



Briefing

REVIEW OF VERY HIGH-RISK COUNTRIES: SOUTHERN AFRICA AND PAPUA NEW GUINEA

To Reconnecting New Zealanders Ministerial Group

Date	17/12/2021	Priority	HIGH
Deadline	20/12/2021	Briefing Number	DPMC-2021/22-1143

Purpose

1. This briefing provides an overview of the current Omicron situation and recommends that the nine Very High-Risk (VHR) African countries (Botswana, Eswatini, Lesotho, Malawi, Mozambique, Namibia, the Seychelles, Zimbabwe and South Africa) are re-classified as High-Risk (HR). It also recommends that Papua New Guinea is re-classified as HR.
2. The briefing provides advice on changes to border settings in light of Omicron and recommends changes to MIQ settings and Pre-Departure testing (PDT) requirements for all travellers entering New Zealand.

Recommendations

1. **Note** that on 16 December a public health risk assessment was undertaken by the Ministry of Health which outlined that Omicron is widespread globally and recommended that a universal approach should be taken to managing the risk of Omicron across all countries as opposed to using the VHR classification;
2. **Note** that the Ministry of Health has recommend that:
 - 2.1. All the VHR African countries (including South Africa) are re-classified as HR
 - 2.2. Travellers entering New Zealand are required to have had a PCR test within 48 hours or a rapid antigen test within 24 hours of departure;

2.3. Travellers from all non-Quarantine Free Travel countries enter Managed Isolation for 7 days, followed by 3 days in self-isolation;

2.4. More active follow-up of compliance with the day 9 testing requirement should be undertaken while a traveller is in self-isolation;

3. s6(a) [Redacted]

4. **Note** that travel volumes from the African VHR countries are relatively low and are likely to remain relatively low even if travel restrictions from these countries are lifted;

5. **Agree** that the following countries are re-classified as HR and managed in line with other HR countries:

- 5.1. **Agree** to re-classify Botswana as High-Risk; YES / NO
- 5.2. **Agree** to re-classify Eswatini as High-Risk; YES / NO
- 5.3. **Agree** to re-classify Lesotho as High-Risk; YES / NO
- 5.4. **Agree** to re-classify Malawi as High-Risk; YES / NO
- 5.5. **Agree** to re-classify Mozambique as High-Risk; YES / NO
- 5.6. **Agree** to re-classify Namibia as High-Risk; YES / NO
- 5.7. **Agree** to re-classify Seychelles as High-Risk; YES / NO
- 5.8. **Agree** to re-classify Zimbabwe as High-Risk; YES / NO
- 5.9. **Agree** to re-classify South Africa as High-Risk YES / NO

6. **Note** that the COVID-19 situation in Papua New Guinea has continued to improve with a significant decrease in daily case numbers and no positive arrivals entering New Zealand since 14 April;

7. **Agree** the to re-classify Papua New Guinea as High-Risk; YES NO

8. **Agree** that travellers from all non-Quarantine Free Travel countries be required to enter Managed Isolation for 7 days, followed by 3 days in self-isolation (including travellers from any VHR countries); YES NO

9. **Agree** to amend the PDT requirements to require that all travellers crossing the Air Border from non-Quarantine Free Travel countries will need to have had a negative PCR test within 48 hours (reduced from 72 hours) ~~or an antigen test within 24 hours~~ of departure, from 7 January 2022; **YES** NO
10. **Note** that the shortened PDT timeframes are consistent with international practice, but could make testing less accessible for some travellers;
11. **Note** that the shortened PDT timeframes will have implications for Traveller Health Declaration System processing from the end of March 2022, and further resourcing may be required for Customs to provide full manual verification of these documents;
12. **Note** that the updated PDT requirements will not extend to countries that are not currently required to provide a PDT (including Pacific island countries);
13. **Note** that as an additional measure, the Ministry of Health will undertake more active follow-up of compliance of the day nine testing requirement;
14. **Agree** that the Ministry of Transport and NZ Customs can give Air New Zealand, other key affected airlines (through the Board of Airline Representatives) and airports an in-confidence update, ahead of any announcements so they can undertake operational planning; **YES** NO
15. **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;
16. **Note** that following Ministerial decisions officials will publish the COVID-19 risk assessment of the Omicron variant of COVID-19;
17. **Note** that amendments to the COVID-19 Public Health Response (Air Border) Order and the Isolation and Quarantine Order will be made to reflect the above decisions;
18. **Agree** to proactively release this Briefing and the associated public health risk assessments, subject to any redactions, as appropriate. **YES** NO



Alice Hume
Manager, Strategy and Policy, COVID-19 Group

17/12/2021

Rt Hon Jacinda Ardern
Prime Minister

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Hon Grant Robertson
Minister of Finance

...../...../.....



Hon Chris Hipkins
Minister for COVID-19 Response

20 / 12 / 2021

Hon Nanaia Mahuta
Minister of Foreign Affairs and Trade

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Hon Kris Faafoi
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Hon Meka Whaitiri Minister of Customs
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Contact for telephone discussion if required:

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Alice Hume	Manager, Strategy and Policy, COVID-19 Group	s9(2)(a)	✓
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Minister's office comments:

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

REVIEW OF VERY HIGH-RISK COUNTRIES: SOUTHERN AFRICA AND PAPUA NEW GUINEA

Background

1. On 5 July 2021 Cabinet agreed to a new approach to country risk assessment, based on a broad range of public health considerations. 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 (alongside public health advice), would then be provided to the Reconnecting New Zealanders Ministerial Group to make a final decision.
2. On 22 November 2021 the Reconnecting New Zealanders Ministerial Group agreed to re-classify Indonesia, Fiji, India, Pakistan and Brazil as HR and that they be managed in line with other HR countries, this came into effect at 11.59pm, 28 November. Papua New Guinea remains as VHR and only New Zealand citizens (and dependants) can travel directly to New Zealand. All other travellers must spend 14 days in a non-VHR country before coming to New Zealand.
3. On 27 November 2021, the Minister for COVID-19 Response agreed to public health recommendations that from 11.59pm Sunday 28 November 2021, as a precautionary measure while we learn more about the Omicron variant, the following nine countries are added to the list of VHR countries including Botswana, Eswatini, Lesotho, Malawi, Mozambique, Namibia, the Seychelles, South Africa, and Zimbabwe [HR20212642]. As an additional precautionary measure, travellers to New Zealand from the nine countries above and are required to enter MIQ for an extended 14-day period upon arrival.
4. On 13 December the Reconnecting New Zealanders Ministerial Group were provided with further advice which recommended that, apart from South Africa, the African VHR countries could be re-classified as HR.

Update on the Omicron variant

What we know about Omicron

5. A new variant was detected in South Africa (lineage B.1.1.529) and was first reported to the World Health Organization (WHO) on 24 November 2021. On 26 November, the WHO designated this variant as a variant of concern named Omicron.
6. Considerable uncertainty remains around Omicron, but it is almost certainly more transmissible than previous variants. There is also evidence emerging that vaccines might be less effective against Omicron than Delta, but the extent of this reduction in protection is not yet established with certainty.
7. The severity of illness caused by Omicron remains unclear, but more information will become available once there has been more time to observe severe illness after infection (as severe disease and death are "lagged outcomes"). Concern about this variant has led to precautionary measures across several countries in response to the new variant including travel restrictions.

Current situation

8. Omicron is now widespread throughout the world (including the UK and Australia) and in many countries it has quickly become the dominant strain.
9. On Thursday 16 December, a case of Omicron was detected in a Managed Isolation and Quarantine (MIQ) facility in Christchurch. The traveller originated from Germany, confirming that Omicron is likely to be prevalent outside of Southern Africa and can arrive at our border from anywhere in the world.
10. The current measures that New Zealand has in place at the border mean that the likelihood that Omicron is circulating in New Zealand is very low, and the current risk to New Zealand of Omicron breaching border controls is low.

Public Health and bilateral advice on re-classifying the African VHR countries

Southern African VHR countries public health risk assessment

11. On Wednesday 8 December 2021, a public health risk assessment was undertaken by the Ministry of Health (the Ministry) to assess the risk of Omicron. Based on the assessment, the recommendation was to:
 - a) reclassify Botswana, Eswatini, Lesotho, Malawi, Mozambique, Namibia, Seychelles, and Zimbabwe as high risk, while initially maintaining the VHR classification of South Africa;
 - b) require all travellers entering New Zealand to have had a PCR test within 48 hours or a rapid antigen test within 24 hours of departure;
 - c) require travellers from all non-Quarantine Free Travel (QFT) countries to enter Managed Isolation (MIQ) for seven days, followed by three days in self-isolation.
12. The initial recommendation that South Africa continued to be classified as VHR reflected the prevalence of Omicron, the high passenger volumes from South Africa relative to other African VHR countries, and the recent rapid increase in COVID-19 cases in South Africa.
13. On Thursday 16 December 2021, the Ministry conducted a further assessment to consider the risk posed by Omicron from travellers entering New Zealand, particularly from South Africa. The assessment highlighted that Omicron is now widespread globally and is likely to become the most prevalent variant. For example, initial research has indicated that Omicron cases are expected to equal Delta cases in the UK by mid-December¹.
14. For this reason, the Ministry consider that the VHR classification should not be used to manage the risk of Omicron and instead a universal approach should be taken for all jurisdictions. The Ministry therefore recommend that South Africa be reclassified as HR.

¹ Covid-19 Rapport om omikronvarianten. Statens Serum Institut; 2021.

15. The Ministry has also recommended that in response to Omicron, there is more active follow-up of compliance of the day nine testing requirements undertaken while travellers are in self-isolation.
16. In addition, the Ministry has re-confirmed its initial recommendations to update PDT requirements and to require travellers from all non-QFT countries to enter MIQ for seven days followed by three days in self-isolation. Public health advice is that a combined total of 10-days in Managed Isolation and self-isolation is likely to be sufficient to prevent any potential spread. It also provides the additional benefit of maintaining cohorting, which remains a critical tool for managing our COVID-19 response within MIQ.
17. The Ministry is monitoring evidence around Omicron closely, including its transmissibility, symptoms, severity, vaccine efficacy, and testing effectiveness. The details on such evidence will be provided in separate advice through the COVID-19 Health System Response Directorate.
18. Officials will continue to monitor the Omicron situation as part of the weekly global surveillance and assessment process. The public health risk assessment for these countries and the Omicron variant is provided in full in **Appendix A**.

Bilateral considerations for reclassifying the African countries as High-Risk

19. s6(a) [REDACTED] South Africa has condemned international travel bans, including from New Zealand, as discriminatory. s6(a) [REDACTED] South Africa argues that international travel bans punish their transparency, including their use of advanced genomic sequencing, discourage countries from sharing data, and hurt South Africa economically.
20. South Africa have referenced WHO advice on the inefficacy of blanket travel bans in combating Omicron. However, WHO also acknowledge the value of applying a multi-layered risk mitigation approach to potentially delay or reduce the important of the new variant, including the use of quarantine and testing.
21. Travel between Southern African countries and New Zealand remains possible, but routes are limited, complex and expensive. We consider it highly unlikely that there will be significant arrival numbers at this time.

Public Health and bilateral advice on re-classifying the Papua New Guinea

Papua New Guinea public health risk assessment

22. A public health risk assessment was undertaken for Papua New Guinea on 15 December 2021:
 - a) Papua New Guinea – Reported a decrease in cases from 33 daily cases per million, 20 October 2021 to 7 daily cases per million (seven day rolling average), 10 December 2021. The current test positivity rate is 13% with 2.2% of the population fully vaccinated.

23. Based on the assessment, public health advice continues to recommend that Papua New Guinea is considered to be HR and that any risk from arrivals are already mitigated by the current health measures in place for high risk jurisdictions. No further risk mitigations are considered necessary from a public health perspective.
24. As at 15 December 2021, there have been approximately 264 arrivals from Papua New Guinea since 1 April 2021. The last case reported at the border from PNG was 14 April 2021.

Further information on the COVID-19 response in Papua New Guinea

25. In November, the Government of Papua New Guinea requested assistance with its COVID-19 response. New Zealand responded by sending a medical and logistics team and essential supplies for nearly four weeks to assist with the COVID response. We also sent a C-130 aircraft to assist with transporting equipment and medical supplies to provinces. The team helped boost Papua New Guinea's capability to respond to COVID-19 surges. Deployment ended on 10 December.
26. Despite the domestic situation, Papua New Guinea maintains strong border controls supported by Australia, which include completing a PCR test at the airport and requiring a negative result before proceeding to check-in. Public health advice consider that these border settings provide the appropriate protections to mitigate the risk of cases arriving in New Zealand.

Bilateral considerations for reclassifying the Papua New Guinea as High-Risk

27. The New Zealand High Commission in Port Moresby estimates there are approximately 1,000 New Zealand citizens, and a few hundred New Zealand Permanent Residents, currently in Papua New Guinea. There are 114 New Zealanders currently registered on Safe Travel as being in Papua New Guinea.
28. s6(a) [REDACTED]
29. Officials will continue to monitor the situation in Papua New Guinea as part of the weekly global surveillance and assessment process. The public health risk assessment for Papua New Guinea is provided in full in **Appendix B**.

Traveller flows from Very High-Risk countries are likely to remain low

30. Travel volumes from the current VHR countries are relatively low and are likely to remain low even if travel restrictions from these countries are lifted. Traveller volumes are limited by external factors such as flight availability and other countries' travel restrictions. These external factors are likely to have a significant impact of the ability of people to travel from the African VHR countries to New Zealand, due to international travel restrictions imposed by a range of countries in response to Omicron.
31. Travellers from the nine African VHR countries represent less than 2% of MIQ bookings or an average of 3 passengers per day over the remainder of the current MIQ booking window (until 31 March 2022). A large majority of these travellers (501 of 562 total) are from South

Africa. This volume of travellers is broadly consistent with previous flows as travellers from these countries also made up around 2% of travellers in the previous six months.

- 32. Of the travellers from South Africa, only 38% are travelling with a New Zealand citizen and would continue to be eligible to enter under the VHR restrictions. Of the travellers from the African VHR countries (excluding South Africa), the majority (66%) are travelling with a New Zealand citizen.
- 33. Traveller volumes from Papua New Guinea are also low, with only 150 total travellers booked to enter New Zealand until the end of February, the majority (87%) of which are travelling with a New Zealand citizen.
- 34. The below table provides a country specific breakdown:

Total MIAS allocation 1 December – 28 February, as at 9 December

Country	Rooms booked	Number of travellers	Estimated proportion able to enter under standard VHR settings	Proportion of overall travellers to NZ
South Africa	277	501	38.1%	1.55%
Other African VHR countries	39	61	65.6%	0.19%
Papua New Guinea	130	150	87.3%	0.46%

MIQ availability will not constrain travellers from Very High-Risk countries following Reconnecting New Zealanders Step 2 in mid-February

- 35. When previously considering the flow of travellers from VHR countries, officials have advised that travellers were likely to face challenges in securing an MIQ room, regardless of any further restrictions that are or are not placed on them, due to very high demand for MIQ rooms over the summer period.
- 36. This demand has been primarily driven by New Zealanders travelling from a small number of destinations, such as Europe and the United States. This continues to be the case for travel over the remainder of December 2021 and early 2022, with the majority of rooms for travel in this period already allocated.
- 37. However, with the announcement of the opening of the medium-risk pathway (with travellers being able to self-isolate) in early 2022, there has been an immediate and significant fall in demand for MIQ places, falling from over 16,000 users in the release immediately before self-isolation was announced to around 4,700 in the most recent (7 December) release.
- 38. MIQ anticipates significant room availability from 14 February (if not earlier), in line with the implementation of Step 2 of the medium-risk pathway. MIQ availability can therefore no longer be considered a factor in moderating the rate that travellers from VHR countries arrive at the New Zealand border.

Implications of updated pre-departure testing requirements for all travellers entering New Zealand

39. The Ministry of Health has recommended that the timeframe for returning a negative PDT be reduced for all travellers from 72 hours to 48 hours (for a PCR test) and 24 hours (for Antigen Testing).
40. Public health advice is that these proposed changes reflect global practice and would improve the effectiveness of PDT. The transmissibility of Omicron also heightens the need for frequent and timely testing, to ensure that positive COVID-19 cases are identified as much as possible.

Implications for travellers

41. The 72-hour PDT timeframe was previously implemented to support accessibility to testing capability overseas (including times that testing clinics are open), and the limited options for many long-haul journeys to New Zealand. Because of the distance to New Zealand (often involving connecting flights), if travellers cannot get a test (and result) in time, the impacts for them could be significant.
42. If travellers miss their flight, rescheduling options can be complex and people could become stranded. There is therefore a risk that shortened timeframes for PDT could make these tests less accessible for travellers.

Engagement with the aviation industry

43. MOT has had initial engagement with airlines through the Board of Airline Representatives of NZ and directly with Air NZ. In general, there were no significant issues raised with moving to 48 hours. Key points from engagement highlighted:
 - a) Noting that many countries and some airlines already require PDT within 48 hours.
 - b) Allowing 24-hour antigen testing would be a positive step that would mitigate the impact of the reduced time for travellers to obtain a PCR test.
 - c) One airline noted most countries specify “two days” rather than 48 hours. Moving to do the same would reduce complexity and make it easier for travellers to comply (e.g. a test taken at 11am on Monday would be valid until 11.59pm on Wednesday).
 - d) Testing capacity in remains the primary constraint. This will need to be monitored to ensure the reduced time does not become a barrier from any places. Air NZ has raised concerns about our own capacity, as only one lab in New Zealand offers a 24-hour service, and others do not guarantee anything under 72 hours.

Operational implications for making changes to PDT requirements

44. Agencies responsible for operationalising changes to PDT requirements note that there will need to be lead-in time to ensure that the new requirements can be implemented and that they are well understood by travellers. A short lead-in time may lead to higher rates of non-compliance, currently our compliance rate for PDT is approximately 99.8% with the last infringement issued in August.

45. If Ministers decide to reduce the timeframe for a PDT test and result to 48 hours for a PCR test and result, we recommend at least five working days between announcement and the change entering into effect, in order to minimise the risk of disruption to travellers with imminent departures who may otherwise not have time to obtain approved test results in the revised timeframe. Airlines have signalled a preference for a lead-in time of at least two weeks to enable communications to be rolled out to airports and passengers.
46. If the proposal to update PDT requirements is accepted, we consider that the earliest these changes could be implemented are from 7 January 2022. This would provide sufficient lead-in time for travellers to familiarise themselves with the requirements and for airlines and operational agencies to prepare to implement these changes. This would also avoid difficulties for travellers of obtaining a test over the holiday period.
47. The shortened PDT timeframes impacts all PDT measures and processing systems including exemptions, medical assessments and for people who had previously tested positive and are no longer infectious. Antigen tests are an existing allowable PDT, current requirements relating to self-testing kits is that test results are acceptable only if processed by government approved laboratories.
48. If the shortened PDT timeframes are agreed and implemented, this would place additional pressure on the traveller health declaration system (once it is operational from the end of March 2022). Most PDTs will be manually verified by a back office function, and reducing the PDT timeframes will reduce the processing time available for staff who will need to complete these checks in a significantly shorter timeframe. There is a risk that this could result in some passengers' documents not being verified in time to board which would impact on their travel. Additional resourcing for Customs would be required to provide full manual verification within the shorter timeframes.

We recommend that the nine southern African countries and Papua New Guinea are re-classified as High-Risk

49. We recommend that the southern African VHR countries (Botswana, Eswatini, Lesotho, Malawi, Mozambique, Namibia, Seychelles, Zimbabwe and South Africa) are re-classified as HR. We also recommend that Papua New Guinea is re-classified as HR.
50. Given the rapidly increasing prevalence of Omicron across the world, we recommend that the following additional changes are applied to border settings:
 - a) Amending the PDT requirements so that all travellers crossing the air border will be required to have had a negative PCR test within 48 hours (reduced from 72 hours) or an antigen test within 24 hours of departure, from 7 December;
 - b) Requiring travellers from all non-Quarantine Free Travel countries (including VHR countries) to enter Managed Isolation for 7 days, followed by 3 days in self-isolation, to support cohorting of travellers.
51. The Ministry of Health will also undertake more active follow-up of compliance of the day nine testing requirement, while travellers are in self-isolation as an additional measure.
52. If Ministers decide to maintain the VHR classification for any country, we recommend that that travellers still be required to enter Managed Isolation for 7 days, followed by 3 days in self-isolation. This approach is consistent with travellers from other non-QFT countries (including other VHR countries).

Legislative amendment to action Very-High Risk recommendations

53. The VHR country provisions are contained in schedule 3 of the COVID-19 Public Health Response (Air Border) Order (No 2) 2020 (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. Reverting MIQ settings to 7-days in Managed Isolation followed by 3-days self-isolation for VHR countries will require changes to be made to the COVID-19 Public Health Response (Isolation and Quarantine) Order 2020.
54. Once Ministers have made a decision, officials will issue drafting instructions to PCO to prepare the required amendment orders. In addition, consultation will take place with relevant Ministers on the legal amendments required (including the Minister of Justice).
55. PCO has advised that It is likely that the changes to the ABO in relation to the re-classification of VHR countries only would be ready to be signed by the Minister for COVID-19 Response within 2-3 days of the decision and will come into effect 48 hours after being made. More time is required to prepare the legal amendments needed to implement the recommendations for changes to the PDT requirements. We therefore advise that a decision consistent with both recommendations could be given effect within five days.

Next Steps

56. 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 public announcement to do so.
57. Border agencies (including New Zealand Customs Service, Immigration New Zealand and the Ministry of Transport) will also require at least 48 hours from the time of decision to implement these changes. This includes providing guidance to Customs frontline staff of the VHR changes (particularly in regard to PDT checking requirements), ensuring eligible passengers can board planes offshore, and to inform airlines who need to cascade any changes in requirements to overseas-based check in staff (who do not board travellers who are not permitted to enter New Zealand) and passengers.
58. If the window for a PDT PCR test and result is reduced, officials also recommend at least five working days between announcement and the change entering into effect, in order to minimise the risk of disruption to travellers with imminent departures who may otherwise not have time to obtain approved test results in the revised time frame (and who may have to get tests done again).

Attachments:	
Appendix A	Public health advice on the Omicron variant of COVID-19
Appendix B	Public health risk assessment for Papua New Guinea