



## BRIEFING

### Targeted changes to Managed Isolation Emergency Allocation settings

<b>Date:</b>	17 February 2021	<b>Priority:</b>	Medium
<b>Security classification:</b>		<b>Tracking number:</b>	2021-1866

Action sought		
	Action sought	Deadline
Hon Chris Hipkins <b>Minister for COVID-19 Response</b>	Agree to MBIE implementing the targeted changes to the Emergency Allocation settings	24 February 2021

Contact for telephone discussion (if required)			
Name	Position	Telephone	1st contact
Kara Isaac	General Manager, MIQ Policy	Privacy of natural persons	✓
Privacy of natural persons	Principal Policy Advisor, MIQ Policy		

The following departments/agencies have been consulted/informed
MBIE Immigration Policy, Ministry of Foreign Affairs and Trade, Ministry of Health, Department of the Prime Minister and Cabinet

**Minister's office to complete:**

Approved

Declined

Noted

Needs change

Seen

Overtaken by Events

See Minister's Notes

Withdrawn

**Comments**



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#### Purpose

To seek your agreement to targeted changes to the Managed Isolation Emergency Allocation settings.

#### Executive summary

On 16 December 2020, the Cabinet Business Committee (CBC) directed officials to reallocate 100 of 500 managed isolation rooms, provisionally set aside for group arrivals, into Emergency Allocations [CBC-20-MIN-0141 refers]. There are now up to 250 rooms in total available per fortnight for Emergency Allocations. Emergency Allocation room bookings by MIQ have recently exceeded 250, with peaks of 272 on 19 January 2021 and 250 on 14 February 2021.

There continues to be very high overall demand for managed isolation vouchers on the managed isolation allocation system (MIAS), with extremely limited room availability. Managed isolation rooms are effectively fully allocated from now until the end of March. MIQ is scheduled to release the remaining allocable rooms for the months of April and May at regular intervals over the coming weeks which we expect to be quickly booked. As such, Emergency Allocations are the only entry pathway for people in very difficult circumstances with a need to travel to New Zealand urgently.

Officials recommend targeted changes to widen and clarify the eligibility categories for Emergency Allocations in response to demand, for example to allow for:

- urgent travel by New Zealand citizens and permanent residents overseas where there is a serious risk to their safety,
- New Zealand citizens and permanent residents living with terminal illness (with a life expectancy of six months or less) to spend time with close relatives,
- critical health and infrastructure workers to commence urgent or time-critical work,
- Medical transfers from the Pacific.

Officials also recommend further expanding the number of rooms available for Emergency Allocations to 350 per fortnight to enable the above changes and to cope with increased demand.

The changes will support compassionate entry for more people and families facing difficult circumstances that require urgent travel, and will further clarify the scope of Emergency Allocations. The recommended changes follow the precedents of cases that did not fit the eligibility criteria but have been approved by the Head of MIQ and the Deputy Chief Executive MIQ under their discretion to allocate emergency places in MIQ on a case-by-case basis (this discretion will still remain). Emergency Allocations will continue to have very high eligibility thresholds.

Implementation will occur in two stages. We will implement an operational change on 1 March 2021 to accept applications within 14 days of the applicant's intended travel date, up from within seven days at present. This is primarily intended to reduce stress for travellers by providing more time for approved applicants to secure flights, complete any required pre-departure tests and commence their travel to New Zealand.

The proposed revised Emergency Allocation eligibility categories and increased room numbers would then commence from 1 April 2021. This is when we will have additional room capacity. We will make system changes, publish information on the MIQ website and put additional resources in place to manage a forecast increased volume of applications.

We are developing separate advice on allocation options for those with a time sensitive need to enter New Zealand to undertake critical work that results in wider benefits for New Zealand. We expect to provide this by early March 2021.

## Recommended action

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The Ministry of Business, Innovation and Employment (MBIE) recommends that you:

- a **Note** that on 4 December 2020, the current Emergency Allocation eligibility categories (the categories) were put in place with your agreement (briefing 2021-1599 refers).

*Noted*

- b **Note** that on 16 December 2020, the Cabinet Business Committee (CBC) directed officials to reallocate 100 of 500 managed isolation rooms, provisionally set aside by officials for group arrivals, into Emergency Allocations [CBC-20-MIN-0141 refers].

*Noted*

- c **Note** that with very high ongoing demand for managed isolation vouchers, there is scope for targeted changes to the Emergency Allocation settings to further support people in circumstances requiring very urgent travel.

*Noted*

- d **Agree** to increase the number of rooms set aside for Emergency Allocations to 350 per fortnight to be drawn from rooms ordinarily released via the Managed Isolation Allocation System online from 1 April 2021 to enable targeted changes to eligibility for Emergency Allocations.

Agree  Disagree

- e **Agree to amend** Category 1a to add the words "or safety" be added to Category 1a to allow Emergency Allocations to be approved for "New Zealand citizens or residents where a serious risk to health or safety exists for the applicant or their dependant, which requires urgent travel to New Zealand."

Agree  Disagree

- f **Agree** to amend Category 2b to clarify provisions for certain critical workers to enter New Zealand to undertake urgent work, to allow Emergency Allocations to be approved for "a person whose entry to New Zealand is time-critical for the purpose of commencing work that involves delivering a critical public or health and disability service, such as the clinical and direct provision of specialist health services required to prevent serious illness, injury or death; or the maintenance of essential infrastructure or lifeline utilities whose failure would result in significant harm or disruption to a large number of New Zealanders."

Agree  Disagree

- g **Agree** to amend Category 2e to replace references to "dying" with "living with a terminal illness or end-stage disease" to allow Emergency Allocations to be approved for "New Zealand citizens or residents entering New Zealand to visit a close relative who is ~~who is dying~~ living with a terminal illness or end-stage disease (with a life expectancy of 6 months or less), where timely travel is unlikely to be possible if the person books through the Managed Isolation Allocation System.

Agree  Disagree



h **Agree** to a new category under Category 2 to allow Emergency Allocations to be approved for “New Zealand citizens or residents who are living with a terminal illness or end-stage disease (with a life expectancy of six months or less) to visit a close relative or return to reside in New Zealand, where timely travel is unlikely to be possible if the person books through the Managed Isolation Allocation System.”

Agree /  Disagree

i **Agree** to a new category under Category 2 to allow Emergency Allocations to be approved for “New Zealand citizens or residents who are living with a terminal illness or end-stage disease (with a life expectancy of six months or less) who has travelled or is travelling to visit a close relative who resides overseas, where timely return travel is unlikely to be possible if the person books through the Managed Isolation Allocation System.”

Agree /  Disagree

j **Agree** to a new category, under Category 2 to allow Emergency Allocations to be approved for “New Zealand citizens or residents who have travelled or is travelling visit a close relative who is living with a terminal illness or end-stage disease (with a life expectancy six months or less) and resides overseas, where timely return travel is unlikely to be possible if the person books through the Managed Isolation Allocation System.”

Agree /  Disagree

k **Agree** to a new category, under Category 2 to allow Emergency Allocations to be approved for “citizens or residents of Pacific countries requiring access under an official medical treatment scheme to time-critical medical treatment in New Zealand that is unavailable in their own country, and accompanying clinical personnel or essential caregivers.”

Agree /  Disagree

l **Agree** to a commencement date of 1 April 2021 for the above changes, which is in line with increased room availability from that date and to provide sufficient time for MIQ to make the necessary system and resourcing changes.

Agree /  Disagree

m **Note** that MBIE will implement a change to accept applications within 14 days of the applicant's intended travel date on 1 March 2021, up from within seven days at present.

*Noted*



Kara Isaac  
General Manager  
MIQ Policy, MBIE

17 / 02 / 2020



Hon Chris Hipkins  
Minister for COVID-19 Response

23 / 2 / 21

## **Emergency Allocations are a last resort option for limited time-critical situation**

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1. The Emergency Allocation process exists for limited situations which require urgent travel to New Zealand within the next 7 days. They enable urgent travel to New Zealand for people who meet the circumstances described in the categories you have previously agreed, and who cannot find a place in managed isolation through the Managed Isolation Allocation System (MIAS). Booking vouchers using MIAS is a fair, transparent and efficient process for allocating the majority of managed isolation rooms.
2. At present, voucher availability on MIAS is extremely limited. Managed isolation rooms are effectively fully allocated until 27 March 2021. MIQ is scheduled to release the remaining allocable rooms for the months of April and May at regular intervals over the coming weeks.<sup>1</sup>
3. The Emergency Allocation process is a last resort option. The threshold for approval is extremely high, reflecting the need to carefully manage finite capacity.

### **We continue to see sustained strong demand for Emergency Allocations**

4. Since the introduction of Emergency Allocations on 30 October 2020, through to 14 February 2021, MIQ has approved 950 applications of the 2,156 applications that have been processed. Each approval requires one or more rooms set aside for Emergency Allocations.
5. From 14 December 2020 to 14 February 2021, an average of 200 Emergency Allocation applications have been approved per fortnight. The number of rooms booked by MIQ for those with approved Emergency Allocations peaked at 272 on 19 January 2021 and reached 250 on 14 February 2021. We have been able to allocate rooms to all applicants who meet the criteria to-date, using contingency capacity from time-to-time.
6. The current eligibility categories were put in place on 4 December 2020 (briefing 2021-1599 refers), along with the tiered system for processing Emergency Allocations (i.e. Category 1 and 2). New Zealand citizens or permanent residents (residents) entering New Zealand to visit a close relative who is dying (Category 2e) continues to be the most prevalent reason for applications and approvals. This category accounted for around 45 per cent of approvals from 14 December 2020 to 14 February 2021. New Zealand citizens or residents with a serious risk to health was the second most common reason, accounting for 10 per cent of approvals for the same period (Category 1a).

### **We recommend targeted changes to the Emergency Allocation settings**

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7. MIQ keeps the Emergency Allocation settings under regular review to ensure that they remain fit for purpose. With sustained strong demand for allocations and drawing on experience from allocation decisions to date, we now propose targeted changes to these settings. The changes seek to further reduce the impacts and stress of ongoing limited voucher availability on people with unforeseen and very urgent reasons for travel. They also balance objectives of:
  - a. ensuring the safe and efficient use of MIQ capacity;

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<sup>1</sup> In April and May, the daily total of allocated rooms in MIAS is 2,850 rooms per day out of 4,500 available. Further tranches of rooms are due to be released once decisions on offline capacity **Commercial information** and pending management of health cohorts are clear.

- b. protecting New Zealanders' right to enter New Zealand under NZBORA; and
- c. supporting COVID-19 economic and social recovery outcomes.

**Targeted changes to extend and clarify the eligibility categories**

- 8. The changes draw on precedents from recent cases that did not fit the eligibility categories but have been granted Emergency Allocations by the Head of MIQ and the Deputy Chief Executive MIQ under their discretion. In addition, our processing of applications has identified the need for wording clarifications to avoid doubt about eligibility.
- 9. The discretion the Head of MIQ and the Deputy Chief Executive MIQ have to grant emergency allocations in rare and Exceptional cases where urgent travel to New Zealand is required to protect a person's health, safety or wellbeing will remain in place (briefing 2021-1775 refers).
- 10. The proposed changes are indicated as red underlined text in Table 2 below.

*Table: Proposed amendments to the Emergency Allocation categories*

<p><b>Category 1</b></p> <ul style="list-style-type: none"> <li>a. New Zealand citizens or residents where a serious risk to health <u>or safety</u> exists for the applicant or their dependant, which requires urgent travel to New Zealand; OR</li> <li>b. Where urgent travel is required to ensure a child is provided with appropriate care and protection.</li> </ul> <p><b>Category 2</b></p> <ul style="list-style-type: none"> <li>a. New Zealand citizens or residents who are required to provide critical care for a dependant person in New Zealand and need to travel urgently to do so; OR</li> <li>b. A person whose entry to New Zealand is time-critical for the purpose of <u>commencing work that involves</u> delivering a critical public or health <u>and disability</u> service, such as the <u>clinical and direct</u> provision of <u>specialist</u> health services required to prevent serious illness, injury or death; or the maintenance of essential infrastructure <u>or lifeline utilities</u> whose failure would result in significant harm or disruption to a large number of New Zealanders; OR</li> <li>c. New Zealand citizens or residents, who are unable to legally remain in their current location and have no other option but to return to New Zealand; OR</li> <li>d. New Zealand and non-New Zealand citizens, where urgent travel to New Zealand is required for national security, national interest or law enforcement reasons; OR</li> <li>e. New Zealand citizens or residents: <ul style="list-style-type: none"> <li>i. <u>entering New Zealand to visit a close relative who is <del>who is dying</del> living with a terminal illness or end-stage disease (with a life expectancy of six months or less), where timely travel is unlikely to be possible if the person books through the Managed Isolation Allocation System; OR</u></li> <li>ii. <u>who are living with a terminal illness or end-stage disease (with a life expectancy of six months or less) entering New Zealand to visit a close relative or to reside in New Zealand, where timely travel is unlikely to be possible if the person books through the Managed Isolation Allocation System; OR</u></li> <li>iii. <u>who are living with a terminal illness or end-stage disease (with a life expectancy of less than six months) who have travelled or are travelling to visit a close</u></li> </ul> </li> </ul>
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relative who resides overseas, where timely return travel is unlikely to be possible if the person books through the Managed Isolation Allocation System; OR

iv. who have travelled or are travelling to visit a close relative who is living with a terminal illness or end-stage disease (with a life expectancy of six months or less) and resides overseas, where timely return travel is unlikely to be possible if the person books through the Managed Isolation Allocation System.

f. Citizens or residents of Pacific countries requiring access under an official medical treatment scheme to time-critical medical treatment in New Zealand that is unavailable in their own country, and accompanying clinical personnel or essential caregivers.”

#### *New Zealand citizens and residents in unsafe situations overseas*

11. The proposed change to Category 1a will cover the situation of people who are well but are in danger. Examples include where a person’s safety is at risk due to domestic violence, being in a war zone or civil unrest.

#### *Widening the allocation criteria for essential, time-critical workers (Category 2b)*

12. The proposed change to add “commencing work that involves” is intended to tighten the category to exclude people who reside in New Zealand and are employed in relevant critical roles using this category to undertake discretionary overseas travel.

13. Adding the word “and disability” reflects the critical health and disability workers approved to enter New Zealand under current border restrictions. The change would provide for a broader range of critical health and disability workers for whom there is an urgent need prevent serious illness, injury or death. The change means an Emergency Allocation is not limited to medical specialists who are generally understood to mean specialist doctors with advanced training in a particular field of medicine. The change is supported by the Ministry of Health.

14. Adding the word “lifeline utilities” provides an avoidance of doubt that key critical workers for essential services to support New Zealanders businesses and lives are also covered by the Emergency Allocation.<sup>2</sup>

#### *Supporting those with a terminal illness or terminally ill close relatives (Category 2e)*

15. The proposed changes at Category 2e include replacing references to “dying” with “terminal illness or end-stage disease” to align with medical terminology. They also provides for a broader range of circumstances for terminally ill New Zealand citizens and permanent residents to visit or be visited by close relatives.<sup>3</sup> It would allow:

- terminally ill New Zealanders residing overseas to visit their close relatives in New Zealand or return to New Zealand to reside,
- terminally ill New Zealanders to visit close relatives residing overseas,
- New Zealanders to visit a close relative living with a terminal illness who resides in New Zealand or overseas (expanding the existing provisions which allows for inbound travel only).

<sup>2</sup> Lifeline utilities are described in the Civil Defence Emergency Management Act 2002, including entities carrying out business such petroleum, gas and electricity distribution, water and wastewater, telecommunications, road and rail network provision and port companies.

<sup>3</sup> Close relatives are defined on the MIQ website as a spouse or partner, parent, child, brother or sister, grandparent, grandchild, spouse’s or partner’s parent.

16. These provisions cover people with a life expectancy of six months or less. They would allow for a caregiver to travel with a terminally ill person where necessary.

*Supporting medical access for Pacific nations (new Category 2f)*

17. We recommend the introduction of Category 2f above on advice from the Ministry of Foreign Affairs and Trade (MFAT) and the Ministry of Health. The change will explicitly recognise commitments by New Zealand to provide timely medical treatment to citizens and residents of Pacific countries in certain circumstances.

International relations

International relations

**We forecast that a larger number of rooms will need to be set aside for Emergency Allocations**

18. Our modelling forecasts that a larger number of rooms will need to be set aside for Emergency Allocations, as the number applications that regularly meet the thresholds as revised are likely to exceed the 250 rooms currently set aside. Officials propose that the number of rooms set aside for Emergency Allocations is increased to 350 per fortnight from 1 April 2021. The rooms would be drawn from rooms that would otherwise be allocated via MIAS online. We intend for unused to be released back on to MIAS.

**The proposals carry some risks, which are considered manageable**

19. While these proposed categories would meet a wider range of situations, there will always be people facing adverse situations not captured or envisaged and where urgent travel is required in order to protect a person's health and safety. As noted above, the Head of MIQ Operations and Deputy Chief Executive of MIQ will retain discretion to allocate a voucher from the Emergency Allocation in rare and exceptional circumstances. The discretion will be further clarified to provide discretion to decline a voucher where there is evidence of repeat usage by firms of category 2b.
20. Enabling offshore travel for terminally ill people and close relatives carries risks. The government's current safe travel advisory is that all New Zealanders do not travel overseas at this time due to the outbreak of COVID-19, associated health risks and widespread travel restrictions. Dying people may be immune compromised and more vulnerable to severe COVID-19. However, the change is unlikely to materially increase overall public health risks from COVID-19. On balance, we consider it reasonable and transparent to expressly provide for families to be with a close relative who is nearing the end of their life, but are unable to due to the lack of MIAS voucher availability.
21. There are communications risks associated with making regular changes to the categories for Emergency Allocations. However, broader categories are likely to be well received. Communicating the changes will need to emphasise the reasons for the changes and the benefits for people seeking to enter New Zealand. It will also need to reflect that Emergency Allocations are intended as a one off. We will provide your office with key messages and Q&As before the changes come into effect.



## **Implementation and next steps**

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22. Officials propose a two-step implementation of the targeted changes in this paper.

### **We will first implement a change to extend the timeframe for accepting applications from 7 to 14 days on 1 March 2021**

23. We will implement a change to accept applications within 14 days of the applicant's intended travel date, up from within seven days at present on 1 March 2021. The timeframe is to help limit Emergency Allocations to urgent travel requests (briefing 2021-1599 refers).
24. Expanding the timeframe will reduce stress and uncertainty for applicants. The current timeframe provides a very narrow window for successful applicants to book flights and complete travel to New Zealand. For example, journeys from Europe can take up to two days to complete in plus pre-departure testing and day-to-day flight frequency and scheduling is variable. A 14-day timeframe also provides additional time for applicants to meet recent pre-departure testing requirements before commencing travel. Extending the timeframe will also extend the allocation window and enable the more efficient use of capacity.

### **We would then implement the revised categories and added room capacity from 1 April 2021**

25. Subject to your agreement to the revised categories and added room capacity, we propose a commencement date of 1 April 2021.
26. The proposed lead in time takes into account the timeframes required to put the necessary processing resources to deal with the expected higher application volumes and communication material in place.
27. We are preparing separate advice on allocation options for certain high priority critical workers with time-sensitive travel needs to mitigate the social and economic impacts of COVID-19. We expect to provide this to your office by early March 2021.