



Proactive Release

The following documents have been proactively released by the Department of the Prime Minister and Cabinet (DPMC):

COVID-19 Briefings - March to June 2022

The following documents have been included in this release:

Title of aide-memoire: Reconnecting New Zealanders Readiness

Title of briefing: Department of the Prime Minister and Cabinet: Annual Review Post-Hearing Questions 2020/21

Title of aide-memoire: Reconnecting New Zealanders Readiness for Steps

Title of aide-memoire: Modelling Overview

Title of aide-memoire: Modelling Overview

Title of briefing: Vote Prime Minister and Cabinet: Estimates Examination Pre-hearing Questionnaire 2022/23

Title of aide-memoire: Reconnecting New Zealanders Readiness for Steps

Title of briefing: Vote Prime Minister and Cabinet: Standard Estimates Questionnaire

Title of aide-memoire: Modelling Overview

Title of aide-memoire: Reconnecting New Zealanders Readiness for Steps

Title of aide-memoire: Reconnecting New Zealanders Readiness for Steps

Title of briefing: Initial Advice: COVID-19 Testing and Innovation System Task Force

Title of aide-memoire: Reconnecting New Zealanders Readiness for Steps

Title of aide-memoire: Reconnecting New Zealanders Readiness for Steps

Title of aide-memoire: Modelling Overview

Title of aide-memoire: Modelling Overview

Title of briefing: Vote Prime Minister and Cabinet: Draft Main and Supplementary Estimates

Title of aide-memoire: Modelling Overview

Title of aide-memoire: Reconnecting New Zealanders Readiness for Steps



Title of aide-memoire: Reconnecting New Zealanders Readiness for Next Steps

Title of aide-memoire: Reconnecting New Zealanders Readiness for Steps

Some parts of this information release would not be appropriate to release and, if requested, would be withheld under the Official Information Act 1982 (the Act). Where this is the case, the relevant section of the Act that would apply has been identified. Where information has been withheld, no public interest has been identified that would outweigh the reasons for withholding it.

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Aide-Memoire

RECONNECTING NEW ZEALANDERS READINESS

To	Rt Hon. Jacinda Ardern, Prime Minister Hon. Chris Hipkins, Minister for COVID-19 Response	Report No	DPMC-2021/22-1569
From	Cheryl Barnes, DCE, COVID-19 Group, DPMC	Date	2/03/2022

Purpose

1. This Aide-Memoire provides an update on the status of system readiness to go live with the next steps of Reconnecting New Zealanders.

Background

2. On 03 February, Ministers announced the steps for Reconnecting New Zealanders starting with Step 1 – New Zealanders and other eligible travellers (under New Zealand's existing border settings) from Australia at 11.59pm on Sunday 27 February. Step 1 opened as planned with the first travellers arriving in New Zealand on 28 February.
3. On 28 February, the Prime Minister announced that from 11.59pm on Wednesday 02 March, self-isolation would no longer be a requirement for travelling to New Zealand. In addition, part of Step 2 was brought forward so from 11.59pm on Friday 04 March New Zealanders and other eligible travellers can travel to New Zealand from anywhere in the world, also with no self-isolation requirements.
4. The remaining aspects of Step 2 will see critical workers, sports / events, some students and existing visa holders travelling to New Zealand from anywhere from 11.59pm 13 March.
5. This report highlights updates on the key outstanding issues for the two phases of Step 2 and details being worked on to ensure readiness.
6. Attached to this Aide Memoire is a readiness report dated 02 March 2022. The New Zealand Customs Service, in their role leading Border Implementation, report the status for the Border aspects and the Ministry for Business, Innovation and Employment report on the self-isolation elements.

Comment

Metrics

7. On 28 February, we welcomed ~1,468 travellers arrived to New Zealand.
8. On 1 March, we welcomed a further 1,245 passengers.
9. This totals 2,713 passengers on Monday and Tuesday.
10. Although anecdotally we have heard that some airlines have seen an increase in bookings since Monday's announcement, agencies hope to provide numbers later in the week.

Readiness

11. This status report has an overall Green rating. There are no critical issues that will cause a delay to the removal of self-isolation for all travellers or to the initial phase of Step 2.
12. The following key actions are outstanding:
 - a. Regulatory aspects are being developed including updates to the Air Border Order, Isolation and Quarantine Order and associated DG Notices. These are on track to be signed ahead of 23.59 tonight.
 - b. Guidance for the sector is being updated.
 - c. Public-facing information is being updated on websites across government and MPI are stapling an attachment into welcome packs to correct information contained in the packs regarding isolation.
13. Although few of these actions are complete, work is well underway and **officials across agencies are reporting that they are confident that the changes needed will be in place by this evening and by Friday.**
14. The following challenges are being worked through:
 - a. **Eligible travellers with New Zealand citizens** - there is no systemic way to identify Australian nationals that are eligible to travel to NZ as a partner or family member of a New Zealander^[1]. Checks to confirm eligibility are undertaken manually at the airport check in via calls to Immigration's Border Operations (IBO) 24/7 support line and are causing delays to departures due to the numbers (40-50 passengers per flight). This is a significant challenge for airlines and airports. Immigration New Zealand have devolved boarding decisions to the Airline Liaison Officers (ILOs) on the ground. This will reduce the number of calls to IBO and help to prevent delays. Impacts are being assessed daily and IBO are working closely with airlines to review and streamline passenger processing. There remain concerns as to the impacts once Step 2.1 comes into play (NZ citizens and eligible family members from anywhere can travel to NZ and not need to self-isolate from 11.59pm 04 March) however IBO has brought forward the

^[1] This includes:

1. Australian citizens or permanent residence visa holder where NZ is your primary place of residence; and
2. Partner, dependent child, or parent of a dependent child who either:
 - a. holds a visa based on their relationship to an NZ citizen or resident
 - b. is travelling with a New Zealander or resident, or
 - c. is ordinarily resident in NZ.

deployment of ALOs to key ports in London, Los Angeles, Singapore and Dubai to support the on the ground facilitation of eligible travellers.

- b. **Nau Mai Rā (NMR) completion rates** - ~10% of travellers are failing to complete NMR. A working group is due to convene today to understand the root causes and agree solutions.
- c. **Industry Guidance** – challenges for MoT to keep pace with quantum of change. Meeting convened for today to work through the issues and agree how teams can provide support.

15. Agencies are confident these challenges will not delay step 2.

Recommendations

16. It is recommended that you **note** the contents of this aide-memoire.

Cheryl Barnes

Cheryl Barnes
Deputy Chief Executive
COVID-19 Group

Date: 02/03/2022

NOTED

Rt Hon. Jacinda Ardern
Prime Minister

Date: / /

NOTED

Hon. Chris Hipkins,
Minister for COVID-19 Response

Date: / /

Cc: COVID-19 Chief Executives Board (with regular meeting papers), COVID-19 Independent Continuous Review, Improvement and Advice Group

Attachment A Readiness report dated 02 March

Overall status
GREEN

Reconnecting New Zealanders Readiness Report for Step 2 – Status as at 02 March 2022

Ref	Lead agency	Group of activities	Step 1 NZ citizens arriving from Australia no longer need to self-isolate (from 11.59pm 02 March)	Step 2.1 NZ citizens from anywhere can travel to NZ and not need to self-isolate (from 11.59pm 04 March)	Step 2.2 Critical workforces, sports / events, some students, existing visa holders can travel to NZ (from 11.59pm 13 March)
1	MoH	Regulatory	<ul style="list-style-type: none"> ○ Change ABO/DG Notices ○ Change IQO 	<ul style="list-style-type: none"> ≠ Change ABO/DG Notices ≠ Update Immigration Regulations ≠ Update Safe Travel Advisory 	<ul style="list-style-type: none"> ≠ Change ABO/DG Notices ≠ Update Immigration Regulations ≠ Update Safe Travel Advisory
2	MoH	Border Health Updates	<ul style="list-style-type: none"> ○ Confirm requirements and update Nau Mai Rā ○ Update testing survey email ○ Update guidance for returnees ○ Update MoH website content 	<ul style="list-style-type: none"> ≠ Ensure staffing for Vaccine Pass sufficient to maintain turnaround time to load overseas to the database to be eligible ≠ Transition eligible MIQ returnees onto new testing scheme on release ≠ Update welcome packs ≠ Confirm Nau Mai Rā compliance position due to high numbers failing to complete it currently 	<ul style="list-style-type: none"> ≠ Ensure staffing for Vaccine Pass sufficient to maintain turnaround time to load overseas to the database to be eligible ≠ Update guidance and any relevant exemptions processes
3	Customs	Border Agencies	<ul style="list-style-type: none"> ○ Update FAQ for staff working at the border ✓ Update Welcome Pack 	<ul style="list-style-type: none"> ≠ Additional staff to cope with volumes at the border (Customs, INZ, MPI, Health) ≠ Revise processes for data matching ≠ Update SOP's and Processes ≠ Update staff training 	<ul style="list-style-type: none"> ≠ Review Staffing ≠ Update SOP's and Processes ≠ Update staff training
4	Customs	Aviation sector	<ul style="list-style-type: none"> ○ Update airport signage ○ Update FAQ for aviation sector ○ Update sector advice/ websites ○ Update script for airlines to use on flights 	<ul style="list-style-type: none"> ≠ Mobilise Queenstown and Wellington operational support ≠ Unravel red flight arrival protocols ≠ Update FAQ for aviation ≠ Update sector advice/ websites 	<ul style="list-style-type: none"> ≠ Update FAQ for aviation ≠ Update sector advice/ websites
5	MBIE	ALOs	<ul style="list-style-type: none"> ○ Update training for offshore airports 	<ul style="list-style-type: none"> ≠ Update Training for Offshore airports ✓ Deploy Step 2 ALOs 	<ul style="list-style-type: none"> ≠ Update Training for Offshore airports
6	DPMC	Communications	<ul style="list-style-type: none"> ○ Update websites across government ✓ Provide update cover sheet for Welcome Pack to MPI – no self-isolation 	<ul style="list-style-type: none"> ≠ Update websites across government ≠ Update sector advice/ websites 	<ul style="list-style-type: none"> ≠ Update websites across government ≠ Update sector advice/ websites
7	MBIE	Removing self-isolation/ any MIQ changes	<ul style="list-style-type: none"> ✓ Inform Police of updated expectations / legislation ✓ Update communications on the website to those in SI that they no longer need to self-isolate but still need to complete Day5/6 tests and get PCR if they test positive 	<ul style="list-style-type: none"> ✓ Develop communications to those who can leave MIQ ○ Send communications to those in MIQ ≠ Confirm changes to MIQ processes including booking system, emergency allocations etc to be announced and website updated ≠ Engage with existing returnees about vaccination status and potential early release ≠ Provide update to voucher holders ≠ Engage with workforce, suppliers, partners and stakeholders 	<ul style="list-style-type: none"> ≠ Update MIQ website ≠ Engage with suppliers, partners and stakeholders

Legend:

- ≠ Not started
- Work in-progress
- ✓ Complete



Briefing

DEPARTMENT OF THE PRIME MINISTER AND CABINET: ANNUAL REVIEW POST-HEARING QUESTIONS 2020/21

To: Hon Chris Hipkins, Minister for COVID-19 Response

Date	4/03/2022	Priority	Medium
Deadline	10/03/2022	Briefing Number	DPMC-2021/22-1481

Purpose

This briefing provides, for your information and review, draft responses (**Attachment A**) to the post-hearing questions received for your COVID-19 response portfolio from the Governance and Administration Committee following the Department of the Prime Minister and Cabinet's Annual Review hearing.

Recommendations

1. **Note** the draft responses to the Annual Review post-hearing questions regarding your COVID-19 response portfolio are attached for your review.
2. **Provide** any feedback you may have on the attached draft responses.

YES ☒ NO

Clare Ward
Executive Director
Strategy, Governance and Engagement
4 March 2022

Hon Chris Hipkins
Minister for COVID-19 Response

..10/.3../2022

Contact for telephone discussion if required:

Name	Position	Telephone		1st contact
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Minister's office comments:

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

DEPARTMENT OF THE PRIME MINISTER AND CABINET: ANNUAL REVIEW POST-HEARING QUESTIONNAIRE 2020/21

Background

1. As we previously briefed you (DPMC-2021/22-1238 refers), DPMC submitted its response to the 2020/21 Annual Review Questionnaire to the Governance and Administration Committee on 11 February 2022.
2. On 16 February 2022, the Department appeared before the Governance and Administration Committee for its Annual Review hearing and following that hearing, the Department received two additional questions relating to your portfolio.

Draft responses to the post-hearing questions related to COVID-19 Response

3. Draft responses to the two questions relevant to your COVID-19 Response portfolio are set out below.

Question 169: What is the current capacity of the Covid-19 Response Group? What is the current plan or tenure of the Group?

Funding for continued central coordination and convening of the COVID-19 response was approved from the COVID-19 Response and Recovery Fund in November 2021 until the end of June 2023. This funding supports the COVID-19 Response Group to fulfil the following functions:

- policy and strategy;
- system readiness and planning;
- risk and assurance; and
- communications and engagement.

It is expected that the size of the group will decrease over the coming year in line with the evolving nature of the COVID-19 response.

Question 171: Please describe what services the Department sought support for from the Workforce Mobility hub in 2020/21. Does the Department have sufficient capability and capacity to manage a surge (could be multiple) in responding to the pandemic?

During 2020/21, the Department sought support from the Workforce Mobility Hub for a total of 45 roles. This surge supplemented existing teams during busy periods, across communications, policy and geospatial work areas.

The continuation of resources, as outlined in the response Question 169, will enable the COVID-19 Response Group to absorb future resurgence costs without compromising on the quality and consistency of delivery.

4. The Prime Minister is also reviewing the draft responses to the additional questions. Any feedback she may have will be incorporated into the final responses. Your office will be

kept informed if any significant changes are made to questions related to your portfolio as a result of her feedback.

Next Steps

5. To meet the Committee's submission deadline, we ask that you provide any comment you may have on our response by 10 March 2022.
6. We will then finalise our response considering any Ministerial feedback before submitting our final responses to the Committee on 14 March 2022.

Proactively Released



Aide-Memoire

RECONNECTING NEW ZEALANDERS READINESS FOR STEPS

To	Rt Hon. Jacinda Ardern, Prime Minister Hon. Chris Hipkins, Minister for COVID-19 Response	Report No	DPMC-2021/22-1897
From	Cheryl Barnes, DCE, COVID-19 Group, DPMC	Date	6/04/2022

Purpose

1. This Aide-Memoire provides an update on the status of system readiness to go live with the next steps of Reconnecting New Zealanders.

Background

2. This report provides updates on readiness for: (1) Cook Islands, Samoa, American Samoa and Vanuatu move to the testing on arrival pathway from 11.59pm on 08 April; (2) Step 3.1 - more border exceptions for critical workforces, students, sports/events, and Australian citizens from 11.59pm on 12 April; and (3) Step 3.2 - visa waiver travellers and existing visa holders from 11.59pm on 01 May. Appendix A provides an overview summarising the Reconnecting New Zealanders (RNZ) steps, settings, and pathways.
3. Attached to this Aide Memoire is a readiness report dated 06 April 2022.

Comment

Numbers and airline update

4. Since Step 1 of Reconnecting New Zealanders at 11.59pm on Sunday 27 February, a total of 83,300 travellers have arrived in New Zealand. Daily arrivals continue to rise, increasing from 2,391 to 2,889 over the past week. Around 50,900 of these are from Australia, 8,800 from Pacific Islands and 23,600 from the rest of the world.
5. Future demand continues to be uncertain with likely daily arrivals of ~4,000 by week ending 01 May but with estimates ranging from ~2,300 to ~5,700 per day. Capacity also continues to build with daily full capacity by the end of the month likely to average ~6,500 (up from 5,300 this week).

Readiness

6. This report has an overall **Green rating**, with activities remaining on track for the current steps included in the report.
7. At 11:59pm on 31 March the New Zealand Traveller Declaration (NZTD) became the only approved and available system for travellers to make a traveller declaration and receive a traveller pass. At the same time the previous system, Nau Mai Rā (NMR), was made unavailable and redirect messaging and links were added to the NMR website notifying travellers to now use NZTD.

8. As at 10.00am on 06 April 22,235 traveller passes have been issued by the New Zealand Traveller Declaration. This is approximately 89% of declarations submitted. Rejected declarations continue to be mainly due to submission being made prior to travellers receiving their pre-departure testing (PDT) evidence or the timeline for the PDT is incorrect.
9. Agencies remain confident that they are on track to deliver to the upcoming steps and agencies have reported no issues that will delay or prevent the steps from occurring. The NZTD team intend to launch eGate functionality by 12 April relieving some pressure on border staff.
10. We are continuing to monitor the operational pain points the teams are experiencing. There is one pain point around NZTD completion rates. This is not impacting readiness (and is included for awareness only).
11. Based on manual data gathering and anecdotal evidence, initial indications are that paper-based declarations account for approximately 16% of traveller passes (more exact data will be available from mid-April), which continues to put pressure on the Border Operations teams due to the manual process required to support. This is the same rate of non-completion that we were seeing with Nau Mai Rā. Paper-based passes are not currently being uploaded to NZTD as the arrangements to provide scanning functionality are under development. This means there are limitations around the follow-up the Ministry of Health can do to ensure surveillance testing is completed. *Update: Customs and Health have agreed that papers be stored pending availability of the scanning functionality, due mid-April and in the interim, a high trust model is in place for travellers on paper-based passes to upload their test results.*

Recommendations

1. It is recommended that you **note** the contents of this aide-memoire.

Cheryl Barnes

Cheryl Barnes
**Deputy Chief Executive
COVID-19 Group**

Date: 06/04/2022

NOTED

Rt Hon. Jacinda Ardern
Prime Minister

Date: / /

NOTED

Hon. Chris Hipkins,
Minister for COVID-19 Response

Date: / /

Cc: COVID-19 Chief Executives Board (with regular meeting papers), COVID-19 Independent Continuous Review, Improvement and Advice Group

Attachment A Readiness report dated 06 April



Appendix A: RNZ Timeline summary

Reconnecting New Zealanders: Policy Summary (30 March 2022)

Entry pathways

Travellers will enter using one of four entry pathways – only three of these are in use today:



Quarantine Free Travel – entry without quarantine or isolation for eligible travellers from some Pacific Countries



Testing on arrival – entry without quarantine or isolation for eligible travellers with testing before departure and after arrival (on day 0/1 and 5/6)



Managed Isolation and Quarantine – full MIQ for other travellers – small number of exceptional travellers are allowed to use MIQ (e.g. refugees, Antarctic survey team, Air Crew). These individuals can leave MIQ at any time.



The **self-isolation pathway** is not currently in use.

Key settings summary

Setting	QFT	Test on arrival	MIQ
PDT:	Not required	48h PCR or 24h RAT/LAMP	
Vaccinated	NZers: N/A Non NZers: Fully vaccinated with approved vaccine		
Contact tracing info/ 14 day travel history		Self-declaration in NZTD	MIQ team completes NZTD
Testing	Not required	RAT on day 0/1 & 5/6 If positive, PCR at a CTC	Testing on day 0/1, day 3, day 5/6
Positive test	N/A	Self isolate	Moved to Quarantine facility
Airport health screening	Option to self-refer	Option to self-refer	Required

Reconnecting New Zealanders step phasing and timing

Feb	March	April	May	June	July	August	September	October	November
<p>Completed steps:</p> <ul style="list-style-type: none"> Step 1.1 – 23.59h 27 February – New Zealanders to and from Australia (Plus Nauru, Tuvalu and American Samoa) Step 1.2 – 23.59h 02 March – Removal of the need to self-isolate for 7 days Step 2.1 – 23.59h 04 March – New Zealanders able to travel to and from everywhere Step 2.2 – 23.59h 13 March – More exceptions for Skilled Workers (1.5x median wage), Working holiday visas MIQ changes – 23.59h 18 March – Changes to MIQ eligibility/ fully vaccinated definitions NZTD Launch – 25 March, NZTD legally mandated for all travellers from 31 March 									
<p>Outstanding steps:</p> <ul style="list-style-type: none"> Pacific pathway changes – Shift of the Cook Islands, Samoa, Vanuatu, and American Samoa to the Testing on Arrival pathway (timing TBC but likely 23.59h on 8 April) 									
<p>Step 3.1 – 23.59h 12 April – More border exceptions for critical workforces, students, and sports/events and Australians</p>									
<p>Step 3.2 (previously part of step 4) – 23.59h 01 May – Visa-waiver travellers and existing visitor visa holders</p>									
<p>Step 4 – From July – Accredited Employer Work Visas</p>									
<p>Step 5 – October – Visitor / Education visas</p>									

Phasing and timing diagram notes: Grey boxes are live. Prior to the RNZ plan, one-way QFT existed with the Cook Islands, Niue, Samoa, Tokelau or Vanuatu, plus travel from Tonga required self-isolation since 22 February. Travel from Tonga required self-isolation since 22 February. Further, the following people have been permitted to travel throughout COVID, albeit with MIQ requirements: NZ citizens; NZ permanent residents or resident visa holders; Australian citizens or permanent residence visa holders where NZ is their primary place of residence; People with border exceptions or a critical purpose reason to travel; Partners, dependent children, or parents of a dependent child who: hold a visa based on their relationship to an NZ citizen or resident; are travelling with a New Zealander or resident, or are ordinarily resident in NZ.



Aide-Memoire

MODELLING OVERVIEW

To	Prime Minister's Office	Report No	DPMC-2021/22-2118
From	Ruth Fairhall	Date	6/05/2022

DHBs and the Omicron Wave

1. District Health Boards (DHBs) remain at different points on the Omicron wave. In terms of daily cases, most of the motu is now at a post-peak baseline. This was anticipated to be around the 100 cases per 100,000 resident population (based on the baseline the Australian states reached after their initial Omicron wave). Only the three Auckland DHBs, Waikato, and Bay of Plenty (which is still declining) have reached this point (Appendix 1 refers).
2. There are early indications that the three Auckland DHBs may be heading into a second Omicron wave – Auckland DHB, for instance, is now 50 percent up on the baseline that it reached two weeks ago. This may in part be due to a flow-on from Easter and ANZAC Day weekends and school holiday mobility, but will be monitored closely. No corresponding increase in hospitalisations in the Auckland region has yet been observed.

At Peak / Early Post Peak	Post-Peak (Daily Case Numbers Steadily Declining)	At Post-Peak Baseline / Low
West Coast	Bay of Plenty Northland South Canterbury Southern Whanganui	New Zealand Auckland* Canterbury Capital and Coast Counties Manukau* Hawke's Bay Hutt Valley Lakes MidCentral Nelson-Marlborough Tairāwhiti Taranaki Waikato Waitemata* Wairarapa

DHBs with an asterisk () are being monitored for early signs of the start of a second peak.*

3. You were previously briefed (DPMC-2021/22-2043) on updated long-term modelling of three scenarios which COVID-19 Modelling Aotearoa (CMA) has undertaken. These three

scenarios are being incorporated into tracking cases, hospitalisations, and fatalities through to the end of 2022. Although the scenarios are still being refined (in particular, fatality tracking which currently under-estimates deaths among age groups 70 years and older), they remain useful for case tracking.

4. Unlike the previous scenarios, how these new scenarios are 'triggered' in regions is not based on a common seed-date (when the outbreak 'began'). Instead, it is based on a region and DHB-specific date where the first wave peaked in terms of daily cases. This will allow more effective tracking of DHB positioning within the scenarios over the longer term. The peak dates differ significantly from DHB to DHB:
 - a. Auckland and Counties-Manukau peaked on 30 January
 - b. Waitemata peaked on 31 January
 - c. Capital and Coast peaked on 4 February
 - d. Waikato and Hutt Valley peaked 5 February
 - e. Canterbury and Southern peaked on 18 February
 - f. West Coast peaked on 20 March¹.

COVID-19 daily case tracking

5. As outlined above, the majority of DHBs are at what we expect to be their post-peak baseline. The level of this baseline varies greatly between DHBs. Broadly:
 - a. DHBs in the Northern region (including Northland, which is still declining) baselined at or below 100 cases per 100,000 resident population. This also applies to Waikato and Bay of Plenty (which is still declining), while Lakes baselined marginally above this mark.
 - b. All other DHBs in the North Island (including Whanganui, which is still declining) reached a baseline higher than 150 bases cases per 100,000. Capital and Coast baselined slightly above 140, while Hutt Valley baselined at 125.
 - c. DHBs in the South Island are either still declining (South Canterbury, Southern) or have baselined at around 200 cases per 100,000. West Coast technically peaked in late March, but has not declined much since.
6. Nationally, almost all age brackets have experienced a plateau in terms of daily case counts – most age brackets have only marginally moved since Easter. The exceptions to this are those brackets aged 19 or younger, which experienced a notable decline associated with the school holidays.
7. The Ministry of Health has undertaken analysis relating to COVID-19 in school children and how this might impact those aged between 5 and 11 getting their second dose of the vaccine. This analysis found that the proportion of children 5-11 who could potentially have been vaccinated but who have not been able to yet due to the 3 month 'stand-down' post infection is 7.2 percent (34,797). Applying the case count scenarios for those aged 5 to 9², it is anticipated that the number of children in this age band that are in the '90 day stand-down period' after becoming a case (in which they cannot receive a first or second dose of the vaccination) could peak at approximately 66,000 children (20 percent)³. These scenarios do not take into account existing vaccination status of cases, but do anticipate a small upturn in case reporting in the short term.

¹ DHBs with smaller, more rural-based populations, like West Coast tend to experience a flatter, longer curve. Despite having technically peaked in late March, West Coast hasn't declined significantly from the peak in the ensuing period.

² The five year bands that CMA's stochastic modelling is undertaken or that cases are reported in do not align with the age of vaccination eligibility.

³ The intention to vaccinate is not known, so it is not possible to determine with any surety whether diagnosis has had any significant impact on vaccination uptake.

Hospital Bed Occupation

8. Hospitalisation has peaked nationally and in most DHBs. Northland has experienced a second wave of hospitalisations, but has declined sharply over the last two weeks. Southern and Canterbury DHBs have not peaked yet and are still increasing in terms of hospitalisation.
9. Previous briefings have included hospitalisations by age groups for the Northern Region. The methodology for how hospitalisations were counted specifically in this region has been reviewed this week, which resulted in a significant over-night decline in reported hospitalisations. As a result, hospitalisations by age group (which was limited to the Northern Region) will be recalibrated when we have more corrected data (Appendix 1 refers).

Fatalities

10. The scenarios related to cumulative fatalities are still being refined by CMA. Currently, these scenarios have limitations when it comes to modelling fatalities among age groups over 70, which is problematic given the majority of fatalities are in this age bracket.
11. New Zealand is continuing to experience a steady number of fatalities related to COVID-19. This is consistent with the experience of Queensland, New South Wales, South Australia, and Victoria, which have continued to see sustained fatality rates, even after case and hospitalisation rates have declined.
12. Previously, you were briefed on work being undertaken regarding excess mortality, including publication. This work is in progress, with a draft now in place on Statistics New Zealand's [COVID-19 Data Portal](#) 'user acceptance testing' platform. They are now in the process of getting sign-off and going through an internal process for basic validation of the measure – however, this will initially be published as an "experimental series, currently under review". We will liaise with Ministers' offices before the product goes live over the next week to a fortnight.

Isolation Modelling

13. CMA has been exploring different scenarios for contact isolation and the impact that this may have on case numbers and risk of onward disease transmission. This modelling has considered the impact of different isolation and testing settings on the share of infected contacts and cases in the community, and the impact of this on overall transmission and hospitalisations. It does not consider the use of oral antiviral therapies. Following a Health report on Monday 9 May, DPMC will provide advice for decisions on the self-isolation period later in the week.

International Comparisons

14. Several international comparison countries have experienced changes in their outbreak status:
 - a. Hong Kong, South Korea, Singapore, United Kingdom, Ireland, and most of continental Europe have declined rapidly from their peaks.
 - b. The four Australian States that are tracked against New Zealand are declining out of their second Omicron waves, most have settled closer to 150 cases per 100,000 (i.e. Australia has settled at a higher level after their second wave, compared to after their first wave which was a level of 100 cases per 100,000).
 - c. Italy is experiencing a similar trend to Australia (Appendix 3 refers).

Appendix 1. DHB Key COVID Tracking Metrics

DHB	Case numbers per 100,000 population (7 Day Rolling Average to 7 April)	Hospitalisation 7 Day Rolling Average as a Percent of peak	Change in Hosp over last 14 days	Change in Hosp over last 7 days	Days since peak hosp (as at 5 May).
Auckland	154	42%	8%	6%	50
Bay of Plenty	90	57%	-4%	2%	39
Canterbury	222	100%	28%	15%	0
Capital and Coast	156	23%	-30%	-15%	43
Counties Manukau	103	27%	-22%	-11%	46
Hawke's Bay	124	27%	-8%	-6%	39
Hutt Valley	125	34%	-62%	-47%	16
Lakes	112	20%	-64%	-58%	30
MidCentral	156	42%	-42%	-10%	21
Nelson Marlborough	175	63%	-6%	7%	31
Northland	102	68%	-30%	-27%	12
South Canterbury	206	47%	-30%	-32%	25
Southern	237	85%	-10%	-1%	15
Tairāwhiti	154	19%	0%	-29%	43
Taranaki	165	31%	-49%	-39%	31
Waikato	105	44%	0%	6%	33
Wairarapa	170	35%	-29%	-29%	48
Waitemata	144	39%	-18%	-12%	49
West Coast	246	39%	-13%	0%	25
Whanganui	138	23%	-40%	-32%	23

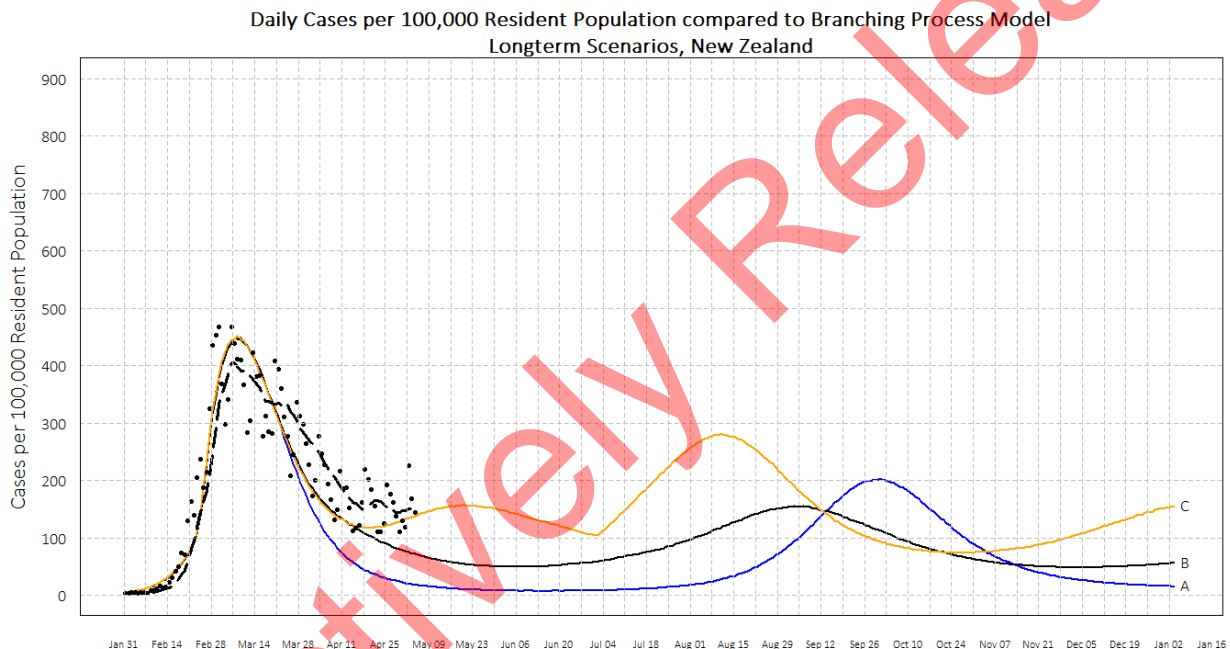
Appendix 2. Tracking Against CMA Scenarios

Scenarios

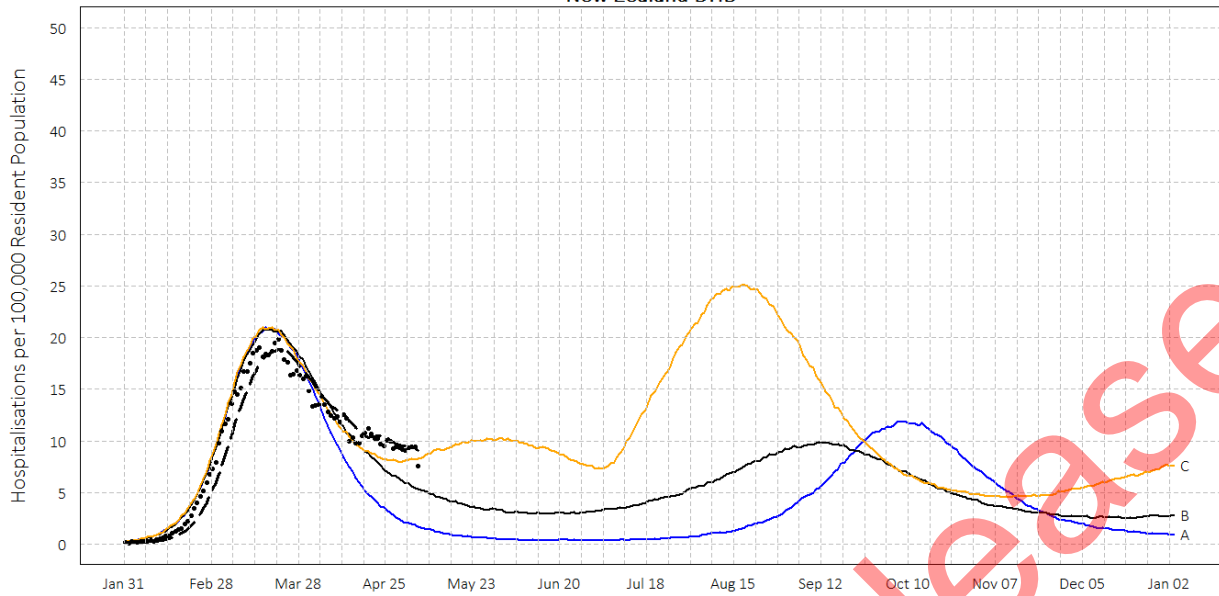
Three scenarios with different increases in mixing after the national peak in cases. This represents varying levels of behavioral relaxation and easing of public health interventions.

- A. Small increase in mixing after the national peak in cases
- B. Medium increase in mixing after the national peak in cases
- C. Large increase in mixing after the national peak in cases and a shift in the distribution of cases towards older groups at the beginning of July.

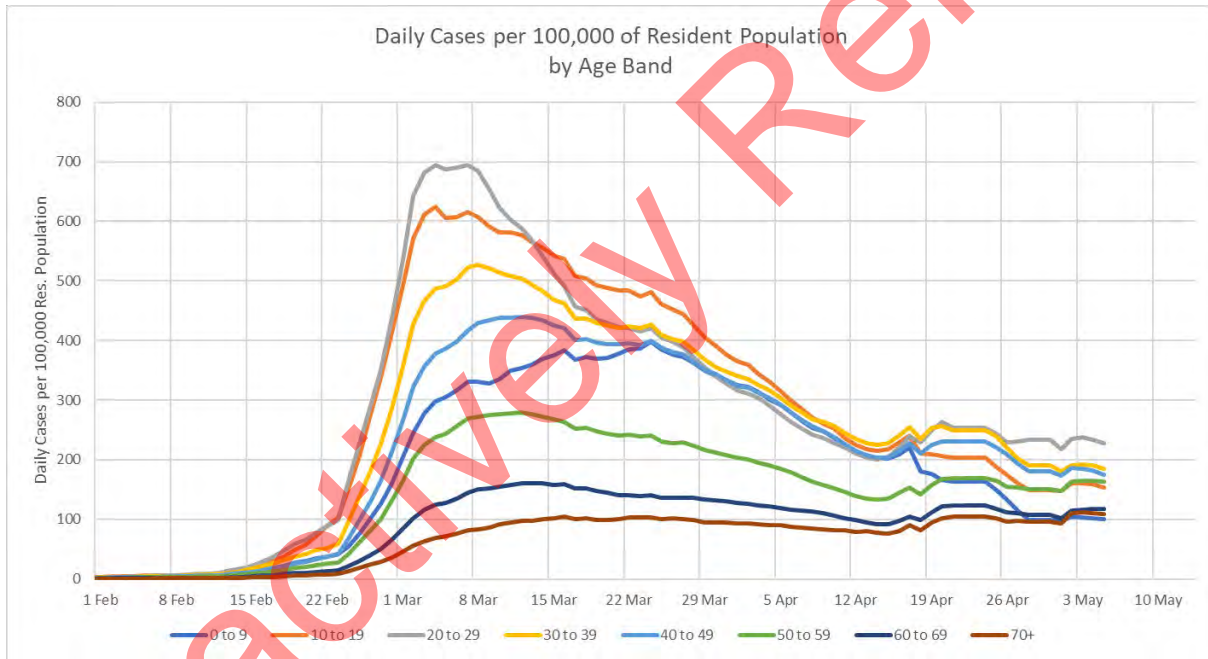
Note: The model does not include the effects of any new variants or potential fourth vaccine doses

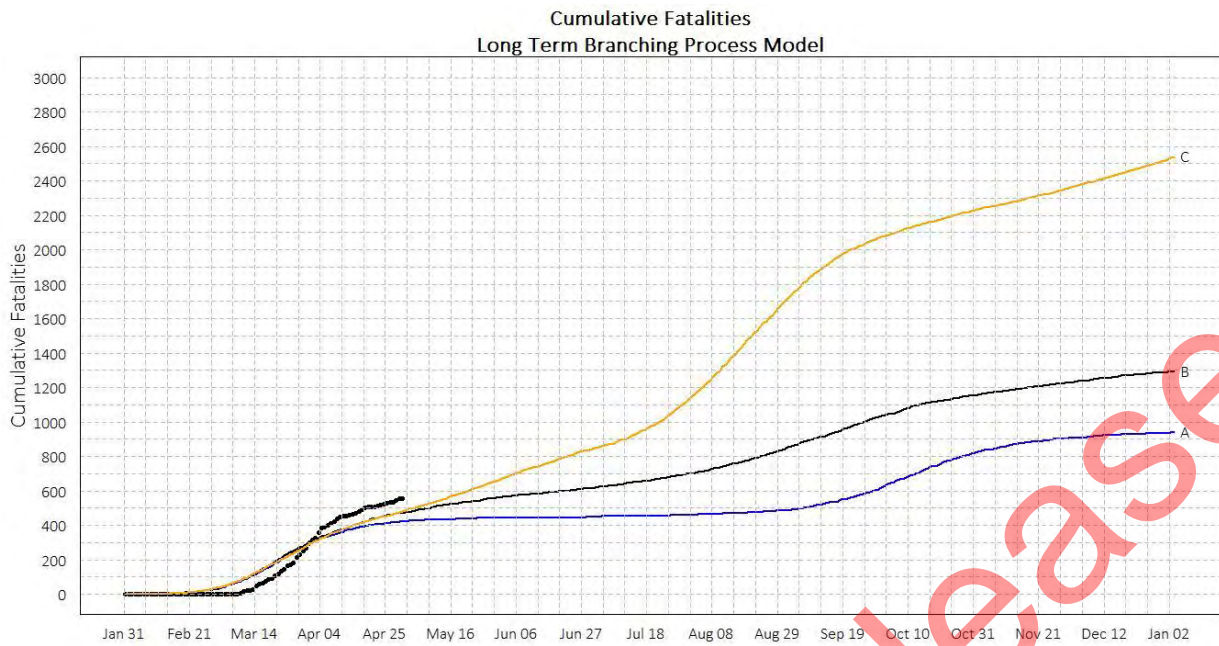


Hospitalisations per 100,000 Resident Population compared to Branching Process Model
New Zealand DHB



Daily Cases per 100,000 of Resident Population
by Age Band





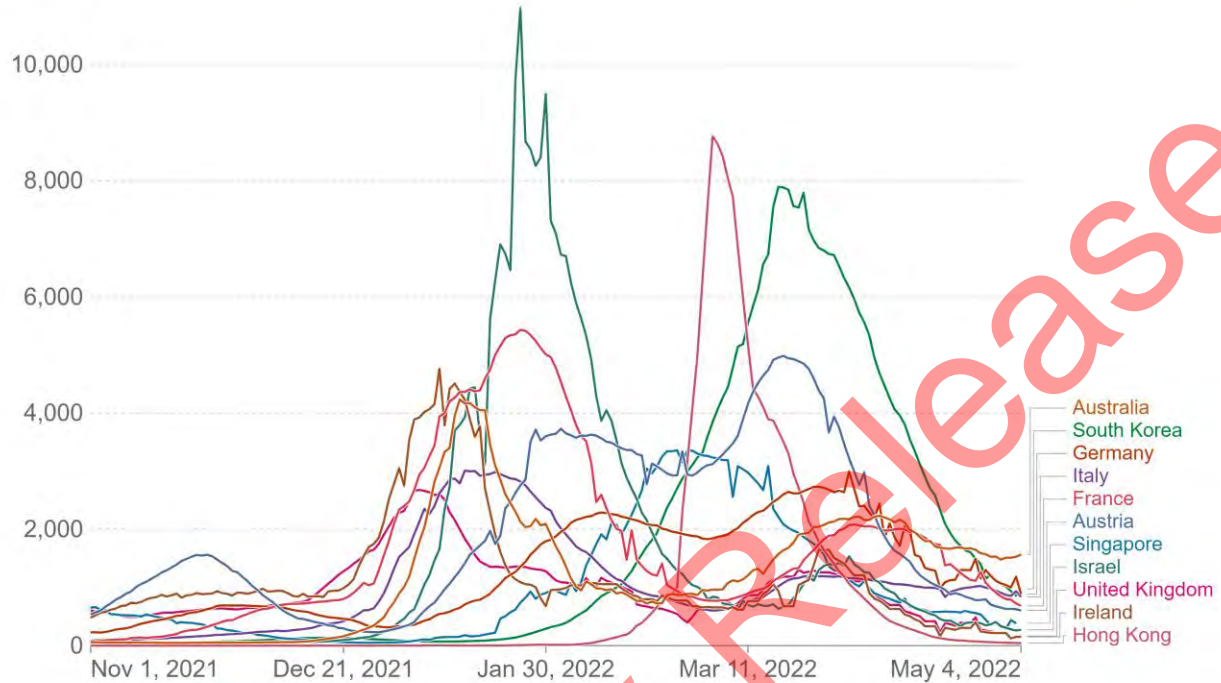
Source: COVID19 Modelling Aotearoa Branching Process Model (BPM), Ministry of Health

Appendix 3: International Comparisons

Daily new confirmed COVID-19 cases per million people

7-day rolling average. Due to limited testing, the number of confirmed cases is lower than the true number of infections.

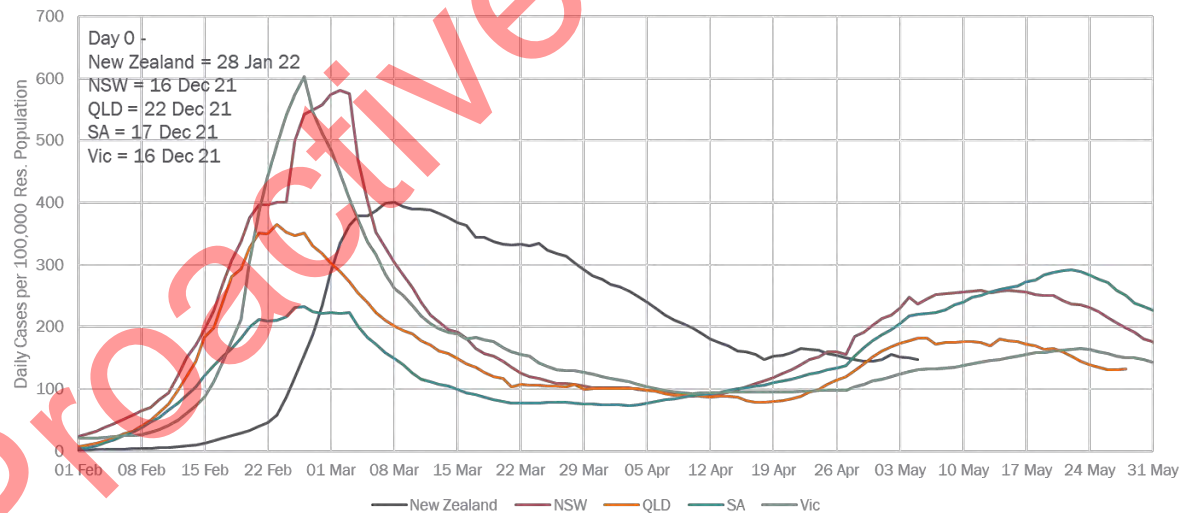
Our World
in Data



Source: Johns Hopkins University CSSE COVID-19 Data

CC BY

Cases per 100,000 Population New Zealand compared to Australian States, Seven Day Rolling Average





Aide-Memoire

MODELLING OVERVIEW

To	Prime Minister's Office	Report No	DPMC-2021/22-1914
From	Ruth Fairhall	Date	8/04/2022

DHBs and the Omicron Wave

- As outlined in previous briefing notes, District Health Boards (DHBs) are at different points on the Omicron wave. Generally speaking, DHBs in the Auckland and Wellington Regions are showing clear signs of having peaked in terms of daily case counts and hospitalisations. The three Auckland DHBs now have the lowest daily case numbers per capita, and while the region still accounts for about half of all hospitalisations, this is the lowest proportion this year.

DHB	Case numbers per 100,000 population (7 Day Rolling Average to 7 April)	7 Day Rolling Average at 50% or lower than peak	Change in Hosp over last 14 days	Change in Hosp over last 7 days	Days since peak hosp.
Auckland	116	50%	-46%	-26%	21
Bay of Plenty	211	89%	-8%	12%	10
Canterbury	313	83%	-10%	-16%	7
Capital and Coast	233	37%	-63%	-41%	14
Counties Manukau	103	56%	-40%	-25%	17
Hawkes Bay	289	74%	-13%	-20%	10
Hutt Valley	262	79%	-8%	2%	16
Lakes	232	92%	26%	11%	2
MidCentral	325	93%	-3%	-7%	6
Nelson Marlborough	267	97%	18%	-2%	2
Northland	266	82%	-6%	-18%	6
South Canterbury	358	98%	179%	30%	1
Southern	316	96%	23%	5%	2
Tairāwhiti	258	81%	-15%	22%	14
Taranaki	320	85%	65%	0%	3
Waikato	218	92%	-5%	-2%	4
Wairarapa	214	23%	-75%	-23%	19
Waitemata	120	60%	-35%	-20%	20
West Coast	255	89%	1200%	30%	1
Whanganui	409	93%	41%	-11%	6

COVID-19 daily case tracking against modelling

2. At the time of the last COVID-19 modelling memo (DPMC-2021/22-1784), only some DHBs had peaked in terms of daily case counts. Daily case tracking has now peaked (or is anticipated to be near peak) in almost all DHBs. Of note, Auckland region DHBs have a seven-day rolling average daily case rate close to 100 cases per 100,000 population, which is the baseline level Australian states reached before they entered a second wave. West Coast is the only DHB clearly still increasing its daily case count, with Northland and Southern experiencing a prolonged plateau at their potential wave peak.
3. Nationally, all age brackets of cases have declined over the past two weeks, although older age brackets have declined (albeit from a much lower starting point) at a much slower rate. Older age brackets are accounting for an increasing percentage of total cases: cases among those aged 50 and above have increased from 18 percent of the total, to 21 percent, while those aged 60 and above have increased from 8 percent to 11 percent of the total.

Hospital Bed Occupation

4. Hospitalisation has peaked nationally, including in the Auckland Region (which is load-sharing across the three DHBs), and is now declining. While the Auckland Region has dominated hospitalisations throughout the Omicron wave, this week the region accounts for less than 50 percent of total hospitalisations, the smallest proportion since the beginning of the omicron wave. Hospitalisations have remained relatively high in Waikato, Northland, and Bay of Plenty, and are continuing to climb in Taranaki.
5. The decline in hospitalisations in the Northern Region has carried through in all age brackets – of particular note are those brackets over the age of 50, which have declined by between 45 and 54 percent. Older age brackets are disproportionately high compared to other age brackets, with those aged over 60 accounting for 52 percent of hospitalisations (compared to 19 percent of the population), and hospitalisations over the age of 70 accounting for 39 percent of hospitalisations (compared to 8 percent of the population) (Appendix 1 refers).

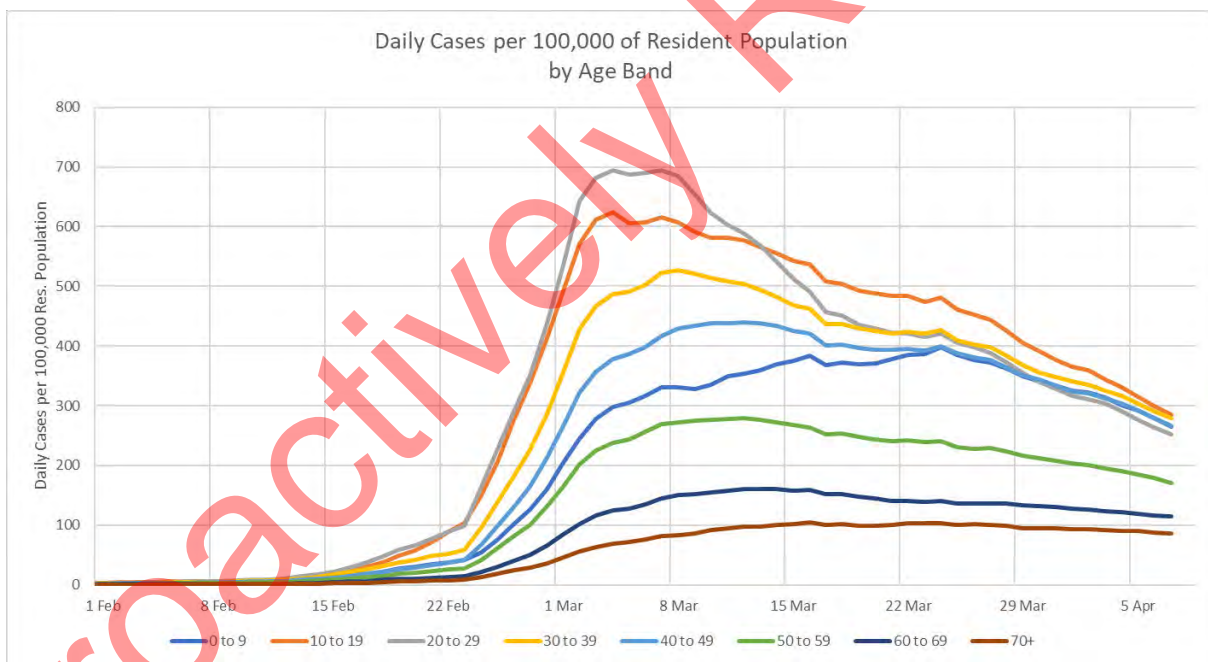
Fatalities

6. Cumulative fatalities now exceed the highest CMA scenario, and are showing no indications of peaking yet. This can be largely attributed to the gradual shift of age distribution towards older groups which has occurred over the last month, which the modelling does not currently account for.
7. This continued increase in fatalities is consistent with the experience of Queensland, New South Wales, South Australia, and Victoria which continued to see sustained fatality rates, even after case and hospitalisation rates have declined. CMA is working on refreshing their fatality scenarios based on actual data. The updated scenarios will be incorporated into reporting from the week of 11 April.
8. Statistics NZ have undertaken some preliminary analysis of excess mortality in New Zealand in 2022, compared with the previous two years of the pandemic, as well as the averages observed prior to the pandemic (2012 – 2019). Deaths per 100,000 among those aged 60 or older are now tracking beyond the range observed prior to the pandemic. While the cause of death is not yet available for these observations, the increases coincide with the Omicron wave, and associated lags between cases and deaths (Appendix 2 refers).
9. The increase is largely driven by deaths among those aged 90 or older, which recorded 180 deaths in the week ending March 20, the highest observation for comparable weeks across the past 10 years. This figure is approaching the level that can be expected during a winter with a high number of deaths.

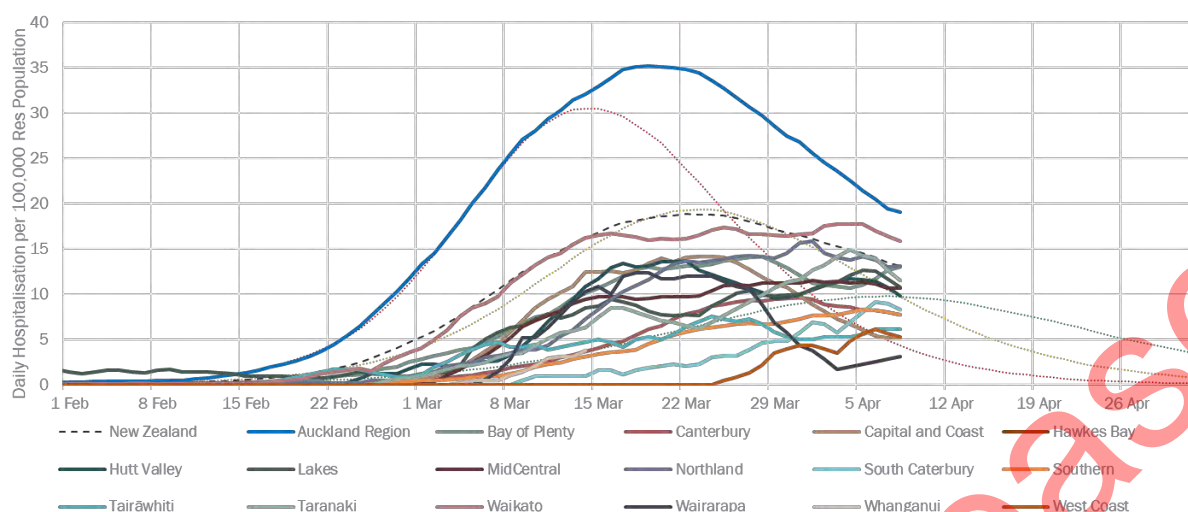
International Comparisons

10. Several international comparison countries have experienced changes in their outbreak status:
 - a. The United Kingdom, Ireland, Israel, and much of continental Europe have had a second wave of Omicron, and are now declining in terms of case counts. The notable exceptions are Germany and France, which are yet to peak in their second wave.
 - b. Singapore, Hong Kong, and South Korea have all now peaked and are declining.
 - c. Australia is yet to peak in its second Omicron wave.
11. The four Australian States that are tracked against New Zealand are well into their second Omicron waves, with daily case levels at between 50% and 150% greater than the 100 cases per 100,000 baseline. Daily case levels in New South Wales, South Australia and South Australia have continued to increase, while case numbers are also rising in Victoria but appear to be slightly behind other states (Appendix 3 refers).

Appendix 1. Tracking Against CMA Scenarios

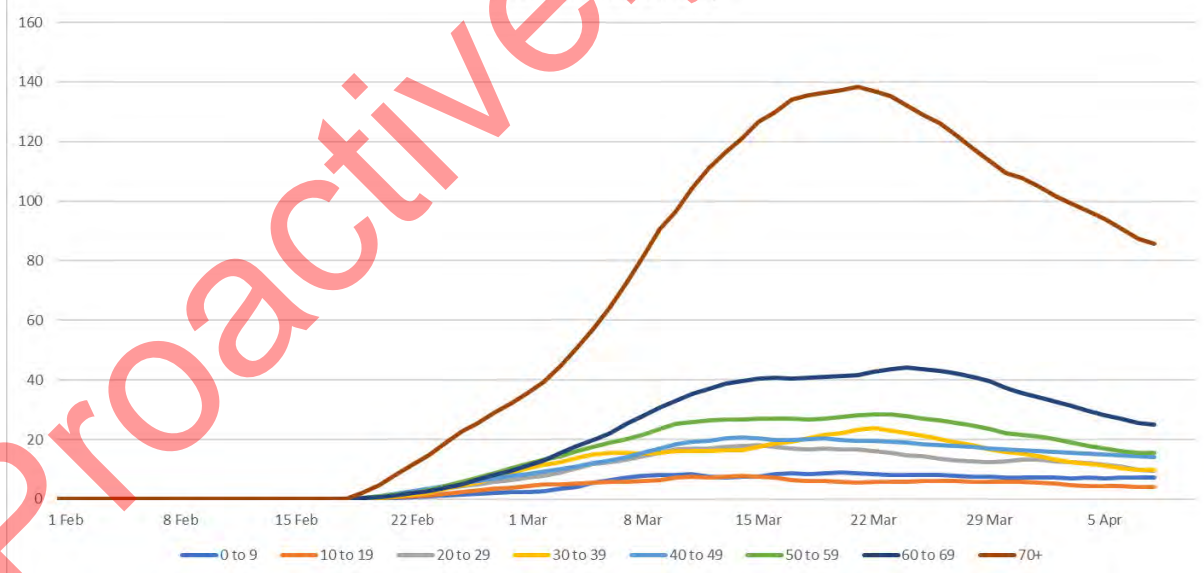


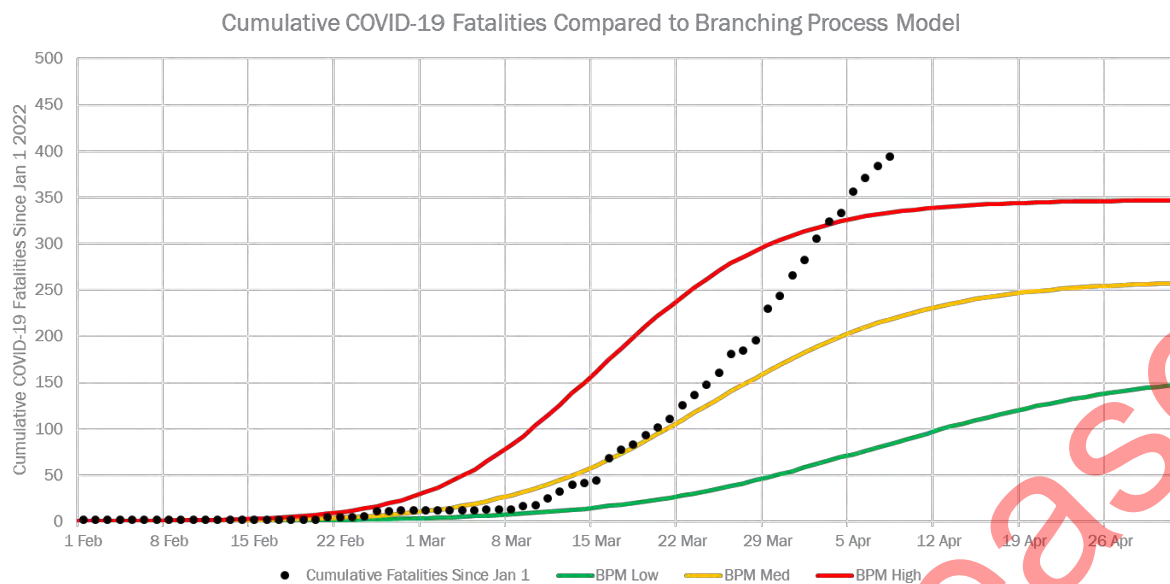
Daily Hospitalisation per 100,000 population Compared with Branching Process Model
By District Health Board, Seven Day Rolling Average



Note: There has been some speculation that the form of some urban settings (including density, absolute population numbers, relative connectivity, and behaviour of the sub-populations), is more conducive to sustaining higher rates of transmission than others. This may be why the transmission outbreak in Auckland, with its very large population and comparatively different demographic composition than the rest of New Zealand, appears to be tracking differently to other regions.

Hospitalisation by Age Band, per 100,000 of Resident Population
Northern Region Only

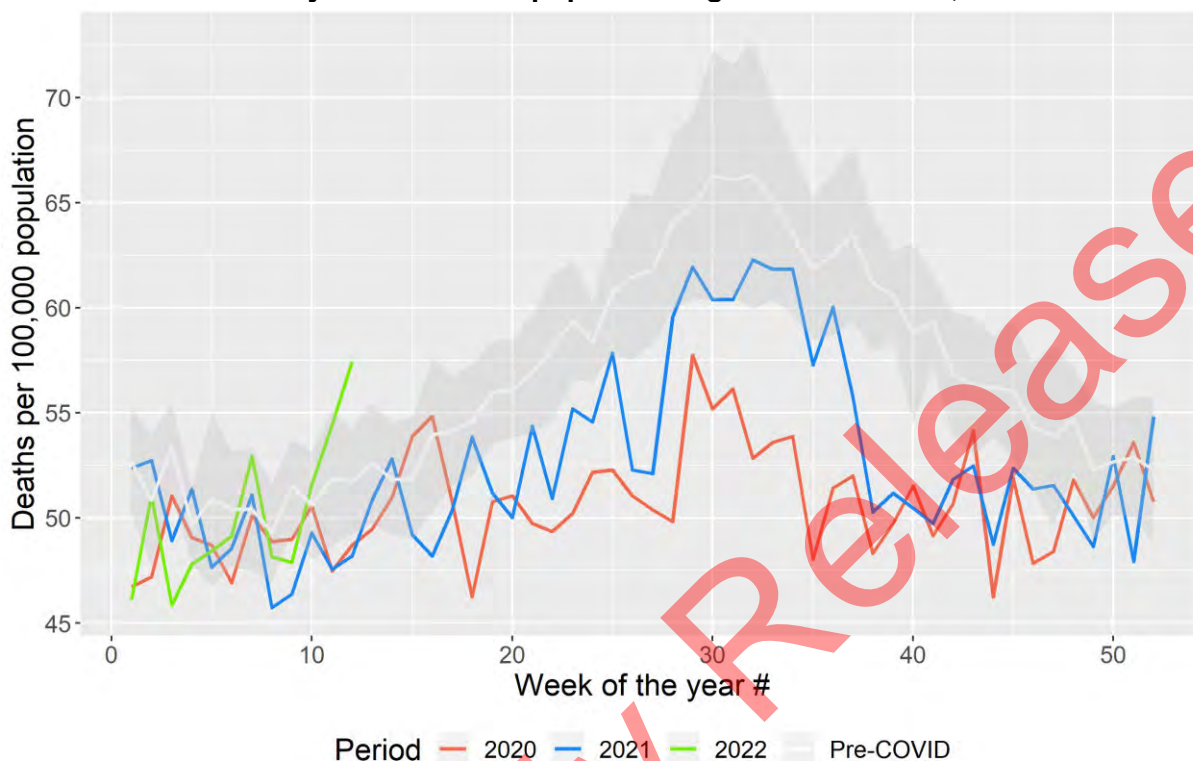




Source: COVID19 Modelling Aotearoa Branching Process Model (BPM), Ministry of Health

Appendix 2. Comparative Mortality Tracking

Weekly death rates in population aged 60 and above, NZ



Source: Statistics NZ, Department of Internal Affairs.

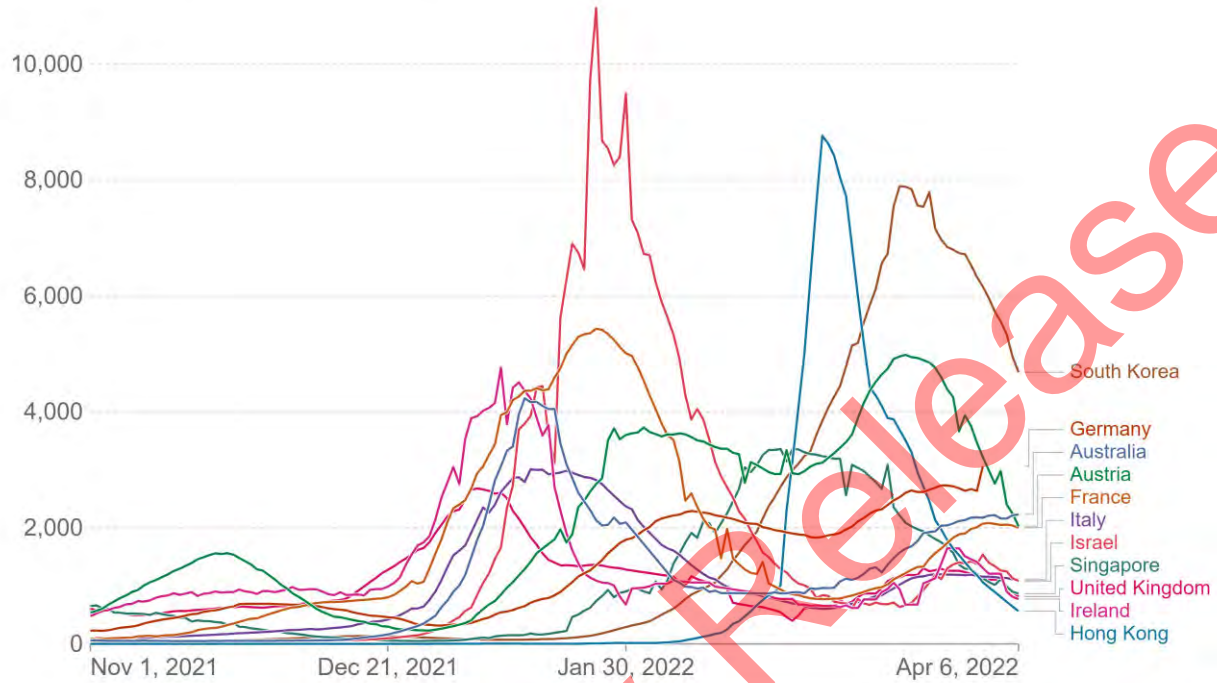
The grey pre-COVID band indicates the observed standard deviation from mean death rates across the years 2012 – 2019. The mean is indicated by the light grey line.

Appendix 2. International Comparisons

Daily new confirmed COVID-19 cases per million people

7-day rolling average. Due to limited testing, the number of confirmed cases is lower than the true number of infections.

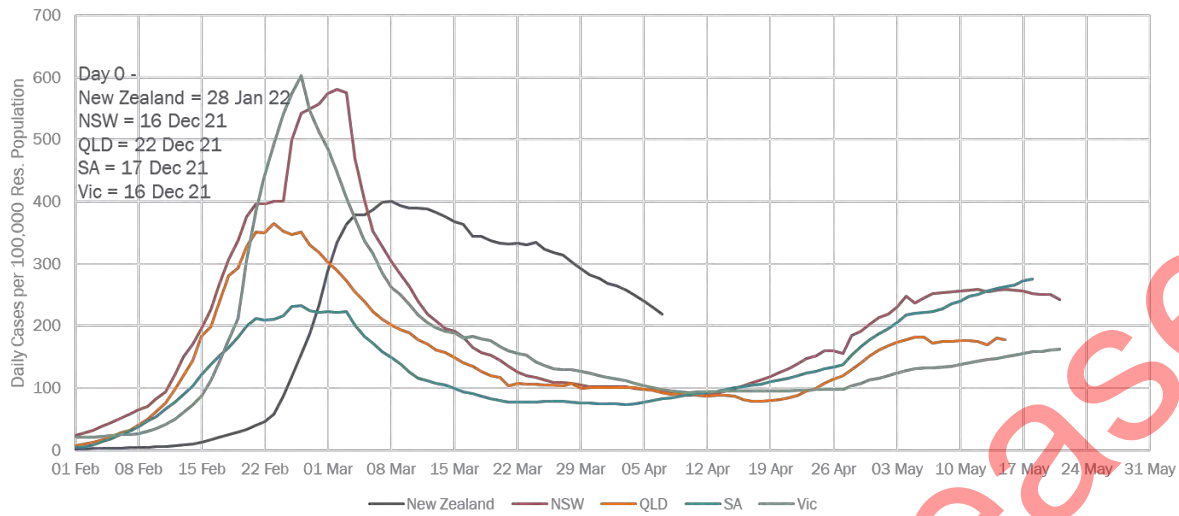
Our World
in Data



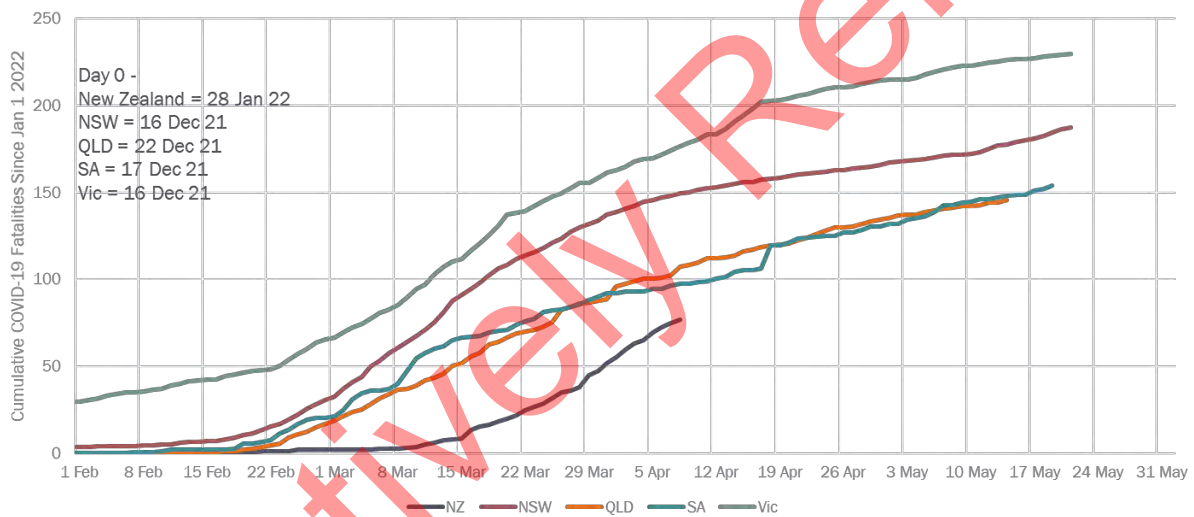
Source: Johns Hopkins University CSSE COVID-19 Data

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Cases per 100,000 Population
New Zealand compared to Australian States, Seven Day Rolling Average



Fatalities per 1 million Population
New Zealand compared to Australian States, Seven Day Rolling Average



Source: Ministry of Health, covid19data.com.au



Briefing

VOTE PRIME MINISTER AND CABINET: ESTIMATES EXAMINATION PRE-HEARING QUESTIONNAIRE 2022/23

To: Hon Chris Hipkins, Minister for COVID-19 Response

Date	8/06/2022	Priority	Medium
Deadline	14/06/2022	Briefing Number	DPMC-2021/22-2270

Purpose

This briefing seeks any comment you may have on draft responses to the Vote Prime Minister and Cabinet responses to the Estimates Examination Pre-Hearing Questionnaire (the Questionnaire) issued by the Governance and Administration Committee.

Recommendations

1. Provide any feedback you may have on the draft responses to the Vote Prime Minister and Cabinet responses to the Questionnaire by 14 June 2022.
2. Note that final responses to the Questionnaire will be submitted by the Prime Minister on behalf of all appropriation Ministers.
3. Note that the Vote Prime Minister and Cabinet Estimates Examination hearing is scheduled for 23 June 2022.

YES / NO

Clare Ward
Executive Director, Strategy,
Governance and Engagement

8/06/2022

Hon Chris Hipkins
Minister for COVID-19 Response

12/06/2022

Contact for telephone discussion if required:

Name	Position	Telephone	1st contact
Clare Ward	Executive Director, Strategy, Governance and Engagement	+64 4 830 5057 s9(2)(a)	✓
Jude Ulrich	Director, Organisation Direction and Development	+64 4 912 0527 s9(2)(a)	

Minister's office comments:

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

VOTE PRIME MINISTER AND CABINET: ESTIMATES EXAMINATION PRE-HEARING QUESTIONNAIRE 2022/23

Background

1. Select Committees are responsible for examining the Estimates of Appropriations.
2. Following Budget Day, the examination of Vote Prime Minister and Cabinet was referred to the Governance and Administration Committee (GAC).
3. The 2022/23 Questionnaire is largely the same as the one received for last year's Estimates Examination.

Draft responses for your review

4. Responses to the Questionnaire relevant to your COVID-19 portfolio are attached for your review (**Attachment A**).
5. We have not identified any issues within the Questionnaire that require your specific attention but, as always, the responses may draw public and media interest. The Department of the Prime Minister and Cabinet (DPMC) is ready to respond to any media queries or other issues as they arise.
6. Should you have any comments on the draft responses, we will incorporate these before submitting final responses to the GAC.

Next Steps

7. The Questionnaire is due to be submitted to the GAC by 5pm on 17 June 2022.
8. The Vote Prime Minister and Cabinet hearing with the GAC has been scheduled for 9.30am on 23 June 2022. DPMC's Acting Chief Executive will appear on behalf of the Prime Minister.
9. After the hearing, the GAC may seek responses to follow-up questions. We will keep you informed if any questions relevant to your portfolio are received.

Attachments:	
Attachment A:	Draft responses to the Vote Prime Minister and Cabinet Estimates Examination Pre-Hearing Questions

ATTACHMENT A

Draft responses to the Vote Prime Minister and Cabinet Estimates
Examination Pre-Hearing Questions

Proactively Released

Question 7: Regular reports to Ministers

Does the Department/Agency/Ministry prepare a regular report on current or upcoming issues within or related to the Minister's portfolio, and if so what is this report called, and what are the dates and titles of reports produced by the Department/Agency/Ministry since 1 July 2021?

DPMC prepares the following regular reports on current or upcoming issues:

- the Lead Coordination Minister for the Government's Response to the Royal Commission of Inquiry (RCOI) into the terrorist attack on Christchurch masjidain on 15 March 2019 receives a fortnightly report on the status of actions on the Royal Commission's recommendations and other response initiatives;
- the Prime Minister receives the Prime Minister's Weekly Intelligence Brief and the Minister for National Security and Intelligence's fortnightly report on security and intelligence topics relevant to her National Security and Intelligence portfolio;
- the Minister for the Digital Economy and Communications receives a fortnightly report on cyber security topics;
- the Prime Minister receives a monthly report on the Christchurch Call and related work to eliminate terrorist and violent extremist content online;
- the Minister for COVID-19 Response receives a weekly report collating information from DPMC, the Ministry of Health, the Ministry of Business, Innovation and Employment, the Border Executive Board, the Ministry of Foreign Affairs and Trade, and the New Zealand Customs Service; and
- the Minister for COVID-19 Response received a 'Reconnecting New Zealanders: Portfolio Report' issued fortnightly up to February 2022. It acted as a Status Report to provide a high-level overview of the progress of the workstreams and sub workstreams that make up the Reconnecting New Zealanders with the World (Reconnecting New Zealanders) Portfolio. In February 2022, the status report was replaced with the Reconnecting New Zealanders Readiness Report. This provides a view of the specific activities to be completed for each step of reconnecting to provide confidence that the system is ready for each step to launch. The Readiness report was provided on a twice weekly basis until the launch of the New Zealand Traveller Declaration on 25 March 2022 and then moved to a weekly reporting basis.

NEMA prepares a weekly status report for the Minister for Emergency Management.

Question 15: Imprest Supply

What new initiatives have been met from Imprest Supply during 2021/22 and where the funding will be appropriated to the Vote through the Supplementary Estimates, and what is the fiscal impact of those initiatives?

The following table sets out the new initiatives met from imprest supply during 2021/22.

Description	Appropriation	Fiscal impact (\$000)	
		2021/22	2022/23
COVID-19 Public Information Campaign	COVID-19 All of Government Response	2,000	-
COVID-19 Response – Maintaining Response Coordination	COVID-19 All of Government Response	18,000	31,000
COVID-19 Response - Epidemiological Modelling, Disinformation Monitoring and Risk Assessment	COVID-19 All of Government Response	3,300	6,700
Increase in Funding for Crown Contributions to Local Authority Disaster Relief Funds	Emergency Management Leadership and Support MCA	1,000	-
Buller District Council Assistance	Emergency Management Leadership and Support MCA	4,600	-

Question 20: Inquiries or investigations

Do the agencies funded by the Vote have any inquiries or investigations into their performance currently being undertaken into its actions by another Government Department/Ministry/entity or its associated agencies? If so, please provide the following details:

- The body conducting the inquiry/investigation
- The reason for the inquiry/investigation
- The expected completion date

How does this compare to each of the past five financial years?

The following investigations are currently being undertaken in relation to DPMC:

- The Office of the Auditor-General is undertaking a performance audit to consider the central planning and coordination of the national response to COVID-19 during 2020. The Office of the Auditor-General intends to report its findings to Parliament in the first quarter of 2022/23.

The following investigations are currently being undertaken in relation to NEMA:

- NEMA was charged by WorkSafe with one charge against the Health and Safety at Work Act 2015 relating to the period leading up to the 2019 eruption of Whakaari/White

Island. This charge was dismissed by the District Court on 4 May 2022 and no appeal has been filed

- Separate to the WorkSafe matter, NEMA is co-operating with NZ Police regarding the Coronal Investigation into the Whakaari/White Island eruption

Question 31: New services, functions or outputs

What new services, functions or outputs do the agencies funded by the Vote intend to introduce in the forthcoming financial year? Describe these and estimate their cost.

Budget 2022 includes new funding for the following new services or outputs:

- COVID-19 Service Recognition: to allow the Government to recognise the contribution of certain New Zealanders to the COVID-19 response, budgeted cost for 2022/23 \$3.776 million.
- RCOI – Annual Hui on Countering Terrorism and Violent Extremism: to deliver the annual hui He Whenua Taurikura ('a country at peace') for a further two years, budgeted cost for 2022/23 \$0.300 million.
- RCOI – Preventing and Countering Violent Extremism Strategic Framework: to enable the development of a national strategic framework for preventing and countering violent extremism. This framework will inform the Government's wider response to the terrorist attack on Christchurch masjidain, budgeted cost for 2022/23 \$0.250 million.
- RCOI – Research Fund for Preventing and Countering Violent Extremism: to support the provision and administration of scholarships and grants for research into preventing and countering violent extremism, budgeted cost for 2022/23 \$0.825 million.
- RCOI – System Response to the Royal Commission of Inquiry into March 2019 Terrorist Attack: to continue delivery of the Government's priorities in responding as a system to the recommendations of the RCOI report, in advance of decisions on the implementation of the Royal Commission's 'machinery of government' recommendations, budgeted cost for 2022/23 \$5.522 million.

Question 52: Websites

How many websites do the agencies funded by the Vote plan to run in 2022/23 and for each, what is it called, what is its URL, when was it established, what is its purpose and what is the annual cost of operating it?

DPMC will operate 11 websites during 2022/23. Internal budgets for 2022/23 are still to be finalised. No websites are scheduled to be decommissioned in the 2022/23 period.

- The **Child and Youth Wellbeing** site at childyouthwellbeing.govt.nz was established in July 2019. Its purpose is to serve as the online channel for communicating the government's Child and Youth Wellbeing strategy, action plan, progress data indicators and related engagement activities.
- The **DPMC** site at dpmc.govt.nz was established in 2005. Its purpose is to serve as the corporate site for the Department of the Prime Minister and Cabinet and includes information about Ministers, Cabinet, the New Zealand Honours system and the work programmes of units of the department.
- The **DPMC Consultation** site at consultation.dpmc.govt.nz was established in April 2021. Its purpose is to serve as a secure, accessible platform for receiving responses to surveys and consultations run by DPMC business units.

- The **Governor-General** site at gg.govt.nz was established in 2009. Its purpose is to provide information about the role and functions of the Governor-General and about Government House.
- The **New Zealand Intelligence Community** (NZIC) site at nzic.govt.nz was established in 2013. Its purpose is to provide information about New Zealand's intelligence agencies and the legislative framework governing how the agencies operate. The Department shares the operating cost of this site with the Government Communications Security Bureau (GCSB) and the New Zealand Security Intelligence Service (NZSIS).
- The **Unite Against COVID-19** site at covid19.govt.nz was established in March 2020. Its purpose is to provide official information and updates from the New Zealand Government about COVID-19. The website is a trusted source of politically neutral information to support New Zealanders to stay safe and healthy during the pandemic.

NEMA will operate four websites during 2022/23. Internal budgets for 2022/23 are still to be finalised. At this stage, NEMA does not expect any material change to the amount previously reported to the Governance and Administration Committee.

- The **Civil Defence (National Emergency Management Agency)** site at civildefence.govt.nz was established in 2001. Its purpose is to serve as New Zealand's official emergency management website. During business as usual this site is updated with information for the civil defence emergency management sector, and during emergencies it is used to provide public information. Civil Defence Emergency Management Groups can push regional emergency updates to the website, which publishes them automatically.
- The **Get Ready** site at getready.govt.nz was launched July 2019. Its purpose is to support NEMA to provide public education information about emergency preparedness.
- The **Get Thru** site at getthru.govt.nz was established in 2006. Its purpose was to provide information site to support NEMA's public education programme. This website has largely been replaced by the Get Ready website (getready.govt.nz) with the exception of some multilingual resources.
- The **Takatū** site at takatu.civildefence.govt.nz, hosted by NEMA, was established in 2016. Its purpose is to serve as a free learning portal for training over 8000 people operating in civil defence emergency management in New Zealand. In 2021/22 the site will be upgraded to version 13 of the platform to provide better functionality for all learners and regional administrators.

Question 76: Contracts over \$1 million

How many contracts are expected to be awarded by the agencies funded by the Vote with a value of \$1 million or more in the 2022/23 financial year, where known listed by name of company contracted and total value of contract? How does that compare with each of the past five financial years?

Contracts over \$1 million for DPMC in 2022/23 and the previous five years are outlined below.

Financial year	Contracts
----------------	-----------

2022/23	<p>The Unite Against COVID-19 campaign will be undertaking a procurement process to appoint an advertising and media agency for all Unite Against COVID-19 advertising work from 1 July 2022 to 30 June 2023. The value of campaign will be within the appropriated funding.</p> <p>Please refer to the responses to Questions 76 to 78 for more information on these campaigns.</p>
2021/22	<p>The Unite Against COVID-19 campaign and vaccine campaign continues to promote key health behaviours and communicate any alert level change. The campaigns contracted services from:</p> <ul style="list-style-type: none"> Clemenger BBDO Limited \$7,311,410 for strategic and planning advice, translations, creative production advice and services, and public information assets; and OMD New Zealand Limited \$68,045,161 for media buying and placements, and reporting on campaign delivery. <p>Variation to the Memorandum of Understanding with the Ministry of Health to increase the total to \$50.852 million across two financial years for the COVID-19 vaccine campaign.</p> <p>A Memorandum of Understanding with the University of Auckland to provide and service an Office of the Prime Minister's Chief Science Adviser (PMCSA) for the next term of the PMCSA from 2021/22 valued at \$2.285 million over three years.</p> <p>Ernst & Young Limited: \$7,327,660 for support for the leadership and delivery of the government's response to the Review recommendations the Health and Disability System Review Transition Unit.</p>
2020/21	<p>Unite Against COVID-19 campaign – provides New Zealanders with information about key health behaviours and alert level changes. The campaign contracted services from:</p> <ul style="list-style-type: none"> Clemenger BBDO Limited \$3,350,000 for strategic and planning advice, translations, creative production advice and services, and public information assets; and OMD New Zealand Limited \$17,250,000 for media buying and placements, and reporting on campaign delivery. <p>A Memorandum of Understanding with the Ministry of Health for \$14.75 million across two financial years for the COVID-19 vaccine campaign. The campaign contracted services from:</p> <ul style="list-style-type: none"> Clemenger BBDO Limited: \$3,100,000 for creative development and to deliver the first stage of the advertising strategy; and OMD New Zealand Limited: \$7,400,000 to deliver the first stage of media placements. <p>Ernst & Young Limited: \$4,200,000 for support for the leadership and delivery of the government's response to the Review recommendations the Health and Disability System Review Transition Unit.</p> <p>Silverstripe Limited: \$1,214,350 for ongoing improvement and migration of web content for the COVID-19 response.</p>
2019/20	<p>Unite Against COVID-19 campaign – provides New Zealanders with information about key health behaviours and alert level changes. The campaign contracted services from:</p> <ul style="list-style-type: none"> Clemenger BBDO Limited: \$3,000,000 for development of the All-of-Government national response public information campaign;

	<ul style="list-style-type: none"> • OMD New Zealand Limited, two contracts: \$12,000,000 and \$7,400,000 for media buying, placements across televisions, print, online, radio, content and support across social media platforms; and • Bright Sunday (4PI Limited): \$1,076,090 for developing information for the Pacific Peoples' campaign.
	Catalyst.Net Limited – under an existing Master Agreement a contract was entered into for four years totalling \$1,198,875 to support ongoing operation and development of CabNet, and to provide support services.
2018/19	A Memorandum of Understanding with the University of Auckland to provide and service an Office of the Prime Minister's Chief Science Adviser (PMCSA) for the next term of the PMCSA from 2018/19 valued at \$2,285,000 over three years.
	Bark Limited: \$1,880,422 for services at Government House Wellington grounds over six years.
2017/18	Minter Ellison Rudd Watts: Legal services relating to a legal dispute inherited from a previous organisation. The value of the contract was \$2.45 million.

Contracts over \$1 million for NEMA in 2022/23 and the previous five years are outlined below.

Financial year	Contracts
2022/23	<p>Tsunami Monitoring and Detection Network – this project will contract the National Institute of Water and Atmospheric research (NIWA) for services relating to maintenance of the network. The total value of the contract cannot be provided as this information is commercially sensitive.</p> <p>Tsunami Monitoring and Detection Network – this project will contract GNS Science for services relating to operation of the network. The total value of the contract cannot be provided as this information is commercially sensitive.</p>
2021/22	<p>Tsunami Monitoring and Detection Network – this project contracted the National Institute of Water and Atmospheric research (NIWA) for services relating to deployment of the network. The total value of the contract cannot be provided as this information is commercially sensitive.</p> <p>Te Hiku Water Tanks – it is anticipated that a grant will be required through a formal agreement with Te Hiku iwi (through Runanga Nui o Te Aupōuri) to provide for the purchase and installation of up to 1,000 water tanks in Te Hiku for homes and community facilities. This is to help maintain water supply and increase resilience of the communities to future droughts.</p>
2020/21	<p>National Institute of Water and Atmospheric Research three contracts for the Tsunami Monitoring and Detection Network. The total value of the contract is commercially sensitive.</p> <p>Burwood Resource Recovery Park Limited: move materials from the Christchurch earthquake from a temporary storage site to a final site. The materials were from buildings where there had been loss of life and had been stored separately until no longer needed for forensic investigations. The total value of the contract is commercially sensitive.</p>
2019/20	<p>National Institute of Water and Atmospheric Research for the Tsunami Monitoring and Detection Network. The total value of the contract is commercially sensitive.</p> <p>Burwood Resource Recovery Park Limited: move materials from the Christchurch earthquake from a temporary storage site to a final site. The materials were from buildings where there had been loss of life and had been stored separately until no longer needed for forensic investigations. The total value of the contract is commercially sensitive.</p>

	A Memorandum of Understanding with the Ministry of Foreign Affairs and Trade: \$3,225,000 for Pacific disaster risk management.
2018/19	Science Applications International Corporation for the purchase of 4G tsunami buoy systems and related services. The total value of the contract is commercially sensitive.
2017/18	<p>Cell Broadcast Alerting Project – to implement and operate the Cell Broadcast capability within their mobile networks for an initial term of 5 years, the following companies were contracted:</p> <ul style="list-style-type: none">- Spark New Zealand Limited two contracts- 2 Degrees Mobile Limited three contracts and- Vodafone New Zealand Limited two contracts. The total value of the contract is commercially sensitive. <p>Memorandum of Agreement with the Ministry of Justice: \$1,071,003.60 for a co-location agreement at the Christchurch Justice and Emergency Services Precinct.</p>

Question 79: Advertising, public relations campaigns and publications planned

For each advertising or public relations campaign or publication to be conducted or commissioned or planned by the agencies funded by the Vote in or for the 2022/23 financial year, please provide the following:

- Details of the project including all communication plans or proposals, any reports prepared for Ministers in relation to the campaign and a breakdown of costs
- Who is to conduct project
- Type of product or service generally provided by the above
- Date the work is to commence
- Estimation completion date
- Estimated total cost
- Whether it is intended that the campaign will be shown to the Controller and Auditor-General
- Whether tenders were or are to be invited; if so, how many were or will be received.

The Unite Against COVID-19 campaign will run throughout the year to continue to promote key health behaviours and communicate any alert level change.

This includes the development of creative and media placements. To date these have been delivered by Clemenger BBDO and OMD. A procurement process will be undertaken in May 2022 and a new contract will be in place from 1 July 2022. The budget for this work is expected to be funded within the appropriation funding for the Unite Against COVID-19 campaign. It is not intended to show the campaign to the Controller and Auditor-General, however any campaign can be reviewed by them as required.

Bright Sunday will provide similar services for targeting Pacific communities to the value of \$0.300 million per year through to 30 June 2023. It is not intended to show the campaign to the Controller and Auditor-General, however any campaign can be reviewed by them as required.

Department of Internal Affairs Translation panels will provide similar services for targeting the foreign and disabled communities to the value of \$0.400 million per year until 30 June 2023. It is

not intended to show the campaigns to the Controller and Auditor-General, however any campaign can be reviewed by them as required.

Te Whakakitenga O Waikato Inc will provide similar services for targeting Māori communities to the value of \$0.150 million until 31 December 2022. It is not intended to show the campaigns to the Controller and Auditor-General, however any campaign can be reviewed by them as required.

NEMA is progressing its emergency preparedness public education programme to heighten awareness and understanding of hazards, to enhance public preparedness for emergencies and support better public information in emergencies. Budget is currently being finalised for this.

The programme is expected to include some or all of the following activities:

- New Zealand ShakeOut earthquake drill and tsunami hikoi;
- Long and Strong, Get Gone tsunami safety campaign;
- Drop, Cover Hold earthquake safety campaign;
- Own Your Own tsunami evacuation zone campaign;
- Get The Flood Out and Floodwater Is Deep Trouble flooding preparedness campaigns;
- A new Get Ready household preparedness campaign, which is currently in development;
- Get Ready website, established in 2019 and upgraded in 2022 to add accessibility improvements and additional languages;
- Emergency Mobile Alert campaign to raise awareness of annual nationwide test; and
- What's the Plan Stan school programme.

The above campaigns and initiatives are ongoing, and costs will be allocated during budget planning. The annual household preparedness survey measures how household preparedness is tracking. Once complete, the survey report is provided to the Minister for Emergency Management and then posted on www.civildefence.govt.nz. The overview, objectives, scope and strategy of the existing public education programme are also available at www.civildefence.govt.nz.

VMYL&R (advertising consultants) undertake national and community creative work to support public education and promotional activity.

NEMA is also developing a new National Public Education Strategy which will be completed in the 2022/23 financial year and will inform public education activities going forward.

Approximately \$0.150 million is expected to be invested in public education and promotion of the Emergency Mobile Alert nationwide test, planned for May 2023 as a separate and standalone project.

Question 139: Additional costs

What additional costs are expected, in 2022/23, within the Vote as a result of the government response to Covid-19? Provide a detailed breakdown.

Vote Prime Minister and Cabinet includes funding for the all-of-government leadership of the response to COVID-19. In December 2020, Cabinet agreed that a new COVID-19 Response Group would be established as a business unit of DPMC with sustainable funding for 2020/21 and 2021/22. Further funding was provided that extended the COVID-19 Response Group budget into 2022/23.

The following table details the agreed funding.

Revised cost of the COVID-19 Response Group (\$m)	2022/23	2023/24	2024/25 & outyears	Total
Epidemiological Modelling, Disinformation Monitoring and Risk Assessment	6.700	-	-	6.700
Maintaining Response Coordination	31.000	-	-	31.000
Depreciation	0.290	0.290	0.290	0.870
Total cost for COVID-19 Response Group	37.990	0.290	0.290	38.570

Question 140: Issues

What specific issues need to be addressed within the Vote as a result of the government response to Covid-19?

DPMC has taken a lead role in the all-of-government response to COVID-19. The COVID-19 Response Group has responsibility for coordination of cross-agency response activities and integration of advice by undertaking the following functions:

- Strategy and policy integration – leadership and coordination of the overarching strategy for response, and coordination and integration of advice on readiness and response activities across agencies.
- System readiness and planning – coordination and convening role across delivery agencies to ensure alignment of planning activities. This includes taking the lead on resurgence planning and readiness assessment. Coordination relates primarily to government agencies, but in some instances may extend to business and community sectors.
- Support to external advisors – providing secretariat support to the COVID-19 Independent Continuous Review Information and Advice Group and the Strategic COVID-19 Public Health Advisory Groups, as well as the Business Leaders' Forum.
- Risk and assurance – assurance that the right work is happening across government, in the right sequence and appropriate pace. This involves coordination of a cross-government COVID-19 work programme, providing Ministers with assurance that work is on track, advising on any emerging risks, and ensuring any gaps are identified and addressed; and
- Communications and engagement – leadership and coordination of public communications (including the Unite campaign), and coordination of stakeholder engagement. Additionally, it includes support for processes to engage business and community sectors.

Question 142: Additional staffing

What additional staffing is required within the Vote as a result of the government response to Covid-19? In what roles will they be employed and at what estimated cost?

The COVID-19 Response Group was established in DPMC in July 2020 to mobilise the collective capacity of government to eliminate COVID-19 while sustaining New Zealand's economy and social cohesion. Refer to the response to Question 140 for a summary of the key functions of the unit.

Staffing for the COVID-19 Response Group will fluctuate based on the evolving requirements of the COVID-19 response. At 31 March 2022, the unit had 91 staff, made up of fixed-term employees and secondees from other agencies. The following table provides a breakdown by team as at 31 March 2022. Note that this table includes people seconded into DPMC from other agencies.

Team	Number of staff (as at 31 March 2022)	Number of staff (as at 31 March 2021)
Office of the Deputy Chief Executive	20	12
Communications and Public Engagement	41	28
Policy and Strategy	15	6
System Assurance and Continuous Improvement	9	6
System Readiness and Planning	6	2
NEMA	1	1.5

Question 145: Costs incurred

What specific costs were incurred within the Vote as a result of Covid-19?

The following table sets out the costs incurred as a result of COVID-19:

Costs incurred	Costs incurred as at 31 March 2022(\$)
Other Departmental COVID-19 costs	14,988,000
Unite Against COVID-19 campaign	29,216,594
Vaccine campaign ¹	7,635,000
Local Authority reimbursements for eligible COVID-19 relief costs	-
Local Authority COVID-19 welfare grants	-

¹ DPMC also spent a further \$23,049,200 up to 31 March 2022 on COVID-19 public education vaccination campaign and personnel which was a charge to Vote Health and not included above.



Aide-Memoire

RECONNECTING NEW ZEALANDERS READINESS FOR STEPS

To	Rt Hon. Jacinda Ardern, Prime Minister Hon. Chris Hipkins, Minister for COVID-19 Response	Report No	DPMC-2021/22-1639
From	Cheryl Barnes, DCE, COVID-19 Group, DPMC	Date	9/03/2022

Purpose

1. This Aide-Memoire provides an update on the status of system readiness to go live with the next steps of Reconnecting New Zealanders.

Background

2. On 28 February, the Prime Minister announced that from 11.59pm on Friday 04 March New Zealanders and other eligible travellers¹ can travel to New Zealand from anywhere in the world with no self-isolation requirements. The initial step of Step 2 opened as planned with travellers entering New Zealand from anywhere.
3. The remaining aspects of Step 2 will see eligibility extended to include skilled workers and those with working holiday visas travelling to New Zealand from anywhere in the world from 11.59pm on Sunday 13 March. This is referred to in this report as Step 2.2.
4. On Friday 25 March, the New Zealand Traveller Declaration (NZTD) will be released and will replace the existing Nau Mai Rā (NMR) system, which provides travellers with the ability to make their travel declarations, including vaccination status, pre-departure test (PDT) results and travel history, digitally. It is currently expected that from Thursday 31 March, use of the NZTD for all travellers wanting to enter New Zealand will become mandatory.
5. In addition, from 11.59pm on Tuesday 12 April critical workforces, sports / events, some students, existing visa holders can enter New Zealand under Step 3. Appendix A summarises these steps. Cabinet is currently considering proposals to change the phasing and settings and we will update this diagram to reflect any changes.
6. This report provides updates on readiness for Step 2.2, the NZTD release and Step 3, and activities being worked on at each phase.

^[1] This includes:

1. Australian citizens or permanent residence visa holder where NZ is your primary place of residence; and
2. Partner, dependent child, or parent of a dependent child who either:
 - a. holds a visa based on their relationship to an NZ citizen or resident
 - b. is travelling with a New Zealander or resident, or
 - c. is ordinarily resident in NZ.

7. Attached to this Aide Memoire is a readiness report dated 09 March 2022. The New Zealand Customs Service report the status for the New Zealand Traveller Declaration and, in their role leading Border Implementation, report the status for the Border aspects. The Ministry for Business, Innovation and Employment report on the self-isolation elements.

Comment

8. This report has an overall Green rating. There are no critical issues that will cause a delay to Step 2.2 that comes into effect at 11.59pm on Sunday 13 March.
9. Work continues across agencies to ensure processes and guidance for staff and the aviation sector are revised and public facing information across all agency websites are updated. These are becoming well-rehearsed steps that need to be completed as any changes are made to the system.
10. Officials are reporting they are confident any revisions and updates will be completed and in place by Sunday.
11. We continue to monitor a number of challenges reported last week, that are not impacting readiness however are included for awareness as they are operational pain points that may be exacerbated as traveller volumes increase:
- a. **Eligible travellers with New Zealand citizens** - there is no systemic way to identify Australian nationals that are eligible to travel to NZ as a partner or family member of a New Zealander; it must be completed at the airport and is causing delays at check-in. *Update: The number of calls through IBO remain steady with no significant increases being seen. Officials are continuing to monitor.*
 - b. **Nau Mai Rā (NMR) completion rates** – Latest estimates show that ~14% of travellers are failing to complete NMR declarations. *Update: Non-completion rates remain a challenge and continue to put pressure on the Border teams. Discussions are continuing to identify any opportunities for improvements e.g. including communications with travellers and airlines, improving technology platform stability etc.*
 - c. **NEW – MIQ Voucher Release** – A number of travellers on the ‘test on arrival’ pathway are failing to release unneeded MIQ vouchers, creating additional manual processes for Border staff. New Zealand Customs and Ministry for Business, Innovation and Employment (MBIE) teams are continuing to attempt to identify those that do not need the vouchers and cancel them in advance of the traveller arriving in New Zealand.
12. Agencies remain confident these challenges will not delay step 2.2.

Recommendations

13. It is recommended that you **note** the contents of this aide-memoire.

Cheryl Barnes

Cheryl Barnes
**Deputy Chief Executive
COVID-19 Group**

Date: 09/03/2022

NOTED

Rt Hon. Jacinda Ardern
Prime Minister

Date: / /

NOTED

Hon. Chris Hipkins,
Minister for COVID-19 Response

Date: / /

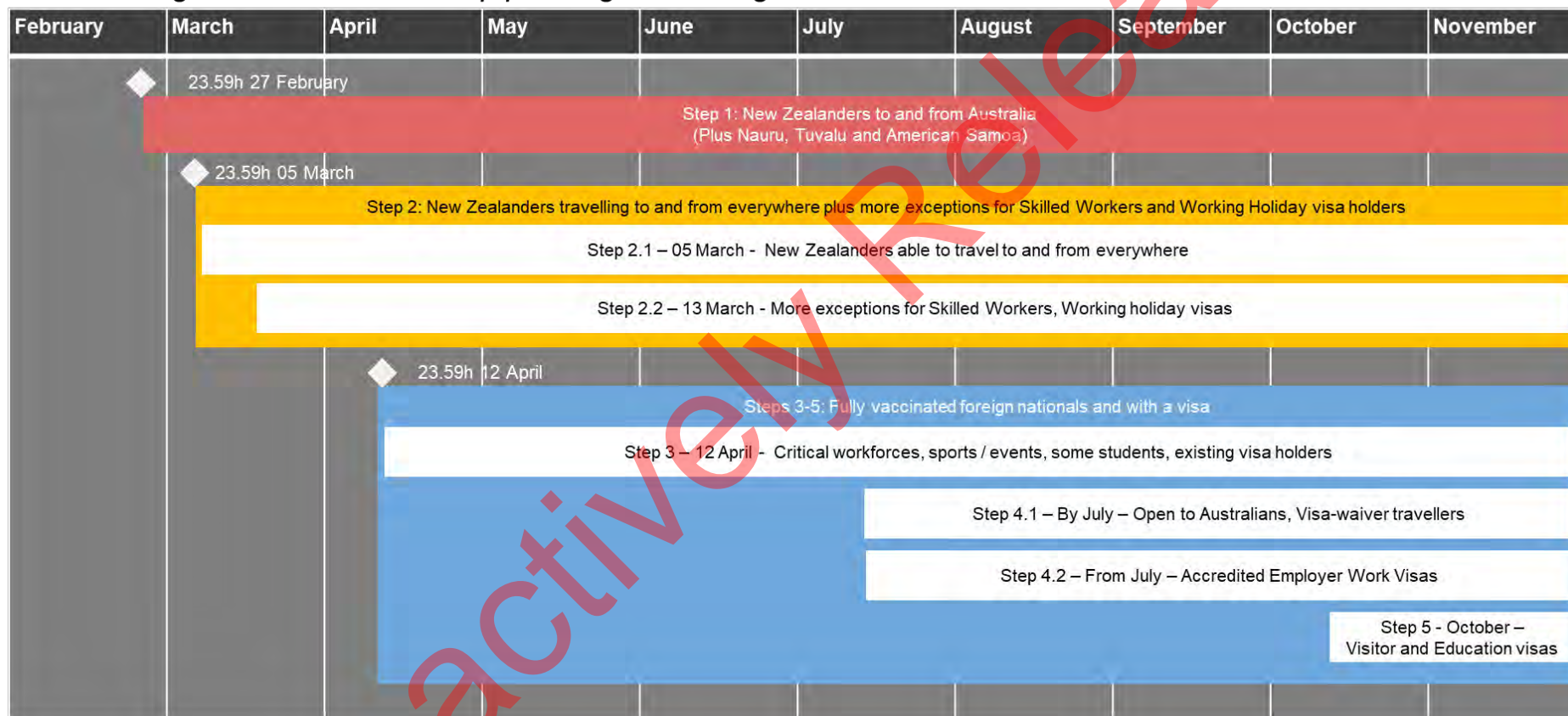
Cc: COVID-19 Chief Executives Board (with regular meeting papers), COVID-19 Independent Continuous Review, Improvement and Advice Group

Attachment A Readiness report dated 09 March



Appendix A

Reconnecting New Zealanders step phasing and timing



NB: This is in addition to the existing one-way QFT with the Cook Islands, Niue, Samoa, Tokelau or Vanuatu. Travel from Tonga required self-isolation since 22 February.



Briefing

VOTE PRIME MINISTER AND CABINET: STANDARD ESTIMATES QUESTIONNAIRE

To: Hon Chris Hipkins, Minister for COVID-19 Response

Date	9/05/2022	Priority	Medium
Deadline	13/05/2022	Briefing Number	DPMC-2021/22-2060

Purpose

This briefing seeks any comment you have on the draft responses to the Vote Prime Minister and Cabinet Standard Estimates Questionnaire 2022/23 relevant to your COVID-19 response portfolio.

Recommendations

1. **Provide** any feedback you may have on the draft response to the Vote Prime Minister and Cabinet Standard Estimates Questionnaire by 13 May 2022.
2. **Note** that the Prime Minister, as responsible Minister for Vote Prime Minister and Cabinet, will submit responses to the Finance and Expenditure Committee on behalf of all appropriation Ministers.

YES ☒ NO

Clare Ward
Executive Director, Strategy,
Governance and Engagement

9 May 2022

Hon Chris Hipkins
Minister for COVID-19 Response

10/05/2022

Contact for telephone discussion if required:

Name	Position	Telephone		1st contact
Clare Ward	Executive Director, Strategy, Governance and Engagement	+64 4 830 5057	s9(2)(a)	✓
Jude Ulrich	Director, Organisation Direction and Development	+64 4 912 0527	s9(2)(a)	

Minister's office comments:

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

VOTE PRIME MINISTER AND CABINET: STANDARD ESTIMATES QUESTIONNAIRE

Background

1. Select Committees are responsible for examining the Estimates of Appropriations. To assist them with their scrutiny of the Estimates, the Finance and Expenditure Committee (FEC) sent a Standard Estimates Questionnaire (SEQ) to each Minister responsible for appropriations in a Vote.
2. Once the Budget has been delivered on Thursday 20 May 2021, the FEC will either conduct the Estimates Examination of Vote Prime Minister and Cabinet or allocate it to another select committee. We expect the Vote Prime Minister and Cabinet Estimates Examination to be allocated to the Governance and Administration Committee.
3. Committees invite Ministers to speak to their written responses and address any other policy questions the committee conducting the Estimates Examination may have. The Vote Prime Minister and Cabinet hearing date has been for 23 June 2022. Across Government, generally the Responsible Minister attends the Estimates hearings. However, in practice for Vote Prime Minister and Cabinet, the Department of the Prime Minister and Cabinet's (DPMC's) Chief Executive appears at these hearings (rather than the Prime Minister as the Vote's Responsible Minister).

Draft response to the SEQ

4. Draft responses relevant to your COVID-19 Response portfolio are attached for your review (**Attachment A**).
5. DPMC has not identified any issues or risks in drafting responses to the SEQ.
6. Should you have any comments on the response, we will incorporate these before we seek the Prime Minister's final approval of the responses.

Next Steps

7. A response to the SEQ is due to the FEC secretariat by 1pm on Friday 20 May 2022.
8. In addition to the SEQ, the Prime Minister may receive supplementary written questions for response from the committee conducting the Estimates Examination. DPMC will coordinate these responses on behalf of the Prime Minister. Draft responses relevant to your portfolio will be provided for your review.

Attachments:	
Attachment A:	Vote Prime Minister and Cabinet responses to the Standard Estimates Questionnaire

ATTACHMENT A

Vote Prime Minister and Cabinet responses to the Standard Estimates Questionnaire

Proactively Released

Question 2

Which agencies will be using funds from this Vote, and who are the responsible Ministers?

DPMC and NEMA will be using funds from Vote Prime Minister and Cabinet. DPMC is the department administering Vote Prime Minister and Cabinet.

The Prime Minister is the responsible Minister for the overall Vote. There are several Ministers responsible for appropriations within this Vote in 2022/23, including the:

- Minister for Emergency Management;
- Minister for the Digital Economy and Communications; and
- Minister for the COVID-19 Response.

In addition to the above appropriation Ministers, the following portfolio Ministers are responsible for some activities funded through the Vote:

- Minister for National Security and Intelligence;
- Minister for Child Poverty Reduction;
- Deputy Prime Minister;
- Minister of Health;
- Lead Coordination Minister for the Government's Response to the Royal Commission's Report into the Terrorist Attack on the Christchurch Mosques; and
- Associate Minister of Finance.

Question 4

Sometimes more than one Vote or department is working towards the same outcome. Where this is happening, explain which other Votes and/or departments are involved (in working towards the same outcome), what resources they will be using, how accountabilities for delivering outcomes have been assigned, and how results will be reported.

Together with central agency partners (the Treasury and Te Kawa Mataaho the Public Service Commission), DPMC helps other public sector agencies understand Ministers' perspectives, develop policy that supports Government priorities and respond to implementation issues.

DPMC leads advice and policy work on child poverty reduction and improving child and youth wellbeing. The Child Wellbeing and Poverty Reduction Group is charged with coordinating advice across agencies. This is primarily to support with setting and working toward achieving child poverty targets, and to embed and monitor the *Child and Youth Wellbeing Strategy* which sets out a shared vision of how to make New Zealand the best place in the world to be a child.

DPMC leads and coordinates the governance architecture for New Zealand's National Security System. This enables the Chief Executives of agencies with a national security role to exercise their collective leadership when identifying, managing and responding appropriately to national security risk. There are two boards, both chaired by DPMC: the Security and Intelligence Board (SIB) and the Hazard Risk Board (HRB). DPMC also coordinates agencies during national crisis response through meetings held at the Chief Executive and senior official level. This system approach provides for a consistent understanding between agencies; it enables coordinated

decision-making about significant risks and mitigation options, and ensures that resources are applied effectively.

DPMC is responsible for coordinating the all-of-government response to the Royal Commission of Inquiry report into the terrorist attack on Christchurch masjidain. This includes support to the Lead Coordination Minister for the Government's Response and coordination of the efforts of 19 agencies in support of a group of Responsible Ministers. These efforts include implementation of the 44 recommendations of the report, which the Government has accepted in principle. DPMC's role is also to give effect more broadly to the set of recommendations and to meet the needs of most affected communities, including by responding to other insights and findings from nationwide hui, in service of Government's vision for the response to promote a diverse, inclusive and safe New Zealand.

DPMC is also working alongside partner agencies, including the Department of Internal Affairs, the Ministry of Foreign Affairs, the Ministry of Justice and New Zealand Police to meet New Zealand's commitments under the Christchurch Call.

The response to COVID-19 has required a significant effort across government and continues to require a coordinated approach. DPMC provides support for the coordination and integration of the all-of-government response to COVID-19. DPMC is working with the Ministry of Health to work on the communication and engagement for the COVID-19 vaccine public information campaign.

DPMC is leading the response to the Health and Disability System Review / Hauora Manaaki Ki Aotearoa Whānui, which in 2022/23 includes providing post-transition support and assurance on the reforms.

NEMA is the Government lead for emergency management. It works to strengthen New Zealand's emergency management system through its functions of steward, operator and assurer. Its vision is for a safe and resilient Aotearoa New Zealand.

NEMA's purpose is to empower communities before, during and after emergencies to reduce the impact of natural disasters and other emergencies across all hazards and risks.

To achieve this, NEMA works with a diverse range of organisations, including central and local government, communities, iwi, emergency services, lifeline utilities, private sector organisations, education providers, researchers, and non-government organisations and business to ensure responses to, and recoveries from, emergencies are coordinated, integrated and effective.

DPMC and NEMA report on progress through the DPMC Annual Report and Annual Review process.

Question 5

What improvements have been made, or are planned, to reporting on performance that will enable Parliament and the public to better understand what is being achieved with funding from the Vote or from multiple Votes that work towards the same outcome?

Vote Prime Minister and Cabinet performance measures are reviewed each year to ensure they are effective, aligned and balanced. This includes taking into consideration the size and shape of funding, and the alignment of measures to the work undertaken and desired impacts. DPMC and NEMA continue to review and consider appropriate measures for the functions they undertake. The most recent review resulted in changes to or the addition of some performance measures, primarily relating to the COVID-19 communications campaign, the response to the

Royal Commission of Inquiry (RCOI) into the terrorist attack on Christchurch masjidain on 15 March 2019 and measuring the performance of the Tsunami Monitoring and Detection Network. Refer to the Supplementary Estimates 2021/22 and Main Estimates 2022/23 for more information.

DPMC will be updating its Strategic Intentions in 2022/23 which will include a review of the Department's strategic indicators.

Question 6

Please identify what constitutes key spending on new initiatives (as specified in the information supporting the Estimates), funding changes for the expansion of existing initiatives, and funding to respond to cost pressures. Describe the main factors that have driven the creation of these new initiatives (including social, environmental, or economic).

The most significant factors causing change to the type and amount of appropriations within the Vote in 2022/23 are:

- the response to COVID-19: as New Zealand's response to COVID-19 has continued, increased funding has been allocated to epidemiological modelling, disinformation monitoring, risk assessment and maintaining coordination of the response. New funding has been allocated to allow the Government to recognise the contribution of certain New Zealanders to the COVID-19 response;
- Health and Disability System reform: having successfully led advice on these reforms, the Health Transition Unit, established in September 2020, is changing its focus to post-transition support and assurance as responsibility for the Health and Disability System Reforms transfers to new health agencies – Health New Zealand and the Māori Health Authority; and
- emergency management readiness and response: decreases caused by the expiry of funding for Buller District Council, Crown contributions to local authority disaster relief funds, Civil Defence Emergency Management Training, COVID-19 welfare costs and maintaining water supplies in periods of drought.

Question 12

Please explain briefly what significant changes affect this Vote for 2022/23, and the reasons for them, including the following:

- a. new policies or outputs and how performance will be assessed and reported on
- b. discontinued policies or outputs and why they have been discontinued
- c. the exit strategy and cost of exiting any discontinued or re-prioritised policies or outputs
- d. the effect this is expected to have on the agency's ability to achieve its outcomes
- e. policies or outputs that have changed from the previous year (for example, any policies that have been re-prioritised or refocused; increased or decreased outputs)
- f. any new or discontinued multi-category appropriations

- g. increases or decreases of 10 percent or \$10 million (whichever is less) in the amount of appropriations. Where appropriations have decreased, please explain what effect this is likely to have on the department administering the Vote and the agencies that receive or use the funds
- h. any funds carried forward or transferred from previous appropriations (this should cover transfers from 2020/21 to 2021/22 as well as transfers from 2021/22 to 2022/23)
- i. any changes to staffing levels in the 2022/23 financial year and out-years, including:
- full-time-equivalent staff
 - total head-count
 - If there is a clear distinction between frontline and other staff, the numbers and percentages of staff defined as "front line" staff (those who provide a service directly to the public for a significant rather than an occasional part of their duties) and "back office" staff (those whose role is mainly to provide corporate support services to others within the department).

a, b and c: New, changed or discontinued policies and outputs

Funding has been allocated to the following new policy initiatives in 2022/23:

- COVID-19 service recognition: to allow the Government to recognise the contribution of certain New Zealanders to the COVID-19 response;
- annual hui on countering terrorism and violent extremism: to continue to deliver the annual hui He Whenua Taurikura ('a country at peace'), as recommended by the RCOI into the terrorist attack on Christchurch masjidain on 15 March 2019;
- preventing and countering violent extremism strategic framework: to enable the development of a national strategic framework. This framework will inform the Government's wider response to the terrorist attack on Christchurch masjidain in March 2019;
- research fund for preventing and countering violent extremism: to support the provision and administration of scholarships and grants for research into preventing and countering violent extremism; and
- system response to the RCOI: to continue to deliver Government's priorities in responding as a system to the recommendations of the RCOI into the terrorist attack on Christchurch masjidain on March 2019 in advance of decisions on implementation of the Royal Commission's 'machinery of government' recommendations.

Please refer to the Vote Prime Minister and Cabinet Estimates of Appropriations 2022/23 for more detail of these initiatives, including how performance will be assessed and reported.

The following table provides information on outputs which were discontinued in the Estimates of Appropriations 2022/23. There was no cost of exiting, as these outputs were all for a specific finite purpose and no exit strategy was required. As they were for a specific and finite purpose, they are not expected to impact the Department's ability to achieve its outcomes. Note that while these outputs are not reflected in the Estimates of Appropriations 2022/23, some funding

may be carried forward in the Supplementary Estimates for 2022/23 due to residual costs and/or delays in completion.

Discontinued output	Why discontinued
Canterbury Earthquake Recovery	The specific business group within DPMC that supported the Canterbury earthquake recovery has been disestablished with the remaining activities being absorbed into other business groups.
Support for Inquiry into EQC	The Inquiry into EQC was completed during 2019/20. Residual costs, predominantly related to the website, continued until 2021/22.
Preventing and Countering Violent Extremism	The funding in 2021/22 was specifically to enable 13 masters scholarships to be awarded for the 2022 academic year ahead of the establishment of a national Centre of Excellence for Preventing and Countering Violent Extremism which will in future administer scholarships and research grants.

Other than the new and discontinued outputs outlined above, there are no other significant changes to material existing outputs in 2022/23.

d and e: New, changed or discontinued appropriations

There are no new or discontinued MCAs for Vote Prime Minister and Cabinet in 2022/23.

The following non-departmental appropriation increased by 10% or more for 2022/23:

- Centre of Excellence for Preventing and Countering Violent Extremism: the increase in this appropriation for 2022/23 and outyears is due to new funding, to be administered by a national Centre of Excellence for Preventing and Countering Violent Extremism, to support research that will contribute to developing and maintaining expertise in preventing and countering violent extremism.

The following departmental appropriations have decreased by 10% or more for 2022/23:

- COVID-19 All of Government Response: the decrease in this appropriation in 2022/23 is mainly due to a reduction in the costs of leading, coordinating and delivering the Government's response to COVID-19.
- Cyber Security: the decrease in this appropriation for 2022/23 is due to a return to baseline funding after transfers from 2020/21 to 2021/22 to ensure funding was available to continue the approved work programme.
- Health and Disability Reform System: the decrease in this appropriation for 2022/23 reflects the timing of costs of implementing the system operating model.
- Departmental Capital Expenditure: the decrease in 2022/23 is due to the completion of previous years' projects.

The following non-departmental appropriation decreased by 10% or more for 2022/23:

- Governor-General's Salary and Allowance PLA: the decrease in this appropriation for 2022/23 reflects a return to baseline funding after a period of transition from the previous to the current Governor-General.

The Emergency Management Leadership and Support MCA decreased by 10% or more for 2022/23 due to the:

VOTE PRIME MINISTER AND CABINET: STANDARD ESTIMATES QUESTIONNAIRE	DPMC- 2021/22-2060
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- reversal of expense transfers from 2020/21 to 2021/22;
- expiry of funding for Buller District Council;
- end of initiatives being funded by other agencies;
- expiry of additional funding in the previous year for Crown contributions to disaster relief funds established by local authorities; and
- reversal of a recalibration of corporate costs in 2021/22.

The decrease was partially offset by increases for National Crisis Centre Management resilience, maintenance of the Tsunami Monitoring and Detection Network and the return to operating baseline and amount swapped to capital for 2021/22.

f: Funding carried forward

The following expense transfers from 2020/21 to 2021/22 were approved in the 2021 October Baseline Update for Vote Prime Minister and Cabinet:

- \$5.967 million for the Health and Disability Reform System;
- \$5.000 million for COVID-19 All of Government Response;
- \$3.700 million for DART buoys maintenance;
- \$2.860 million for Cyber Security;
- \$2.300 million for the National Crisis Management Centre;
- \$2.000 million for the Canterbury Earthquake Recovery;
- \$1.800 million for Emergency Management Assistance;
- \$0.900 million for NEMA Establishment;
- \$0.700 million for Emergency Management promotion costs;
- \$0.700 million for the Strategy Unit;
- \$0.600 million for Emergency Management Assistance Teams;
- \$0.500 million for Child and Youth Wellbeing Strategy;
- \$0.200 million for Recovery and Rebuild Advisors;
- \$0.100 million for Support for Inquiry into EQC; and
- \$0.075 million for Prime Minister's Chief Science Advisor.

A number of in-principle transfers were approved in the 2022 March Baseline Update for Vote Prime Minister and Cabinet, however the items and amounts will be determined after the audit of the 30 June 2022 financial statements, for inclusion in the 2023 October Baseline Update.

g: Changes to staffing levels

FTE

DPMC (excluding NEMA) estimates staffing levels will decrease to 260 FTE through to June 2023, and generally remain consistent in the outyears. This expected decrease is primarily due the disestablishment of the Health Transition Unit and the COVID-19 Response Group over the next 12 months, as their work completes or transfers to other agencies.

NEMA is expected to grow to 180 FTE by June 2023, then generally remain consistent in the outyears.

Headcount

As at 30 June 2022, DPMC (excluding NEMA) expects a headcount of 431 (411 FTE) and NEMA a headcount of 173 (170 FTE). Both agencies expect their headcounts to remain proportionally consistent with FTE numbers over outyears. These numbers include secondees-in.

Frontline staff

As a central agency, DPMC's only frontline staff are in the Visitor Centre at Government House Wellington – a total of 1.55 FTE comprising three people. With the decrease of staff in DPMC (excluding NEMA), the proportion of frontline staff as a percentage of total staff is expected to increase. The proportion of frontline staff within DPMC's workforce is approximately 0.005%.

NEMA does not have any frontline staff.

Back office staff

DPMC (excluding NEMA) has 68 staff that fit the above definition of "back office", comprising Business Support, Internal Communications, Legal, Ministerial Services, and the Organisation Direction and Development team. DPMC also receives corporate service support for Finance, Human Resources, Information Management and IT from the CASS, who are part of the Treasury.

In addition, NEMA has 11 staff focused on providing business support, internal communications and organisation development roles. NEMA also receives corporate service support from DPMC for some functions, as well as Finance, HR, Information Management and IT from CASS.

Question 22

What COVID-19-specific initiatives are being funded through the Vote?

The following COVID-19 specific initiatives are funded through Vote Prime Minister and Cabinet:

- Maintaining Response Coordination (\$31.000 million in 2022/23);
- Epidemiological Modelling, Disinformation Monitoring and Risk Assessment (\$6.700 million in 2022/23); and
- COVID-19 Service Recognition (\$3.776 million in 2022/23).

Question 23

Does the Vote include any new COVID-19-specific initiatives, or a significant increase (greater than 20 percent) to existing COVID-19-specific initiatives?

All of the initiatives outlined in the response to Question 22 are either new or have significant increases in 2022/23.

Question 24

Are there any COVID-19-specific initiatives from 2021/22 that are discontinued, or significantly decreased (greater than 20 percent), in 2022/23?

The Vote includes one discontinued COVID-19 specific initiative – COVID-19 Public Information Campaign (\$2 million in 2021/22) which was provided in addition to existing funding.

Question 25

For all COVID-19-specific initiatives in the Vote over \$10 million:

- a. When does the Minister or the department intend to report what has been achieved with the expenditure under the Vote?**
- b. How does the Minister or the department intend to measure what has been achieved through the COVID-19 expenditure?**

The Vote Prime Minister and Cabinet Estimates of Appropriations 2022/23 include measures to demonstrate what has been achieved with the expenditure related to maintaining COVID-19 response coordination. These measures will be reported in the DPMC Annual Report. Refer to the Estimates of Appropriations 2022/23 for more information.



Aide-Memoire

MODELLING OVERVIEW

To	Prime Minister's Office	Report No	DPMC-2021/22-1679
From	Ruth Fairhall	Date	11/03/2022

Purpose

1. This document outlines recent updates to COVID-19 Modelling Aotearoa's (CMA - formerly Te Pūnaha Matatini) branching process model and its implications for understanding the possible spread of Omicron both nationally and regionally in New Zealand.

Comment

COVID-19 daily case tracking against modelling

2. When you were last briefed on COVID-19 modelling (DPMC-2021/22-1539 refers), there were outbreaks across the country and New Zealand had just started using Rapid Antigen Tests (RATs), resulting in a rapid increase in case counts and hospitalisations.
3. Despite the challenges of tracking cases against model scenarios since the introduction of RATs¹, there are early indications that Auckland and Counties Manukau District Health Boards (DHBs) may have reached their peak in terms of daily cases, and are now declining. Other DHBs are likely to peak later and on different scenario tracks:
 - a. High scenario, plateauing – these are DHBs that increased case counts quickly, and plateaued at around the peak of the CMA high transmission scenario without any significant signs of declining yet. These DHBs are Waitemata and Waikato.
 - b. Medium scenario – there are DHBs that are tracking close to the CMA medium transmission scenario. These DHBs include Northland and Southern.
 - c. High scenario, increasing – these are DHBs who are tracking close to the peak of the CMA high transmission scenario, but are not yet showing any signs of slowing down in terms of daily case numbers. These include Hutt Valley, Capital and Coast, Tairāwhiti, Bay of Plenty, and Lakes DHBs (Appendix 1 refers).
4. The remaining DHBs tend to have lower case numbers and at this stage it is difficult to tell which scenario will be tracking.
5. Alongside the tracking against CMA's modelling, DPMC follows various effective reproductive rate (R-eff) models. There is now a wide variance in R-eff of the two models

¹ The model is calibrated to match previously inferred case detection rates through assumptions around test efficiency (time between test and result), and the probability of symptomatic people seeking tests.

that are tracked² (Appendix 2 refers). All of these are based on case numbers, therefore, the true infection peaks may not align with observed case peaks.

Hospital Bed Occupation

6. As outlined in previous briefings (e.g. DPMC-2021/22-1539), CMA updated the model to increase the numbers of contacts for younger groups (and to decrease this for older groups) to produce a younger age distribution of infections, as this more closely matches the observed age distribution of cases to date. As a direct result the number of expected hospitalisations was revised downwards.
7. While hospital bed occupation is tracking steadily between CMA's high and medium transmission scenarios, it is not expected to peak until mid to late March. This also varies at a regional level, with the Auckland region³ tracking above the high transmission scenario, while Waikato tracking between the high and medium scenarios. All other DHBs are tracking below the medium scenario (Appendix 1 refers).

Fatalities

8. Like hospitalisations, COVID-19 fatalities have also been revised down in the updated model scenarios, which projected total fatality count of between 165 for the low transmission scenario and 350 for the high transmission scenario. Fatalities are currently tracking between the low and medium scenarios but are also a lag indicator of cases and are at the early stages of the expected wave (Appendix 1 refers).

International Comparisons

9. In order to make sense of the post-wave shape that countries have experienced internationally, we can split them into three categories:
 - a. Countries which had a clear peak, and then declined at almost the same rate that they increased but are settling at a much higher baseline case rate than before Omicron. These include Canada, United Kingdom, and Australia. Most of these countries are now experiencing case numbers between 2 – 20 times higher than those experienced prior to the Omicron wave.
 - b. Countries which rose quickly, but experienced a plateau at peak, and then declined gradually. These include Austria, Norway, Germany, and Chile. Denmark also experienced a plateau, but is now declining rapidly.
 - c. Countries which are still increasing and have possibly not peaked yet. These include Singapore, South Korea, and Hong Kong.
10. While all Australian States are well below their peak daily case levels, and have levelled off at a seven day rolling average of around 100 cases per 100,000 resident population per day⁴, New South Wales, South Australia and Australian Capital Territory have started to experience an increase in daily cases over the last two weeks. This increase has been attributed to the BA.2 Omicron subvariant. Case numbers are also rising in Victoria, but appear to be slightly behind other states (Appendix 3 refers).

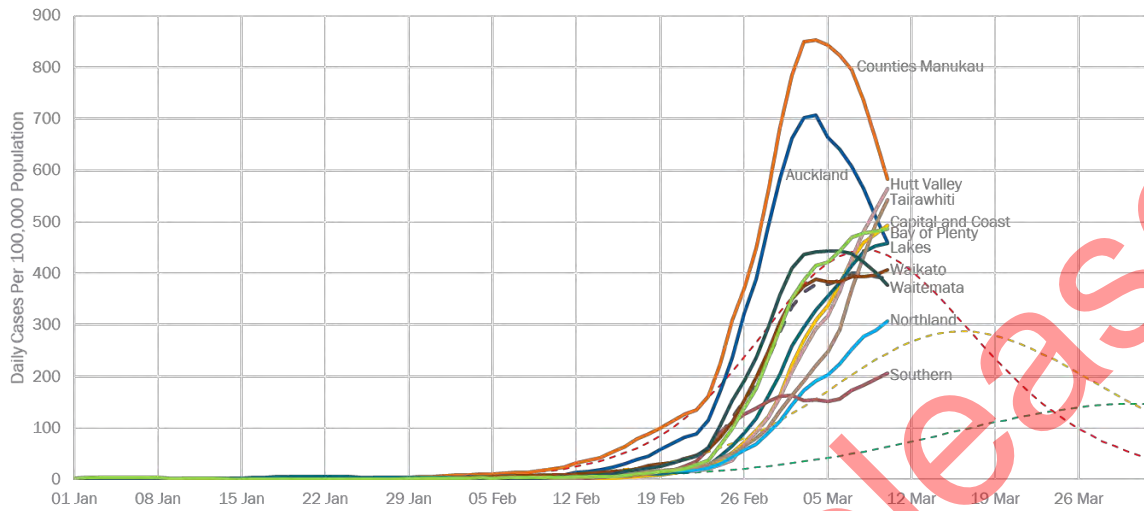
² Wigram Capital has been included in previous updates, but have since discontinued publicly available modelling on COVID-19

³ Hospital bed occupancy is also being managed via cross hospital transfers across the Auckland region, which the models do not account for.

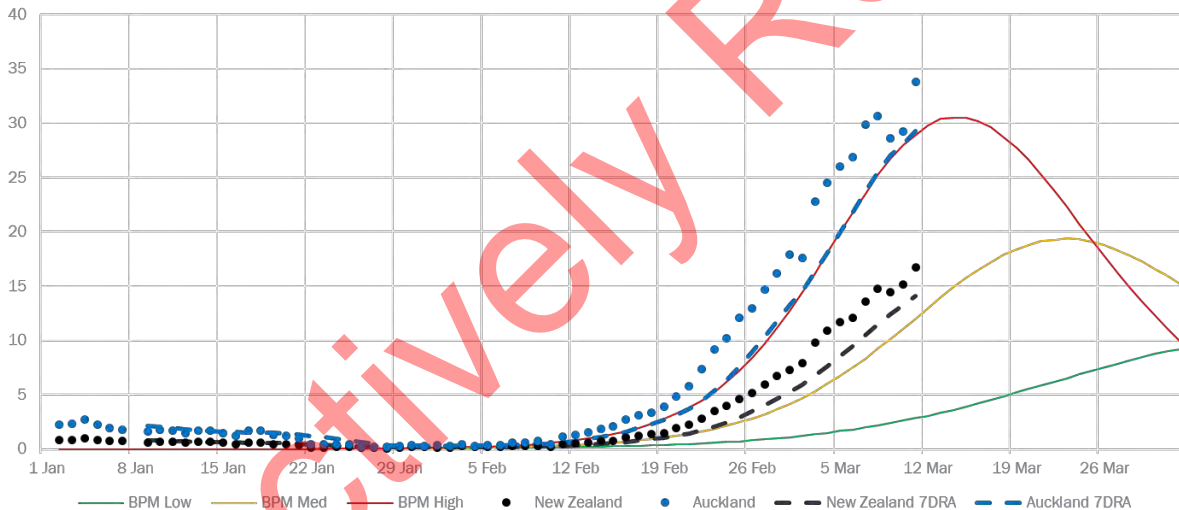
⁴ 100 cases per 100,000 resident population per day is significantly higher than the baseline prior to Omicron.

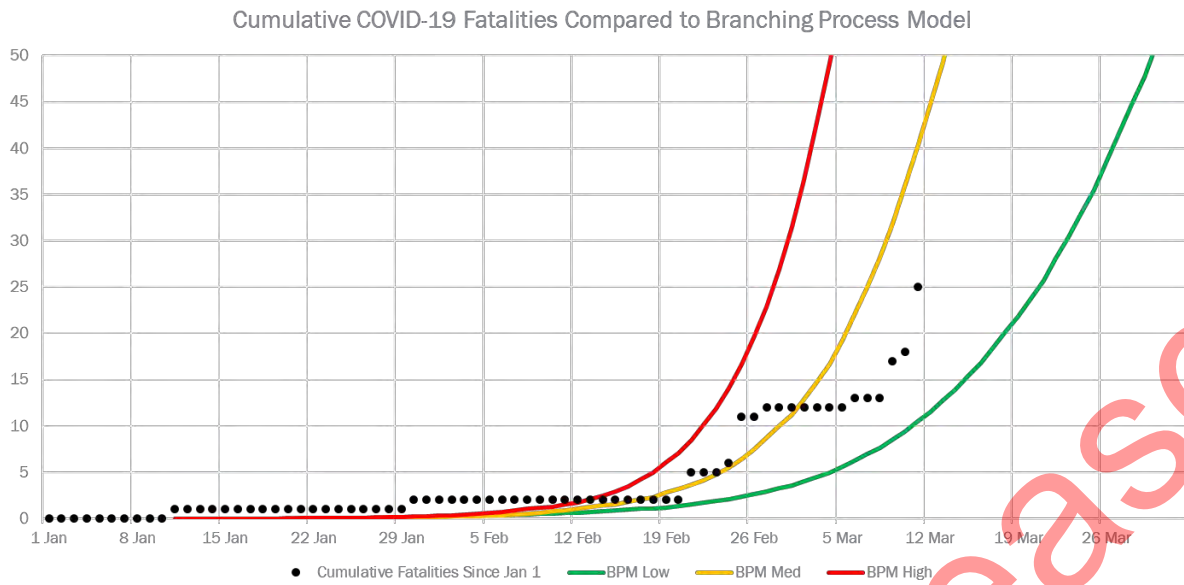
Appendix 1. Tracking Against CMA Scenarios

Daily Cases per 100,000 Resident Population compared to Branching Process Model
New Zealand, Seven Day Rolling Average



Daily Hospitalisation per 100,000 population Compared with Branching Process Model
Auckland Region and New Zealand





Source: COVID19 Modelling Aotearoa Branching Process Model (BPM), Ministry of Health

Appendix 2. Comparison of Effective Reproductive Rate (R-Eff) for New Zealand



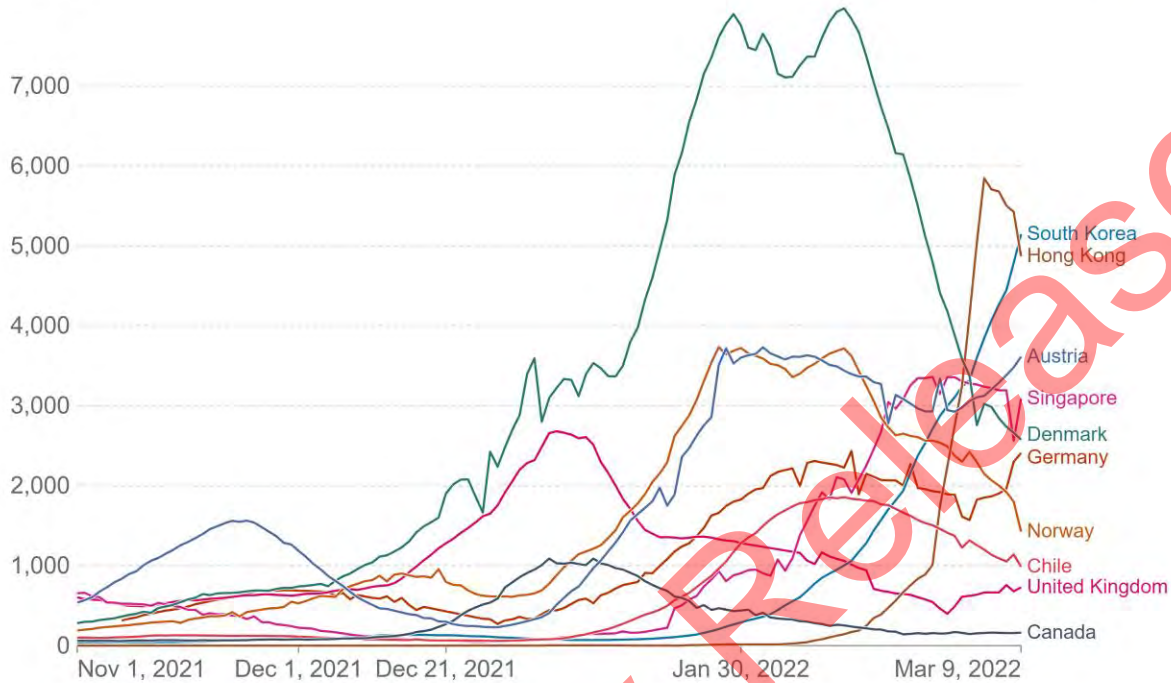
Source: Te Pūnaha Matatini EpiNow2, Our World In Data.

Appendix 3. International Comparisons

Daily new confirmed COVID-19 cases per million people

7-day rolling average. Due to limited testing, the number of confirmed cases is lower than the true number of infections.

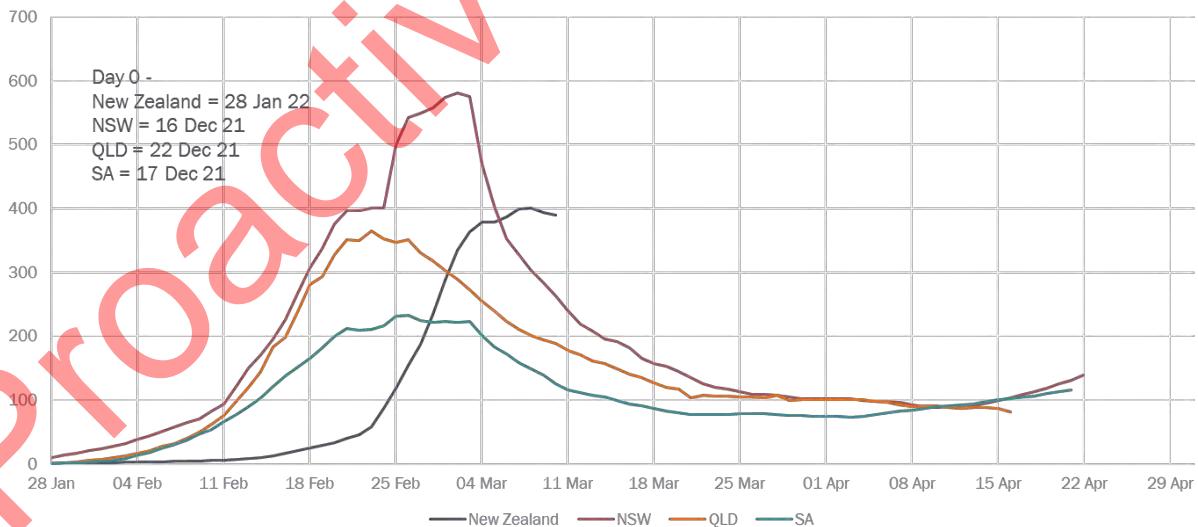
Our World
in Data



Source: Johns Hopkins University CSSE COVID-19 Data

CC BY

Cases per 100,000 Population New Zealand compared to Australian States, Seven Day Rolling Average



Source: Ministry of Health, covid19data.com.au



Aide-Memoire

RECONNECTING NEW ZEALANDERS READINESS FOR STEPS

To	Rt Hon. Jacinda Ardern, Prime Minister Hon. Chris Hipkins, Minister for COVID-19 Response	Report No	DPMC-2021/22-1668
From	Cheryl Barnes, DCE, COVID-19 Group, DPMC	Date	11/03/2022

Purpose

1. This Aide-Memoire provides an update on the status of system readiness to go live with the next steps of Reconnecting New Zealanders. It confirms that the system is on track to reconnect for the remaining parts of Step 2 on at 11.59pm on Sunday 13 March.

Background

2. On 28 February, the Prime Minister announced that from 11.59pm on Sunday 13 March additional skilled workers and those with working holiday visas can travel to New Zealand from anywhere in the world. This is referred to in this report as Step 2.2.
3. On Friday 25 March, the New Zealand Traveller Declaration (NZTD) will be released and will replace the existing Nau Mai Rā (NMR) system, which provides travellers with the ability to make their travel declarations, including vaccination status, pre-departure test (PDT) results and travel history, digitally. It is currently expected that from Thursday 31 March, use of the NZTD for all travellers wanting to enter New Zealand will become mandatory.
4. In addition, from 11.59pm on Tuesday 12 April critical workforces, sports / events, some students, existing visa holders can enter New Zealand under Step 3. Appendix A summarises these steps. Cabinet is currently considering proposals to change the phasing and settings and we will update this diagram to reflect any changes.
5. This report provides updates on readiness for Step 2.2, the NZTD release and Step 3, and activities being worked on at each phase.
6. Attached to this Aide Memoire is a readiness report dated 11 March 2022. The New Zealand Customs Service report the status for the New Zealand Traveller Declaration and, in their role leading Border Implementation, report the status for the Border aspects. The Ministry for Business, Innovation and Employment report on the self-isolation elements.

Comment

7. This report has an overall Green rating. There are no critical issues and the system is on track to reconnect with Step 2.2 at 11.59pm on Sunday 13 March.
8. Work continues across agencies to ensure processes and guidance for staff and the aviation sector are revised and public facing information across all agency websites are updated. These continue to be well-rehearsed steps being completed as any changes are made to the system. Many of the communication updates are drafted but have not yet launched to avoid public confusion.
9. Officials continue to report revisions and updates will be completed and in place by Sunday.
10. We are continuing to monitor the operational pain points the teams are experiencing. As previously reported, these are not impacting readiness and are included here for awareness:
 - a. **Eligible travellers with New Zealand citizens** - there is no systemic way to identify non-New Zealand nationals, partners and children that are eligible to travel to NZ with a New Zealander; it must be completed at the airport and is causing delays at check-in due to the need for manual processes. *Update: Officials continue to monitor and are working through solutions to assist travellers e.g. revised communications etc.*
 - b. **Nau Mai Rā (NMR) completion rates** –Latest estimates show that ~13% of travellers are failing to complete NMR declarations. If not resolved, the NZTD may not achieve high levels of adoption/ compliance. *Update: Non-completion rates remain a challenge and continue to put pressure on the Border teams. Discussions are ongoing to identify opportunities for improvements e.g. including communications with travellers and airlines, improving technology platform stability etc.*
 - c. **MIQ Voucher Release** – A number of travellers on the 'test on arrival' pathway are failing to release unneeded MIQ vouchers, creating additional manual processes for Border staff and the risk that travellers go to MIQ who are eligible to self-isolate. *Update: MIQ have and are engaging with all voucher holders due to arrive in New Zealand between now and 30 April and are working through cancelling all vouchers held by travellers that do not need to go to MIQ. MIQ are continuing to check new vouchers secured and clarifying with the returnee to confirm if MIQ is needed.*
11. Agencies remain confident these challenges will not delay step 2.2.

Recommendations

12. It is recommended that you **note** the contents of this aide-memoire.

Cheryl Barnes

Cheryl Barnes
**Deputy Chief Executive
COVID-19 Group**

Date: 11/03/2022

NOTED

Rt Hon. Jacinda Ardern
Prime Minister

Date: / /

NOTED

Hon. Chris Hipkins,
Minister for COVID-19 Response

Date: / /

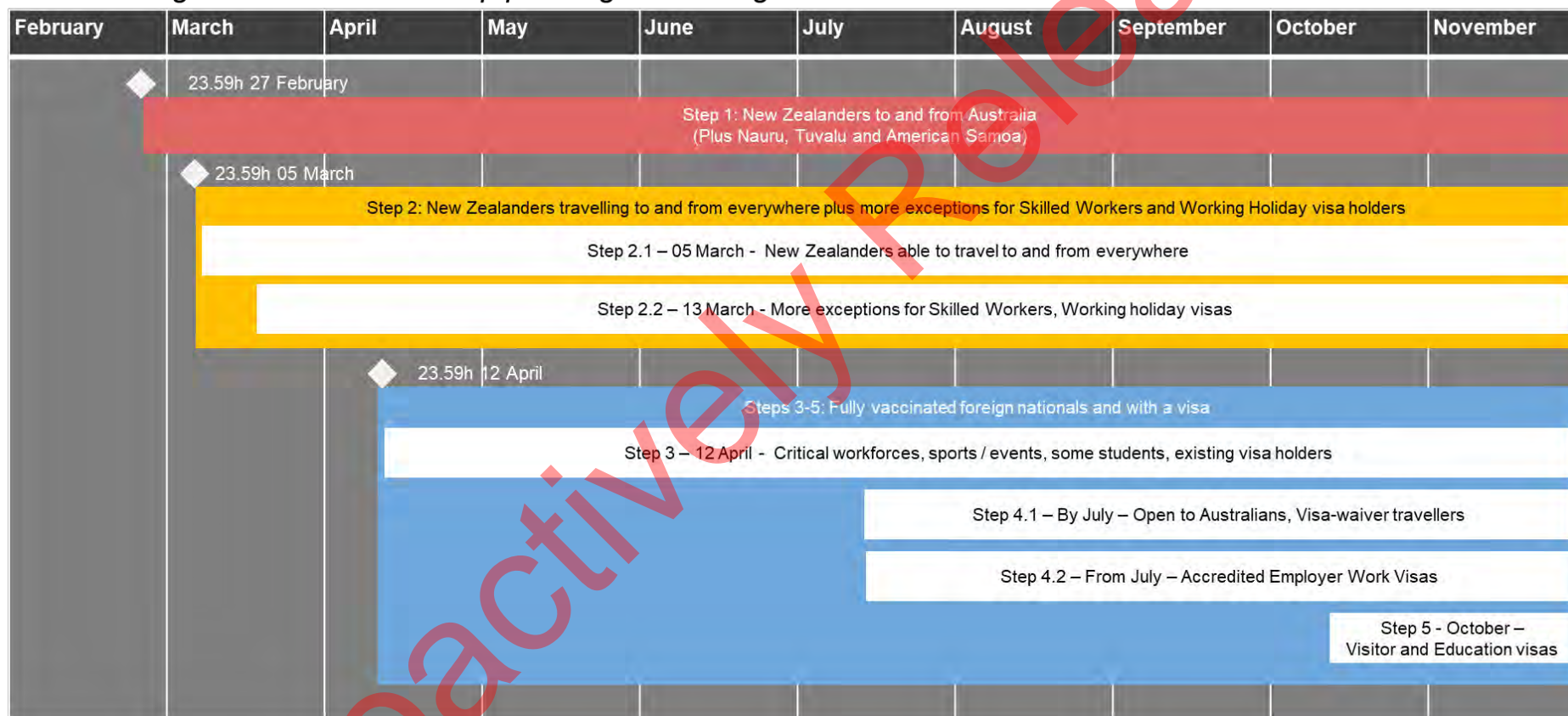
Cc: COVID-19 Chief Executives Board (with regular meeting papers), COVID-19 Independent Continuous Review, Improvement and Advice Group

Attachment A Readiness report dated 11 March



Appendix A

Reconnecting New Zealanders step phasing and timing



NB: This is in addition to the existing one-way QFT with the Cook Islands, Niue, Samoa, Tokelau or Vanuatu. Travel from Tonga required self-isolation since 22 February.



Aide-Memoire

RECONNECTING NEW ZEALANDERS READINESS FOR STEPS

To	Rt Hon. Jacinda Ardern, Prime Minister Hon. Chris Hipkins, Minister for COVID-19 Response	Report No	DPMC-2021/22-1955
From	Cheryl Barnes, DCE, COVID-19 Group, DPMC	Date	13/04/2022

Purpose

1. This Aide-Memoire provides an update on key data regarding traveller volumes/ key airline updates and on the status of system readiness to go live with the next steps of Reconnecting New Zealanders.

Background

2. This report provides an update on readiness for: (1) Step 3.2 – visa waiver travellers and existing visa holders from 11.59pm on 01 May, (2) Step 4 – Accredited Employer work visas from July and (3) Step 5 – Visitor / Education Visas by October. Appendix A provides an overview summarising the Reconnecting New Zealanders (RNZ) steps, settings, and pathways.
3. Attached to this Aide Memoire is a readiness report dated 13 April 2022.

Traveller volumes and airline updates

Passenger numbers since step 1 of reconnecting and comparisons:

4. Numbers of travellers since RNZ Step 1 (28 February to 12 April):
 - i. Total – 107,497
 - ii. Australia – 67,137
 - iii. Rest of the World – 40,360
5. Average number of travellers per day for the past 7 days is 3,438.
6. Average number of travellers per day from Australia for the past 7 days is 2,319.
7. Numbers have risen gradually both from Australia and the Rest of the World – since step 1 of RNZ:
 - i. Rest of the world - average of 1,930 per week for the 7 days from 28 February and 3,438 for the 7 days from 06 April
 - ii. Australia - average of 1,527 per week for 7 days from 28 February and 2,319 for the 7 days from 06 April
8. Comparisons:

- i. To pre-COVID – March 2019 – Average 18,761 travellers per day or over 130,000 per week
- ii. To when everyone needed to go into MIQ – 10 January - 13 February - Average 560 per day or just under 4,000 per week

9. Therefore, in summary, we're seeing:

- i. Almost the same number of travellers are arriving each day as arrived in a whole week while people needed to go to MIQ
- ii. Almost double the number of arrivals now when compared to step 1 of Reconnecting and this continues to grow
- iii. 18% of pre-COVID arrivals

Future demand

10. The Border Executive Board maintain three scenarios of forecast numbers for passenger arrivals: low, medium, and high scenario. To date, the team's medium scenario has been largely accurate.

a. Average arrivals per week for the 4-week period starting 11 April:

- i. Low - 15,500
- ii. Med - 27,000
- iii. High - 39,000

b. Each scenario shows a growth of ~12% over the coming four weeks.

c. s9(2)(b)(ii)

e. Auckland airport are reporting they expect over 3,000 travellers to arrive today and over 10,000 on peak days in the public holidays (on 15 April and 01 May).

Airline updates

11. s9(2)(b)(ii)

ix. s9(2)(b)(ii)

12. Appendix 2 contains numbers provided by Immigration in the Cabinet papers (CAB-22-MIN-0008) for the total number of eligible travellers for each step.

Key operational updates including readiness

13. This report has an overall **Green rating**, with activities remaining on track for the current step included in the report.
14. Agencies remain confident that they are on track to deliver step 3.2 (visa waiver travellers), with no issues reported that will cause delays. Agencies are largely managing these changes as part of their 'business as usual' activities.
15. Agencies are continuing to monitor operations and seek continual improvement. These are not impacting readiness (and are included for awareness only):
- a) Reports were received that suggested not all passengers on a flight from Rarotonga on 09 April received their Welcome Packs (including RAT test kits). This has subsequently been investigated and all travellers have been contacted to ensure they have everything they need and understand what is required of them. To date 81% of the 191 travellers have uploaded their Day 0/1 RAT test results which is in line with other flights.
 - b) As at 09.45am on 13 April 50,183 traveller passes have been issued by the New Zealand Traveller Declaration (NZTD). This is approximately 91% of declarations submitted. Rejected declarations continue to be mainly due to submission being made prior to travellers receiving their pre-departure testing (PDT) evidence or the timeline for the PDT is incorrect.
 - c) Residual Nau Mai Rā and NZTD paper-based declarations are reducing and now make up 6-8% of overall declarations. This is down from 16% at launch on 25 March. Scanning functionality for paper-based passes is still being developed and is now scheduled for launch towards the end of April. Until this functionality is brought online, the Ministry of Health are only able to record and report on the 92-94% of travellers whose contact details have been used to electronically establish a record in the National Border System (NBS).
 - d) The New Zealand Passenger Arrival Card has been updated to remove the Health and Managed Isolation and Quarantine questions per Cabinet direction in February. The new cards come into use on 19 April.
 - e) Use of eGates is to be piloted at Wellington airport over the coming four weeks and Immigration will be 'turning on' Advance Passenger Processing (APP) – this will reduce pressure on onshore border officials.

Recommendations

1. It is recommended that you **note** the contents of this aide-memoire.

Cheryl Barnes

Cheryl Barnes
**Deputy Chief Executive
COVID-19 Group**

Date: 13/04/2022

NOTED

Rt Hon. Jacinda Ardern
Prime Minister

Date: / /

NOTED

Hon. Chris Hipkins,
Minister for COVID-19 Response

Date: / /

Cc: COVID-19 Chief Executives Board (with regular meeting papers), COVID-19 Independent Continuous Review, Improvement and Advice Group

Attachment A Readiness report dated 13 April



Appendix A: RNZ Timeline summary

Reconnecting New Zealanders: Policy Summary (13 April 2022)

Entry pathways

Travellers will enter using one of four entry pathways – only three of these are in use today:



Quarantine Free Travel – entry without quarantine or isolation for eligible travellers from some Pacific Countries



Testing on arrival – entry without quarantine or isolation for eligible travellers with testing before departure and after arrival (on day 0/1 and 5/6). This is the main entry pathway to New Zealand.



Managed Isolation and Quarantine – full MIQ for other travellers – small number of exceptional travellers are allowed to use MIQ (e.g. refugees, Antarctic survey team, Air Crew). These individuals can leave MIQ at any time.



The **self-isolation pathway** is not currently in use.

Key settings summary

Setting	QFT	Test on arrival	MIQ
PDT:	Not required	48h PCR or 24h RAT/LAMP	
Vaccinated	NZers: N/A Non NZers: Fully vaccinated with approved vaccine		
Contact tracing info/ 14 day travel history		Self-declaration in NZTD	MIQ team completes NZTD
Testing	Not required	RAT on day 0/1 & 5/6 If positive, PCR at a CTC	Testing on day 0/1, day 3, day 5/6
Positive test	N/A	Selfisolate	Moved to Quarantine facility
Airport health screening	Option to self-refer	Option to self-refer	Required

Reconnecting New Zealanders step phasing and timing

Feb	March	April	May	June	July	August	September	October	November
Completed steps									
<ul style="list-style-type: none"> Step 1.1 – 23.59h 27 February – New Zealanders to and from Australia (Plus Nauru, Tuvalu and American Samoa) Step 1.2 – 23.59h 02 March – Removal of the need to self-isolate for 7 days Step 2.1 – 23.59h 04 March – New Zealanders able to travel to and from everywhere Step 2.2 – 23.59h 13 March – More exceptions for Skilled Workers (1.5x median wage), Working holiday visas MIQ changes – 23.59h 18 March – Changes to MIQ eligibility/ fully vaccinated definitions NZTD Launch – 25 March, NZTD legally mandated for all travellers from 31 March Pacific pathway changes – Shift of the Cook Islands, Samoa, Vanuatu, and American Samoa to the Testing on Arrival pathway (23.59h on 8 April) – therefore QFT remains for direct flights from Nauru, Niue, Tokelau and Tuvalu Step 3.1 – 23.59h 12 April – More border exceptions for critical workforces, students, and sports/events and Australians 									
Outstanding steps									
Step 3.2 (previously part of step 4) – 23.59h 01 May – Visa-waiver travellers and existing visitor visa holders									
Step 4 – From July – Accredited Employer Work Visas									
Step 5 – October – Visitor / Education visas									

Phasing and timing diagram notes: Grey boxes are live. Prior to the RNZ plan, one-way QFT existed with the Cook Islands, Niue, Samoa, Tokelau or Vanuatu, plus travel from Tonga required self-isolation since 22 February. Travel from Tonga required self-isolation since 22 February. Further, the following people have been permitted to travel throughout COVID, albeit with MIQ requirements: NZ citizens; NZ permanent residents or resident visa holders; Australian citizens or permanent residence visa holders where NZ is their primary place of residence; People with border exceptions or a critical purpose reason to travel; Partners, dependent children, or parents of a dependent child who hold a visa based on their relationship to an NZ citizen or resident; are travelling with a New Zealander or resident, or are ordinarily resident in NZ.



Appendix 2: Total number of eligible travellers for each step.

Step 3 – 11:59pm on 12 April 2022	
Skilled workers: expanded border exception (1.5 x median wage bright line test)	<p>Could double the number of critical workers able to enter New Zealand (i.e. from 10,000 presently to possibly 20,000 per year).</p> <p>Will be eligible to apply from 12 April with some lead-in time before travel. Staggered numbers over the year.</p> <p>Note that the volume of critical workers (e.g. health workers) is also likely to increase from Step 2, when MIQ constraints are removed.</p>
Class exceptions for critical workforces: Expanded and new class exceptions, or additions to lists, for critical workforces that do not meet the 1.5 x median wage bright line test	Numbers will depend on agreed exceptions/lists but have been limited to date. This includes seasonal workforces eligible to travel across 2022, the infrastructure list and the Antarctic programme.
Events and sports	Numbers will depend on agreed additions to Government-approved lists but have been limited to date.
Existing visa holders	<p>Includes up to 570,000 temporary visa holders currently offshore.</p> <p>Will be eligible to travel from 12 April, but not all will still meet visa requirements or wish to travel.</p>
Students	<p>5,000</p> <p>For travel ahead of semester 2. Unlikely to arrive before June.</p>
Australian citizens, permanent residents, and other foreign nationals in Australia	<p>Estimate 675,000 per year</p> <p>Will be eligible for travel as soon as travel from Australia opens. Some foreigners in Australia will be required to apply for a visa.</p>
Step 3.2 – 11:59pm on 1 May 2022	
Visa-waiver travellers	<p>Estimate 1.2 million per year</p> <p>Will be eligible for travel as soon as borders open to visa-waiver visitors.</p>
Step 4 – July 2022	
Accredited Employer Work Visas	<p>Processing can open from 4 July (and not before) with the Immigration Rebalance settings in place, after which critical worker border exceptions can be phased out.</p> <p>Numbers depend on demand. Travel will follow visas being granted (which will mean some delay before arrivals).</p>
Step 5 – October 2022	
Visitor visas	Estimate 730,000 per year

~~[IN CONFIDENCE]~~



DEPARTMENT OF THE
PRIME MINISTER AND CABINET
TE TARI O TE PIRIMIA ME TE KOMITI MATUA

Briefing: INITIAL ADVICE: COVID-19 TESTING AND INNOVATION SYSTEM TASK FORCE

Date:	14/04/2022	Report No:	DPMC-2021/22-1963
		Security Level:	[IN CONFIDENCE]
		Priority level	[MEDIUM]

	Action sought	Deadline
Hon Dr Ayesha Verrall Associate Minister for COVID-19 Response	agree/disagree to recs	20/04/2022

Name	Position	Telephone	
Alice Hume	Acting Head of Strategy and Policy, COVID-19 Group	+64 4 912 0591	+64 4 912 0591
Beth Hampton	Senior Policy Advisor	N/A	s9(2)(a)

Minister's Office

Status:

☒ Signed

☐ Withdrawn

Comment for agency

Further advice expected following a conversation between Minister Verrall and Ruth Fairhill

Attachments: Yes

Briefing

INITIAL ADVICE: COVID-19 TESTING AND INNOVATION SYSTEM TASKFORCE

To: Hon Dr Ayesha Verrall, Associate Minister for COVID-19 Response			
Date	14/04/2022	Security Level	[IN CONFIDENCE]

Purpose

The purpose of this paper is to provide you with initial advice in response to your concerns that New Zealand's testing innovation system has not always been quick to innovate or adopt new COVID-19 technologies.

Recommendations


We recommend you:


1. **note** that there are opportunities to improve New Zealand's testing innovation and technology system;
2. **note** that to progress work on improving New Zealand's testing innovation and technology system, officials recommend that a two-step process be followed:
 - 2.1 convene a virtual workshop with representative and diverse expertise, to consider work to date and further define and prioritise key problems, opportunities, and desirable system changes;
 - 2.2 convene a Testing Innovation System Taskforce, if deemed necessary, who would be tasked with system leadership and developing proposals to address the priority issues identified from the workshop.
3. **agree to provide** feedback on the approach to progressing testing innovation, within three months, in this briefing

 YES / NO

4. **agree** to take a scoping paper outlining the proposed work to COVID-19 Ministers for endorsement.

☒ YES / NO


Alice Hume
Acting Head of Strategy and Policy,
COVID-19 Group
14/04/2022


Hon Dr Ayesha Verrall
Associate Minister for COVID-19
Response
19/04/2022

Background

s9(2)(g)(i)

[redacted] That work would commence to better support testing innovation, including via establishing a clear end-to-end pathway (concept to trial and implementation), was noted by Cabinet in March 2021 [CAB-22-MIN-0086 refers].

2. To accelerate this work, you have requested that a Testing and Innovation System Taskforce (the Taskforce) be established, and that significant progress be made within the three months (by mid-July 2022). Specifically, you have requested that the Taskforce provide advice on issues including:
 - defining objectives in testing, based on public health goals
 - development of a 'horizon scanning' function to identify new technologies that could meet future needs
 - improving the capacity and capability of New Zealand's approvals processes development of a clear pathway for novel device types to gain approval and no emergency approvals process
 - extracting maximum value from public investments, such as the Covid Innovation Acceleration Fund
 - definition of key testing innovation functions (including horizon scanning, technical advice, commissioning, and delivery), and where they are best located across government.
3. This advice is to be contextualised within the Health and Disability System reforms, and the Te Ara Paerangi – Future Pathways Programme.

Proposed approach

4. Officials propose a two-step approach to progressing this work:

Step One – Convene a virtual workshop to identify priorities relevant to testing innovation

5. Before a Taskforce is potentially established, officials recommend that a virtual workshop be convened. This workshop would be an opportunity to bring together and leverage existing work, knowledge, and capability across the public and private sectors – and would also be opportunity to gain buy-in and awareness of the work.
6. The workshop's purpose would be to define and prioritise key testing innovation related problems or barriers, opportunities, and desirable system changes (including as relates to improving regulatory pathways). The outputs of the workshop would then inform the composition of the Taskforce (to ensure capabilities match priority areas), and the proposed workplan. Nominations for the Taskforce could also be sought from workshop attendees.

Step Two – Establish a Taskforce

7. Guided by the outputs of the workshop, should it be deemed necessary to progress the necessary work a Taskforce would then be stood up. The Taskforce would develop proposals to address the priority issues identified from the workshop, including how they are to be sustainably operationalised in the context of both the Health and Disability system reform, and Te Ara Paerangi – Future Pathways Programme. The Taskforce would also be expected to provide system leadership to help ensure wide buy-in to the work programme.
8. The Taskforce could report directly to Ministers, with secretariat support provided by either the Ministry of Health or DPMC, with substantive input from key agencies including Health New Zealand and the Ministry of Business, Innovation and Employment.
9. An illustrative draft Terms of Reference for the Taskforce is provided in Attachment A.

Next Steps

10. We seek your feedback on the proposed approach. Once your feedback has been received, subject to your agreement, officials will prepare a scoping paper outlining the proposed work programme that can be taken to COVID-19 Ministers for endorsement.
11. In addition to preparation of the scoping papers, next steps for this work will be either:
 - a. **Two-step approach:** DPMC, in consultation with other relevant agencies and your office, will identify an appropriate date for a Virtual Workshop and prepare the following for your consideration.
 - i. draft workshop concept paper;
 - ii. draft agenda (including proposed speakers);
 - iii. draft letters of invitation to participants; and
 - iv. financial implications; or
 - b. **Establishment of a Taskforce only:** officials will work at pace with your office to finalise the Taskforce Terms of Reference, and to consult with you on a list of potential Taskforce members – with an aim of convening the first meeting in May.

Financial Implications

12. Should you agree to proceed with the proposed testing innovation workshop and/or a Testing Innovation Taskforce, officials will provide further advice on potential options to address the associated financial implications. This will include investigation of whether underspends in the Advisory Group budget would be sufficient or otherwise leveraged to support this work.

Consultation

13. The Ministry of Health was consulted on this briefing. The Ministry of Health and Ministry of Business, Innovation, and Employment will be consulted in detail on the scoping paper we propose you bring to COVID-19 Ministers.

Attachments:	
Attachment A:	Draft Terms of Reference for a Testing Innovation System Taskforce

Attachment A: Draft Terms of Reference for a Testing Innovation System Taskforce

Context

1. Throughout the course of the global response to the COVID-19 pandemic, we have seen the development of innovative testing solutions developed at pace both within Aotearoa New Zealand and around the world. Our testing system, however, has not always been quick to innovate or adopt these new technologies. As we move forward into a future where we will need to learn to live with an evolving COVID-19 virus, continued innovation and our ability to adopt new technologies will be critical to enable a flexible system that can respond at pace in the event of a new virulent and more transmissible variant, protect our vulnerable communities and support New Zealanders to live within the 'new normal' and minimise disruption where possible.
2. To ensure that Aotearoa New Zealand is able to develop, and implement new testing technologies at a pace required, the Associate Minister for COVID-19 Response (the Minister) has established the Testing and Innovation System Taskforce (the Taskforce) to rapidly design a COVID-19 testing innovation system including its functions and architecture within broader government architecture, as well as broader settings to enable innovation within the Health and Disability System.

Purpose of the Testing and Innovation System Taskforce

3. The purpose of the Taskforce is to provide the Minister with evidence-based advice on priorities for developing and operationalising a testing innovation system. This advice is to be contextualised within the Health and Disability System reforms, and the Te Ara Paerangi – Future Pathways Programme.
4. The Taskforce will:
 - a. Consider what worked well and what the barriers were to the rapid adoption of testing technologies through government regulatory and procurement processes; and
 - b. Define the functions of a fit for purpose COVID-19 testing innovation system including its functions and architecture within broader government architecture; and
 - c. Advise on potential changes to broader systemic settings and processes to support the embedding of innovation, and deployment of innovation, as a core component of continuous improvement within the Health and Disability System. This could include consideration of improvements to linkages between the Research, Science, and Innovation system and the Health and Disability sector and its priorities.

Scope

5. In scope is: all matters, except those identified as out of scope, [related to the form and function (including strategy and its operationalisation) of an effective, responsive testing innovation system that facilitates the development, adaptation, and adoption of testing technologies, particularly those that would benefit the response to COVID-19 at the necessary pace to respond to a new virulent and more transmissible variant].
6. Recommendations related to [funding] are out of scope of the Taskforce.

Reporting and accountability

7. The Taskforce will report to the Associate Minister for COVID-19 Response who will lead consultation with the Minister of Finance, Minister of Health, Minister for Research, Science, and Innovation, and Minister for COVID-19 Response.
8. The Taskforce will not be held accountable for any actions undertaken by agencies at the direction of the Minister as a result of their advice.

Membership

9. Members will be [appointed by the responsible Minister and noted by Cabinet] (TBC).
10. The Taskforce will consist of a Chairperson (the Chair) and [X] members.
11. Membership is initially set as described in Annexure A. Membership may be amended if it is determined at any point that there are adjustments in the skillset and expertise required.
12. Members of the Taskforce are individuals who represent the testing sector or are considered experts in a desirable field and include government officials, and health sector, commercialisation, testing and surveillance experts.
13. Members are expected to take a broad and fresh approach rather than representing an organisation's current or previous position.
14. Members collectively and individually agree to:
 - a. Maintain regular attendance at scheduled meeting
 - b. Advise in advance if unable to attend scheduled meetings
 - c. Be prepared and informed
 - d. Respond to issues in a timely manner
 - e. Be impartial, an advocate for the Taskforce and a conduit for market intelligence from other related industries and agencies
 - f. Contribute constructively and openly to the work of the group
 - g. Support the principles of collective interest and collaboration
 - h. Declare conflicts of interest at the commencement of each meeting and on receipt of material
 - i. Use roles to exercise leadership and influence over the industry and other agencies involved.
15. The independent chair[s] will provide the leadership required to deliver an ambitious set of recommendations. They will ensure that the standards of sustainability and inclusivity are central to this project and that perspectives across the breadth of the Science, Research and laboratory industry are considered. They will also ensure that perspectives of Tikanga Māori are incorporated, and that intergenerational perspectives and the needs of a diverse range of users of the testing innovation system are considered. In addition, the Chair(s) of the Taskforce are responsible for:
 - a. ensuring the Taskforce operates in a manner that enables it to undertake its role and functions;

- b. acting as the spokesperson for the Taskforce;
 - c. maintaining liaison with the XXXX;
 - d. managing any conflict of interest or lobbying that may arise;
 - e. liaising with the secretariat on all matters relating to the role of the Taskforce.
16. During the project there is an expectation that the government agencies represented on the Taskforce will also:
- a. Ensure their agency is briefed and kept up to date on progress
 - b. Ensure their agency has a common position on how to support each engagement
 - c. Offer resources to the project.

Secretariat

17. Secretariat support for the Taskforce will be provided by [DPMC]. The secretariat will ensure that [X].

Meetings

18. The Taskforce is expected to meet [frequency], at a minimum, with discretion to meet more or less frequently, subject to budgetary constraints. It is expected that [X hours] effort will be required in preparation for each meeting.
19. Members who are unable to attend a meeting of the Taskforce cannot delegate attendance responsibilities.
20. A quorum of [X less than] total Taskforce members is required for decision-making purposes.
21. The Taskforce is expected to make recommendations to XXXX by consensus, but where consensus is not possible may include minority recommendations.
22. The Chair will determine the meeting processes.

Information requirements

23. The Taskforce is likely to require information from other agencies and stakeholders.
24. The Taskforce will proceed as it thinks fit to obtain relevant information, including the engagement of expert services, with prior agreement of [], to assist it to examine issues covered by its scope.
25. Members are expected to engage with the sector, relevant agencies and wider stakeholders as appropriate via the secretariat to ensure they have a view across the testing system, relevant regulatory processes and commercial intersections.

Deliverables

26. The specific deliverables of the Taskforce are for the Taskforce to determine but should include:
- a. A preliminary report to the Associate Minister for COVID-19 Response by the end of XXXX on the significant issues identified and relative priority for action

- b. the delivery of a recommendations report to the Minister XXX by XXXX information on the Taskforce's recommendations.

Fees and reimbursements

- 27. Letters of appointment will detail the remuneration and reimbursement arrangements for the Chair and Members (TBC).

Media

- 28. The Chair will be responsible for any public statements on behalf of the Taskforce. The Chair should inform the Minister's Office of any requests to comment prior to releasing a public statement, operating under a principle of 'no surprises'.

Declarations of conflict

- 29. The Chair and members are responsible for declaring any real or potential conflict of interest to the other members of the Taskforce, as soon as the conflict arises. Any real or perceived conflicts will be discussed by the Chair and/or responsible Ministers, and mitigations put in place if necessary.

General confidentiality requirements

- 30. Members of the Taskforce must maintain confidentiality of matters discussed at meetings, and any information or documents (not otherwise publicly available) provided to the Taskforce.

Removal of Members

- 31. Any serious breach of any of these Terms of Reference may result in responsible Ministers removing a member from the Taskforce at their discretion. Serious breaches of the Terms of Reference include but are not limited to, a breach of confidentiality, unauthorised communication with media about the Taskforce, or a failure to declare, or appropriately manage, a conflict of interest.
- 32. Any member removed from the Taskforce can be replaced with a new member at the discretion of the responsible Ministers.

Annexure A: Proposed Membership of the Testing and Innovation Taskforce*

Name	Role	Term
s9(2)(a)		From date of establishment to [insert end date]
		From date of establishment to [insert end date]
		From date of establishment to [insert end date]
		From date of establishment to [insert end date]
[members with medical device/tech development and regulatory expertise – one of whom should be from overseas]		From date of establishment to [insert end date]
[Microbiology.COVID-19 testing expertise, surveillance expertise]		From date of establishment to [insert end date]
[MoH expert]	Observer	

* Proposed members have not yet been invited or advised of the Taskforce

Briefing: INITIAL ADVICE: COVID-19 TESTING AND INNOVATION SYSTEM TASK FORCE

DPMC-2021/22-1963

DPMC: 4534417

[IN CONFIDENCE]



Aide-Memoire

RECONNECTING NEW ZEALANDERS READINESS FOR STEPS

To	Rt Hon. Jacinda Ardern, Prime Minister Hon. Chris Hipkins, Minister for COVID-19 Response	Report No	DPMC-2021/22-1709
From	Cheryl Barnes, DCE, COVID-19 Group, DPMC	Date	16/03/2022

Purpose

1. This Aide-Memoire provides an update on the status of system readiness to go live with the next steps of Reconnecting New Zealanders.

Background

2. On 28 February, the Prime Minister announced that from 11.59pm on Sunday 13 March additional skilled workers and those with working holiday visas can travel to New Zealand from anywhere in the world (referred to as Step 2.2). Step 2.2 was completed successfully as planned.
3. On Friday 25 March, the New Zealand Traveller Declaration (NZTD) will be released and will replace the existing Nau Mai Rā (NMR) system, which provides travellers with the ability to make their travel declarations, including vaccination status, pre-departure test (PDT) results and travel history, digitally. It is currently expected that from Thursday 31 March, use of the NZTD for all travellers wanting to enter New Zealand will become mandatory.
4. On 14 March, Cabinet agreed that:
 - a. Eligible international arrivals to New Zealand who do not meet the definition of 'fully vaccinated' will no longer be required to undertake MIQ – the system is working towards the ABO/ DG notices being updated on Friday 18 March and effective from Sunday 20 March;
 - b. To bring forward reopening to Australia Citizens and permanent residents arriving from anywhere in the world to align Step 3, from 11.59pm on Tuesday 12 April as part of Step 3 (referred to as Step 3.1);
 - c. Lastly, visa waiver travellers and existing holders of valid visitor visas (both onshore and offshore) to commence from 11.59pm on Sunday 01 May (referred to as Step 3.2).
 - d. Appendix A summarises these steps and highlights these changes.
5. This report provides updates on readiness for (1) Step 2.3 - the removal of MIQ for unvaccinated New Zealanders, (2) the NZTD release and (3) Step 3.1.
6. Attached to this Aide Memoire is a readiness report dated 16 March 2022.

Comment

Traveller numbers

7. Since Step 1 of RNZ, at 11.59pm on Sunday 27 February, over 30,000 people have travelled to New Zealand in the self-isolation and MIQ pathways. This averages around 1,900 people per day and includes QFT numbers. Of these:
- 20,627 were from Australia
 - 2,988 were from Pacific QFT countries
 - 6,541 were from the Rest of the World

Some benchmarks:

- Between 10 January and 13 February, we averaged 560 people per day;
- In March 2019 we averaged 18,761 people per day;
- RNZ has almost tripled the number of arrivals, however, remains approximately 10% of pre-COVID numbers.

Readiness

8. This report has an overall Green rating, with activities remaining on track for the current steps included in the report.
9. Work continues across agencies to ensure the necessary processes and communications are in place across staff, industry and travellers. These are similar activities to those required for previous steps, and as such, the changes needed are well understood by the system.
10. However, the Border Implementation team have stated that they require five days to operationalise the removal of the MIQ requirement for unvaccinated New Zealanders as the removal of the MIQ requirement for unvaccinated New Zealanders requires a full cycle of change to all guidance material with Airlines and Staff both onshore and offshore.
11. This five days' requirement is likely to be squeezed. Border agencies are reviewing the support needed to operationalise the changes with a compressed timeframe. This may mean that the change is made before all readiness activities are complete with some remaining activities needing to be completed post-launch.
12. We are continuing to monitor the operational pain points the teams are experiencing. These are not impacting readiness and are included here for awareness:
- Eligible travellers with New Zealand citizens** - there is no systemic way to identify non-New Zealand nationals, partners and children that are eligible to travel to NZ with a New Zealander; it must be completed at the airport. *Update: The Border teams are continuing to process these travellers manually while reviewing communications to travellers.*
 - Nau Mai Rā (NMR) completion rates** – Latest estimates show a small increase of 1% to 14% of travellers are failing to complete NMR declarations. If not resolved, the NZTD may not achieve high levels of adoption/ compliance. *Update: Non-completion rates continue to put pressure on the Border teams. Noticeably higher levels of non-compliance from airlines who have only previously operated red flights where passengers did not require NMR e.g. Singapore and Emirates. Training being undertaken at airport level and customised airline approaches being developed. Communications continue to be refined. Focus shifting to how to maximise compliance for NZTD when it launches.*
 - MIQ Voucher Release** – A number of travellers on the 'test on arrival' pathway are failing to release unneeded MIQ vouchers, creating additional manual processes for Border staff and the risk that travellers go to MIQ who are eligible to self-isolate. *Update: MIQ are continuing to engage with all voucher holders due to arrive in New Zealand between now and 30 April and are working through cancelling all vouchers*

held by travellers that do not need to go to MIQ. MIQ are continuing to check new vouchers secured and clarifying with the returnee to confirm if MIQ is needed.

- d. **NEW – PDTs under NZTD** - With the implementation of the NZTD and increased scrutiny on PDT tests, it is likely that we will see travellers prevented from boarding their flight at short notice. This may cause negative publicity for the new system. *Update: The NZTD communications team are working through improving communications to travellers, across all agency websites and channels, to ensure alignment and clarity of PDT requirements for travellers.*

- 13. In summary, Agencies remain confident these challenges will not delay the coming steps although some readiness activities may not be completed prior to the ABO change this weekend.

1. It is recommended that you **note** the contents of this aide-memoire.

Date: 16/03/2022

Date: / /

Date: / /

Attachment A Readiness report dated 16 March



**DEPARTMENT OF THE
PRIME MINISTER AND CABINET**
TE TARI O TE PIRIMIA ME TE KOMITI MATUA

Appendix A: RNZ Timeline summary

NB: Yellow highlights reflect updates from Cabinet decisions on 14 March

Feb	March	April	May	June	July	August	September	October	November
Step 1: New Zealanders to and from Australia (Plus Nauru, Tuvalu and American Samoa)									
Step 1 – 23.59h 27 February – New Zealanders to and from Australia (Plus Nauru, Tuvalu and American Samoa)									
Step 2: New Zealanders travelling to and from everywhere plus more exceptions for Skilled Workers and Working Holiday visa holders									
Step 2.1 – 23.59h 04 March – New Zealanders able to travel to and from everywhere									
Step 2.2 – 23.59h 13 March – More exceptions for Skilled Workers, Working holiday visas									
Step 2.3 – 23.59h 20 March (TBC) – Changes to MIQ eligibility/ fully vaccinated definitions									
NZTD Launch									
NZTD launched – 25 March – Legally mandated for all travellers from 31 March									
Steps 3-5: Fully vaccinated foreign nationals and with a visa									
Step 3.1 – 23.59h 12 April – Critical workforces, sports / events, some students, existing visa holders and Australians									
Step 3.2 (previously part of step 4) – 23.59h 01 May – Visa-waiver travellers									
Step 4.2 – From July – Accredited Employer Work Visas									
Step 5 – October – Visitor / Education visas									
We are here									

Reconnecting New Zealanders Readiness Report – Status as at 16 March 2022

Overall status
GREEN

Ref	Lead agency	Group of activities	Step 2.3 MIQ	NZTD Release 25 March / Mandated use 31 March	Step 3.1 Temporary work and student visa holders and Australian citizens from 11.59pm Tuesday 12 April
1	MoH	Regulatory	<ul style="list-style-type: none"> Change ABO/DG Notices Change IQO 	<ul style="list-style-type: none"> Change ABO/DG Notices 	<ul style="list-style-type: none"> Change ABO/DG Notices
2	MoH	Border Health Updates		<ul style="list-style-type: none"> Confirm latest Health rules are current and integrated 	
3	Customs	Border Agencies	<ul style="list-style-type: none"> Review Staffing Update SOPs and processes Update staff training Update Immigration Regulations Update Safe Travel Advisory 	<ul style="list-style-type: none"> Review Staffing Update SOPs and processes Update staff training Update Immigration Regulations Update Safe Travel Advisory 	<ul style="list-style-type: none"> Review Staffing Update SOPs and processes Update staff training Update Immigration Regulations Update Safe Travel Advisory
4	Customs	Aviation sector	<ul style="list-style-type: none"> Update FAQ for aviation Update sector advice/ websites 	<ul style="list-style-type: none"> Update FAQ for aviation Update sector advice/ websites Mobilise Queenstown and Wellington operational support (dates TBC) 	<ul style="list-style-type: none"> Update FAQ for aviation Update sector advice/ websites
5	MBIE	ALOs / Immigration	<ul style="list-style-type: none"> Update Training for Offshore airports Finalise Integrated Call Centre ready including out of hours and overflow Finalise training for IBOC 	<ul style="list-style-type: none"> Update Training for Offshore airports Finalise Integrated Call Centre ready including out of hours and overflow Finalise training for IBOC 	<ul style="list-style-type: none"> Update Training for Offshore airports
6	DPMC	Communications	<ul style="list-style-type: none"> Update websites across government Update sector advice/ websites 	<ul style="list-style-type: none"> Update websites across government Update sector advice/ websites 	<ul style="list-style-type: none"> Update websites across government Update sector advice/ websites
7	MBIE	MIQ changes	<ul style="list-style-type: none"> Update MIQ website Advise those in MIQ of departure Engage with suppliers, partners and stakeholders 		
8	Customs	NZTD		<ul style="list-style-type: none"> Complete Pilot 4 – 22 March (postponed and being re-planned for the week of 21 March to accommodate health rule and border setting changes, and enhancements) Deliver Privacy Impact Assessment, MOU between Agencies Deliver technical/operational support and testing for pilots and go live Implement operational readiness processes Deliver supporting communications and engagement to agencies, stakeholders, airlines and travellers Make final changes based on pilot learnings – 24 March Update NZTD with setting changes – 24 March Open NZTD system 'Go live' - 25 March 	

Legend:
≠ Not started
○ Work in-progress
✓ Complete



Aide-Memoire

RECONNECTING NEW ZEALANDERS READINESS FOR STEPS

To	Rt Hon. Jacinda Ardern, Prime Minister Hon. Chris Hipkins, Minister for COVID-19 Response	Report No	DPMC-2021/22-1985
From	Cheryl Barnes, DCE, COVID-19 Group, DPMC	Date	20/04/2022

Purpose

1. This Aide-Memoire provides an update on the status of system readiness to go live with the next steps of Reconnecting New Zealanders.

Background

2. This report provides an update on readiness for: (1) Step 3.2 – visa waiver travellers and existing visa holders from 11.59pm on 01 May; (2) Step 4 – Accredited Employer work visas from July; and (3) Step 5 – Visitor / Education Visas by October. Appendix A provides an overview summarising the Reconnecting New Zealanders (RNZ) steps, settings, and pathways.
3. Attached to this Aide Memoire is a readiness report dated 20 April 2022.

Traveller volumes and airline updates

Passenger numbers since step 1 of reconnecting and comparisons:

4. Numbers of travellers since RNZ Step 1 (28 February to 12 April):
 - i. Total – 138,882
 - ii. Australia – 88,893
 - iii. Rest of the World – 49,989
5. Numbers have continued to rise since step 1 of RNZ and numbers in the past week have increased by 30%. It is unclear how much of this jump is due to the Australian reopening on 12 April or the school holidays:
 - i. Rest of the world - average of 1,930 per week for the seven days from 28 February and 3,438 for the seven days from 06 April and 4,483 for the past seven days
 - ii. Australia - average of 1,527 per week for seven days from 28 February and 2,319 for the seven days from 06 April and 3,108 for the past seven days.

Key operational updates including readiness

8. This report has an overall **Green rating**, with activities remaining on track for the current step included in the report.
9. Agencies remain confident that they are on track to deliver step 3.2 (visa waiver travellers) on 01 May, with no issues reported that will cause delays. Agencies are largely managing these changes as part of their 'business as usual' activities. Appendix B includes a readiness summary.
10. This is the first period of two weeks or more since Step 1 in February that there have been no mandated changes to the system. This period is critical to bed-in the new processes. Customs, on behalf of the portfolio, is leading work to identify what improvements could be made to the system to sustain the recent changes. Customs are also facilitating a workshop with sector representatives that will feed into this brief and informal piece of work.
11. The system continues to evolve, and the following changes have either been made in the past week or will be made imminently. They are included here for awareness:
 - a) The new arrival card came into use at midnight last night. Distribution and communication to all airports, airlines and ports was finalised last week and training material prepared for staff briefings. Further interventions will be undertaken to manage any specific airline issues identified.
 - b) Scanning processes for the new arrival card are being updated to remove the feed to MoH. This will mitigate privacy issues now that the Arrival card no longer has health related questions on it. Health will continue to support and pay for the scanning contract on behalf of border agencies until 30 June as part of a pre-arranged transition period.
 - c) In order to avoid potential disruption during the current holiday season, Nau Mai Rā passes have been extended until 23.59h on 30 April.
 - d) The pilots for eGates at Wellington and Christchurch airports have commenced. Auckland will likely commence in the next fortnight.
 - e) Advance Passenger Processing (APP) was switched back on last weekend. This critical tool maximises the use of border agencies' intelligence to manage risks offshore and protect our border. It has already helped identify "traditional" border risks, outside of COVID risk management, and prevented people of interest from boarding flights to New Zealand.

Recommendations

1. It is recommended that you **note** the contents of this aide-memoire.

Cheryl Barnes

Cheryl Barnes
**Deputy Chief Executive
COVID-19 Group**

Date: 20/04/2022

NOTED

Rt Hon. Jacinda Ardern
Prime Minister

Date: / /

NOTED

Hon. Chris Hipkins,
Minister for COVID-19 Response

Date: / /

Cc: COVID-19 Chief Executives Board (with regular meeting papers), COVID-19 Independent Continuous Review, Improvement and Advice Group

Attachment A Readiness report dated 20 April



Appendix A: RNZ summary

IN CONFIDENCE

Te Kāwanatanga o Aotearoa
New Zealand Government

Reconnecting New Zealanders: Policy Summary (20 April 2022)

Entry pathways

Travellers will enter using one of four entry pathways – only three of these are in use today:



Quarantine Free Travel – entry without quarantine or isolation for eligible travellers from some Pacific Countries



Testing on arrival – entry without quarantine or isolation for eligible travellers with testing before departure and after arrival (on day 0/1 and 5/6)
This is the main entry pathway to New Zealand.



Managed Isolation and Quarantine – full MIQ for other travellers – small number of exceptional travellers are allowed to use MIQ (e.g. refugees, Antarctic survey team, Air Crew). These individuals can leave MIQ at any time.



The **self-isolation pathway** is not currently in use.

Key settings summary

Setting	QFT	Test on arrival	MIQ
PDT:	Not required	48h PCR or 24h RAT/LAMP	
Vaccinated		NZers: N/A Non NZers: Vaccinated with approved vaccine	
Contact tracing info/ 14 day travel history		Self-declaration in NZTD	MIQ team completes NZTD
Testing	Not required	RAT on day 0/1 & 5/6 If positive, PCR at a CTC	Testing on day 0/1, day 3, day 5/6
Positive test	N/A	Self isolate	Moved to Quarantine facility
Airport health screening	Option to self-refer	Option to self-refer	Required

Reconnecting New Zealanders step phasing and timing

Feb	March	April	May	June	July	August	September	October	November
Completed steps <ul style="list-style-type: none"> Step 1.1 – 23.59h 27 February – New Zealanders to and from Australia (Plus Nauru, Tuvalu and American Samoa) Step 1.2 – 23.59h 02 March – Removal of the need to self-isolate for 7 days Step 2.1 – 23.59h 04 March – New Zealanders able to travel to and from everywhere Step 2.2 – 23.59h 13 March – More exceptions for Skilled Workers (1.5x median wage), Working holiday visas MIQ changes – 23.59h 18 March – Changes to MIQ eligibility/ fully vaccinated definitions NZTD Launch – 25 March – NZTD legally mandated for all travellers from 31 March Pacific pathway changes – Shift of the Cook Islands, Samoa, Vanuatu, and American Samoa to the Testing on Arrival pathway (23.59h on 6 April) – therefore QFT remains for direct flights from Nauru, Niue, Tokelau and Tuvalu Step 3.1 – 23.59h 12 April – More border exceptions for critical workforces, students, and sports/events and Australians 									
Outstanding steps <ul style="list-style-type: none"> Step 3.2 (previously part of step 4) – 23.59h 01 May – Visa-waiver travellers and existing visitor visa holders Step 4 – 4 July – Accredited Employer Work Visas and Work Visas* Step 5 – 31 July – Visitor Visas and Student Visas* 									

Phasing and timing diagram notes: Grey boxes are live. Prior to the RNZ plan, one-way QFT existed with the Cook Islands, Niue, Samoa, Tokelau or Vanuatu, plus travel from Tonga required self-isolation since 22 February. Travel from Tonga required self-isolation since 22 February. Further, the following people have been permitted to travel throughout COVID, albeit with MIQ requirements: NZ citizens; NZ permanent residents or resident visa holders; Australian citizens or permanent residence visa holders where NZ is their primary place of residence; People with border exceptions or a critical purpose reason to travel; Partners, dependent children, or parents of a dependent child who: hold a visa based on their relationship to an NZ citizen or resident, are travelling with a New Zealander or resident, or are ordinarily resident in NZ.

* SUBJECT TO CABINET DECISIONS TAKEN 19 APRIL. CABINET MINUTE PENDING.

IN CONFIDENCE

Z Appendix B: RNZ summary

~~IN CONFIDENCE~~

Te Kaitiaki o Aotearoa
New Zealand Government

Reconnecting New Zealanders Readiness Report – Status as at 20 April 2022

Overall Status
GREEN

Ref	Lead agency	Group of activities	Step 3.2 Visa waiver countries from 11.59pm Sunday 01 May	Step 4 – Accredited Employer work visas from July	Step 5 – Visitor / Education visas – by October
1	MoH	Regulatory			
2	MoH	Border Health Updates	✓ Confirm sufficient welcome packs available		
3	Customs	Border Agencies	<ul style="list-style-type: none"> ✓ Review Staffing ✓ Update SOPs and processes ✓ Update staff training ✓ Update Immigration Regulations 	<ul style="list-style-type: none"> ≠ Review Staffing ≠ Update SOPs and processes ≠ Update staff training ≠ Update Immigration Regulations ≠ Update Safe Travel Advisory 	<ul style="list-style-type: none"> ≠ Review Staffing ≠ Update SOPs and processes ≠ Update staff training ≠ Update Immigration Regulations ≠ Update Safe Travel Advisory
4	Customs	Aviation sector	<ul style="list-style-type: none"> ≠ Update FAQ for aviation ✓ Update sector advice/ websites 	<ul style="list-style-type: none"> ≠ Update FAQ for aviation ≠ Update sector advice/ websites 	<ul style="list-style-type: none"> ≠ Update FAQ for aviation ≠ Update sector advice/ websites
5	IMBIE	ALOs / Immigration	✓ Update Training for Offshore airports	≠ Update Training for Offshore airports	≠ Update Training for Offshore airports
6	DFMEC	Communications	<ul style="list-style-type: none"> ○ Update UAC and websites across government ○ Ensure 'Re-educate the traveller project' continuing ○ Finalise end-to-end positive traveller web content ○ Finalise PDT form for travellers 	<ul style="list-style-type: none"> ≠ Update UAC and websites across government ≠ Ensure 'Re-educate the traveller project' continuing 	<ul style="list-style-type: none"> ≠ Update UAC and websites across government ≠ Ensure 'Re-educate the traveller project' continuing

Legend: ≠ Not started
○ Work in-progress
✓ Complete



Aide-Memoire

MODELLING OVERVIEW

To	Prime Minister's Office	Report No	DPMC-2021/22-2197
From	Alice Hume	Date	20/05/2022

DHBs and the Omicron Wave

1. Nationally daily case counts have a seven-day rolling average of approximately 8,000 (156 per 100,000, which is similar to the baseline that Australian states reached after their second wave). This represents an increase of 4 percent over the past 14 days.
2. Most District Health Boards (DHBs) are now at their post-peak baseline level, having only changed marginally over the last two weeks. However, four (West Coast, MidCentral, Nelson-Marlborough, and Southern) are still declining out of their first wave, while the three Auckland DHBs and Waikato are now increasing, heading into their second peak¹.

Post-Peak (Daily Case Numbers Steadily Declining)	At Post-Peak Baseline / Low	Start of a secondary peak.
West Coast MidCentral Nelson-Marlborough Southern	New Zealand (average) Bay of Plenty Canterbury Capital and Coast Hawke's Bay Hutt Valley Lakes Northland Tairāwhiti Taranaki Wairarapa Whanganui South Canterbury	Auckland Counties Manukau Waikato Waitemata

5. Nationally, over the last 14 days almost all age brackets have experienced slight increases in daily case counts. The exceptions to this are those brackets aged 10 to 19 years and 49 to 49 years, which increased by 22 percent and 15 percent respectively, while those aged 20 to 29 declined by 15 percent. Older age groups remain behind younger age groups in terms of their rate of increase – cases aged 60 to 69 increased by 4 percent, while cases aged 70 or older increased by 1.9 percent.

¹ The model scenarios suggest that the secondary Omicron wave will peak significantly lower than the first wave, but the nature of the second wave may impact on this.

6. Two weeks ago, the Northern Region² changed how hospital bed occupation was recorded to align with the rest of New Zealand. This resulted in a significant drop in this indicator for the region, which, given that a significant proportion of New Zealand's COVID-19 hospitalisation was in the Northern Region, resulted in a significant decline in national hospital bed occupation figures. With this in mind, while it would *appear* that national hospital bed occupation figures have increased over the last two weeks, it is too early to suggest that this is the beginning of a second wave.
7. While the increase in hospital bed occupation is mirrored in the Northern and Central³ Regions, Te Manawa Tahī⁴ is still declining off its wave peak, and Southern Region⁵ is having a prolonged plateau at its peak level.
8. New Zealand surpassed 1,000 COVID-19 related fatalities on 18 May. While the number of fatalities being reported on a daily basis continues to average 17, most days this number includes a significant number of fatalities with a date of death several days earlier. (Appendix 2 refers)
9. Previously, you were briefed on work being undertaken regarding mortality statistics, including publication. This metric was published on 18 May via the [COVID-19 Data Portal](#), alongside an accompanying press release from Ministers Hipkins and Verrall. The portal notes that this is an experimental series (not official statistics) and will be updated on a weekly basis.

COVID Protection Framework Change Scenarios

10. COVID-19 Modelling Aotearoa has undertaken modelling for a series of 'what-if' scenarios, which approximately model what impact national changes in COVID-19 Protection Framework (CPF) colours might have. While these scenarios don't account for specific policy changes at CPF levels (such as mask mandates, gathering limits), they do model the corresponding change in public social interaction and transmission that generally results from a step change in public health measures.
11. The scenarios that have been modelled are based on the existing "C" scenario (Appendix 2 provides an overview of scenarios), including and excluding the hypothetical July 1 change in age transmission towards older age groups (which is a feature of scenario C):
 - a. A gradual 8 percent transmission increase from May 25 (replicating a move from **orange to green**).
 - b. A gradual 16 percent transmission decrease from May 25 (replicating a move from **orange to red**).
12. The move from orange to green results in hospital bed occupation having a prolonged secondary wave peak of approximately 559, that only marginally declines through June to August, while fatalities continue unabated through 2022 to a cumulative fatality count of 2,600. Conversely, the scenario that moves from orange to red sees a rapid decline in hospital bed occupation after a small secondary peak. This will see the baseline daily hospital bed occupation of about 100 carried through to July and August, until vaccination and infection immunity wane in September and October, resulting in a low tertiary wave through into November and a cumulative fatality count of 1,800.

² Northland, Auckland, Waitemata, and Counties Manukau DHBs.

³ Hawkes Bay, MidCentral, Whanganui, MidCentral, Hutt Valley, and Capital and Coast DHBs.

⁴ Waikato, Bay of Plenty, Lakes, Tairāwhiti, and Taranaki DHBs.

⁵ South Island DHBs.

13. When a hypothetical change in the age profile of cases on July 1 is factored in, this results in a large tertiary wave of hospital bed occupation that peaks five weeks later at 1,450 (for the orange to green scenario), and 10 weeks later at 1,000 (for the orange to red scenario). The change in age profile of cases also has a dramatic impact on fatalities, which reach an end of 2022 figure of 2,700 (orange to red) and 3,800 (orange to green). (Appendix 3 refers)

Isolation Modelling

14. CMA has been exploring the impact that different isolation and quarantine (including as relates to testing) settings have on the share of infected contacts and cases in the community, and the impact of this on overall transmission and hospitalisations. This modelling has recently informed the review of self-isolation and quarantine periods (DPMC-2021/22-2137 refers).
15. Both the Network Contagion Model (NCM) and Branching Process Model (BPM) were used to inform this work. Because the NCM does not currently incorporate reinfection and waning immunity, this model was only used to identify the short-term impacts of the policy changes (i.e. the impact on cases and hospitalisations roughly 15 to 45 days after the policy change). To better understand the medium-term impacts of the changes, the BPM was used. The changes to isolation and testing were not modelled explicitly due to differences in assumptions between the NCM and BPM. Instead, Reff in the BPM was increased to match the change in short-term Reff found in the NCM. This change in transmission was assumed to continue for the rest of the year, giving an estimate of the medium-term impact of the policy change.
16. Important assumptions of the modelling include that it does not consider the use of oral antiviral therapies, and assumes continued transmission of Omicron variants similar to BA.1 and BA.2. It also does not account for the potential impact of the Close Contact Exemption Scheme. Key results from the modelling are presented below.

Table 1. Short-term impacts of policy changes

Settings	Option 1	Option 2	Option 3
Cases	5 days, test to release	5 days, test to release	5 days, test to release
Household contacts	5 days isolation	No isolation, day 3/5 testing with strong precautions	No isolation, test if symptomatic
Model	Infections		
Model 1 (NCM)	+17%	+36%	+72%
Model 2 (BPM)	+5-20%	+23-31%	+66-88%
Model	Hospitalisations		
Model 1 (NCM)	+15%	+33%	+65%
Model 2 (BPM)	+1-17%	+22-29%	+63-79%

Table 2: Cumulative impacts to the end of 2022 (using the BPM)

Settings	Option 1	Option 2	Option 3
Cases	5 days, test to release	5 days, test to release	5 days, test to release
Household contacts	5 days quarantine	No quarantine, day 3/5 testing with strong precautions	No quarantine, test if symptomatic
Infections	+2-3%	+2-5%	+5-10%
Hospitalisations	+2-3%	+4-6%	+8-11%

17. The modelling suggests that changing isolation and quarantine settings could have a significant impact on infections and hospitalisations in the short-term, but that the medium-term impact of the changes is more muted. This is because the policy changes have the effect of bringing forward the timing of the next peak, resulting in more people having immunity, which then slows the rate of new infections. However, it is important to note that if something does change throughout the time period, e.g. if a new variant that evades immunity from past infections arrives, that the overall number of infections could be higher. In such a scenario, the infections from the first wave of the new variant will be in addition to any infections from the second wave of the 'old' variant that came about due to shifting that second wave forward due to changing policy (reducing the medium term 'benefit' of higher levels of infections and the immunity they provide).

International Comparisons

18. Several international comparator countries have experienced changes in their outbreak status:
- a. Australia is showing signs of heading into its tertiary Omicron wave, helped along by a late surge in cases in Western Australia. Ireland is also showing signs of a tertiary wave, and Singapore is also increasing possibly into its secondary wave.
 - b. South Korea and most of continental Europe are still declining from their omicron peaks, although all have slowed their decline in recent weeks.
 - c. The United Kingdom, Hong Kong, and Israel are all at their post-peak baseline with a daily case count at or below their omicron wave level. (Appendix 4 refers)

Appendix 1. DHB Key COVID Tracking Metrics

DHB	Case numbers per 100,000 population (7 Day Rolling Average to 7 April)	Change in Cases over last 14 days	Change in Hosp over last 14 days	Hospitalisation 7 Day Rolling Average as a Percent of peak	Days since peak hosp (as at 5 May).
Auckland	171	12%	44%	4%	64
Bay of Plenty	94	4%	27%	-53%	53
Canterbury	197	-11%	81%	-17%	11
Capital and Coast	162	4%	38%	63%	57
Counties Manukau	127	23%	18%	-33%	60
Hawke's Bay	143	15%	36%	33%	53
Hutt Valley	134	7%	31%	-10%	30
Lakes	117	5%	26%	29%	44
MidCentral	138	-12%	88%	112%	35
Nelson Marlborough	153	-12%	47%	-27%	45
Northland	116	14%	22%	-68%	26
South Canterbury	211	3%	87%	86%	39
Southern	186	-22%	72%	-15%	29
Tairāwhiti	135	-12%	15%	-20%	57
Taranaki	179	9%	60%	90%	45
Waikato	137	31%	41%	-8%	47
Wairarapa	161	-5%	14%	-60%	62
Waitemata	177	23%	28%	-28%	63
West Coast	239	-2%	64%	129%	4
Whanganui	128	-6%	14%	-40%	37
New Zealand	156	4%	42%	-13%	59

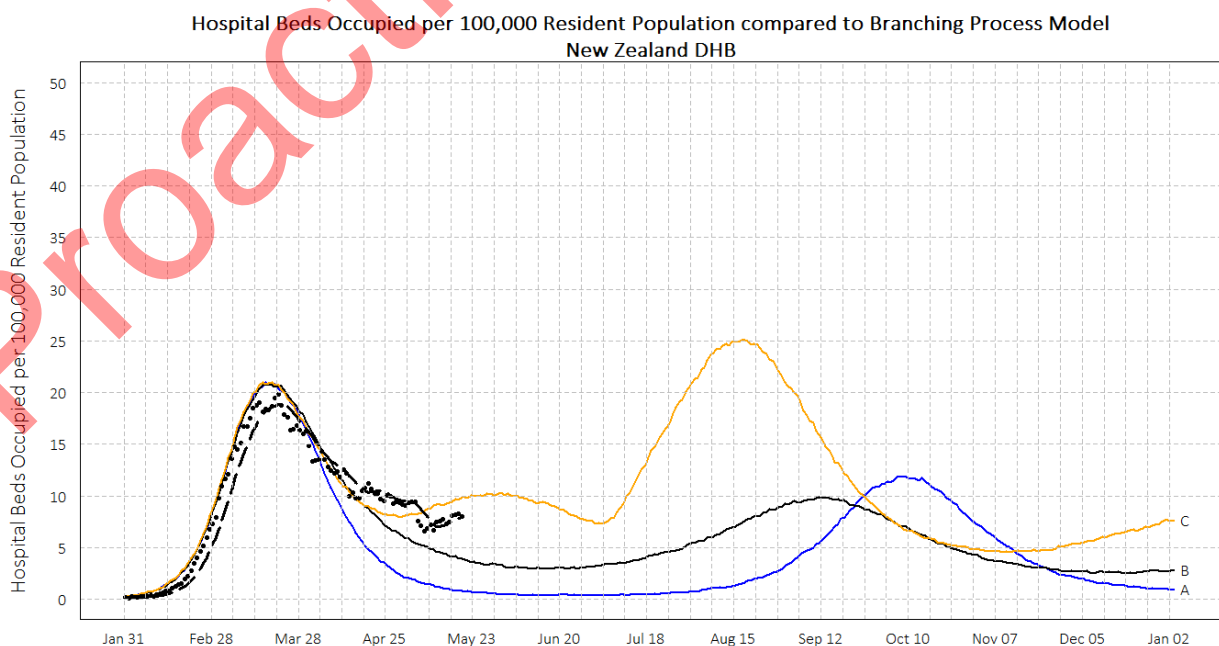
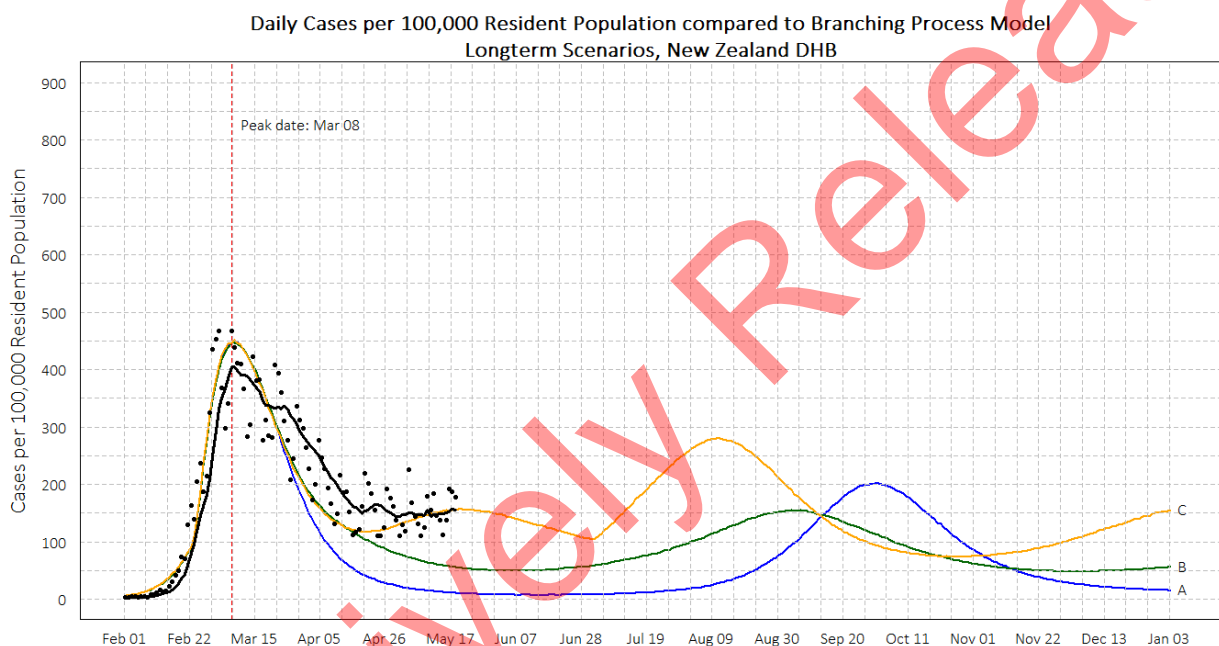
Appendix 2. Tracking Against CMA Scenarios

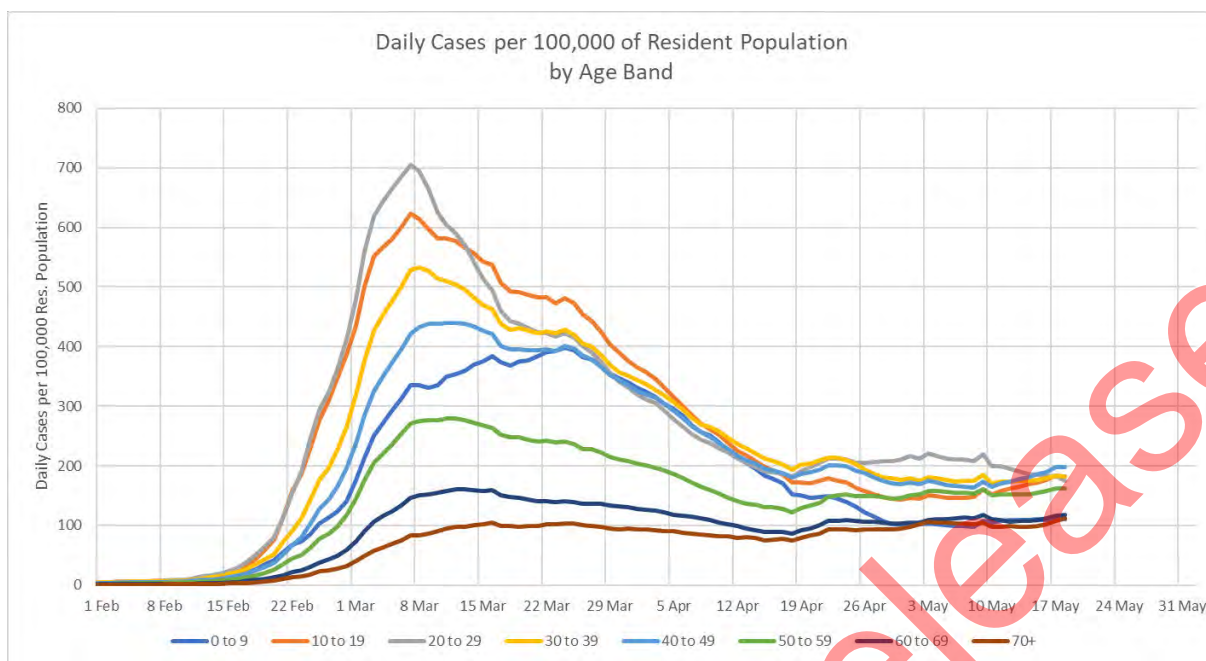
Scenarios

Three scenarios with different increases in mixing after the national peak in cases. This represents varying levels of behavioral relaxation and easing of public health interventions.

- A. Small increase in mixing after the national peak in cases
- B. Medium increase in mixing after the national peak in cases
- C. Large increase in mixing after the national peak in cases and a shift in the distribution of cases towards older groups at the beginning of July.

Note: The model does not include the effects of any new variants or potential fourth vaccine doses.





Source: COVID19 Modelling Aotearoa Branching Process Model (BPM), Ministry of Health

Appendix 3: CMA CPF Colour Change Scenarios

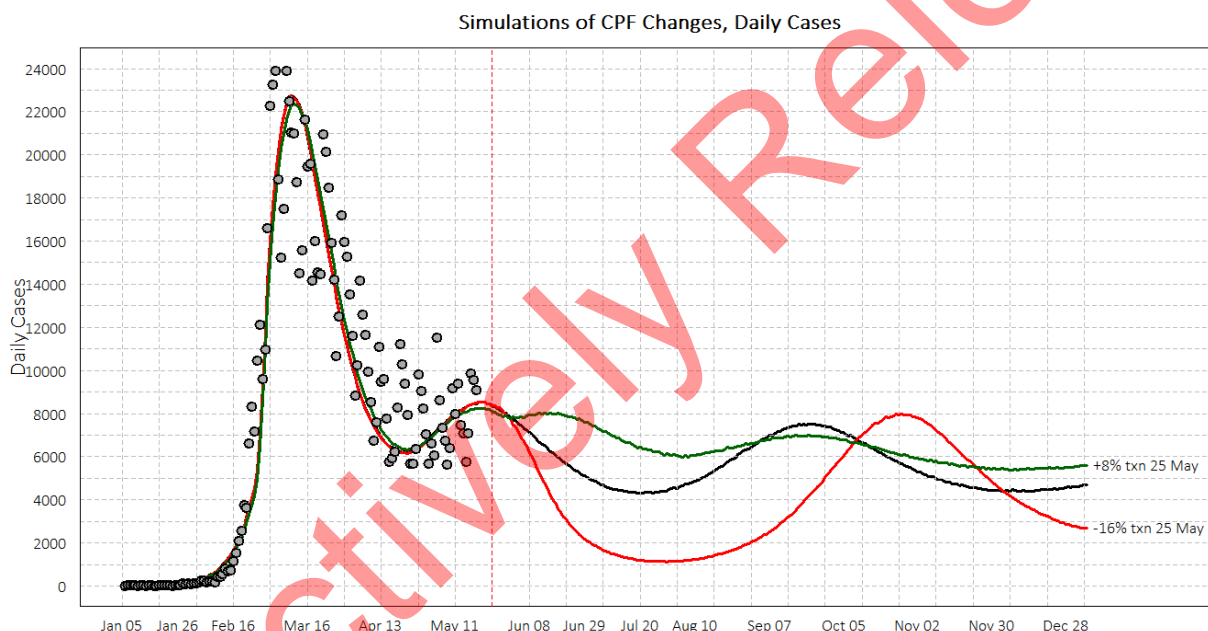
Scenarios

Using scenario “C” as a baseline the following charts model how a May 25 change from Orange to Red, and Orange to Green would play out in terms of daily cases, hospital beds occupied:

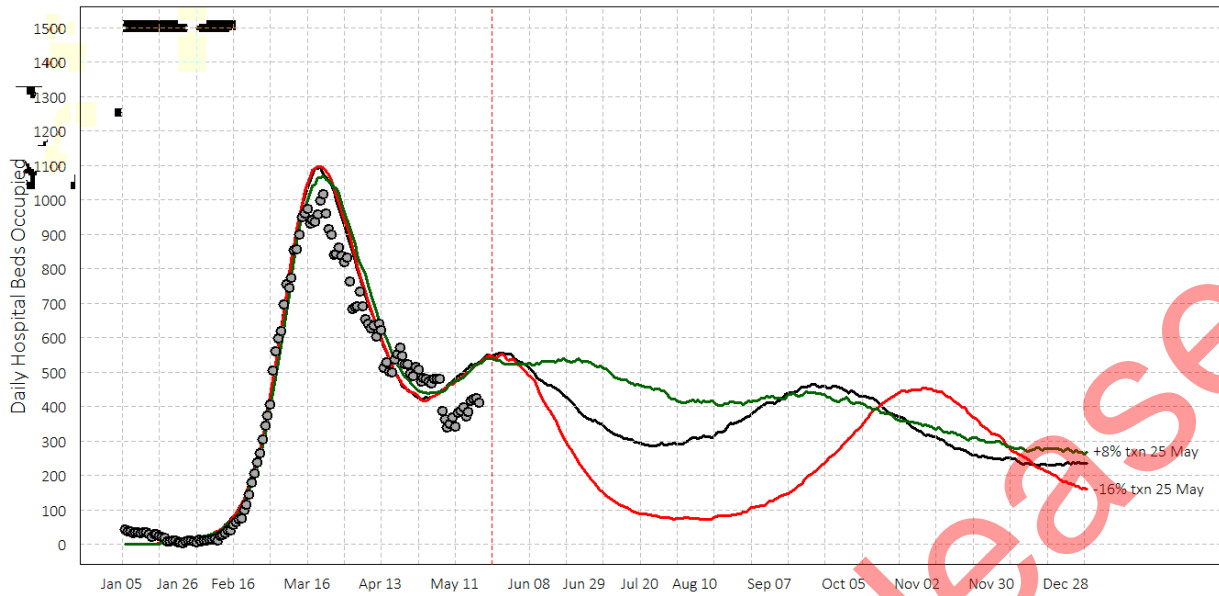
- Scenario C (remain at Orange - black line)
- Scenario C with a gradual +8% transmission change from 25th May (change from Orange to Green – green line)
- Scenario C with a gradual -16% transmission change from 25th May (change from Orange to Red – red line)

The red vertical line marks May 25 – the hypothetical day that CPF colour changes. The second set of charts also include a hypothetical change in the age profile to simulate increased mixing with older age groups from July 1 (marked by a blue virtual line).

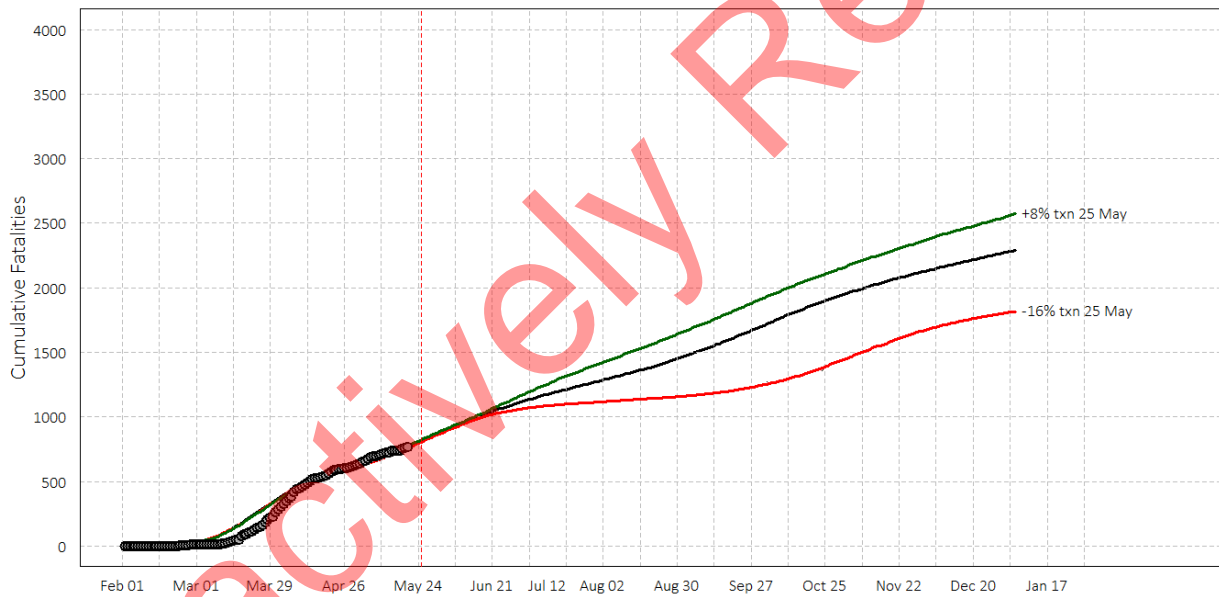
Note: The model does not include the effects of any new variants or potential fourth vaccine doses.

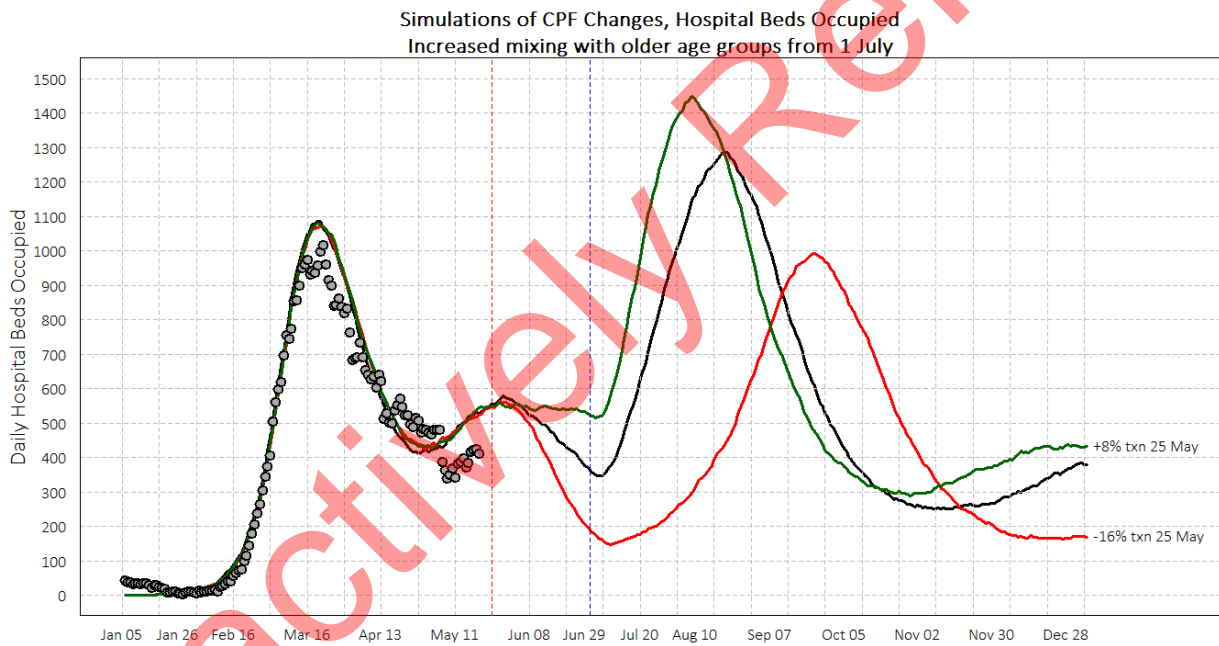
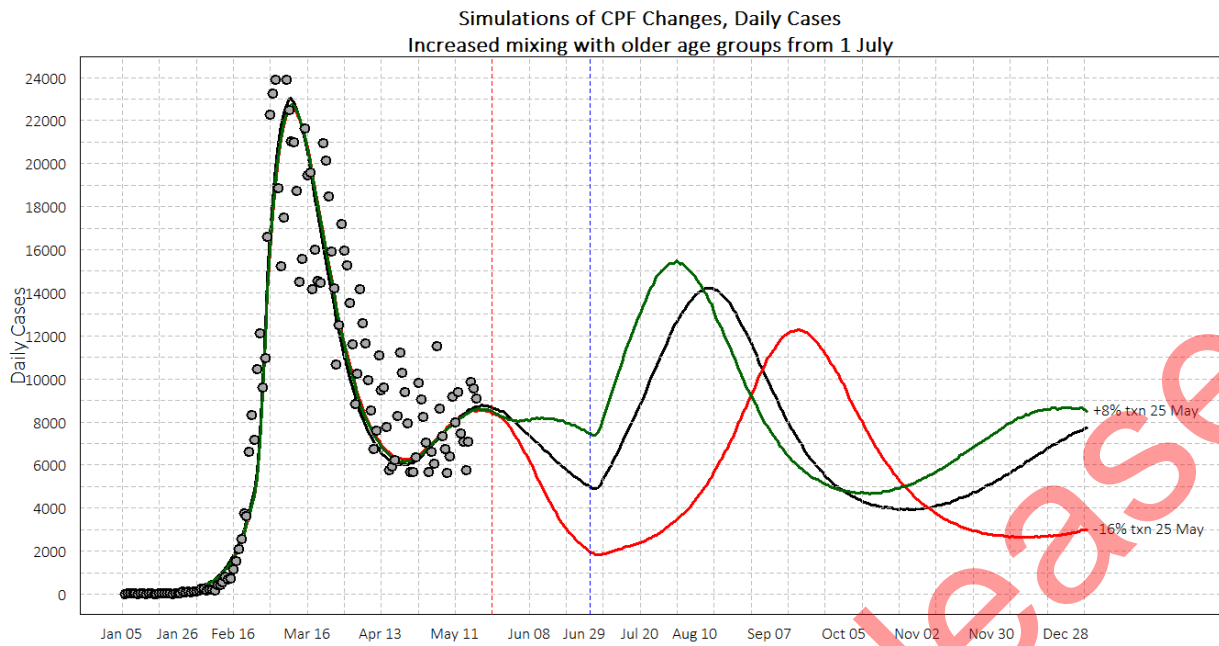


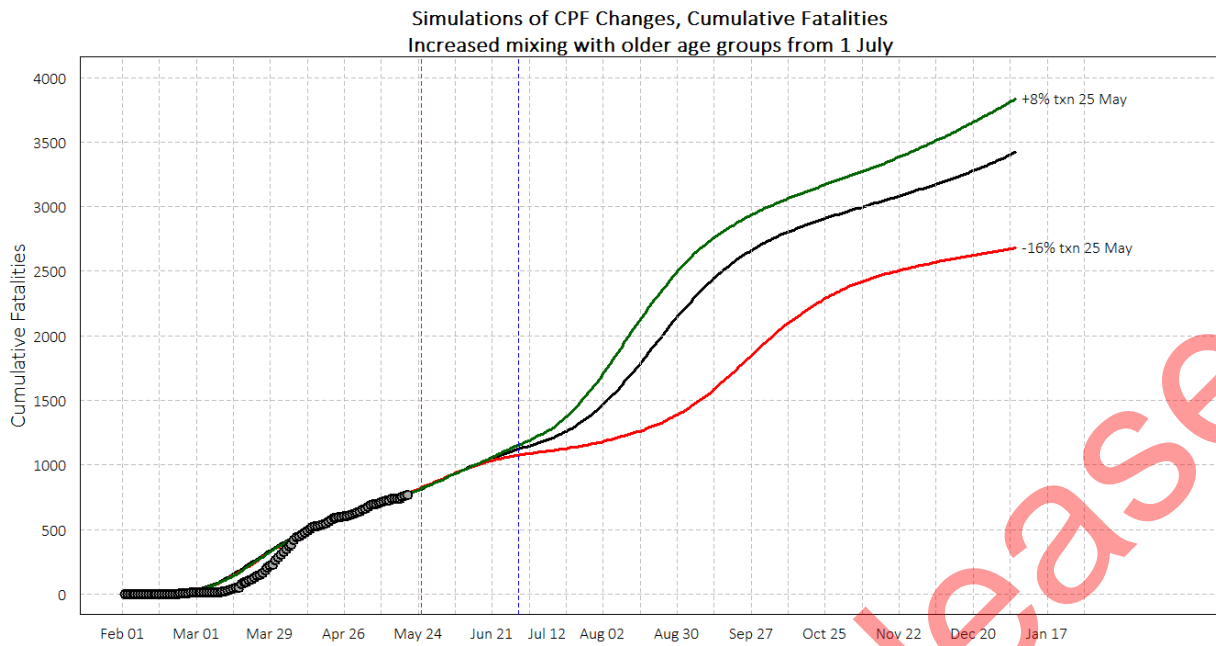
Simulations of CPF Changes, Hospital Beds Occupied



Simulations of CPF Changes, Cumulative Fatalities







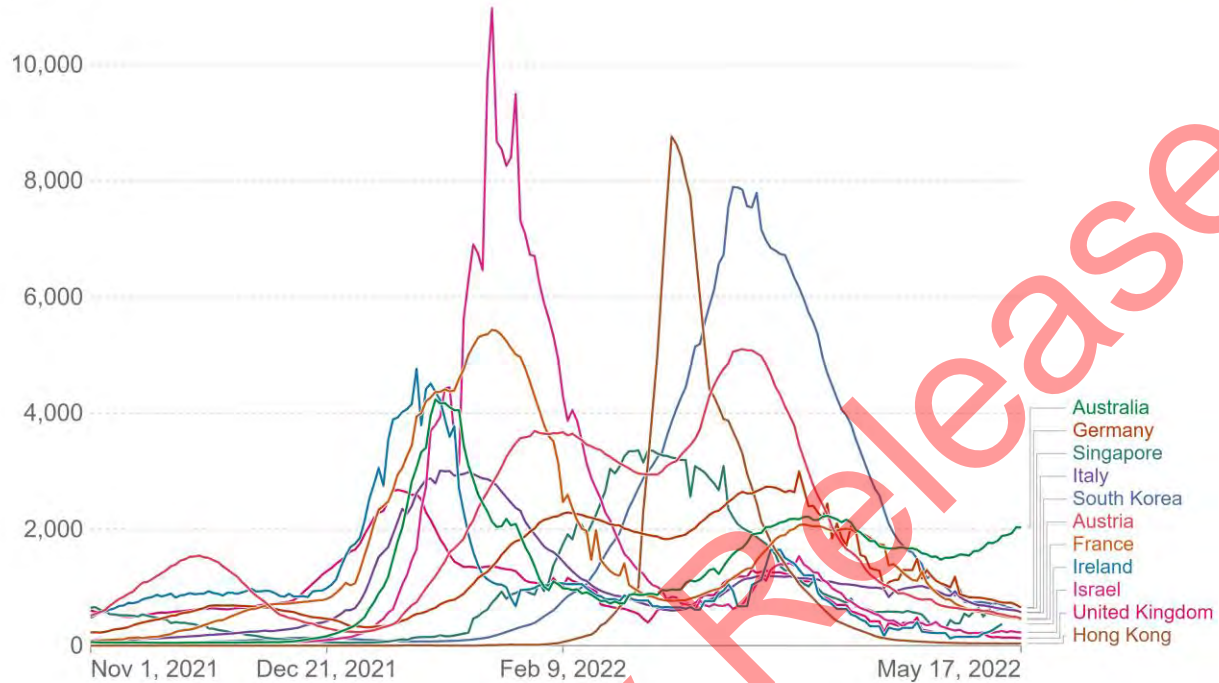
Source: COVID19 Modelling Aotearoa Branching Process Model (BPM), Ministry of Health

Appendix 4: International Comparisons

Daily new confirmed COVID-19 cases per million people

7-day rolling average. Due to limited testing, the number of confirmed cases is lower than the true number of infections.

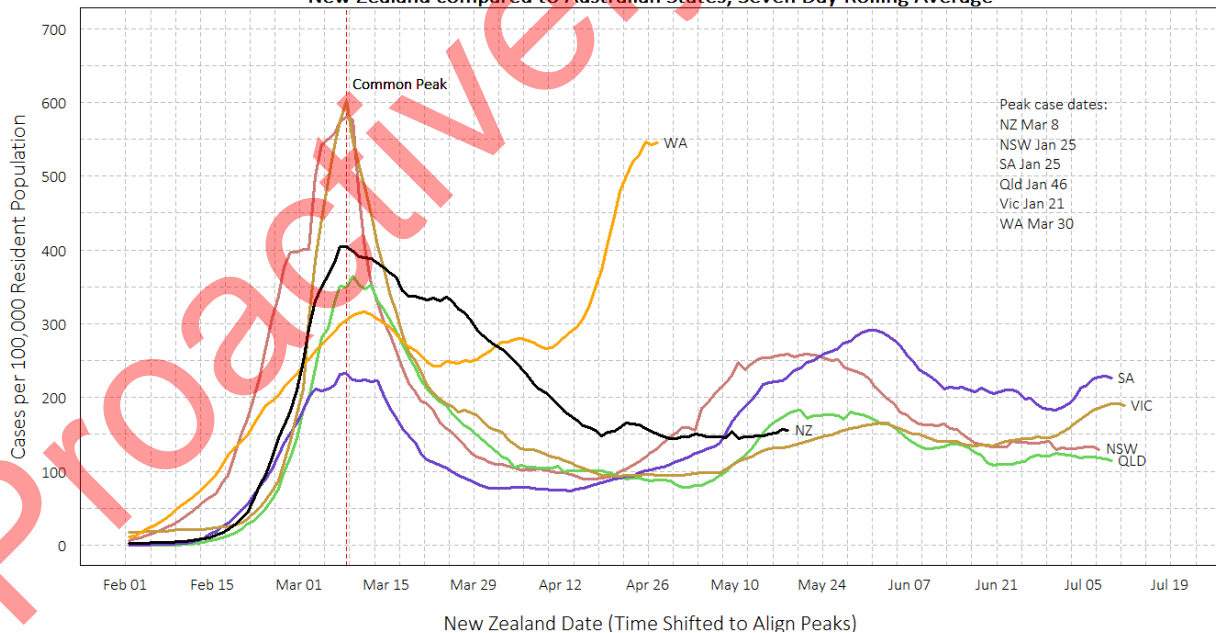
Our World
in Data



Source: Johns Hopkins University CSSE COVID-19 Data

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Cases per 100,000 Resident Population New Zealand compared to Australian States, Seven Day Rolling Average



Source: Ministry of Health, COVIDLive.com.au



Aide-Memoire

MODELLING OVERVIEW

To	Prime Minister's Office	Report No	DPMC-2021/22-1994
From	Ruth Fairhall	Date	22/04/2022

DHBs and the Omicron Wave

- As outlined in previous briefing notes, District Health Boards (DHBs) are at different points on the Omicron wave. In addition to the DHBs in the Auckland Regions which peaked several weeks ago in terms of daily case counts and hospitalisations, Capital and Coast, Waikato, Bay of Plenty, Lakes, and Tairāwhiti have also now peaked. Hutt Valley, Northland, and Southern are still yet to peak in terms of hospitalisations.

DHB	Case numbers per 100,000 population (7 Day Rolling Average to 7 April)	Hospitalisation 7 Day Rolling Average as a Percent of peak	Change in Hosp over last 14 days	Change in Hosp over last 7 days	Days since peak hosp (as at 21 April).
Auckland	107	39%	-21%	-16%	35
Bay of Plenty	122	60%	-32%	-11%	24
Canterbury	226	90%	9%	17%	21
Capital and Coast	152	33%	-10%	4%	28
Counties Manukau	84	34%	-39%	-24%	31
Hawke's Bay	144	30%	-60%	-16%	24
Hutt Valley	171	90%	26%	28%	2
Lakes	125	55%	-40%	14%	16
MidCentral	171	71%	-20%	-29%	7
Nelson Marlborough	156	70%	-28%	-11%	16
Northland	184	100%	62%	46%	0
South Canterbury	305	67%	-23%	-17%	11
Southern	277	95%	8%	22%	1
Tairāwhiti	131	19%	-77%	-75%	28
Taranaki	202	62%	-27%	14%	17
Waikato	133	44%	-52%	-42%	18
Wairarapa	162	49%	110%	75%	33
Waitemata	103	48%	-20%	-11%	34
West Coast	264	39%	-38%	-20%	11
Whanganui	185	44%	-39%	-56%	9

COVID-19 daily case tracking against modelling

2. At the time of the last COVID-19 modelling memo (DPMC-2021/22-1784), only some DHBs had peaked in terms of daily case counts. Daily case tracking has now peaked (or is anticipated to be near peak) in almost all DHBs. Of note, Auckland region DHBs have a seven-day rolling average daily case rate at or below 100 cases per 100,000 population, which is the baseline level Australian states reached before they entered a second wave. Waikato, Bay of Plenty, Lakes and Tairāwhiti are also near the 100 cases per 100,000 benchmark. West Coast is the only DHB that has not clearly peaked, experiencing a prolonged plateau at their potential wave peak.
3. Nationally, the decline in cases for all age brackets slowed in the lead up to Easter – however, a combination of data aggregation¹ and low case counts over the long weekend account for the slight up-tick in most age brackets this week (starting 18 April). Older age brackets are accounting for an increasing percentage of total cases: cases among those aged 50 and above have increased from 21 percent of the total, to 25 percent, while those aged 60 and above have increased from 11 percent to 13 percent of the total.

Hospital Bed Occupation

2. Hospitalisation has peaked nationally and in many DHBs (including the Auckland Region – which load-shares across the three DHBs, Bay of Plenty, Capital and Coast, Hawke's Bay, and Waikato). Several DHBs are experiencing either a plateau of hospitalisations at peak or a very long and gradual decline. Northland may be heading into a secondary peak in hospitalisations, likely related to lagging primary (88 percent of the population compared to an average of 95.2 percent nationally) and booster vaccination rates (69.2 percent boosted of those eligible, compared to an average of 72.7 percent nationally) in a generally more vulnerable population. Hutt Valley, Taranaki, and Whanganui appear to have volatile 'blips', which do not correspond with increases in cases in these DHBs. While there is no definitive evidence of what is causing these subsequent blips, it is currently suspected that for the smaller of these DHBs, where hospitalisations are generally very low, that these peaks likely represent random events (for example, as arising from spread in highly vulnerable settings such as aged residential care facilities).
3. While hospitalisations in the Northern Region have declined over the past two weeks, there has been a post-Easter up-tick in those brackets over the age of 50. Older age brackets are disproportionately high compared to other age brackets, with those aged over 60 accounting for 58 percent of hospitalisations (up from 52 percent two weeks ago, compared to 19 percent of the population), and hospitalisations over the age of 70 accounting for 41 percent of hospitalisations (up from 39 percent two weeks ago, compared to 8 percent of the population) (Appendix 1 refers).

Fatalities

4. Cumulative fatalities now exceed the highest Covid-19 Modelling Aotearoa (CMA) scenario, and we expect these to continue to increase even after cases and hospitalisations have declined. This can be largely attributed to the gradual shift of age distribution towards older groups which has occurred over the last month, which the modelling does not currently account for. We are working with CMA to refresh their fatality scenarios based on the most recent actual data.

¹ No data by age bracket was available over the Easter weekend.

5. This continued increase in fatalities is consistent with the experience of Queensland, New South Wales, South Australia, and Victoria, which have continued to see sustained fatality rates, even after case and hospitalisation rates have declined.
6. Previously, you were briefed on work being undertaken regarding excess mortality. This work is on-going, with Statistics New Zealand working on publication of this metric on their [COVID-19 Data Portal](#). We expect to have a draft in 'user acceptance testing' by Friday 29 April² with publication in early May.

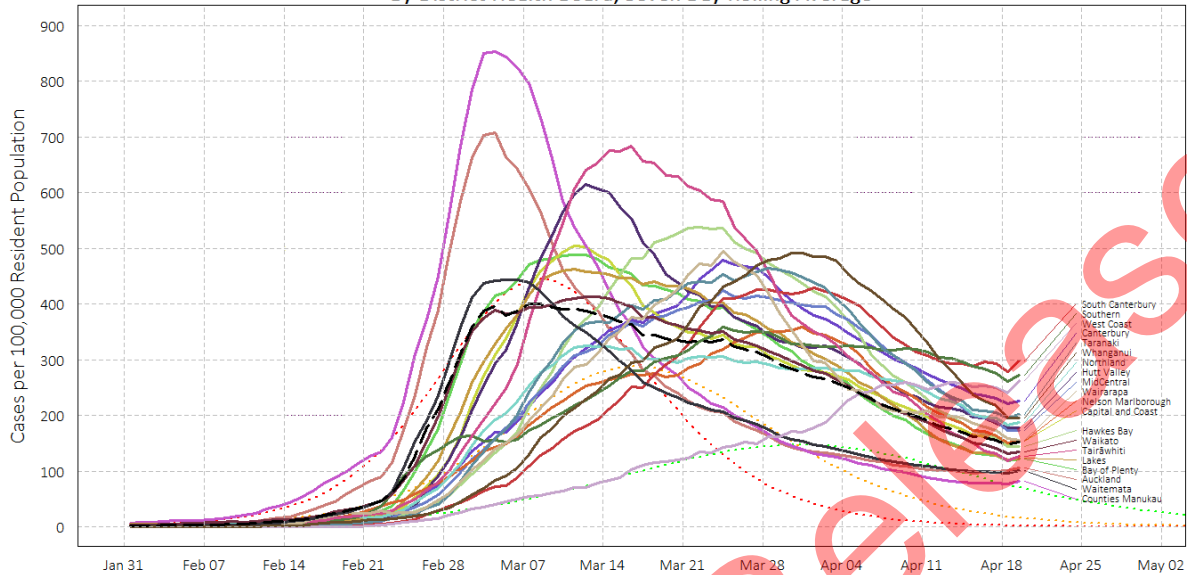
International Comparisons

7. Several international comparison countries have experienced changes in their outbreak status:
 - a. Hong Kong and South Korea are declining rapidly from their peaks, as is Singapore albeit from a lower peak.
 - b. Italy and France are slowly declining from their second peaks, while United Kingdom, Ireland, and most of continental Europe have declined more rapidly.
 - c. The four Australian States that are tracked against New Zealand are declining out of their second Omicron waves, once again tending towards the 100 cases per 100,000 baseline while cumulative deaths are slowing (Appendix 3 refers).

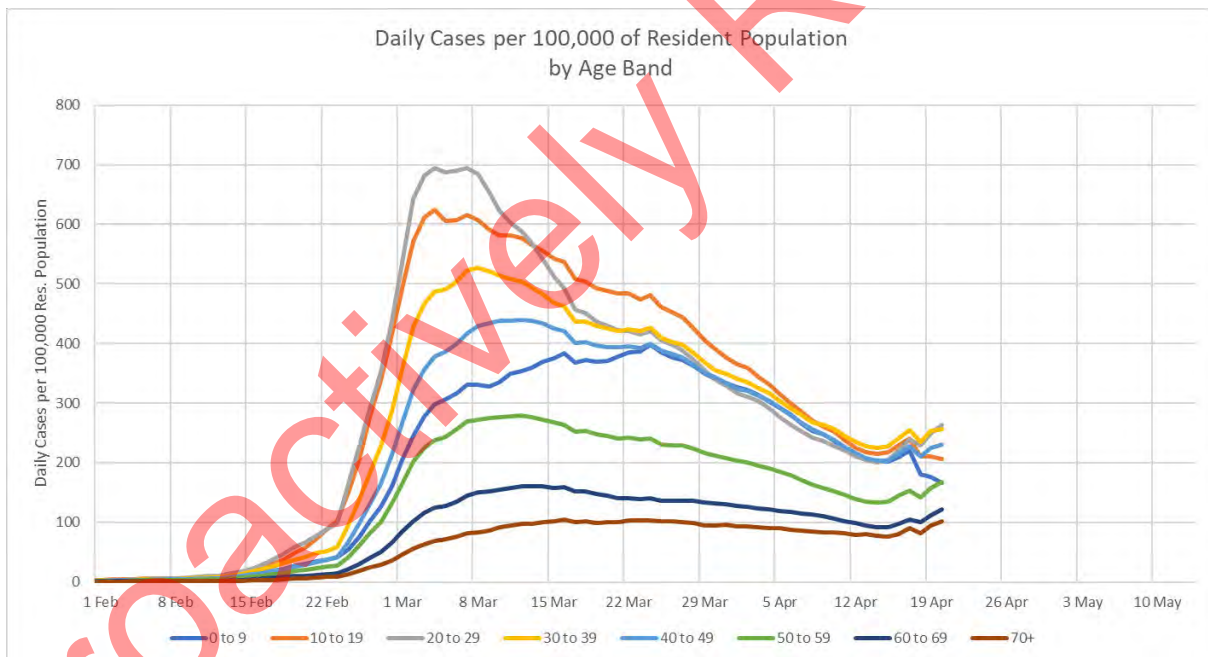
² Initially the user acceptance testing would not be accessible to anyone outside of Statistics NZ.

Appendix 1. Tracking Against CMA Scenarios

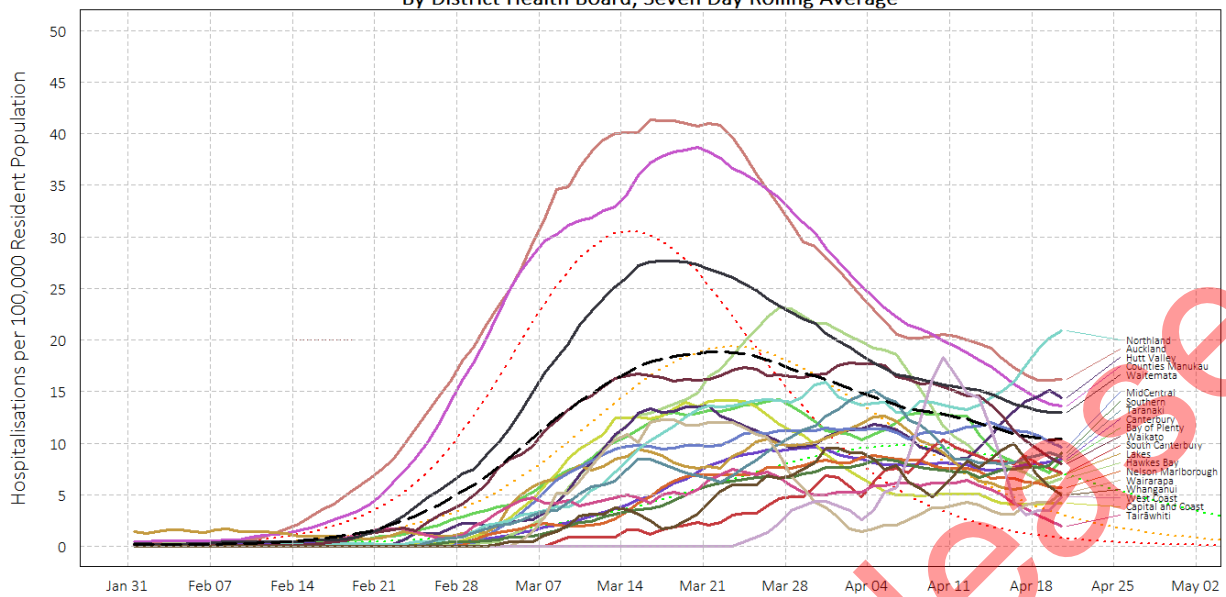
Daily Cases per 100,000 Resident Population compared to Branching Process Model
By District Health Board, Seven Day Rolling Average



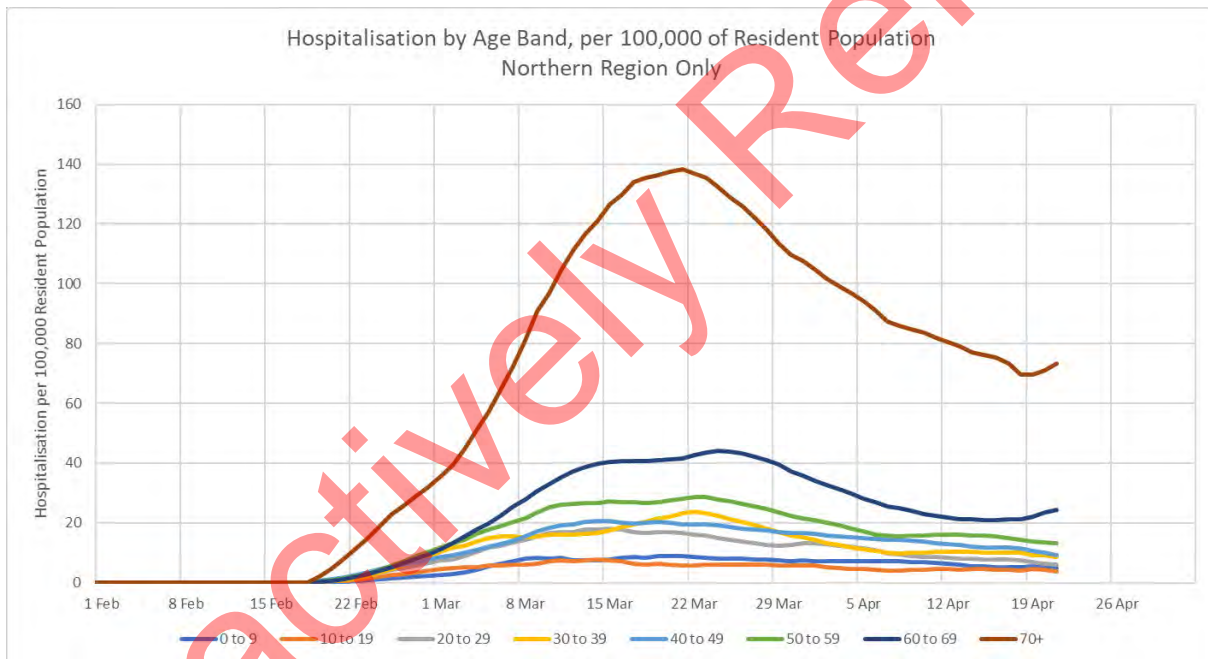
Daily Cases per 100,000 of Resident Population
by Age Band

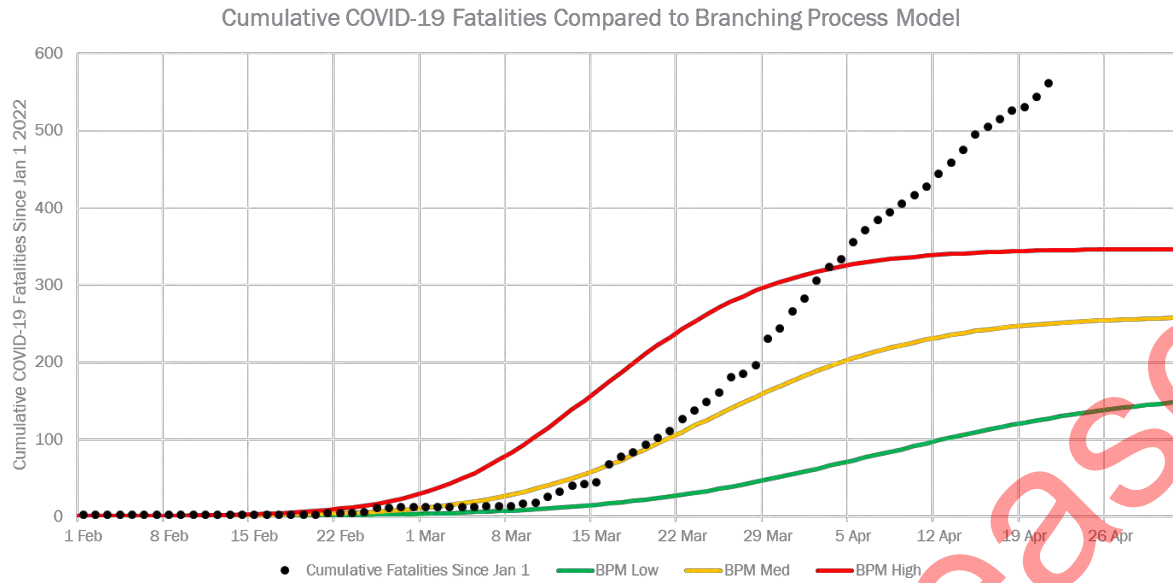


Hospitalisations per 100,000 Resident Population compared to Branching Process Model
By District Health Board, Seven Day Rolling Average



Hospitalisation by Age Band, per 100,000 of Resident Population
Northern Region Only





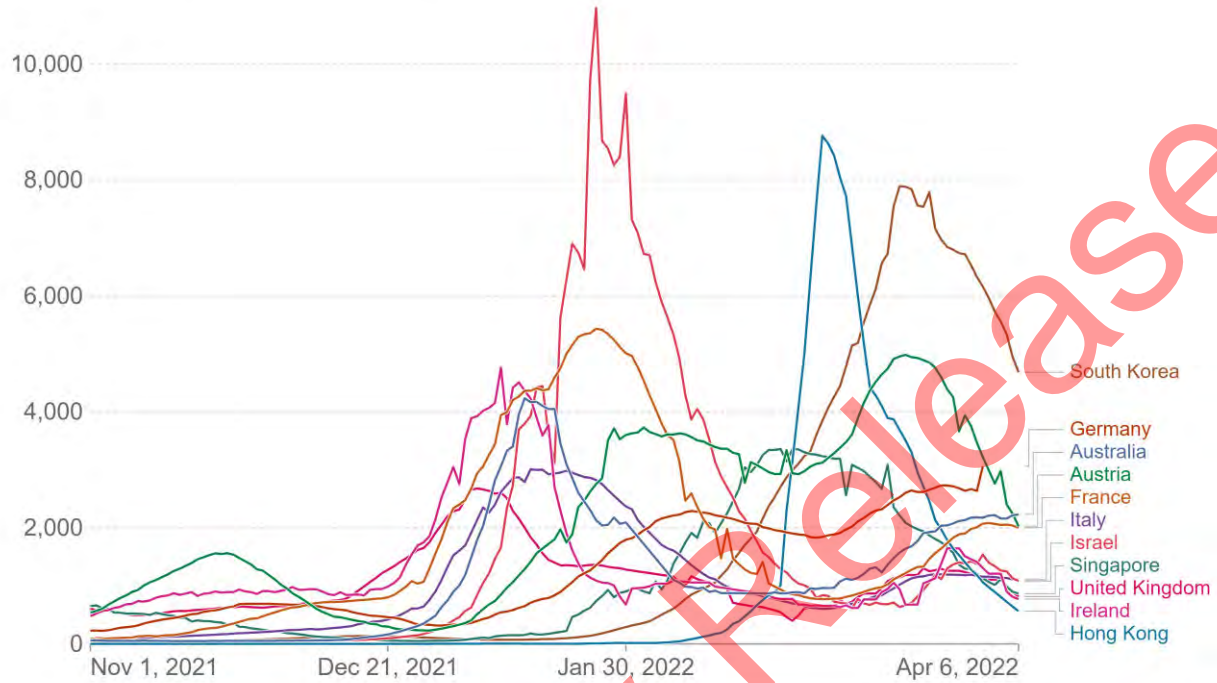
Source: COVID19 Modelling Aotearoa Branching Process Model (BPM), Ministry of Health

Appendix 2. International Comparisons

Daily new confirmed COVID-19 cases per million people

7-day rolling average. Due to limited testing, the number of confirmed cases is lower than the true number of infections.

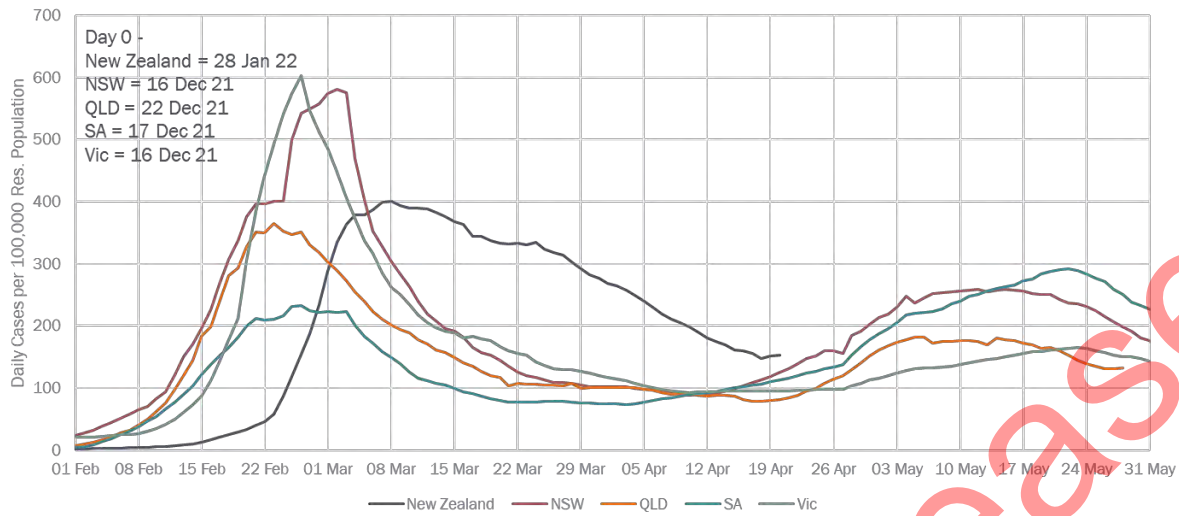
Our World
in Data



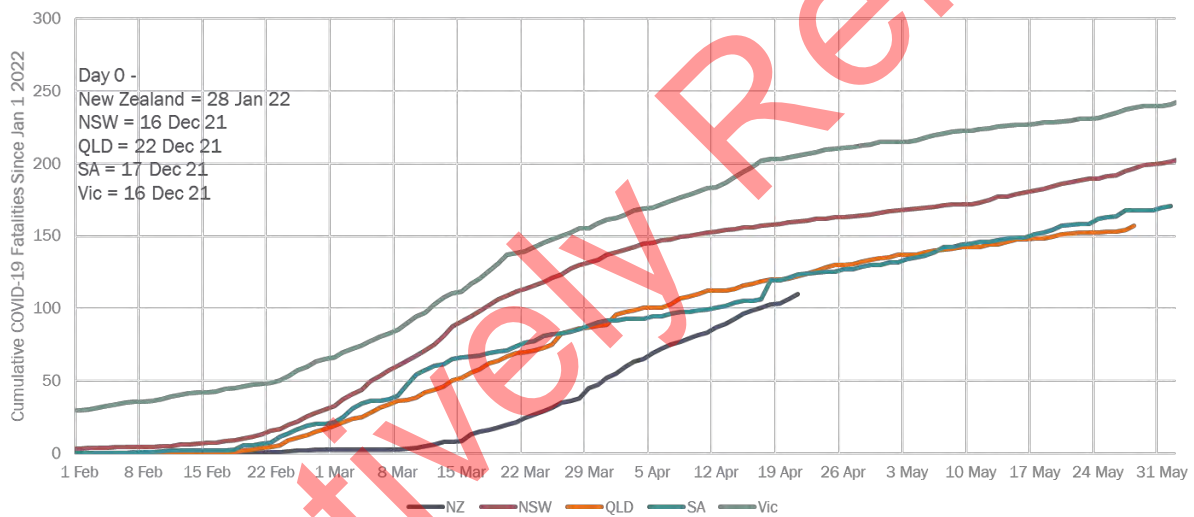
Source: Johns Hopkins University CSSE COVID-19 Data

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Cases per 100,000 Population
New Zealand compared to Australian States, Seven Day Rolling Average



Fatalities per 1 million Population
New Zealand compared to Australian States, Seven Day Rolling Average



Source: Ministry of Health, covid19data.com.au



Briefing

VOTE PRIME MINISTER AND CABINET: DRAFT MAIN AND SUPPLEMENTARY ESTIMATES

To: Hon Chris Hipkins, Minister for COVID-19 Response

Date	23/03/2022	Priority	Medium
Deadline	30/03/2022	Briefing Number	DPMC-2021/22-1589

Purpose

This briefing seeks any comment you may have on draft extracts from the Vote Prime Minister and Cabinet Main Estimates 2022/23 and Supplementary Estimates 2020/21 in relation to your COVID-19 Response portfolio.

Recommendations

1. **Note** the contents of this briefing and the draft extracts from the Main Estimates 2022/23 and Supplementary Estimates 2021/22 in relation to your COVID-19 Response portfolio.
2. **Provide** any feedback you may have by 30 March 2022. YES / NO
3. **Agree** to the proposed performance measures to be included in the Vote Prime Minister and Cabinet Main Estimates 2022/23 and Supplementary Estimates 2021/22. YES / NO
4. **Note** the Prime Minister, as Responsible Minister for Vote Prime Minister and Cabinet, will provide final approval of these documents.

Clare Ward
Executive Director, Strategy,
Governance and Engagement

23 March 2022

Hon Chris Hipkins
Minister for COVID-19 Response

...../...../2022

Contact for telephone discussion if required:

Name	Position	Telephone		1st contact
Clare Ward	Executive Director, Strategy, Governance and Engagement	+64 4 830 5057	s9(2)(a)	✓
Jude Ulrich	Director, Organisation Direction and Development	+64 4 912 0527	s9(2)(a)	

Minister's office comments:

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

VOTE PRIME MINISTER AND CABINET: DRAFT MAIN AND SUPPLEMENTARY ESTIMATES

Background

1. The Estimates of Appropriations provide information on each appropriation for the upcoming year. This includes financial information on the expenses and expenditure we expect to incur, and non-financial information on what is intended to be achieved within each appropriation and how this will be measured.
2. The Supplementary Estimates of Appropriations process provides the opportunity to amend information for the current financial year.
3. We are seeking approval from you and other relevant appropriation Ministers on extracts from the Vote Prime Minister and Cabinet Main Estimates 2022/23 and Supplementary Estimates 2021/22. The Prime Minister, as the responsible Minister for the Vote, will provide final approval of both documents.

Draft extracts related to your COVID-19 Response portfolio

Supplementary Estimates 2021/22

4. Attached are draft extracts from the Supplementary Estimates for 2021/22 (**Attachment A**) which outlines changes related to your COVID-19 Response portfolio.
5. Changes related to your portfolio include:
 - a) an increase in the COVID-19 All of Government Response appropriation by \$45.300 million to \$80.907 million due to additional funding for response coordination, epidemiological modelling and the public information campaign, and an expense transfer from 2021/22 to 2022/23; and
 - b) the revision of the public information campaign performance measure to be better aligned to the reporting the Department receives.

Main Estimates 2022/23

6. Attached are extracts from the Main Estimates 2022/23 (**Attachment B**) which outline information related to your COVID-19 Response portfolio for the upcoming financial year.
7. The COVID-19 Response appropriation decreases to \$37.990 million in 2022/23 due to a reduction in funding for the public information campaign. No further changes to performance measures are proposed.

Next Steps

8. Pending the incorporation of any feedback you may have, DPMC will request the Prime Minister's approval of the final Estimates documents.
9. The Estimates documents will be published on Budget Day (19 May 2022).

Attachments:	
Attachment A:	Extracts from the Supplementary Estimates 2021/22
Attachment B:	Extracts from the Main Estimates 2022/23

Proactively Released

ATTACHMENT A

Extracts from the Supplementary Estimates 2021/22

Proactively Released

Details of Appropriations and Capital Injections

Annual Appropriations and Forecast Permanent Appropriations

Titles and Scopes of Appropriations by Appropriation Type	2021/22		
	Estimates Budget \$000	Supplementary Estimates Budget \$000	Total Budget \$000
Departmental Output Expenses			
COVID-19 All of Government Response (M103) (A7) This appropriation is limited to leadership, coordination and delivery of the Government's response to COVID-19.	35,607	45,300	80,907

Part 2 - Details of Departmental Appropriations

2.1 - Departmental Output Expenses

COVID-19 All of Government Response (M103) (A7)

Scope of Appropriation

This appropriation is limited to leadership, coordination and delivery of the Government's response to COVID-19.

Expenses and Revenue

	2021/22		
	Estimates \$000	Supplementary Estimates \$000	Total \$000
Total Appropriation	35,607	45,300	80,907
Revenue from the Crown	35,607	30,300	65,907
Revenue from Others	-	15,000	15,000

How Performance will be Assessed and End of Year Reporting Requirements

Assessment of Performance	2021/22		
	Estimates Standard	Supplementary Estimates Standard	Total Standard
New Zealand's COVID-19 public information campaign is recognised by the public for its effectiveness	80%	Expired measure	Expired measure
The Unite Against COVID-19 campaign is recognised as effective in raising awareness, demonstrated by:	Revised measure		
- percentage of New Zealanders who see relevance in the Unite Against COVID-19 campaign; and		85%	85%
- percentage of New Zealanders who agree they are being told and/or have access to all the information they need about COVID-19		72%	72%

Reasons for Change in Appropriation

This appropriation increased by \$45.300 million to \$80.907 million for 2021/22 due to:

- new funding of \$18 million to maintain COVID-19 response co-ordination
- a fiscally neutral adjustment of \$15 million for COVID-19 vaccination publicity expenditure
- an expense transfer of \$5 million for COVID-19 All of Government response
- new funding of \$3.300 million for the COVID-19 Epidemiological Modelling, Disinformation Monitoring and Risk Assessment
- a fiscally neutral adjustment of \$2 million to transfer funding from the Ministry of Business, Innovation and Employment to undertake epidemiological modelling, and
- new funding of \$2 million for the COVID-19 public information campaign.

ATTACHMENT B

Extracts from the Main Estimates 2022/23

Proactively Released

Overview of the Vote

The Minister for COVID-19 Response is responsible for an appropriation in Vote Prime Minister and Cabinet for 2022/23 covering the following:

- a total of nearly \$38 million for leadership, coordination and delivery of the Government's response to COVID-19.

Details of Appropriations and Capital Injections

Annual Appropriations and Forecast Permanent Appropriations

Titles and Scopes of Appropriations by Appropriation Type	2021/22		2022/23
	Final Budgeted \$000	Estimated Actual \$000	Budget \$000
Departmental Output Expenses			
COVID-19 All of Government Response (M103) (A7) This appropriation is limited to leadership, coordination and delivery of the Government's response to COVID-19.	80,907	80,907	37,990

Supporting Information

1.3 - Analysis of Significant Trends

Details of significant movements within each appropriation category are detailed below:

Output Expenses

The increase in 2020/21 was due to the establishment of the COVID-19 Response Group.

The increase in 2021/22 was mainly due to continuation of funding for the COVID-19 Response Group.

The decrease in 2022/23 and the outyears is due to reduced COVID-19 public information expenditure.

Part 2 - Details of Departmental Appropriations

2.1 - Departmental Output Expenses

COVID-19 All of Government Response (M103) (A7)

Scope of Appropriation

This appropriation is limited to leadership, coordination and delivery of the Government's response to COVID-19.

Expenses and Revenue

	2021/22		2022/23
	Final Budgeted \$000	Estimated Actual \$000	Budget \$000
Total Appropriation	80,907	80,907	37,990
Revenue from the Crown	65,907	65,907	37,990
Revenue from Others	15,000	15,000	-

What is Intended to be Achieved with this Appropriation

This appropriation is intended to achieve effective leadership, coordination and delivery of the Government's response to COVID-19.

How Performance will be Assessed and End of Year Reporting Requirements

	2021/22		2022/23
	Final Budgeted Standard	Estimated Actual	Budget Standard
Assessment of Performance			
The responsible Minister is satisfied with the policy advice service (see Note 1)	4	4	4
Average score for assessed policy papers (see Note 2)	4	4	4
Quality of policy advice papers - 70% score 3 or higher, 30% score 4 or higher and no more than 10% score 2 or less (see Note 2)	Achieved	Achieved	Achieved
The responsible Minister is satisfied with the coordination of the COVID-19 response system (see Note 1)	4	4	4
The COVID-19 Chief Executives Board is satisfied with the leadership within the system (see Note 1)	4	4	4
The National Response Leadership Team is satisfied that the National Resurgence Response Plan is used effectively in a resurgence, and/or remains up-to-date, robust and routinely tested (see Note 1)	4	4	4

Assessment of Performance	2021/22		2022/23
	Final Budgeted Standard	Estimated Actual	Budget Standard
The Unite Against COVID-19 campaign is recognised as effective in raising awareness, demonstrated by:			
— percentage of New Zealanders who see relevance in the Unite Against COVID-19 campaign; and	85%	85%	85%
— percentage of New Zealanders who agree they are being told and/or have access to all the information they need about COVID-19	72%	72%	72%

Note 1 - The Minister's/Board's/Leadership Team's Satisfaction Survey measures satisfaction with the quality of advice and/or services on a scale from 1 to 5, where 1 means never met expectations and 5 means always met expectations.

Note 2 - A sample of the Department's policy advice will be assessed by a panel using the Policy Quality Framework. There are two targets for reporting on overall policy advice: an average score and a distribution score. Policy advice will be scored on a scale of 1 to 5, where 1 means unacceptable and 5 means outstanding. All first opinion policy functions contribute to one score across the Department of the Prime Minister and Cabinet.

End of Year Performance Reporting

Performance information for this appropriation will be reported by the Department of the Prime Minister and Cabinet in the 2022/23 Annual Report.

Current and Past Policy Initiatives

Policy Initiative	Year of First Impact	2021/22 Final Budgeted \$000	2022/23 Budget \$000	2023/24 Estimated \$000	2024/25 Estimated \$000	2025/26 Estimated \$000
Establishing a COVID-19 Response Unit	2020/21	35,607	290	290	290	290
New Funding - COVID-19 Public Information Campaign	2021/22	2,000	-	-	-	-
New Funding - COVID-19 Epidemiological Modelling, Disinformation Monitoring and Risk Assessment	2021/22	3,300	6,700	-	-	-
New Funding - COVID-19 Maintaining Response Coordination	2021/22	18,000	31,000	-	-	-

Reasons for Change in Appropriation

The decrease in this appropriation in 2022/23 is mainly due to a reduction in public information expenditure.



Aide-Memoire

MODELLING OVERVIEW

To	Prime Minister's Office	Report No	DPMC-2021/22-1784
From	Ruth Fairhall	Date	25/03/2022

COVID-19 daily case tracking against modelling

- When you were last briefed on COVID-19 modelling (DPMC-2021/22-1679) there were early indications that Auckland regional District Health Boards (DHBs) may have reached their peak in terms of daily cases and were now declining. In the two weeks since there is stronger evidence that this has occurred, with Auckland now showing a significant peak and decline. In addition, Capital and Coast and Hutt Valley DHBs have also likely peaked, with Bay of Plenty, Waikato, Tairāwhiti, and Northland DHBs now indicating they are nearing a peak. In contrast, daily case numbers in the South Island DHBs are still increasing.
- The DHBs can be broadly divided into three groups in terms of where they are in the Omicron wave (based on daily case numbers):

Peaked, and are now declining	Early indications of peaking, but could still increase	Still increasing
Waitemata Auckland Counties Manukau Capital and Coast Hutt Valley	Northland Waikato Lakes Bay of Plenty Tairāwhiti Hawke's Bay	Taranaki MidCentral Whanganui Wairarapa Nelson Marlborough West Coast Canterbury South Canterbury Southern

- While daily cases of people aged between 10 and 39 years nationally have declined since peaking during the first week of March, all other age bands are either plateauing or still increasing. Given that hospitalisations are a lag indicator, and hospital rates among older age bands are significantly higher, this indicates that we could continue to see increased hospitalisation over the coming weeks.

Hospital Bed Occupation

- On the national level, hospital bed occupation is tracking steadily against CMA's medium transmission scenario, and is showing early indications of peaking (driven largely by a decline in hospitalisations in Auckland over the past week. Hospitalisations are not expected to peak

in some DHBs until April: Waikato is currently tracking around the medium scenario, and all other DHBs tracking below the medium scenario.

5. The age profile of hospital bed occupation in the Northern Region is notable, as while the older age bands (60 – 69, and 70+) are lowest in terms of daily case tracking, these groups are highest in terms of hospitalisation¹. The combination of still-increasing daily cases and extremely high hospitalisation rates for age bands over 70 is considered likely to continue to put strain on the health system over the coming weeks (Appendix 1 refers).

Fatalities

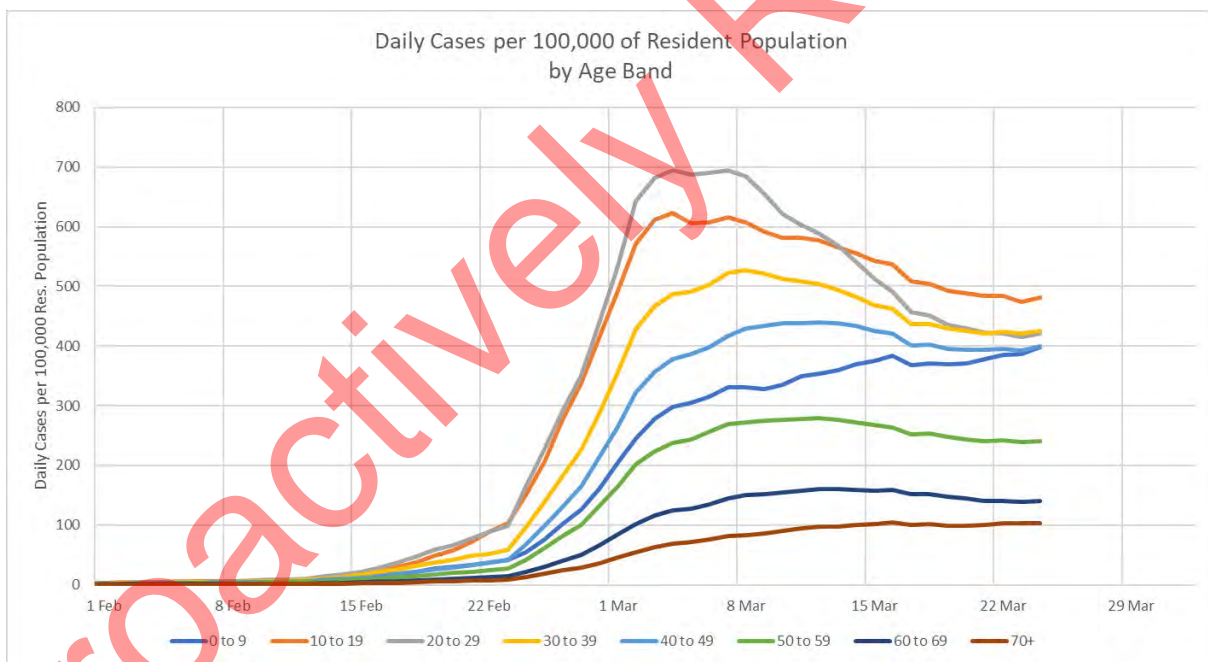
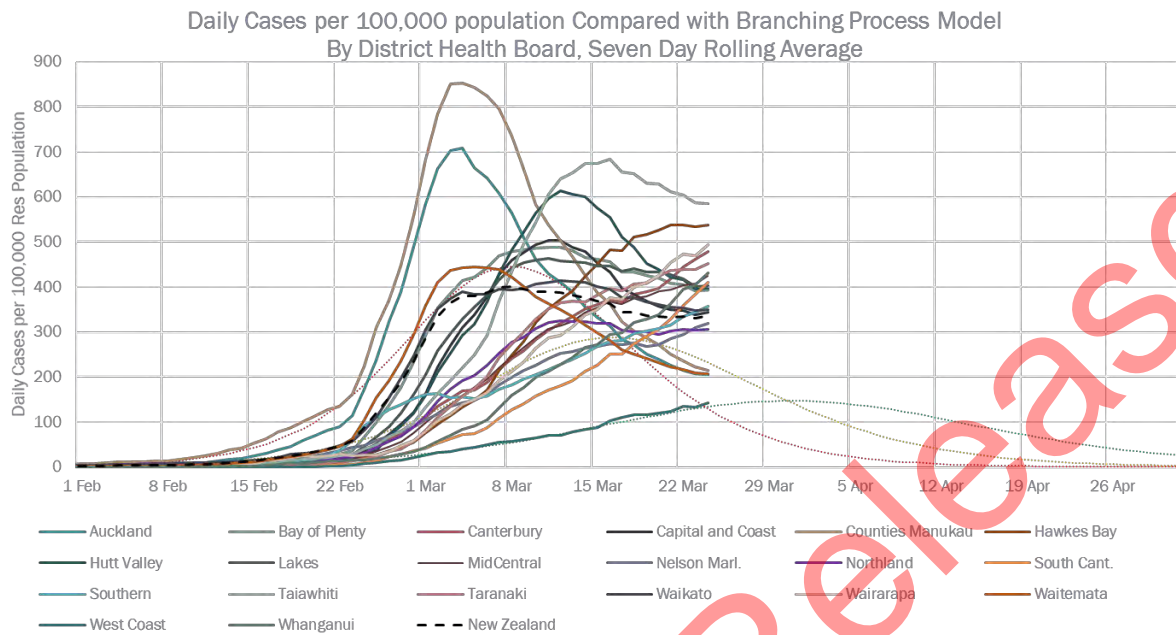
6. Fatalities are currently tracking between the low and medium scenarios. As fatalities are a lag indicator of cases, it is anticipated cumulative fatalities will continue to increase for some time (Appendix 1 refers). Comparisons with Australian states also suggest that while New Zealand remains a long way behind at this point in the pandemic, fatalities are also likely to continue even after the Omicron wave has passed.

International Comparisons

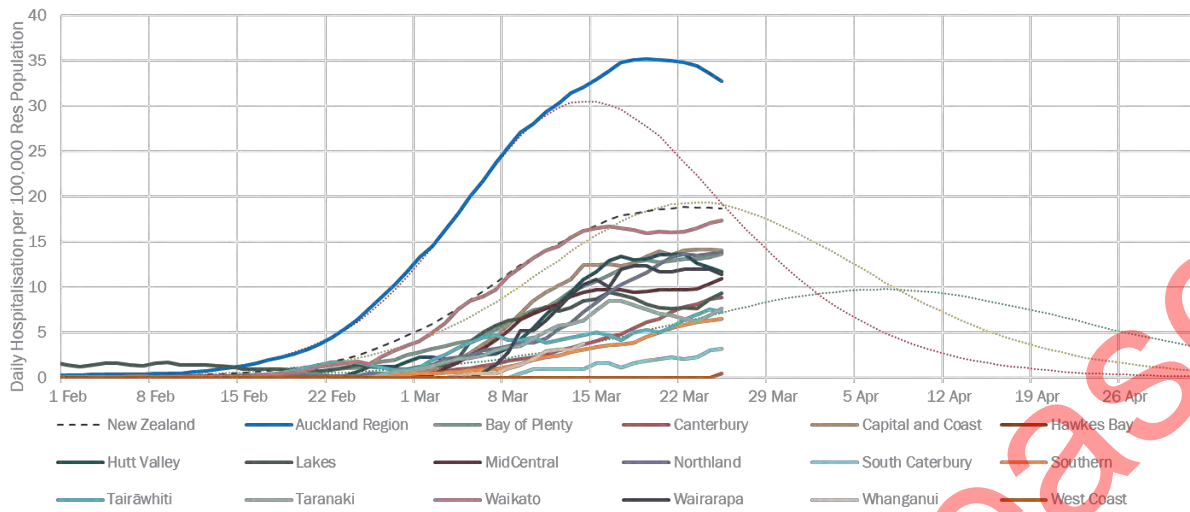
7. Since you were last briefed the international COVID-19 climate has changed significantly in terms of new confirmed cases:
 - a. Australia, Israel, France, United Kingdom, and Austria have come out of their 'first' Omicron waves, but are rapidly heading into another wave, with steady increases in daily cases. There are early indications that this is also occurring in Ireland, and much of continental Europe (although some nations, such as Denmark, are declining).
 - b. Hong Kong has now peaked and has rapidly declined, as has Singapore, albeit at a slower rate.
 - c. South Korea has plateaued at the top of their wave and is considered likely to begin a decline in the coming weeks.
8. While all Australian States are well below their peak daily case levels, New South Wales, South Australia and South Australia have continued to experience an increase in daily cases over the last two weeks. This increase has been attributed to the BA.2 Omicron subvariant, which is the dominant variant in New Zealand now. Case numbers are also rising in Victoria but appear to be slightly behind other states (Appendix 3 refers).

¹ The modellers are undertaking work to explain how much of this is a COVID driven increase on base hospitalisation rates.

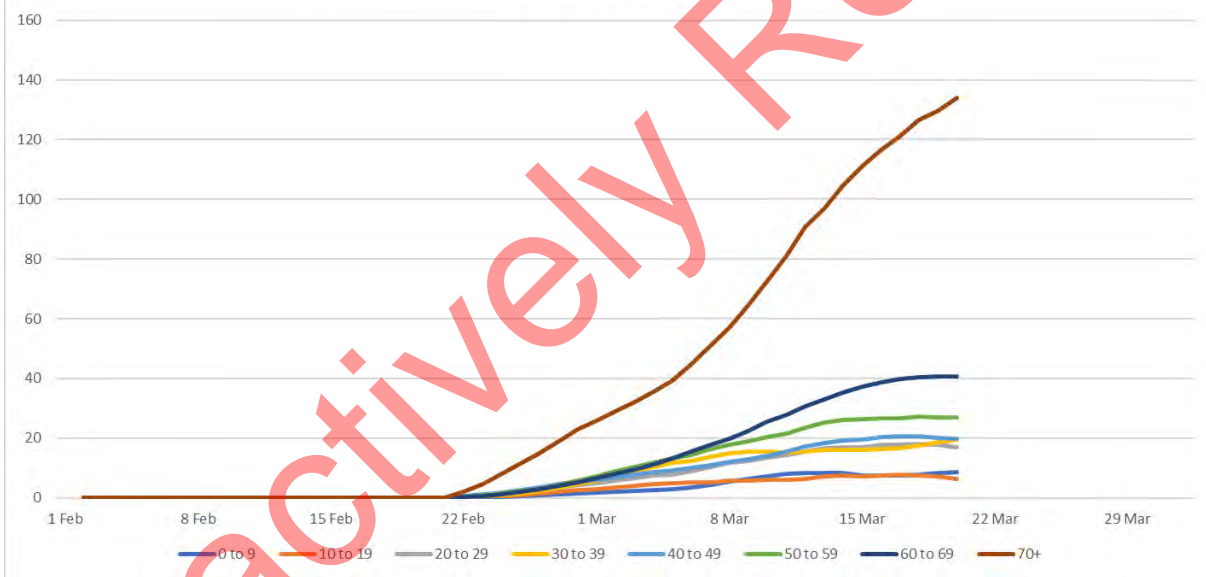
Appendix 1. Tracking Against CMA Scenarios

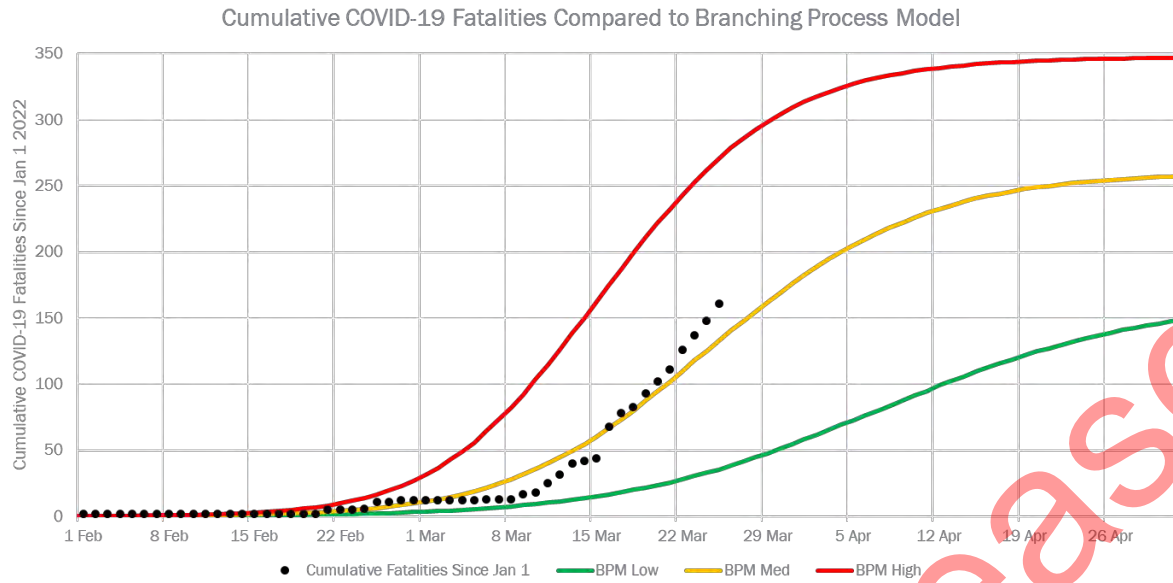


Daily Hospitalisation per 100,000 population Compared with Branching Process Model
By District Health Board, Seven Day Rolling Average



Hospitalisation by Age Band, per 100,000 of Resident Population
Northern Region Only





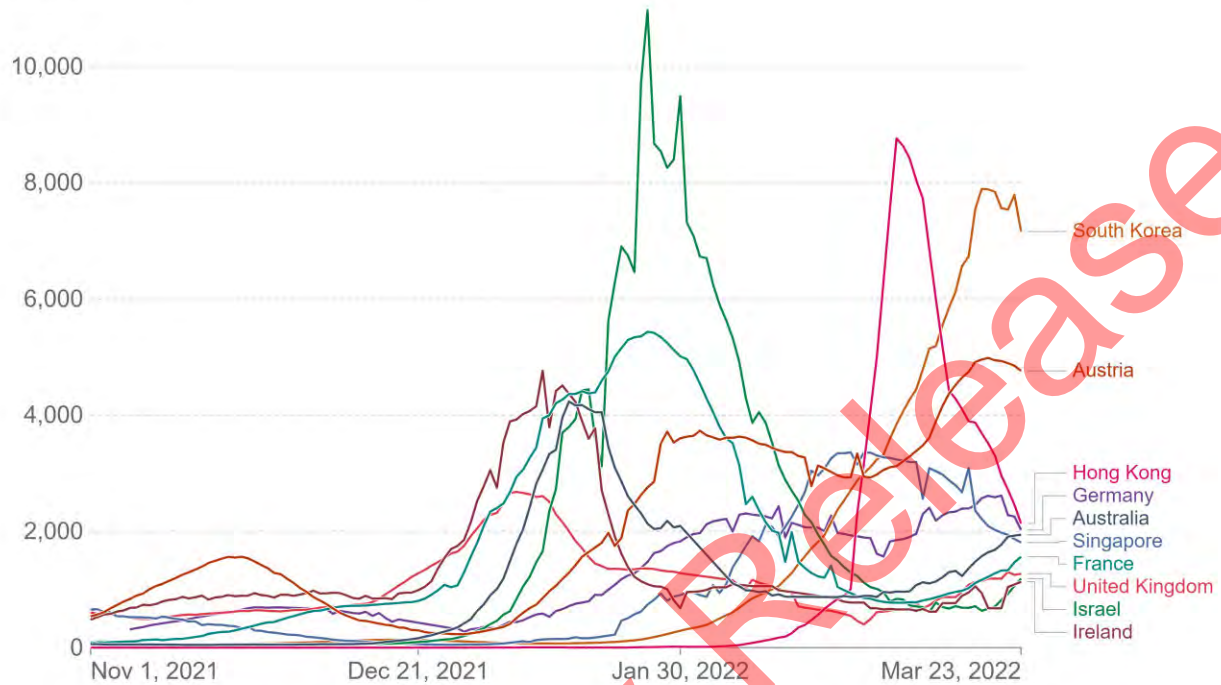
Source: COVID19 Modelling Aotearoa Branching Process Model (BPM), Ministry of Health

Appendix 2. International Comparisons

Daily new confirmed COVID-19 cases per million people

7-day rolling average. Due to limited testing, the number of confirmed cases is lower than the true number of infections.

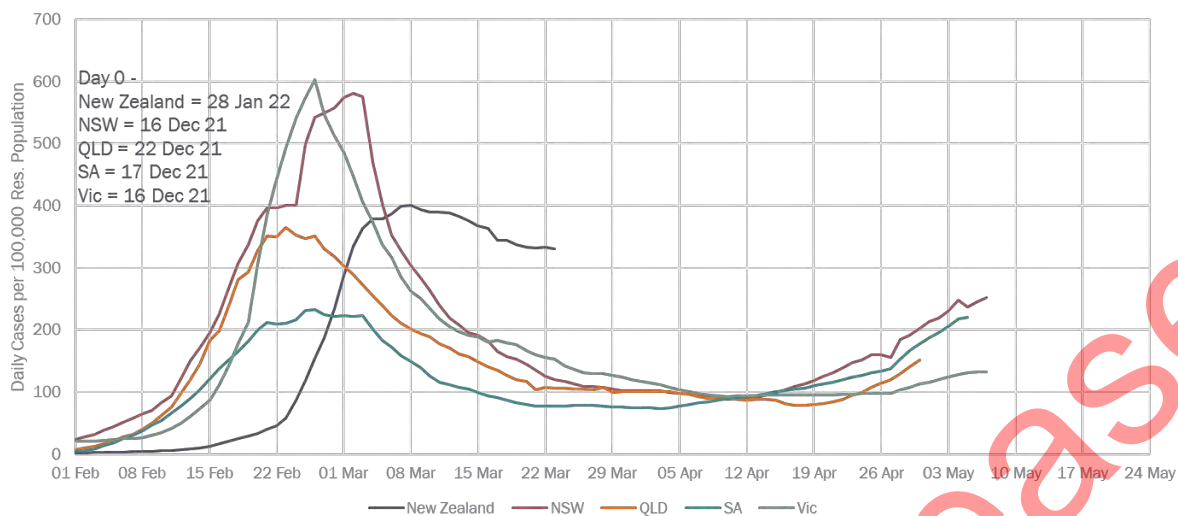
Our World
in Data



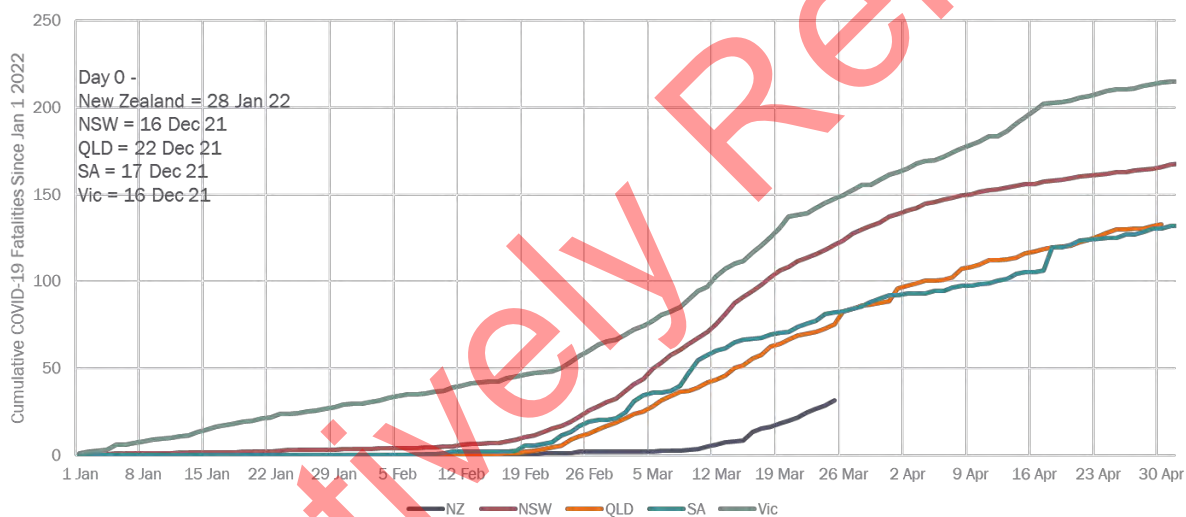
Source: Johns Hopkins University CSSE COVID-19 Data

CC BY

Cases per 100,000 Population
New Zealand compared to Australian States, Seven Day Rolling Average



Fatalities per 1 million Population
New Zealand compared to Australian States, Seven Day Rolling Average



Source: Ministry of Health, covid19data.com.au



Aide-Memoire

RECONNECTING NEW ZEALANDERS READINESS FOR STEPS

To	Rt Hon. Jacinda Ardern, Prime Minister Hon. Chris Hipkins, Minister for COVID-19 Response	Report No	DPMC-2021/22-1788
From	Cheryl Barnes, DCE, COVID-19 Group, DPMC	Date	25/03/2022

Purpose

1. This Aide-Memoire provides an update on the status of system readiness to go live with the next steps of Reconnecting New Zealanders.

Background

2. This report provides updates on readiness for: (1) The New Zealand Traveller Declaration (NZTD) release; (2) Step 3.1 - more border exceptions for critical workforces, students, sports/events, and Australian citizens from 11.59pm on 12 April; and (3) Step 3.2 – visa waiver travellers and existing visa holders from 11.59pm on 01 May. Appendix A provides an overview summarising the Reconnecting New Zealanders (RNZ) steps, settings, and pathways.
3. Attached to this Aide Memoire is a readiness report dated 25 March 2022.

Comment

Numbers and airline update

4. Since Step 1 of Reconnecting New Zealanders, at 11.59pm on Sunday 27 February, just over 50,500 people have arrived in New Zealand. This averages approximately 2,020 people per day. Around 30,900 of these are from Australia, 4,400 from Pacific Islands and 15,200 from the rest of the world.

Readiness

5. This report has an overall **Green rating**, with activities remaining on track for the current steps included in the report however it also notes that **some activities are not yet complete for when NZTD becomes mandatory next week**– this will not delay today's launch.
6. Today sees the staggered launch of the NZTD system. The NZTD is the traveller declaration system designed to collect COVID-19 related health and travel information from travellers, supporting higher traveller volumes and stronger risk management as New Zealand re-opens its borders. The launch includes a targeted deployment of the new technology, a new helpdesk, and global changes to business processes for border agencies and the aviation sector.

7. To enable a smooth transition to the NZTD, the current declaration system Nau Mai Rā will continue to be available for travellers to use until 11:59pm 31 March. At this time, the NZTD will become the only approved and available system for travellers to make a traveller declaration and receive a traveller pass. This means that full operational readiness for NZTD must be delivered by 31 March.
8. Health have raised concerns today regarding some operational aspects of the NZTD (e.g. use of paper-based traveller passes and the potential that data is not uploaded into the system prior to travellers arriving in NZ, which may have implications for testing monitoring and compliance). These concerns are being discussed with the Customs team and are not impacting today's launch. Once agreed, agencies will aim to put remedies in place by 31 March.
9. We are seeing some improvements in the operational pain points the teams are experiencing and continue to monitor them. These are not impacting readiness and are included here for awareness:
 - a. **Eligible travellers with New Zealand citizens** - there is no systemic way to identify non-New Zealand nationals, partners and children that are eligible to travel to New Zealand with a New Zealander; it must be completed at the airport. *Update: Manual eligibility assessments continue to be completed via a combination of Airport Liaison Officer (AFO) and check-in staff intervention. This cannot be mitigated further based on current policy settings and therefore, although officials will continue to monitor this issue, we will not report on it again unless we see an escalation of the impacts.*
 - b. **Nau Mai Rā (NMR) completion rates** – Latest estimates show 16% of travellers are failing to complete NMR declarations. This is likely to translate to similar levels of non-compliance with NZTD. *Update: Customs and Immigration (via Airport Liaison Officers (ALOs)) continue their interventions with travellers. There has been some success with targeted training and education at the airport level and customised airline approaches continue. Asian carriers are the next targeted group for improvement.*
 - c. **Declarations under NZTD** - With the implementation of the NZTD it is vital that eligible travellers who have not fully completed their NZTD are able to board their flight. *Update: There will be three NZTD traveller pass options available by 31 March: NZTD traveller pass issued by the system; NZTD conditional traveller pass with checked health documentation; paper-based declaration with checked health documentation.*
10. In summary, Agencies remain confident that they are on track to deliver to the upcoming steps.

Recommendations

1. It is recommended that you **note** the contents of this aide-memoire.

Cheryl Barnes
Cheryl Barnes
**Deputy Chief Executive
COVID-19 Group**

Date: 25/03/2022

NOTED

Rt Hon. Jacinda Ardern
Prime Minister

Date: / /

NOTED

Hon. Chris Hipkins,
Minister for COVID-19 Response

Date: / /

Cc: COVID-19 Chief Executives Board (with regular meeting papers), COVID-19 Independent Continuous Review, Improvement and Advice Group

Attachment A Readiness report dated 25 March



Appendix A: RNZ Timeline summary

Reconnecting New Zealanders: Summary Overview (19 March 2022)

DRAFT

Entry pathways

Travellers will enter using one of four entry pathways – only three of these are in use today:



Quarantine Free Travel – entry without quarantine or isolation for eligible travellers from some Pacific Countries



Testing on arrival – entry without quarantine or isolation for eligible travellers with testing before departure and after arrival (on day 0/1 and 5/6)



Managed Isolation and Quarantine – full MIQ for other travellers – small number of exceptional travellers are allowed to use MIQ (e.g. refugees, Antarctic survey team, Air Crew). These individuals can leave MIQ at any time.



The **self-isolation** pathway is not currently in use.

Key settings summary

Setting	QFT	Test on arrival	MIQ
PDT:	Not required	48h PCR or 24h RAT/LAMP	
Vaccinated		NZers: N/A Non NZers: Fully vaccinated with approved vaccine	
Contact tracing info	Declaration in NMR or NZTD	Information in MIAS	
14 day travel history	Declaration in NMR or NZTD	Information in MIAS	
Testing	Not required	RAT on day 0/1 & 5/6 If positive, PCR at a CTC	Testing on day 0/1, day 3, day 5/6
Testing monitoring & compliance	N/A	Ongoing monitoring, limited compliance & enforcement	Ongoing monitoring compliance & enforcement
Positive test	N/A	Self isolate with Care in the Community supports	Moved to Quarantine facility
Airport health screening	N/A	Option to self-refer	Required

Reconnecting New Zealanders step phasing and timing

Feb	March	April	May	June	July	August	September	October	November
Step 1: New Zealanders to and from Australia (Plus Nauru, Tuvalu and American Samoa)									
Step 1 – 23.59h 27 February – New Zealanders to and from Australia (Plus Nauru, Tuvalu and American Samoa)									
Step 2: New Zealanders travelling to and from everywhere plus more exceptions for Skilled Workers and Working Holiday visa holders									
Step 2.1 – 23.59h 04 March – New Zealanders able to travel to and from everywhere									
Step 2.2 – 23.59h 13 March – More exceptions for Skilled Workers (1.5x median wage), Working holiday visas									
Step 2.3 – 23.59h 18 March – Changes to MIQ eligibility/ fully vaccinated definitions									
NZTD Launch									
NZTD launched – 25 March – Legally mandated for all travellers from 31 March									
Steps 3-5: Fully vaccinated foreign nationals with a visa (where required)									
Step 3.1 – 23.59h 12 April – More border exceptions for critical workforces, students, and sports/events and Australians									
Step 3.2 (previously part of step 4) – 23.59h 01 May – Visa-waiver travellers and existing visitor visa holders									
Step 4.2 – From July – Accredited Employer Work Visas									
Step 5 – October – Visitor / Education visas									

Phasing and timing diagram notes: Grey boxes are live. Eligibility is in addition to: (A) the existing one-way QFT with the Cook Islands, Niue, Samoa, Tokelau or Vanuatu, plus travel from Tonga required self-isolation since 22 February; and the existing one-way QFT with the Cook Islands, Niue, Samoa, Tokelau or Vanuatu. Travel from Tonga required self-isolation since 22 February. (B) NZ citizens; NZ permanent residents or resident visa holders; Australian citizens or permanent residence visa holders where NZ is their primary place of residence; People with border exceptions or a critical purpose reason to travel; Partners, dependent children, or parents of a dependent child who: hold a visa based on their relationship to an NZ citizen or resident; are travelling with a New Zealander or resident, or are ordinarily resident in NZ.



Aide-Memoire

RECONNECTING NEW ZEALANDERS READINESS FOR NEXT STEPS

To	Rt Hon. Jacinda Ardern, Prime Minister Hon. Chris Hipkins, Minister for COVID-19 Response	Report No	DPMC-2021/22-2026
From	Cheryl Barnes, DCE, COVID-19 Group, DPMC	Date	27/04/2022

Purpose

1. This Aide-Memoire provides an update on the status of system readiness to go live with the next steps of Reconnecting New Zealanders.

Background

2. This report provides an update on readiness for: (1) Step 3.2 – visa waiver travellers and existing visa holders from 11.59pm on 01 May; (2) Step 4 – Accredited Employer work visas and Work Visas from 04 July; and (3) Step 5 – Visitor / Education Visas by 31 July. Appendix A provides an overview summarising the Reconnecting New Zealanders (RNZ) steps, settings, and pathways.
3. Appendix B includes a readiness report dated 27 April 2022.

Traveller volumes and airline updates

Passenger numbers since step 1 of reconnecting and comparisons:

4. Numbers of travellers since RNZ Step 1 (28 February to 26 April):
 - i. Total – 171,700
 - ii. Australia – 109,722
 - iii. Rest of the World – 61,978
5. We have seen an increase in travellers from the Pacific and Rest of the world over the last week, with a small decrease in the number from Australia. Average daily total travellers for the past seven days is 4,688, down by ~200 from the previous week's average.
 - i. Australia - average of 1,527 per week for seven days from 28 February and 3,108 for the seven days from 13 April and 2976 for the past seven days.
 - ii. Rest of the world - average of 202 per week for the seven days from 28 February and 688 for the seven days from 13 April and 856 for the past seven days.
6. Departures currently exceed arrivals by c. 8,800.
7. s9(2)(b)(ii)

Key operational updates including readiness

7. This report has an overall **Green rating**, with activities remaining on track for the current step included in the report.
8. Agencies remain confident that they are on track to deliver step 3.2 (visa waiver travellers) on 01 May.
9. There is one outstanding issue to resolve prior to step 3.2, to clarify the support available to non-New Zealanders who are required to self-isolate or who need medical support due to COVID. Agencies are holding a further workshop to discuss the issue on Friday and Health are developing a briefing paper to summarise the activities (draft due for agency consultation by the end of the week). Although this issue will not prevent the step from occurring, travellers that are required to self-isolate may receive inconsistent support throughout the country resulting in confusion. High level communications are already live on the UAC website and will be refined as policy is clarified.
10. As the system continues to evolve, the following updates are included here for awareness:
 - a) The eGate pilots at Wellington and Christchurch airports are progressing and the pilot at Auckland airport commenced 22 April. Border teams are already seeing reduced traveller processing times (e.g. between 21 and 22 April, the Auckland Emirates flight was processed 20% quicker with 31% more passengers, Auckland's Singapore Airlines flight over the same period was 32% quicker with 5% more passengers).
 - b) Following the Advance Passenger Processing (APP) system being switched on mid-April, there has been a significant decrease in the volume of check-in referrals to Immigration. This improvement is expected to flow through to the opening to visa waiver travellers this weekend.
 - c) Health is reporting ~79% testing on arrival compliance and arriving travellers now receive a testing invitation email within 1 hour of arrival. The 0800 number is now being directed to a call centre to assist those reporting test results and queries, with the call centre averaging ~500 calls per day.
 - d) The Airport Liaison Officers (ALOs) deployment into major airports with departures to New Zealand continues to be well received by airlines, travellers and New Zealand border agencies. 21 ALOs have been deployed since 02 March, representing ~75% coverage of travellers to New Zealand. On an average flight, ALOs assist ~10% of passengers in obtaining a traveller pass at the gate resulting in them being able to fly to New Zealand (~500 passengers per week). Since 02 March, five counterfeit documents have been identified by ALOs, resulting in fraudulent travellers being prevented from boarding planes for NZ. They are also critical in clarifying requirements for travellers and check-in staff, including:
 - a. assisting with interpretation of New Zealand requirements (e.g. pre-departure testing)
 - b. advising the airlines of passenger eligibility

Recommendations

11. It is recommended that you **note** the contents of this aide-memoire.

Cheryl Barnes

Cheryl Barnes
**Deputy Chief Executive
COVID-19 Group**

Date: 27/04/2022

NOTED

Rt Hon. Jacinda Ardern
Prime Minister

Date: / /

NOTED

Hon. Chris Hipkins,
Minister for COVID-19 Response

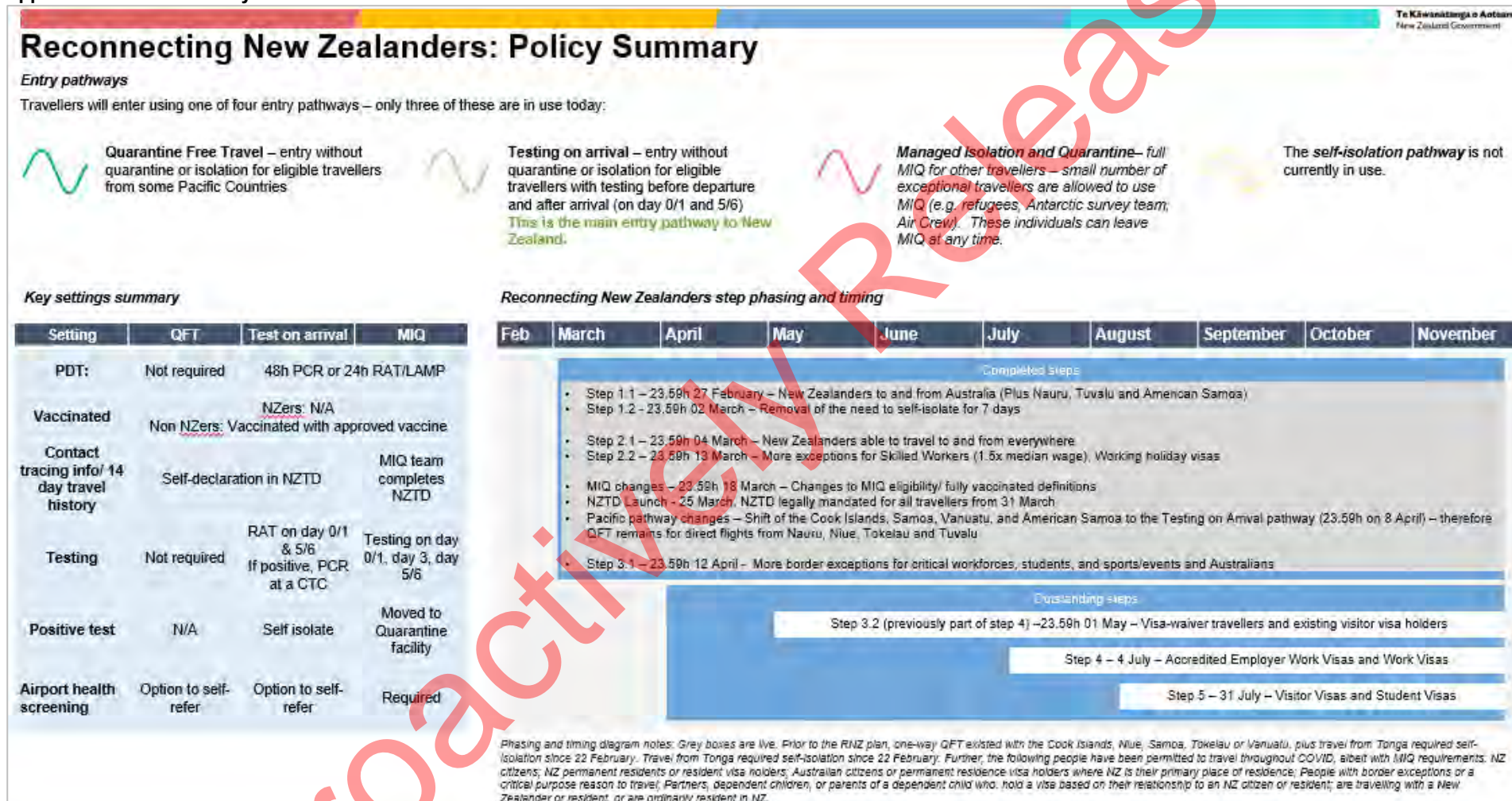
Date: / /

Cc: COVID-19 Chief Executives Board (with regular meeting papers), COVID-19 Independent Continuous Review, Improvement and Advice Group

Attachment A Readiness report dated 27 April



Appendix A: RNZ summary



Appendix B: RNZ Readiness summary

Reconnecting New Zealanders Readiness Report – Status as at 27 April 2022

Overall status
GREEN

Ref	Lead agency	Group of activities	Step 3.2 Visa waiver countries from 11.59pm Sunday 01 May	Step 4 – Accredited Employer work visas and Work Visas from 04 July	Step 5 – Visitor / Education visas – from 31 July
1	MoH	Regulatory			
2	MoH	Border Health Updates	✓ Confirm sufficient welcome packs available		
3	Customs	Border Agencies	<ul style="list-style-type: none"> ✓ Review Staffing ✓ Update SOPs and processes ✓ Update staff training ✓ Update Immigration Regulations 	<ul style="list-style-type: none"> ≠ Review Staffing ≠ Update SOPs and processes ≠ Update staff training ≠ Update Immigration Regulations ≠ Update Safe Travel Advisory 	<ul style="list-style-type: none"> ≠ Review Staffing ≠ Update SOPs and processes ≠ Update staff training ≠ Update Immigration Regulations ≠ Update Safe Travel Advisory
4	Customs	Aviation sector	<ul style="list-style-type: none"> ⦿ Update FAQ for aviation ✓ Update sector advice/ websites 	<ul style="list-style-type: none"> ≠ Update FAQ for aviation ≠ Update sector advice/ websites 	<ul style="list-style-type: none"> ≠ Update FAQ for aviation ≠ Update sector advice/ websites
5	MBIE	ALOs / Immigration	✓ Update Training for Offshore airports	≠ Update Training for Offshore airports	≠ Update Training for Offshore airports
6	DPMC	Communications	<ul style="list-style-type: none"> ⦿ Update UAC and websites across government ⦿ Finalise 'Re-educate the traveller' initial content ✓ Finalise end-to-end positive traveller web content ✓ Finalise PDT form for travellers 	<ul style="list-style-type: none"> ≠ Update UAC and websites across government ⦿ Update 'Re-educate the traveller project' continuing 	<ul style="list-style-type: none"> ≠ Update UAC and websites across government ⦿ Update 'Re-educate the traveller project' continuing

Legend: ≠ Not started
⦿ Work in-progress
✓ Complete



Aide-Memoire

RECONNECTING NEW ZEALANDERS READINESS FOR STEPS

To	Rt Hon. Jacinda Ardern, Prime Minister Hon. Chris Hipkins, Minister for COVID-19 Response	Report No	DPMC-2021/22-1835
From	Cheryl Barnes, DCE, COVID-19 Group, DPMC	Date	30/03/2022

Purpose

1. This Aide-Memoire provides an update on the status of system readiness to go live with the next steps of Reconnecting New Zealanders.

Background

2. This report provides updates on readiness for: (1) The New Zealand Traveller Declaration (NZTD) mandated use from 11.59pm on 31 March; (2) Step 3.1 - more border exceptions for critical workforces, students, sports/events, and Australian citizens from 11.59pm on 12 April; and (3) Step 3.2 – visa waiver travellers and existing visa holders from 11.59pm on 01 May. Appendix A provides an overview summarising the Reconnecting New Zealanders (RNZ) steps, settings, and pathways.
3. Attached to this Aide Memoire is a readiness report dated 30 March 2022.

Comment

Numbers and airline update

4. Since Step 1 of Reconnecting New Zealanders at 11.59pm on Sunday 27 February, just over 63,000 people have arrived in New Zealand. This averages approximately 2,100 people per day. Around 38,400 of these are from Australia, 7,100 from Pacific Islands and 17,500 from the rest of the world.

Readiness

5. This report has an overall **Green rating**, with activities remaining on track for the current steps included in the report.
6. The New Zealand Traveller Declaration (NZTD) was successfully launched at 11am on 25 March.
7. As at midnight on 29 March 1,669 traveller passes have been issued by the New Zealand Traveller Declaration. This is approximately 78% of declarations submitted. Those rejected are mainly due to submission being made prior to travellers receiving their pre-departure testing evidence or the pre-departure testing evidence is invalid.
8. At 11:59pm on 31 March the New Zealand Traveller Declaration will become the only approved and available system for travellers to make a traveller declaration and receive a

traveller pass. At this time the current system, Nau Mai Rā (NMR), will no longer be available. Agencies continue to work to ensure readiness for tomorrow.

9. Agencies anticipate some ongoing operational pain points and will provide further information as it becomes available. In the meantime, below is a final update on the Nau Mai Rā completion rates:

- a. **Nau Mai Rā (NMR) completion rates** – Latest estimates continue to suggest approximately 16% of travellers are failing to complete NMR declarations. *Update: This will be the last report for NMR non-compliance as NZTD becomes the only declaration system available for travellers from 31 March. Trials at Sydney airport on Monday provided data to suggest that the ~16% may not all be non-compliance. Flight NZ148 was 100% verified by Airport Liaison Officers and Immigration New Zealand and every person on the flight had their NMR sighted. The data matching however still showed 7% non-compliance, believed to be due to data matching errors.*

10. Agencies remain confident that they are on track to deliver to the upcoming steps.

Recommendations

1. It is recommended that you **note** the contents of this aide-memoire.

Cheryl Barnes

Cheryl Barnes
**Deputy Chief Executive
COVID-19 Group**

Date: 30/03/2022

NOTED

Rt Hon. Jacinda Ardern
Prime Minister

Date: / /

NOTED

Hon. Chris Hipkins,
Minister for COVID-19 Response

Date: / /

Cc: COVID-19 Chief Executives Board (with regular meeting papers), COVID-19 Independent Continuous Review, Improvement and Advice Group

Attachment A Readiness report dated 30 March



Appendix A: RNZ Timeline summary

