

Rt Hon Jacinda Ardern

Prime Minister



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SPEECH NOTES

Speech to Reconnecting New Zealanders to the World Forum

Good morning and thank you for coming along today.

I want to start by thanking Professor Skegg and your group of experts for the important scientific contribution you have made to this discussion and the Government's decision making about reopening our borders.

Right from the start of the COVID pandemic, the Government's response has been underpinned by the best possible science, research and advice. It's an approach that has served us well.

We have amongst the lowest infection and death rates of anywhere in the world.

Since the pandemic began 1 in 1,675 New Zealanders have had a confirmed case of COVID, compared to 1 in 9 in the US or Sweden, and we have had two-thirds fewer cases than Australia per capita.

If New Zealand had been hit as hard as the UK or US, nearly 10,000 Kiwis would have died. That's the population of Te Puke.

And we were able to achieve this while having the least stringent restrictions in the OECD, resulting in unemployment recently falling to pre-COVID levels at 4 percent and growth that has outperformed the likes of Australia, the United States, Canada, Japan and the United Kingdom.

But we would be wrong to assume that all science in the area of pandemic management is absolute and lends itself to a singular plan. It is not. With COVID there is too much uncertainty, so every country has had to forge its own plan.

In crafting a plan for New Zealand, we have very openly sought and received advice, had it contested publicly by other experts in the field, and ultimately made decisions that we believe have been in the best interest of New Zealand – both for our people and our economy. You can see from the Forum today that continues to be our approach.

Today our goal is two-fold - first to set out the evidence that is emerging as countries around the world grapple with Delta and the next phase of the pandemic. And second, to lay out the path ahead for the next six months.

Just like the science, that path will not be absolute. But I think people have come to appreciate that while the future is uncertain and the plan can change - that doesn't mean we can't make one.

In shaping that plan, you will have heard a strong theme in the evidence laid before us – the curve ball that is variants. This is exemplified by Delta.

I recall in a meeting recently, Professor Skegg laying out the difference between Delta and the early iterations of COVID 19. You can see it in the way that it has behaved in Australia and beyond.

Delta is a game changer in our risk calculation. It could be devastating if it took hold in New Zealand before we have high rates of vaccination.

Evidence from China suggests that, with the Delta variant, the time interval between when a person picks up the virus and when they become infectious themselves is significantly shorter. That it is up to three times more infectious, meaning that one case is now on average passing it on to nine others.

What comes through in the evidence, and what you will have heard today, is that Delta may be the variant of the day, but it won't be the only one.

We all remember when the variant from the UK emerged, then Brazil. There will be more. The hope of course is that a vaccine will remain successful against whatever comes our way. But, there are things we can do to make sure that no matter what happens in the short term, we retain as many options as possible as this pandemic continues to alter and change.

That brings me then to what it is about our approach thus far that has been the most beneficial to us. Our goal from the outset has been to save lives, and we have. We did so also believing that by reducing as much as possible the impact on human health, we would have the best possible chance of reducing the impact on our economy. That has proven to be true.

Our economy has returned now to pre-COVID levels. Unemployment is incredibly low. We have outperformed most of the countries we compare ourselves to. And while there are ongoing challenges we have largely avoided long periods of lockdown, having sick and dying workers or many businesses being closed for good. While it's been extraordinarily hard, I'm proud of what we have achieved and the way in which Government and business responded to this unprecedented challenge.

That is not to say the response has been without cost. The impact of border closures has been tough. Very tough. It has impacted on loved ones - family and friends being separated, industries accessing skilled employment, or Kiwis just missing that personal sense of connection. It's just one of the reasons I believe this year has felt so hard. In 2020 we knew what we had to do. In 2021, we want to know that things will get back to normal - eventually.

And here in lie our competing challenges.

How do we maintain the elements of our approach that have looked after people's health, made day-to-day life, for the most part, pretty normal, while reducing some of the friction at our border?

To achieve that, it's the view of Cabinet that for the next period of the pandemic, that means maintaining our Elimination, or 'stamp it out', strategy.

While the pandemic continues to rage overseas, and the virus continues to change and mutate, the best thing we can do is lock in the gains achieved to date while keeping our options open and giving ourselves choices. And a careful approach that says "there won't be zero cases, but when there is one in the community, we crush it" is the best way to maintain our normal lives while we monitor the twists and turns of COVID 19 over the next six months.

One of the risks we all face currently, is that in an environment where we have partially vaccinated populations, a variant that is more dangerous and vaccine resistant may well emerge. We all hope that won't happen. But if we choose to change our strategy too early, and we see an even more problematic version of COVID emerge, there is no going back.

Ultimately our response to COVID so far means we have more choices than many other countries as we enter the next phase, and our plan needs to take account of that and our desire not to go backwards from where we are.

So principle number one will remain - maintaining our elimination strategy to stamp out the virus, so we can maintain our hard won gains and keep our options open.

That is not to say that the settings we have today, will be the settings we have forever. Nobody wants that.

I have previously said that the border has acted like a collective armour for New Zealand protecting us against the virus. The trick with vaccination is to move to each of us having an individual armour, meaning we need to rely less, or at least not only, on the border settings. Vaccines are the game changer in this pandemic. But for them to be successful, we need as many people as possible to be vaccinated.

When it comes to our vaccine roll out we are now significantly ramping up.

The past few weeks have seen us reach important milestones with over 2 million doses delivered and surveys showing vaccine hesitancy declining. We are now hitting around 45,000 vaccinations a day, just shy of our goal of 50,000 a day through September and October, but with more and more vaccination sites starting up each day.

In total, 848,406 people are now fully vaccinated, and a further 1,444,895 have had their first dose, and we are on track for everyone in New Zealand who wants a vaccine to be offered one by the end of the year.

And we have the right vaccine, with Pfizer consistently leading the pack with very high rates of effectiveness.

You'll recall that when we started our roll out we were asked whether we would prioritise first doses, and push out second doses. We decided

against that strategy. We wanted people to be fully vaccinated quickly, and for two reasons. The first was because those people we prioritised first, were at the greatest risk. They were our border workers, our health workers, and our older people. They were our first line of defence, and those most at risk if that line of defence failed.

The second reason we decided against a spread dose strategy, was because the clinical trials at that time were based on 21 days between doses.

Three things have changed since that decision. Number one, we have rolled out the vaccination programme to those most at risk. Number two, a small number of studies over the past few months suggests a marginally greater immune response with a slightly longer delay between doses.

And thirdly, Delta. Should we experience an outbreak, data shows that one shot of Pfizer is estimated to reduce hospitalisation by 71 percent, so as a population we are safer if we have a larger amount of people at least partially vaccinated than we are if we have whole groups unvaccinated.

The New South Wales outbreak highlights the risk of a Delta outbreak, and Professor Skegg's report is clear on the need to do all we can to keep it out. So while the first step in our plan to re-open our borders has always been achieving high rates of vaccination we are now taking steps to speed that process up.

As such Cabinet has decided to accelerate the reach of our roll out by changing the booking system so that it will default to a six-week gap between doses rather than 21 days. We also aren't requiring or asking anyone currently booked in to make a change. This is a change to our system going forward.

To be clear, those who wish to have the shorter gap can still do so, and if someone is vulnerable we still recommend being fully vaccinated as soon as possible. There will be an option to have a shorter gap on the website when booking.

But from a population basis it makes sense to get as many New Zealanders at least partially vaccinated quickly. It's a small change, with some win-win benefits.

This change will make more booking capacity available, which means we will be able to move through our age bands more quickly than previously signalled.

As you know, those who are aged 50+ will be invited to book from tomorrow, Friday the 13th of August.

From there, we will now be able to open up to a wider age band, inviting those aged 40+ to book their vaccine next week, from Wednesday 18th of August.

And a week later, on Wednesday 25th August, we will be opening up to those aged 30 and over.

From 1 September, we will be open for all eligible ages.

All going to plan that should mean our entire population has had the opportunity to book a vaccination by September and their second one by December.

That then is principle two of our strategy going forward: Ensuring every eligible New Zealander is offered the opportunity to be vaccinated as soon as possible. Because that is our best defence against Delta lock downs, and opens up a world of opportunity.

And as you can see, our plan has us doing just that.

Many have called for a definitive number, or a percentage of the population that needs to be vaccinated before we start altering the phases we are in. Experts have advised against that. We want as many people as possible to be vaccinated.

But just as important is the fact that a single percentage doesn't tell us enough. I can share with you the markers for good vaccine coverage we will be looking for.

One - We will be looking particularly to make sure we have good regional spread of vaccination, so we don't have large pockets of unvaccinated people.

Two - We will also want to see high vaccination rates in high risk populations - older New Zealanders, immune compromised, those with

co-morbidities - to ensure the most vulnerable in the population are well protected.

Three - But at the same time, younger adults have been identified as strong sources of transmission, so uptake there matters, as does overall coverage across age groups.

These will be the data points we'll be looking at.

That then brings me to principle 3: Reducing the need for further lockdowns as much as possible by continuing to strengthen our health and contact tracing systems.

Vaccination gives us the best opportunity to do that. But the next six months will be critical. Not only do we need good vaccine uptake to break chains of transmission if they start, we also need to continue to be vigilant. And if a case does come in in the meantime, we will continue to take the short sharp approach that has served us so well. And as we flagged earlier this week, if it's Delta, that could well mean a short sharp level 4 to prevent a long drawn out level 3. We must learn from the experience of others.

But if everyone heeds the call to be vaccinated by the end of 2021, it is our goal to reduce and then eventually remove the need for lock downs. Instead, we'll be in a position to take what has sometimes been called the measles approach to COVID 19.

Many won't know that the use of contact tracing and isolation in New Zealand is not new. Measles is both incredibly infectious but also

potentially deadly for a young unvaccinated child. When we have outbreaks in New Zealand, we contact trace and we isolate. These are the public health tools, that in the absence of lock downs, we will continue to use. And that means being prepared for that.

So principle 4 is: maintaining strong public health tools.

But if we are to maintain a stamp it out strategy, and we want to avoid lock downs, that means trying to reduce how many cases we might need to deal with. That brings me to our greatest challenge: the border.

We cannot keep border restrictions on forever, and to be absolutely clear we do not want to either.

Border closures were only ever a temporary measure in order to keep COVID out before a vaccine was developed and administered. So long as the scientific evidence shows we can safely transition from a border defence to the individual armour of the vaccine then that is the direction we will go.

But once we are vaccinated this will need to be a phased approach, for two reasons.

Firstly, while vaccination is ramping up locally it is clear that the global vaccination effort will continue into 2022 and beyond. There will be large areas of the globe that will remain unvaccinated for some time to come, especially Africa, parts of Asia and South America where vaccination rates are far behind those of the West.

The second reason, is that as we know all too well, a vaccinated person can still unfortunately pick up COVID.

In Canada for instance they have started testing at their borders to try and reduce quarantine requirements. Of the 17,000 vaccinated Canadians coming through, eight have had COVID. Now that is a very small proportion, but if you think about it in terms of the previous level of visitors New Zealand had pre-Covid, that is the equivalent of every week, 35 cases coming through our border even if every single traveller is vaccinated.

As Professor Skegg pointed out earlier, even if we had the same success as the UK with vaccination uptake, if we also adopted the rest of their settings, we could be experiencing the equivalent of 48 deaths a week from COVID – nearly double the number we have had in the entire pandemic to date.

That is not to say we'll keep our border settings as they are into the never never. But it is a good reason to be careful and not to move too soon and put at risk all of the gains made to date.

Our plan instead is to follow the advice and keep our settings as they are while we vaccinate, but phase our reopening once we have good coverage in the New Year.

I don't propose that we sit back and wait though.

A phased reopening requires work. And that work has already started in two parts.

First, how we are preparing to approach the border in the New Year, and second, what tools and preparation we will need to make this new approach work.

As a first step, from next year, once everyone who is eligible has been offered a vaccine and we have reasonable coverage, we will move to a risk based 'pathways' system of travel. That means the nature of your entry into New Zealand will be dependent on a couple of key things – in particular your vaccination status, and where you have been for the last 14 days.

Countries will be grouped according to risk. Factors considered will be the number of cases, prevalence of variants of concern, vaccination rates, and our confidence in the country's strategies for managing outbreaks. We have started already with our approach to Very High Risk countries, but this will be broadened. Alongside vaccination status, the risk of the country will play in big part in determining the pathway for arrival into New Zealand.

We are already pretty well equipped to manage pathways 1 and 3 – we have been doing these for a while and have the systems in place. But even for those pathways there will be new opportunities and priorities. Cabinet has agreed to prioritise the development of the traveller health declaration system (to confirm vaccination status) and rapid border testing to increase our testing options. This reduces risks, and makes it a lot easier for the traveller.

On rapid testing, as per advice from the Advisory Group chaired by Professor Skegg, we are setting up a COVID-19 Testing Technical Advisory Group, to provide independent advice to the Director-General of Health. Their focus will be on testing technologies, approaches and feasibility, to make sure our work is even better informed by the latest and best developments in testing.

On traveller health declaration – we will be establishing a system to confirm a traveller's vaccination status. A digital tool is being developed by border agencies to help assess the level of risk of travellers to and from New Zealand. This is a traveller health declaration system, and will require travellers to upload information before they arrive in New Zealand, such as their vaccination information.

This will be both for New Zealanders going overseas, as well as people coming into the country. In the short term, a manual solution will be developed to allow passengers to arrive in New Zealand, when border settings are ready. In the future, this will be a fully digital platform that will simplify the traveller experience.

In addition, Customs, the Ministry of Health, Ministry of Transport and other government agencies are kicking off a new work programme with airports and airlines over the next eight weeks to develop options for how to support a safe and smart reopening of our air border, similar to the work they did together to prepare for Quarantine Free Travel with Australia. The group will focus on the pre-travel, en-route, arrival, and domestic stages of the overall travel and border process. The outcome will include information and options to inform government decisions on how the system might be operationalised in a way that is as safe, streamlined and coordinated as possible.

There is a wealth of knowledge and experience across government agencies and industry partners in the aviation sector – bringing together this expertise will help inform government decisions on operational solutions for the next steps of our reopening.

Pathway 2 will be new. It is our opportunity to change our border settings, freeing up space in MIQ and providing a way for more people to enter the country. Here, instead of 14 days of MIQ, we will be looking at what we're broadly calling modified isolation.

That means if you have been to a country where there is COVID, but pretty decent rates of vaccination, and you yourself are vaccinated, rather than going into MIQ we will be looking into either isolation at home, and/or shortened isolation periods.

As you can see, there are a range of possibilities here, and to decide what they look like, we need a more information, so we're going to start gathering that now.

As part of this we will be changing up the testing regime at MIQ, so we collect a test at day 5. We are also going to start collecting data on vaccine status. This will help us to see whether those who are vaccinated and have COVID can accurately be picked up in a shorter window. If we get information that tells us that cases are coming through in that early period, we can then confidently reduce isolation periods in Quarter 1 next year.

Because vaccinated people also pose less risk, we want to consider the possibility of home-based isolation. So a lot of work is required to make this successful. Our public health advisors have told us that they definitely don't suggest we run this at any general level until next year, but we have proposed to them a tightly run pilot with vaccinated travellers only to prepare our systems. This will take place in October through December this year, and will take a limited number of participants to ensure it is done safely.

This pilot will enable us to test the logistics of entry into New Zealand under a self-quarantine model, the ability to monitor or enforce compliance, and the management of COVID cases if they arise.

This will be available to groups of people who meet a tight set of criteria – New Zealand citizens and permanent residents who are fully vaccinated in New Zealand and have made a short trip away from New Zealand, travelling to an approved list of countries. They will have to supply a self-quarantine plan as part of their application that meets the Ministry of Health's requirements.

We will confirm specific details in September, including establishing an Expression of Interest process, and it is our intention to work with employers who need employees to travel for work for this pilot. The reason for this is the extra assurance that having an employer involved, with a bit of skin in the game, will provide.

So that sums up our fifth principle, and our third phase, to develop new ways to enable people to travel safely to and from New Zealand, by

progressively easing border restrictions beginning in the new year with changes based on country of origin and vaccine status.

Our ultimate goal is to get to quarantine-free travel for all vaccinated travellers. And what you can see from today is our direction and ambition is clear.

But we're simply not in a position to a full reopen just yet. When we move we will be careful and deliberate, because we want to move with confidence and with as much certainty as possible.

Rushing could see us in the situation many other countries are finding themselves in where after sustained periods of case numbers falling due to vaccination they are finding them rise again after relaxing their settings and opening their borders.

So our plan is to reopen in a phased way where we assess and check before taking each step.

While COVID keeps changing, we must keep changing too.

But the work being done now puts us in the best possible position to use every tool we have to replace the two things that are causing the greatest challenges. Lock downs, and quarantine at the border.

I want to finish with a sentiment that Professor Skegg shared with me a little while back. He said, just like after 9/11, the border will never be the same after COVID. The point he was making was that things can

change, but that doesn't mean we can't adapt to them in a way that eventually feels normal again.

Vaccines, border testing and maybe a bit of monitoring of symptoms when you travel will eventually become our baseline. And we will get used to it. Our goal as New Zealand is to get to that place as quickly as we can, with as little health and economic disruption as we can. Today we have shared with you the first steps on the way to that plan. And my hope is next year, things will start to get just that bit easier, that bit more secure.

No reira tena koutou tena koutou katoa.