



Proactive Release

The following Cabinet paper and related Cabinet minute have been proactively released by the Rt Hon Jacinda Ardern, Prime Minister:

COVID-19: Moving to Alert Level 3 and Level 4

The following documents have been included in this release:

Title of paper: COVID-19: Moving to Alert Level 3 and Level 4 (CAB-20-SUB-0133)

Title of minute: COVID-19: Moving to Alert Level 3 and Level 4 (CAB-20-MIN-0133)

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Key to redaction code:

- 9(2)(c), to protect the health or safety of members of the public
- 9(2)(d), to protect the substantial economic interests of New Zealand
- 9(2)(h), to maintain legal professional privilege
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- 9(2)(g)(i), to maintain the effective conduct of public affairs through the free and frank expression of opinion

Sensitive

Office of the Prime Minister
Cabinet

COVID-19: MOVING TO ALERT LEVEL 3 AND LEVEL 4

Proposal

- 1 This paper provides advice on whether and how to move from Level 2 to either Level 3 or Level 4 in response to COVID-19.

Executive Summary

- 2 We now have confirmed cases of COVID-19 in 16 of the 20 district health boards across the country. Cases over the recent days suggest community transmissions of COVID-19 is highly likely.
- 3 If community transmission becomes widespread we will have lost the opportunity gained by closing the border. Once community transmission is established the number of cases will double every five days.
- 4 It is critical that New Zealand acts decisively to break the chain of community transmission to protect our communities (in particular priority populations) and prevent overwhelming the health system. Early containment will increase our chances of preventing exponential growth in case numbers.
- 5 The Government has so far deliberately taken a precautionary approach in its response to COVID-19 so that the risk of exponential growth in cases can be deferred and, through rapid action, managed down over a very short period.
- 6 This is based on evidence that countries that 'go hard, go early' and implement a broad package of measures to slow the spread of the virus are managing to contain any outbreaks and control the worst impacts of the pandemic.
- 7 New Zealand is currently at Level 2 alert. This has triggered additional measures to contain and slow the spread of the virus, including the border closure and advice to reduce contact, and cancel unnecessary travel and mass gatherings.
- 8 New Zealand is at a tipping point. We have a short window of opportunity to take a trajectory more similar to Singapore and others who have taken an early and strong approach to containment, and avoid the trajectory of Europe, where community transmission has taken hold.
- 9 We should move to Level 3 at a national level as soon as practicable. Level 3 further reinforces the need for physical distancing and is a step short of declaring a local or national state of emergency. It means:
 - 9.1 Continuing to scale up health measures:

- 9.1.1 Continuing to scale and speed up contact tracking and tracing, and improve its rigour and effectiveness;
 - 9.1.2 Continuing to scale up facilities and transport and support for self-isolation at large scale, including acquisition of facilities for managed isolation.
 - 9.2 Recommending physical distancing of 2m at all times outside home and restricting mass gatherings above 20 people
 - 9.3 Implementation of additional border requirements to manage risk from returning New Zealanders and residents and facilitating exit of visitors
 - 9.4 Restricting air, road, rail and ferry use for essential use (allowing people to return home for self-isolation or movement related to essential services)
 - 9.5 Requiring alternative ways of working for non-essential businesses, whether working remotely or implementing distancing measures
 - 9.6 Some schools and early childcare centres will remain physically open for children and young people whose parents or caregivers continue to go to work, with distance learning options for all learners (we will look at options to consolidate this across schools over time)
 - 9.7 Bars, restaurants and public venues will be closed.
- 10 A move to Level 4 is inevitable in the near future, if we are to break community transmission. We recommend an initial period of 4 weeks to break the community transmission that is already very likely underway. We recommend that Level 4 is implemented as soon as possible – but we will not be ready to do this immediately.
- 11 However, the implications for New Zealanders are extremely significant. Level 4 will lead to extreme economic and social disruption. We would not be able to sustain Level 4 at a national level for an extended period.
- 12 Specific actions will be required to mitigate the effects of moving to Level 3 and to Level 4. Further advice is in train on how to put Level 4 into effect.

New Zealand's approach to responding to COVID-19

- 13 The COVID-19 pandemic has dramatically changed the world and New Zealand in a very short time. The world is facing a public health emergency and an economic crisis – a double crisis unprecedented for 100 years. Our geographical distance does not protect New Zealand from this crisis.
- 14 COVID-19 poses a unique threat to humans and our way of life. We have no base level of immunity as humans have not previously been exposed to the novel coronavirus. There is no vaccine and no proven effective treatments. Because of this, the risk to the public health of New Zealanders is very high and is likely to remain so until scientists have found a vaccine or effective treatments. While scientific knowledge is increasing day by day, vaccines and treatments may be 12-18 months away.

- 15 COVID-19 is rapidly spreading around the world, particularly in Europe and the United States. To date, East Asian countries and territories have been most effective at containing COVID-19 through aggressive and effective containment measures. New Zealand needs to take similar, and urgent, action if we are to avoid exponential growth rates which quickly leads to an overwhelmed health system and higher case fatality rates.
- 16 The “flattening the curve” approach would still overwhelm our health system and could lead to high fatality rates as we are witnessing in Italy. We have therefore adopted a “suppression” strategy which focuses on keeping COVID-19 out, stamping it out and slowing it down. Our aim is to prevent widespread outbreaks. Should outbreaks occur, a suppression strategy aims to reverse epidemic growth through tougher public health measures – eg by more intense physical distancing and travel restrictions. Border restrictions, intense testing, aggressive contact tracing, and stringent self-isolation and quarantine are fundamental to the success of the strategy.
- 17 Our alert system has been designed with this strategy in mind as it allows us to tighten and loosen measures in response to the spread of COVID-19. The aim is to ensure that health system capacity is not exceeded through strengthening public health measures.
- 18 New Zealand is at a critical moment. If we do not act soon, we risk an exponential growth in cases. We therefore must seize the opportunity to apply tougher containment measures to increase our chances of succeeding at our suppression strategy.
- 19 A suppression strategy does incur significant economic and social disruption. Longer periods of physical distancing will be required. However, many lives will be saved and more people remain well so we are able to operate the economy and the health care system.
- 20 From the start, officials’ advice and Government decision-making has deliberately taken a precautionary approach to slow the importation and spread of COVID-19 in New Zealand.
- 21 Measures we have taken to date, such as closing our border, have slowed the arrival and spread of the virus in New Zealand. This has bought us time to:
- 21.1 advance our preparations to respond to an outbreak so that we can prevent widespread community transmission in New Zealand
 - 21.2 understand better the virus’ epidemiology, including the prevalence of asymptomatic transmission, and
 - 21.3 learn lessons from how other countries have managed outbreaks, applied innovative and timely approaches, and in doing so, have controlled case fatality rates.
- 22 The longer we postpone cases in New Zealand, the better the healthcare system can function, the lower the case fatality rate, and the higher the share of the population that will be vaccinated before it gets infected.

- 23 If community transmission becomes widespread we will have lost the opportunity gained by closing the border. International advice is that for each case we have identified, we may be missing nine. A study¹ based on data of China's COVID-19 infections prior to 23 January found that most COVID-19 infections were undocumented and unidentified because the infected persons experienced no, or only mild, symptoms.
- 24 Even with no further imported cases, if we have missed early cases transmitting silently, we could suddenly face an exponential rise in cases, as has happened elsewhere in the world.
- 25 New Zealand is currently at Level 2 alert: while outbreaks are contained, there are more cases across the country and the risk of community transmission is high and growing.

Level 1	COVID-19 is here, but contained. Stronger border measures, contact tracing, guidance on mass gatherings.
Level 2	Contained, but risks are growing because we have more cases. Reduced physical contact, border closed, restrict unnecessary travel, restrictions on mass gatherings.
Level 3	Increasingly hard to contain, likelihood of community transmission. Non-essential business to work from home or close their premises, avoid public transmission, more domestic travel restrictions.
Level 4	Widespread community transmission. Similar to local or national state of emergency. People to stay home until under control.

- 26 Moving to Level 2 triggered additional measures to contain and slow the spread of the virus, including closing the border and advice to reduce contact with each other and cancel unnecessary travel and mass gatherings. We have already implemented measures for Level 2, including:
- 26.1 Strict border measures
 - 26.2 Advancing health system preparedness
 - 26.3 Measures to reduce impact on jobs, health, our economy
 - 26.4 Guidance for educational facilities, communities, workplaces, the hospitality sector, and for the public at large regarding self-isolation
 - 26.5 Asking people to take sensible precautions to protect and support the most vulnerable to severe cases of COVID-19:
 - 26.5.1 For those over 70 years, or with underlying health conditions or compromised immunity, to stay at home as much as they can

¹ <https://science.sciencemag.org/content/sci/early/2020/03/13/science.abb3221.full.pdf>

- 26.5.2 Communities around them to support this by dropping off food, keeping in contact, keeping away from them if unwell
- 26.6 Asking employers to support workers to work from home if they can, and if not, then to take further measures at work, including physical distancing
- 26.7 Asking people to limit their movements around the country and cancel most mass gatherings
- 26.8 Closing educational facilities only if there is a confirmed case that affects an educational facility

Assessment of COVID-19 in New Zealand

The current situation: it is highly likely that community transmission is occurring

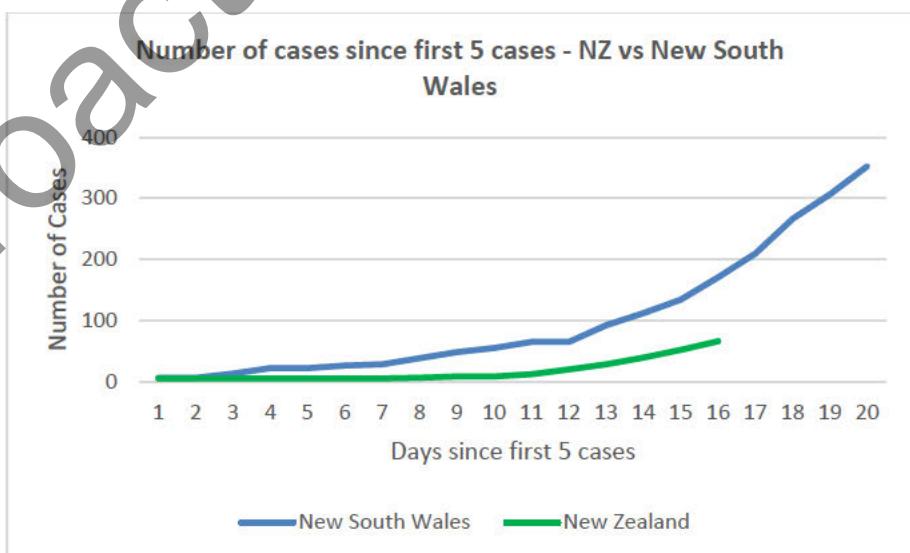
- 27 As of 22 March 2020 (1300), there are 66 confirmed cases in New Zealand. There are now confirmed cases in 16 out of 20 district health boards. There are currently no confirmed cases in South Canterbury, Tairawhiti, West Coast or Whanganui. See Annex Four for a detailed breakdown of cases by region.
- 28 Up until 20 March 2020, all cases were connected to prior travel overseas or contact with a confirmed COVID-19 case. This is no longer the case:
 - 28.1 Seven cases notified in the last few days and under investigation (as at 22 March at 1300) had no international travel history
 - 28.2 A conference in Queenstown on 9-13 March is a common event among seven confirmed cases (three New Zealanders; two from Auckland and one from Mid-Central). There may be additional unknown cases connected with this event.
- 29 The source of exposure is becoming less clear. It is highly likely that community transmission is already in place or is soon to become more widespread.
- 30 It is likely that cases have already been missed due to the mild nature of the disease in many individuals and the early focus on international travel. Last week, the case definition was widened to allow for clinical discretion. This change has led to more testing and greater discovery of COVID-19 cases in New Zealand.
- 31 Escalation in the public health response is required if we are to avoid the impact seen in other countries.

Other countries show what can be achieved when a nation acts quickly and decisively with effective measures and high compliance

- 32 We must continue to learn from the experience of other countries' trajectories. The experiences of Iran and Italy illustrated what can happen if action is taken too late and health systems become overwhelmed. The experiences of Singapore and Taiwan, by contrast, illustrate what can be achieved by an island nation which acts quickly and decisively with effective measures and high

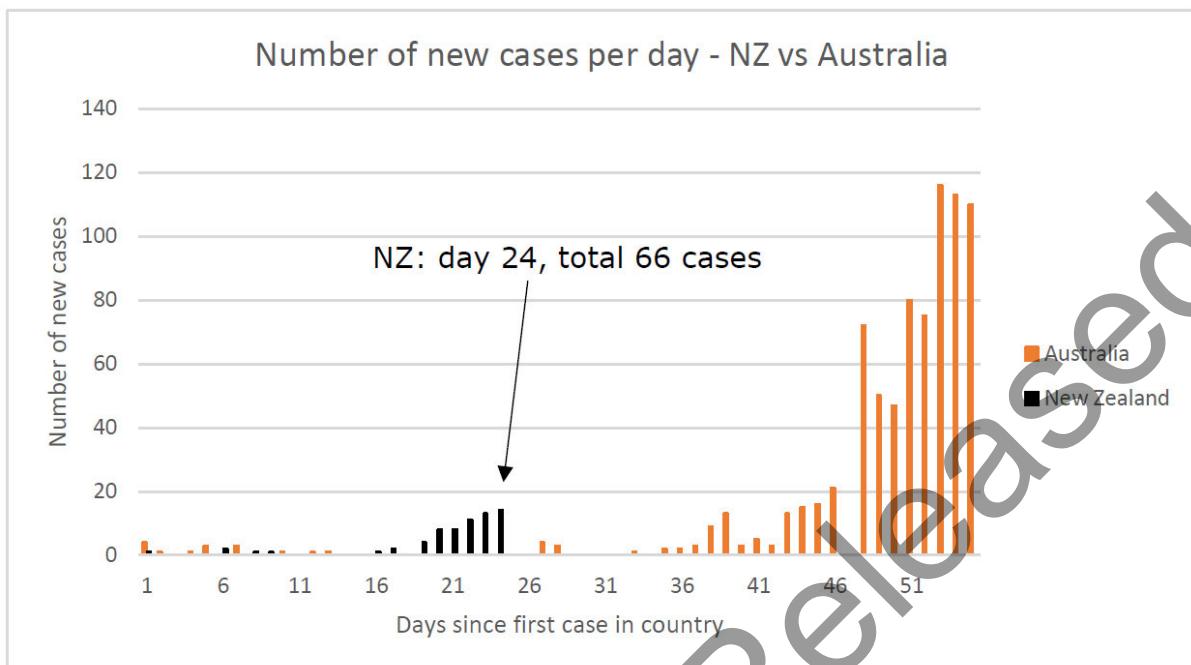
compliance. We note that these countries established intensive levels of testing and tracking early.

- 33 Experiences overseas demonstrate that there is no single approach that is effective in reducing the spread of COVID-19. A severe lockdown to reduce physical contact managed to contain and control the spread in China. Implementing extensive “track, trace and treat” measures have been effective in Singapore, Taiwan and South Korea.
- 34 The common factors across successful approaches include:
 - 34.1 the willingness to act quickly
 - 34.2 ensuring the full implementation and high levels of public compliance
 - 34.3 implementing a broad range of self-reinforcing measures (e.g. “track, trace and treat” measures become more effective if self-isolation measures reduce the number of contacts).
- 35 A study² based on data of China’s COVID-19 infections prior to 23 January found that most COVID-19 infections were undocumented and unidentified because the infected persons experienced no, or only mild, symptoms.
- 36 For Australia, the soft trigger for considering community transmission was the first confirmed case without an international travel history. Two weeks later, they saw a dramatic increase in cases. We are now at this same tipping point.
- 37 We consider New Zealand and Australia are good comparators due to similar health and social systems. Our containment strategies to date have been similar to those in Australia. If we look at the number of cases in New South Wales we are near the same place they were on 11 March 2020. It appears we are on a similar trajectory to New South Wales. If this continued we could have approximately 350 cases in about 10 days time.



² Substantial undocumented infection facilitates the rapid dissemination of novel coronavirus (SARS-CoV2) <https://science.sciencemag.org/content/sci/early/2020/03/13/science.abb3221.full.pdf>

- 38 New South Wales experienced community transmission earlier than other states. Tasmania and the Northern Territory which have no locally acquired cases have restricted travel from the rest of Australia.



Responding to the current situation and outlook

- 39 Cabinet has consistently responded to officials' advice on measures for containing COVID-19 to date. The situation is rapidly changing, and officials have accordingly adapted their advice.

Moving to higher levels

- 40 Officials recommend escalating at a national level initially, with the potential to de-escalate at the regional level based on evolving epidemiology.
- 41 There are a number of considerations for moving between levels at a national level. Not all conditions would need to be met to justify a move.

Moving: level 2 to 3 nationally	Moving: level 3 to 4 nationally
<ul style="list-style-type: none"> A. Increasing numbers of new cases each day B. High likelihood of community transmission (increasing number of cases with no history of international travel or link to known cases, known events that may point to a source of community transmission) C. Confirmed clusters outside of households (eg educational facilities, aged residential settings, prisons) 	<ul style="list-style-type: none"> A. Rapidly increasing rate of new cases B. Community transmission confirmed in multiple locations C. Health sector concerns about data timeliness and accuracy D. Contact tracing becoming less feasible E. Health sector capacity under pressure F. Public non-compliance with existing containment measures

- 42 Officials are currently considering the key triggers for de-escalation at both national and regional levels and can provide further advice on this matter. This advice would not be before 14 days following implementation of measures in a new level.
- 43 If community transmission becomes widespread we will have lost the opportunity gained by closing the border. Once community transmission is established the number of cases will double every five days. This pattern may be difficult to discern where there are a small number of cases and large number are imported.
- 44 It is critical that New Zealand acts decisively and rapidly to limit ongoing community transmission to protect our communities (in particular our high-risk populations) and prevent overwhelming the health system.
- 45 Early containment will increase our chances of preventing exponential growth in case numbers and multiple clusters of community transmission.

Move to Level 3 as soon as practicable

- 46 Officials consider that the conditions for moving from level 2 to level 3 have been met:
 - 46.1 New Zealand has seen a rise in imported cases and an increased geographical distribution of COVID-19.
 - 46.2 Cases over the recent days suggest community transmission of COVID-19 is highly likely.

A move to Level 4 is inevitable in the near-term

- 47 The primary public health objective right now is to break the chain of community transmission, rather than simply slowing the spread of COVID-19.
- 48 Our assessment is that the impact of moving to Level 3 is unlikely to be sufficient to achieve the break in community transmission, and that the conditions for moving from Level 3 to Level 4 may be met now or will be over coming days.
- 49 Level 4 would establish a higher level of containment so that we can:
 - 49.1 continue to find all cases, isolate and treat them as appropriate and prevent further onwards transmission
 - 49.2 reduce the opportunities drastically for person-to-person transmission
 - 49.3 ensure anyone entering the country will be placed in supervised self-isolation (e.g. hotels or campervans etc) for 14 days. Alternatively, safe and contained transport to their home for supervised isolation there. This could also be brought in before moving to Level 4
 - 49.4 appropriately manage people entering the country (as majority of cases are still imported).

- 50 The shorter the period of time we remain at level 3 before moving to level 4, the lower the chance of sustained community transmission. In principle, moving to Level 4 as soon as practicable would be done with the aim of minimising the overall amount of time required at that level. We consider that any move to Level 4 would be for a minimum of 4 weeks.

We are not ready to move to Level 4 today

- 51 This does not mean that we go to Level 4 straight away. It will be difficult to bring the public with us (i.e. there may be confusion and concern caused by jumping straight from Level 2 to 4) and we are simply not ready to do so.
- 52 We are not ready to move to Level 4 today, but over the next 24-48 hours, we are working through a number of critical questions around how Level 4 would get implemented if a quick decision was taken. These include:
- 52.1 The legislative powers and enforcement and compliance regime, including the possibility of new legislation
 - 52.2 Implementation issues, such as further defining essential services and establishing an operational regime and clear communications to make this work well
 - 52.3 Economic and social support and other mitigations, required.

The plan for moving to Level 3

- 53 All the material that follows relates to a move to Level 3. Further advice is being developed on the implications of a move to Level 4.

Actions that will be taken if Cabinet agrees to move to Level 3

- 54 Level 3 further reinforces the need for physical distancing to slow the spread of the virus. It means undertaking the steps outlined in Annex One:
- 54.1 Domestic travel restrictions are introduced to contain areas of community transmission
 - 54.2 Continuing to scale up health measures:
 - 54.2.1 Continuing to scale and speed up contact tracking and tracing, and improve its rigour and effectiveness
 - 54.2.2 Continuing to scale up facilities and transport and support for self-isolation at large scale, including acquisition of those facilities for managed isolation
 - 54.3 Recommending physical distancing of 2m at all times outside home and restricting mass gatherings above 20 people
 - 54.4 Implementation of additional border requirements to manage risk from returning New Zealanders and residents and facilitating exit of visitors

- 54.5 Restricting air, road, rail and ferry use for essential use (allowing people to return home for self-isolation or movement related to essential services)
- 54.6 Requiring alternative ways of working for non-essential businesses, whether working remotely or implementing distancing measures
- 54.7 Some schools and early childcare centres will remain physically open for children and young people whose parents or caregivers continue to go to work, with distance learning options for all learners (we will look at options to consolidate this across schools over time)
- 54.8 Bars, restaurants and public venues will be closed.
- 55 Stepping up to Level 4 takes these further still:
- 55.1 People required to stay home (other than for essential services, health emergencies, and accessing food and essentials);
- 55.2 Some educational facilities will remain physically open for children of essential workers;
- 55.3 Rationing of supplies and requisitioning of facilities;
- 55.4 Travel severely limited – no non-essential travel;
- 55.5 Major reprioritisation of health care.
- 56 Our advice is that they would need to be implemented as a package to be most effective – both for public health reasons, and to support voluntary compliance through maintaining trust and confidence in the credibility of the Government's plan.
- 57 The legal authority to implement these measures is outlined in Annex Three.
- Stepping to Level 3*
- 58 Other than the measures relating to educational facility closures and requiring changes to health protocols and priorities, all the new measures at level 3 require:
- either an Epidemic Notice to be in force,
 - or authority in writing from the Minister of Health,
 - or declaration of a state of emergency under the CDEM Act.
- 59 Officials recommend acting using the authority of the Minister of Health under the Health Act as the preferred approach to allow the measures in level 3. There is no need to declare a state of emergency to invoke extraordinary powers under the CDEM Act to action these measures, as sufficient powers already exist in the Health Act.
- 60 Officials are also recommending in a separate paper that this is followed by issuing an Epidemic Notice under the Epidemic Preparedness Act to ensure that

existing laws are workable in an epidemic, in order to allow the continuity of essential government and business services under Level 3.

- 61 The Epidemic Preparedness Act 2006 provides for an Epidemic Notice to be issued by the Prime Minister, with the agreement of the Minister of Health, in the situation where the effects of an outbreak of a quarantinable disease are likely to disrupt essential government and business activity in New Zealand significantly. It also provides for Epidemic Management notices that modify certain statutes.
- 62 The issuing of an Epidemic Notice activates a mechanism that provides for modification of statutory requirements and restrictions to facilitate management of serious outbreaks of disease, and modification of statutory requirements and restrictions to enable compliance during an epidemic.
- 63 Cabinet will consider a paper on Monday 23 March 2020 seeking agreement that the Prime Minister issue an Epidemic Notice and an Epidemic Management Notice. If issued, the Prime Minister must present a copy to the House of Representatives as soon as possible. Parliament must meet within seven days of the notice being given, and may disallow the notice.
- 64 Parliament next sits on Tuesday 31 March 2020. That would require the Epidemic Notice being issued no earlier than Wednesday 25 March 2020. We do not see a need for Parliament to be reconvened earlier to consider the notice.

Stepping to Level 4

- 65 Officials are of the view that the measures needed in Level 4 would require a state of emergency to be declared under the Civil Defence and Emergency Management Act. It is not clear that the powers in other legislation are sufficient to allow the necessary actions under Level 4, especially given the high uncertainty about how the situation may evolve.
- 66 The Minister of Civil Defence and Emergency Management may declare that a state of national emergency exists over the whole of New Zealand or any areas or districts if at any time it appears to the Minister that an emergency has occurred or may occur; and the emergency is likely to be beyond the resources of the affected CDEM Groups to manage. The Minister must advise the House of Representatives as soon as practicable where a state of national emergency has been declared.
- 67 Officials are doing further work to identify whether the Government would require any further powers that are not provided for in existing laws to either create new obligations associated with the Level 3 or Level 4 alert, or ensure that business and Government can continue to function at Level 3 and Level 4.

Communications, monitoring, and compliance

- 68 These changes would need to be implemented quickly and effectively by the responsible regulators. They will need to put in place systems to provide information and assistance and (where there are mandatory requirements) encourage voluntary compliance as a preference, but be prepared to warn, fine and prosecute. Not sufficiently addressing non-compliance would undermine the comprehensive behavioural change required.

- 69 But regulators cannot do this on their own. The only realistic way to ensure a comprehensive response is to involve leadership beyond Government. For this to work, you will need to engage key stakeholders, including industry leaders, unions, and community leaders to get the country behind this approach. The public sector can lead by example and provide critical mass.
- 70 To be sustainable over the medium term without relying on coercive enforcement, this will need community-endorsed compliance, with widespread buy-in that this is the right thing for everyone to do, including to monitor and self-enforce, and to support people within their community.
- 71 This would need to be backed with strong communications and clear guidance, with simple and certain expectations, key messaging of those expectations through wide-spread communication, and supporting information products.
- 72 Ultimately, however, this must be backed up by regulators who are willing and able to enforce using strong sanctions. This is not a space that all existing regulators currently operate in, and some may require clear direction to do so.
- 73 To achieve consistency both in relation to compliance strategies (inform, help but also sanction) and communications, officials are developing a standard operating model which can be a touchstone for individual regulators, tailored to this context.

74 s9(2)(h)



Operationalising the response

- 75 Delivery will require coordinated action across a range of departments.
- 76 This is being managed through the COVID-19 Operations Command Centre, which was set up on 20 March, as a part of the NCMC framework. The Operational Command Centre is the mechanism that will enable the governance of the operational response and provide assurance to Cabinet, and improve operational interagency collaboration.

- 77 The lead agencies for the new measures required under level 3 or level 4 are as follows:³
- 77.1 Domestic travel restrictions: MoT with Police
 - 77.2 Educational facility closures: MoE
 - 77.3 Mass gatherings cancelled and public venues closed: Police, with NEMA and local government
 - 77.4 Requiring alternative ways of working: MBIE
 - 77.5 Closing non-essential businesses if needed: MBIE with Police
 - 77.6 Requiring changes to health protocols or priorities: MoH
- 78 For information, the primary workstreams at the current alert level, and lead agencies responsible, are as follows (noting that these will be updated, and new workstreams added, as circumstances dictate):
- 78.1 Health workforce (MoH)
 - 78.2 Health sector operations – facilities (MoH)
 - 78.3 Health sector operations – equipment and medicines (MoH)
 - 78.4 Health sector operations – care in the community (MoH)
 - 78.5 Health sector operations – health policy and operational settings (MoH)
 - 78.6 Health sector operations – informed and prepared population (MoH)
 - 78.7 Infection control (MoH)
 - 78.8 Testing (MoH)
 - 78.9 High risk group management (MoH)
 - 78.10 Contact tracing (MoH)
 - 78.11 Supply chain security (MBIE)
 - 78.12 Infrastructure security (MBIE)
 - 78.13 Digital capability (MBIE)
 - 78.14 Public transport (MoT)
 - 78.15 Educational facility closures (MoE)

³ Legal powers may sit with other agencies.

- 79 This operational model relies critically on support from across the entire system, and all lead agencies having access to common up-to-date information (on strategy, approach, data and intelligence, and modelling); on effective cross-agency collaboration for collective impact; and on adequate resourcing to lead and deliver. This is likely to place pressure on the capability and capacity of the agencies leading the respective elements of response.
- 80 A number of these work streams above are fundamental to the strategy to slow the spread of COVID-19 at any level – in particular, testing, contact tracing, and oversight of self-isolation and quarantine. Ministers will need to be especially confident about the delivery of these aspects.

Essential services

- 81 In the case of a move to Levels 3 or 4, there is a need to maintain certain services. In deciding which services need to continue, we have been guided by the following principles:
- 81.1 Public health is paramount, so we need to minimise risks to public health.
 - 81.2 We must continue our response to COVID-19.
 - 81.3 We must ensure the necessities of life for everyone in New Zealand.
 - 81.4 We must also maintain public health, safety and security.
- 82 A draft list of essential services is attached at Annex Five. This is a working document, and is being used to inform the identification of essential businesses and essential workers. Employers and workers associated with essential services will be able to work safely, including by complying with Ministry of Health guidelines in relation to COVID-19.
- 83 We anticipate the list of essential services will be published concurrent with the Prime Minister announcing a move to Level 3 or 4. The list will be ready for the timing of a move to Level 3, with publication expected around 3 pm on Monday, 23 March 2020.

Operationalising the list of essential services

- 84 The nature of the essential services list is such that businesses and employers will need to make their own assessments of which of their services is essential, and which workers and supply chain partners are required for service delivery. It is not possible to list every single service or entity operation in New Zealand which we consider essential. If in doubt, they can contact the Government.
- 85 Queries about the list will be received by an essential services contact centre, which will redirect them to the appropriate lead agency. Each lead agency will answer questions from employers, workers and the public in relation to the published list. For example, the Ministry of Transport will take the lead for the transport and logistics sector, but may decide to delegate sub-sector issues to each of the New Zealand Transport Agency, Maritime New Zealand and the Civil Aviation Authority. Depending on the volume of calls or emails received, lead

agencies may need to establish their own contact centre capability, to interact with the national contact centre for essential services.

- 86 Public sector chief executives will also make decisions about which of their department's activities are essential, in line with their own business continuity planning. For a number of departments, some services, but not all services and employees, will be essential.

Implications for Transport

- 87 At level 3, there will be some restrictions on who can use public transport and for what reasons the travel is required, e.g. the travel is needed to get essential goods. We would also need to ensure there are not further barriers created for foreign nationals here trying to get home.
- 88 There will likely be reduced public transport service levels, and we expect there will be issues with drivers or operators not wanting to attend work which could further restrict service levels.
- 89 At level 3 the transport sector would support physical separation requirements, although this may start to require restrictions on how many passengers could be carried on a bus, train aircraft etc. This might affect the economic viability of some services, or, in the case of buses and trains, may mean that some passengers have to wait longer (e.g. because a carriage or bus is at capacity because of physical separation requirements). The transport sector would also continue to support contact tracing requirements where possible (e.g. by providing information to Public Health Officers using booking information, information from public transport cards (such as an 'AT HOP' card)).
- 90 In addition to this, the transport sector could look to implement practicable changes to BAU processes, such as verifying booking information by asking passengers to present photo identification when checking in, and manually recording passengers on public transport services which do not use a public transport card. Again, there may be issues with staff wanting to limit their interaction with passengers which could impact how feasible it will be to have a manual passenger register on some forms of public transport.
- 91 Assuming that some public transport services will continue for Level 3, we anticipate the measures in Annex Two could be explored and potentially implemented. These measures would need to be tested with industry, to check if they are viable. These measures, if required, would also take time to implement and could delay services (e.g. if each passenger on a bus or train has to register).

Implications for New Zealanders

- 92 The public health case for moving to Level 3 is clear. However, many of the measures that Level 3 requires are expensive, disruptive and inconvenient. They will mean real harm and have extremely significant social and economic implications for New Zealanders: people will become unemployed, be unable to pay their bills, go out of business, and there will be psychosocial impacts.

Wider economic implications and mitigations for moving to Level 3 or 4

- 93 The most important economic intervention we can make is to ensure that the health system is operating at maximum capacity. Work is underway across multiple fronts on this aspect and investment here has the highest benefit of all interventions.
- 94 Our initial assessment is that a move from Level 2 to Level 3 will have significant additional economic impact. Non-essential businesses will effectively have to close their premises, so if they cannot work from home, non-essential business activity will largely stop. Level 4 will exacerbate the impact by completely closing premises of non-essential businesses. In addition, the closure of educational facilities (aside from for children of essential workers) will place additional pressure on people's ability to work from home, although estimating that impact is difficult. Clearly, the longer we remain in level 4, the greater the additional impact. Given this, having clarity around the additional interventions available to support firms and workers as soon as possible after going to level 3 will be important.
- 95 The detail of the interventions required at Levels 3 and 4 are currently being developed. These include an extension to the wage subsidy scheme focused on maintaining workforce attachment, s9(2)(h), s9(2)(f)(iv)
[REDACTED]
- 96 s9(2)(h), s9(2)(f)(iv), s9(2)(d)
[REDACTED]
- 97 The Government already has several policies in place, such as the employer subsidy, s9(2)(f)(iv) If Level 3 or 4 is declared, additional policies would need to be introduced.
- 98 To date, support has been relatively broad-brushed, but if the disruption is for a sustained period of time (e.g. at Level 4 for a month or more), a more differentiated approach will be required. For example, what this could look like is:
- 98.1 ensuring essential businesses remain able to operate even if demand is very low, or if they face logistical or other challenges
 - 98.2 maintaining critical capabilities in business which will be important to our eventual economic recovery (even at a lower scale)
 - 98.3 for other businesses, some will operate without needing support and s9(2)(g)(i)
[REDACTED]
- 99 We will need to design the specifics of interventions for the first two categories of firms where necessary. It is likely to be a combination of measures such as the wage subsidy scheme and s9(2)(f)(iv) Officials are also considering

whether other regulatory changes are needed to help support firm activity and whether government will also need additional legal powers.

- 100 Where possible we want to ensure that the business support is commercial in nature and doesn't unduly interfere with any needed restructuring. A key reason for this is that other businesses (including banks) are likely better able than government to understand the long-term viability of solutions.
- 101 In Level 3, only affected educational institutions are expected to close. This is more extensive in level 4. Level 4 means that parents and caregivers of younger children (in particular) will not be able to work normally and may impact some firms. A sensible mitigation is to follow the UK approach and keep some educational facility capacity operational to cater for children of essential employees.
- 102 Workers with the firms in the first two categories above are not likely to need additional support.
- 103 There may be potential for redeployment at scale for some workers who are unable to maintain their current job (e.g. into Healthline from contact centres in other businesses).
- 104 Where businesses would fail without further government support, there is a key choice to work through about how much we make payments which support workers to remain attached to their employer. Ideally, retaining attachment for as long as possible makes sense if the business will be viable once the economy returns to a more normal state. However, there will be a substantial number of businesses which will not survive (which is important to allow the economy to transition to a 'new normal') and their employees will become unemployed.
- 105 Where people do become unemployed, there is a choice about whether to continue with the existing suite of income support, or to increase the levels and expand eligibility. s9(2)(d), s9(2)(g)(i)
- 106 Burden sharing will be important here. Businesses would be expected to support their employees for as long as possible, but that may not be very long for some. In addition, banks may be willing to accept interest only payments which would also help mitigate the impact. s9(2)(f)(iv)
- 107 This analysis assumes that the economy continues with market signals operating more or less as normal. Under a sustained period of Level 4, it is not clear how well this would work s9(2)(f)(iv)
- An example here would be ensuring that the full suite of essential services (and their supply chains) can remain functioning in a manner that minimises public health risks and that key workforces are able to get to work, and that they do work.

Psychosocial implications

- 108 Alongside the economic impact, there will be very significant social implications of moving to level 3 (and eventually to Level 4).
- 109 The objectives of psychosocial response are to minimise the physical, psychological and social consequences of an emergency and to enhance the emotional, social and physical wellbeing of individuals, families, whānau and communities. There is widespread recognition that the unprecedented psychological and social impacts of COVID-19, amongst those both directly and indirectly affected, must be prioritised alongside the physical health response. These needs will increase as the response level increases.
- 110 The psychosocial impacts of COVID-19 occur amongst those who become unwell or are at high risk of becoming unwell, as well as generating significant distress amongst the wider population due to fear and anxiety about becoming unwell, disruption to normal activity due to infection control restrictions, economic impacts and exacerbation of existing vulnerabilities. These impacts may be immediate or delayed.
- 111 The Ministry of Health have developed a Psychosocial Response Plan as part of the Ministry's COVID-19 Strategic Response Plan. The plan covers the needs of:
- 111.1 the general population (supporting people to take care of their own and others' mental wellbeing)
 - 111.2 at-risk populations (Māori, Pacific, older people, people with disabilities, people who are immunocompromised, health care workers, people with mental health and addiction problems)
 - 111.3 those in self-isolation or who have contracted COVID-19
- 112 The Psychosocial Response Plan identifies actions and messaging to support wellbeing across these population groups and will serve as a consistent template across all contributing agencies.

Implications for Priority Groups

- 113 As discussed above there are a number of priority groups who may be disproportionately impacted.
- 114 At a community level there is potential for some groups to be more at risk. A lack of understanding can result in the targeting of individuals and groups based on origin, race, place of residence and health status. In these circumstances, fear and anxiety can increase across the community, both in those who are not well informed and those that are targeted through prejudice. These factors all lead to an increased need for social service supports.
- 115 For a number of populations, the homeless, those with mental health or addictions problems, victims of domestic violence and those with disability or cognitive impairment, it may be important to maintain some level of face to face contact for support and wrap around services.

- 116 Physical/social distancing and self-isolation is challenging for homeless and rough sleeping populations. The populations tend to be more transient, and accommodation is often limited and amenities such as kitchens and bathrooms are shared. There is also difficulty contact tracing in these populations, due to the transient nature of the day for these people and where socialising and contacts occur, i.e. on the street or in drop in type facilities. Realistically it may be a situation where support workers / carers will need to continue their outreach approach and follow their noses in terms of contact tracing.
- 117 We need to identify people who are skilled in working with people with mental health and drug and alcohol issues and the cognitively impaired. Providing information to this population group is imperative. They do not typically have access to some types of media or the Ministry of Health website for updates so are in essence living in a vacuum of up to date and informed information.
- 118 Experience in New Zealand and internationally has shown that family violence, sexual violence and child abuse can all increase during and after large-scale disasters or crises. In the past, New Zealand has experienced that with events such as the Christchurch earthquakes and major floods.
- 119 Older people are also a priority population, given that the population group are at heightened risk of serious illness or death. The move to Alert Level 2 has seen many older people removing themselves from social situations and self-isolating. In addition, older people make up a significant proportion of volunteers that give up their time for community organisations.
- 120 We need to support people to stay connected using online support and social media and actively provide them with information.

Treaty of Waitangi considerations and Māori implications

- 121 As a Department of the Public Service, the Ministry of Health and other government agencies have a responsibility to contribute to the Crown meeting its obligations under Te Tiriti o Waitangi/Treaty of Waitangi.
- 122 Māori as a population group have fared worst in every pandemic New Zealand has seen, namely the 1918 influenza pandemic and the 2009 influenza A (H1N1) pandemic. The 1918 pandemic resulted in a death rate for Māori of 4%, approximately seven times higher than the non-Māori death rate. Rates of hospitalisation and deaths for H1N1 were also much higher for Māori than for other ethnic groups.
- 123 It is evident from previous pandemic responses that the business-as-usual model previously used - preferentially benefited non-Māori and failed to protect whānau, hapū, iwi and Māori communities from the worst outcomes. Consideration to the specific needs of Māori, particularly equity and active protection, should be integral to the Governments response to COVID-19.
- 124 Māori are at greater risk from pandemics than many other ethnic groups in New Zealand. There are many different factors at play, including underlying social and economic disadvantage, a greater burden of chronic diseases that increase risk

of more serious outcomes from infections, such as influenza, and poorer access to and quality of health care.

- 125 For the response to COVID-19, measures must be taken in a way that actively protects the health and wellbeing of whānau, hapū, iwi and Māori communities. Critically, this means that equity will be at the centre of each level of the alert system. There will be a requirement nationally and within DHBs, as well as across other sectors, to ensure whānau, hapū, iwi and Māori communities have the resources to be able to undertake and respond to public health measures to prevent and/or manage the spread of the virus.
- 126 This will require the routine analysis and review of measures that are in place to ensure essential supplies are in the regions of greatest need. This will also mean finding a balance between the response to COVID-19 and maintaining adequate continuity of care for Māori to address existing inequities (outside of pandemic situations).

Pacific Implications

- 127 Pacific communities will need more specific information, some in their first language, to explain that the disease is difficult to control and the need to step up measures. Information flow to be supplemented by radio messages reinforcing the same messages, and Tagata Pasifika TV. Radio and TV are powerful media, and young people will respond to social media.
- 128 It is important to remind Pacific communities about restricting gatherings. It is important to remind Pacific families about keeping children away from grandparents and older family members. Most Pacific workers will be affected by work place closures. There will be financial implications for families.
- 129 Moving to Level 4 means Pacific families will be confined to their homes and all gatherings are cancelled. It is important that churches understand and support these measures.
- 130 There will be problems with over-crowding in some Pacific households.

Foreigners in New Zealand

- 131 Moving to Level 3 will further exacerbate existing issues around foreigners stranded in New Zealand, with domestic travel restrictions making it harder for them to move to exit airports even if flights are running. We will face pressure from foreign governments either to help them with repatriation of their nationals or to provide guarantees that we will look after them, potentially adding to pressure on New Zealand health and social security systems. This will need to be managed, both through clear communications with foreign governments as we move to Level 3, and determining what support we may be able to provide foreign nationals.

Consultation

- 132 This paper was prepared collectively by the all-of-government COVID-19 strategy and policy group.

Financial Implications

- 133 There are no direct financial implications from this paper, however the economic implications section outlines work underway to identify specific economic and financial measures.

Legislative Implications

- 134 There are no direct legislative implications.

Human Rights, Gender Implications and Disability Perspectives

- 135 There are no human rights, gender, or disability implications.

Publicity

- 136 Any decision you make to change alert level could come into effect immediately.
- 137 A move to Level 3 or Level 4 needs to last at least four weeks to be fully effective. A review at week four would inform a decision to extend or not.
- 138 If you agree, then a move to Level 3 (and the consequent actions) will need to be clearly communicated to the New Zealand public to:
- 138.1 reassure them: so that they know what it means for them, actions they will need to take, and understand the support they can access, and
 - 138.2 maintain widespread public support and engagement, so that our communities rally together to support each other through this time and step up to help support their most vulnerable people.
- 139 A move to Level 3 will have wider implications that amends advice in a number of pillars, including health (increase in physical distancing), border (arrivals back to New Zealand), transport (restrictions on road, air, rail, and water travel), education (education facilities in affected regions), and workspace (alternate working modes required).
- 140 Work is already underway on the updates required to existing content, as well as the development of new content. This will need to be published immediately at the time of announcement.
- 141 As with border measures, the Ministry of Health will keep the public health risk and spread of COVID-19 under review. Advice will be provided for Cabinet's next meeting on whether and how to change the Alert Level.

Proactive Release

- 142 The paper and supporting appendixes will be proactively released subject to redaction as appropriate under the Official Information Act 1982.

Recommendations

143 The Prime Minister recommends that Cabinet:

1. **Note** that it is highly likely that community transmission has begun in New Zealand
2. **Note** that community transmission will likely become more widespread in the absence of strong containment measures
3. **Agree** to raise the Alert Level, beginning with a rise to Alert Level 3 at 23.59 on Monday 23 March 2020
4. **Agree** that using the authority of the Minister of Health under the Health Act is the preferred approach to allow the measures in Level 3;
5. **Note** that a move to Alert Level 3 will entail significant social and economic implications for New Zealanders as most businesses will have to close or dramatically change their operations
6. **Note** that Cabinet has also been asked to consider a proposal that an Epidemic Notice be issued under the Epidemic Preparedness Act 2006 as well as an Epidemic Management Notice to ensure the continuity of social security and immigration services
7. **Note** that the Epidemic Notice will unlock Special Powers under the Health Act 1956 and provides for the modification of statutes in defined circumstances to ensure that Government and business can continue to function effectively
8. **Note** that a move to Level 4 is inevitable in the near-term in order to establish a higher level of containment and that officials are working on a plan to enable this
9. **Note** that, in addition to raising the alert level, one additional action to maximising border measures as part of Level 2 is to require all incoming international travellers to self-isolate before onward domestic travel
10. **Note** that this measure would substantially lessen the risk of transmission as people returning from overseas are at present the main source of infection
11. **Agree-in-principle** that all international arrivals must undertake a period of 14 days self-isolation in the port of arrival before onward domestic flights if they cannot directly drive to their final destination, with this to be put into effect as soon as practicable (further advice to be provided as soon as possible)
12. **Agree** that declaring a state of emergency under the Civil Defence and Emergency Management Act is the preferred approach to allow the measures in Level 4;
13. **Note** that the only realistic way to ensure a comprehensive response to the measures in Level 3 and Level 4 is through community-endorsed compliance, backed with strong communications and clear guidance, backed up by regulators who are willing and able to enforce using strong sanctions;

14. **Note** that operational delivery will require coordinated action across a range of departments, managed through the COVID-19 Operations Command Centre,
15. **Note** that testing, contact tracing, and oversight of self-isolation and quarantine are fundamental workstreams to the strategy at any level, and Ministers will need to be especially confident about the delivery of these aspects.
16. **Note** that COVID-19 is expected to affect Māori disproportionately both directly (through health status) and indirectly (through economic and social disruption).
17. **Note** officials have prepared a list of essential services to be maintained if we move to COVID-19 Alert Levels 3 or 4, based on the following principles:
 - 17.1. Public health is paramount, so we need to minimise risks to public health.
 - 17.2. We must continue our response to COVID-19.
 - 17.3. We must ensure the necessities of life for everyone in New Zealand.
 - 17.4. We must also maintain public health, safety and security.
18. **Agree** to designate the services in Annex Five as essential services for the purposes of Levels 3 and 4, subject to any minor modifications agreed by the National Controller.
19. **Agree** that the National Controller will oversee the list of essential services, including managing any time-limited exemptions from, and modifications to, the list.
20. **Note** the list of essential services will be ready for publication by 3 pm on Monday, 23 March 2020.
21. **Note** the nature of any such list, being to categorise work across the entire economy, will generate a large amount of uncertainty when it is first communicated to the public.
22. **Note** the lead agency for each sector, through the National Controller, will respond to any queries about whether specific businesses or activities can continue, and about what services are considered essential.

Authorised for lodgement

Rt Hon Jacinda Ardern

Prime Minister

Annex One: Proposed Level 3 and Level 4 Restrictions

	Level 3	Level 4
Physical distancing requirements	2 m apart at all times outside home	Eliminate as far as practicable
Border	<p>People arriving from international flights (NZers etc) will be required to self-isolate – hotels will be used with appropriate public health measures in place</p> <p>Campervans may be required for those with symptoms (hotels won't take them) with appropriate public health measures in place</p> <p>(Temp Accom Service is up and running with these options in play).</p> <p>Border exit management needs to be improved (stranded passengers need to be managed and put in hotels if required)</p>	<p>People arriving from international flights (NZers etc) will be required to self-isolate – hotels will be used</p> <p>Campervans may be required for those with symptoms (hotels won't take them)</p> <p>(Temp Accom Service is up and running with these options in play).</p> <p>Possibly need facilitated/managed domestic onward travel in some circumstances</p>
Transport air	<p>No travel between regions except as below:</p> <p>Domestic air travel allowed with distancing – only essential (people returning home to self-isolate, catch a plane to leave or work relating to essential services)</p> <p>(Allowance for limited international transit to support repatriation under discussion)</p>	<p>No air travel for general public</p> <p>Air travel only for:</p> <ul style="list-style-type: none"> - essential workers relating to response function for COVID and emergency and essential services etc - departing non-NZers and NZers returning from overseas to get home
Transport road, rail and ferry (including PT, taxi and rideshare)	<p>No travel between regions except as below:</p> <p>Public transport only for work subject to scope set out in table below) medical reasons, and to get essential goods – including ferry services between North and South Island</p> <p>Must have distancing in play (2m)</p> <p>Driving in private vehicles is allowed – aim to achieve distancing</p>	<p>Public transport (ie road, rail, ferry and taxi/uber) only for essential work, medical reasons, and to get essential goods – including ferry services between North and South Island</p> <p>Could shut down PT if required in some areas – alternatives to deliver food etc would be required</p> <p>Personal driving only for people who work in essential services and health emergencies and accessing food – s9(2)(c)</p>
Walking	Can go for personal walks provided 2m distancing maintained at all times	Can go for personal walks provided 2m distancing maintained at all times
Mass gatherings and public venues	<p>Very limited mass gatherings over 20 or none if other conditions for distancing and tracing not able to be met</p> <p>Bars, restaurants and public venues</p>	<p>No mass gatherings – doesn't count immediate family or essential services where distancing etc is in place</p> <p>Population instructed to stay at</p>

	closed	home (either regionally or nationally) except for essential services etc as above Bars, restaurants and public venues closed
Education <i>Question: Need to consider how we support provision by essential teaching staff</i>	Educational facilities and ECE in affected regions must close when directed by Medical Officer of Health Schools and ECE remain open for children of people who are still going to work and for distance learning Educational facility services must continue to provide distance education etc where possible OR when cases in educational facilities as per current practice (72 hours check)	All educational facilities and ECE closed except for skeleton provision for children of essential workers with distancing measures maintained Educational services must continue to provide distance education etc where possible
Work <i>Question: Unclear whether export businesses that can operate safely with distancing in place s9(2)(g)(i)</i>	Alternative modes of working required <ul style="list-style-type: none"> - People required to work from home - Or if they can't work from home, need measures in place to achieve 2m distancing or appropriate hygiene and PPE type risk mitigations for essential workers - Or at home on leave if none of the above - Air crew, marine crew, drivers and operators of transport will continue to have exemptions as needed and comply with current public health advisory guidance Supermarkets – move to distancing and letting people in in shifts and stay in cars to wait (for example) Essential services includes critical supply chains for imported goods	Business premises closed to workers and public Except for essential premises eg supermarkets, hospitals, food supply industry, freight and lifelines infrastructure etc Work from home where can If can't work from home, on leave Supermarkets – move to distancing and letting people in in shifts and stay in cars to wait (for example) Essential services includes critical supply chains for imported goods

Annex Two: Proposed Transport Restrictions

Buses and trains	<ul style="list-style-type: none"> Limited services would continue for essential workers and those with accessibility issues Physical distancing would be enforced on board public transport for passengers – for example, limiting capacity on board to around 20% (for example max 20 passengers per bus for a standard sized bus) No frontline interaction between public transport staff to (e.g. no cash handling and the creation of physical distance on board – rear door entry only and block off first row of seats for buses) The sector will endeavour to support contact tracing for users of public transport. Options could include on-board or at-station registers that passengers sign prior to boarding. This could create delays and the staff involved would need to be wearing suitable PPE. Where it is available, CCTV will be able to be accessed to support contact tracing. A more intense cleaning regime, including taking affected buses or train carriages out of service to be cleaned or cleaning at the end of every route completion.
Aviation	<ul style="list-style-type: none"> Domestic aviation passenger services would continue for essential workers, people with accessibility issues and freight. Physical distancing on the aircraft would be enforced, but would probably require limitation of passengers per aircraft. This could mean some services are not economically viable, and government support may be needed. Contact tracing will be achievable for all passenger flights as there are legal requirements for operators to carry load sheets with passenger details. The CAA would focus on compliance and facilitating exemptions to support critical taskings.
KiwiRail (passenger ferries, rail and shipping)	<ul style="list-style-type: none"> Cancellation of scenic train services likely Key infrastructure would be maintained across the national rail network, to support the supply chain Contact tracing would be supported by ID checks and recording details of all passengers; Physical distancing would be enforced and is already in place in passenger areas on Interislander ships) Increased comms with markets – including pre-travel, at terminal, onboard Protection of critical freight movements, with Aratere secured as freight service (in progress) Isolate crew and key staff to ensure that we can assist as required Cancel scenic train services likely Maintain key infrastructure across the national rail network Check ID and record details of all passengers; cross check against a provided list of people Physical distancing (already in place in passenger areas on Interislander ships) Increased comms with markets – including pre-travel, at terminal, onboard Protect critical freight movements, with Aratere secured as freight service (in progress) Isolate crew and key staff to ensure that we can assist as required
Roading	<ul style="list-style-type: none"> Roads maintained on criticality of route and lifeline utility needs. Key assets and high-risk areas for priority resourcing. Possible reduced levels of service to match minimum supplier resourcing availability. Core focus on incident response, safety and community resilience/access. Utilise council or other infrastructure resources in areas of greater need. Review supplier contractual arrangements to maintain majority of contractual arrangements. Prepare plans for possible restricted network access s9(2)(f)(iv), s9(2)(c) providing traffic management under direction of NZ Police).

Proactively Released

Proactively Released

Proactively Released

Proactively Released

Annex Four: Cases as of 22 March 2020 (1300 hrs) by District

District Health Board	International travel link	Locally acquired – common event	Locally acquired – potential community transmission	Total number of cases
Auckland Region (Auckland Metro DHBs)	20	2	2	24
Bay of Plenty	1			1
Canterbury	3			3
Capital and Coast	5			5
Hawke's Bay	1			1
Hutt Valley	2			2
Lakes	2			2
Mid-Central	1	1		2
Nelson-Marlborough	1		1	2
Northland	2			2
Southern	8			8
South Canterbury	0			0
Tairawhiti	0			0
Taranaki	4			4
Waikato	9			9
Wairarapa	0		1	1
West Coast	0			0
Whanganui	0			0
Total cases	59	3	4	66

Annex Five: Essential services

Entities and their workers carrying out the following services are considered essential. This includes entities in their supply chains (eg those providing IT and data infrastructure to a specified entity).

Sectors	Entities providing essential services
Local and national government Lead agencies: Department of Internal Affairs for local government, State Services Commission for national government	<ul style="list-style-type: none"> Any entity involved in COVID-19 response, planning or logistics, or that has civil defence/emergency management functions Key public services
Health Lead agency: Ministry of Health	<ul style="list-style-type: none"> District Health Boards (and all of their facilities), Pharmac, New Zealand Blood Service, Health Promotion Agency, Health Quality and Safety Commission Any person employed or contracted as a doctor, nurse, midwife, pharmacist, paramedic, medical laboratory scientists, kaiāwhina workers, social workers, aged care and community workers, and caregivers more generally Hospitals, primary care clinics, pharmacies, medical laboratories, care facilities (eg rest homes) Ambulance services
Transport and logistics Lead agency: Ministry of Transport	<ul style="list-style-type: none"> Ministry of Transport, New Zealand Transport Agency, Civil Aviation Authority (including Aviation Security Service), Maritime New Zealand (including the Rescue Coordination Centre), Airways NZ, KiwiRail (including Interislander) Any entity that provides logistics services, including New Zealand Post and courier services Any entity providing transport services to the Ministry of Health, a District Health Board, a Medical Officer of Health, or a Controller (as defined in section 4 of the Civil Defence and Emergency Management Act 2002) Any entity which operates or is contracted by an aerodrome, a passenger and/or freight aviation service, a passenger and/or freight shipping service, a road freight service, a rail freight service, a vehicle recovery service; or a public transport service (under contract with a Regional Council) Any small passenger service vehicle driver (who holds the relevant licence)
Education Lead agency: Ministry of Education	<ul style="list-style-type: none"> Any person employed or contracted as teaching, nursery and childcare staff, including specialist education professionals and others who provide support (eg to disabled children) Any person employed by or contracted an educational facility
Public safety and national security Lead agency: National Emergency Management Agency	<ul style="list-style-type: none"> New Zealand Police, Fire and Emergency New Zealand, the Department of Corrections, New Zealand Defence Force, New Zealand Security Intelligence Service, Government Communications Security Bureau Any person employed or contracted in a public safety or national security role
Building and construction Lead agency: Ministry of Business, Innovation and Employment	<ul style="list-style-type: none"> Any entity involved in building and construction (including, for example, doing electrical work, plumbing work, commercial cleaning) Any entity that performs or is involved in building and resource consenting

Utilities and communications, including supply chains Lead agency: Ministry of Business, Innovation and Employment, and Ministry for Culture and Heritage (for broadcasting)	<ul style="list-style-type: none"> Any entity involved in the supply, sale or distribution of electricity, gas, water, waste, fuel, telecommunication services News and broadcast media Internet service providers
Fast-moving consumer goods Lead agencies: Ministry of Business, Innovation and Employment	<ul style="list-style-type: none"> Any entity involved in the supply, delivery, distribution and sale of food, beverage and other key consumer goods
Financial services Lead agencies: Financial Markets Authority and Reserve Bank of New Zealand	<ul style="list-style-type: none"> Banks, insurers and other financial institutions, including any entity that contracts or provides services to them (eg secure money delivery services)
Primary industries, including food and beverage production and processing Lead agency: Ministry for Primary Industries	<ul style="list-style-type: none"> Any entity involved in the production and processing of food and beverage products, whether for domestic consumption or export Any entity involved in relevant support services, such as food safety and verification, inspection or associated laboratory services, food safety and biosecurity functions Any entity providing veterinary services Any entity whose closure would jeopardise the maintenance of animal health or welfare standards
Science Lead agency: Ministry of Business, Innovation and Employment	<ul style="list-style-type: none"> GNS Science Any entity involved in the COVID-19 response, maintenance of National Collections and Databases and national resilience (eg GeoNet)
Social services Lead Agency: Ministry of Social Development/Oranga Tamariki	<ul style="list-style-type: none"> Any entity, including non-government organisations, that provides welfare and social services that maintain the wellbeing of people.

For the avoidance of doubt, specified sectors and occupations in the following are also included in this list of essential services:

- Schedule 1 of the Civil Defence and Emergency Management CDEM Act 2002 Schedule 1 of lifeline utilities, and
- Employment Relations Act 2000 Schedule 1 of essential services.



Cabinet

Minute of Decision

This document contains information for the New Zealand Cabinet. It must be treated in confidence and handled in accordance with any security classification, or other endorsement. The information can only be released, including under the Official Information Act 1982, by persons with the appropriate authority.

COVID-19: Moving to Alert Level 3 and Level 4

Portfolio **Prime Minister**

On 23 March 2020, Cabinet:

- 1 **noted** that it is highly likely that community transmission has begun in New Zealand;

2 **noted** that community transmission will likely become more widespread in the absence of strong containment measures;

3 **noted** that Cabinet has sought constant reassurance that New Zealand's testing regime is adequate, and that the government's expectations in this regard are being met;

4 **agreed** to raise the Alert Level, beginning with a rise to Alert Level 3 on Monday 23 March 2020;

5 **agreed in principle** to move to Alert Level 4 at the earliest practicable opportunity and no later than within 48 hours, for an initial four week period;

6 **agreed** that using the authority of the Minister of Health under the Health Act 1956 is the preferred approach to allow the measures in Level 3;

7 **noted** that a move to Alert Level 3 will entail significant social and economic implications for New Zealanders as most businesses will have to close or dramatically change their operations;

8 **noted** that Cabinet has also been asked to consider a proposal that an Epidemic Notice be issued under the Epidemic Preparedness Act 2006 as well as an Epidemic Management Notice to ensure the continuity of social security and immigration services;

9 **noted** that the Epidemic Notice will unlock Special Powers under the Health Act and provides for the modification of statutes in defined circumstances to ensure that government and business can continue to function effectively;

10 **noted** that a move to Level 4 will establish a higher level of containment and that officials are working on a plan to enable this;

11 **noted** that, in addition to raising the alert level, one additional action to maximising border measures as part of Level 2 is to require all incoming international travellers to self-isolate before onward domestic travel;

- 12 **noted** that this measure would substantially lessen the risk of transmission as people returning from overseas are at present the main source of infection;
- 13 **agreed in principle** that all international arrivals must undertake a period of 14 days self-isolation in the port of arrival before onward domestic flights if they cannot directly drive to their final destination, with this to be put into effect as soon as practicable (further advice to be provided as soon as possible);
- 14 **agreed** that declaring a state of emergency under the Civil Defence Emergency Management Act 2002 is the preferred approach to allow the measures in Level 4;
- 15 **noted** that the House will sit on Wednesday 25 March 2020 to consider any statutory requirements related to the move to Level 4, and any other urgent matters;
- 16 **noted** that the only realistic way to ensure a comprehensive response to the measures in Level 3 and Level 4 is through community-endorsed compliance, backed with strong communications and clear guidance, backed up by regulators who are willing and able to enforce using strong sanctions;
- 17 **noted** that operational delivery will require coordinated action across a range of departments, managed through the COVID-19 Operations Command Centre;
- 18 **noted** that testing, contact tracing, and oversight of self-isolation and quarantine are fundamental workstreams to the strategy at any level, and Ministers will need to be especially confident about the delivery of these aspects;
- 19 **noted** that COVID-19 is expected to affect Māori disproportionately both directly (through health status) and indirectly (through economic and social disruption);
- 20 **noted** officials have prepared a list of essential services to be maintained if we move to COVID-19 Alert Levels 3 or 4, based on the following principles:
- 20.1 public health is paramount, so we need to minimise risks to public health;
 - 20.2 we must continue our response to COVID-19;
 - 20.3 we must ensure the necessities of life for everyone in New Zealand
 - 20.4 we must also maintain public health, safety and security
- 21 **agreed** to designate the services in Annex Five to the paper under CAB-20-SUB-0133 as essential services for the purposes of Levels 3 and 4, **subject to** the following amendments, and to paragraphs 21-22:
- 21.1 specifying that “key public services” includes the border control agencies and Court services;
 - 21.2 including in the Health sector, the production of health sector equipment, medicines and personal protective equipment;
 - 21.3 amending the definition in the Building and Construction sector to refer to essential building and construction;
 - 21.4 any other minor modifications agreed by the National Controller;

- 22 **noted** that the Minister of Housing, in consultation with the Deputy Prime Minister and Minister of Building and Construction, will give further consideration to the definition of essential services in the building and construction sector;
- 23 **noted** that the Minister of Agriculture will give further consideration to the definition of essential services in the primary industries sector;
- 24 **agreed** that the National Controller oversee the list of essential services, including managing any time-limited exemptions from, and modifications to, the list;
- 25 **noted** the list of essential services will be ready for publication by 3 pm on Monday, 23 March 2020;
- 26 **noted** the nature of any such list, being to categorise work across the entire economy, will generate a large amount of uncertainty when it is first communicated to the public;
- 27 **noted** the lead agency for each sector, through the National Controller, will respond to any queries about whether specific businesses or activities can continue, and about what services are considered essential;
- 28 **agreed** that there should be a freeze on residential rentals and evictions during the period of Alert Level 4;
- 29 **invited** the Minister of Finance, Minister of Housing and Associate Minister of Housing (Public Housing) to report to Cabinet, or the group of Ministers with Power to Act on COVID-19, as soon as possible, on the implementation of a freeze on residential rentals and evictions;
- 30 **invited** the Minister of Commerce and Consumer Affairs to give further consideration to the definition of supermarkets for the purposes of Alert Level 4.

Michael Webster
Secretary of the Cabinet

Secretary's note: This minute has been reissued to include a new paragraph 3.

Hard-copy distribution:

Prime Minister
Deputy Prime Minister
Minister of Health