



Briefing

ADDITIONAL RISK MITIGATION MEASURES FOR TRAVELLERS FROM INDONESIA AND FIJI

To: Reconnecting New Zealanders Ministerial Group

Date	5/08/2021	Priority	High
Deadline	9/08/2021	Briefing Number	DPMC-2021/22-105

Purpose

1. This briefing provides advice on the increasing risk of travellers from Indonesia and Fiji and recommends that both Indonesia and Fiji are reclassified as a Very High-Risk countries with mitigation measures put in place.

Recommendations

Reclassifying Indonesia as a Very High Risk-country

1. **Note** that public health advice from the Ministry of Health to the Minister for COVID-19 Response is that travellers from Indonesia currently carry a very high-risk and that additional risk mitigation measures are necessary
2. **Agree** to the Minister for COVID-19 Response reclassifying Indonesia as a Very High-Risk (VHR) Country and applying the following measures at the air border:
 - 2.1. Travellers will be restricted to New Zealand Citizens, their partners and children, and parents of children who are New Zealand Citizens (together with any children of those parents who are not New Zealand citizens).
 - 2.2. Other travellers, including New Zealand residents can enter only if they spend 14 days outside a VHR Country before arriving.
 - 2.3. All travellers will require evidence of a negative PCR test from a government approved laboratory.
3. **Note** that the recent COVID-19 outbreak involving travellers from Indonesia involved mariners and was managed in line with existing public health processes

YES / NO

4. **Note** that the public health advice is that the risk posed by travellers from Indonesia at the maritime border can be effectively mitigated by increasing public communications, including:
 - 4.1. highlighting the importance of maintaining public health measures when interacting with international vessels (such as PPE and physical distancing)
 - 4.2. the importance of vaccination, and
 - 4.3. ensuring testing schedules are maintained
5. **Agree** to increasing public communications at the maritime border in line with the public health advice
6. **Note** that, if agreed, the Ministry of Health will work with the Ministry of Transport and Maritime New Zealand to help support the key public communications around the importance of maintaining public health measures, vaccination and surveillance testing at the maritime border
7. **Note** that the Border Executive Board will be providing further advice to the Minister for COVID-19 Response on potential public health mitigations at the maritime border more broadly

YES / NO

Reclassifying Fiji as a Very High-Risk country

8. **Note** that public health advice from the Ministry of Health is that travellers from Fiji currently carry a very high-risk
9. **Note** that the Director General of Health's advice is that:
 - 9.1. an additional day 5/6 test in MIQ for travellers from Fiji could be considered as an additional mitigation
 - 9.2. at present a PDT is not required by travellers from Fiji and that, given the complexity of obtaining a PDT in Fiji, nothing further is likely to be gained by requiring PDT in our settings
10. **Note** that officials consider Fiji's unique situation and connection with New Zealand (as outlined in this briefing) means that applying standard VHR travel restrictions may not be the most appropriate way of mitigating public health risk for travellers from Fiji
11. **Agree** to the Minister for COVID-19 Response reclassifying Fiji as a VHR country
12. **Agree** to applying the measures in one of the following options:

EITHER:

- 12.1. **Option 1** – Introduce an additional day 5/6 testing requirement in MIQ for travellers from Fiji but do not restrict travel

OR


YES / NO

YES / NO

- 12.2. **Option 2** – Restrict travel from to only New Zealand Citizens, their partners and children, and parents of dependent children who are New Zealand Citizens (together with any children of those parents who are not New Zealand citizens), but create an additional exemption for all air travellers from Fiji transiting through New Zealand subject to our existing arrangements (including that they must stay airside and are in transit in New Zealand no longer than 24 hours).
- YES / NO
13. **Note** that New Zealand provides Fiji with the only scheduled airline route and there is no alternative flight route for travellers in Fiji to spend 14 days in a non-VHR country before arriving in New Zealand
14. **s6(a)** _____ (without an exemption for Transit under the ABO) as this would mean there would be no reliable route for transit from Fiji via New Zealand for foreign nationals to third country locations, which may impact:
- 14.1. the ability of staff from international organisations resident in Fiji (such as the Red Cross) as well as foreign diplomats based in Fiji who do not hold diplomatic credentials for New Zealand, to travel to and from Fiji via New Zealand
- 14.2. the ability to provide urgent medical or humanitarian support to Fiji
- 14.3. the international support provided as part of Fiji's COVID-19 response
15. **Note** that if a transit exemption were applied the above international groups would be able to continue to travel from Fiji via New Zealand
16. **Note** that under the Air Border Order, the Director General of Health has the ability to grant an exemption for travel from Fiji for humanitarian reasons which would be exercised in cases of humanitarian need for the travelling individual (or their family members), including but not limited to non-critical medical conditions (e.g. cancer treatment not available in Fiji), as well as for general humanitarian assistance to Fiji
17. **Note** that following Ministerial decisions, officials will publish the COVID-19 risk assessments of Indonesia and Fiji
18. **Note** that amendments to the COVID-19 Public Health Response (Air Border) Order will be made to reflect the above decisions where needed and will take effect 48 hours later
19. **Note** that the Ministry of Foreign Affairs and Trade (MFAT) requires 24 hours after Ministerial decision and before public announcement to advise affected foreign governments of New Zealand's assessment

20. **Agree** to proactively release this Briefing subject to any redactions, as appropriate.

YES / NO

 Ruth Fairhall Head of Strategy and Policy, COVID-19 Group, DPMC
5, 8, 21/...../.....

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

Hon Grant Robertson Minister of Finance
...../...../.....

Hon Chris Hipkins Minister for COVID-19 Response
...../...../.....

Hon Nanaia Mahuta Minister of Foreign Affairs
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Hon Kris Faafoi Minister of Immigration
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Hon Michael Wood Minister of Transport
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Hon Peeni Henare Associate Minister of Health (Māori Health)
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Hon Dr Ayesha Verrall Associate Minister of Health
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Hon Aupito William Sio Associate Minister of Health (Pacific Peoples)
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Hon Meka Whaitiri Minister of Customs
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Proactively Released

Contact for telephone discussion if required:

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Minister's office comments:

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

ADDITIONAL RISK MITIGATION MEASURES FOR TRAVELLERS FROM INDONESIA AND FIJI

Executive Summary

2. Public health advice is that travellers from Indonesia currently carry a very high-risk. The Director General of Health has low confidence across a number of the key risk factors, in particular that pre-departure testing presents an adequate risk mitigation measure for travellers to New Zealand from Indonesia.
3. In order to mitigate the risk for travellers from Indonesia, we recommend that Indonesia is reclassified as a VHR country, which would place additional restrictions on travellers from Indonesia at the air border.
4. Recent COVID-19 outbreaks at the maritime border involved travellers from Indonesia and was managed in line with existing public health processes. We consider that, to mitigate public health risk, additional communications for staff at the maritime border are put in place (in line with public health advice) to highlight the importance of maintaining public health measures when interacting with international vessels (such as PPE and physical distancing), emphasise the importance of vaccination, and ensure testing schedules are maintained.
5. Public health advice is that travellers from Fiji also carry a very high risk s6(a)
6. Fiji's unique situation and connection with New Zealand including the humanitarian implications of limiting travel and low traveller numbers means that applying standard VHR travel restrictions may not be the most appropriate way of mitigating public health risk for

travellers from Fiji. A suggested public health approach is the introduction of an additional test on day 5 or 6 in MIQ. Alternatively travel could be restricted to New Zealand citizens, with exemptions for transiting travellers.

7. Amendments to the COVID-19 Public Health Response (Air Border) Order will be made to reflect the above decisions (where required) and the Ministry of Foreign Affairs and Trade will need to advise affected Governments of the VHR assessments.

Background

8. On 5 July 2021 Cabinet agreed to a new approach to country risk assessment, based on a broad range of public health considerations. At present, India, Pakistan, Papua New Guinea and Brazil are classified as Very High-Risk countries. Under current restrictions only New Zealand Citizens (and dependants) can travel to New Zealand from these countries.
9. Cabinet agreed that following a detailed public health assessment, an inter-agency process would determine appropriate risk responsive mitigation measures for travellers from countries and jurisdictions that pose a very high risk [SWC-21-MIN-0101 refers]. Advice, considering a range of factors and mitigations, would then be provided to the Reconnecting New Zealanders Ministerial Group to make a final decision, alongside public health advice from the Director-General of Health.
10. On 22 July 2021 advice was provided to the Minister for COVID-19 Response outlining the Director General of Health's advice that travellers from Indonesia now pose a very high risk and that additional risk mitigation measures are necessary [Ministry of Health Report 20211677 refers]. The public health risk assessment for Indonesia is attached in [Appendix 1](#).
11. On 3 August, the Ministry of Health completed a risk assessment on Fiji which outlines that the situation in Fiji is continuing to deteriorate and that the risk from Fiji is also considered to be very high. The public health risk assessment for Fiji is attached in [Appendix 2](#).

The risk posed by travellers arriving from Indonesia is currently very high

12. The 22 July public health risk assessment considered the holistic risk posed by travellers from Indonesia and takes into account a wide range of factors, including case rates, testing rates and positivity, the predominant variant circulating, the epidemic curve, the effectiveness of the country's response, the capacity and capability of the country's health system, and our confidence in the data we are accessing. The risk assessment for Indonesia outlines the public health risk at both the maritime and air borders.
13. At present case numbers are rising with 187 daily reported cases per million people, with Delta being the dominant variant. 19 cases have been identified in travellers from Indonesia in the past year, 9 of which have been in the last few weeks, with all recent cases related to mariners.

14. MIQ booking data as at 4 August outlines that there are 71 rooms booked (103 people) by travellers from Indonesia between 6 August and 30 November¹. Of these bookings, 52 rooms (73 people) include a New Zealand Citizen². Shipping crew swaps are not included in the data as they do not enter MIQ.
15. Based on the level of risk identified, the Director General of Health has low confidence across a number of the key risk factors, in particular that pre-departure testing presents an adequate risk mitigation measure for travellers to New Zealand from Indonesia.

Reclassifying Indonesia as a Very High-Risk country would reduce the public health risk of travellers from Indonesia at the air border

16. The public health risk assessment outlined that additional measures are required to reduce the risk posed by travellers from Indonesia, in particular applying the standard travel restrictions for Very High-Risk countries at the air border.
17. Public health advice is that there are number of recommended mitigation measures that should be put in place for travellers from Indonesia at the air border including the following:
 - a) Travellers will be restricted to only New Zealand Citizens, their partners and children, and parents of dependent children who are New Zealand Citizens (together with any children of those parents who are not New Zealand citizens).
 - b) Other travellers, including New Zealand residents can enter only if they spend 14 days outside a VHR before arriving.
 - c) All travellers will require evidence of a negative PCR test from a government approved laboratory.
 - d) Travellers will be required to comply with a range of standard health measures during their stay in MIQ including day 0 testing, cohorting of arrivals in MIQ facilities, ending the transporting of guests to exercise, and a test on day 5/6 (for some).
18. Advice from public health and the Director-General of Health is that the standard VHR measures outlined above are appropriate for the level of risk posed by travellers from Indonesia at the air border, and that no further bespoke risk mitigations are required.
19. These measures would reduce the public risk of travellers from Indonesia, by reducing the volumes of people travelling to New Zealand at the air border and adding additional health mitigations on those arriving in New Zealand. The volumes of travellers arriving in New Zealand are greater via air than sea, therefore the public health risk presented through the air border is likely to be greater than through the maritime border.

There are some bilateral implications for reclassifying Indonesia as a VHR country

20. MFAT estimates there are around 500 New Zealanders remaining in Indonesia. Many of the remaining New Zealanders may have non-dependent family members who are

¹ These numbers are for online bookings, so exclude manual bookings (groups and emergency allocations).

² This is a proxy for the number of 'eligible' people who could be able to travel to New Zealand under standard VHR travel restrictions.

Indonesian nationals and may not be eligible to enter New Zealand under tightened border restrictions.

21. s6(a)

22. s6(a)
Under the new risk assessment framework, the decision to classify a country VHR is reviewed every four weeks.

23. A number of other countries have also put increased travel restrictions on Indonesia in response to the latest surge, including Japan, Oman, Pakistan, Saudi Arabia, Singapore, the UAE, and the UK.

24. MFAT and MoH are working together to confirm a list of laboratories approved by the Government of Indonesia to undertake COVID-19 predeparture testing. Having adequate access to testing is important from a Bill of Rights Act perspective, in ensuring the right of NZ Citizens to return.

Reclassifying Indonesia as HR is unlikely to have any substantial implications for New Zealand's supply chain

25. Reclassifying Indonesia as VHR will impact travellers who need to enter by plane for the purpose of crew changes. South East Asia has long been a source of labour for the maritime sector. While adding Indonesia to the schedule of VHR countries may reduce opportunities for crew to be replaced and cause crew to spend longer periods on board their vessels, the Ministry of Transport consider that this should not directly significantly impact the supply chain. Officials will monitor this if the changes are agreed to.

We recommend that Indonesia is reclassified as a VHR country

26. We therefore recommend that Indonesia is reclassified as a VHR country and that the mitigations above are applied, in line with public health advice.

Increasing communications would help to strengthen public health risk mitigations at the maritime border

27. While reclassifying countries as VHR place additional restrictions on travellers at the air border, there are currently no VHR provisions in the COVID-19 Public Health Response (Maritime Border) Order (MBO).

28. The recent COVID-19 outbreak involving travellers from Indonesia has had implications for the maritime border:

- a) Crew from a fishing vessel testing positive for COVID-19 – the outbreak appears to have been introduced into one vessel via crew travelling by air from Indonesia to New Zealand (with the relevant test results not being returned until after the departure of the vessel from port)

b) Crew from a cargo vessel (testing positive for COVID-19) that recently docked in Indonesia, Singapore and Australia.

29. At present, there are existing processes for managing the public health risk at the maritime border. This includes public health measures for managing crew changes and for managing any outbreaks on commercial vessels. Many of these measures have been in place since early 2020, with ongoing refinements to ensure that they continue to be effective.
30. New Zealand also has international obligations under United Nations conventions which related to the management of COVID-19 outbreaks and ensuring the safety of the vessel and crew on it³.
31. The two recent COVID-19 outbreaks on fishing vessels, have been handled well within existing public health parameters and have not resulted in any transmission of COVID-19 (in particular the Delta variant) beyond the vessels.

Improving communications at the maritime border could help to further mitigate public health risk

32. Public health advice from the Ministry of Health is that reinforcing communications to staff operating at the maritime border would help to mitigate the increased risk posed by travellers from Indonesia. This includes providing communications on:
- a) The importance of public health measures when interacting with international vessels e.g. PPE, physical distancing where possible
 - b) Getting vaccinated
 - c) Maintaining up-to-date testing schedules
 - d) Monitoring symptoms and getting tested if symptomatic (outside the regular surveillance testing)
33. The Ministry of Health consider that providing additional communications at the maritime border is an appropriate and proportionate mitigation measure.

Imposing any additional public health measures at the maritime border could have significant implications for New Zealand's supply chain

34. The Border Executive Board is currently preparing advice for the Minister for COVID-19 Response on whether there are any further public health mitigations that could be implemented at the maritime border more broadly for managing crew changes or outbreaks on commercial vessels (including testing and vaccination).
35. We have considered whether any further public health mitigations should be put in place at the maritime border for travellers from Indonesia (in addition to what has been outlined above). This included considering if changes could be made to the MBO to reflect the settings in the ABO (for example restricting entry to only New Zealand Citizens). However,

³ New Zealand has international obligations in relation to vessels and people in distress and could be obliged to coordinate the rescue of a person on-board a vessel if that person required medical treatment for COVID-19. In cases where the entry of the vessel would risk serious harm (i.e. the spread of COVID), New Zealand could refuse entry provided that it addressed the risk to life effectively in an alternative way.

given the current restrictions on the ability of maritime crew to enter the community, making changes to the MBO would not be appropriate or proportionate and would not mitigate public health risk in any substantial way.

36. Due to New Zealand's reliance on maritime imports and exports, changes to the MBO would have substantial consequences for the shipping supply chain, as a considerable number of maritime crew and replacement crew originate within countries such as Indonesia.

Travellers from Fiji also pose a very high-risk at present

37. On 3 August, the Ministry of Health completed a risk assessment on Fiji which outlines s6(a) that the risk from Fiji is also considered to be very high.
38. At present case numbers per capita are very high with 1,175 daily cases per million (based on a 7 day rolling average), with the Delta variant currently circulating in the community. 12 cases have been detected among travellers from Fiji in the last month.

The number of travellers from Fiji are low

39. The number of travellers from Fiji is currently low. In the past two weeks, there have been 39 passengers travelling from Fiji to New Zealand (on a total of 3 flights). 17 of these were New Zealand Citizens. 20 passengers have travelled from NZ to Fiji in the last two weeks (all on the same flight).
40. MIQ booking data as at 4 August outlines that there are 73 rooms booked (114 people) by travellers from Fiji between 6 August and 30 November⁴. Of these bookings, 45 rooms (79 people) include a New Zealand Citizen⁵.

The Director-General of Health's advice is that Fiji is currently very high risk

41. The public health team at the Ministry of Health have reviewed the data s6(a) and other sources, and our assessment is that the COVID-19 situation in Fiji is s6(a). The testing positivity is high, s6(a).
Genomic sequencing of samples of cases in Fiji has been carried out in Australia, and the results show that B.1.617.2, the Delta strain, is the only variant circulating in the community. The Director-General of Health's advice is that the in-country situation in Fiji is currently very high risk. A public health assessment is attached in [Appendix 2](#).
42. In the past month 12 travellers from Fiji have tested positive for COVID-19, with the Delta variant, in our MIQF system. These numbers are manageable within our current system capacity, however it is important that we take a cautious approach to travellers from Fiji due to s6(a) predominance of the Delta variant. Taking this into account the Director-General of Health's advice is that there is merit in considering an additional testing requirement on day 5/6 for travellers from Fiji as an added precaution.

⁴ These numbers are for online bookings, so exclude manual bookings (groups and emergency allocations).

⁵ This is a proxy for the number of 'eligible' people who could be able to travel to New Zealand under standard VHR travel restrictions.

43. Currently PDT is not required for travellers from Fiji s6(a) [redacted] Requiring testing also creates a potential exposure risk, and would potentially divert the limited resources available to Fiji to respond to the outbreak. The Director-General of Health continues to have these concerns about requiring PDT for travellers from Fiji. However, he notes that Fiji is currently requiring all outgoing travellers to have a negative PCR/Gene test within 72 hours before entry into Nadi International Airport. Therefore, his advice is that nothing further is likely to be gained by requiring PDT in our settings.
44. As a close Pacific neighbour we are keen to support Fiji in the ongoing management of COVID-19 and support them to ensure their health system is able to cope with both current and future demands. This should be taken into account when decisions about whether any additional measures are required to manage the risk that may be presented to New Zealand as a result of the situation in Fiji.
45. The impact of classifying Fiji as a VHR country must also be considered in relation to decisions around potential quarantine-free entry for RSE workers from Tonga, as Tonga receives regular cargo flights from Fiji. Further work will need to be done to determine whether s6(a) [redacted] impacts on the risk assessment of Tonga as a potential QFT partner.

s6(a) [redacted]

47. New Zealand has a special relationship with the Pacific and provides medical and other bilateral support. s6(a) [redacted] New Zealand has extended significant resource to support Fiji's COVID-19 response and has already deployed two rotations of a Medical Assistance Team to Fiji with further deployments likely in the future.

New Zealand is a vital point of connection between Fiji and the rest of the world

48. New Zealand provides Fiji with a critical connection to the outside world, including Fiji's only scheduled passenger air service. New Zealand is a critical transit hub for international freight, humanitarian supplies, and movement of people (including humanitarian/NGO/diplomatic personnel) into Fiji.
49. The weekly Air New Zealand flight between Auckland and Nadi is currently the only scheduled passenger service from Fiji⁶. Unlike the existing VHR countries, and Indonesia, there will be no regular alternative flight route for travellers in Fiji to spend 14 days in a non-VHR country before arriving in New Zealand.
50. Air NZ has also adjusted its network to be able to serve this role, facilitating connections to North America and the Emirates/Qatar Airways network.

⁶ There are some ad hoc services to Australia via Fiji Airways

If travel is restricted under standard VHR settings, travellers may not be able to transit through New Zealand when offering medical or humanitarian support for Fiji

51. If travel is restricted under standard VHR settings, this would mean there is no reliable route for transit from Fiji via New Zealand to third country locations, and foreign nationals would be reliant on ad hoc flights via Australia or elsewhere.
52. In particular, this would impact groups such as staff of international organisations resident in Fiji (such as the World Health Organisation and Red Cross) as well as foreign diplomats based in Fiji who do not hold diplomatic credentials for New Zealand, to travel to and from Fiji via New Zealand. This could also have significant implications for patients in Fiji requiring critical care as New Zealand is also Fiji's only reliable regional medical hub for emergency medical transfers.
53. The Director-General currently has the power to grant an exemption under the Air Border Order enabling travel for humanitarian reasons. This would be exercised in cases of humanitarian need for the travelling individual (or their family members), including but not limited to non-critical medical conditions (e.g. cancer treatment not available in Fiji), as well as for humanitarian assistance to Very High-Risk countries.
54. There is also an existing diplomatic exemption under the Air Border Order, however this is only applied to foreign diplomats accredited to New Zealand (not those accredited to Fiji, or for example the WHO office).
55. If standard VHR travel restrictions are applied, officials recommend that an exemption is put in place which allows foreign nationals to continue transiting New Zealand, subject to our existing arrangements (including that they must stay airside and are in transit in New Zealand no longer than 24 hours). This exemption would mitigate the implications of the travel restrictions outlined above.

Fiji is also used as a Transit hub for Pacific travellers coming to New Zealand

56. Fiji is usually a critical transit hub for a number of Pacific countries where direct scheduled flight services were not commercially viable, including for passenger, cargo, and medical transfers. However, since the start of the Fiji outbreak in April most flights transiting Fiji into the wider region have been suspended.
57. Tuvalu continues to be dependent on using Fiji as a transit point for flights into New Zealand and the wider region. The short runway at Tuvalu limits the ability of medevac flights to land so keeping Fiji as an option is important. Around 30 patients who need to come to New Zealand are currently stranded in Tuvalu, along with some New Zealand citizens.

There could be implications for airlines in restricting travel with Fiji

58. Restricting travel from Fiji would further reduce the already very low passenger numbers on Air New Zealand flights from Fiji. s9(2)(b)(ii)

The Ministry of Transport will need to manage the situation to make sure that any changes do not impose additional operational difficulties on the service which provides a critical freight link to Fiji (including for medical supplies).

59. s9(2)(b)(ii)

There are two options for mitigating traveller risk

60. We recommend that Fiji be reclassified as a VHR country, based on the advice of the Director-General of Health.
61. Reclassifying the current VHR countries has involved imposing travel restrictions from those countries so that travellers are restricted to only New Zealand Citizens, their partners and children, and parents of dependent children who are New Zealand Citizens (with other travellers, including New Zealand residents, only being able to enter if they spend 14 days outside a VHR country before arriving).
62. Given Fiji's unique situation and connection with New Zealand, we consider that standard travel restrictions imposed on previous VHR countries would have significant implications for Fiji's connectivity with the rest of the world, and therefore have outlined two options that would mitigate traveller risk s6(a) [REDACTED]. These are:
- a) **Option 1** – Do not restrict travel but introduce an additional day 5/6 testing requirement in MIQ for travellers from Fiji
 - b) **Option 2** – Restrict travel from to only New Zealand Citizens, their partners and children, and parents of dependent children who are New Zealand Citizens (together with any children of those parents who are not New Zealand citizens) but create an additional exemption for all air travellers originating in Fiji to transit through New Zealand subject to our existing arrangements (staying airside, no more than 24 hours).
63. We consider that the risk mitigations should be considered by s6(a) [REDACTED]

If Fiji is reclassified as a VHR country additional testing could be brought in as a mitigation

64. Option 1 requires additional day 5/6 testing in MIQ but does not require additional travel restrictions. This option is consistent with the advice from the Director-General of Health.
65. Due to s6(a) [REDACTED] the COVID-19 outbreak in Fiji and predominance of the Delta variant, adding an additional testing requirement for travellers from Fiji would provide an extra layer of protection for travellers. Given that there is no pre-departure testing required for Fiji, adding an additional testing requirement in MIQ for these travellers would increase the level of monitoring of these travellers in order to identify COVID-19 infection early.
66. Given the low number of travellers from Fiji (and that a significant proportion are New Zealand Citizens) the current system capacity available to manage any cases, option 1 provides for easier management s6(a) [REDACTED] through additional testing, without additional travel restrictions.

If Ministers consider that travel restrictions are preferred, we recommend that exemptions are made for transiting travellers

67. If Ministers consider that travel restrictions are preferred, Option 2 would restrict travel to only New Zealand Citizens, their partners and children, and parents of dependent children who are New Zealand Citizens (together with any children of those parents who are not New Zealand citizens), and would limit the volume of people coming into MIQ, although in reality this would only impact on a small number of people over the next few months.
68. We consider that an additional exemption would need to be created to allow foreign nationals to transit through New Zealand when travelling from Fiji. This would help to maintain some of Fiji's connectivity with the world, (for example by allowing NGO workers to continue to travel to Fiji) and would support the wider COVID-19 response. Given that these travellers would stay airside and would spend no longer than 24 hours in transit, the public health advice is that this option is also appropriate.
69. We do not recommend that travel is restricted from Fiji without creating an exemption for transiting travellers.

We recommend that that a PDT is not required for travellers from Fiji

70. Under previous VHR settings countries are required to have a PDT from an approved government laboratory. Travellers from Fiji are currently exempt from requiring a PDT.
71. Given the advice from the Director General regarding the difficulty in accessing tests and potential exposure risk, along with the risk of this requirement diverting Fiji's health system capacity, we recommend that a PDT is not required for travellers from Fiji.

There are operational implications for MIQ in introducing an additional day 5/6 testing requirement

72. Currently, approximately 30% of returnees are having day 5/6 test on an ad hoc basis in response to specific concerns such as the returnee displaying symptoms. With all returnees in a MIF now needing testing at similar times due to the cohorting approach, making day 5/6 tests mandatory would place an additional requirement on a testing workforce already managing two major peaks in workload. While travellers from Fiji are small in number, creating bespoke requirements for cohorts of travellers within a facility creates complexity that adds to this workload impact.
73. This proposal could be implemented but would have workforce implications. These workforce implications will need to be considered, both for travellers from Fiji and if similar requirements were to be placed on other cohorts of travellers (potentially covering larger numbers of people), in the context of an MIQ system that has been operating at or close to safe operating limits since the start of managed return flights from New South Wales in mid-July.

Legislative amendments to action VHR recommendations

74. Where VHR status has implications for travel to New Zealand, a legislative amendment would be required. The current VHR countries provisions are contained in the COVID-19 Public Health Response (Air Border) Order (ABO) and as such only apply to travellers arriving by air into New Zealand. In order to amend the current list of VHR countries to add or remove countries, an Amendment must be made to the ABO.

75. If Option 1 is taken, no legislative amendment would be made. Option 1 would be managed by a Medical Officer of Health giving directions for additional tests in MIQ in accordance with Isolation and Quarantine Order.
76. Once the Minister for COVID-19 Response has made a decision, with the agreement of the Ministerial Group, and following the required consultation with the Minister of Health and Minister of Justice, officials will issue drafting instructions to PCO to prepare the required amendment order.
77. It is likely that the changes would be ready to be signed by the Minister for COVID-19 Response within 2-3 days of the decision. However, if the decision is taken to designate Indonesia and Fiji as VHR countries, this change will not be able to come into effect until at least 48 hours after the publication of the amendment order. We therefore advise that a decision consistent with this can be given effect within five days.

Next Steps

78. Under the new risk assessment framework, the decision to classify a country Very High-Risk is reviewed by the RNZ Ministers group at least every four weeks. The Ministry of Health also regularly monitor public health conditions in other countries.
79. The Ministry of Foreign Affairs and Trade will advise affected foreign governments of any changes to the VHR framework and will require 24 hours before any public announcement to do so.
80. Following Ministerial decision making officials will publish the COVID-19 risk assessments of Indonesia and Fiji discussed in this paper as an important part of demonstrating the evidence-based, consistent and transparent approach of the risk assessment framework.

Communications

81. The Ministry of Health will work with Ministry of Transport and Maritime New Zealand to help support the key public communications around the importance of maintaining public health measures, vaccination and surveillance testing at the maritime border.

Appendix 1

Public health risk assessment for Indonesia

Appendix 2

Public health risk assessment for Fiji