

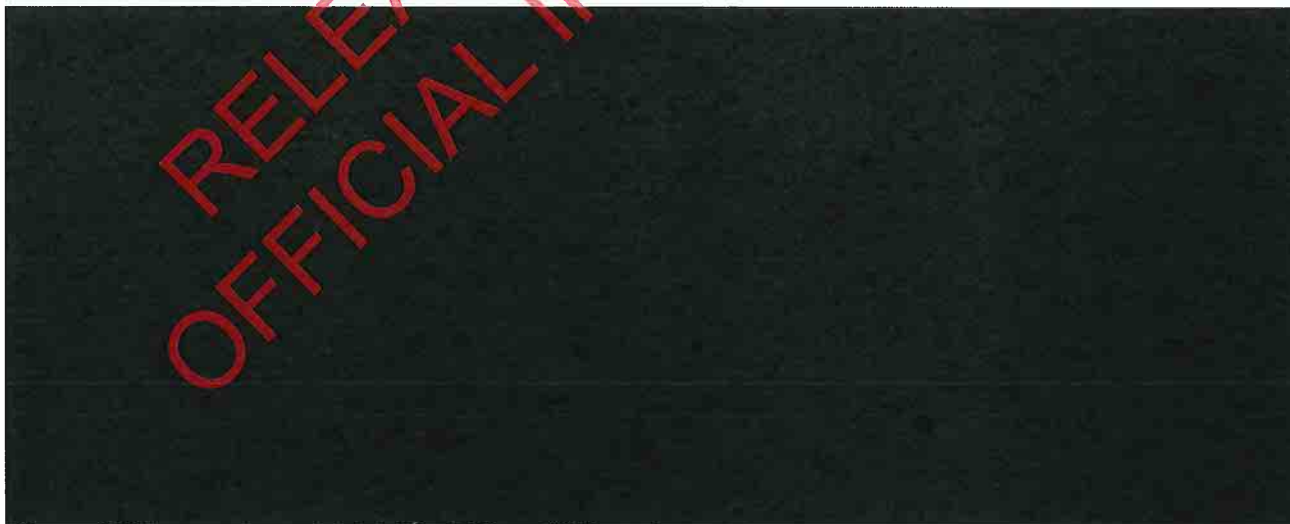
## TRAVEL HEALTH PASS

<p><b>Strategic Placement:</b></p> <ul style="list-style-type: none"> <li>• Elimination Strategy; Keep It Out Pillar.</li> <li>• MoH accountable for the Elimination Strategy</li> <li>• DPMC (Chair of the AOG SOG) responsible for the development and management of the strategic frame / prioritisation process within the Keep It Out Pillar</li> </ul> <p><b>Governance of the Programme:</b></p> <ul style="list-style-type: none"> <li>• Border Executive Board (BEB) supported by the BEB SOG</li> <li>• Maintains oversight of the Programme</li> <li>• BEB SOG engage with AOG SOG through Agencies mutually represented on both groups</li> </ul>	<p><b>Programme Management:</b></p> <ul style="list-style-type: none"> <li>• Ministry of Transport; responsible for overall coordination of the Travel Health Pass Work, this includes             <ul style="list-style-type: none"> <li>- Supporting the developing and maintaining of the strategic frame for the Programme</li> <li>- maintaining a watching brief over the workstreams and regular engagement with lead agencies</li> <li>- ensuring that the interdependencies, issues and risks are identified and managed across the workstreams</li> <li>- provide regular updates on the programme and developments to participating agencies</li> <li>- ensuring regular reporting to the BEB, and other groups and agencies as required</li> <li>- prepare Ministerial briefings, Cabinet paper and other documents as required with support from lead agencies</li> <li>- maintaining key messages and media responses in relation to the Programme, even if media given by others</li> <li>- ensuring sufficient engagement and input from lead, support and interested agencies in all of the above</li> </ul> </li> </ul>
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## CONTEXT

Vaccines are widely seen as offering the best pathway to a return to wide-scale, quarantine-free international travel. In addition to New Zealand's vaccine programme, the Travel Health Pass work programme focuses on the role of traveller health certificates in facilitating travel in and out of New Zealand. The aim of this work is to position New Zealand to be able to move when the health science says it is safe to do so, recognising that international connectivity remains fundamental to the economic and social wellbeing of New Zealanders. We acknowledge there are significant unknowns about the role and impact of vaccines, and New Zealand is not expected to reach domestic vaccination targets until late 2021.

Significant progress has been made on safe travel zones. If we can progressively open our borders in a low risk way, we should not wait. As the role of vaccines becomes clearer, vaccination status could, where appropriate, be added in as an additional layer of protection within the safe travel zone framework. Other countries are also working on ways to gradually open up, with various measures to manage risk.



- We can expect some form of health measures and screening at borders as part of quarantine-free for the foreseeable future – even alongside vaccination. Safe travel zones are the first step in implementing these processes, followed by Green travellers if Ministers agree.
- Safe and Incremental re-opening not just good for economic and social outcomes, it enables the infrastructure/capacity needed for recovery to build back (e.g. return of more Government and non-Government border workers, re-certification of aircraft etc).
- International Air Freight Scheme (renamed Maintaining International Aviation Connectivity Scheme ) retains the key connections to markets and the Pacific
- Alongside this: Trade Recovery work, Tourism recovery work, and consideration of immigration settings enables NZ to build back smarter.

TRAVEL HEALTH PASS WORKSTREAMS

WORKSTREAM	COMPONENTS	Questions	LEAD	SUPPORT / INTEREST	COMMENTS
Health Settings Vaccination	Information Gathering [immediate and ongoing]	<ul style="list-style-type: none"><li>1. What do we know about the effect of vaccines on transmissibility?</li><li>2. When will we know more? Will we really know more quickly?</li><li>3. What work is underway in this area and by whom?</li><li>4. What is the process for updating our knowledge and reflecting this in our work?</li></ul>	MoH	All Agencies	<ul style="list-style-type: none"><li>- Suggest 1-3 could be covered off by MoH at the "Show and Tell" session with Agencies. We are sometime away from knowing definitively about transmissibility and expect that vaccines will not be a panacea in this regard.</li><li>- In relation to 4, suggest Health could disseminate periodic updates to Agencies; or alternatively MoT could incorporate this into its regular Programme update to Agencies.</li><li>Where intelligence may have a material bearing on the Programme of work, suggest MoT facilitated interagency meeting to discuss and work through the impacts.</li></ul>
	Approvals [add estimated timeframe]	<ul style="list-style-type: none"><li>1. Which vaccines could allow us to adjust entry requirements to New Zealand?</li><li>2. Who makes those decisions, what are the 'standards', and what is the approval process?</li><li>3. What is the implementation pathway</li><li>4. Are there any regulatory changes required (would also inform the implementation pathway)?</li></ul> <p>Consider: need to consider vaccine status along-side country risk status informed by the MoH Country Risk Assessment Tool.</p> <p>Medsafe will approve the vaccines for use in NZ. But it is unclear on the approval body and process to recognise vaccines used offshore but not approved for use in New Zealand. Need to determine whether and what role Medsafe could play. Could play. WHO accreditation process important, but need to determine what that process is and how quickly it is progressing.</p>	MoH	MFAT, DPMC, MOH	<ul style="list-style-type: none"><li>- In relation to WHO - MoH to reach out to its representatives / experts on the work programme underway. MFAT will work with MoH to task Post in Geneva to follow up with WHO contacts in the coming week.</li></ul>
	Scenario Planning 1 (health measures)	<ul style="list-style-type: none"><li>1. Under what conditions could vaccines allow us to adjust health related entry requirements?</li></ul> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>For example, is it a combination of pre-departure testing, post arrival testing and reduced level of MIQ / self-isolation.</p>	MoH	All Agencies	<ul style="list-style-type: none"><li>- [REDACTED]</li><li>- Propose MOH lead development of scenarios with a small group of Agencies (MoT, DPMC, MBIE and MFAT) and consider what public health measures applicable.</li><li>- MoT facilitated All Agencies workshop (with MOH lead) to test the scenarios, applicable public health measures and impacts.</li><li>- Continue to refine the scenarios and applicable health measures as more is known on transmissibility (see above) and vaccine efficacy (see below).</li></ul>

WORKSTREAM	COMPONENTS	Questions	LEAD	SUPPORT / INTEREST	COMMENTS
Health Credentials	<p>[Redacted]</p> <p>[Redacted]</p>	<p>[Redacted]</p> <p>[Redacted]</p>	[Redacted]	[Redacted]	[Redacted]
	<p>Domestic context</p> <p>[add estimated timeframe]</p>	<p>1. What information would need to be included about the vaccine/vaccination? (e.g. vaccine type, batch number, date and place administered)?</p> <p>2. Who issues the credential and who verifies the credential? Individual needs access to a verified credential to transact with employer, NZ inc agencies/organisations, and airlines and other State governments to depart New Zealand.</p> <p>3. How do we merge an individual's vaccination status and identity?</p> <p>4. How quickly will we see a digital credential come on stream?</p>	MoH	<p>Customs, Immigration, DIA, MoT, MFAT</p>	<p>- Existing standards around the type of information to be captured; but these standards vary across the globe. MoH to reach out to its representatives / experts on the work programme underway. MFAT will work with MoH to task Post in Geneva to follow up with WHO contacts in the coming week.</p> <p>- MoH programme of work underway to inform health credentials, including from a user, issuer and verification perspective. MoH to brief agencies on this at the "Show and Tell" session.</p>
	<p>Travel context</p> <p>[add estimated timeframe]</p>	<p>1. When will the credential need to be shared (e.g. at the time a passenger books, 72 hours prior to departure, check-in, on-airway)?</p> <p>2. What are the key considerations, including facilitation matters that inform the above?</p> <p>3. Who shares the credential, how is it shared and to whom is it shared with?</p> <p>4. How and when do we build this information into the [Redacted] Need to confirm there's scope and identify the business requirements.</p> <p>5. Are there other examples we can learn from; for example APEC business travel card, phytosanitary certificates?</p> <p>6. How are health credentials being considered and rolled out in other jurisdictions and what can we learn from this.</p> <p>Key consideration (arrivals): how vaccination and passport information blend; or at least how a vaccination record and proof of it can be authenticated against someone's passport at the time of entry to New Zealand.</p>	Immigration	<p>MoH, Customs, DIA, MoT, MFAT</p>	<p>- [Do we need to separate this out for arrivals and departures? Or is the focus here squarely on arrivals, and we address the departure piece in the domestic context work. ?]</p>

WORKSTREAM	COMPONENTS	Questions	LEAD	SUPPORT / INTEREST	COMMENTS
International standards and process	Ongoing	<ol style="list-style-type: none"> <li>1. What is New Zealand's current involvement in multilateral and industry-related vaccine related and passenger facilitation efforts?</li> <li>2. How do we coordinate and prioritise New Zealand engagement?</li> <li>3. How do we develop New Zealand positions?</li> <li>4. How can we inform standards development and who should we coordinate with?</li> <li>5. How do we consider inter-relationship with IATA Travel Pass, Common Travel Pass etc? How do we engage with stakeholders and when?</li> </ol> <p><u>Key bodies identified to target our efforts:</u></p> <ul style="list-style-type: none"> <li>- The World Health Organisation (WHO) responsible for directing and coordinating international health within the United Nations Systems; and has programmes of work on vaccine accreditation, and the development of "Smart Vaccination Certificate" technical specifications and standards. (Health and MFAT)</li> <li>- The International Civil Aviation Organisation (ICAO) which sets international Standards and Recommendations Practices (SARPs) for civil aviation within the United Nation system. This includes landside formalities associated with the clearance of aircraft, passengers, goods and mail, with respect to the requirements of customs, immigration, public health and agricultural products. Has prepared detailed guidance to States on settings across all facets of civil aviation; developed in collaboration with the WHO and industry bodies. Considering how vaccines could be used to facilitate the resumption of international travel is a key focus for the next iteration of its guidance. (MoT, DIA, Civil Aviation Authority)</li> <li>- Five Eyes Human Biosecurity Group. Established in recognition of the need to resume international travel at scale and explore what biosecurity measures and health information required order to mitigate biosecurity risks. Five Eyes have identified the need to collaborate our engagement in the range of initiatives underway globally. (Immigration)</li> <li>- The Organisation for Economic Cooperation and Development (OECD) initiative to develop a framework for mutual recognition of COVID-19 tests. (MFAT)</li> <li>- UK and Australia have separately reached out and been seen to undertake close working on travel passes</li> </ul>	MFAT	MoH, MoT, DIA, Immigration, Customs	<ul style="list-style-type: none"> <li>- Work programme beginning to form: <ul style="list-style-type: none"> <li>o MoT, working with MFAT, to finalise map of international bodies and associations, work underway, linkages and leads into an A3 (living document)</li> <li>o MoT, Health and DIA to connect and identify participants on WHO and ICAO bodies, including the Collaborative Arrangement for the Prevention and Management of Public Health Events in Civil Aviation (CAPSCA).</li> <li>o MoT, working with MFAT to consider protocol to inform effective engagement between agencies</li> <li>o MoT to give further consideration to whether and how the National Facilitation Committee/ International Departmental Facilitation Committee could be resurrected and utilised for this work</li> <li>o Agency leads to ensure appropriate level of engagement and opportunities to comment on documents coming through the international bodies they are engaged with.</li> </ul> </li> </ul>

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