Australian, State and Territory Governments

National Cabinet Paper

Title	Caps on International Air Passenger Arrivals
Sponsoring Minister(s)	Prime Minister

Summary

The Australian Government remains committed to the safe and timely return of Australians while working with all jurisdictions to manage and maintain quarantine arrangements. The National Cabinet should agree to retain or increase caps and reaffirm its commitment to ensure returning Australians are not displaced by economic cohorts.

1 Proposed Actions

I recommend the National Cabinet:

1. Agree to continue to prioritise the return of Australians within international air passenger arrivals caps, noting that international students, seasonal workers and other economic cohorts should not be counted under the caps.
2. Note that the international air passenger arrivals caps:
    a. are due to revert to pre-8 January 2021 levels in New South Wales and Queensland at 12.01am on 15 February 2021;
    b. will increase in Victoria to 1,310 per week from 12.01am 15 February 2021, followed by an increase to 2,100 per week from 1 March 2021;
    c. will remain at 490 per week in South Australia; and
    d. are currently subject to further review for Western Australia.
3. Agree the caps for New South Wales, Queensland, Victoria and South Australia will be in place until 11.59pm 30 April 2021, at which time all caps are due to expire.
4. Note existing arrangements for Tasmania, the Australian Capital Territory and the Northern Territory will remain in place.

2 Details of Proposal

The management of recent outbreaks has been supported by the caps

2.1 At the 8 January 2021 meeting, National Cabinet agreed to halve the existing caps at the international airports in NSW, QLD and WA in support of jurisdictions' responses to community transmission of COVID-19, and to minimise the risks posed by variants of COVID-19 emerging internationally. National Cabinet also agreed the caps in VIC and SA and arrangements in the NT were to remain in place, with Tasmania and ACT arrangements to continue to be negotiated bilaterally.

2.2 At the 22 January 2021 meeting, National Cabinet agreed to continue prioritising the return of Australians and revert caps to previous levels as soon as possible and no later than 15 February 2021.

2.3 In response to a situation with a positive COVID-19 case detected in a hotel quarantine worker, WA declared a five-day lockdown period for the Perth metropolitan area and the Peel and South West regions, effective from 6pm Sunday, 31 January 2021 until 6pm Friday, 5 February 2021. A return to WA's pre-8 January 2021 cap is currently subject to further review as investigations into the risk of community transmission in WA take place. As at 18 January 2021 there are no longer any locations in New South Wales, Victoria and Queensland listed by the Commonwealth as COVID-19 hotspots.

2.4 The current weekly caps are 1,505 in NSW (215 per day); 650 in QLD (includes a surge capacity of 150 vulnerable Australians); 512 in WA; 1,120 in VIC and 490 in SA. Tasmania, the Northern Territory and the ACT continue to be uncapped.

Caps and Quarantine continue to be the frontline defence

2.5 Around 2 per cent of international arrivals to Australia present COVID-19 positive. Quarantine and contact tracing system, as well as new measures introduced at the last National Cabinet, are working to support the management of outbreaks.

2.6 Australia remains dependent upon international aviation for essential workers, freight (imports and exports), and the general movement of goods and people. It remains the case that sudden changes in caps (particularly reductions) remain difficult for airlines to implement, with caps being a non-discriminatory commercial impost on airlines. Reductions risk significant disruption and should be avoided unless absolutely necessary.

We have seen tens of thousands of Australians return home

2.7 Since 18 September 2020, over 82,000 Australian citizens and permanent residents have returned to Australia. However, the number of Australians who registered as wanting to return has grown to 40,672 as the COVID-19 situation has changed globally.

2.8 A small number are choosing not to take up a Government-facilitated flight when offered, however the situation changes quickly and individual circumstances, flight

options and domestic mobility vary widely. The Commonwealth has committed over $11 million for Australians seeking assistance under the Special Overseas Hardship Assistance Fund. In early January 2021, the Australian Government announced an additional 20 facilitated commercial flights for repatriating Australians.

2.9 To maximise the amount of Australians able to return home, National Cabinet agreed on 13 November 2020 to the Commonwealth implementing overallocation by up to 10 per cent above caps in consultation with the relevant jurisdiction. This was to address the variability in arrivals caused by a range of factors (including but not limited to fail COVID tests prior to boarding and booking cancellations) – meaning arrivals touching down in Australia would be lower than the number allowed under caps.

Quarantine is frontline protection, but numbers remain stagnant

2.10 While demand exists for Australians to return, and to retain the legal integrity of the cap system (public interest and non-discriminatory) any specialist and bespoke quarantine arrangements (seasonal workers, international students, major events etc) should be separate and in addition to existing arrangements for passenger caps.

2.11 By 15 February 2021, caps will be reinstated to previous levels or higher to facilitate the repatriation effort of returning Australians.

Attachments

Attachments

Attachment A1

Cap utilisation rates (Source: DITRDC)

Date	New South Wales (SYD)			Queensland (BNE)			Western Australia (PER)			South Australia (ADL)			Victoria (MEL)		
	Cap	Arrivals	Utilis'n	Cap	Arrivals	Utilis'n	Cap	Arrivals	Utilis'n	Cap	Arrivals	Utilis'n	Cap	Arrivals	Utilis'n
21 DEC-27 DEC	3010	2360	78%	1000	1098	110%	1025	1017	99%	490	415	85%	1120	952	85%
28 DEC-3 JAN	3010	2566	85%	1000	1056	106%	1025	897	88%	490	448	91%	1120	976	87%
4 JAN-10 JAN	3010	2435	81%	1000	1123	112%	1025	948	92%	490	496	101%	1120	944	84%
11 JAN-17 JAN	2580	2215	86%	857	900	105%	878	822	94%	490	457	93%	1120	1,086	97%
18 JAN-24 JAN	1505	1528	102%	500	689	138%	512	537	105%	490	483	99%	1120	937	84%
25 JAN-31 JAN	1505	1653	110%	500	699	140%	512	527	103%	490	457	93%	1120	946	84%

Attachment A2

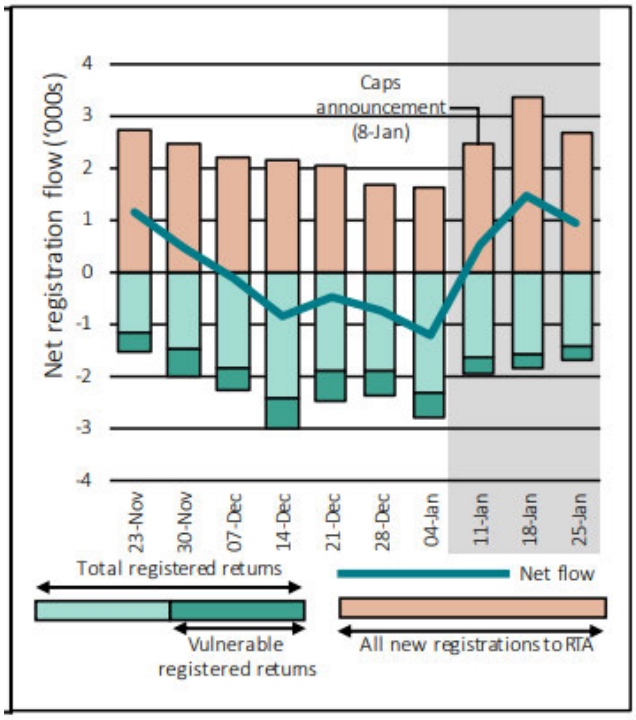
Estimates of residency of overseas Australians registered with DFAT (Source: DFAT)

Jurisdiction	Percentage of registrations*	Estimated number
New South Wales	34%	13,800
Victoria	32%	13,000
Queensland	16%	6,500
Western Australia	9%	3,700
South Australia	5%	2,000
Australian Capital Territory	2%	800
Tasmania	1%	400
Northern Territory	<1%	400
Total	**100%**	**40,672**

*percentage of registrations based on ~27,300 of the 36,319 persons who have provided an Australian address as of 3 December 2020.

Attachment A3

Australians returning from overseas as of 29 January 2021 (Source: DFAT)



National Cabinet Paper

Title	Update on Implementation of Recommendations to the National Review of Hotel Quarantine
Sponsoring Minister(s)	Prime Minister

Summary

Proposed Action

The National Cabinet is asked to note the progress update on the implementation of recommendations from the National Review of Hotel Quarantine (Review). This includes progress made by each state and territory and work undertaken at the national level.

Key reasons

On 23 October 2020, National Cabinet accepted the recommendations from the Review conducted by A/Prof Jane Halton AO PSM. This paper provides a progress report on the implementation of recommendations from the Review.

The recommendation tracker at Attachment A1 notes the status of implementation of recommendations 1-3 as reported by individual states and territories, according to principles against which implementation may be measured, and recommendations 4-6 at the national level.

Regular progress updates enable monitoring of the implementation of recommendations from the Review by National Cabinet to ensure satisfactory progress. The tracker was endorsed by the Australian Health Protection Principal Committee (AHPPC) on 2 February 2021.

Key risks and sensitivities

Escalating transmission of COVID-19 overseas poses the greatest threat to Australia. Hotel quarantine arrangements remain a crucial measure to minimise the risk of COVID-19 transmission to the community from returning travellers. Quarantine arrangements must undergo continuous monitoring to ensure they meet acceptable standards. This is especially so in the context of spreading variants with higher transmissibility than the original virus.

1 Proposed Actions

I recommend the National Cabinet:

1. Note the update on the progress of implementation of recommendations from the Review.

2 Detail of Proposal

Background

2.1 The Australian Government is working cooperatively with all the states and territories, to implement measures to control the spread of COVID-19.

2.2 On 27 March 2020 the National Cabinet agreed to restrict the movement of incoming travellers to Australia by implementing mandatory hotel quarantine.

2.3 To date over 210,000 (211,550 to 31 January) people have returned to Australia through hotel quarantine (since 31 March 2020).

2.4 Hotel quarantine, along with public hygiene, social distancing, local health response and shortly vaccines, are vital to Australia's response to suppressing COVID-19.

2.5 Hotel quarantine requirements are implemented under state and territory legislation (public health orders) - as are many other COVID-19 prevention measures such as state hotel quarantine requirements for domestic travellers, mask wearing and localised lockdown.

2.6 This arrangement reflects state and territory experience delivering healthcare, logistics and law enforcement services.

Progress update on implementation of recommendations from the Review

2.7 As agreed by the National Cabinet, state and territory governments manage hotel quarantine. As such, many of the recommendations from the review are implemented locally. States and territories are undertaking a range of implementation steps within their various management models.

2.8 The recommendation tracker at Attachment A1 provides an overview of the progress of implementation of recommendations 1-3 by states and territories, and recommendations 4-6 at the national level.

2.9 Recommendation 1 has been divided into nine principles for implementation, Recommendation 2 into four principles and Recommendation 3 into two principles.

2.10 The Commonwealth continues to provide assistance through the Australian Defence Force (ADF), Australian Border Force (ABF), Australian Federal Police (AFP), Australian Medical Assistance Teams (AUSMAT) and other Commonwealth agencies.

2.11 The Commonwealth has also provided financial support for a wide range of online and phone mental health services that are available to all people in quarantine.

2.12 Principles to guide cross-jurisdictional approaches to mental health support in COVID-19 quarantine have been developed by Christine Morgan (CEO, National Mental

Health Commission) and Dr Ruth Vine (Deputy Chief Medical Officer, Mental Health), which were noted by National Cabinet on 13 November 2020.

2.13 The Commonwealth has also entered into an agreement with the Northern Territory Government to establish the Centre for National Resilience at Howard Springs to provide national capacity to quarantine 850 individuals on a fortnightly basis.

Concurrent work in progress

2.14 The Commonwealth is backing in the states and territories quarantine systems with support from the ADF, AFP and ABF where required (and requested), AUSMAT personnel and information to help people prepare for quarantine, including resources to support their mental health.

> Over 1,500 ADF deployed across Australia currently assist states and territories, including over 1,000 ADF personnel assisting directly on quarantine.
>
> Financial support for a wide range of online and phone mental health services that are available to all people in quarantine.
>
> DFAT has supported over 39,000 Australians to return including more than 14,000 people on 100 Government facilitated flights (since March).
>
> The Commonwealth is further providing financial support to the Northern Territory and Tasmania for COVID-19 quarantine arrangements for the repatriation of Australians who are overseas.

2.15 The AHPPC has developed and agreed to the National Hotel Quarantine Principles (Attachment A2), which were published on 24 December 2020. Through the AHPPC, states and territories are developing national hotel quarantine guidelines to support the Principles. These guidelines will be reviewed by the Infection Control Expert Group before AHPPC endorsement. The Commonwealth will be engaging New Zealand in the development of these guidelines, and potential for use in their hotel quarantine program. It is anticipated that the guidelines will be finalised in mid to late March.

2.16 States and territories have a number of recommendations outstanding across the three relevant recommendations, including implementation of PPE training and practices end to end and publication online of information regarding psychological preparation and in multiple languages. New South Wales, Northern Territory, South Australia have implemented all recommendations.

3 Risks and sensitivities

3.1 COVID-19 still poses a threat to the Australian community, particularly due to the overall high daily incidence in many regions globally and emerging high-transmissibility variants of concern. Hotel quarantine has been instrumental in minimising the risk of COVID-19 transmission to the community from returning travellers.

3.2 Transmission of COVID-19 from individuals in hotel quarantine to the community is not common but given the virus' ability to spread quickly, which is increasing with certain new variants of concern, overall risk from imported cases remains high. Even one occurrence of transmission from a person in hotel quarantine can lead to significant outbreaks requiring public health responses that consume resources and can affect economic activity.

3.3 Implementation of recommendations from the Review contributes to continual improvement of Australia's quarantine arrangements. This is particularly important as consideration is given to broadening international travel and in light of variants of concern.

3.4 To inform the recommendations tracker, states and territories have provided the Australian Government Department of Health, through the Australian Health Protection Principle Committee, with details regarding the progress of implementation of recommendations 1-3. Attachment A shows a high-level summary of the detail provided by states and territories.

3.5 Jurisdictions are already conducting their own internal reviews of their quarantine arrangements. A system of reporting ensures ongoing monitoring of progress.

4 Impacts

4.1 Ongoing monitoring of the progress of implementation of recommendations from the Review contributes to continual improvement of Australia's quarantine arrangements. Effective quarantine arrangements remain a vital component of Australia's COVID-19 response.

5 Consultation

5.1 All states and territories have provided a progress update on their implementation of recommendations from the Review.

5.2 The AHPPC endorsed the tracker at its 2 February meeting.

5.3 Department of the Prime Minister and Cabinet.

Attachments

Attachments

A1 National Review of Hotel Quarantine - Recommendation Tracker

A2 AHPPC National Hotel Quarantine Principles

Attachment A1 – Recommendation tracker

Completed	In Progress	To be considered	Off Track	State / territory update not available

National Review of Hotel Quarantine Recommendation Tracker*

		ACT	NSW	NT	Qld	SA	Tas	Vic	WA
Recommendation 1. States and Territories should embed end-to-end assurance mechanisms and look to continuously improve hotel quarantine to ensure that it is delivered consistent with good practice.	Suitable personnel with appropriate training engaged at facilities. Where possible personnel have no or minimal engagement with other high risk workplaces (e.g. aged care facilities).								
	Security and video surveillance provided for transfers and at facilities.								
	Appropriate PPE training and practices in place end to end.#								
	Assurance processes / audits conducted regularly to ensure appropriate use of PPE#								
	Arrivals, transfers and check-ins are well coordinated.								
	Facilities have good ventilation, provide access to fresh air and entertainment activities.								
	High quality meals are available.								
	Mental health screening and support available.								
	Feedback mechanisms in place to highlight potential areas for improvement.								
Recommendation 2. Information on the quarantine system should be easy to access by travellers in order to ensure their understanding of quarantine and to better psychologically prepare them for the experience. This should be provided across relevant Commonwealth/State and Territory websites.	Information provided on arrival in Australia in pamphlet form with QR codes with information in other languages.								
	Website information reviewed and updated regularly in a range of languages.								
	Information regarding psychological preparation available online.								
	Information on mental health services provided online or to each individual.								
Recommendation 3. People in quarantine should have access to timely decision making, review processes and complaints mechanisms, including pathways for escalation.	Complaints mechanisms are in place to address concerns relating to quarantine experience. May include issues regarding room cleanliness, food quality, access to health services, exemptions to requirements.								
	Information on review processes and complaints mechanisms are communicated to guests.								

* Self-assessed as at 2 February 2021.

States and Territories are utilising a systematic risk management approach. Risk is managed by applying multiple layered controls using the hierarchy of controls.

Recommendation 4. Options for new models of quarantine should be developed for consideration by National Cabinet including a risk assessment of these options and an analysis of traveller suitability.	ONGOING The emergence of new high-transmissibility variants of concern has created additional risk of transmission by cases in hotel quarantine. Alternatives to hotel quarantine may carry an increased risk of leakage of the virus into the community. Alternative models of quarantine may be considered in the future.
Recommendation 5. National Cabinet should consider exempting low risk cohorts, such as travellers from New Zealand, from mandatory quarantine.	ONGOING Country risk assessments are underway. A travel bubble with New Zealand has been established and is under continuous monitoring. This monitoring process helped inform a recent pause in flights, demonstrating its effectiveness. Travel bubbles with other countries are being considered. The Commonwealth will be engaging with New Zealand on the development of guidelines for hotel quarantine.
Recommendation 6. The Australian Government should consider the establishment a national facility for quarantine to be used for emergency situations, emergency evacuations or urgent scalability.	ONGOING A facility at Howard Springs has been successfully established. Additional facilities are being considered in other states and territories to expand national capacity. Consideration is being given to specific requirements such as proximity to health care facilities, staffing and other requirements.

Attachment A2 – AHPPC National Hotel Quarantine Principles

1. Consistent with Australia's strategy of suppression with a goal of no community transmission, the major focus of hotel quarantine programs must be to minimise the risk of transmission of infection into the community.
2. Hotel quarantine programs commence when travellers arrive into Australia. Programs therefore extend from international ports of entry and transfers to hotels quarantine facilities.
3. The health, mental health and wellbeing of international arrivals and workers is paramount in all hotel quarantine programs and proactive supports need to be available, in-line with 'Advice on mental health screening, Assessment and support during COVID-19 quarantine'.
4. Hotel quarantine programs must be underpinned by strong and transparent governance arrangements. This includes clear chains of command and decision making processes, communication, operational plans (e.g. response to positive cases, outbreak management plans) and record keeping.
5. Hotel quarantine programs must use a systematic risk management approach to minimise the risk of transmission of SARS-CoV-2. Effective controls must be applied using the hierarchy of controls, a step-by-step approach to manage risks that ranks controls from the highest level of protection and reliability through to the lowest and least reliable protection. Risk management plans should use higher level controls where possible and include strong end to end infection prevention and control in line with a nationally agreed standard and comprehensive infection prevention and control training, and use of standard precautions.
6. Hotel quarantine workers must be protected as this will be where transmission of the infection into the community may occur. It should be ensured that workers have an adequate understanding of their role and responsibilities in relation to infection prevention and control practices and behaviours, and reporting requirements if concerns are identified. Appropriate supervision is required at all times and a strong reporting culture of alerting supervisors to concerns should be fostered.
7. Testing, screening and surveillance, for international arrivals and workers associated with hotel quarantine programs, should align with national guidelines endorsed by AHPPC. These may be supplemented with additional measures, such as pre-emptive contact identification of regular close contacts of workers in case transmission occurs.
8. Facilities used for hotel quarantine must be selected against specific criteria which reduce the risk of transmission as identified in the control hierarchy. This includes consideration of the hotel environment and its suitability for infection prevention and control.
9. In addition, quarantine accommodation needs to be:
    - adequately provisioned and resourced to be able to manage the health of residents and staff in the hotel quarantine facility
    - meeting cultural needs and the needs of those with disabilities, the elderly and infirm
    - located in reasonable proximity to the international port of arrival that is the port of entry
    - located in reasonable proximity of a hospital capable of managing COVID-19 patients
    - considerate of the vulnerability of the local population.
10. Hotel quarantine programs must have established escalation processes with the ambulance and hospital sector for a health emergency. Separate facilities for positive cases or those with complex needs may also be considered.

11. Hotel quarantine programs should apply an assurance process, with regular audits against standards for quarantine, a regular review of controls and their effectiveness and application of a continuous quality improvement process.
12. Hotel quarantine programs should be supported by tools for:
    - Effective data collection, sharing and validation through
        - A nationally agreed data set able to be collected daily
        - National sharing of data on cases and for contact tracing purposes
        - Information on transmission events
        - Monitor and evaluate the effectiveness of the hotel quarantine program to guide policies, protocols and procedures.
    - Monitoring the accommodation and movement of international arrivals and workers in common areas by remote means such as CCTV and/or QR codes.

DOMESTIC BORDER CONTROLS - NUMBER OF EXEMPTIONS GRANTED - 16 JANUARY 2021 to 29 JANUARY 2021

KEY	This category of exemptions applies in this jurisdiction / This category of exemptions does not apply in this jurisdiction	ACT	NSW	NT	Qld	SA	Tas	VIC	WA[1]	National total	Category total
		The ACT reduced the number of COVID-19 affected areas in NSW on the 19th and 22nd January. The ACT's COVID-19 Interstate Hotspots Direction was revoked on 29 January 2021. Below figures encompass exemptions for any **changes to standard quarantine requirements (standard quarantine is 14 days in appropriate premises)**. Does not include exemptions for entry to the ACT to undertake full quarantine. Figures encompass both ACT and non ACT residents exempted from full quarantine for any reason.	NSW did not have border restrictions for the reporting period			01/12/2020 Express Arrival Processing commenced - Essential Travel Category not captured for express processing for arrivals from low community transmission zones (LCTZs). These arrivals are now included in 'Other" 'Restrictions and arrival obligations only apply to persons entering SA who have been in NSW from 18/12/2020, QLD from 09/01/2021 and NZ from 26/01/2021 These figures relate to ALL entries, for restricted and unrestricted entry categories from ALL States for the period 16 Jan 2021 - 29 Jan 2021.		On 11 January 2021 Victoria implemented a 'traffic light' border crossing scheme for entries from all states and territories and New Zealand. Travel from identified Red Zones is not permitted without an exemption, exception or a permit. As of 9pm Sunday 31 January, outside of the reporting period, Perth metropolitan area, the Peel region and the South West region of WA are the identified red zones.			
Essential goods and services	Medical and health services workers	12			3	• 42 (Health Services) • 26 (Urgent Medical, Dental or Health Treatment)	8	Note[2]	229[3]	**320**	**27,209**
	Freight and Transport	4[4]		Note[5]	18,215	5,222	90	Note[6]	2,092[7]	**25,623**	
	Agriculture / food	0		0	0	Included in Specialist Workers in Essential Sectors	0	Note[8]	381[9]	**381**	
	Essential infrastructure maintenance or repair	11		0	7	• 599 (Known as Specialist Workers in Essential Sectors) • 170 (Remote or Isolated Workers)	98	Note[10]	Included in figure above[11]	**885**	
Communities	Border communities				Note[12]	4,440		Note[13]	Note[14]	**4,440**	**15,344**
	Compassionate grounds	5		6	5	76 (Includes Domestic Violence)	12	226[15]	2,418[16]	**2,748**	
	Carers, child access and care arrangements	0			2	Included in Health Exemptions, not collated by SAPOL	1		605[17]	**608**	
	Returning residents				11	772 (Includes Students and travellers Relocating to South Australia)	269		6,496	**7,548**	
Government	Defence and law enforcement	9[18]		0	3	40 (National and State Security and Governance) Note: Law Enforcement included in Emergency Services	0	23[19]	253[20]	**328**	**410**
	Emergency services (other than medical and health services workers)	0			0	12	0		41[21]	**53**	
	Members of Parliament and staff	0		0	0	Included in Other	0		29[22]	**29**	
Other	Transiting to another jurisdiction	6[23]		3	6	404	Not recorded		129	**548**	**428,615**
	Other (Please detail)	26[24]			339,993[25]	78,036	415	517[26]	9,080[27]	**428,067**	
Total		**73**		**9**	**358,245**	**89,839**	**893**	**766**[28]	**21,753**	**471,578**	**471,578**

[1]WA: With the enactment of the Controlled Border for Western Australia Directions which came into effect on 14 November 2020, certain travellers no longer require an 'approval' (exemption) to enter WA. The exceptions to this are those travellers impacted by Outbreak Response Directions (ie Queensland, Victoria and New South Wales in the current reporting period). The enactment of the Controlled Border for WA Directions has resulted in a significant increase in travellers entering Western Australian not requiring an "exemption" (approval). Accordingly the figures stated in the table are the "reasons for travel", as provided by travellers, as opposed to an "Exemption Category".
[2]VIC: Emergency workers (including healthcare workers, care facility workers and child protection workers) do not generally require exemptions or permits to enter Victoria – they can enter by displaying a letter from their employer. Entries made under this exception are not measured.
[3]WA: *Medical and health services* includes a person approved to enter to assist in the provision of health services in WA.
[4]ACT: The majority of freight and transport workers are exempted from quarantine or requiring approval for entry, and so those numbers are not recorded. Only removalists are recorded and are represented in this figure.
[5]NT: 152 number of freight movement approvals issued by the NT within the date range, as per agreed National Freight Code. This does not represent the number of crossings
[6]VIC: Victoria issues permits to freight workers consistent with the national Freight Code, rather than exemptions. A breakdown of permits issued under this category is not available.
[7]WA: *Freight and Transport* includes a person responsible for the provision of transport, or freight and logistics services by road and air into or out of WA.
[8]Victoria issues Specified Worker Permits to workers who have been in an orange or a red zone and work in certain occupations listed at www.coronavirus.vic.gov.au/travellers-eligible-to-apply-for-specified-worker-permit rather than exemptions. This includes agriculture workers under the national code and a broader occupation list. A breakdown of permits issued under this category is not available. Over the reporting period DHHS processed 11,313 permits for workers from orange/red zones.
[9]WA: Inclusive of Time Critical Specialist Skills/ Agriculture/Primary Industry
[10]Victoria issues Specified Worker Permits to workers who have been in an orange or a red zone and work in certain occupations listed at www.coronavirus.vic.gov.au/travellers-eligible-to-apply-for-specified-worker-permit rather than exemptions. This includes agriculture workers under the national code and a broader occupation list. A breakdown of permits issued under this category is not available. Over the reporting period DHHS processed 11,313 permits for workers from orange/red zones.
[11]WA: *Essential infrastructure maintenance or repair* includes:

- a specialist or category of specialist required for industry or business continuity or maintenance of competitive operation where the service is time-critical and the specialist's skills are not otherwise reasonably available in Western Australia
- a person or category of person who in the course of the person's duties is responsible for critical maintenance or repair of infrastructure critical to a region of, or to, Western Australia.

[12]QLD: The Border Zone (X) pass was removed on 3 November as the border zone ceased to operate from this time.
[13]Residents of 17 Victorian and 16 NSW LGAs on the border may travel within this border zone without a permit or exemption, but must carry photo ID. Entries made under this exception are not measured.
[14]WA: does not have a specific exemption category for border communities.
[15]This includes 21 exemptions granted to Victorian residents returning for health and wellbeing, 61 exemptions related to emergency relocations, 144 exemptions relating to funerals and end of life circumstances.
[16]WA: *Compassionate grounds* includes:

- A person who enters in connection with the receipt of urgent and essential medical treatment
- A person who enters to visit a relative who has had a serious medical episode or whose death is imminent, or to attend a funeral
- A person who enters:
    - to care for a dependent person
    - to receive care
    - to obtain essential goods and services
    - under, or to give effect to, a court order
    - to reside with a family or carer, who usually resides in a residential facility in other state or territory which is closed for scheduled holidays or because of COVID.

[17]WA: Care for Dependents, Sick Relative & Receive Care.
[18]ACT: This number includes law enforcement who reside in the ACT but work in another state/territory and so were exempted to leave quarantine early, ACT based law enforcement who were exempted from quarantine following return from essential duties in another state or territory, and Defence members who were exempted to enter the ACT to perform essential duties.
[19]VIC: Defence and law enforcement category includes exemptions provided for military transfers.
[20]WA: *Defence and law enforcement* includes:

- A senior government official who in carrying out the official's duties, is responsible for the safety of the Nation or a State or territory against threats such as terrorism, war or espionage and is required to be present in WA in connection with those duties
- Active Australian military personnel.

[21]WA: *Emergency Services* includes a person approved to enter in their capacity as an emergency service worker, including a fire fighter, a paramedic, an ambulance officer, a police officer or a member of a State Emergency Service.
[22]WA: *Members of Parliament* include:

- members of the Commonwealth parliament
- the Premier of Western Australia and any member or members of the Premier's staff
- Senior Government Official

[23]ACT: General transiters are exempt from quarantine. This number reflects flight crew needing to stay overnight in the ACT during their transit.
[24]ACT: 'Other' includes ACT residents exempted from quarantine following receiving urgent medical treatment in a COVID-19 affected area, persons entering the ACT for an essential day trip, and other essential workers including construction or government workers.
[25]QLD: 339,950 General Border Passes were issued over the period; 4 x Complex Health Care Needs; 1 x Construction, Manufacturing, Mining or Energy Worker; 25 x End of Life; 1 x Family or Domestic Violence; 5 x Relocating to QLD; 7 x Uncategorised.
[26]VIC: This includes 517 exemptions for returning Victorians without a specified category. Victoria issues transit permits for travelers passing through orange and red zones. A breakdown of permits issued under this category is not available. Over the reporting period, DHHS processed 3,050 transit permit applications.
[27]WA: *Other* includes:

- Other Critical Circumstances
- FIFO workers and their families
- Children, Residential Facility to WA Family,
- Flight Crew,
- Rig/Platform,
- Vessel On/Off Signers,
- Tourism & Other

[28]VIC:766 represents the total number of exemptions granted by DHHS over the reporting period (16 - 29 January 2021). Victoria issues figures publicly on a cumulative basis. Since Victoria's traffic light system went live on 11 January 2021 up to 4pm, 29 January 2021 Service Victoria had issued 416,273 permits for entry to Victoria.

Australian, State and Territory Governments

National Cabinet Memorandum

Title	COVID-19 Risk Analysis and Response Report
Sponsoring Department(s)	COVID-19 Risk Analysis and Response Taskforce

Summary

Proposal and reasons

Agree the key principles underpinning the Framework for National Reopening agreed in November 2020 should continue to inform policy responses in the management of COVID-19, and note the first report of the COVID-19 Risk Analysis and Response Taskforce, including a draft framework for national reopening in 2021 and a draft Common Operating Picture of metrics.

Key messages

Policy settings and restrictions imposed by Australian governments have successfully acted to keep Australians safe and slow the spread of COVID-19. However, Australia's risk environment and objectives in managing the virus must now take account of the vaccine rollout in 2021. A flexible, consistent and proportionate approach to imposing and easing restrictions based on risk, and balancing health, economic and social objectives, will support the economic recovery and accelerate Australia's reopening. Our approach must be contingent upon on data around vaccine take-up, efficacy and transmissibility.

Key risks and sensitivities

Jurisdictions rely on different health advice, assign different categories of risk to COVID-19 outbreaks and respond with diverse policy responses.

Should new strains emerge for which vaccine efficacy is diminished, or the vaccine rollout becomes compromised, health restrictions including quarantine and proportionate responses to any outbreaks may continue to be required beyond the expected completion of the vaccination rollout. The taskforce will be monitoring scenarios that include sensitivities for both better and worse outcomes than a central scenario. Building flexibility into scenarios to allow movement on restrictions based on emerging data will be crucial.

1 Proposed Actions

I recommend the National Cabinet:

1. Endorse the Terms of Reference for the COVID-19 Risk Analysis and Response Taskforce at Attachment A1.
2. Note the first report of the COVID-19 Risk Analysis and Response Taskforce at Attachment A2, including a draft framework for national reopening in 2021, and a Common Operating Picture of metrics to monitor risks and changes, and track progress in the management of the COVID-19 pandemic.
3. Agree to review the applicability in 2021 of the key principles underpinning the Framework for National Reopening agreed by the National Cabinet in November 2020 contained in Attachment A2.
4. Agree the schedule of reporting for the COVID-19 Risk Analysis and Response Taskforce over the next 6 months, with a review to occur by August 2021.
5. Agree the COVID-19 Risk Analysis and Response Taskforce continue to monitor the COVID-19 situation and add new data and results as they become available to provide a rolling risk matrix to underpin reopening the economy.

2 Reasons

Australia's risk profile is changing

2.1 Our risk profile is changing and will continue to change during 2021. The vaccine rollout and continuous improvement in testing, tracing and quarantine are positioning Australia differently compared to 2020. With ongoing vigilance, we will be better placed to deal with cases.

2.2 An important caveat through 2021 will be the ability to manage the import of new strains. We need more data about their transmissibility and the efficacy of vaccines against them. Mitigating increased transmission will require continued vigilance in early testing, tracing and isolation of tested people. Experience in Australia has demonstrated that if managed quickly, transmission can be constrained.

2.3 We will also need more data on the efficacy of vaccines on transmission against the current Australia's predominant strain. We know vaccines prevent death and serious disease in vaccinated individuals. But we don't know yet about their effect on transmission of the virus from vaccinated people to those not vaccinated.

2.4 We should continually improve and optimise the systems in place to control outbreaks while the vaccine rollout is under way and information is gathered about new strains and transmission. This will improve our capacity over time to manage the pandemic while lifting restrictions.

A new risk profile requires a new approach to reopening Australia

2.5 On 5 February 2021, the National Cabinet agreed to establish a COVID-19 Risk Analysis and Response Taskforce, consisting of First Secretaries from each jurisdiction, to provide advice on Australia's changing risk profile and options to amend policy settings to ensure greater consistency and coordination. The taskforce's Terms of Reference are at Attachment A1.

2.6 The taskforce's first report to the National Cabinet, incorporating a draft framework for national reopening in 2021 and a draft Common Operating Picture is at Attachment A2. The draft framework accounts for expected risk profile in the first half of 2021 and builds on the 3-step Framework for a COVIDSafe Australia released in May 2020 and the Framework for National Reopening released in November 2020. The proposed framework will provide flexibility to respond to the changing risk environment as informed by data.

Policy cohesion and a shared evidence base will provide certainty

2.7 Through 2020, decisions concerning the suppression of the virus were primarily based on health advice and objectives. These health-based decisions supported Australia's strong response to the pandemic and repeated suppression of the virus in the face on the initial outbreak and subsequent waves of the virus.

2.8 Improvements to testing and tracing and the vaccine rollout present opportunities for the 2021 framework to consider the cost of restrictions and lockdowns, and options to

balance health, economic and social objectives against a contemporary and changing risk profile.

2.9 To improve consumer and business confidence, policies should also be proportionate, coordinated and informed by consistent baseline metrics and health advice.

2.10 The draft Common Operating Picture will provide a shared evidence base from which to track progress during the vaccine rollout and help governments to better identify risks. This Common Operating Picture is broader than the previous iteration focused on health metrics only. The Common Operating Picture baseline has been provided with the attached report.

2.11 Agreement to impose and ease restrictions in line with a common risk matrix and roadmap will provide certainty, minimise disruption and facilitate the reopening of Australia whilst managing the health impacts and severity of COVID-19.

2.12 Reopening domestically is already well progressed in response to management of the virus. Reopening internationally must respond to the risks imposed through new import of the virus.

2.13 The draft framework includes a proposed roadmap for reopening Australia as the risk environment changes. If adopted, this roadmap will provide the National Cabinet with benchmark policy settings to respond to new and emerging risks in a cohesive way, including where Commonwealth and state / territory actions intersect at the international border.

2.14 Like the 2020 roadmap there will be flexibility for jurisdictions to set their own pace (faster or slower) in accordance with the local situation, and the available data.

2.15 Predictability in how governments manage cases will help businesses and community to navigate the lifting of restrictions (both domestic and international), and have confidence to make medium-term decisions. It will also allow greater numbers of Australians to return home and more capacity to bring other travellers to Australia with resulting economic benefits.

Our key principles should guide our policy responses

2.16 The November 2020 Framework for National Reopening is underpinned by the key principles outlined at Attachment A2, including that measures should be proportionate, consistent and aim to protect the national wellbeing.

2.17 Given Australia's changing risk profile, these principles, while broadly appropriate, should be reviewed for the 2021 context and lessons learned to date.

3 Risks and sensitivities

Jurisdictions rely on different health advice and impose different restrictions

3.1 The draft framework will be guided by agreed baseline metrics and desired objectives to be achieved in 2021. Jurisdictions should set policies in a coordinated way, consistent with the common goal of suppressing the virus.

3.2 States and territories retain autonomy. Chief Health Officers retain independent statutory authority over some of the key decisions.

4 Impacts

4.1 Consistent, coordinated and proportionate responses to outbreaks of COVID-19, taking into account the changing risk profile, will increase certainty and confidence within the Australian community, and allow governments to balance the risks.

4.2 A common baseline of pre-vaccine metrics will allow Australian governments and the public to track progress in management of the vaccine rollout.

4.3 The draft framework, will provide a clear pathway to achieve the maximum reopening of the economy taking account of the changing risk profile as it evolves.

4.4 Activity underway to optimise the current arrangements (step 1 of the draft roadmap) is already assisting the convergence towards best practice in managing the pandemic.

5 Consultation

5.1 Consultation has occurred with the First Secretaries Group and across state, territory and Commonwealth Health and Treasury.

Attachments

Attachments

A1: COVID-19 Risk Analysis and Response Taskforce Terms of Reference

A2: Report from the COVID-19 Risk Analysis and Response Taskforce incorporating the draft roadmap

COVID-19 RISK ANALYSIS AND RESPONSE TASK FORCE

DRAFT TERMS OF REFERENCE

At its meeting on 5 February 2021, National Cabinet agreed that in order to bring together economic and health considerations and to provide increased certainty and confidence to the Australian community, the Commonwealth and all State and Territory governments will establish a taskforce to work together to provide recommendations to the National Cabinet about consistent and coordinated COVID-19 responses across jurisdictions in the new risk environment.

The Taskforce will consider the changed risk indicators associated with new strains of the COVID-19, alongside the strength of risk responses to date and evolving risk profiles in the future, including most significantly the impact of the vaccine rollout commencing in late February 2021.

The Taskforce will be led by the Secretary of the Department of the Prime Minister and Cabinet, Mr Phil Gaetjens, and his counterparts in each state and territory - the First Secretaries Group (FSG).

First Secretaries will be able to appoint experts to the Taskforce and draw on existing expertise in such groups as the AHPPC for independent input to their report.

The Taskforce will first report to National Cabinet on 5 March and then at subsequent monthly meetings.

For its report to the March National Cabinet meeting, the Taskforce will address

a) the risk profile over the next six months, considering risk indicators including new strains of COVID-19, the strength of responses to date and the vaccine rollout, and

b) implications of a changed risk profile for policy settings and options on how policy settings could change to ensure greater consistency, certainty and coordination across jurisdictions in the management of the pandemic going forward.

For subsequent reports, the Task Force, through FSG, will review work and prepare advice to National Cabinet:

1. Outlining desired economic, social and health objectives to be achieved by the end of 2021 taking into account a pre-vaccination baseline of key

metrics and the successful delivery of vaccination plans

2. Developing a roadmap of potential milestone metrics (including key points in the vaccination program) that identify emerging risks and monitor social, health and economic metrics to track progress to achieving the desired objectives outlined above and including
    a. an assessment about the best COVID-19 indicators to be used when case numbers remain low and that take into account the changed risk environment in 2021 (including new strains and the vaccination rollout
    b. An understanding and, if necessary, separate indicators and metrics that were suitable for remote indigenous communities and other vulnerable groups.
    c. Establishing a common operating picture (COP) of metrics to monitor risks, changes, impacts and progress that provides transparency eg:
        i. Epidemiological data and modelling relating to new strains of the virus and vaccination impacts, including efficacy, reducing transmission and adverse events
        ii. Progress and variations in vaccination rollout plans including actual adverse events,
        iii. Hotel quarantine data, including capacity, throughput, risks and continuous improvements
        iv. Non-hotel quarantine capacity
        v. Data on key drivers of national, sub-national and sectoral economic and business activity and community attitude data (jurisdictions to identify useful data sources eg, public transport and other people location and movement data
        vi. Domestic COVID-19 restrictions remaining in force
        vii. Australia's international border arrangements, including progress in returning Australians, number of seasonal workers and international students
        viii. A clear pathway to opening up Australia's international borders for travel and tourism purposes.

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ix. Indicators of key drivers of economic activity. For example, public transport usage into town centres.
x. Where necessary, developing separate COP metrics for indigenous and other vulnerable groups.

3. Using the roadmap and COP proposed above, proposing consistent, coordinated and proportional policy settings and responses to new and emerging risks and issues and events (possibly identifying potential trigger points and outlining potential responses) that are evidence and data based, including with respect to vaccination outcomes.

4. Providing National Cabinet with advice and a forward-looking assessment of the pre-conditions for making changes to domestic COVID restrictions (including recommending thresholds for removing or changing specific COVID-19 related public health and emergency orders in a consistent manner) and our international border arrangements.

5. Preparing and providing National Cabinet relevant data and metrics that provide a coherent and comprehensive picture of the COVID-19 situation at particular times as well as tracking progress and changes with respect to risks and the effectiveness of responses.

6. FSG will prepare a schedule outlining the proposed content of its reporting to National Cabinet for the next 6 months.

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Membership

Jurisdiction	Member
Commonwealth	Phil Gaetjens (Chair)
New South Wales	Tim Reardon
Victoria	Jeremi Moule
Queensland	Dave Stewart
Western Australia	Rebecca Brown
South Australia	Nick Reade
Tasmania	Jennifer Gale
Northern Territory	Jodie Ryan
Australian Capital Territory	Kathy Leigh

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COVID-19 Risk Analysis and Response Taskforce

First report to National Cabinet

5 March 2021

Introduction

On 5 February 2021, National Cabinet agreed to establish a COVID-19 Risk Analysis and Response Taskforce (the Taskforce), consisting of First Secretaries from each jurisdiction. It was agreed that the Taskforce may be guided by experts or expert groups such as the Australian Health Protection Principal Committee (AHPPC).

The purpose and role of the Taskforce is to provide recommendations to National Cabinet on achieving consistent and coordinated responses across jurisdictions in the changing COVID-19 risk environment now that vaccinations have commenced. The Taskforce will report to National Cabinet monthly.

For this 5 March National Cabinet meeting, the Taskforce is reporting to National Cabinet on:

a) the Terms of Reference to guide the Taskforce's work, and key inputs to the Taskforce's monthly reports to National Cabinet,

b) the risk profile over the next six months, considering risk indicators including new strains of COVID-19, the strength of responses to date and the vaccine rollout, and

c) implications of a changing risk profile and options on how policy settings could change to ensure greater consistency, certainty and coordination across jurisdictions in the management of the pandemic.

Summary of advice

The Taskforce has developed a draft framework for establishing and reassessing the changing risk profile for informing COVID-19 response policies in Australia through 2021. Based on this framework, we propose to develop a roadmap, when more data is available, with options to change health, social and economic settings as the vaccine rollout occurs. Building flexibility into scenarios to allow movement on restrictions based on emerging data will be crucial. A draft outline of the roadmap is at Attachment A.

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The draft framework includes principles to guide decision making, a reflection on what has changed from 2020 to 2021, and a draft Common Operating Picture (COP) (see Attachment B). The draft CoP reflects advice from the Chief Medical Officer. The Taskforce will seek advice from other experts including AHPPC. The COP provides a shared evidence base of metrics—such as hotel quarantine data, epidemiological modelling and economic activity—from which to track progress in the vaccine rollout, and a process whereby these metrics and Taskforce advice are brought forward to National Cabinet monthly. The draft framework also includes a proposed process for decision-making to ensure jurisdictions balance the health, economic and social impacts of restrictions when responding to outbreaks, learning from the experiences to date. The draft framework will inform the finalisation of the roadmap, to guide the easing of economic and social restrictions.

Key conclusions

We ask National Cabinet to support the following elements of the draft framework:

- maintenance of the key principles agreed by National Cabinet for the November 2020 Framework for National Reopening, with adjustment for the 2021 context, and flexibility for local circumstances where supported by the data; adjustment to the final principle to reflect maximum economic and social activity being pursued when the risk indicators indicate this is safe and appropriate;
- the development of a broad roadmap for easing economic and social restrictions (which will be dependent on data emerging about vaccine efficacy) in 2021, particularly the early stages of the roadmap, which align with the timing of the vaccine rollout as key 'gateways' to the next stage;
- the options for continuous improvement of current practices to optimise the health response;
- that risks, contingencies and policy settings be amended based on the success of the vaccine rollout as Phase 1a and 1b are completed; and
- the proposed decision-making process for balancing health, economic and social impacts, either in the event of outbreaks, or for easing restrictions.

Should support for this approach be obtained, the Taskforce will report back to the April 2021 National Cabinet meeting with an evolved risk matrix and roadmap of potential milestone metrics; thresholds; and consistent, coordinated, and proportional policy settings and responses that allow Australia to maximise its economic and social activity. This would take into account the risk level, and be based on updated data and progress of the vaccine rollout.

The COVID-19 risk environment has changed

Australia's COVID-19 risk profile has changed from what it was in 2020, and will continue to change during 2021. Factors driving these changes include:

- The commencement of the vaccine rollout
- The emergence of new variants of COVID-19, but responses have shown they can be managed well
- Improvements in testing and tracing
- Improvements in isolation and quarantine practices
- Strong community support for health restrictions when required
- Modelling and the evolution of data about the effectiveness of the vaccine in reducing mortality, serious illness and impact on transmissibility
- Improvements in treatment of COVID-19

In addition to these domestic factors, Australia will need to be cognisant of the pace of international vaccinations and economic reopening in international competitors.

We will also need more data on the efficacy of vaccines on transmission against the current predominant strain, and any new strains. We know that they prevent death and serious disease in vaccinated individuals. But we don't know yet about their effect on transmission of the virus from vaccinated people to those not vaccinated.

Evidence in Australia since October 2020 has shown that people most at risk of transmission are people working at the border and their families, as well as health care workers that may come into contact with them. In addition, it is critical that vulnerable persons in residential accommodation (aged care, disability) are protected. Once Phase 1a is complete, further vulnerable Australians (elderly, Indigenous) will be vaccinated. At the end of Phase 1a potential for mortality/morbidity will be reduced, and at the end of Phase 1b this will be reduced further. These two stages in the vaccine rollout could work as National Cabinet 'gateways' for framing the move to fewer social and economic restrictions, informed by health metrics.

For analysis of health risk indicators by age cohorts, please refer to Attachment C. To date, the risk environment has primarily been assessed in terms of health risks such as those highlighted in the attachment. Now the vaccine rollout has begun, it will be important to continue to re-evaluate social and economic risk indicators.

Performance of current system

Policy settings to date have successfully acted to keep Australians safe and slow the spread of COVID-19. Since the start of the pandemic, more than 200,000 people have come through our quarantine system, which has detected and isolated over 3,000 cases of COVID-19 – cases that would otherwise enter and spread in the community.

Whilst noting the factors outlined above that have the potential to increase our risk profile, our successful management of the pandemic so far means Australian governments are in a position to continue easing economic and social restrictions. As at 26 February 2021, it has been 6 days since the last case of community transmission was reported. The table below summarises the number of days since the last community was reported in each jurisdiction.

Table: Number of days since last case of community transmission

Nationa	ACT	NSW	NT	QLD	SA	TAS	VIC	WA
6	230	39	N/A*	43	63	197	6	23

*NT has recorded no community transmission since the start of the pandemic

Vaccine and virus uncertainties

It will take some time for Australian data about vaccines, vaccine delivery and vaccine impacts to become available.

As mentioned above, while some factors such as new strains are weighing towards a heightened risk environment in the near term, others such as vaccines, improved testing and tracing (and maintaining this while risks remain), and the potential for new treatments weigh towards a reduced risk environment. Comprehensive monitoring will assist leaders to track these risks.

The greatest uncertainties that prevent a fully specified 2021 risk matrix at this time are:

- the effectiveness of vaccines in preventing infection and transmission – overseas data is growing but the Australian experience will be most relevant, and
- current or new virus variants and their early management and impacts if community transmission occurs.

Advice will be sought from experts such as AHPPC on vaccine efficacy and impacts on transmission.

These contingencies are used to shape the scenarios described further below.

Table: Contingencies

Vaccine characteristics	Effectiveness against predominant strain: prevention of disease and/or infection, severity and transmission	Effectiveness against variants: prevention, severity and transmission	Vaccine effectiveness over time	Adverse reactions to vaccines
Virus characteristics	Rate of emergence, transmissibility and severity	Impacts and proportion affected by 'long COVID'	Seasonality and climate impacts on virus	Asymmetry of spread (e.g. highly contagious super-spreaders)
Vaccine delivery	Community take-up and vaccine hesitancy	Whether some cohorts (geographic or demographic) will have particularly low vaccination rates	Supply chain and logistics risks	Estimates of proportion of Australians at risk for severe disease

The 2021 risk matrix cannot be fully specified at this time as:

- Vaccine rollout is embryonic,
- Vaccine data will be lagged,
- Epidemiological modelling will be required as first indicators of expected outcomes,
- Overseas data will inform, but Australian data, as it becomes available, would be most effective to determine policy approaches
- Local data will replace these as it becomes available.

Note the judgement of health experts is that vaccine efficacy will meet the prime objective of reducing deaths and severe disease and that as vaccination rates increase, transmissibility will reduce, but data will be necessary to confirm this.

Overarching objective for COVID-19 management

The overarching objectives for managing COVID-19 in 2021 are to:

- Reduce deaths and serious sickness,
- Reduce transmissibility, and
- Achieve suppression at levels so we can 'live' with COVID-19 [like the flu].

Ongoing achievement of these objectives will allow maximum economic and social activity for any level of risk. Using data and metrics, all states and territories can ensure we are moving along the roadmap as thresholds and triggers have been met.

Key principles for 2021 COVID-19 management

The Taskforce considers that while the vaccine rollout will change the 2021 COVID-19 risk matrix, the principles that guided the November 2020 Framework for National Reopening are a good basis for principles that may guide the development of a risk-based framework for 2021. The Taskforce has considered these principles but recommends they be reconsidered, drawing on the experiences to date.

Descriptors (square bracketed) attached to each principle will be updated and clarified for the 2021 context, including when more data about vaccine take-up and efficacy becomes available. This could also include other evidence and expert advice to be taken into consideration. For example, the fifth principle could be amended slightly in this process to reflect that at any risk level, economic activity should be maximised for that level.

Measures should be proportionate | [Use of COVIDSafe plans, effective testing and contact tracing, strong guidance to individuals around their responsibilities, and targeted restrictions, including around gatherings and activities. Response measures and decisions are proportionate to the risk of harm and transmission, with a commitment to a nimble, targeted and localised response as informed by clear health advice, data and modelling].

Approaches should be consistent | [Commit to a national approach between state and territory jurisdictions to the opening up of the economy and removing border restrictions – wherever possible].

We seek to protect national wellbeing | [Decision making accounts for minimising displacement of workers and long-term damage to career paths, and considers the long term effects on mental health and wellbeing due to unemployment, social isolation and the protracted pandemic].

Decisions and reasons should be well communicated | [Community expectations are managed through clear communication of risk, balanced with messages to increase public confidence where risk is low. Ensure the public (with attention to culturally and linguistically diverse communities) and business understands and complies with the rules through consistent and timely messaging, targeted government support and appropriate enforcement].

For any risk level, maximising resumption of activity according to risk | [The best method to support economic and social activity is through community and consumer confidence through proportionate and successful health responses. Restrictions should be consistent with the thresholds according to data feedback and proportionate to the risks being managed].

Once agreed, this provides the underpinning for a reopening roadmap, like that agreed in May 2020, that sets a goal for continually removing economic and social restrictions without compromising health outcomes. States and territories retain autonomy. Chief Health Officers retain independent statutory authority over some of the key decisions.

Signalling to the community and business sector that leaders aspire to such a goal, sometime before Melbourne Cup Day 2021 (as an example only) for no or minimal restrictions, will create community and business confidence.

The roadmap will provide sequenced, specific steps to reach that goal on the assumption that the vaccine rollout is successful and that the health settings keep progressing on a positive trajectory.

Data, metrics and risk matrix

Continually improving and taking necessary action to optimise current practices for managing COVID-19 is an early priority for 2021. This includes further steps towards a consistent, risk-based approach to renewed outbreaks. Outbreak response should not look the same in 2021, as it did in 2020. This includes following through on recommendations to strengthen contact tracing, testing, quarantine arrangements, international border management, lifting restrictions where appropriate, and data collection to reflect the status of these settings. Doing this will provide greater certainty and assurance to control outbreaks early in the vaccine rollout. Improvements that

In addition, data points in the COP covering vaccines, economic activity, community wellbeing, quarantine usage and international arrivals will provide the Taskforce and National Cabinet with a comprehensive picture of how Australia is managing the pandemic and reopening with vaccination underway. Maintaining vigilance of COVID-19 cases, including how health responses are working, remains the first data priority.

The COP provides a shared evidence base from which to track progress in the vaccine rollout and the economic reopening. In contrast to the COP attached to the November Framework for National Reopening, this iteration presents economic and social indicators, as well as health metrics. Where relevant, the COP will ensure appropriate metrics are used for each jurisdiction to reflect unique circumstances, for example, remote Indigenous communities. The COP will be used as a tool to track progress along the roadmap and identify when it is appropriate to ease or tighten restrictions, essentially guiding steps through 'gateways' in the roadmap to recognise health achievements, risk changes and therefore capacity to remove restrictions and increase economic and social activity.

Continuous improvement of current practices will provide a strong foundation for reopening

The Taskforce will consider improving current practices in the management of COVID-19 by asking the following non-exhaustive questions. This may involve the engagement of experts and the AHPPC.

Consistent, risk-based responses to new outbreaks

- What can we do to ensure our decision-making in response to new outbreaks follows consistent frameworks based on health, economic and social factors?
- What determines the appropriate timing, scope and duration of lockdowns?
- What do we consider to be the implications of new strains for our hotspot triggers? What lessons can we learn from this for our selection of metrics for this road map?
- Is any information missing in the decision making response?
- Does the community still trust the experts in advising on outbreaks? What could put that trust at risk?

Testing and tracing

- What more can we do to encourage best practice of tracing and testing systems?
- How can we improve transparency across jurisdictions and to jurisdictions regarding capacity of these systems?
- What processes can we adopt to promote continuous improvement (timeliness, accuracy, value add)
- Are there further options available to improve electronic tracing (QR codes and COVID Safe App)?
- Where recommendations of the Finkel Review have not been adopted, what have been the barriers to adoption?
- How do we maintain community willingness to be tested?

Quarantine arrangements and international border management

- What more can we do to encourage best practice of border management and quarantine arrangements?
- How can we improve transparency across jurisdictions and to central agencies regarding capacity of these systems and factors that inform decision making?
- Where recommendations of the Halton Review have not been adopted, what have been the barriers to adoption?
- What lessons have we learnt since the Halton Review, including from other countries?
- With improvements to Australia's quarantining arrangements, what opportunities are there to facilitate and increase the number of international arrivals, regardless of the scenarios of the vaccines' effectiveness? How can we ensure we provide more certainty to airlines and to Australians overseas?
- Given other systems in place, is there more appetite to trial and prove alternative quarantine scenarios, such as offshore, at home, on farm, or using alternative accommodation such as suitable student accommodation?
- What has the green lane system with New Zealand taught us for implementing additional green lanes?

- Are our airports and ports arrival ready for new scenarios of arrivals, noting a return to 2019 international arrival figures is unlikely for some time?

Community COVID safe practices

- What data can we use to support the wearing or not wearing of masks?
- How do we encourage improved hygiene and hand washing practices?
- What have we learned about community tolerance of COVID safe practices over time?

Possible Scenarios

Instead of presenting a fully populated risk matrix, the Taskforce is considering how restrictions might be eased under three possible scenarios. These will need to be more fully developed when more data about vaccine take-up and efficacy is available. In early stages, modelling to indicate vaccine effectiveness may be required. Easing of restrictions will also be continually informed by medical experts and economic advice, and evidence on the impact of vaccine rollout both domestically and overseas.

Upside scenario	Central scenario	Downside scenario
The vaccine rollout proceeds as planned, and is highly effective at reducing morbidity, mortality and transmission	The vaccine rollout proceeds as planned, and is effective at reducing morbidity and mortality The vaccine rollout has some impact on transmission The dominant strains of COVID-19 increase transmission potential compared to 2020	New variants are resistant to existing vaccines and there is continued periodic transmission of cases to Australia via international arrivals And / or materially lower vaccine uptake And / or significant adverse events

The Taskforce will focus on phases 1a and 1b of the vaccine rollout (see Attachment D) and ask: once each phase is complete, what restrictions could be indicatively eased under these scenarios?

As uncertainties are progressively resolved, the answers to these questions will help populate the skeleton road map for reopening Australia depicted below, help inform the thresholds and triggers for the risk matrix.

Jurisdictions may need to consider the future of biosecurity and other emergency orders as the roadmap evolves.

Reopening once Phase 1a is substantially complete

The way we reopen following vaccination phases 1a and 1b will be contingent upon our best level of knowledge, and working assumptions regarding vaccine efficacy, transmission, and emergence of new strains. The COP will inform when to step through each gateway, which can be aligned with stages of the vaccination rollout.

The Taskforce will be seeking to establish what impact on morbidity and mortality the completion of this phase would have. We would then translate those expected results under the scenarios. It may then possible to consider one or more of the following cautious steps towards re-opening at key frontline locations:

Once Phase 1a of the vaccine rollout is substantially complete, it may be possible in the scenarios to consider steps towards reopening at key frontline locations. It will be important to move safely on any step, in line with relevant capacity to manage the local situation safely.

Scenarios	Upside scenario The vaccine rollout proceeds as planned, and is highly effective at reducing morbidity, mortality and transmission	Central scenario The vaccine rollout proceeds as planned, and is effective at reducing morbidity and mortality The vaccine rollout has some impact on transmission The dominant strains of COVID-19 increase transmission potential compared to 2020	Downside scenario New variants are resistant to existing vaccines and there is continued periodic transmission of cases to Australia via international arrivals Or materially lower vaccine uptake Or significant adverse events
Phase 1a complete *[~2]% of population vaccinated Groups accounting for [X]% of mortalities protected Numbers of mortality in case of ongoing uncontrolled outbreak is predicted to be [Y]*	What restrictions can we lift? • Expand managed quarantine places? • Lift restrictions on aged care and hospital visitation? • Agree not to reduce international passenger caps in the future if quarantine remains largely effective? • Etc.	What restrictions can we lift? • Expand managed quarantine places? • Lift restrictions on aged care and hospital visitation? • Agree not to reduce international passenger arrival caps in the future if quarantine remains largely effective? • Etc.	What restrictions need to stay in place? • Retain restrictions on aged care and hospital visitation? • Caps on managed quarantine if the virus still transmits though a vaccinated person? • Etc.

Reopening once Phase 1b is substantially complete

Once Phase 1b is substantially rolled out, a large proportion of those most vulnerable to COVID-19 mortality or severe symptoms will have been vaccinated. The question then becomes: which restrictions are still required to manage the residual risk of mortality or severe symptoms, or to manage other negative health outcomes (such as 'long COVID' or large numbers of younger cases who experience moderate symptoms but still require hospitalisation). Even when the most vulnerable cohorts are vaccinated, there remains a risk that non-vulnerable cohorts may experience severe disease or death. Nevertheless, in the upside and central scenarios, there may be considerable potential to ease restrictions at this point.

Scenarios	Upside scenario The vaccine rollout proceeds as planned, and is highly effective at reducing morbidity, mortality and transmission	Central scenario The vaccine rollout proceeds as planned, and is effective at reducing morbidity and mortality The vaccine rollout has some impact on transmission The dominant strains of COVID-19 increase transmission potential compared to 2020	Downside scenario New variants are resistant to existing vaccines and there is continued periodic transmission of cases to Australia via international arrivals Or materially lower vaccine uptake Or significant adverse events
Phase 1b complete *~31% of population vaccinated* *Groups accounting for [XX]% of mortalities protected* *Numbers of mortality in case of ongoing uncontrolled outbreak is predicted to be [Y]*	What restrictions can we lift? • Removing remaining domestic restrictions when there are no outbreaks of concern, other than social distancing and hygiene? • Open international travel to vaccinated travellers who are able to show they have been vaccinated with a vaccine Australia recognises as preventing transmission? • Persons who have been vaccinated are able to attend large events without contributing to capacity limits? • Increase thresholds for states to impose local lockdowns in response to cases? • Etc.	What restrictions can we lift? • Remove remaining domestic restrictions when there are no outbreaks of concern, other than social distancing and hygiene? • Increase use of alternative quarantine arrangements for travellers who are from medium risk countries and are students, seasonal workers or skilled migrants? • Increase risk appetite for designation as a low risk country? • Increase thresholds for states to impose local lockdowns in response to cases? • Etc.	What restrictions need to stay in place? • Maintain capacity limits? • Maintain density restrictions? • Consider mandating public indoor mask wearing during outbreaks? • Etc.

Process

The Taskforce proposes the following decision-making processes for providing advice to National Cabinet on health, economic and social impacts, either in the event of outbreaks, or for easing restrictions.

Decision-making process for easing restrictions

1. Framework agreed by National Cabinet (in April) for balancing impacts: principles, metrics, roadmap, including for example, advice from AHPPC, or other experts as required.

2. Commonwealth Treasury provides advice on the economic impacts of key restrictions for the April meeting of National Cabinet through the FSG Taskforce, working with jurisdictions through the Heads of Treasury (HoTS).

3. Each month, the Taskforce provides advice balancing health, economic, and social impacts to determine whether the roadmap and its off-ramps or gateways remain appropriate, and to reflect on whether more can be done in individual jurisdictions, paying particular attention to community sentiment.

4. National Cabinet decides on any changes to the roadmap.

Decision-making process if an outbreak occurs

5. Relevant jurisdiction determines response based on jurisdiction-level assessment of COVID-19 risks, and the information above.

6. Decision communicated clearly and consistently to businesses and the public.

7. Relevant jurisdiction reports back to National Cabinet on lessons learned and suggested improvements – then revert to step 2.

Jurisdictions will need to consider the future of biosecurity and other emergency orders as the roadmap evolves.

ATTACHMENT A – INDICATIVE Outline of the roadmap

Outline of the 2021 Reopening Roadmap

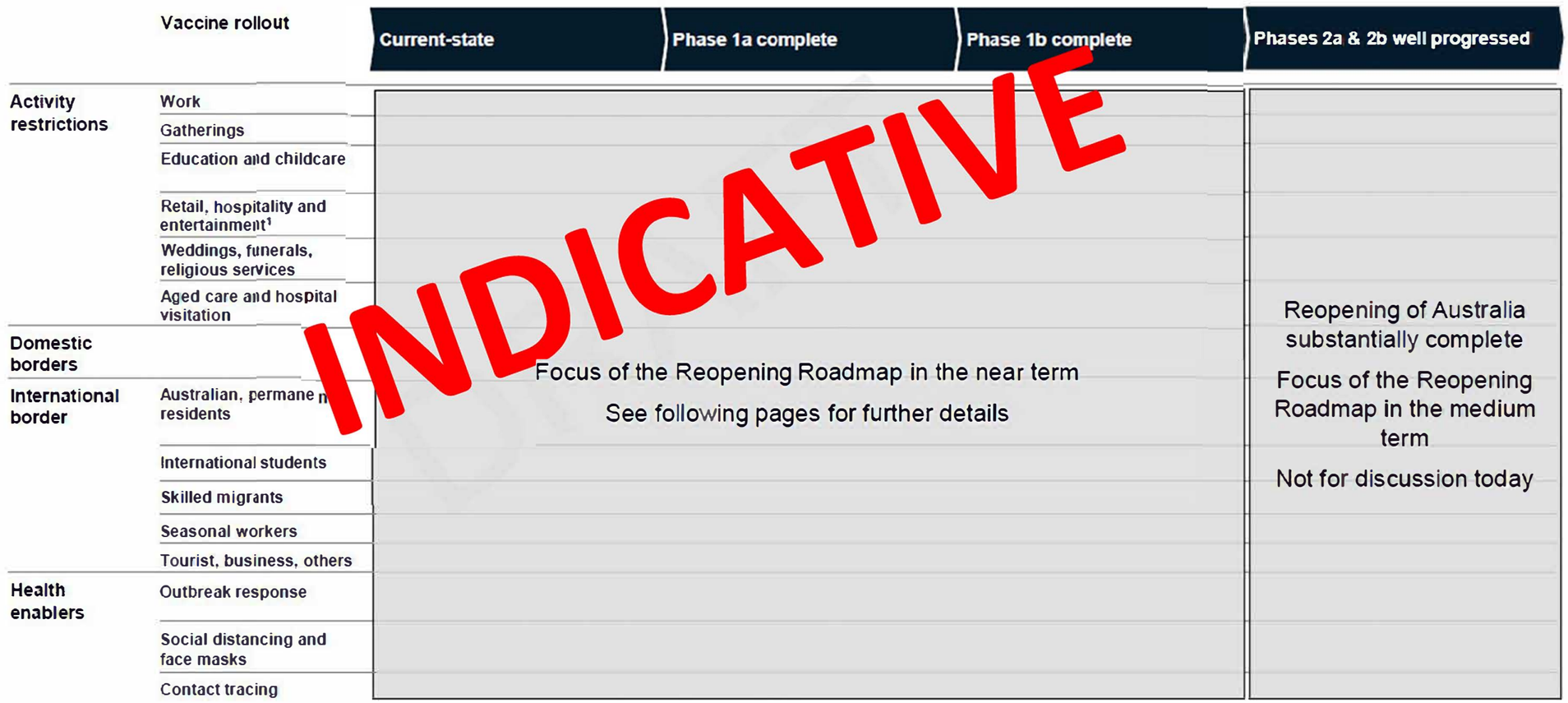
National baseline of restrictions. States and territories will move at different times based on local conditions

Context:

The 2021 roadmap will outline how restrictions would lift under potential scenarios based on the risk level and anticipated vaccine rollout timeline,

The two main scenarios in development are

- Vaccine is effective in preventing transmission of disease
- Vaccine is not effective in preventing transmission of disease



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COVID-19 Risk Analysis and Response Taskforce Common Operating Picture

ATTACHMENT B – Draft Common Operating Picture

Document 5

	Metric (timeliness, latest data)	AUS	NSW	VIC	QLD	SA	WA	TAS	NT	ACT
COVID-19 cases	New community cases (not already in quarantine) in the past 7 days compared with the prior week, 25 Feb	0 | 4	0 | 0	0 | 4	0 | 0	0 | 0	0 | 0	0 | 0	0 | 0	0 | 0
	New community cases (already in quarantine) in the past 7 days compared with the prior week, 25 Feb	3 | 7	0 | 0	3 | 7	0 | 0	0 | 0	0 | 0	0 | 0	0 | 0	0 | 0
	% overseas acquired cases among international air arrivals in the past 7 days compared with the prior week, 25 Feb	0.27% | 0.24%	0.36% | 0.30%	0.00% | 0.34%	0.17% | 0.12%	0.47% | 0.17%	0.32% | 0.00%	0.00% | 0.00%	0.00% | 0.40%	0.00% | 0.00%
	Cases with concerning strains (past 7 days no. compared to week prior)				DoH to provide					
	Days infective in community (diagnosis date minus date of symptom onset; excludes possible asymptomatic infectivity)				DoH to provide					
	Tests (sum) in the past 7 days '000 no. (weekly '000 mean of previous month, 25 Feb)	325k | 330k	105k | 85k	113k | 122k	46k | 44k	27k | 30k	17k | 34k	3.8k | 3.3k	6.4k | 5.0k	4.0k | 3.3k
	% community cases informed of result within 24 hours (% close contacts of community cases notified to quarantine within 48 hours, 25 Feb)	No cases	No cases	No cases	No cases	No cases	No cases	No cases	No cases	No cases
	Modelled transmission potential of SARS-CoV-2 variants of concern, 25 Feb	NA	2.02	1.09	2.3	2.39	2.31	2.19	2.73	2.5
Vaccines	Total administered no. as reported by jurisdictions* (% of eligible population, 28 Feb) *AUS total includes aged care	33,702 | 0.1%	10,339 | Not provided	3,862 | Not provided	2,030 | Not provided	1,630 | Not provided	2,879 | Not provided	1,165 | Not provided	748 | Not provided	978 | Not provided
	No. on hand at admin sites (28 Feb)	72,126	16,856	25,055	16,773	3,525	7,106	1,440	Not provided	1,396
	Phase 1A cohorts (prior 7 day %)				DoH to provide					
Restrictions	Limits on gatherings indoor no. persons (outdoor no., 28 Feb)	NA	SYD: 50 | 100 Regional: 50 |100	30 | 100	50 | 100	200 | No limit	No limit | No limit	100 (home) or 250 (public) | 1000	No limit | No limit	No limit (home) or 1000 (public)| 1000
	Limits on workplace (density, 28 Feb)	NA	2m^2 rule | 2m^2 rule	Hospitality: 2m^2 rule. Offices: Up to 75%.	2m^2 rule | 2m^2 rule	200 | 2m^2 rule	2m^2 rule | 2m^2 rule	250 | 1000	No limit | No limit	1000| 1000
	Large events (no. persons, 28 Feb)	NA	75% capacity | 2,000 (SYD) or 5,000 (Regional)	300 (50% capacity) | 5,000	500 | 1,500+ with approval	All: 1,000 with approval	All: 500+ with approval	2,000 (50% cap.) | 10,000 (50% cap) with approval	All: 500+ with approval	75% capacity | 10,000 with approval
	Businesses (density, 28 Feb)	NA	Nightclubs closed (2m^2), gyms 50 people 4sqm. Indoor recreation 75% fixed seated cap.	Masks mandatory on public transport and ride share, caps on gyms/pools/hospitality (2m^2).	None (2m^2)	None (2m^2)	All open (2m^2)	All open (caps)	All open (1.5m)	All open (1.5m)
	Religious services (no. persons, 28 Feb)	NA	300 (SYD) | No limit (Regional)	2m^2 rule	200 (2m^2)	200 (2m^2)	60% capacity	250 (indoor) | 1,000 (outdoor)	No limits - distancing only	1,000
	Border restrictions inside S/T (outside S/T , 28 Feb)	NA	Open. No hotspots declared.	Permit required for all travellers. No hotspots declared.	Open. No hotspots declared.	Open. No hotspots declared.	Permit required for all travellers. Hotspot (quarantine): VIC	Open. No hotspots declared.	Open. No hotspots declared.	Open. No hotspots declared.
	Days since a domestic border closure has been in place (no., 28 Feb)									
Wellbeing	Individual wellbeing (monthly)				PM&C is sourcing					
Quarantine	Persons in quarantine (23 Feb)	8,240	4,325	Not provided	2,663	1,080	Not provided	Not provided	103	69
	Hotel rooms currently used no. (% of current quarantine capacity, 23 Feb)	3,781 (NA)	833 (40%)	Not provided	2,026 (60%)	815 (80%)	Not provided	Not provided	107 (10%)	Not provided
	Non-hotel rooms currently used no. (% of current quarantine capacity)				S/T to provide					
	Cases acquired in hotel quarantine (past 7 days no. compared to week prior)				DoH to provide					
International arrivals	Returning Australians (prior 7 days no. compared to week prior, 24 Feb)	3859 | 3093	1852 | 1367	39 | 273	735 | 582	356 | 311	334 | 348	0 | 4	543 | 208	0 | 0
	Int. student arrivals prior 7 days no. (estimated % of 2019 arrivals, 24 Feb)	106 | Not provided	54 | Not provided	5 | Not provided	21 | Not provided	9 | Not provided	16 | Not provided	0 | Not provided	1 | Not provided	0 | Not provided
	Skilled workers arrivals prior 7 days no. (estimated % of 2019 arrivals, 24 Feb)	1172 | Not provided	630 | Not provided	14 | Not provided	220 | Not provided	144 | Not provided	124 | Not provided	0 | Not provided	40 | Not provided	0 | Not provided
	Seasonal worker arrivals prior 7 days no. (estimated % of 2019 arrivals, 24 Feb)	376 | Not provided	195 | Not provided	3 | Not provided	82 | Not provided	15 | Not provided	52 | Not provided	0 | Not provided	29 | Not provided	0 | Not provided

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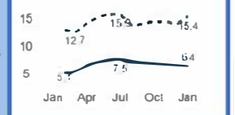
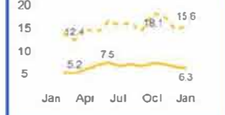
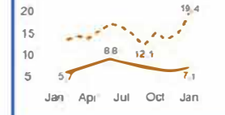
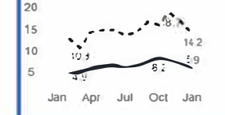
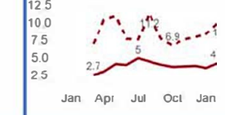
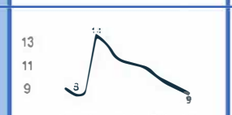
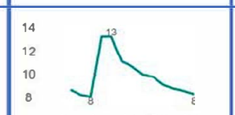
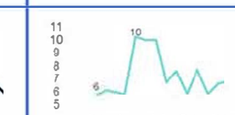
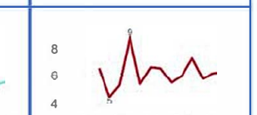
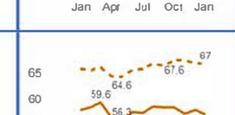
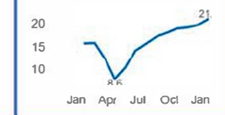
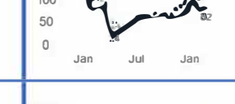
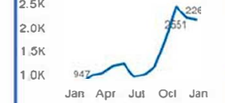
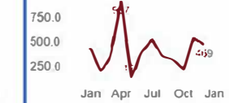
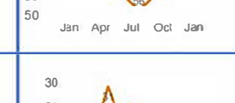
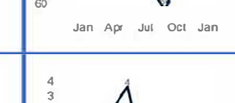
COVID-19 Risk Analysis and Response Taskforce Common Operating Picture

Document 5

	Metric (timeliness)	AUS	NSW	VIC	QLD	SA	WA	TAS	NT	ACT
Economy: labour force	Unemployment rate (monthly, Jan) Dotted line: Unemployment rate for 15-24 year olds (monthly, Jan)									
	Underemployment rate (monthly, Jan)									
	Female labour force participation rate (monthly, Jan) Dottedline: male participation rate (monthly, Jan)									
	Industries with greatest job losses – difference in employed persons (YoY change, '000 persons, Q3 '20 versus Q3 '19)	Accommodation/Food -93 Manufacturing -77 Other Services -33 Health/Social Assist. -19 Arts/Recreation -18	Health/Social Assist. -48 Accommodation/Food -30 Manufacturing -29 Wholesale Trade -27 Transport/Postal -12	Manufacturing -37 Construction -33 Accommodation/Food -28 Other Services -14 Arts/Recreation -11	Accommodation/Food 42 Professional -14 Construction -14 Other Services -12 Education and Training -9	Manufacturing -11 Information Media -10 Education and Training -5 Mining -4 Public Administration -3	Manufacturing -7 Transport/Postal -7 Other Services -4 Construction -4 Arts/Recreation -4	Education and Training -4 Manufacturing -3 Arts/Recreation -1 Financial/Insurance -1 Information Media -1	Transport/Postal -2 Accommodation/Food -1 Wholesale Trade -1 Agriculture, Forestry -1	Construction -3 Wholesale Trade -3 Health/Social Assist. -3 Education and Training -2 Rental/Real Estate -1
	Internet vacancy index (seasonally adjusted monthly ads, measured in '000s, Jan)									
	Training commencements no. (monthly, Oct '20)				PM&C is sourcing					
Economy: consumers	Consumer spending (annual % change in spending, week of 8 Jan)									
	Tourism spending (% change in net weekly bookings compared to same 2019 week, 7 Feb)									
	Transit by car relative to 13 Jan 2020 (daily, 27 Feb) Dotted line: public transit relative to 13 Jan 2020 (daily, 27 Feb)									
	Dwellings approved (no., Dec '20)									
Economy: businesses	% of employers indicating their offices are occupied in capital cities (monthly Property Council survey, Jan)									
	Business insolvencies no. (monthly, Dec '20)									
	Business confidence index (monthly, Jan) Dotted line: consumer confidence index (monthly, Jan)									

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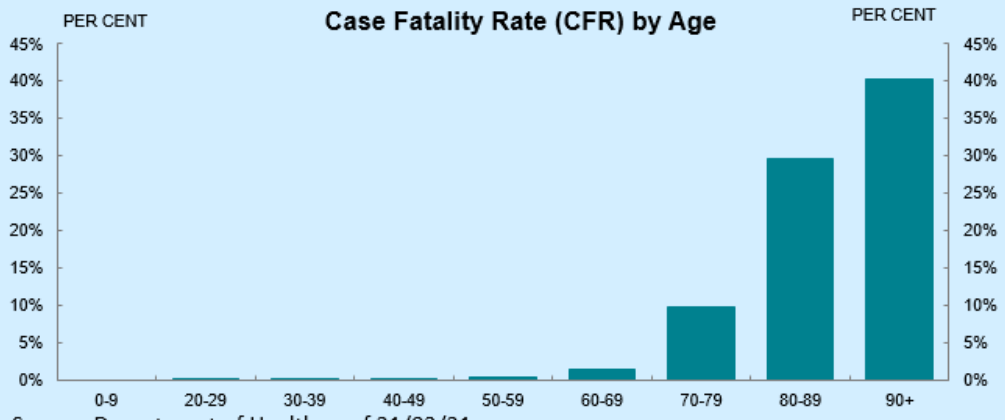
*Please note each chart marks the peak, low and latest values of each series.

ATTACHMENT C – Charts on mortalities, hospitalisations and infections

Mortalities

Mortalities

Mortality rates have been heavily correlated to age (and other vulnerability characteristics)



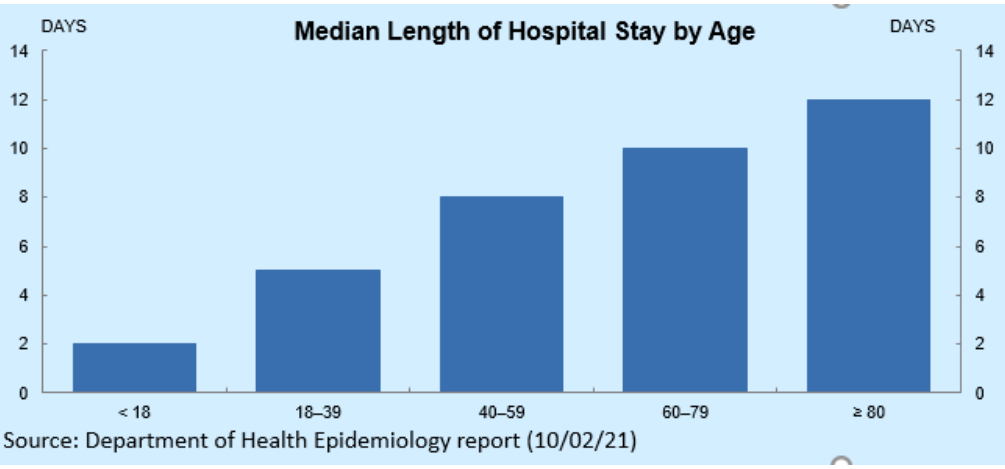
Source: Department of Health as of 21/02/21

Hospitalisations

Hospitalisations

Hospitalisations are also strongly correlated to age

[Department of Health to provide hospitalisations data]

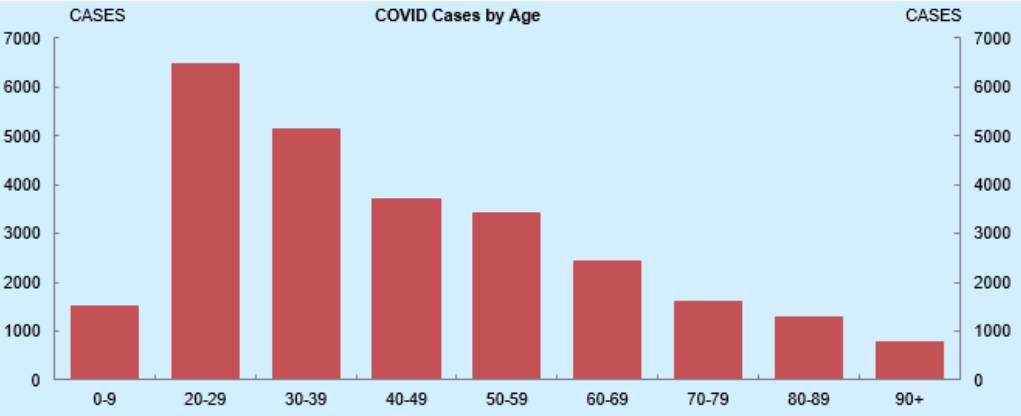


Source: Department of Health Epidemiology report (10/02/21)

Infections

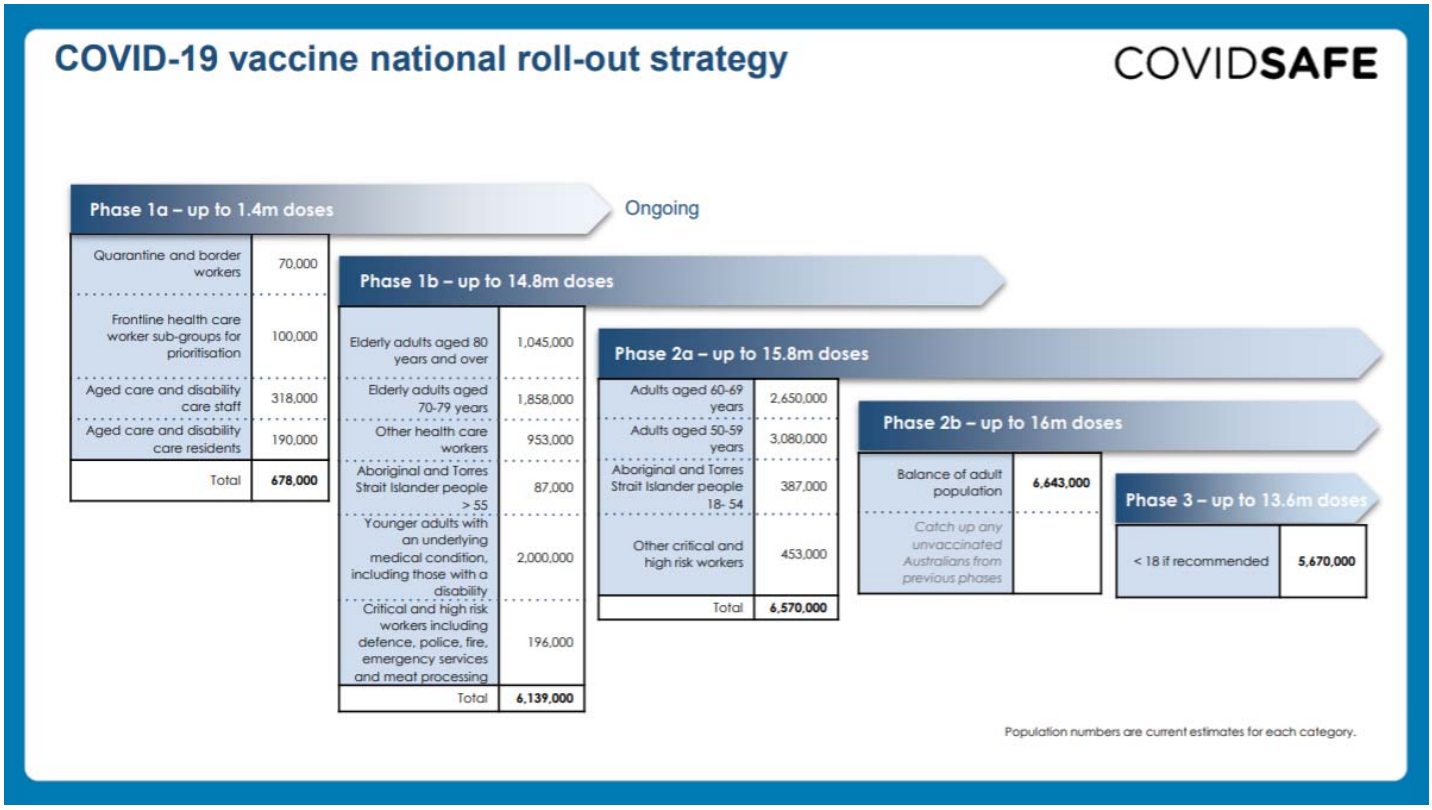
Infections

The largest number of infections have occurred among those aged 20-40.



Source: Department of Health as of 21/02/21

ATTACHMENT D



Australian, State and Territory Governments

National Cabinet Paper

Title	Update on High-Risk Countries
Sponsoring Minister(s)	Prime Minister

Summary

Proposed Action

Agree, once the temporary pause on arrivals from India ends, Commonwealth facilitated flights will recommence into the Northern Territory (NT). In addition, note the Commonwealth has written to other states and territories seeking support for additional facilitated flights. Air India may also participate in the facilitated flight program, subject to the airline meeting enhanced pre-testing requirements.

Agree that all jurisdictions will continue to support medivac of any resident of Howard Springs requiring hospitalisation, regardless of their state of residence, subject to clinical capacity in that jurisdiction.

Note that the resumption of direct flights from high-risk countries—in this case India—will have additional pre-departure testing requirements, however jurisdictions should plan for the potential increase in overseas acquired cases.

Note that decisions to pause international passenger arrivals originating from high-risk countries will continue to be based on health advice from the Chief Medical Officer (CMO). However, the strategy for direct flights from high-risk countries will be to space out returns in a managed and targeted way alongside enhanced pre-departure testing requirements, as outlined below.

Key reasons

As at 4 May 2021, there were 9,472 Australians who had registered their interest in returning to Australia from India. Of these, 927 were registered as vulnerable. Conditions in India are unlikely to improve for some time, and the registrations have been increasing over the past few weeks.

The temporary pause on arrivals from India until 15 May 2021 has allowed case numbers in quarantine to begin to stabilise and ensures the public health system is not overwhelmed by moderate and severe cases. The public health risk of flights from India will be reconsidered by the CMO on or before 15 May 2021.

Once the pause concludes, arrivals from India on direct flights will be able to resume on a measured basis. A negative polymerase chain reaction (PCR) test and a negative rapid antigen test (RAT) will be requirement before boarding the plane. The Australian Government is working to implement rapid antigen testing for direct flights to Australia.

The priority in repatriating Australians from India is balanced with ensuring their safety and that of the broader community, by minimising the risk of incursion. The Australian Government is planning for the resumption of flights from India into Howard Springs from 15 May 2021, subject to the public health advice of the CMO and confirmation of adequate capacity by the Northern Territory Chief Health Officer.

To ensure Australians can quickly return from India, the Commonwealth has written to other states and territories seeking support for additional Government facilitated flights. This will enable a targeted and managed response that reduces the risk of significant outbreaks into the community, compared to fewer jurisdictions taking the same number of arrivals.

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Key risks and sensitivities

Once direct flights from India resume, there is the possibility that there will be a higher number of positive cases which could lead to a requirement for flights to be paused again if the number of positive cases in quarantine facilities threatens the capacity of the system. Enhancing pre-departure testing and load sharing by jurisdictions will help mitigate this risk and ensure greater numbers of Australians in India can return home.

1 Proposed Actions

I recommend the National Cabinet:

1. Note that the pause on flights from high-risk countries is scheduled to be lifted on 15 May 2021 with the accompanying determination made under the *Biosecurity Act 2015* automatically expiring on this day.
2. Note decisions to limit international passenger arrivals originating from high-risk countries will continue to be based on health advice from the Chief Medical Officer.
3. Note that the Commonwealth will recommence additional facilitated flights from India, once the temporary pause ends, to help get Australians home, including:
   (a) the Northern Territory resuming repatriation flights from India, with continuous monitoring to ensure positive case numbers are within the capacity of the quarantine and health system;
   (b) direct flights will have enhanced pre-departure testing requirements and be subject to a Jurisdiction's Common Operating Picture (COP).
4. Note that the Commonwealth has written to all states and territories seeking support for additional facilitated flights for returning Australians from India.
5. Agree all jurisdictions will continue to support medivac of any returned traveller in Howard Springs requiring hospitalisation, regardless of their state of residence.

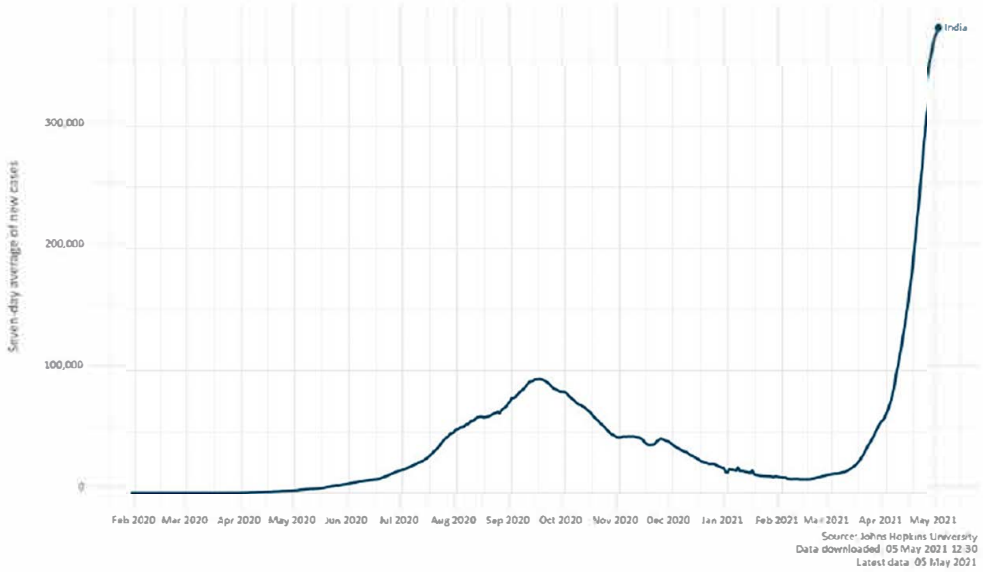
2 Detail of Proposal

The COVID-19 picture is deteriorating in many parts of the world

2.1 Over the last 9 weeks, the COVID-19 situation has changed quickly, with India currently in pandemic crisis. India continues to record as many as 400,000 new cases per day (see Chart 1). Since the beginning of the pandemic, India has recorded over 20 million cases and 222,000 deaths. Epidemiologists estimate the real numbers to be much larger. Hospitals continue to be under immense strain. The current wave is not expected to subside until at least June.

Chart 1: Daily COVID-19 cases, India

Daily cases are a seven-day moving average of new cases



2.2 As India's health system is overwhelmed, Australians in India who contract COVID-19 are at serious risk of severe illness or death.

2.2.1. India has been the highest source country for returns in 2021, and registrations of Australians who wish to return home have remained at about one third of totals throughout that time. Data on arrivals from India is at Attachment A1.

2.2.2. The number of registrations has increased from 8,794 to 9,472 since 22 April, and the number of vulnerable Australians within that cohort has increased from 653 to 927 (as at 4 May). Applications for DFAT's hardship fund increased from 717 to 754. Around 1,500 Australians have been impacted by the suspension of flights and will need to be rescheduled onto a Government facilitated flight when flights from India resume.

2.3 The tightening of exemptions for *outbound* travel to India has reduced the number of outbound travellers. There were no outbound travellers to India in the past week (see Attachment A2).

2.4 There are significant logistical and legal challenges associated with vaccinating Australians in India so this is not currently proposed (the Australian Government has previously agreed to not vaccinate Australians overseas).

2.5 India is not the only country that may pose a high risk to Australia. While case numbers are stabilising or declining in parts of Europe, cases are rising in other countries:

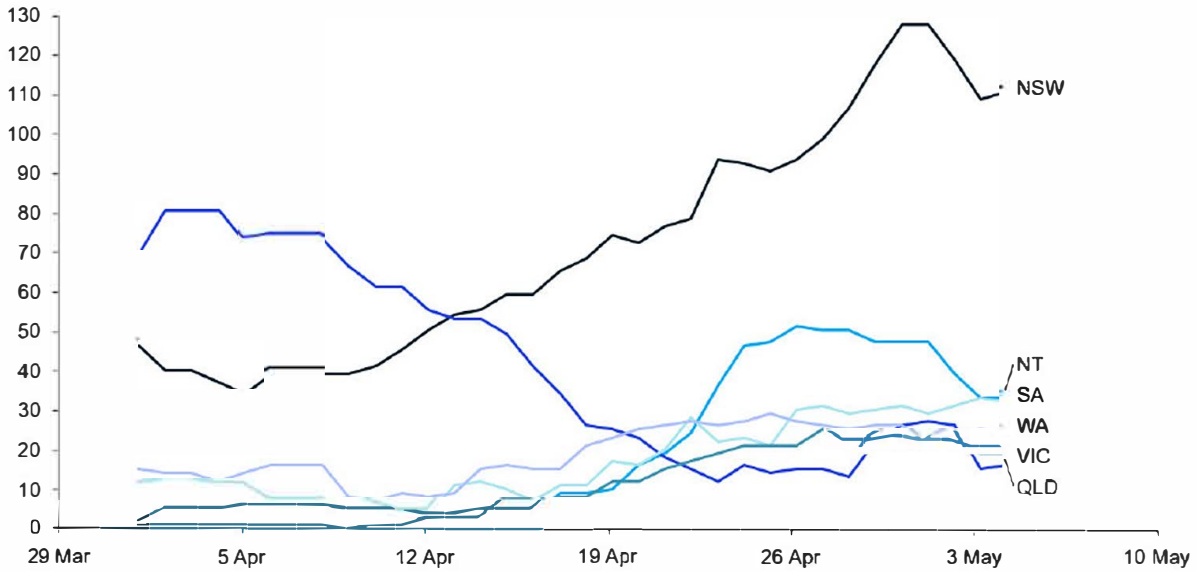
2.5.1. Cases of the B.1.617 variant (the 'Indian variant') are surging in countries neighbouring India (e.g. Bangladesh, Nepal and Sri Lanka and possibly Myanmar).

2.5.2. New cases have emerged elsewhere in the Pacific, including in Fiji and French Polynesia. Rates of infection have escalated rapidly in South Asia and continue to rise in most of Southeast Asia.

Active cases in Australia are declining but quarantine facilities still face capacity constraints

2.6 The temporary pause on arrivals from India until 15 May 2021 has allowed case numbers in quarantine to stabilise. Active cases in Australia have declined from a peak of 292 on 30 April 2021 to 247 on 4 May 2021 (Chart 2).

Chart 2: Active COVID-19 cases by State or Territory, since 1 April 2021



Note: Active case methodology varies by jurisdiction. ACT and TAS omitted as they had one or fewer cases during the period.

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Springs (the current threshold is 25 COVID-19 positive people), with a repatriation flight program agreed at officials level.

The Australian Government is preparing for the resumption of facilitated flights from India

2.8 The pause on people who have been in India arriving in Australia will be reconsidered by the Chief Medical Officer (CMO) on or before 15 May 2021. The CMO provide a further expert assessment of the public health risk to Australia, which will inform the Australian Government decision. In preparing this advice, the CMO will consider the epidemiology in India, the volume and proportion of cases in Australian quarantine acquired in India, and likely impacts on Australia's quarantine capacity.

2.9 Once the travel pause is lifted, Indian repatriation flights into Howard Springs will recommence, with frequency to be agreed in bi-lateral discussions.

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Load-sharing by jurisdictions will help bring Australians home from India

2.11 The priority in repatriating Australians from India is to ensure their safety and that of the broader community, by minimising the risk of incursion.

2.12 Load-sharing by jurisdictions will ensure as many Australians can get home safely as soon as possible. Therefore, to quickly return Australians from India:

2.12.1. The NT will be resuming repatriation flights from India (to be accompanied by continuous monitoring of positive case numbers to ensure they remain within the capacity of the quarantine and health system); and

2.12.2. The Commonwealth has written to other states and territories seeking support for additional Government facilitated flights.

2.13 These Government facilitated flights will have enhanced pre-departure testing requirements, and will be subject to a Jurisdiction's Common Operating Picture (COP).

2.14 As considered by National Cabinet on 30 April, the Commonwealth Department of Health has developed a methodology for identifying COVID-19 high-risk countries of origin for international arrivals entering hotel quarantine (see Attachment A3).

2.14.1. The Department of Health will assess the high-risk country list, based on this methodology, to identify high and medium risk countries to inform the public health risk and subsequent actions on a weekly basis.

2.14.2. India is the first country to meet the threshold of a high-risk country. Noting the pause in arrivals from India is expected to reduce the volume and proportion of cases acquired in India, it is not likely that India will continue to be assessed as high risk.

2.14.3. There are currently no countries considered to be moderate risk.

2.15 Noting that arrivals from India have been paused, it is unlikely that India will continue to be assessed as a high-risk country, and there will be insufficient public health rationale to support continuation of the pause under the *Biosecurity Act 2015*.

2.16 Following identification of a country as medium or high-risk, decisions by the Australian Government to manage international passenger arrivals originating from high-risk countries will continue to be based on health advice from the CMO.

Rapid antigen testing will be required for direct flights from high-risk countries

2.17 Prior to departure, prospective passengers on all direct flights from high-risk countries will be required to present a negative PCR test and a negative rapid antigen test (RAT). This combination of PCR and rapid antigen testing is expected to help reduce positivity rates in quarantine.

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2.19 The Australian Government is working with the Indian Government and airlines on voluntary implementation of rapid antigen testing for direct flights from India to Australia.

2.20 Mandating rapid antigen testing for *indirect* flights is problematic, and has potential adverse consequences for Australians in transit.

The current Biosecurity Determination and associated penalties

2.21 On 30 April 2021, the Minister for Health made the *Biosecurity (Human Biosecurity Emergency) (Human Coronavirus with Pandemic Potential) (Emergency Requirements – High-risk country Travel Pause) Determination 2021*. The determination requires a person must not enter Australia if they had been in India within 14 days before a scheduled flight (subject to a number of limited express exemptions). The requirement commenced on 3 May and ends at the start of 15 May 2021.

2.21.1. Exemptions are provided for: aircraft and maritime crew, aircraft safety and maintenance workers, freight workers, AUSMAT personnel, persons on official government business, diplomats accredited to Australia, and their immediate family members.

2.22 Failure of passengers to comply with an emergency determination under the *Biosecurity Act 2015* may incur a fine of up to $66,600, five years' imprisonment, or both. The penalty must be proportionate to the crime.

3 Risks and sensitivities

Once repatriation flights from India resume, there may be an increase in the number of positive cases even with enhanced pre-flight testing arrangements

3.1 There are reports of PCR test results being falsified, undermining the reliability of this test.

4 Impacts

4.1 The number of DFAT registrations in India has increased from 8,794 to 9,472 since 22 April, and the number of vulnerable Australians within that cohort has increased from 653 to 927 (as at 4 May). Applications for DFAT's hardship fund increased from 717 to 754. These numbers change regularly according to people's circumstances.

Attachments

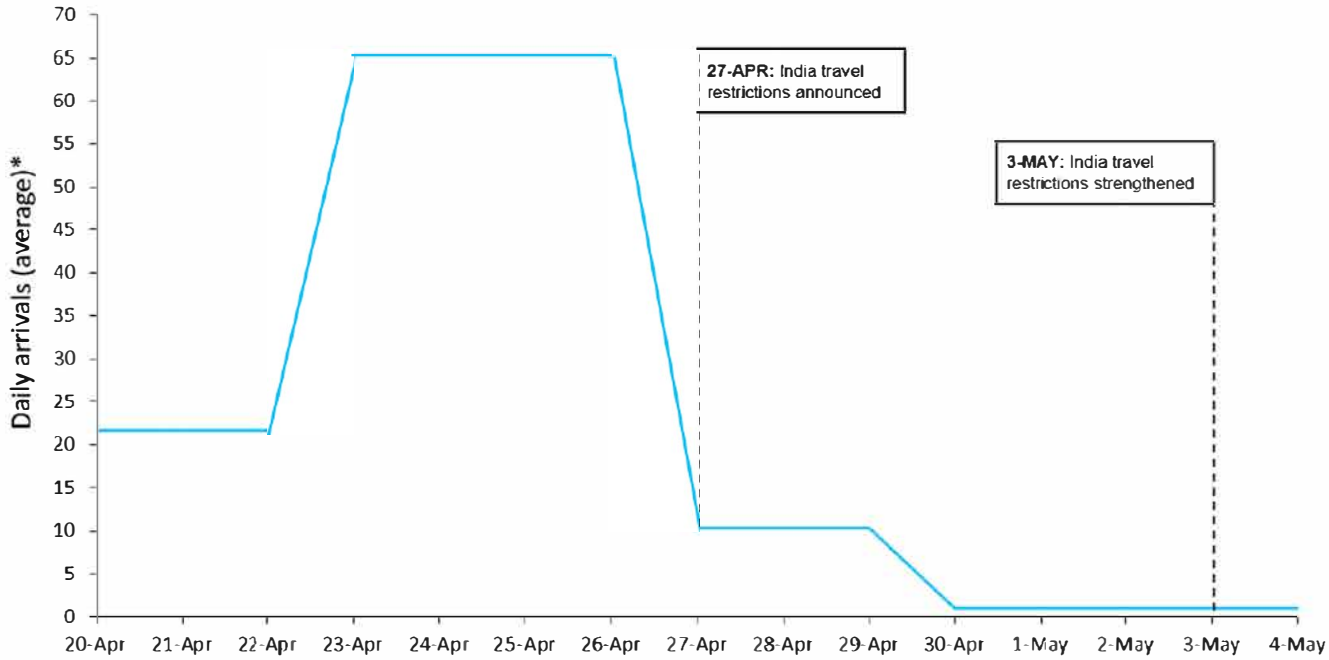
A1: Arrivals from India

A2: Outbound travel approvals to India

A3: Identifying countries of high-risk to inform international arrival arrangements

Attachment A1: Arrivals from India

Daily arrivals from India of Australians registered with DFAT since 20 April 2021



*DFAT provides twice weekly snapshots of cumulative arrivals. Average calculated by taking the difference in cumulative arrivals, divided by the number of days in the interval

Source: DFAT, PM&C

Passengers from India who arrived via transit, 29 April to 5 May 2021

Date	Dubai	Colombo	Doha	San Francisco	Tokyo	Total
29/04/2021	1	7	0	0	0	**8**
30/04/2021	3	0	2	1	0	**6**
1/05/2021	1	12	2	0	0	**15**
2/05/2021	0	0	0	0	6	**6**
3/05/2021*	0	8	0	0	0	**8**
4/05/2021	0	0	0	0	0	**0**

*Arrivals were auto-exempt from travel restrictions (such as aircrew, diplomats), which commenced on 3 May 2021.

Facilitated Commercial Flights (FCFs) and Australians returned from India since Mar-2020

Note: Since 17 April 2021, there have been no further FCF or enabled commercial flights from India.

Date of arrival	Flight number	Departure Country	Departure City	Destination City	Type of flight	Australians returned
17/04/2021	QF112	India	New Delhi	Darwin	Government Contracted	181
15/04/2021	QF106	India	Chennai	Darwin	Government Contracted	154
27/03/2021	AI1302	India	New Delhi	Brisbane	Govt. Enabled Commercial	110
25/03/2021	QF112	India	New Delhi	Darwin	Government Contracted	193
14/03/2021	QF112	India	New Delhi	Darwin	Government Contracted	197
27/02/2021	AI1320	India	New Delhi	Brisbane	Govt. Enabled Commercial	139
8/02/2021	QF117	India	Chennai	Canberra	Government Contracted	166
6/02/2021	QF106	India	Chennai	Darwin	Government Contracted	198
4/02/2021	QF112	India	New Delhi	Darwin	Government Contracted	195
23/01/2021	AI1320	India	New Delhi	Brisbane	Govt. Enabled Commercial	78
20/01/2021	QF106	India	New Delhi	Darwin	Government Contracted	195
19/01/2021	QF106	India	New Delhi	Darwin	Government Contracted	159
9/01/2021	AI1320	India	New Delhi	Brisbane	Govt. Enabled Commercial	115
8/01/2021	QF106	India	New Delhi	Darwin	Government Contracted	113
1/01/2021	QF106	India	Chennai	Darwin	Government Contracted	177
23/12/2020	AI1320	India	New Delhi	Brisbane	Govt. Enabled Commercial	142
23/12/2020	QF178	India	Chennai	Perth	Government Contracted	166
21/12/2020	AI0308	India	New Delhi	Melbourne	Govt. Enabled Commercial	92
18/12/2020	QF150	India	New Delhi	Brisbane	Government Contracted	159
15/12/2020	QF106	India	Chennai	Darwin	Government Contracted	174
6/12/2020	QF174	India	New Delhi	Hobart	Government Contracted	118
28/11/2020	QF112	India	New Delhi	Darwin	Government Contracted	147
24/11/2020	QF112	India	New Delhi	Darwin	Government Contracted	172
11/11/2020	QF112	India	New Delhi	Darwin	Government Contracted	148
27/10/2020	QF112	India	New Delhi	Darwin	Government Contracted	183
6/06/2020	QF6032	India	Chennai	Melbourne	Government Contracted	188
6/06/2020	QF6034	India	Chennai	Sydney	Government Contracted	188
21/05/2020	QF6038	India	Chennai	Sydney	Government Contracted	192
20/05/2020	QF6036	India	Mumbai	Melbourne	Government Contracted	193
15/05/2020	QF6034	India	New Delhi	Sydney	Government Contracted	197
15/05/2020	QF6032	India	New Delhi	Brisbane	Government Contracted	192
10/05/2020	QF7026	India	New Delhi	Sydney	Government Contracted	199
8/05/2020	QF7024	India	New Delhi	Melbourne	Government Contracted	188
8/05/2020	QF7022	India	New Delhi	Sydney	Government Contracted	194
29/04/2020	QR7434	India	Chennai	Doha	Govt. Enabled Commercial	241
29/04/2020	QR7436	India	New Delhi	Doha	Govt. Enabled Commercial	272
28/04/2020	QR7438	India	Mumbai	Doha	Govt. Enabled Commercial	170
28/04/2020	QR7432	India	Kolkata	Doha	Govt. Enabled Commercial	73
Total FCFs from India		38	Total Australians returned from India			6,363

Attachment A2: Outbound travel approvals to India

Outbound travel restrictions approved between 1 January 2021 and 5 May 2021, where intended destination is India

Discretionary Category	1 Jan - 31 Mar	1-7 April	8-14 April	15-21 April	22-28 April	29 Apr - 5 May	Total	%
COVID-19 response related	3	0	0	1	0	0	4	**<1%**
National interest	3	0	0	0	0	0	3	**<1%**
Urgent medical treatment not available in Australia	20	2	0	0	0	0	22	**<1%**
Business travel	58	4	2	5	0	0	69	**2%**
Compassionate and compelling	467	40	32	26	1	0	566	**13%**
Critically or seriously ill close family	540	42	36	27	1	0	646	**14%**
Death / funeral of close family	434	49	39	57	4	0	583	**13%**
FIFO or existing work contract	48	2	2	1	0	0	53	**1%**
Travelling overseas for a compelling reason for at least three months	2,122	118	117	157	15	0	2,529	**56%**
Urgent and unavoidable personal business	47	1	0	0	0	0	48	**1%**
Total	**3,742**	**258**	**228**	**274**	**21**	**0**	**4,523**	**100%**

Note: discretionary determinations only. All exemptions to travel to India approved since 1 January 2021 have now been revoked, and individuals who had not yet departed Australia are no longer able to do so. The three shaded categories reflect the new criteria for Australians to travel to India.

Attachment A3: Identifying countries of high-risk to inform international arrival arrangements

Analysis based on overseas acquired cases notified in Australia

The potential for local transmission (within facility and to the community) is more likely with higher case rates among international arrivals managed in mandatory quarantine settings. Two data sources exist to inform assessing countries likely to present high-risk.

(i) The Common Operating Picture tracks the proportion of cases among international arrivals. At 1% it becomes amber for any jurisdiction, and red at 2%. During March, the COP indicator turned amber for Queensland and remained there until changes to the general cap and flights from PNG were reduced or paused. This remained the case until 25 March, when the indicator returned to green. During April, the COP indicator turned red in the week that two states indicated they were coming under significant pressure.

(ii) International arrangements were changed after increased cases in returnees from PNG and India. During the four-week period prior to the indicator returning to green, 55 cases acquired in PNG were notified. During the relevant four-week period, 137 cases acquired in India were notified.

Proposed method based on overseas acquired cases reported in Australia

1. Should the COP indicator turn amber, undertake the next step.
2. Based on current national data, where a country of acquisition represents >50 cases of overseas acquired cases within the preceding 28-day period, a country may be considered moderate-risk.
    a. This would trigger consideration of targeted adjustments which may include reduced caps, paused inbound flights, reduced passenger limits on flights, reduced frequency of flights.
3. Should the COP indicator turn red (from amber or green), undertake the next step.
4. Where a country of acquisition represents >100 cases of overseas acquired cases within the preceding 28-day period, a country may be considered high-risk.
    a. This would trigger harder, wider or different adjustments which may include tightened pre-departure testing or new testing regimes.

Testing countries of acquisition risk

Based on the proposed methodology, so far in 2021, the United States of America (1-28 January 2021) and Papua New Guinea (26 February to 25 March 2021) would have been considered moderate-risk (amber), and more recently India (26 March to 22 April 2021) high-risk (red). For these countries, cases acquired in the USA declined after the introduction of pre-departure testing. Measures taken for PNG have been followed by a return to manageable numbers of cases (green on the COP). India has achieved red-list status for which the recently announced, more significant measures have been introduced.

Red List

- India

DOMESTIC BORDER CONTROLS — NUMBER OF EXEMPTIONS GRANTED — 27 MARCH 2021 to 23 APRIL 2021

KEY	This category of exemptions applies in this jurisdiction / This category of exemptions does not apply in this jurisdiction	ACT	NSW	NT	Qld	SA	Tas	VIC	WA[1]	National total	Category total
		The ACT implemented travel restrictions with Greater Brisbane from 29 March — 1 April, aligning with the lockdown in that area. Non ACT residents required an exemption to enter the ACT. The below figures encompass exemptions for any changes to standard requirements under the Emergency Direction (whether this was quarantine for a set period, or receiving a COVID-19 test). Figures encompass both ACT and non-ACT residents exempted from full requirements for any reason (i.e. attend work, return to home jurisdiction).	Despite some directives made in relation to hot spots, there have been no border restrictions in NSW that have utilised a permit system. Therefore, there is no data to report on exemptions during this period.		QLD had no border restrictions in place over the reporting period	01/12/2020 Express Arrival Processing commenced — Essential Travel Category not captured for express processing. These arrivals are now included in 'Other". Restrictions and arrival obligations during the report range apply to persons entering SA in accordance with Direction No 42, General Direction and Associated Direction No 1 — 4. States affected QLD & NSW. These figures relate to ALL entries, for period of restrictions from NSW and QLD States for the period **29 Mar 2021 — 9 Apr 2021.** On 27 March QR codes used in place of travellers being recorded as arriving from states without restrictions which is not reported.		On 11 January 2021, Victoria implemented a 'traffic light' border crossing scheme for entries from all states and territories and New Zealand. Travel from identified red zones is not permitted without an exemption, exception or a workers permit. Over the reporting period there have been classifications of red and orange zones in NSW, QLD and Auckland, NZ.	With the enactment of the Controlled Border for Western Australia Directions, which came into effect on 14 November 2020, most travellers no longer require an 'exemption' to enter WA. This has resulted in a significant increase in travellers entering Western Australia without needing to specify a reason for travel.		
Essential goods and services	**Medical and health services workers**	13			0	• 6 (Health Services) • 5 (Urgent Medical, Dental or Health Treatment)	1	Note[2]	1,114[3]	**1,139**	**10,052**
	Freight and Transport	0		Note[4]	0	1,310	81	Note[5]	4,583[6]	**5,974**	
	Agriculture / food	0			0	Included in Specialist Workers in Essential Sectors	0	Note[7]	2,529[8]	**2,529**	
	Essential infrastructure maintenance or repair	0			0	• 259 (Known as Specialist Workers in Essential Sectors) • 145 (Remote or Isolated Workers)	6	Note[9]	Included in figure above[10]	**410**	
Communities	**Border communities**				Note[11]	136		Note[12]	23[13]	**159**	**60,326**
	Compassionate grounds	2			0	23 (Includes Domestic Violence)	11	44[14]	11,272[15]	**11,352**	
	Carers, child access and care arrangements	1			0	Included in Health Exemptions, not collated by SAPOL	0		3,927[16]	**3,928**	
	Returning residents				0	511 (Includes Students and travellers Relocating to South Australia)	267		44,109[17]	**44,887**	
Government	**Defence and law enforcement**	1[18]			0	4 (National and State Security and Governance) Note: Law Enforcement included in Emergency Services	0	0[19]	1,359[20]	**1,364**	**2,109**
	Emergency services (other than medical and health services workers)	0			0	3	0		446[21]	**449**	
	Members of Parliament and staff	2			0	Included in Other	0		294[22]	**296**	
Other	**Transiting to another jurisdiction**			4	0	49	0	Note[23]	543[24]	**596**	**231,192**
	Other (Please detail)	• 92 (travel to another jurisdiction) • 3 (attend medical service) • 4 (construction workers) • 31 (flight crew) 1 (other) [25]		5[26]	0	148,374	317	48[27]	81,721[28]	**230,596**	
Total		**150**		**9**	**0**	**150,825**	**683**	**92**[29]	**151,920**	**303,679**	**303,679**

[1]WA: With the enactment of the Controlled Border for Western Australia Directions, which came into effect on 14 November 2020, most travellers no longer require an 'exemption' to enter WA. This has resulted in a significant increase in travellers entering Western Australia without needing to specify a reason for travel. These travellers are recorded in the 'Other' column. The exceptions to this are those travellers impacted by Outbreak Response Directions whereby the criteria of an 'approved traveller' must be met. Accordingly, the metrics included in the table above are the 'Reasons for Travel' provided by travellers, as opposed to an 'Exemption Category'.
[2]VIC: Emergency workers (including healthcare workers, care facility workers and child protection workers) do not generally require exemptions or permits to enter Victoria – they can enter by displaying a letter from their employer. Entries made under this exception are not measured.
[3]WA: *Medical and health services* includes a person approved to enter to assist in the provision of health services in WA.
[4]NT: 211 freight movement approvals issued by the NT within the date range, as per agreed National Freight Code. This does not represent the number of crossings.
[5]VIC: Victoria issues permits to freight workers consistent with the national Freight Code, rather than exemptions. A breakdown of permits issued under this category is not available.
[6]WA: *Freight and Transport* includes a person responsible for the provision of transport, or freight and logistics services by road and air into or out of WA.
[7]VIC: Victoria issues permits to freight workers consistent with the national Freight Code, rather than exemptions. A breakdown of permits issued under this category is not available.
[8]WA: Inclusive of Time Critical Specialist Skills / Agriculture / Primary Industry.
[9]VIC: Victoria issues Specified Worker Permits to workers who have been in an orange or a red zone and work in certain occupations listed at www.coronavirus.vic.gov.au/travellers-eligible-to-apply-for-specified-worker-permit rather than exemptions. This includes agriculture workers under the national code and a broader occupation list. A breakdown of permits issued under this category is not available.
[10]WA: *Essential infrastructure maintenance or repair* includes:

- a specialist or category of specialist required for industry or business continuity or maintenance of competitive operation where the service is time-critical and the specialist's skills are not otherwise reasonably available in Western Australia
- a person or category of person who in the course of the person's duties is responsible for critical maintenance or repair of infrastructure critical to a region of, or to, Western Australia.

[11]QLD: The Border Zone (X) pass was removed on 3 November as the border zone ceased to operate from this time.
[12]VIC: Residents of 17 Victorian and 16 NSW LGAs on the border may travel within this border zone without a permit or exemption, but must carry photo ID. Entries made under this exception are not measured.
[13]WA: border resident.
[14]This includes 6 exemptions granted to Victorian residents returning for health and wellbeing, and 38 exemptions relating to funerals and end of life circumstances.
[15]WA: *Compassionate grounds* includes:

- A person who enters in connection with the receipt of urgent and essential medical treatment
- A person who enters to visit a relative who has had a serious medical episode or whose death is imminent, or to attend a funeral
- A person who enters:
    - to care for a dependent person
    - to receive care
    - to obtain essential goods and services
    - under, or to give effect to, a court order
    - to reside with a family or carer, who usually resides in a residential facility in other state or territory which is closed for scheduled holidays or because of COVID.

[16]WA: Care for Dependents, Sick Relative & Receive Care.
[17]WA: WA resident returning.
[18]ACT: This number includes law enforcement who reside in the ACT but work in another state/territory and so were exempted to leave quarantine early, ACT based law enforcement who were exempted from quarantine following return from essential duties in another state or territory, and Defence members who were exempted to enter the ACT to perform essential duties.
[19]VIC: Defence and law enforcement category includes exemptions provided for military transfers.
[20]WA: *Defence and law enforcement* includes:

- A senior government official who in carrying out the official's duties, is responsible for the safety of the Nation or a State or territory against threats such as terrorism, war or espionage and is required to be present in WA in connection with those duties
- Active Australian military personnel.

[21]WA: *Emergency Services* includes a person approved to enter in their capacity as an emergency service worker, including a fire fighter, a paramedic, an ambulance officer, a police officer or a member of a State Emergency Service.
[22]WA: *Members of Parliament* include:

- members of the Commonwealth parliament
- the Premier of Western Australia and any member or members of the Premier's staff
- Senior Government Official

[23]VIC: Victoria issues transit permits for travellers passing through orange and red zones. Over the reporting period, DH processed 1,216 transit through orange/red zones permit applications.
[24]WA: Transiting passengers.
[25]ACT: 'Other' includes ACT residents travelling to another jurisdiction, attending a medical service, construction workers, flight crew, and other.
[26] NT: This includes exemptions from 1 Cruise and Larger passenger vessels, 1 Seasonal Worker Programme Mx Plan and 3 International Quarantine Support.
[27]VIC: This includes 48 applications for exemptions without a specified category.
[28]WA: Other Critical, FIFO (including family members), Children, Residential Facility to WA Family, Court Order, Flight Crew, Rig/Platform, Vessel — On Signers, Tourism, Sporting Clubs & Other.
[29]VIC: Victoria reports permit applications figures publicly on a cumulative basis. Up to 7am 23 April 2021, Service Victoria had issued 1,856,836 permits under Victoria's 'traffic light' system.

Australian, State and Territory Governments

National Cabinet Paper

Title	Caps on International Air Passenger Arrivals
Sponsoring Minister(s)	Prime Minister

Summary

Proposed Action

The Australian Government remains committed to the safe and timely return of Australians while working with all jurisdictions to manage and maintain quarantine arrangements. The National Cabinet should agree to retain or increase caps and reaffirm its commitment to prioritising returning Australians.

1 Proposed Actions

I recommend the National Cabinet:

1. Note returning Australians continue to be prioritised within international air passenger arrivals caps.
2. Note the following caps arrangements currently in effect:
   (a) New South Wales – 430 per day (3,010 per week);
   (b) Western Australia – 1,025 per week;
   (c) South Australia – 530 per week.
3. Note the following cap arrangements for Queensland:
   (a) a temporary reduction on previous levels to 500 per week (with a corresponding reduction to 150 per week surge capacity), including 25 percent reduction in passenger numbers from Papua New Guinea from 11.59pm 30 March 2021 to 11.59pm 13 April 2021;
   (b) a request to extend the above arrangements for a further two weeks from 12:01am 14 April 2021, with the aim of restoring to 1,000 per week and 300 per week surge capacity as soon as possible.
4. Note the following cap arrangements for Victoria:
   (a) for the week commencing 8 April 2021, a cap of 800 arrivals, with an intention to increase to 1,000 per week as soon as possible.
5. Agree to extend these arrangements until June 17 2021, aligning with the human biosecurity emergency period under the *Biosecurity Act 2015*, with further consideration of the management of caps following this date at the National Cabinet meeting in May 2021.
6. Note the data included in the paper on:
   (a) utilisation rates (Attachment A1);
   (b) composition of international arrivals (Attachments A2 and A3); and
   (c) arrival trends (Attachment A4)

2 Detail of Proposal

The management of recent outbreaks has been supported by the caps

2.1 At the 5 March 2021 meeting, the National Cabinet reaffirmed a shared priority to supporting Australians to return home through restored international passenger arrival caps, and noted that the agreed arrangements for international passenger arrival caps would continue until 11:59pm on 30 April 2021.

2.2 On 26 March 2021 the Premier of Queensland wrote to the Prime Minister requesting that the cap for Brisbane Airport be temporarily halved to protect the public health and safety of Queenslanders. In light of the increasing percentage of COVID-19 positivity among international arrivals to Queensland and the Queensland Chief Health Officer's advice, the Prime Minister agreed to the request. These arrangements will be in place until 11:59pm Tuesday 13 April 2021. On 31 March the Queensland Premier requested a further extension of these arrangements until at least 27 April 2021.

2.3 On 25 March 2021, the Acting Premier of Victoria wrote to the Prime Minister advising of Victoria's plan to restore international air passenger arrivals to a level of 1,120 per week. This followed reviews into the management of new variants of coronavirus and works to adjust ventilation and airflow systems at quarantine hotels. The Prime Minister replied on 30 March 2021, agreeing to the proposed timing and level of progressive cap increases. On 1 April, the Acting Premier of Victoria subsequently wrote to the Prime Minister advising of a revised plan, which would result in a revised level of 1,000 international air passenger arrivals per week into Victoria.

2.4 Western Australia has returned to a cap of 1,025 per week following a phased return to this level. The temporary reduction and phased return supported implementation of early recommendations from the Review of Western Australia's Hotel Quarantine Arrangements.

2.5 To provide certainty to returning Australians and international airlines operating to Australia, existing arrangements for New South Wales, South Australia and Western Australia should be extended until 17 June 2021. The human biosecurity emergency period extends until that time, and alignment will recognise the AHPPC's advice that the COVID-19 situation overseas continues to pose an unacceptable public health risk to Australia.

2.6 Once Queensland's cap is restored to 1,000 per week with a 300 per week surge, from 12:01am on 14 April 2021, the cap will continue at this level until 17 June 2021, aligning with arrangements for other capped States.

2.7 Once Victoria's cap is restored to 1,000 per week, the cap will continue at this level until 17 June 2021, aligning with arrangements for other capped States.

Caps and Quarantine continue to be the frontline defence

2.8 The COVID-19 Risk Analysis and Response Taskforce (Taskforce) is reporting to National Cabinet on April 9 with an updated reopening framework and the risk outlook for 2021. The Taskforce will continue to report to National Cabinet monthly.

2.9 On 5 March 2021 the Prime Minister announced the Commonwealth entered into an agreement with the Northern Territory Government to further expand the Howard Springs national resilience quarantine facility from 850 places to 2,000 places. Subject to capital works, a ramp up in capacity will occur from late April 2021, with full capacity reached in the second half of 2021.

2.10 Since hotel quarantine measures were implemented on 28 March 2020, approximately 1.1% of international arrivals have tested positive for COVID-19 (to 24 March 2021). Quarantine and contact tracing systems, as well as new measures introduced at the last National Cabinet, are working to support the management of outbreaks.

2.11 Australia remains dependent upon international aviation to support the return of Australians from overseas, freight (imports and exports), essential workers, and the general movement of goods and people. Temporary reductions in caps have real and immediate disruptive impacts and should be avoided unless absolutely necessary.

2.12 The Commonwealth must treat all airlines equitably under the caps (known as 'conditions' under the *Air Navigation Regulation 2016*). Further, the Commonwealth cannot direct airlines into particular ports.

2.13 In addition, the Commonwealth is not able to reserve places for a cohort of passengers for non-health related reasons. Under the international passenger arrival cap arrangements this would be a discriminatory measure and inconsistent with Australia's international law obligations.

We have seen tens of thousands of Australians return home

2.1 Since September 2020, approximately 120,687 Australian citizens and permanent residents have returned to Australia. The number of Australians who have registered as wanting to return is 35,131 as of 1 April 2021.

2.2 In recent weeks there has been a consistent reduction in the number of Australians registered to return home with the Department of Foreign Affairs and Trade. From a peak on 12 February 2021 of 41,044, the amount of Australians registered has dropped by over 5,000 to 35,131, as of 1 April 2021. New registrations have trended downward since 18 January 2021.

2.3 As of 1 April 2021 there have been over 6,000 applications to the Special Overseas Hardship Fund, with more than 3,800 grants and loans being approved with a commitment of $28.46 million.

2.4 Demographic information collected by the Australian Border Force shows the number of returning Australians continues to make up a very high proportion of all arrivals under the caps at 81.49 per cent (Attachment A2 refers).

2.5 On 16 January 2021, the Prime Minister approved an additional 20 facilitated commercial flights to operate over the coming months.

2.6 To maximise the number of Australians able to return home within agreed caps, on 13 November 2020 the National Cabinet agreed to the Commonwealth implementing over-allocation by up to 10 per cent above caps in consultation with the relevant jurisdiction. This was to address the variability in arrivals caused by a range of factors (including but not limited to fail COVID tests prior to boarding and booking cancellations) – meaning arrivals touching down in Australia would be lower than the number allowed under caps.

Attachments

Attachment A1

Cap utilisation rates (Source: DITRDC, 31 March 2021)

Date	New South Wales (SYD)			Queensland (BNE)			Western Australia (PER)			South Australia (ADL)			Victoria (MEL)		
	Arrivals	Cap	Cap %	Arrivals	Cap	Cap %	Arrivals	Cap	Cap %	Arrivals	Cap	Cap %	Arrivals	Cap	Cap %
1 MAR-7 MAR	2774	3010	92%	1250	1000	125%	764	900	85%	495	530	93%	0	1120	0%
8 MAR-14 MAR	2771	3010	92%	1200	1000	120%	872	900	97%	517	530	98%	0	1120	0%
15 MAR-21 MAR	2530	3010	84%	1369	1000	137%	1025	900	114%	519	530	98%	0	1120	0%
22 MAR-28 MAR	2615	3010	87%	1524	1000	152%	921	900	102%	433	530	82%	0	1120	0%
Overall (since July 20)	***88864***	***97115***	92%	***31957***	***28832***	111%	***26898***	***27875***	96%	***11929***	***16950***	70%	***9371***	***17920***	52%

Attachment A2

Composition of international arrivals to Australia (Source, Australian Border Force, 31 March 2021)

Current as at 31 March 2021 11:37:05

Air Arrival Snapshot
Sample Period - One Week - 20 March 2021 to 26 March 2021

	Returning Australians				No Impact on Quarantine Cap						Foreign Nationals				
State	Returning Australian Citizens	Returning Permanent Residents	Immediate Family of Citizens or Permanent Residents	Returning Australians	Crew	Travellers on Green Zone Flights	Transits	Military	Seasonal Workers	No Impact on Quarantine Cap	Critical Skills Exemption	Other Individual Exemptions	Other Automatically Exempt	Foreign Nationals	Total Travellers
ACT															
NSW	1,404	615	232	2,251	2,028	808	<5	23		2,863	212	79	74	365	5,479
NT	119	100	11	230	112		<5	501		616		<5		<5	848
QLD	623	293	109	1,025	589	331	61		286	1,217	89	99	318	466	2,708
SA	243	194	62	499	97					97	65	7	<5	76	672
VIC					733	473				1,206					1,206
WA	405	257	79	741	244			19		263	107	18	44	169	1,173
National	2,794	1,459	493	4,746	3,753	1,612	68	543	286	6,262	473	165	440	1,078	12,086
%				81.49%						0				18.51%	100.00%

Current as at 31 March 2021 11:39:37

Air Arrival Snapshot
Sample Period - One Week - 20 February 2021 to 26 February 2021

	Returning Australians				No Impact on Quarantine Cap						Foreign Nationals				
State	Returning Australian Citizens	Returning Permanent Residents	Immediate Family of Citizens or Permanent Residents	Returning Australians	Crew	Travellers on Green Zone Flights	Transits	Military	Seasonal Workers	No Impact on Quarantine Cap	Critical Skills Exemption	Other Individual Exemptions	Other Automatically Exempt	Foreign Nationals	Total Travellers
NSW	1,423	670	186	2,279	2,007	600	15	23		2,645	254	68	65	387	5,311
NT	350	44	30	424	79			<5	19	99		10	6	16	539
QLD	721	245	90	1,056	487	158	32	44	149	870	95	57	62	214	2,140
SA	279	166	49	494	95					95	47	10	<5	61	650
TAS					12					12					12
VIC	<5			<5	755	335				1,090	<5		<5	<5	1,094
WA	275	147	39	461	263					263	79	18	68	165	889
National	3,049	1,272	394	4,715	3,698	1,093	47	68	168	5,074	477	163	206	846	10,635
%				84.79%						0				15.21%	100.00%

Sample size and timing.

- The results are showing the percentage of Australian Citizens, Permanent Residents and their immediate families in comparison to other foreign nationals is lower than the previous single day sample (February single day – 86.5%, February 7 day – 84.7%, March 7 day – 81.5%).
- To provide a more statistically supportable result, the ABF has increased the sample size from a single 24 hour period to a full 7 day period.
- ABF analysis of a 7 day period in both February and March indicates that over 80% of arrivals that are required to quarantine within the hotel quarantine caps are Australian citizens, permanent residents or their immediate family.
- Of note, within the March sample period, there were two flights from New Zealand to Brisbane (total of 261 passengers) were not designated green flights. As a result, travellers on these flights (other than AUS/PR/family) were classified in "Other Automatically Exempt". Whilst this is the correct way for these travellers to be recorded, it is noted that, had they been green flights, the March percentage would have been higher than in February.
- There is no indication in arriving flight or traveller data to suggest this decrease is the start of an ongoing trend or an indicator of changed travel or passenger composition patterns.

Methodology

- A seven day period in February and March have been selected for review and breakdown of arriving travellers (hereafter referred to as the 'Sample cohort').
- The final consumer of this product is expected to be National Cabinet (Through Prime Minister & Cabinet).
- The sample periods were selected to provide consistency (20th to 26th in both calendar months).
    - The dates selected also provide sufficient lead-in time prior to National Cabinet to allow for complex data extraction to be undertaken.

- The compiling and merging of this data involved a significant work impact for three work areas within ABF that would otherwise be undertaking real-time, critical operational support functions. It is for this reason that larger date ranges are not provided.

- During the 7 day sample period, all arriving international flights were assessed and reflected in the final product.
  - First the ABF must identify the flights that arrived in Australia on the sample dates then download the personal travel details of every traveller on each flight.
  - The first extraction of data must be further assessed to determine Crew, travellers on Green zone flights, military travellers, seasonal workers and Transits who do not impact quarantine caps.
  - The remaining data must then be assessed through a partially manual process of accessing individual traveller records to identify:
    - Immediate family members of Australian Citizen's and PR's.
    - Reason for travel for all other foreign nationals as the visa class of travel will often not correlate for the reason for travel i.e. compassionate and compelling circumstances.

Attachment A3

Inwards Travel Exemption Data (Source, Australian Border Force, 31 March 2021)

Inwards travel exemptions: discretionary outcomes* by month

Month	Approved	Refused**
March 2020***	1,685	113
April 2020	4,688	72
May 2020	1,282	85
June 2020	2,447	135
July 2020	3,164	1,310
August 2020	3,629	4,366
September 2020	3,935	8,913
October 2020	4,571	11,892
November 2020	3,511	12,085
December 2020	3,872	11,247
January 2021	2,520	11,217
February 2021	3,285	11,217
March 2021	3,658	12,129
Cumulative	42,252	84,776

* does not include persons found to meet an already exempt category, withdrawn requests and those that did not contain sufficient information for referral to a decision maker

** Refused requests generally failed to support their claims or did not meet the guidelines for an exemption to be approved

*** 20-31 March 2020

Note: Numbers for past months may differ from previous monthly reports due to small numbers of cases where outcomes changed after initial finalisation.

Attachment A4

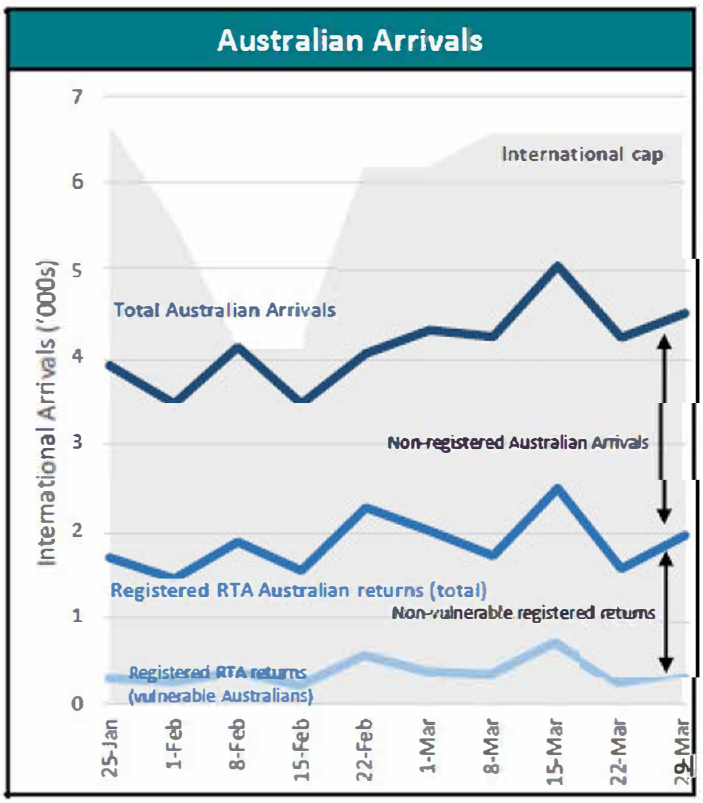
Estimates of residency of overseas Australians registered with the Department of Foreign Affairs and Trade (DFAT) (Source: DFAT, 1 April 2021)

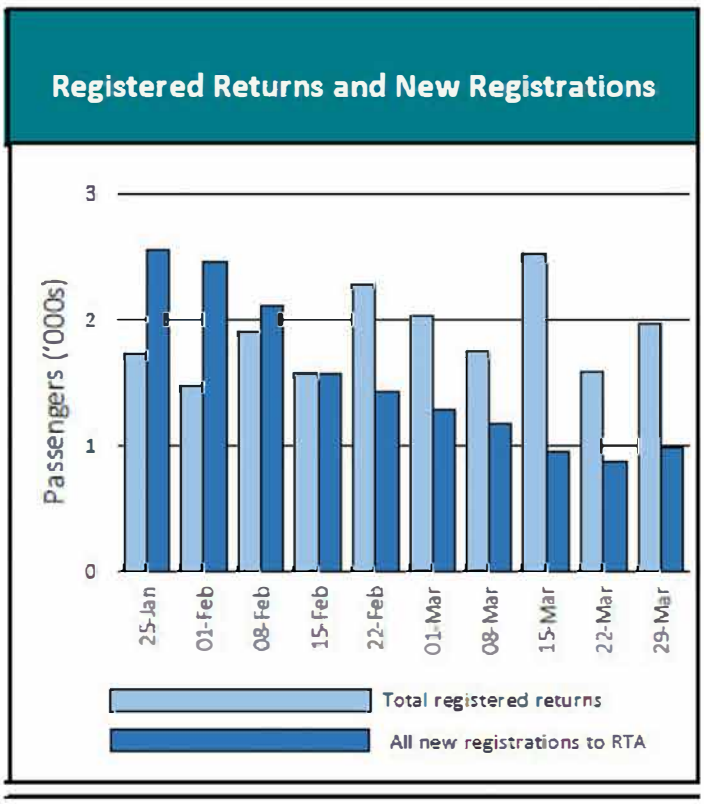
Jurisdiction	Percentage of registrations*	Estimated Number
New South Wales	35%	12,500
Victoria	32%	11,100
Queensland	15%	5,300
Western Australia	9%	3,200
South Australia	5%	1,700
Australian Capital Territory	2%	700
Tasmania	1%	400
Northern Territory	0.8%	300
Total		35,200

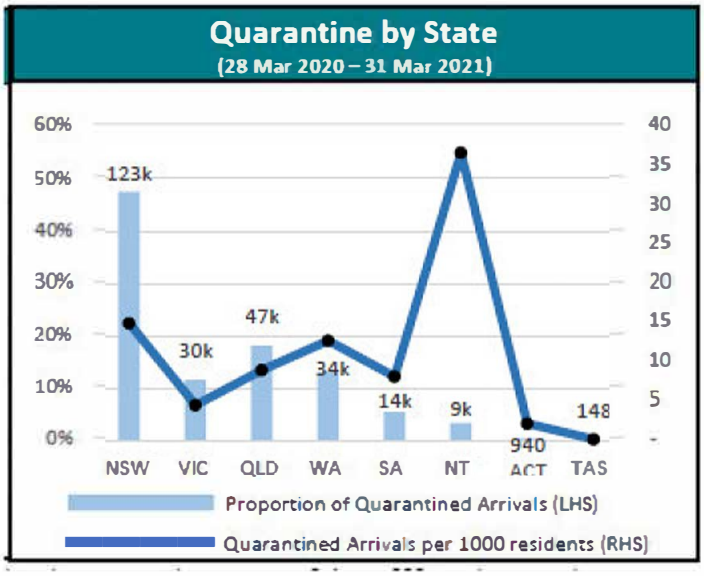
* Estimates made at 1 April 2021, based on a sample of people registered with DFAT to RTA (~27,000).

Attachment A4

Australians returning from overseas (Source: DFAT, 1 April 2021)






Quarantine by State
(28 Mar 2020 – 31 Mar 2021)
60%
50%
40%
30%
20%
10%
0%
40
35
30
25
20
15
10
5
-
123k
30k
47k
34k
14k
9k
940
148
NSW
VIC
QLD
WA
SA
NT
ACT
TAS
Proportion of Quarantined Arrivals (LHS)
Quarantined Arrivals per 1000 residents (RHS)

DOMESTIC BORDER CONTROLS — NUMBER OF EXEMPTIONS GRANTED — 27 FEBRUARY 2021 to 26 March 2021

KEY	This category of exemptions applies in this jurisdiction / This category of exemptions does not apply in this jurisdiction	ACT	NSW	NT	Qld	SA	Tas	VIC	WA[1] [2]	National total	Category total	
		ACT did not have border restrictions during the reporting period.	NSW did not have border restrictions during the reporting period.		QLD did not have border restrictions during the reporting period.	SA did not have border restrictions during the reporting period.		On 11 January 2021, Victoria implemented a 'traffic light' border crossing scheme for entries from all states and territories and New Zealand. Travel from identified red zones is not permitted without an exemption, exception or a permit. Over the reporting period there have been classifications of red and orange zones in NSW, QLD and Auckland, NZ.				
Essential goods and services	Medical and health services workers							Note[3]	780	780		7,501
	Freight and Transport			Note[4]			44	Note[5]	4,923 [6]	4,967		
	Agriculture / food							Note[7]	1,751 [8]	1,751		
	Essential infrastructure maintenance or repair			1			2	Note [9]	Included in figure above [10]	3		
Communities	Border communities							Note [11]	Note [12]	-		35,560
	Compassionate grounds			1				35 [13]	7,589 [14]	7,625		
	Carers, child access and care arrangements								2,604 [15]	2,604		
	Returning residents						218		25,113 [16]	25,331		
Government	Defence and law enforcement			0				0 [17]	956 [18]	956		1,251
	Emergency services (other than medical and health services workers)								122 [19]	122		
	Members of Parliament and staff			0					173 [20]	173		
Other	Transiting to another jurisdiction			1				Note [21]	246 [22]	247		58,268
	Other (Please detail)						354	44 [23]	57,623 [24]	58,021		
Total				3			618	79 [25]	101,880	102,580		102,580

[1] WA: With the enactment of the Controlled Border for Western Australia Directions, which came into effect on 14 November 2020, most travellers no longer require an 'exemption' to enter WA. This has resulted in a significant increase in travellers entering Western Australia without needing to specify a reason for travel. These travellers are recorded in the 'Other' column.
[2] WA: These metrics include road and air arrivals from all other Australian states and territories, including the Indian Ocean Territories of Cocos (Keeling) Islands and Christmas Island.
[3] Vic: Emergency workers (including healthcare workers, care facility workers and child protection workers) do not generally require exemptions or permits to enter Victoria – they can enter by displaying a letter from their employer. Entries made under this exception are not measured.
[4] NT: 95 freight movement approvals issued by the NT within the date range, as per agreed National Freight Code. This does not represent the number of crossings.
[5] Vic: Victoria issues permits to freight workers consistent with the national Freight Code, rather than exemptions. A breakdown of permits issued under this category is not available.
[6] WA: Includes logistics by air and road.
[7] Vic: Victoria issues permits to freight workers consistent with the national Freight Code, rather than exemptions. A breakdown of permits issued under this category is not available.
[8] WA: Agriculture, primary industry and time critical specialist skills.
[9] Vic: Victoria issues Specified Worker Permits to workers who have been in an orange or a red zone and work in certain occupations listed at www.coronavirus.vic.gov.au/travellers-eligible-to-apply-for-specified-worker-permit rather than exemptions. This includes agriculture workers under the national code and a broader occupation list. A breakdown of permits issued under this category is not available. Over the reporting period DH processed 2,345 permit applications for workers from orange/red zones.
[10] WA: *Essential infrastructure maintenance or repair* includes:
- a specialist or category of specialist required for industry or business continuity or maintenance of competitive operation where the service is time-critical and the specialist's skills are not otherwise reasonably available in Western Australia
- a person or category of person who in the course of the person's duties is responsible for critical maintenance or repair of infrastructure critical to a region of, or to, Western Australia.

[11] Vic: Residents of 17 Victorian and 16 NSW LGAs on the border may travel within this border zone without a permit or exemption, but must carry photo ID. Entries made under this exception are not measured.
[12] WA: does not have a specific exemption category for border communities.
[13] Vic: This includes 28 exemptions granted for health and wellbeing and 7 exemptions relating to funerals or end of life circumstances.
[14] WA: Compassionate grounds includes:
- A person who enters in connection with the receipt of urgent and essential medical treatment
- A person who enters to visit a relative who has had a serious medical episode or whose death is imminent, or to attend a funeral.

[15] WA: Care for dependents, sick relative and receive care.
[16] WA: WA resident returning.
[17] Vic: Defence and law enforcement category includes exemptions provided for military transfers.
[18] WA: *Defence and law enforcement* includes:
- A senior government official who in carrying out the official's duties, is responsible for the safety of the Nation or a State or territory against threats such as terrorism, war or espionage and is required to be present in WA in connection with those duties
- Active Australian military personnel
- Judicial officer.

[19] WA: Emergency Services includes a person approved to enter in their capacity as an emergency service worker, including a fire fighter, a paramedic, an ambulance officer, a police officer or a member of a State Emergency Service.
[20] WA: *Members of Parliament* include:
- members of the Commonwealth Parliament
- the Premier of Western Australia and any member or members of the Premier's staff
- Senior Government Official.

[21] Vic: Victoria issues transit permits for travellers passing through orange and red zones. Over the reporting period, DH processed 468 transit through orange/red zones permit applications.
[22] WA: Transiting passengers.
[23] Vic: This includes 44 applications for exemptions without a specified category.
[24] WA: *Other* includes:
- Other Critical Circumstances
- FIFO workers and their families
- Children, Residential Facility to WA Family
- Court orders
- Flight Crew
- Rig/Platform
- Vessel On/Off Signers
- Tourism
- Sporting Clubs & Other.

[25] Vic: Victoria reports permit applications figures publicly on a cumulative basis. Up to 12pm 26 March 2021, Service Victoria had issued 1,301,917 permits under Victoria's 'traffic light' system.