



# Government Digital Services briefing

**Hon Kris Faafoi**  
**Minister for Government Digital Services**

**Copy to:** Hon Grant Robertson, Minister of Finance

Hon Tracey Martin, Minister of Internal Affairs

Hon Dr David Clark, Minister of Health

Hon Andrew Little, Minister of Justice

**Title:** **Using a Bluetooth-enabled card to support contact tracing**

**Date:** 12 May 2020

## Key issues

We are seeking Ministers' direction on policy decisions regarding the potential use of Bluetooth-enabled cards to assist New Zealand's contact tracing efforts as part of New Zealand's COVID-19 response.

Specifically, we are seeking direction on the regulatory and legislative principles that would underpin the Bluetooth-enabled cards should Ministers decide to progress with this option. As well as whether there would be support for introducing related legislation to further gain public trust.

## Action sought

Provide initial direction on key regulatory and policy settings for a possible Bluetooth-enabled contact tracing card.

## Timeframe

**By 16 May 2020**

## Contact for telephone discussions (if required)

Name	Position	Direct phone line	After hours phone	Suggested 1 <sup>st</sup> contact
Caroline Greaney	General Manager, Civil & Constitutional Policy Group – Ministry of Justice	9(2)(a)	9(2)(a)	
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Cohesion reference	4UAZY7VS6QRJ-168030080-519			
Ministerial database reference	GDS202000139			

## Purpose

1. This paper seeks initial direction on key regulatory and policy settings for a Bluetooth-enabled contact tracing card if the decision is made by Ministers to implement the card. Officials from the Department of Internal Affairs and Ministries of Justice and Health are available to discuss these matters with Ministers, if desired.

## Executive summary

2. Cabinet has appointed a group of Ministers (Minister of Finance, Minister of Health, Minister of Internal Affairs, Minister for Government Digital Services and Minister of Justice) to give further consideration to the technology solutions for addressing COVID-19, including considering the use of a Bluetooth-enabled card [CAB-20-MIN-0216 refers].
3. The Government Chief Digital Officer (GCDO) and the COVID-19 Response Public Private Partnership (PPP) team are currently working on a proof of concept for a Bluetooth-enabled card to support contact tracing. The intention is to report to Cabinet on 15 June 2020 with recommendations on whether to progress with implementation of this technology solution.
4. The proof of concept for the Bluetooth-enabled card includes field trials to test the hardware, the first of which is currently underway in Nelson. Next week officials will provide the findings of the first field trial and will give Minister's an opportunity to decide whether to progress with the larger second field trial.
5. The Bluetooth-enabled card is one of two Bluetooth contact tracing options currently being assessed. The other is Bluetooth functionality on a smartphone app. A recommendation on whether to progress this option will also be presented to Ministers for consideration on 15 June 2020.
6. For technology solutions to be effective in the fight against COVID-19 we need a system that is consistent and integrated, based on clear principles and standards with oversight in place. The GCDO is currently working with other agencies on a potential framework to support these goals and will report back to Cabinet with an approach for consideration [CAB-20-MIN-0175 refers].
7. Clear policy and regulatory settings can support public trust and, therefore, uptake of technology solutions. We recommend that the regulatory and policy framework for a Bluetooth-enabled contact tracing card be guided by the following core principles:
  1. maintain and grow public trust: Building and maintaining public trust is essential to uptake of the card. Ensuring strong privacy settings, consistency with Te Tiriti o Waitangi, public transparency and accountability will be important for building and maintaining trust;
  2. as many people as possible can access and use the technology: the technology and regulatory settings should be designed with the user in mind;
  3. non-punitive: a mandatory approach that imposes penalties is unlikely to be effective and more likely to damage the significant public health and goodwill built by government and health practitioners;
  4. augments non-technical measures: technology solutions should be designed and implemented to augment existing contact tracing processes;
  5. privacy protective: taking a privacy protective approach will be key to ensuring people are able to use the card with confidence. Technology must also be secure;

6. strict limitations on downstream use: Card data should not be shared with law enforcement. Card and register data should only be used for contact tracing for COVID-19;
  7. strategy: we recommend that it be clear that the data is only to be used for the COVID-19 pandemic;
  8. consistent with Te Tiriti o Waitangi: There is a significant Māori interest in using technology to support contact tracing. The Treaty principles also point to the need for significant Māori involvement in development, implementation, administration and oversight of a contact tracing card; and
  9. consistent with fundamental human rights: Rights should be limited only in due proportion to the objective. A digitally inclusive approach should be considered in all aspects of the card and associated systems' design.
8. We seek your early direction on:
1. whether locations such as businesses, workplaces, or public transport should be able to require the card for entry, and limit entry to those who aren't carrying one; and
  2. whether the card and other contact tracing technology should be supported by legislation.
9. Progress is also being made on the marketing and branding for the card and considering who may be best-placed to deliver the card.
10. Depending on the direction provided by Ministers from this briefing, we intend to provide you with a further briefing by 29 May 2020 seeking more detailed decisions on policy and regulatory settings and the other matters discussed in this briefing.

## Background

### ***Work is underway to assess a Bluetooth-enabled contact tracing card***

11. On 20 April 2020, Cabinet noted that officials are assessing the option of a Bluetooth-enabled card to support contact tracing and will report back to the Minister of Finance, Minister of Internal Affairs, Minister of Health and Minister for Government Digital Services [CAB-20-MIN-0175 refers]. The Minister of Justice was added to this group of Ministers as Cabinet on 11 May 2020 [CAB-20-MIN-0216 refers].
12. The card could support contact tracing at scale by recording when a card comes into close contact with other cards. The cards would be identified by serial numbers and would not store personal details. The cards would transmit rotating cryptographically-generated identifiers that may only be resolved back to a card serial number by the authorised agency. Cards would store identifiers transmitted by other cards if set time and proximity parameters are met (e.g., within 2 metres for 15 minutes). This data would only be taken from the card and given to contact tracers if a cardholder tests positive and they provide consent. Cardholder contact information (e.g., phone numbers) would be stored in a separate database indexed by card serial number. Contact information would only be accessed if a cardholder tests positive and their close contacts need to be notified. The exact timing and mechanism for getting data off the card is still evolving.
13. The work to assess the viability of inviting all New Zealanders to carry a Bluetooth-enabled card complements existing and planned contact tracing activities led by the Ministry of Health (Health). The concept of a card came from the COVID-19 Response Public Private Partnership (PPP) team. The Government Chief Digital Officer (GCDO) is working with the

PPP team on the proof of concept for the card. The Ministry of Justice is developing advice on the policy and regulatory framework.

### **Contact tracing**

14. Effective contact tracing is a critical component of the strategy to eliminate COVID-19 in New Zealand, by isolating cases quickly and stopping the spread of the virus. Effective contact tracing allows us to contain the disease and could prevent New Zealand from having to have Alert Level 4 restrictions again.
15. The Health Act 1956 provides a statutory regime for contact tracing. It provides that the purpose of contact tracing is to obtain information about the contacts of persons with infectious diseases or suspected of having infectious diseases in order to:
  1. identify the source of the infectious disease or suspected infectious disease;
  2. make the contacts aware that they too may be infected, thereby encouraging them to seek testing and treatment if necessary; and
  3. limit the transmission of infectious disease or suspected infectious disease.
16. Under the Act, individuals with infectious disease, or suspected of having an infectious disease, may be required to provide the name, age, sex, address and contact details of any contact.

### ***Using technology to support contact tracing***

17. Contact tracing is primarily a manual process, based on interviews carried out by trained people. Digital tools, such as a Bluetooth-enabled card or smartphone app, have the potential to support this process by enabling aspects of the system to work more efficiently. Technology can allow people to be contacted faster and enable targeted rapid isolation. Identifying and contacting people who might have been exposed to COVID-19 as soon as possible after a confirmed test means they can take steps to avoid spreading the disease, thus avoiding the development of new clusters.
18. At this point, no technology solution is accurate enough to enable solely automated contact tracing. Automated systems can generate false positives (classifying people as close contacts who shouldn't be) and false negatives (missing close contacts). The work underway will assess the extent to which a Bluetooth card could materially enhance existing contact tracing processes, such as by identifying and notifying close contacts faster.

### ***A Bluetooth-enabled card is one option being considered***

19. The Ministry of Health considers that a combination of interoperable solutions will offer the greatest contribution to contact tracing success. It is currently considering a range of tools. Other options being considered or progressed include: a mobile phone application (app), QR code<sup>1</sup> scanning in venues, businesses and other locations, Bluetooth-based proximity detection using a phone app, obtaining data that is useful to contact tracing from other sources, and enabling market delivered applications to interoperate.
20. On 13 May 2020, SWC is due to consider a Cabinet paper seeking approval to release a mobile phone app. From 18 May 2020, the app would enable people to register and securely share their personal contact details and scan QR codes for locations they have

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<sup>1</sup> Quick Response (QR) code is a trademark name for a 2-dimensional barcode or matrix.

visited. On 29 May 2020, the app would be updated to allow the QR code data to be shared with the Ministry of Health by consent to assist with contact tracing.

21. The Ministry of Health and the GCDO are to report to you with the results of an assessment of building Bluetooth-based proximity detection into the app and the Bluetooth-enabled card. A briefing on the results of the first field trial of the Bluetooth-enabled card in Nelson will be provided next week for Minister's to decide whether the second field trial progresses. A report back to Cabinet is then due on 15 June 2020.
22. This paper seeks initial direction on some of the policy and regulatory settings should a Bluetooth-enabled card be progressed. It does not assess the merits of a Bluetooth-enabled card or compare it to the other options. Although the focus is on a Bluetooth card, the policy and regulatory settings should in many ways be technology-neutral and your direction in respect of them may be prove equally relevant to the development of the app.

### **Core principles underpinning the work**

23. Regardless of which technology solutions are progressed, we recommend that they be supported by clear policy and regulatory settings from the outset. Clear policy and regulatory settings can support public trust and, therefore, uptake of technology solutions.
24. We seek Ministers' direction on some core principles to guide those policy and regulatory settings. They will also inform the technical development. We outline below some key principles for your approval. If you are comfortable with this general approach, we will brief you on options for more detailed settings in the coming weeks.

### ***Maintain and grow public trust***

25. Uptake will be critical to the success of a technology solution. The literature suggests all measures taken to increase uptake will increase the probability that New Zealand can successfully control any outbreaks that may emerge under more permissive alert levels.
26. Maintaining and growing the public trust that has built up around the COVID-19 response would be essential to uptake of the card. Transparency and accountability are key. Other factors listed below (for example, strong privacy settings and consistency with Te Tiriti o Waitangi) are also important for maintaining and growing public trust.

### ***As many people as possible can access and use the technology***

27. Another key factor for ensuring uptake of the card, is how easy it is for people to access and use it. The technology and regulatory settings should be designed with the user in mind.
28. The approach should also be digitally inclusive. The Department of Internal Affairs (DIA) estimates more than 1 in 5 New Zealanders are digitally excluded. These New Zealanders have struggled to connect, communicate and access essential services during the response to COVID-19. Research in 2019 conducted by Motu shows the groups in society most at risk of digital exclusion are: Māori, Pacific, people with disabilities, seniors (especially those over 75 years), those not employed or actively seeking work, and those in larger country towns<sup>2</sup>.
29. A Bluetooth-enabled card has potential to reach more people than an app. Digital inclusion should be considered in all aspects of the card and associated systems' design. Digital

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<sup>2</sup> Report: Digital Inclusion and Wellbeing in New Zealand. Retrieved from: <https://www.digital.govt.nz/digital-government/digital-transformation/digital-inclusion/digital-inclusion-research/report-digital-inclusion-and-wellbeing-in-new-zealand/>

inclusion is about more than technology and internet access – it is about skills, access, motivation and trust.

### ***Non-punitive / Non-mandatory***

30. While it would be possible to legislate so that the card is mandatory for all adults to carry, with enforcement measures for those who do not, we do not recommend that approach. As is discussed further below, we recommend that activating and carrying the card be voluntary.
31. An approach that imposes penalties is unlikely to be effective and more likely to damage the significant public goodwill built up by government and health practitioners. Also, making the card mandatory and imposing penalties for non-compliance would raise more significant privacy, human rights and Te Tiriti o Waitangi concerns. Similarly, we wouldn't recommend penalties for deliberate or intentional damage to the cards or for losing the cards.
32. On the other hand, if there is a risk that the situation may change such that there is a desire for use of the card to become mandatory (for example, if there were a significant increase in the number of cases and community spread of COVID-19), it may be desirable to signal this potential from the outset and provide for it. Otherwise, a shift could result in a loss of trust. We understand that this situation is unlikely and consider the risks of a mandatory approach would outweigh the possible benefit.
33. Even with no legal requirement to carry the card, and no penalties applying, the card could become “de facto mandatory” if, in practice, it is required to enter some premises. We discuss this further below.

### ***Assists non-technical measures, such as manual contact tracing***

34. The card and other technical measures would not replace manual processes. They should be designed and implemented to augment existing contact tracing processes, such as allowing people to be notified and isolated faster, and with greater accuracy, especially if tracing caseloads rise rapidly.

### ***Privacy-protective***

35. The card involves collecting and/or using personal information:
  1. to distribute the cards;
  2. to maintain a central register of card serial numbers and cardholder contact information (e.g. phone number); and
  3. to perform contact tracing when a diagnosed COVID-19 patient provides access to the close contact data from their card. It is proposed that this close contact data (which is made up of anonymous cryptographic identifiers that can only be resolved to card serial numbers by the agency with the necessary cryptographic keys) would be obtained from the card only when a person is tested. If the test results are positive, the data would then be transferred to the contact tracing database and used to contact close contacts.
36. Taking a privacy protective approach will be key to ensure people are able to use the card with confidence. Privacy requirements would generally be in accordance with the Health Information Privacy Code. But given the sensitive nature of the information and the importance of public confidence, we think there is a case for stronger, bespoke privacy settings. These would be informed by the Data Protection and Use Policy. Some core elements of a privacy protective approach are:

1. *Data minimisation* - Only collecting the data that is needed and not retaining it any longer than is needed;
2. *Delete data after a specific length of time* - A clear requirement to delete data after a specified length of time could increase public confidence. Existing requirements (for example, in the Health (Retention of Information Retention) Regulations 1996) may be longer than is needed. Data on cards should be automatically deleted after a set period (for example, 21 days);
3. *Seek authorisation from card users at two different points*: Initial notice should be provided to individuals before they agree to link their card serial number to their phone number and a further notice before they agree to hand over their card before testing for COVID -19. Wording for the collection and consent notices should be carefully considered to ensure that users will understand what they are being asked to consent to and how their information will be collected, used, disclosed, and deleted;
4. *Provide individuals with access to and correction of their personal information* - Where information is held in such a way that it can be readily retrieved, processes should be put in place to make it easier for the individual concerned to access and/or correct their own personal information held in the central register or by the NCTS (e.g. an e-form accessible from the Ministry of Health website); and
5. *Ensure appropriate security arrangements for storage of data* - Independent assurance should be sought that the security arrangements for the card and the central card register and the use of the information on it are appropriate. In addition, appropriate planning should be undertaken to ensure that arrangements are in place so that steps can be taken immediately to minimise the effect of any data breach.

### ***Strict limitations on downstream use***

37. A particularly important part of a privacy-protective approach would be strict limitations on downstream use. Exactly what information the cards will contain is yet to be determined. But they will contain information that, when matched with the contact register, shows who a person has been in contact with. Given the importance of people feeling confident using the card, without feeling that they are subject to unwarranted state surveillance, we recommend that card data not be used for law enforcement purposes and that this be clearly communicated<sup>3</sup>. The data held on the cards and the central card register should only be used for contact tracing for COVID-19. Anonymised data could also be used for public health research in accordance with existing requirements.

### ***Exit strategy***

38. To support uptake, increase public trust, and assist with human rights, privacy and consistency with Te Tiriti o Waitangi, we recommend that it be clear that the card data is only to be used for the COVID-19 pandemic, and potentially for public health research.

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<sup>3</sup> Other areas which may need to be explicitly excluded to ensure public trust include for the purposes of welfare payments or social benefits, family and child proceedings, visa or immigration purposes, employment purposes, or any civil action.

39. However, the infrastructure, supply-chains and cards could be useful to support government response to future epidemics. We recommend that the infrastructure (e.g. technology, systems and possibly legislation) be permitted to be preserved so it is available if needed in the future, for example to respond to future epidemics.

***Consistent with the Te Tiriti o Waitangi***

40. The development of the technology and the policy and regulatory systems should be consistent with Te Tiriti o Waitangi and the Crown's commitment to the Māori/Crown relationship.
41. There is a significant Māori interest in using technology to support contact tracing because:
1. as described in the Charter of Te Mana Raraunga (the Māori Data Sovereignty Network), data is a living taonga and is of strategic value to Māori;
  2. Māori are more likely to have difficulty accessing digital technology;
  3. health inequities mean Māori are likely to disproportionately suffer the effects of an outbreak of COVID-19 and therefore have a strong interest in effective contact tracing; and
  4. any enforcement regime could create a risk of racial bias (to the extent it involves use of discretion).
42. The principles of Te Tiriti also point to the need for significant Māori involvement in development, implementation, administration and oversight of a contact tracing card:
1. partnership: the Crown has an obligation to act reasonably, honourably and in good faith to ensure it makes informed decisions on matters affecting Māori interests. This proposal sits high on the scale of Māori interest, therefore requiring a high level of Māori involvement;
  2. active protection and equity: the Crown has an obligation to act fairly towards Māori and non-Māori. The principle of equity complements the duty of active protection and can require positive intervention to address disparities. Addressing disparities in digital inclusion and health access and outcomes requires positive intervention; and
  3. options: kaupapa Māori health options should be supported and protected. As noted below, there could be a role for Māori health/social sector agencies administering aspects of the system.
43. Our proposed approach to engagement is discussed below.

***Consistent with fundamental human rights***

44. In order to combat COVID-19, some limitation on rights, such as the rights to privacy and freedom of movement, may be justified. But rights should be limited only in due proportion to the objective. A non-punitive, privacy protective approach is most consistent with human rights obligations. If successful, the card will also assist us to operate our epidemic response at the lowest possible alert level, thereby imposing the least possible restrictions on the liberty of people in New Zealand.

**Key decisions to inform development of policy and regulatory settings**

45. This section seeks your initial direction on some key issues that will inform the policy and regulatory settings.



46. The policy and regulatory settings should give effect to the high-level principles and meet the public health objective of allowing the health sector to contact people who might have been exposed to Covid-19 quickly enough to help break the chain of transmission. Could there be situations in which use of the card is strongly encouraged or even required?

***We recommend a voluntary approach***

47. As noted above we favour a voluntary approach to the card. We don't recommend that people be required by law to carry the card. We also recommend that people be given a choice as to whether to hand over their card for the data to be taken from it when they take a test or test positive. This is the same as is proposed for the app being developed by Ministry of Health. Under the Health Act, a person may be required to provide details of close contacts. However, they would not have to do this by providing the data from the card or the app and could choose to provide the information in another format.
48. We favour a voluntary approach as it is more consistent with privacy, human rights and Te Tiriti. We are also concerned there could be resistance to a mandatory card, which could harm the level of public support for it.

***Use of the card in locations***

49. The technology for the card is still being developed but it may be possible for a business venue to scan customers in using the card (for example, by scanning a QR code on the card). The business could then make the data accessible to contact tracers in the event they need it. Contact tracers would identify the need for it through traditional methods (such as interviews with a person who has tested positive). Even in the absence of that feature on the card, businesses (e.g., supermarkets) could require that a card be sighted, or record a card's serial number as a condition of entry to the premises.
50. Such a system could be useful for businesses, employers, consumers and employees. It could replace a more onerous, or less privacy-protective form of visitor register (noting that some businesses are required to enable contact tracing of people who enter their premises at some Alert levels or under other legislative requirements). We are already seeing commercially developed QR code reading apps being used for similar reasons. There also may be locations where it seems particularly desirable for people to carry the card. This could be because the people there are at high risk (e.g. rest homes, hospitals) or they involve casual contacts for which a person would not have personal details (e.g. public buses, bars).
51. However, requiring the card for entry raises significant issues in terms of human rights, privacy and Te Tiriti. The card could easily become de facto mandatory. This could mean that some people are excluded or unable to access services they need because they can't access technology or due to their distrust of government or privacy protections. This would be inconsistent with a voluntary, non-punitive approach. It also raises practical issues that likely impact on the usefulness of a card. For example, people may be more likely to swap or borrow cards if the card is required for entry.
52. Many of these same concerns apply to other forms of technology that could support contact tracing, such as the app being developed by MoH and commercially-developed QR code reading apps. Our view is that no form of technology should be required for entry to locations. There should always be other options.
53. We welcome your initial direction on whether we should:
1. engage with stakeholders on whether premises should be permitted to require the cards (or other form of technology) for entry (e.g., the need for it and how concerns could be addressed) and report back to you; and/or

2. consider regulatory settings that would prevent the cards (or other form of technology) being required for entry.
54. We will also consider whether there is a case for locations to use the cards to record who comes in (either by recording the serial number or using technology to record the rotating cryptographic identifier) and how concerns about privacy, surveillance and Te Tiriti compliance could be mitigated. We will consider whether there is a risk that allowing locations to collect card data could decrease some people's trust in the card and therefore affect public acceptability and uptake.

### **Who would deliver the card and have oversight of its use?**

55. In any situation, rapid implementation of the card and other contact tracing technology will have clear technical and operational challenges, and potentially significant social, privacy and human rights implications. Therefore, it will be necessary to ensure the card system has adequate structures and safeguards in place to support public confidence through transparency, accountability, and clear operational objectives.
56. Existing oversight mechanisms will have an important role:
1. the Privacy Commissioner considers complaints about breaches of privacy. Once it passes and comes into force, the Privacy Bill will give the Commissioner additional enforcement powers, such as the ability to issue compliance notices. It will also require agencies to notify data breaches;
  2. the Human Rights Commissioner deals with complaints about unlawful discrimination;
  3. if not resolved through the above avenues, people can take privacy and discrimination complaints to the Human Rights Review Tribunal;
  4. the GCDO's functions include a system oversight role to provide Ministers and other key stakeholders with confidence that the system of assurance supporting digital government outcomes is effective
  5. the Health and Disability Commissioner deals with complaints about health and disability services and providers; and
  6. the Waitangi Tribunal deals with claims brought by Māori relating to legislation, policies, actions or omissions of the Crown that are alleged to breach the promises made in the Treaty of Waitangi.
57. Other oversight could come from government departments (in terms of monitoring and evaluation) and reporting to Cabinet. Recently the Minister of Health announced that he would appoint an expert group (under Section 11 of the Public Health and Disability Act 2000) to help provide assurance that contract tracing work is on track. Terms of Reference for that expert group are being developed currently.
58. GCDO is working on a separate report to Cabinet with an analysis of the COVID-19 technology response oversight requirements from an all-of-government perspective, a proposed governance structure, and a COVID-19 Technology Response Plan [CAB-20-MIN-0175 refers]. This could potentially be a group that is used to provide oversight of any implementation of the Bluetooth-enabled card. A draft Cabinet paper will be sent to Ministers this week for their consideration.
59. Given the privacy, human rights, Tiriti o Waitangi and other ethical issues raised by using technology to assist contact tracing, new oversight functions may be desirable. Such functions could include:

1. scrutinising and evaluating the implementation, uptake and effectiveness of the card as it is rolled out;
  2. investigating complaints about how the card is used (e.g., unintended uses) or reviewing the use of the cards; and
  3. research into how the service is perceived by the public, especially vulnerable groups and Māori.
60. We are considering whether these functions could be carried out by existing oversight mechanisms, including the new Ministerial Committee, or whether there may be a need for something additional, such as an advisory board with civil society membership and significant Māori representation.
61. Consideration is also being given to the mechanism by which the card could be delivered. Various organisational forms are being considered, including a business unit in a government department, a new and time-bound Departmental Agency hosted by a Government Department, an agency Joint Venture, and a Public Finance Act Schedule 4A company.
62. Oversight and governance bodies should have expertise that include tikanga, privacy, ethics, technology, human rights, and Te Tiriti o Waitangi. In recognition of the principles of rangatiratanga, partnership and equity under Te Tiriti, Māori should have a central role in oversight and governance.
63. We will report back to you on oversight for use and delivery of the card.

9(2)(f)(iv)

[Redacted content]

4. 9(2)(f)(iv) [REDACTED]

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[REDACTED]

[REDACTED]

### Next Steps

70. The PPP Team has already been reaching out to interested groups as it has progressed its work. Over the coming weeks, officials also propose engaging with:

1. independent statutory watchdogs, such as the Privacy Commissioner and Chief Human Rights Commissioner;
2. representatives of Covid-19 vulnerable groups;
3. representatives of businesses and trade unions;
4. Māori, utilising existing structures and relationships wherever possible;
5. NGOs (e.g., Internet NZ, Privacy Foundation, Transparency International); and
6. independent advisors, such as Stats NZ's Data Ethics Advisory Group.

71. We are working to the following timeframe:

1. briefing to Ministers with results of the first Bluetooth-enabled card field trial in Nelson – by 22 May 2020;
2. briefing to Ministers seeking more detailed decisions on policy and regulatory settings – by 29 May 2020;
3. proof of concept is expected to be completed – early June 2020;
4. advice to Ministers on whether to proceed to implementation – mid June 2020;
5. legislation passed (if desired) – early July 2020;
6. initial rollout (if agreed) – mid July 2020;
7. final tranche of cards distributed – by end August.

72. Officials from DIA, Justice and Health are available to meet to discuss this briefing.

## Recommendations

73. We recommend that you:

1. **Note** that a briefing on the findings of the first Bluetooth-enabled card field trial will be provided next week, for Ministers to consider whether a larger second field trial should progress. **YES / NO**
2. **Note** the Ministry of Health and the GCDO are to report to you with the results of an assessment of building Bluetooth-based proximity detection into the app and the Bluetooth-enabled card. A report back to Cabinet is due on 15 June 2020. **YES / NO**
3. **Note** that we recommend that any technology solution for contact tracing be supported by a clear regulatory and policy framework. **YES / NO**
4. **Agree** that the regulatory and policy framework for a Bluetooth-enabled contact tracing card be guided by the following core principles:
  - a. Maintain and grow public trust **YES / NO**
  - b. As many people as possible can access and use the technology **YES / NO**
  - c. Non-punitive **YES / NO**
  - d. Privacy-protective **YES / NO**
  - e. Strict limitations on downstream use (e.g. data should not be used for law enforcement) **YES / NO**
  - f. Augments non-technical measures, such as manual contact tracing **YES / NO**
  - g. Exit strategy – data is only for COVID-19 **YES / NO**
  - h. Consistent with the Te Tiriti o Waitangi **YES / NO**
  - i. Consistent with fundamental human rights **YES / NO**
5. **Note** that there is potential for a Bluetooth-enabled contact tracing card (or other technology) to be required by businesses and venues for entry and that this could lead to the technology becoming “de facto mandatory”. **YES / NO**
6. **Direct** officials to:
  - a. engage with stakeholders on whether premises should be permitted to require the cards for entry (eg, the need for it and how concerns could be addressed) and report back to you, AND/OR **YES / NO**
  - b. consider regulatory settings that would prevent the cards being required for entry (without offering other means to satisfy visitor register requirements). **YES / NO**

9(2)(f)(iv)

8. **Note** that officials will report back to you on seeking more detailed decisions on policy and regulatory settings and the other matters addressed in this briefing by 29 May. **YES / NO**

Ann-Marie Cavanagh  
Deputy Chief Executive, Digital Public Service

**Hon Kris Fafoi**  
**Minister for Government Digital Services**

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