori and Pacific providers.

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

82 The proposed approach makes reconnection contingent on protecting our people, in particular high-risk groups. This is reflected in the proposed factors to be considered for decisions on reconnecting, which include s9(2)(f)(iv) [redacted] [redacted] the social and economic impacts on population groups.

Treaty Analysis

83 Te Tiriti o Waitangi considerations include ensuring equity for Māori across health outcomes, welfare, and in realising opportunities. Engagement with iwi / Māori is underway through the Iwi Chairs Forum.

Human Rights

84 s9(2)(h) [redacted]
[redacted]
[redacted]
[redacted]
[redacted]
[redacted]
[redacted]
[redacted]
[redacted]

85 Settings for the pathways under the risk-based approach will need to take into account the Director-General of Health’s advice on the public health measures necessary to prevent or contain the spread of COVID-19, to ensure that any restrictions on individual freedoms continue to be justified under NZBORA. This will be assessed prior to introduction of the pathways in the context of the latest evidence and the epidemiological situation at the time.

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

Consultation

87 The paper was developed by the Department of the Prime Minister and Cabinet (COVID-19 Response Group) in consultation with the Ministry of Health. The following were also 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 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; and the Treasury.

Communications

- 88 The content of this paper, and the previous paper outlining our approach [CAB-21-MIN-0263 refers], will be presented publicly at the Reconnecting Forum to be held on Thursday 12 August. The forum will also include a presentation from Sir David Skegg, Chair of the Strategic COVID-19 Public Health Advisory Group.
- 89 The public forum is a key milestone for progressing the reconnecting work. Engagement following the forum will focus on informing and gathering insights from key stakeholders, rather than consultation or co-design.
- 90 Engagement with representatives of the urban Māori, LGBTQI, disabilities, Pacific, rural, ethnic (including Islamic) and other communities is underway through the newly established Community Panel. Early engagement with the Iwi Chairs Forum is underway. Further engagement with Māori is planned following the Reconnecting Forum, including with Māori business. Engagement with airlines and other commercial partners will commence through the Customs-led smart border programme, after public announcements on 12 August.

Proactive Release

- 91 We 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 and the Minister for COVID-19 Response recommend that Cabinet:

- 1 **note** that moving forward with reconnection will be enabled by high vaccine uptake across key population groups and enhancing other aspects of our public health and response system;
- 2 **note** that SC19PHAG has advised border settings should not be relaxed significantly until after full rollout of the vaccination programme in New Zealand;
- 3 s9(2)(f)(iv) [Redacted]

Three risk-based entry pathways

- 4 **agree** to shift our 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, as previously noted [CAB-21-MIN-0263 refers];

5 **endorse** the risk-based approach based on three entry pathways for low, medium and higher-risk travellers;

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

7 **note** that advice on the entry pathways will be subject to further adjustments over time to account for updated public health advice;

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

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

Self-quarantine pilot

10 **agree** to a pilot of self-quarantine to run between October and December 2021 to test our systems and processes, subject to Cabinet agreement to final design parameters and approval of any costs;

11 **agree in principle**, subject to further advice in September, that to be eligible for the self-quarantine pilot, participants will meet the following criteria:

11.1 New Zealand citizens and residents who have been fully vaccinated in New Zealand with Pfizer and have made a short trip away from New Zealand;

11.2 travelling for a period of less than three weeks, with travel to be completed by the end of November 2021;

11.3 travelling to one of an approved list of countries;

11.4 able to supply a self-quarantine plan as part of their application that meets the Ministry of Health's requirements;

12 **agree** to explore technological options for monitoring compliance during the pilot [redacted]
s9(2)(f)(iv) [redacted]
[redacted]

13 **invite** the Minister for COVID-19 Response to report back to Cabinet in September on the final design of the pilot, including the Expression of Interest process, and any associated funding requirements;

Operationalising the pathways

14 **agree** to prioritise the development of the traveller health declaration system and advice on implementing rapid border testing capability;

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

16 **direct** officials to provide updates on rapid testing at New Zealand airports to the *Reconnecting New Zealanders* Ministerial Group in August;

17 **direct** officials to provide an update to the *Reconnecting New Zealanders* Ministerial Group in August on progress with implementing day 5/6 testing and recording the vaccination status of arrivals into MIQ;

18 **direct** the New Zealand Customs Service to design future border systems to operationalise the risk-based approach at the border with agencies, airports and airlines s9(2)(f)(iv) [redacted]

Decision-making

19 **agree** that the principal matters that will be taken into consideration for decisions on reconnecting are:

Public Health factors

19.1 The satisfaction of the Director-General of Health that residual risk is acceptably low, based on the following health matters:

- 19.1.1 assessment of risk;
- 19.1.2 ability to manage the risk;

Feasibility

19.2 operational factors and practical considerations;

Economic and social factors

- 19.3 the benefits for the economy and society more broadly;
- 19.4 the economic and social impacts of the proposed step on population groups;

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

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

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

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

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

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

Financial implications

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

23 **note** that any funding requirements for the self-quarantine pilot will be addressed when final decisions are sought from Cabinet in September;

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

Communications

25 **note** that the contents of this paper and the previous *Reconnecting New Zealanders* paper will be presented at the Reconnecting Forum to be held on 12 August 2021;

26 **agree** that, following 12 August, the New Zealand Customs Service engages with airports and airlines on operationalisation of the approach; and

27 **note** that engagement with stakeholders is underway and will inform further development of the *Reconnecting New Zealanders* approach.

Authorised for lodgement

Rt Hon Jacinda Ardern

Prime Minister

Hon Chris Hipkins

Minister for COVID-19 Response



Cabinet

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: Shifting to a Risk-Based Approach to Border Settings

Portfolios Prime Minister / COVID-19 Response

On 9 August 2021, Cabinet:

Background

- 1 **noted** that moving forward with reconnection to the world will be enabled by high vaccine uptake across key population groups and enhancing other aspects of New Zealand’s public health and response system;
- 2 **noted** that the Strategic COVID-19 Public Health Advisory Group has advised that border settings should not be relaxed significantly until after full rollout of the vaccination programme in New Zealand;
- 3 s9(2)(f)(iv) [Redacted]
- 3.1 s9(2)(f)(iv) [Redacted]
- 3.2 s9(2)(f)(iv) [Redacted]

Three risk-based entry pathways

- 4 **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, as noted by Cabinet on 5 July 2021 [CAB-21-MIN-0263];
- 5 **endorsed** the risk-based approach based on three entry pathways for low, medium, and higher-risk travellers;
- 6 s9(2)(f)(iv) [Redacted]

7 **noted** that advice on the entry pathways will be subject to further adjustments over time to account for updated public health advice;

8 s9(2)(f)(iv)

9 s9(2)(f)(iv)

Self-quarantine pilot

10 **agreed in principle** to a pilot of self-quarantine to run between October and December 2021 to test New Zealand's systems and processes, **subject to** Cabinet agreement to final design parameters and approval of any costs;

11 **agreed in principle, subject to** further advice in September 2021, that to be eligible for the self-quarantine pilot, participants will need to meet the following criteria:

11.1 New Zealand citizens and residents who have been fully vaccinated in New Zealand with Pfizer and have made a short trip away from New Zealand;

11.2 travelling for a period of less than three weeks, with travel to be completed by the end of November 2021;

11.3 travelling to one of an approved list of countries;

11.4 able to supply a self-quarantine plan as part of their application that meets the Ministry of Health's requirements;

12 **agreed** to explore technological options for monitoring compliance during the pilot;

13 **invited** the Minister for COVID-19 Response to report back to Cabinet in September 2021 on the final design of the pilot, including the Expression of Interest process, and any associated funding requirements;

Operationalising the pathways

14 **agreed** to prioritise the development of the traveller health declaration system and advice on implementing rapid border testing capability;

15 s9(2)(f)(iv)

16 **directed** officials to provide updates on rapid testing at New Zealand airports to the Reconnecting New Zealanders Ministerial Group in August 2021;

17 **directed** officials to provide an update to the Reconnecting New Zealanders Ministerial Group in August 2021 on progress with implementing day 5/6 testing and recording the vaccination status of arrivals into MIQ;

18 **directed** the New Zealand Customs Service to design future border systems to operationalise the risk-based approach at the border with agencies, airports and airlines, and s9(2)(f)(iv)

Decision-making

19 **agreed** that the principal matters that will be taken into consideration for decisions on reconnecting are:

Public health factors

19.1 the satisfaction of the Director-General of Health that residual risk is acceptably low, based on the following health matters:

19.1.1 assessment of risk;

19.1.2 ability to manage the risk;

Feasibility

19.2 operational factors and practical considerations;

Economic and social factors

19.3 the benefits for the economy and society more broadly;

19.4 the economic and social impacts of the proposed step on population groups;

20 s9(2)(f)(iv) [Redacted]

21 s9(2)(f)(iv) [Redacted]

21.1 s9(2)(f)(iv) [Redacted]

21.2 s9(2)(f)(iv) [Redacted]

21.3 s9(2)(f)(iv) [Redacted]

21.4 s9(2)(f)(iv) [Redacted]

Financial implications

22 s9(2)(f)(iv) [Redacted]

23 **noted** that any funding requirements for the self-quarantine pilot will be addressed when final decisions are sought from Cabinet in September 2021;

24 s9(2)(f)(iv) [Redacted]

Communications

- 25 **noted** that the contents of the paper under CAB-21-SUB-0305 and the previous Reconnecting New Zealanders paper [CAB-21-SUB-0263] will be presented at the Reconnecting Forum to be held on 12 August 2021;
- 26 **agreed** that, following 12 August 2021, the New Zealand Customs Service engage with airports and airlines on operationalisation of the approach;
- 27 **noted** that engagement with stakeholders is underway and will inform further development of the Reconnecting New Zealanders approach.

Michael Webster
Secretary of the Cabinet