

22 October 2020

Dear

Reference: OIA-2020/21-0118

Official Information Act request relating to COVID-19 - Rob Fyfe involvement in COVID-19 business recovery since 1 January 2020 - Part 2

Thank you for your Official Information Act 1982 (the Act) request received on 28 August 2020. You requested:

"... I would like to lodge an additional OIA request for all reports/briefings/communications/notes held by DPMC regarding Mr Rob Fyfe's suggestions and involvement in the Covid business recovery and his advocacy or any other matters since the 27 June to today [28 August 2020]."

The time frame for responding to your request was extended under section 15A of the Act by 20 working days because it necessitated consultations to be undertaken before a decision could be made on the request. Following this extension, I am now in a position to respond.

Information being released

I note my previous response captured the substantive advice and communications regarding Mr Fyfe's suggestions and involvement to date and included material from after 27 June 2020. This response canvasses information that was not captured or not identified when preparing our previous response.

I have decided to release the relevant parts of the documents listed below, subject to information being withheld under section 9(2)(a) of the Act, to protect the privacy of individuals.

Item	Date	Document Description/Subject
1.	3 July 2020	Email with attachment: Fw: Re-engaging with the world release v3
2.	16 August 2020	Email: Testing

Please note that one further document has been identified and requires further consultation to be completed before I can make a decision on its release. We are progressing this with due haste and will provide a decision on this document as soon as possible, and no longer than ten working days.

Information to be withheld

There is additional information identified as relevant to your request that I have decided to withhold in full under the following sections of the Act:

- 1. section 9(2)(b)(ii), to protect the commercial position of the person who supplied the information, or who is the subject of the information;
- 2. section 9(2)(ba)(i), to protect the supply of similar information in the future; and
- 3. section 9(2)(g)(i), to maintain the effective conduct of public affairs through the free and frank expression of opinion.

In making my decision, I have taken the public interest considerations in section 9(1) of the Act into account.

You have the right to ask the Ombudsman to investigate and review my decision under section 28(3) of the Act.

This response will be published on the Department of the Prime Minister and Cabinet's website during our regular publication cycle. Typically, information is released monthly, or as otherwise determined. Your personal information including name and contact details will be removed for publication.

Yours sincerely

John Ombler Deputy Chief Executive, COVID-19 All of Government Response Group

Enc: Email correspondence and attachment for release

From: ^EXT: Rob Fyfe Sent: Friday, 3 July 2020 9:03 AM Mike Bush [DPMC] To:

Zeilaid Zeilaid Honnachte Generation Released under the

Conversation Paper

RE-ENGAGING NEW ZEALAND WITH THE WORL

Sir Peter Gluckman, Rt Hon Helen Clark, Rob Fyfe

July 2020



KOI TU: THE CENTRE FOR INFORMED FUTURES In any complex and prolonged crisis, a transparent and adaptive strategy is needed. This has never been more obvious than in the COVID-19 pandemic. Just after COVID hit our shores, initial discussions centred on adopting a "flattening the curve" strategy. This involved accepting there would be some influx of disease, but by using behavioural and hygiene measures, viral transmission would be slowed and our hospital system would not be overloaded, as was being seen in northern hemisphere countries.

But soon after cases started appearing, a clear shift in strategy was made – sometimes expressed as "keep it out, stamp it out". In epidemiological terms, elimination of the virus became the goal. For New Zealand, adopting that strategy was scientifically plausible, as we had a low number of infections and could use our island geography. But it required huge effort and sacrifice by all New Zealanders – the burden of which will continue to echo for many years. With the border closed, it would then be a case of effective testing, contact tracing, and isolation to eliminate the virus. Through very good messaging, particularly helped by the 'bubble' metaphor and relying on the country's inherent social cohesiveness, the lockdown was a spectacular success. But in that success there are also challenges.

It is now clear the messaging around the state of contact tracing, personal protective equipment (PPE) and the management of isolation were not always accurate and that there were deficiencies in the system. Trust is essential for a government in handling any crisis, especially when civil cooperation is required over a long time, and this is not helped by obfuscation. Indeed, in recent times that trust has been weakened by revelations of quarantine and tracing failings, and reassurances proving to be less certain than first claimed, with much remedial action required. Nevertheless, we've achieved our goal of being almost certainly free of community spread.

The public has shown remarkable forbearance and support for the sacrifices of lockdown. But people's anger at process breakdowns was to be anticipated, given the early phase of the pandemic, during which most of us enjoined in a collective and cohesive blitz mentality, had passed. This is entirely as we would expect our emotions to evolve as we transition through a prolonged crisis.

To many epidemiologists, elimination means the reduction to zero of an infection in a defined geographical area. But as epidemiologist Sir David Skegg noted in his advice to the Epidemic Response Committee before lockdown was imposed, many others in the epidemiological community pragmatically define elimination as the reduction of case-transmission to a predetermined very low level. These distinctions may appear subtle, but they become critical in our collective thinking about the path ahead. The former creates an expectation of keeping the virus out absolutely and indefinitely and that even one case coming in could be seen as a failure. The latter accepts that cases will occur and that processes need to be in place to ensure community spread is not established. Given the nature of the virus, the former definition is impossible to sustain unless we are prepared to continue aggressive and foolproof testing and quarantine at the border for a long time.

As smuggle's have known for centuries, border controls are never foolproof. We do better than most because of our geography and a long experience in biosecurity, but human failures will occur, and at some time a case will break through. Universal quarantine for arrivals, aggressive testing, and contact tracing remain our main protection.

Further, defining a strategy for locking down is relatively easy (although requiring much sacrifice), one for reopening to the world is harder. Much depends on what is happening in other countries. From the moment of going into lockdown, work was needed on defining a strategy and the processes that would be required to move past total quarantine. Any such strategic analysis must be transparent and preferably developed through a collaborative process, because whatever is done will change the risk landscape significantly. Many stakeholders continue to be at the mercy of such decisions, and those stakeholders are not just businesses, they are indirectly every New Zealander.

Therefore, we need to be thinking about defining our longer-term strategy. Is New Zealand prepared to hold itself in its state of near-total isolation for the indefinite future? Even opening the Trans-Tasman bubble looks further away than it did a month ago with resurgent community spread in at least one Australian state. The hoped-for early links with Singapore have similarly evaporated. Are there Pacific countries that we could now open up to with green lanes? Some other countries are starting to create green lanes, but they have not adopted the elimination strategy. The latter places higher expectations on the system.

While we pin our hopes on a vaccine, it could be much further away than the hype suggests. Can we afford to wait out another year, two years, or even more in almost total physical isolation? And at what cost? This is not just affecting tourism and export education, but also the many ways in which New Zealand projects and leverages its place in the world.

On arrival, everyone is quarantined for 14 days on arrival, then tested around days 3 and 12. However, even that has not been foolproof, requiring tougher actions to make it more robust. Then there is the problem of volume management. With more flights resuming, more Kiwis are returning home. Among them are those who were trapped overseas by the virus, but now others who have been away much longer are choosing to come home because of our relative safety. As more flights open up, the flow could become a flood. How will we manage? Will returning New Zealanders need to reserve a place in quarantine before arrival? And who among them should bear the cost of quarantine or part of it?

What solutions should we consider over the longer term? For example, could we develop a regime of approved tests – both antigen and RNA-based – before departure? This could be combined with rapid testing on arrival, then a shorter quarantine for those from low-risk countries. Could we develop better protocols for managed self-isolation for low-risk entrants? Could we allow long-term tourists, business travellers, and tertiary students in on such a basis? Could universities quarantine offshore students wishing to return? Volume management and cost must be the primary reasons for not doing so now. Do we need to balance that against the priority of non-resident New Zealanders wanting to come home? These are difficult, value-laden ethical and legal questions, but they need to be asked. To what extent is the political cycle affecting necessary discussion and decisions?

Ultimately, these questions have been and will remain about risk management and communication. At what point will New Zealand accept less than absolute elimination? Such a goal is likely unrealistic over a long term. Even if a highly protective vaccination is developed, it may not provide absolute protection and coverage will not be absolute, so cases will always occur. Actuarial calculations might allow protocols to be established that could mean shorter quarantine or even self-isolation for some. Of course, any such loosening without protections increases the risk of the virus appearing in the community, but there are possible ways through that. What about mandatory tests every day or second day and a shorter quarantine for people from low-risk countries who want to enter?

Any change from current practices would require highly effective, high-speed contact tracing supported by quarantine of first- and second-degree contacts and would need to be carefully piloted. What incentives are needed so that people cooperate as the pandemic drags on over the next year or more? How can we maintain or introduce hygiene practices that economies like Taiwan have used effectively throughout the outbreak?

The costs of failing to develop an effective automatic tracking system may come to haunt us. Any simpler border system will meet public expectations and public-health needs only if track, trace and isolation are rapid and effective. The costs of the COVID-card-type methodology are small compared with the costs of continued complete lockdown. If we required such a tracing system for all incoming passengers and provided a large number of New Zealanders had adopted it, then we would have more alternatives, at least for low-risk entrants. Singapore introduced a similar card this week. There are other systems that could be used. The Google/Apple joint development using a cellphone's embedded Bluetooth technology has progressed to overcome many of the earlier objections and is being introduced in some countries. However, some limitations remain, including technical challenges associated with repurposing phones as proximity devices, giving sufficient visibility over the performance of the system to public health officials. Any such system relies on voluntary compliance.

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The ethical arguments against such technologies have perhaps been overstated in their generalisation. Yes, there are apps that might provide private information to third parties or governments, but Google, Uber, and many others already have access to that information on almost everyone with a smartphone. The Bluetooth systems proposed do not automatically provide information to anyone. The Government could quickly establish an independent oversight mechanism to approve download of the data. Failure to even start discussions towards seeking societal approval for use of these technologies further reduces our options.

While we may have limited options, we do need a transparent process towards developing a reconnection strategy. Do we continue as we are now indefinitely, relying on strict quarantine and a giant moat? Even with current controls, the number of cases at the border will likely grow as more New Zealanders drift home. Do we need to start exploring alternative strategies that might at the appropriate time allow increased border flow, thus allowing more of New Zealand to flourish? And when would that be? What would be the criteria? The internet and video conferencing can take us only so far. We will need face-to-face contact if we are to maintain and grow the flow of goods and services into New Zealand.

This country needs its global connectivity. We have gained significant advantage through our stringent lockdown and early elimination of the virus allowing the domestic economy to reactivate. But we will rapidly progress to a position of relative disadvantage if our trading competitors are able to engage with our customers and suppliers in ways that are not possible for us. The alternative would be to remain in a state of effective national isolation, which could even last into 2022 or beyond. That may be our best option now, but that won't always be the case, and we need at least to explore alternatives

Of course, we want to keep the virus out. The elimination strategy has worked, but at some point we'll need to reconsider the balance of objectives. The pandemic continues to evolve. The decisions needed will be best removed from the politically charged environment of an election season and therefore it would be premature to reach conclusions. In any event there is still too much viral uncertainty.

But we do need to start a process that is evidence-based, using a breadth of transparent inputs to explore the options. Taking the knowledge of the pandemic's evolving behaviour into account, we must prioritise exploring the ways in which we can more completely re-engage with the world.

ACKOWLEDGEMENTS

This paper was peer reviewed by Sir David Skegg. We thank him for his insights.

Dr Andrew Chen provided advice on contact tracing.

From: ^EXT: Rob Fyfe Sent: Sunday, 16 August 2020 1:29 PM To: Kelvin ashley.bloomfield@health.govt.nz; Mike Bush [DPMC] Cc: Subject: Testing

Hi Kelvin,

ester and a set of the official information of the officia Just wanted to acknowledge the outstanding result on the testing through-put ... it's a massive advance when I look



2 November 2020

Reference: OIA-2020/21-0118

Dear

Official Information Act request relating to COVID-19 - Rob Fyfe involvement in COVID-19 business recovery since 1 January 2020 - Part 2

I refer to your request made under the Official Information Act 1982 (the Act), received by the Department of the Prime Minister and Cabinet (DPMC) on 28 August 2020. You requested:

"...I would like to lodge an additional OIA request for all reports/briefings/communications/notes held by DPMC regarding Mr Rob Fyfe's suggestions and involvement in the Covid business recovery and his advocacy or any other matters since the 27 June to today [28 August 2020]."

On 23 October 2020, DPMC advised that one further document required consultation to be completed before a decision could be made on its release. I am now in a position to response regarding the remainder of your request. I apologise for the delay in providing this information.

Information being released

I have decided to release the attached document, subject to some information being withheld under section 9(2)(b)(ii) of the Act, in order to protect the commercial position of the person who supplied the information, or who is the subject of the information.

This response will be published on DPMC's website during our regular publication cycle. Typically, information is released monthly, or as otherwise determined. Your personal information including name and contact details will be removed for publication.

Yours sincerely

Cheryl Barnes Deputy Chief Executive, COVID-19 Response Group

Enc: Document for release

Subject:	CovidCard: Implementation Options and Next Steps
From:	Rob Fyfe, Sam Morgan, Alastair Grigg
Cc:	John Ombler Brook Barrington Raj Nahna Brian Roche
To:	Mike Bush

Overview

This memo follows *Sustaining Elimination with CovidCard and Enhanced Digital Contact Tracing*, published June 5th 2020. It outlines the timeframes for delivery that we consider most likely for delivering *CovidCard* at population-level scale.

CovidCard is designed to enhance our COVID-19 defensive systems by accelerating contact tracing and enabling rapid isolation of at-risk close contacts. European and Asian countries are already beginning to open their borders, allowing passage without quarantine requirements between countries deemed similar or lower-risk. The economic and social advantage New Zealand has achieved by eliminating the virus and opening our domestic economy risks being offset if we are forced to maintain our current border restrictions because we lack the tools and technologies to eliminate any new outbreaks of the virus that are imported across our border.

CovidCard could provide the Government w th greater policy flexibility with regard to the border. We could have better options to relax the restrictions at the border, at least with low risk countries, thanks to *CovidCard* enabling faster identification and isolation of close contacts and second-order contacts in the event of new imported Covid-19 cases.

With COVID-19 globally endemic, expected to remain so for three years or longer, we do not consider keeping the border restrictions in place for an indefinite period the only approach available. *CovidCard* could help provide a valuable mitigation to the elevated risk associated with a less restrictive border isolation regime..

If *CovidCard* is deployed to all New Zealanders and anyone boarding a flight or ship coming to New Zealand and required to be carried in places of elevated risk (bars, restaurants, churches, workplaces etc) it would significantly strengthen contact tracing and dramatically improve our chances of sustaining a strategy of elimination. We could consider opening our borders to low risk countries, whilst staying out of Alert Level 3 or 4, thus mitigating the social and economic damage that entails.

Our work on *CovidCard* found that it is affordable, that it works technically, and that there is strong support for the concept across the businesses, Iwi representatives, unions and government agencies we have engaged with. We believe widespread adoption is eminently achievable.

It matters greatly how soon we can get *CovidCard* ready for deployment. If *CovidCard* is an insurance policy, we would like our insurance in effect as soon as possible. There will inevitably be some elevated project implementation risks if we progress the *CovidCard* development and

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deployment along an accelerated timeline, but the longer we take, the longer we remain uninsured. The next 18 months are considered a period of significantly elevated risk. There is a committed group of people involved and able to mobilise to deliver the project.

Working under the GCDO/DIA, we have already completed the necessary work and now have the confidence to progress at pace - to appropriate the required funding, stand-up the delivery team and push to get *CovidCard* ready for deployment as soon as possible.

The technical proof-of-concept work completed thus far is undergoing an independent review - hopefully a 2-3 week process for completion mid-July. We have, as yet, had no substantive feedback or indication as to whether the New Zealand Government wishes to progress this project. Given the project timelines and the risk of losing continuity of the people, that have progressed the project to this point, it would be valuable to receive an indication of the Government's intent and next steps as soon as possible

Decision Required: Two options

Delivery of *CovidCard* to population level scale involves many streams of work across hardware, software, supply chain, manufacturing, research, marketing, policy and legislative development and more. The project will require Ministerial sponsorship, a Senior Responsible Owner and an appropriate entity established within which the CovidCard and Database can be developed, maintained and accessed independent of other Government agencies and to ensure the appropriate data privacy and sovereignty. We note that there is presently no appointed management or vendors beyond the completed phase

The two options and timeframes we see for the project are as follows:

- 1. Single phase, delivery as fast as possible, deployment commencing January 2021: We assume funding is appropriated (and released progressively at approved gateways), management team appointed, and all streams progressed in parallel. The Government could stop the project at any time, but the project would not need to seek approval to proceed after each phase. Population level deployment would commence by mid-January 2021.
- 2. Multi-phase, with several approval cycles, deployment commencing mid September 2021: We assume multiple phases to better manage risk and spend, sequenced, with multiple delays with increased documentation to enable formal review of each phase, with formal Ministerial or Cabinet decisions to proceed after each phase. This approach typifies how projects of this nature are delivered to the Government under normal circumstances.

To illustrate the impact of progressing in sequence rather than in parallel, the next logical phase includes a "large-scale field trial", perhaps conducted at a military base. We consider this trial necessary to further confirm findings and refine our approach, particularly in relation to human behaviours. It is not required to further validate the overall technical viability. This large-scale field trial will take up to 8 weeks to complete and document. There would then be a number of weeks required for a Government decision to further proceed at a time when there is a national election. If we do not aggressively progress other streams of work in parallel, then this next phase alone could extend delivery timeframes by over 3 months.

Recommendation

We recommend Option 1 - progressing all work, wherever possible, in parallel, in order to hit a delivery deadline of January 2021. We further recommend any large-scale field trial should only progress as part of a commitment to the wider objective - readying *CovidCard* for deployment to population scale.

We consider Option 2 to be of greatly reduced value to New Zealand. Given how much the pandemic situation may evolve between now and the end of 2021, we do not consider a "slowly, slowly" approach will deliver *CovidCard* in a timely enough manner.

The Government would be deeply involved and fully informed at all times. It could stop the project at any time. The non-refundable costs of doing so would depend on when work ceased and is outlined in the appendices.

Conclusion

The work undertaken to date has been significant and, following independent review, is fully sufficient to enable a decision on whether the Government wishes to progress the *CovidCard* initiative as part of a larger strategy to strengthen our test, trace and quarantine capabilities. We strongly believe *CovidCard* should be considered on its merits, given its ability to enable greater policy flexibility with regard to opening the border when the time is right or deal with unintended infections coming across the border and getting hold under present settings. Waiting for there to be zero COVID-19 in the world (or even Australia) before we open our borders may take years and will has the potential to create significant social, economic and political damage.

This project must be done at pace in order to enable population-scale deployment. Once a decision is made to proceed, funding should be appropriated, key positions hired, and all phases progressed in parallel, wherever possible.

Progressing, ass per option 2, in a manner more akin to a peace-time Government project, will not see *CovidCard* available in a timeframe where it can insure us against the scenarios for which it is designed and we will have more limited strategic options to choose from.

Appendix 1

Option 1: Single Phase Project

Full project funding is appropriated. Government fully informed at all times and can pause or cancel the project at any time. Illustrated below are the non-refundable committed funds over the key periods in the project schedule. Figures are estimates.

Option 1: Single phase project	Estimated non- refundable costs	Cancellation decision date
Project Status		



Assumes 29 July 2020 start date

Option 2: Multi-phase project

Funding is committed over multiple phases. Comprehensive status reporting required to enable formal review of each phase with subsequent Ministerial or Cabinet decisions to proceed with the next phase. The expected project phasing and resulting timeline is outlined in the table below.

This approach adds significant additional time and risks to the project, particularly in the following areas

- The 8 week field trial and subsequent review/decision period, which coincides with the General Election in September 2020, adds over 3 months to the overall timeline alone.
 - It is assumed the formal establishment of the *CovidCard* operational entity and recruitment of its Executive team and other key operational roles would not commence until after the detailed design and market research phase and subsequent review has been completed in December. With the NZ summer holiday period the recruitment of these key resources would then not commence in earnest until January 2021 at the earliest.
- It is assumed that the financial commitment required to secure population level card manufacturing capacity and supply chain would not occur until after the trial roll-out of circa 20k cards and subsequent review of this phase. As a result, these production orders would not be placed with manufacturing partner(s) until around mid June 2021, some 9

months later than under Option 1. This delay adds significant additional risk around availability of component supply and manufacturing capacity given the potential for more countries to also undertake BLE card based contact tracing solutions in the meantime.

• A population wide deployment of cards could not commence until mid/late September 2021, meaning CovidCard would not be in use at a national level until November 2021.

Option 2: Multi-phase project	Estimated Phase Costs	Phase Duration (wks)	Phase Completion Date
Validation	s9(2)(b)(ii)		
Card Technology Review by the Defense Technology Agency.		• (γ
Health Impacts Review (by TBC)			× ·
Contact Tracing review, to assess the inclusion of CovidCard data into Contact Tracing processes (by TBC)		ma	
Awaiting Government decision to proceed	Int		
Large Scale Field Trial			
	S I		
Large Scale Field Trial within a military base	-		
Awaiting Government decision to proceed			
Post Election decision blackout			
Detailed Design & Market Research			
Complete detailed design of Service Delivery Platform (SDP)			
Undertake Market Research			
À	-		
<i>Q</i> 1			
Awaiting Government decision to proceed			
0			
Xmas / NY Holiday Shutdown			
Establish CovidCard Entity & Operational Capability for a rollout trial			
Incorporate <i>CovidCard</i> entity & recruit Executive and key operational roles			

	s9(2)(b)(ii)			
Prepare legislation required for mandated CovidCard use under specified alert levels	55(2)(0)(11)			
Develop Card Operations Service Delivery Platform (SDP) to enable a pilot roll-out of cards				2
Recruit staffing for pilot rollout				60
Manufacture c20k cards for pilot roll out			1	
Run Pilot rollout (testing SDP, distribution and marketing)			~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
Order specialist card distribution fulfilment equipment			on be	
Awaiting Government decision to proceed		Mai	,	
Population Level Card Volume Manufacturing				
Manufacturing population level card stock, including ramp up and supply chain sourcing	10th			
Complete SDP development, service centre and national distribution channels resourcing				
Commence national marketing campaign				
Ready to Commence National Rollout				
Execute population wide card deployment & year 1 operating costs, including replacement cards				
Ready to Commence National Rollout	\$98,670,000 ²	64		
	1996	PM:	2 C	

Assuming 29 July 2020 start date

Total costs are based on active project time only (i.e. assumes project resources are non-chargeable through decision periods)

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