

# Briefing

## National isolation and quarantine capability

**Date due to MO:** 31 July 2024 **Action required by:** 7 August 2024

**Security level:** IN CONFIDENCE **Health Report number:** H2024045544

**To:** Hon Dr Shane Reti Minister of Health

**Consulted:** Health New Zealand:

### Contacts for telephone discussion

Name	Position	Telephone
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Dr Nick Chamberlain	National Director, National Public Health Service	s 9(2)(a)

### Minister's office to complete:

- Approved  Decline  Noted  
 Needs change  Seen  Overtaken by events  
 See Minister's Notes  Withdrawn

Comment:

# National isolation and quarantine capability

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**Security level:** IN CONFIDENCE      **Date:** 31 July 2024

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**To:** Hon Dr Shane Reti, Minister of Health

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## Purpose of report

1. This briefing provides you with an overview of the status of the national isolation and quarantine capability (NQC) for responding to domestic communicable disease outbreaks and future pandemic threats, and seeks your direction as to any further development required.
2. It follows a May 2024 briefing (H2024039348 refers) which provided a high-level description of proposed options for a future national quarantine capability and offered to provide you with further advice on these.

## Summary

3. Communicable disease outbreaks, both locally (such as measles) and globally (such as COVID-19), are highly likely to affect New Zealanders in the future.
4. Investment in risk mitigation capabilities, such as contingency arrangements with facilities and welfare support, can reduce the social, economic and health impacts of future outbreaks.
5. Other than the COVID-19 legacy 'readiness plan', to be able to reactivate managed isolation and quarantine (MIQ) as part of an all-of-government, border closing scenario, New Zealand does not have capability to quarantine and isolate individuals or groups of people for whom such measures may be required as part of a significant outbreak response.
6. A 2-year funding package of \$7.358m for NQC, including maintaining the 'readiness plan', ceases on 30 June 2025. Any provision past that date will require either new investment, or reprioritisation. Budget constraints mean that reprioritisation would be very challenging given the investment required.
7. Health New Zealand has been scenario planning for risk mitigation capabilities related to national quarantine and isolation and has developed preliminary options for consideration.

## Recommendations

We recommend that you:

- a) **Note** that effective isolation and quarantine is critical to effective management of communicable disease outbreaks **Noted**
- b) **Note** that the provision of national isolation and quarantine capability (NQC) would increase the ability of people to comply with isolation and/or quarantine requirements, potentially contributing to more effective outbreak management **Noted**
- c) **Note** that, apart from the time limited 'readiness plan' applicable only to a major event involving border closure, New Zealand lacks capability to effectively isolate and quarantine people in a consistent, safe, and timely manner **Noted**
- d) **Note** that pre-COVID-19, New Zealand did not have any national isolation and quarantine capability **Noted**
- e) **Note** that Health New Zealand has developed options to strengthen isolation and quarantine capability to respond to infectious disease scenarios as previously directed by Cabinet **Noted**
- f) **Indicate** your preferred option for further development
- |                                                                         |                 |
|-------------------------------------------------------------------------|-----------------|
| Option 1 – pandemic readiness                                           | <b>Yes / No</b> |
| Option 2 – domestic outbreak                                            | <b>Yes / No</b> |
| Option 3 – multi-scenario, scalable (recommended by Health New Zealand) | <b>Yes / No</b> |
| Option 4 – multi-scenario, comprehensive                                | <b>Yes / No</b> |
- OR**
- g) **Confirm** that no additional work is required, with the existing capability to conclude by 30 June 2025. Noting that this option effectively reinstates the pre-COVID-19 status quo. **Yes / No**
- h) **Invite** officials to discuss this briefing with you. **Yes/No**



Dr Diana Sarfati  
**Director-General of Health**  
**Te Tumu Whakarae mō te Hauora**  
Date: 19 July 2024

Hon Dr Shane Reti  
**Minister of Health**  
Date:

# National isolation and quarantine capability

## Background

*New Zealand's isolation and quarantine capabilities need to be prepared for a range of scenarios*

1. Isolation and quarantine<sup>1</sup> are core public health tools to prevent the introduction and reduce the spread of infectious diseases. They can be applied at various levels of scale and intensity depending on the nature of the threat, the resources/capabilities available and the response strategy being pursued, and are applicable to both domestic communicable disease outbreaks (e.g. measles) as well as global pandemics.
2. For example, if the pathogen is still predominantly offshore but would present a critical risk if introduced to New Zealand, an exclusion strategy ('keep it out') might be applied. In this situation managed isolation and quarantine of inbound travellers at the border might be needed. In the situation where infectious disease case(s) are identified within New Zealand's border, isolation and quarantine measures might be used as a part of an elimination ('stamp it out') strategy to prevent and contain an outbreak, or to lessen the impact as a mitigation or suppression ('manage it') strategy. In these situations, cases and their contacts may be required or advised to stay at home (or another location) for a designated period.

## Capabilities to support isolation and quarantine are limited

3. Enabling isolation and quarantine for the range of potential scenarios is an important part of pandemic preparedness and communicable disease management.
4. The Government Policy Statement (GPS) on Health 2024-2027 outlines Government's intention to strengthen prevention in the health system by "... ensuring there is appropriate capacity, capability and infrastructure in place to prevent and respond to future pandemics and other health security threats" (page 6-7). Workforce objectives include an expectation to "...Develop the public and population health workforce to support ongoing pandemic preparedness and a strengthened focus on prevention" (page 26)."

## National isolation and quarantine work programme

5. The national quarantine capability work programme sits within a broader work programme, across Health New Zealand and the Ministry of Health, that includes pandemic preparedness, management of domestic outbreaks, and health at the border.
6. Key deliverables of this work programme, as directed by the previous Government in 2022, included:

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<sup>1</sup> **Isolation** separates and restricts the movement of people who have an infectious disease (cases), usually symptomatic people, from those who do not. **Quarantine** separates and restricts the movement of people who have or may have been exposed to an infectious disease (contacts) and may therefore pose a risk of infection to others.

- a. the continued maintenance, testing and maturation of New Zealand's existing 'Readiness Plan' to reactivate large-scale border focused managed isolation and quarantine at short notice if required
  - b. development of proposals for investment in an evolving portfolio of (contracted) self, community and managed isolation and quarantine interventions
  - c. development of a quarantine and isolation strategy.
7. Building on the legacy of the COVID-19 MIQ system, Health New Zealand maintains a border focused MIQ "Readiness Plan". This Plan allows the rapid reactivation of large scale, Cabinet-directed managed isolation and quarantine to respond to any scenario involving a complete or partial closure of the border. However, it is not applicable to domestic outbreaks and funding to maintain the Plan ends on 30 June 2025. This plan requires regular readiness 'testing' and includes a range of contracts with providers and the maintenance of some technology infrastructure.
  8. The strategic approach to isolation and quarantine for border is supported by the *New Zealand Pandemic Plan – interim update* (2024) and informed by Health New Zealand's guidelines for Responding to Public Health Threats at NZ Air and Seaports (published November 2023).

## **Options for future national isolation and quarantine capability**

9. Health New Zealand has been scenario planning for risk mitigation capabilities related to national quarantine and isolation and has developed four preliminary options for consideration.
10. The options are informed by lessons identified from previous COVID-19 and measles outbreaks, and Treasury's 'Better Business Case' investment analysis process.

### *Option 1 Pandemic readiness with a focus on isolation and quarantine at the border*

11. This option builds on the current Readiness Plan, to maintain a minimum level of pandemic preparedness and would only be activated by Cabinet decisions when our international border is fully or partially closed during a pandemic. This option ensures New Zealand's pandemic preparedness is improved in comparison to our pre-COVID-19 state. Activation costs are not included in this option.

### *Option 2 – Enhanced support and manaaki for domestic outbreaks*

12. This option responds to domestic outbreaks by focusing on increasing capability at a regional level to manage welfare / manaaki to support individuals, whānau and other groups, who are cases or close contacts, to quarantine and isolate at home or within their communities. This option works to reduce the disruption caused by quarantine and isolation, increases compliance, and reduces the transmission of disease. This option addresses the most immediate risks associated with the lack of any effective NQC for the management of domestic disease events, outbreaks and *pratique* incidents.

### *Option 3 – Multi-Scenario Scalable*

13. This option responds to outbreaks, epidemics, and pandemics (both domestic and global), incorporating all elements from Options 1 and 2. It focuses on controlling communicable diseases at the international border as well as increasing the capability of

regions to manage local welfare / manaaki support for individuals, whānau and communities. Integrating these response options into one capability would result in the optimal use of resources. This capability could be leveraged for innovative community models and enhanced current models that support community and iwi delivery.

#### *Option 4 – Multi-Scenario Comprehensive*

14. This option responds to outbreaks, epidemics, and pandemics. It incorporates all components from Options 1, 2 and 3 and proposes additional access to a broad range of private and Government-owned assets. Assets would be re-purposed for quarantine and isolation on an 'as needed' basis.
15. Appendices 1 and 2 set out the options in more detail, and provide an indicative high-level comparative assessment.
16. With dedicated funding ending in June 2025, any options to extend will either need new investment, or reprioritisation. Given budget constraints, reprioritisation to fund from baselines is likely to be very challenging. Significant trade-offs would be required needing careful consideration.
17. If not progressed, we effectively reinstate the pre-COVID-19 status quo in which New Zealand had no capability to effectively isolate and quarantine people in a consistent, safe, and timely manner, and had no readiness for a border closure.
18. Noting the significant limitations on new funding, your direction is sought as to the need for any further development or progression of these options.

#### **A note on the provision of welfare/manaaki support**

19. Adhering to isolation and quarantine requirements can lead to financial and social hardship for some individuals, families and groups, risking non-compliance and undermining the ability to prevent or control outbreaks. This has been highlighted in:
  - a. the recent local expert review of measles preparedness included a recommendation on ensuring adequate support is provided for cases and contacts to effectively isolate and quarantine (refer H2024043989)
  - b. an independent review of the 2019 measles outbreak highlighted that two-thirds of measles cases were from deprivation 9 and 10 areas, and for many close contacts who were on a weekly wage, it was not practicable to comply with isolation and quarantine requirements
  - c. independent COVID-19 research (commissioned by the Ministry of Health and completed in 2022) highlighted that, in a sample of 1,393 people, 18% reported not having enough space to self-isolate, 15% did not have enough sick leave to isolate, and 18% reported being unable to afford missing work as a barrier to self-isolating.
20. Where the options presented include welfare / manaaki provisions, they have been limited to support a public health response only, to avoid overlap with the Ministry of Social Development's responsibilities.
21. The Director of Public Health is preparing further advice for you on this aspect.

## Equity

22. The principles of equity and active protection embedded through the Pae Ora (Healthy Futures) Act 2022 recognise that the responsibility for enhancing Māori, Pacific and Tāngata Whaikaha outcomes is an obligation of the whole health system and our commitment to collective and equal efforts across all levels and sectors of the New Zealand health system.
23. Māori, Pacific peoples and Tāngata Whaikaha communities are disproportionately affected by inadequate and inequitable quarantine and isolation mechanisms, including accommodation and housing for people to quarantine and isolate. Prioritising equitable approaches for Māori, Pacific peoples and priority populations is critical to ensuring New Zealand has a comprehensive, culturally appropriate, and fit-for-purpose quarantine and isolation capability that leads to equitable outcomes.

## Next steps

24. We would welcome the opportunity to discuss this briefing with you.

25. s 9(2)(f)(iv)

ENDS.

## Appendix 1: Options for future national quarantine capability

<b>Option 1 – Pandemic Readiness with a focus on border isolation and quarantine</b>	
<b>Te Tiriti o Waitangi</b>	Further development to honour Te Tiriti o Waitangi through a Māori partnership work programme and Iwi-Māori accommodation partnerships.
<b>Facilities</b>	Readiness contracts: Six (6) available in Auckland and two (2) in Christchurch operational within four weeks. Additional facilities are possible through Iwi-Māori and Crown partnerships.
<b>Welfare / manaaki</b>	Not incorporated; approval would be required for expenses incurred during a response.
<b>Resourcing</b>	Incorporates a core workforce to maintain and enhance existing relationships and technology. Additional funding required for activation of facilities and additional services.
<b>Operational Readiness</b>	The QIC Plan was developed specifically in response to COVID-19 variants of concern, work continues to make this disease agnostic.
<b>Technology</b>	Further development is required to ensure the technological capability received from the Ministry of Business, Innovation and Employment (MBIE formerly responsible for MIQ) is compatible with Health NZ systems. This may require the development of new systems if compatibility is not achievable.
<b>Benefits</b>	Offers significant risk mitigation against pandemics at the border.
<b>Limitations</b>	<ul style="list-style-type: none"> <li>• Not scalable.</li> <li>• Geographically limited.</li> <li>• Can only respond to global pandemics.</li> </ul>








<b>Option 2 – Enhanced support and Manaaki for domestic outbreaks</b>	
<b>Te Tiriti o Waitangi</b>	Allows for local or regional co-design and delivery of services to support the needs of, and reduce negative impact on, Māori communities.
<b>Facilities</b>	Focuses on enabling quarantine and isolation at home with some alternate accommodation available through contracted solutions at the regional level.
<b>Welfare / manaaki</b>	Enables regions to contract local welfare / manaaki providers who will support quarantine and isolation at a local and / or regional level.
<b>Resourcing</b>	Incorporates a core workforce to support development of local and regional activation plans.
<b>Operational Readiness</b>	Further work is required to develop activation plans which may include comprehensive communications and stakeholder engagement strategies.
<b>Technology</b>	Utilises existing case and contact management system; further development required to configure an NQC specific module to enable referral and management of any additional support required.
<b>Benefits</b>	Enables an equitable, community-centred approach that fosters local resilience.
<b>Limitations</b>	<ul style="list-style-type: none"> <li>- Limited ability to mitigate pandemics / operationalise the Pandemic Plan (NZIPP).</li> <li>- Limited risk mitigation of novel or more severe pathogens.</li> <li>- Would be reliant on social license.</li> </ul>

<b>Option 3 – Multi-Scenario Scalable</b>	
<b>Te Tiriti o Waitangi</b>	Ensures Māori partnership across work programme and Iwi-Māori accommodation partnerships, co-design and delivery of local or regional services.
<b>Facilities</b>	Six (6) available in Auckland and two (2) in Christchurch operational within four weeks for border arrivals; plans for safe quarantine and isolation at home with limited alternate accommodation available if required.
<b>Welfare / manaaki</b>	Regions contract local welfare / manaaki providers who will support quarantine and isolation at a local and / or regional level.
<b>Resourcing</b>	Incorporates a core workforce to maintain and enhance existing relationships and technology with border facilities and support development of local and regional activation plans.
<b>Operational Readiness</b>	Update Readiness Plan to be disease agnostic; develop comprehensive communications and stakeholder engagement strategies.
<b>Technology</b>	Ensure the technological capability received from MBIE is compatible with Health NZ's systems for border facilities and develop additional module to enable additional support for cases and contacts.
<b>Benefits</b>	Offers significant risk mitigation against pandemics at the border and enables an equitable, community-centred approach that fosters local resilience.
<b>Limitations</b>	We would be reliant on social license, but regional and local approaches may increase compliance with public health measures.

<b>Option 4 – Multi-Scenario Comprehensive</b>	
<b>Te Tiriti o Waitangi</b>	Invests in commissioning for Iwi-Māori and funding grants for community initiatives led by Hauora Māori community and Iwi partners.
<b>Facilities</b>	Securing access 'as needed' to a broader range of facilities, including contracted arrangements with accommodation marketplaces, and access to a broad range of private and Government owned facilities (for example, NZ Defence Force facilities).
<b>Welfare / manaaki</b>	No enhancement of welfare / manaaki provision from Option 3.
<b>Resourcing</b>	Utilises a core workforce to design and deliver its components.
<b>Operational Readiness</b>	Enhanced Infection Prevention Control at all levels for any assets being re-purposed. Integrated All-of-Government quarantine and isolation communication plan to ensure coordination of equitable and accessible quarantine and isolation services.
<b>Technology</b>	Develop an NQC portal to service the public and quarantine and isolation practitioners. This would provide a communication hub and allow national coordination of local and regional quarantine and isolation operations and create a foundation on which we can build user facing apps.
<b>Benefits</b>	Secures access to a broader range of facilities which will be better able to meet individuals' needs. Greater technology investment increases potential operational efficiency, resulting in increased individual, whānau and communities' resilience.
<b>Limitations</b>	The workforce to run the broader range of facilities accessible.

## Appendix 2: Summary of options

COMPARING OPTIONS BY ANNUAL COSTS, SUPPORTED SCENARIOS & SUITABILITY OF SOLUTION						
	OPTION 1 Pandemic Readiness	OPTION 2 Enhanced support and manaaki for domestic outbreaks	OPTION 3 Multi-scenario scalable	OPTION 4 Multi-Scenario - Comprehensive	OPTION 5 Do nothing	
  <b>ANNUAL OPERATING COST</b>	Estimated range <b>\$2.6m - \$7.7m</b> Pandemic activation costs are not included	Estimated range <b>\$3.6m-\$4.2m</b> Activation costs for domestic outbreaks are included Pandemic activation costs are not included	Estimated range <b>\$6.2m - \$11.9m</b> Activation costs for domestic outbreaks are included Pandemic activation costs are not included	Estimated range <b>\$24.9m to \$48.2m</b> Activation costs for domestic outbreaks are included Pandemic activation costs are not included		
<b>BENEFIT COST RATIO</b>	81	2	44	11		
 <b>NUMBER OF PEOPLE OPTION SUPPORTS</b>	Approx 6000	Approx 2000	Approx 10,000-20,000	Approx 10,000-20,000		
 <b>Multi Criteria Analysis Score (MCA)</b>	0.64	1.35	2.26	2.13	-0.5	
 <b>SUPPORTED SCENARIOS</b>	✓ Pandemic ✗ Epidemic ✗ Outbreak ✗ Novel infection	✗ Pandemic ✓ Epidemic ✓ Outbreak ✗ Novel infection	✓ Pandemic ✓ Epidemic ✓ Outbreak ✓ Novel infection	✓ Pandemic ✓ Epidemic ✓ Outbreak ✓ Novel infection	✗ Pandemic ✗ Epidemic ✗ Outbreak ✗ Novel infection	
<b>SUITABILITY OF SOLUTION</b>	Te Tiriti o Waitangi	Yellow	Green	Green	Yellow	
	Facilities	Green	Red	Green	Red	
	Resourcing	Green	Green	Green	Red	
	Operational Readiness	Yellow	Yellow	Green	Red	
	Welfare/Manaaki	Red	Yellow	Yellow	Green	Red
	Technology	Yellow	Yellow	Yellow	Green	Red

## Minister's Notes

PROACTIVELY RELEASED

# Briefing

## National Quarantine Capability: work programme and next steps

<b>Date due to MO:</b>	10 May 2024	<b>Action required by:</b>	17 May 2024
<b>Security level:</b>	IN CONFIDENCE	<b>Health Report number:</b>	H2024039348
<b>To:</b>	Hon Dr Shane Reti, Minister of Health		
<b>Consulted:</b>	Health New Zealand: <input checked="" type="checkbox"/>		

### Contact for telephone discussion

Name	Position	Telephone
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<b>Matt Hannant</b>	Deputy National Director, National Public Health Service, Health New Zealand – Te Whatu Ora	s 9(2)(a)
<b>Selah Hart</b>	Head of Hauora Māori Public and Population Health, Hauora Māori Services, Health New Zealand – Te Whatu Ora	s 9(2)(a)

### Minister's office to complete:

- |                                               |                                    |                                              |
|-----------------------------------------------|------------------------------------|----------------------------------------------|
| <input type="checkbox"/> Approved             | <input type="checkbox"/> Decline   | <input type="checkbox"/> Noted               |
| <input type="checkbox"/> Needs change         | <input type="checkbox"/> Seen      | <input type="checkbox"/> Overtaken by events |
| <input type="checkbox"/> See Minister's Notes | <input type="checkbox"/> Withdrawn |                                              |

Comment:

# National Quarantine Capability: work programme and next steps

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**Security level:** IN CONFIDENCE

**Date:** 10 May 2024

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**To:** Hon Dr Shane Reti, Minister of Health

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## Purpose of report

1. Further to the recent Health Report *Health system pandemic preparedness* (H2024036792 refers), this briefing provides a summary of current and proposed future work for the provision of National Quarantine Capability (NQC).
2. This report also provides an update on s 9(2)(f)(iv)

## Summary

3. To ensure New Zealand has sufficient quarantine and isolation capability to respond to future pandemic threats, the previous Government directed officials [CAB-22-MIN-0589.01] in December 2022 to:
  - develop a long-term quarantine and isolation strategy to guide a future national quarantine capability
  - continue the maintenance, testing, and maturation of New Zealand's existing Readiness Plan to reactivate large-scale border-focused managed isolation and quarantine at short notice, if required
  - develop proposals for investment in an evolving portfolio of (contracted) self, community, and managed quarantine and isolation interventions.
4. The previous Government also directed officials to report back to Cabinet on the progress of this work.
5. The 2-year funding envelope, covering both FTE and non-FTE resources, to deliver the NQC work programme ends on 30 June 2025.
6. Through the process of developing investment proposals, consideration is being given to pathways that support other communicable disease scenarios (eg, measles outbreaks) as outlined in a recent measles briefing (H2024036756 refers).
7. Pending your direction to provide further advice on the future of the NQC work programme, s 9(2)(f)(iv)

## Recommendations

We recommend you:

- a) **Note** the previous Government directed officials to: **Noted**
- i. develop a long-term quarantine and isolation strategy to guide a future national quarantine capability
  - ii. continue the maintenance, testing, and maturation of New Zealand's existing Readiness Plan to reactivate large-scale border-focused managed isolation and quarantine at short notice, if required
  - iii. develop proposals for investment in an evolving portfolio of (contracted) self, community, and managed quarantine and isolation interventions.
- b) **Note** the National Quarantine Capability work programme is being undertaken across the Ministry of Health and Health New Zealand, and sits within a broader work programme that includes Pandemic Preparedness, the management of domestic outbreaks and Health at the Border. **Noted**
- c) **Note** that funding for the National Quarantine Capability programme ceases on 30 June 2025. **Noted**
- d) **Direct** officials to provide you with further advice on options for future National Quarantine Capabilities and seek your preferred approach. **Yes/No**
- e) **Note** that officials are developing a national quarantine strategy. **Noted**
- f) s 9(2)(f)(iv) **Noted**
- g) **Confirm** whether you wish to proceed with a noting report back to Cabinet to provide an update on the National Quarantine Capability work programme. **Yes/No**



Dr Diana Sarfati  
**Director-General of Health**  
**Te Tumu Whakarae mō te Hauora**

Date: 10/05/2024

Hon Dr Shane Reti  
**Minister of Health**

Date:

# National Quarantine Capability: work programme and next steps

## Background

### COVID-19 pandemic and New Zealand's response

1. Isolation and quarantine<sup>1</sup> have a long history as public health measures to prevent, contain, and reduce the spread of infectious diseases, particularly infections with outbreak, epidemic or pandemic potential.
2. In response to the COVID-19 pandemic, some entry restrictions and self-isolation and quarantine requirements were introduced for travellers coming to New Zealand from high-risk areas from February 2020. However, as case numbers continued to increase, the COVID-19 Elimination Strategy was adopted - involving contact tracing, testing, the 4 tier Alert Level framework, and unprecedented restrictions on entry at the border.
3. As part of this multi-layered response, Managed Isolation and Quarantine (MIQ) was rapidly established. MIQ utilised a group of hotels to enable limited numbers of people to travel to (and from) New Zealand while reducing the risk of importation and widespread transmission of COVID-19.
4. Between April 2020 and June 2022, approximately 230,000 border arrivals and 5,000 community cases (and their close contacts) went through MIQ. While MIQ provided a means for people to return home in a safe, managed way, its limited capacity caused significant stress for people who could not return when they wanted or needed to.
5. The MIQ network was decommissioned in its entirety by August 2022, but work is continuing to ensure New Zealand remains well prepared for any future pandemic and other events for which quarantine and isolation might be required.

### Previous Government's decisions

6. On 19 December 2022, Cabinet agreed [CAB-22-MIN-0589.01]:
  - a. to fund (until June 2025) the continued maintenance, testing, and maturation of New Zealand's existing Quarantine and Isolation Readiness Plan (Readiness Plan) (to reactivate MIQ, if necessary); the development of a long-term quarantine and isolation capability strategy; and investment proposals for an evolving portfolio of (contracted) self, community, and managed quarantine and isolation interventions.
  - b. to transfer the responsibility for progressing this work from the Ministry of Business, Innovation and Employment to the health system by 30 June 2023.
7. At the same time, officials were directed to report back to Cabinet on progress with this work, including:

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<sup>1</sup> Isolation separates sick people with a contagious disease from people who are not sick. Quarantine separates and restricts the movement of people who were exposed to a contagious disease to see if they become sick. These people may have been exposed to a disease and do not know it, or they may have the disease but do not show symptoms.



- a. a draft long-term quarantine and isolation capability strategy
- b. initial investment proposals for an evolving portfolio of (contracted) self, community, and managed quarantine and isolation interventions, including providing an analysis of opportunities for future facilities with wide applicability for future event.

### **Cabinet report back**

8. The Cabinet report back was initially deferred from June 2023 to December 2023 and subsequently further delayed, due to the General Election and formation of the new Government. Your decision is sought on whether you wish to pursue taking a noting paper to Cabinet to provide an update on this work.

### **Future of the national quarantine capability work programme**

9. This briefing updates you on the NQC work programme – specifically development of the strategy, and investment proposals for an evolving portfolio of (contracted) self, community, and managed quarantine and isolation interventions and seeks your direction to provide further advice on these matters.

### **Government Policy Statement on Health**

10. The draft Government Policy Statement on Health refers to the importance of pandemic preparedness, and a strengthened focus on prevention activities generally.

### **National Quarantine Capability work programme**

#### **National quarantine and isolation strategy**

11. The previous Government directed officials to develop a strategy for the future NQC. Work on a draft National Quarantine Strategy (NQS) is being led by the Public Health Agency within the Ministry of Health. This has included close consultation with the National Public Health Service and Hauora Māori Services (formerly Te Aka Whai Ora) within Health New Zealand.
12. The NQS will provide the strategic framework for the operational planning and any future delivery of the 'evolving portfolio' of quarantine and isolation interventions and the Readiness Plan.
13. The draft NQS sets out the purpose and role of quarantine capabilities in public health responses to infectious disease events, including outbreaks, epidemics, and pandemics – both at the international border and domestically in communities.
14. The draft NQS provides strategic direction to guide operational planning and service delivery by the health sector under 3 headings:
  - a. *Managed facility* (primary use during a pandemic/border closure scenario): ensure readiness and scalable capability to stand up current or improved service models at short notice
  - b. *Self/home, community and other capabilities*: improve the operational aspects of the current service model and/or develop new service models, primarily for case and contact management, local outbreaks and pratique events for arriving craft

- c. *Integration with New Zealand health system & health security system*: improve the efficiency of the national quarantine system and ensuring it is relevant to, and appropriately connected with, the wider health system.
15. Officials are currently considering whether to progress the NQS as a standalone strategy and/or to integrate aspects of it into the revised New Zealand Pandemic Plan. Given its application to both pandemic and non-pandemic scenarios, the NQS was originally conceived as a standalone document. However, the best way to coordinate it with the revised Pandemic Plan and also non-pandemic border incidents (ie, pratique) and domestic outbreaks, is still being assessed. Either way, the NQS will consider the findings of the Royal Commission of Inquiry into COVID-19 Lessons Learnt (the Royal Commission) expected in late 2024.

## **New Zealand's quarantine and isolation need and current arrangements**

16. Quarantine and isolation capabilities are likely to be required to support future responses to outbreaks (eg, case and contact management for measles), epidemics or pandemics. With MIQ now decommissioned, there are limited quarantine and isolation capabilities available to reduce the impact of future significant disease events.
17. The Readiness Plan currently provides New Zealand with border-focused quarantine and isolation functionality that can be activated in response to a pandemic scenario at short notice. Health New Zealand has operational responsibility for the Readiness Plan, including its maintenance and continuous improvement.
18. Predicated on a partial or full border closure as part of a wider all of government response, the Readiness Plan ensures the availability of 1,500 quarantine and isolation rooms to become operational within 3-4 weeks of activation, surging to 3,000 rooms within 6 weeks and 6,000 rooms within 8 weeks. There are 15 contracts which enable the Readiness Plan covering hotels, security, transport, and information technology including the quarantine booking system (Managed Isolation Allocation System). The Readiness Plan would only be activated by Cabinet decision.
19. Other outbreak response arrangements, such as the measles public health outbreak response plan, have limited ability to resource and implement quarantine and isolation promptly, effectively, and compassionately. This may hamper efforts to control outbreaks of communicable disease in the future.
20. Current readiness costs approximately \$3.6 million annually covering both FTE and non-FTE resources. This involves resourcing the maintenance and continuous improvement of the Readiness Plan and associated supplier contracts.
21. The 2-year NQC funding to deliver the NQC work programme is ringfenced and ceases on 30 June 2025, meaning additional funding is required beyond this point to continue NQC delivery.
22. Health New Zealand does not have identified funding to support the NQC programme post 30 June 2025, including maintenance of the Readiness Plan.
23. This situation would reduce the ability to operationalise a quarantine and isolation border pandemic response – placing New Zealand at greater risk during future pandemic events.

## NQC Future Capability

24. Future capability pathways have been developed for NQC, Subject to future decisions, these will provide the means to operationalise the Strategy. These are in an early development phase and have not undergone engagement outside of health entities and other pathways or a combination of them may emerge from the engagement process:
- a. **Pathway 1: Pandemic Readiness/Enhanced Status Quo:** This pathway retains the existing Readiness Plan developed during the COVID-19 pandemic and is focused on controlling infectious diseases *at the border* during a pandemic. It leverages commercial facilities to act as operational quarantine and isolation facilities when needed, builds on Iwi-Crown partnerships to deliver quarantine and isolation accommodation, and assumes the use of existing technology and resources.
  - b. **Pathway 2: Baseline - Multi-Scenario-Scalable:** In addition to Pathway 1, this pathway focuses on managing/mitigating infectious diseases *within our communities* during outbreaks and incursions. It seeks to provide support services which local public health providers require to deliver self and community quarantine and isolation in a targeted and equitable manner. It diversifies the community support provided through COVID-19 to deliver against a wider range of infectious diseases. Within this pathway, analysis will develop a range of integrated solutions leveraging community providers to respond accordingly to the situation (eg, local or regional outbreak of measles).
  - c. **Pathway 3: Comprehensive preparedness/Harnessing Government Assets, Technology and Collaborative Networks:** This pathway includes Pathways 1 and 2 and as part of a major, all-of-government response would seek to repurpose government-owned assets, such as New Zealand Defence Force barracks and university hostels, as quarantine and isolation facilities at the point of need. It seeks to deliver enhanced infection prevention control standards within these facilities, supported by integrated and bespoke technology platforms to facilitate a more targeted response. This pathway offers greatest flexibility and is best able to configure local, regional, and national responses across the spectrum of self, community, and managed requirements, but also requires the greatest investment.
25. Appendix 1 shows a summary of the proposed NQC pathways.

26. s 9(2)(f)(iv)

27.

28.

29. Ministry of Health and Health New Zealand officials can meet with you to discuss this work in more detail.

## Cabinet report back on general progress with NQC

30. s 9(2)(f)(iv) we seek your decision as to whether you wish to brief Cabinet in general terms on progress with the NQC work programme as requested by the previous Government.

### Equity

31. Consideration of inequities and how to address them are critical to ensuring New Zealand has a comprehensive quarantine and isolation capability.
32. The impacts of infectious diseases are usually experienced inequitably. In New Zealand, Māori, Pacific peoples, young, older, and disabled people, and people with pre-existing health conditions are more likely to experience inequitable health, economic, and social outcomes associated with infectious disease threats and events, and our responses to them.
33. Inequities and adverse impacts on vulnerable individuals and communities were evident in MIQ facilities during COVID-19. It is important that the strategic direction, engagement with relevant stakeholders, and comprehensive planning is maintained to avoid this happening again.
34. The NQC programme is committed to partnering with Māori communities, including Iwi-Māori Partnership Boards, whānau, hapū, iwi and hapori to protect and improve Māori health. Acknowledging the continued need for equity, improving Māori health is a shared responsibility. This commitment involves collaborative and equitable efforts throughout all sectors of the New Zealand health system.
35. To ensure that inequities are addressed and minimised, the NQC programme will uphold the rights and interests of Māori through the application of Te Tiriti o Waitangi in the design and potential delivery of services. This involves directing resources towards actions that produce tangible health outcomes and embedding mātauranga Māori into our planning and service delivery activities to inform and foster an equity-driven culture.
36. Consideration of inequities and how to address them is critical to completing the NQS and designing interventions/actions under the Readiness Plan and Future Capability.

### Next steps

37. Officials are available to meet with you to discuss the NQC work programme in greater detail at your request.
38. Officials will continue to develop the NQS alongside the proposed further review of the New Zealand Pandemic Plan, s 9(2)(f)(iv) and, subject to your direction, prepare a noting report back for Cabinet.

ENDS.

## Minister's Notes

PROACTIVELY RELEASED

## Appendix 1: Possible pathways for National Quarantine Capability

