

Memorandum of Understanding

between the Ministry of Health and the Ministry of Business, Innovation and Employment

Sharing information to assist the Ministry of Health in preventing
and lessening the serious threat posed by
COVID-19

August 2020

RELEASED UNDER THE
OFFICIAL INFORMATION ACT

This MOU is made effective on the date of the last signature and is

Between the Ministry of Health ("MoH")

And the Ministry of Business, Innovation and Employment ("MBIE")

(each "Party" and together the "Parties").

1. Interpretation

1.1 The following terms used in this MOU have the following meanings, unless the context requires otherwise:

Term	Meaning
Adverse Action	Has the meaning in the Privacy Act 1993
Border Health Event	This is the record of who enters the country (Travellers, transit passengers and crew) on each flight (and includes the date, time and mode of access). This is important to support the identification of people entering the country for health services and for contact tracing purposes. This would be held securely within the Border Register and be available only to a minimal number of user roles, who could then immediately respond to an appropriate contact tracer request to release information in the event a Traveller on the flight subsequently tested positive.
Border Health Profile	The Border Health Profile is the person identity record of Travellers within the border register and holds key data element such as the NHI number, Contact Details (including address, phone numbers and email), demographic information. The Border Health Profile is unique for each person and is identified by the NHI number. This does not include transit passengers or crew.
Border Health Record	This is the case record created on the Border Register to support the management and monitoring of the person through the MIQF process. The Border Health Record is the coordinating case record across facility check-in, testing, daily health checks, and the management of the release of the person from MIQF. The Border Health Record is also provides the link between the MIQF processes and Contact Tracing where a person with MIQ is identified as having COVID-19.
Border Register	This is the self-contained Register of Border Health Events and Border Health Records that is hosted on the secure NCTS platform.
Business Owner	An employee of each Party as designated in this MOU who will oversee

	the on-going operation of this MOU.
COVID-19	The novel coronavirus, see: https://www.health.govt.nz/our-work/diseases-and-conditions/covid-19-novel-coronavirus
Employee(s)	A full or part-time employee of an Applicant and/or Affected Person or Entity.
Information	Information that may be shared by MBIE under this MOU, including as specified in any Schedule(s).
MIQF	Managed Isolation and Quarantine Facility
MOU	This Memorandum of Understanding between MOH and MBIE, including any Schedules.
National Contact Tracing Solution (NCTS)	This is the secure national technology solution that has been developed as the national record of COVID-19 cases as the record of COVID-19 cases for the purposes of contact tracing.
Personnel	Any employee, agent, contractor or representative of either Party.
Traveller	An individual who is entering New Zealand at the border, and excluding transit passengers and crew.

1.2 In this MOU, unless the context requires otherwise, references to:

- 1.2.1 clauses and Schedules are to clauses and Schedules to this MOU;
- 1.2.2 the singular includes the plural and vice versa; and
- 1.2.3 any statute includes any amendment to, or replacement of, that statute and any subordinate regulation made under it.

2. Background

2.1 Core pillars of New Zealand's COVID-19 strategy are testing, contact tracing, case identification and isolation, and border control measures.

2.2 In New Zealand border control measures are described in the COVID-19 Public Health Response (Air Border) Order 2020. This includes every Traveller reporting for and submitting to medical examination and testing as soon as practicable after their arrival at the security designated aerodrome at which they arrive, and being isolated or quarantined for the required period at a MIQF¹.

2.3 The MoH has indicated to MBIE that the information in Schedule 1 is necessary in order to streamline the arrival process at the borders. This will directly assist in preventing or lessening the serious COVID-19 threat by enabling efficient processing of arrivals, timely allocation of the NHI, and any necessary testing, all of which will reduce the time of transit and contact with others for any person arriving at the border who is infected with COVID-19.

¹ Section 7 of the COVID-19 Public Health Response (Air Border) Order 2020 (the Order).

Serious Threat

- 2.4 The risk of COVID-19 entering New Zealand at the borders is considered a serious threat to the health and safety of New Zealanders.

2.4.1 COVID-19 is widespread internationally, and Travellers regularly test positive for COVID-19 on arrival in New Zealand or while in MIQF, and so there is a significant likelihood this threat will continue to occur into the foreseeable future.

2.4.2 The consequences both in terms of health risk (with possible death, and widespread illness for those who are susceptible) are significant if COVID-19 re-enters New Zealand.

2.4.3 The threat is continuous, and can arise from the moment a Traveller arrives in New Zealand if they are infected (with additional implications of increased risk for those other Travellers who may have shared their flight).

Purposes for Border Register

- 2.5 MoH operates the Border Register to enable the capture and management of the information required for the health response at the border, and subsequently in MIQF. It also enables appropriate and timely contact tracing as part of that border response in the event a Traveller were to test positive for COVID-19.

Health Response

- 2.6 The Border Register will enable accurate and timely management of Travellers who initially need to go through a triage process at the border, and to manage the COVID-19 related Border Health Record of those Travellers who need to attend the MIQF².

- 2.7 The Border Register is not the medical record of a person's treatment. That clinical treatment information will be managed separately by the border Public Health Unit staff, under the oversight of the relevant District Health Board. The Border Register is the record of management for COVID-19 as it relates to Travellers.

NHI Linking

- 2.8 A key feature for the Border Register is the ability to link a Traveller's Border Health Record to the unique National Health Index (NHI) number. This is crucial to the border response as no test for COVID-19 can be processed without an NHI. At the border, if a person is symptomatic, it is desirable they are immediately tested. Delays in assigning the NHI, delay the testing process.

- 2.9 Schedule 1 sets out the information required to accurately identify an individual, including for the purpose of identifying their NHI (or confirming they do not have one and assigning a new NHI).

² Travellers who are excluded from these responsibilities include pilots and flight crew members, maritime crew members transferring to a ship, and others as described in s 4 of the Order.

2.10 The NHI must be matched to the correct person as it is the unique identifier that is assigned to every person who uses health and disability support services in New Zealand. As it is a unique identifier, it reduces the risks of mistaken or inaccurate identity, on the basis of similar names, spelling errors or other data errors, and changes of name (e.g. by deed poll or marriage).

2.11 Failure to accurately assign the NHI can create a safety risk. Without an NHI number, or with an incorrect NHI number, the results of a COVID-19 test may be delayed, sent to the wrong person, or unable to be matched to a person. An incorrect NHI could also have an important flow on effect on a Travellers care as existing health records of an individual may not be located during any necessary treatment if the incorrect NHI (or a duplicate NHI) is allocated at the time of arrival or first (and subsequent) testing.

Current border arrival processes

2.12 MoH currently receives a hard copy Customs dataset of information (which may only be received on arrival of the flight or shortly before hand) or collects information directly from Travellers once they have arrived in New Zealand. This information is manually entered into the Border Register at present. This creates a number of risks and challenges:

2.12.1 There are currently significant challenges at the border in being able to enter the necessary information in a timely manner. As an example between 4 August and 12 August (9 days inclusive) 3,756 Border Health records were manually data entered at the Border.

2.12.2 This creates delays in both physical entering of Border Health Record, but also enabling the NHI to be matched accurately.

2.12.3 Manual entry of information creates the risk of errors being created in the transcription, which may create issues for identification or correct allocation of an NHI for an individual.

2.13 Of particular concern is the impact of the delays arising from the manual entry of Traveller details, and linking to NHI numbers, particularly where more than one flight arrives at the same time. This increases the risk that Travellers will be in contact with each other and with border staff due to the delay and the queuing at the border.

2.14 If a timely and accurate flight dataset, as outlined in Schedule 1, were to be made securely available in an electronic format, the MoH would be able to create the necessary Border Health Record prior to the arrival of the Travellers. This would: reduce the overall time travellers spent around each other and border staff; free the border staff to check the information entered with the Traveller and check additional NHI details if necessary; and therefore reduce the risks of contagion at the border.

2.15 In addition, if the flight registers were incorporated into a secure section of the Border Register as the Border Event Record, in the event that a positive test were returned, contact tracers could apply to have the Border

Health Event record released immediately to commence contact tracing. The current request and release process from airlines can take up to 8 hours. In contact tracing minutes count when aiming to meet the quarantine deadlines for Close Contacts.

MBIE Information

- 2.16 MBIE holds a dataset that is available prior to the entry of Travellers to New Zealand. Carriers are required to provide MBIE with information in advance of a passenger arriving in New Zealand.
- 2.17 MoH has requested a subset of the information provided by carriers to MBIE to ensure that relevant persons entering New Zealand have an accurate Border Health Record in the Border Register, which can then be created in a timely manner, and linked to the relevant NHI. This is essentially the same information currently available from the Customs dataset, but in a secure electronic format, and available from in an earlier time frame.
- 2.18 This MOU provides for the sharing of Information on certain conditions to ensure that an accurate Border Health Record is available for each Traveller prior to their arrival in New Zealand. Provision of this information will enhance the accuracy and timeliness of the data available to MoH, and enable significant streamlining of border health processes. The sharing of this Information and resulting process improvements would be a benefit to Travellers, individuals interacting with Travellers at the border, and also would benefit the wider public by lessening the serious threat posed by COVID-19.

3. Legal Authority

- 3.1 To the extent Information contains personal information, MBIE will disclose personal information to MoH under this MOU in accordance with information privacy principle 11(f) in the Privacy Act 1993, where MBIE has a reasonable belief that disclosure is necessary to prevent or lessen a serious threat to public health. The Information to be disclosed, and the rationale for the reasonable belief that disclosure is necessary, are recorded in Schedule 1.
- 3.2 MoH will collect the Information from MBIE³, in accordance with Rule 2(c)(iii) and 2(d) of the Health Information Privacy Code on the basis that the delays created by waiting for the arrival of the flight and then personally interviewing every Traveller to obtain the necessary information creates an unreasonable health and safety risk of COVID-19 spreading .
- 3.3 MBIE will only share Information to the extent that is necessary to achieve one or more of the purposes in clause 4, in reliance on the rationale in Schedule 1.

³ Section 4(1)(e) of the Health Information Privacy Code provides that the code applies to information about an identifiable individual 'which is collected before or in the course of and incidental to the provision of any health service or disability service'

4. Purpose and Use

- 4.1 MBIE may supply Information about passengers and crew travelling to New Zealand to assist MoH in preventing or lessening the serious threat to public health and public safety posed by COVID-19.
- 4.2 In particular, MBIE may supply Information to MoH to:
- 4.2.1 enable it to create an entry for a Traveller in the Border Register prior to their entry to New Zealand, and
 - 4.2.2 maintain the Border Health Event record in the event that urgent contact tracing of Travellers on a specific flight is required.
- 4.3 MoH will not use the Information for any other purposes and will manage the information in accordance with the requirements of Schedule 1.
- 4.4 Accurate records in the Border Register will enable MoH to:
- 4.4.1 create an accurate Border Health Record to record a Traveller's arrival in New Zealand and enable management of testing requirements at the border and in MIQF;
 - 4.4.2 verify whether a Traveller has an NHI number;
 - 4.4.3 issue an NHI number to a Traveller who does not have one; and
 - 4.4.4 promptly initiate contact tracing in the event of any Traveller who tests positive.
- 4.5 For the avoidance of doubt, no Adverse Action will be taken by MoH against any Traveller as a result of the supply of this Information.

5. Roles and responsibilities

- 5.1 The Parties will meet monthly to review this MOU for the first three months of this Memorandum and ensure it remains fit for purpose. The review will be conducted by the Operational Relationship Managers. If the parties agree meetings may be moved to two monthly thereafter.
- 5.2 MoH will provide MBIE with the information it requires to take decisions regarding disclosure of Information as set out in this MOU (and any Schedules).
- 5.3 MoH will advise MBIE as soon as possible if any of the facts or information in this MOU is incomplete, inaccurate, or out of date, including in particular facts and information in section 2 and Schedule 1.
- 5.4 MoH will advise MBIE as soon as possible if there are any other facts or circumstances that are relevant to this MOU, including in particular MBIE's decision-making in relation to the provision of Information under this MOU.
- 5.5 MoH will conduct a privacy impact assessment on the NCTS and on the Border Register, which will include an assessment of the impacts of the transfer of the requested data. MoH will make the privacy impact

assessment available to MBIE on request. MBIE will use best endeavours to assist MoH in relation to any elements of a privacy impact assessment that rely on information held solely by MBIE.

- 5.6 MoH will consult with MBIE before sharing any information relating to this MOU with any other agencies.

6. Governance process

- 6.1 The Parties will each appoint a Business Owner and Operational Relationship Manager in relation to this MOU.

- 6.2 The functions of the Operational Relationship Managers will include:

- 6.2.1 co-ordinating the supply and delivery of Information;
- 6.2.2 discussing and coordinating Information quality issues; and
- 6.2.3 identifying policy and systems changes at an operational level.

- 6.3 The functions of the Business Owners include:

- 6.3.1 agreeing in principle to changes to this MOU or further access to the Information;
- 6.3.2 agreeing any changes to a Schedule;
- 6.3.3 co-ordinating joint MBIE and MoH reviews of security and other procedures applicable to this MOU whenever either Party believes on reasonable grounds that such a review is necessary or in any event no less than once every 12 months;
- 6.3.4 establishing and maintaining communication and understanding between the two Parties;
- 6.3.5 resolving any disputes or differences between the Parties, once a dispute or a difference is referred to the Business Owner by business areas from either Party; and
- 6.3.6 reporting to senior management and external stakeholders in relation to this MOU, as required.

- 6.4 At the date of this MOU, the Business Owners are as follows:

MoH	MBIE
Sue Gordon	Jacqui Ellis
Deputy Chief Executive (AFTP)	General Manager, Intelligence,
Ministry of Health	Data and Insights,
	Immigration New Zealand, MBIE
Sue.Gordon@health.govt.nz	Jacqui.Ellis@mbie.govt.nz

- 6.5 At the date of this MOU, the Operational Relationship Managers are as follows:

MoH	MBIE
Phil Baskerville Senior Project Manager s 9(2)(a) Phil.Baskerville@health.govt.nz	Andrew Blackwell Manager, Systems and Projects – Border Immigration New Zealand, MBIE DDI: 04 896 5962 Andrew.Blackwell@mbie.govt.nz

- 6.6 A Party may change its Business Owner or Operational Relationship Manager, or any relevant contact details, at any time by giving the other Party written notice of the change via email.

7. Security

- 7.1 MBIE will communicate the Information to MoH using a secure transmission method specified in Schedule 1.

- 7.2 MoH will keep the Information that it receives from MBIE other in the secure Border Register environment and safeguard it from unauthorised access, use, disclosure, modification and disposal.

8. Accuracy of Information

- 8.1 MoH acknowledges that the Information is provided to MBIE via third party carriers in accordance with carriers' statutory information obligations.

- 8.2 MBIE will use best endeavours to provide the most up-to-date Information that it holds at the time it is provided, but MBIE does not make any representation as to the accuracy of the Information.

- 8.3 Before using any Information obtained under this MOU, MoH agree to take steps that are reasonable in the circumstances to ensure that the Information is complete, accurate, relevant, up-to-date and not misleading.

9. Reporting

- 9.1 The Parties will monitor the communication of Information under this MOU and may report within their respective organisations on the:

- 9.1.1 volume of Information communicated;
- 9.1.2 nature of Information communicated;
- 9.1.3 protections applied to the use of Information;
- 9.1.4 errors or problems with the Information; and
- 9.1.5 complaints received.

10. Privacy and confidentiality

- 10.1 The Parties must comply with their obligations under the Privacy Act 1993, Health Information Privacy Code, the Official Information Act 1982, the Immigration Act 2009 and the Health Act 1956.
- 10.2 MoH will not disclose the Information it receives from MBIE under this MOU without prior written consent provided that the use of the information within the Border Register environment, in accordance with the Privacy Impact Assessment, will be permitted.
- 10.3 MoH confirms it has appropriate privacy safeguards in place in relation to the Information, including processes to detect, report and respond to potential or actual privacy events.
- 10.4 If a Party receives a complaint or request under the Privacy Act 1993 or the Official Information Act 1982 relating to the sharing of Information under this MOU, it will consult with the other Party before responding.
- 10.5 Nothing in this MOU creates an obligation on MBIE to communicate Information to MoH, including in circumstances in which MBIE perceives a risk to its general operations.

11. Breaches of privacy, confidentiality, or security

- 11.1 All breaches of this MOU must immediately be notified to the Business Owner(s) and any actual or suspected unauthorised access to, uses of, and/or disclosures of the Information must be investigated.
- 11.2 Where an investigation is undertaken, MOH and MBIE will provide each other with reasonable assistance through the Business Owners and keep the other informed of progress.
- 11.3 If either MOH or MBIE has reasonable cause to believe that any breach of privacy, confidentiality, or any security provisions in this MOU has occurred or may occur, MOH and MBIE may undertake such investigations in relation to that actual or suspected breach as either deems necessary. MOH and MBIE shall ensure that they provide each other with all reasonable assistance in connection with such inspections or investigations.
- 11.4 If there has been a breach either MOH or MBIE may suspend this MOU to give each other time to remedy the breach. While the MOU is suspended, the Parties may not communicate Information under this MOU and may not use the Information already communicated under this MOU (other than as it has already been incorporated into the Border Register in accordance with the provisions of this Agreement).

12. Responsibility for acts and omissions of employees, contractors and agents

12.1 The Parties will be responsible for the acts and omissions of their respective Personnel, and in particular, the Parties will:

- 12.1.1 keep their respective Personnel informed of all obligations concerning security and confidentiality of Information, including the requirements of the Health Information Privacy Code and this MOU;
- 12.1.2 ensure they are adequately trained to perform the agreed tasks;
- 12.1.3 ensure that their contracts included clauses obliging those Personnel to observe all such requirements as to security and confidentiality; and
- 12.1.4 ensure access to the Information is not available to any Personnel who is not covered by or who has not obeyed all of the above requirements of this clause.

13. Variations to this MOU

13.1 If a Party proposes a variation to this MOU, it must give reasonable notice of the proposed variation, and the reason for the proposed variation, to the other Party.

13.2 Any variation to the main body of this MOU must be in writing and signed by the signatories to this MOU, or their delegates.

13.3 Variations to, or additions of, schedules or appendices to this MOU must be agreed in writing by the Business Owners by exchange of email.

14. Term, termination and expiry

14.1 This MOU commences on the date it is last signed (and may be signed in counterparts).

14.2 This MOU may be terminated:

- 14.2.1 immediately by MBIE, for convenience or in the event of a serious privacy breach, by providing formal notice in writing to the MoH Business Owner; or
- 14.2.2 at any time by MoH providing one month's formal notice in writing to the MBIE Business Owner person in the other party.

14.3 The requirements of this MOU concerning privacy and confidentiality shall remain in force notwithstanding the termination or expiry of this MOU.

15. Record-keeping

15.1 Information collected under this MOU that becomes part of an MoH record will be retained to the extent required by the Public Records Act 2005.

- 15.2 However, MoH will not retain certain information as set out in Schedule 1, when those datasets are no longer required for the purposes permitted under this MOU. Instead, MoH will securely destroy that Information as soon as reasonably practicable.

16. Costs

- 16.1 Each party will cover their respective costs associated with the arrangements described in this MOU.

SIGNATORIES

Signed for and on behalf of the **Ministry of Health** by:



Date: 20th August 2020

Sue Gordon

Deputy Chief Executive (AFTD)

Ministry of Health

Signed for and on behalf of the **Ministry of Business, Innovation and Employment** by:



Date: 30th August 2020

Greg Patchell

Deputy Chief Executive

Immigration New Zealand

Schedule 1

Information that may be shared by the MBIE

MBIE dataset: Check in data (minus those who did not actually board or were removed)

Information field for Border Health Record and Border Entrant Profile	Purpose for Collection	Proposed Role based access user rights on Border Register in Full Solution
Passenger: Surname Given Names Date of Birth Sex	Identification of individual (and ability to link to relevant NHI)	Border Health Record All Users
Passport number or travel document number Passenger nationality	To provide unique identifier in case of need for contact tracing from flight (for link to a Border Event)	Border Health Event Administrator only
Expected movement A unique identifier for travel movement (used to link original record for data integrity / traceability). Will include expected movement, cancellation of movement and denied movement	To confirm expected arrivals – but remove information if Traveller transaction is cancelled or passenger is denied access	Border Health Event – will be excluded when cancelled or denied
Indicator if passenger or crew	Different quarantine / isolation rules apply. Crew details will be included only in the Border Event Record and no Border Health Record created	Border Health Event Administrator only
Expected direction code	Inbound, outbound or transit	Border Health Record (excluding transit as no Border Health Record created for transit passengers)
Scheduled date and time of flight	Planning for arrivals at border to enable medical staff to prepare for triage capacity and management into Facilities	Border Health Event Administrator, and also to DHB for planning purposes
Actual date and time of flight	To enable immediate planning of processes and allocation to facilities	Border Health Event Administrator only, and also to DHB for planning purposes
Primary flight / craft name (flight code)	Creation of Border Event Record for contact tracing purposes if required	Border Health Event Administrator only
Port of destination (disembarkation)	Arrival location to assist with capacity planning for necessary staff to be available for health triage on arrival	Border Health Event Administrator only, and also to DHB for planning purposes
Port of origin including country (embarkation port)	Place of departure to assist with risk planning for necessary staff to be available for health triage on arrival	Border Health Event Administrator only, and also to DHB for planning purposes

Rationale

- 1.1 MoH has outlined, and MBIE understands, that the rationale for requiring the Information is that its provision for use in the Border Register will address the serious threat posed by COVID-19 to New Zealand, including at the border.
- 1.2 COVID-19 continues to spread rapidly around the world. As people return from overseas they may arrive infected with COVID-19. The COVID-19 Public Health Response (Air Border) Order 2020 requires every person to report for and submit to medical examination and testing as soon as practicable after their arrival in New Zealand. Any person exhibiting symptoms will require immediate testing and NHI linked records need to have been created for that to occur. Prompt contact tracing must be implemented in response to a positive test on a flight.
- 1.3 MoH has confirmed that it considers the arrival of Travellers at the border a serious threat to the public health, and potentially to individuals at the border. It is likely that some Travellers to New Zealand will arrive while infected with COVID-19, and this is a current and ongoing risk as demonstrated by continued positive cases being identified at the border. The severity of the consequences can be managed by strong and reliable controls at the border based on the testing and isolation regime. The consequences of delays to the operations, or errors in Border Register record keeping, will increase the likelihood of severe public health consequences from COVID-19.
 - 1.3.1 Without an accurate and quickly accessible and Border Event Record MoH's ability to conduct contact tracing will be significantly undermined.
 - 1.3.2 Manual data entry of Traveller information into the NCTS poses significant risks to the health and safety of official employees in terminals, and other Travellers, due to the delays caused in processing Travellers, and serious risk to public health in the form of potential for community transmission of COVID-19.
 - 1.3.3 The lack of a linked NHI number prior to a Traveller's arrival in New Zealand currently prevents a COVID-19 test being given to a symptomatic Traveller at the border or immediately upon arrival at a MIQF, which poses a serious risk to public health and potentially to the individual.
 - 1.3.4 Delays in COVID-19 testing, or in the receipt of COVID-19 test results may have very serious consequences for both the individual involved and the general public health. Time is of the essence to the contact tracing process and the ability to limit the transmission of COVID-19.
 - 1.3.5 Delays in receipt of a COVID-19 test result may also result in:
 - a. an individual with COVID-19 being released from a MIQF in error. This poses a significant risk of community transmission of COVID-19;

- b. other persons being unnecessarily exposed to a person with COVID-19, and a reduced ability for appropriate risk mitigations to be put in place, leading to an increased risk of community transmission of COVID-19;
- c. an individual remaining in managed isolation facility when it would be more appropriate that they be in a managed quarantine facility;
- d. a person remaining in MIQF for longer than would otherwise be necessary; and/or
- e. an individual with COVID-19 suffering serious adverse medical consequences e.g. sequelae of a less well/timely managed infection.

Method of transfer

- 1.4 MBIE will encrypt the datasets and transfer Information specified above to MOH over TLS via a Secure File Transfer Protocol.
- 1.5 MoH will enter the information into the Border Register to create the Border Event Record (the record of the flight or vessel and the Travellers thereon) and the Border Health Record (the person record for those individuals required to reside in MIQF or otherwise be monitored on arrival at the New Zealand border).
- 1.6 MBIE will use best endeavours to transfer the Information as soon as practicable after it is received by MBIE.
- 1.7 The specific timing of the supply is to be monitored by both Parties, with a view to maximising the effectiveness and efficiency of this MOU.

Access

- 1.8 Only authorised staff at MOH with a role in transferring the Information to the Border Register may access and use the Information supplied by MBIE.
- 1.9 Access to the Border Register information will only be by those individuals authorised to access that information due to their role at the border. All of this access will be tracked and auditable as part of the Border Register functionality.

Retention

- 1.10 The Information transferred into the NCTS Border Register will only be kept for as long as it is needed for the purpose for which it was collected or used by MOH, and will be managed in accordance with the Retention of Information Policy that will be applied to the Border Register.
- 1.11 MOH will retain the encrypted Information dataset for no longer than is necessary to resolve any errors arising from transfer into the Border Register. It is anticipated that this will be within 24 hours of receipt of the Information by the Ministry. The Information will then be securely destroyed.

- 1.12 Border Health Event records will be deleted from the Border Register within 90 days of their creation.
- 1.13 Border Health Records will be retained for the duration of the pandemic and then deleted within 90 days.
- 1.14 Any other Information not retained by MOH as a record under the Public Records Act will be deleted within 90 days of receipt of the Information.

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