



## Proactive Release

The following Cabinet paper and related Cabinet minute has been proactively released by the Department of the Prime Minister and Cabinet, on behalf of Rt Hon Jacinda Ardern, Prime Minister:

Review of COVID-19 Alert Level 4

The following documents have been included in this release:

***Paper: Review of COVID-19 Alert Level 4 (CAB-20-SUB-0176 refers)***

***Minute: Review of COVID-19 Alert Level 4 (CAB-20-MIN-0176 refers)***

No information has been withheld in this material.

Cabinet

## REVIEW OF COVID-19 ALERT LEVEL 4

### Proposal

1. This paper reviews our progress in countering the spread of COVID-19 and sets a path for the next period.

### Summary

2. We are making good progress on our strategy to eliminate COVID-19. New case numbers have fallen sharply, and are now outpaced by recoveries. Cases where the source of transmission is unknown now account for only a very small proportion. We continue to test many thousands of people each day, and we have spare capacity if it is needed. We continue to scale up the capacity of our contact tracing and improve its speed.
3. We have learned that our Level 4 restrictions are very effective. They have slowed the spread of the virus to a greater extent than the most optimistic scenario in the modelling from Professor Shaun Hendy's team that we have been using. This is good evidence that our systems for control work well.
4. We have also defined what Level 3 looks like. We have explained that it means that we are in a situation where there is a high risk that the disease is not contained, where community transmission might be happening, and where new clusters may emerge but can be controlled through testing and contact tracing. To that high level description, we have now added a set of detailed controls that are principled, science-based, proportionate and more equitable than the emergency requirements of Level 4. We know that only stringent Level 3 controls would be consistent with our elimination strategy at this stage, although of course there is uncertainty about how much more quickly the virus will spread as we reduce our controls.
5. While we have much more control of the spread of the virus and we are much better prepared than we have been previously, the case for immediate liberalisation is not cut and dried. Our early actions have protected us so far from the worst case scenarios, but we still have some clusters of concern and wider public health risks have not disappeared. The virus has already spread to some rest homes, where particularly vulnerable members of our community reside. We will have more cases. We must, unfortunately, expect more deaths. While the border is closed, our rate of testing is high and we see an encouragingly low volume of people with COVID-19 in our hospitals, there are gaps in our knowledge in some geographical areas in particular.
6. In line with the requirements Cabinet set last week, the Director-General of Health has confirmed that he now has reasonable confidence that undetected community transmission is unlikely. He has also confirmed his view that there is sufficient capacity and capability in our testing; a clear pathway over the next week to ensuring timely case isolation and consistent contact tracing nationally, including surge capacity in the case of an outbreak; that there are strong processes in place to manage outbreaks in high risk settings, particularly aged residential care; that our border measures, including quarantine and supervised isolation are sufficiently robust and adhered to;

that and that there is sufficient capacity in the health system more generally, including workforce and ICU capacity, to deal with an increase in COVID-19 cases.

7. We now face a choice of when to step to Alert Level 3.

*Many things will stay the same*

8. Whichever choice we make on the Alert Level, much will obviously depend on the goodwill of New Zealanders, how happy they are to continue to follow the restrictions we set and how vigilantly they continue to observe hygiene controls and physical distancing. We will continue to need monitoring and enforcement of the rules in the community. We also need to continue to monitor the experience of 'at risk' populations including Māori, Pacific Peoples, people over 70 and in aged residential care, disabled people and people with existing conditions, in order to identify and respond in a timely way if issues emerge that increase their risk (for example, a cluster in a Māori or Pacific community setting with high levels of overcrowding).
9. As I have said many times, we must also continue with extensive testing, speedy contact tracing and isolation of the infected and their close contacts. The recent audit of the Ministry of Health's contact tracing underscores the importance of public health measures, pointing out that rapid case detection and contact tracing, combined with other basic public health measures, can reduce the spread of COVID-19 by over 90 per cent, making these measures together as effective as many vaccines. Our health surveillance programme is also under way, which will improve our understanding of the distribution of the virus in the weeks ahead.
10. We must keep the border effectively closed to incoming foreign nationals and quarantine all arrivals including New Zealand citizens for as long as that is necessary to protect ourselves against new infections. It may be many months or longer until there is a treatment for COVID-19 that makes it less deadly or a vaccine that can provide protection to New Zealanders. We will also continue to improve our use of technology and our modelling of potential scenarios built from what we already know.
11. Ministers have been advised that differentiating Alert Levels between our 16 regions is operationally possible, albeit with practical challenges in the short term. The situations of some regions are quite different from the rest, with more cases and more extensive clusters in Auckland, the Waikato, and the bottom of the South Island. There are also many places with few or no cases at all. A map is attached to this paper. The white spaces show the local authorities with no cases of COVID-19 since April 6 (as at April 16).
12. That said, and as discussed with CVD Ministers on Thursday April 16, only a nationally consistent approach to Alert Levels reflects the fact that the response to COVID-19 is a national problem. This is the message that is at the heart of our response, i.e. that all New Zealanders are united in this struggle. Due to the social, logistical, equity and other issues, I do not propose that we pursue any regional differentiation of Alert Levels at this time. We can look to regional differentiation if it makes sense in the future to manage flare-ups.

*What the future holds*

13. I have described Level 3 publicly as a waiting room. We do not want to return to Level 4, but whether we move to Level 3 now or later, we will have to move back to Level 4 quite soon if our Level 3 restrictions combined with public health measures turn out to be insufficiently effective in controlling the spread of the virus. But cautiously moving to Level 3 is the only way to test what the impacts will be here. Because it takes two weeks for the effects of changes in controls to start showing up in the data, the plan is

to move to Level 3 and check in after two weeks. And, despite the enormous imposition, we must always be ready to move back to Level 4 nationwide if the situation requires it. Our CDEM and Health authorities must also stand ready to intervene firmly with the emergency powers at their disposal if that is required to gain control of a localised outbreak.

14. Whenever we step down, as we move to our new reality, I expect the enormous scale of the challenges the virus has brought to our economy to come more directly into focus. Our actions have ultimately served our people's health and livelihoods, as unmitigated spread would have been an economic as well as a social and humanitarian disaster. The full economic costs of COVID-19 around the world will only be possible to estimate in hindsight through careful comparative economic analysis that draws on data relating to the longer term impact on countries suffering widespread community transmission over an extended period.
15. What we are able to estimate now though is the economic impacts of Level 4 and Level 3 measures relative to business as usual in New Zealand. Treasury estimates are that every additional month in Level 4 reduces annual GDP by three per cent and every additional month in Level 3 reduces it by two per cent. At present, well over half of the workforce is reliant to some extent on our wage subsidy regime, and more than \$6.25b is expected to be borrowed under the Government's Business Financing Scheme. Even with this assistance, unemployment is expected to sharply increase this year. Benefit numbers and requests for hardship assistance are already up markedly. Not every job and business can be saved, and I expect that the Government's response will in time need to evolve from supporting incomes to supporting structural change, innovation and business creation as we move into the recovery phase.

*The choice before us*

16. Officials have proposed three options:
  - a. Move to Level 3 controls nationwide from midnight on Wednesday April 22, in line with the definitions agreed at CBC and recently announced. We take the view that we are in a position to support a higher level of social and economic activity and meet demands in the health system now while still continuing on our path of elimination.
  - b. Extend lockdown for five more days and move to Level 3 controls nationwide after Anzac Day weekend, i.e. from midnight on Monday April 27. The extra five days at Level 4 will increase our confidence in the positive trends we see in the data. More results from the extra testing that is being done to boost our knowledge of the situation in particular communities will also be available to us. It will give us greater certainty that we are on track to avoid the negative scenarios that early modelling was suggesting would occur. It would take us past Anzac Day weekend, which will moderate concerns about a sudden change in movement in the community and allow more businesses and their workers to plan and prepare for a return to work under new conditions. This is the recommended option of the Director-General of Health.
  - c. Extend the Level 4 controls for a further two weeks. In this scenario, there would be still further confidence in terms of the trajectory of cases and the chances of unexpected outbreaks, but it would come at significant additional cost to our economy, our businesses and workers, and their families. Further, with such low numbers of cases now being reported, this option runs the risk of eroding the support of the community that we presently enjoy.

17. In all cases, we expect the transition to Level 3 to be gradual. For example, it will take some time for schools to re-open and for parents to build confidence in our public health measures there. There are some defined transition steps in the education sector built from public health advice. It will also take time for the businesses that can reopen to determine how they can operate in line with the Level 3 requirements and in a way that keeps their staff and customers safe. And it will take time for people to understand the new measures and determine how they will work within them. Other than in education, we do not plan to set specific transition steps or dates.
18. We will formally review the Level again two weeks after the step-down date. We will of course continue to keep the situation under the closest of scrutiny, reflecting the fact that the response to COVID-19 will continue to be this Government's highest priority.

## Introduction

19. There are five main parts to this paper:
  - An update on where we stand against the factors for moving Levels agreed in the Cabinet paper of April 14. Our measures against the spread of COVID-19 have been effective so far. There is no room for complacency but confidence that there is room for an easing of controls.
  - An explanation of what we are moving to, when we move. Based on the detailed work of All of Government (AOG) officials, under Level 3 more people will be able to work, more children will go back to school, and there will be greater social contact and recreation. Inter-regional travel will remain tightly limited for now; the easing of restrictions is just within local communities.
  - A discussion of the timing options. Staying longer at Level 4 gives us some more confidence that the spread of the virus is under control, but it comes with a range of costs, including risks of eroding public goodwill and the associated social license that government must operate within. Regardless of when we move, whether (and when) we must return to Level 4 depends on how effective our Level 3 measures are, and on continuing our tireless public health efforts.
  - An investigation of the COVID-19 situation in each region. The number of cases and the scale of testing varies across the country.
  - Implementation plans, and an explanation of the reporting and governance system that is in place to enable us to make decisions on these issues.

## Our situation now

### *We have made strong progress*

20. High compliance with our strong Level 4 restrictions combined with our wider public health measures have sharply reduced the number of reported new cases. We have slowed the previously exponential spread of the virus, and used the time we gained from lockdown to improve our public health capacity and capabilities, and for wider system preparedness.

### *We can learn from our existing cases and testing*

21. In the two weeks to Friday April 17, we have carried out 44,616 tests, with 588 (or 1.2 per cent) confirmed or probable cases being identified, spread across 19 DHBs. In total, we have conducted 74,401 tests. Of the 1,409 COVID-19 cases that have been recorded:
  - 39 per cent were directly obtained from overseas

- 54 per cent were a result of contact with a known case
  - 3 per cent were the result of community transmission, and
  - 3 per cent were under investigation.
22. The average age of the 63 people admitted to hospital since the start of the outbreak is 59, with 11 people dying. The largest number of confirmed cases are amongst those aged 20 to 29, women make up 55 per cent, and people identifying as Māori or Pasifika have accounted for 13 per cent of cases (rather less than their proportion of the overall population).

*We can test our situation against the agreed health, social and economic criteria*

23. We agreed last week a set of factors to guide our decisions on moving Levels.

*Public health factors*

24. The number of new cases has fallen sharply, and the number of patients who have recovered now outnumbers new cases. Cases of community transmission, i.e. where the transmission path is unknown, account for three per cent of cases overall. The total number of cases has doubled in the last 17 days, reflecting a substantial slowing down in spread of the virus, relative to a doubling under uncontrolled conditions every three days.
25. The best available estimates are that under our Level 4 restrictions, each infected person infects 0.48 others (this measure is known as R0), indicating that the restrictions reduce the spread of the virus by about 80 per cent relative to an average R0 seen overseas of 2.5.<sup>1</sup>
26. We have a relatively low proportion of serious cases judging by international comparisons. But infections amongst people over 70 account for all of our deaths from COVID-19 so far. The virus has spread to some especially vulnerable populations in our community, in particular a number of rest homes.
27. Most cases identified since 1 April are connected to existing clusters, which gives us confidence that they are contained. Since the start of the outbreak, 56 per cent of cases are outside of known clusters. But of the eight cases reported on Friday April 17, all are linked to known cases and/or existing clusters. The Ministry of Health has also been working to build its understanding of the clusters of cases.
28. As at Friday April 17, 74,401 tests had been carried out in 12 labs spread throughout the country, with an average of 2,674 tests per day conducted in the last seven days, and a capacity of 6,539 per day and growing. Across the labs, we have a total of 67,702 complete test kits, sufficient to last the next 25 days based on our current rate of testing. Our health surveillance plan is rolling out, with the first targeted testing taking place on April 16 and further testing planned this coming week.
29. Our high number of tests and low proportion of positive tests, together with the low number of hospital presentations, gives us confidence that undetected community transmission of the virus is unlikely, and that we have not had a large number of cases that have not been tested.
30. To provide further assurance, we have asked DHBs to increase testing and over-sample populations in areas with higher numbers of infections (hotspots) and those

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<sup>1</sup> R0 is the average number of people who will catch the disease from a single infected person, in a population who have not previously encountered the infection and also haven't been vaccinated against it. If it's greater than 1, the infection will probably keep spreading, and if it's less than 1, the outbreak will likely peter out.

with the lowest rates of testing per head of population. This includes testing some asymptomatic people. This targeted over-sampling so far has detected no new cases. All 342 tests from Queenstown and 308 in the Waikato came back negative. The results are in for 350 of the 362 tests from Canterbury. They were also all negative.

31. On contact tracing, we have established a national close contact tracing centre and the shift to an 'end-to-end process' that is nationally directed and monitored. We continue to scale up tracing capacity and improve its coordination and timeliness. We now have the ability to make about 5,000 calls per day. As part of a shift to a national approach, we now have initial data on the effectiveness of tracing and this process will become electronic over the next 7-10 days. Improvements in the timeliness of contact tracing continue to be made to reach the target of 80 per cent of close contacts being identified and in self isolation within 3 days of a case being notified. As a result of the effectiveness of tracing most of the recent new cases have become symptomatic when already in isolation.
32. The Ministry of Health recently commissioned an audit of contact tracing by Dr Ayesha Verrall. The audit outlined a number of areas to improve performance and capacity. Cabinet will consider the Ministry's plan to implement these findings.
33. We have closed the border to most passengers. This is an essential element to protecting us from further importation of the virus. As at April 13, there were 1,078 people in quarantine or managed isolation. In the last week, international arrivals have averaged about 160 people a day.

#### *Wider health system factors*

34. The health system is not under significant strain due to cases of COVID-19 at this time. Public hospitals are operating at 50 to 60 per cent of their capacity in terms of bed usage and the number of people requiring admission to ICU or ventilation remains small. However, other parts of the system (in particular, primary and community services) have struggled to shift their model towards virtual or telephone appointments, and are at some risk of financial unsustainability. The \$50m we have already allocated to general practice from the COVID-19 contingency fund (including funds for the establishment of Community Based Assessment Centres) was intended to be sufficient to manage risks during lockdown. It is likely that financial pressures will persist at Level 3.
35. Moreover, strains are becoming increasingly evident as an indirect consequence of COVID-19 for those patients whose operations have been deferred or other services postponed, and for people who have not accessed health services due to fears about the virus. There is likely to be substantial suppressed demand for health services that will need to be managed in the coming months, although it is not clear that all of this suppressed demand will present itself in the health system under Level 3. Data for the week ending April 12 indicates that approximately 7,300 inpatient surgeries, and over 70,000 other DHB appointments, have been cancelled or deferred as a result of the COVID-19 response.
36. There is sufficient surge capacity in the health workforce to deal with an increase in the number of COVID-19 cases. As at April 17, 9,223 qualified healthcare professionals either not currently employed in the health system or whose work had scaled down under Alert Level 4 had registered their availability to support COVID-19 efforts if required. This is equivalent to a 12 per cent increase in the DHB workforce head count. DHBs are also planning refresher training for staff who had previously worked in ICUs and training staff without ICU experience to increase the ICU workforce.

37. There is sufficient PPE capacity to respond to an increase in COVID-19 cases. As at April 16 we have 18.8m pairs of gloves, 69,000 safety glasses (with another 850,000 on order), and 14.8m masks. The sourcing and distribution of PPE has now been nationalised to reduce any regional variation.
38. Healthline has considerably scaled up its workforce to deal with increased call volumes and to reduce wait times (average wait times are presently under 10 seconds). Even if demand increases as restrictions are lifted, the Ministry expects Healthline to continue to operate effectively at Alert Level 3.
39. Overall, we can be confident that the health system has sufficient capacity to deal with both a potential increase in COVID-19 cases and with the return to usual operation of wider health services. The Ministry of Health will continue to monitor health system utilisation and, in particular, ensure any risks to financial sustainability of certain services are mitigated.

*Social, economic and fiscal factors*

40. Economic forecasters currently expect that by 30 June GDP will have shrunk by 15 per cent and unemployment will have risen to nine per cent. Visitor arrivals have dropped to zero, and we are seeing the first signs of what is expected to be a significant decline in the housing market. Total payouts under the wage subsidy scheme had reached \$8.9 billion by April 9, supporting more than 1.4 million workers. But the wage subsidy scheme will not save every job, and 23,000 JobSeeker applications were made between 17 March and 10 April. Business confidence is in freefall, and this will impact on the investment we need to support a recovery. The IMF is currently forecasting a three per cent contraction in the global economy in 2020, and this will also weigh on our domestic recovery.
41. The longer the lockdown continues, the fewer businesses will survive and the more people will lose their jobs. MBIE estimates that 1.1m non-essential workers (or 40 per cent of the total workforce) are unable to work from home. Treasury modelling suggests that the Level 4 lockdown reduces economic activity by 40 per cent, and the Level 3 controls will reduce it by 25 per cent. The impact will be felt disproportionately by smaller businesses rather than larger ones (many of which will gain an economic advantage from being counted as essential), and by people on lower incomes or with low savings. The closure of retail businesses has a disproportionate impact on low-paid employees, and the shuttering of construction has particularly negative effects for Māori and Pacific workers.
42. Level 3 will not be a return to business as usual. Under Level 3 all sectors will need to prepare a way of productive working that meets the requirements for physical distancing and reduction in anonymous contact to keep staff safe. The objective is to enable safe economic activity. Some sectors are likely to be better-placed to operate safely in Level 3 because they already face higher worker or food safety requirements that can be adapted to include public health measures.
43. For some businesses, these requirements may mean that they cannot operate at all. Regulatory authorities will need to work together and take a risk-based approach to enforcement by feeding intelligence about people movements into the Ministry of Health's testing and tracing operations.
44. The Minister of Finance has described our response and recovery plan as being in three waves, all of which are underway to some extent. Wave One is focused on Fighting the Virus and supporting incomes. Wave Two is positioning for and kick-starting our recovery, with a focus on supporting job creation and economic activity.



Wave Three is re-setting and revitalising our economy for the longer term to ensure our macroeconomic framework is fit for purpose in a post-COVID 19 world.

45. This response can mitigate the income effects of the lockdown, but even under a conservative scenario where the country is at Level 3 or 4 for three months in total, the cost of this support is predicted to lift New Zealand's net debt levels from around 20 per cent to above 50 per cent of GDP. Under any scenario, New Zealand will face a long period of economic recovery, and this will last years if not decades. We must do all we can to avoid the scourge of widespread unemployment, which will particularly harm vulnerable groups, especially in the regions, and older workers.
46. The Government, along with councils, NGOs and everyday citizens have stepped up to help our most vulnerable groups through the initial lock down period, and much of this work will have to be sustained as we move to Level 3 and beyond.

#### *Public compliance and support factors*

47. Despite instances of concern, we continue to see a high level of public support for and compliance with the lockdown restrictions. Police has sufficient capacity to effectively enforce the restrictions. Traffic volumes on the roads have fallen by about 80 per cent relative to pre-lockdown times. As the lockdown goes on, we see growing public calls for an easing of restrictions.
48. Results from polling combined with a large number of online breach reports suggest concern in the community about whether others are adequately complying, or perhaps confusion on what is actually permitted as the requirements have changed over time. This could erode confidence in Alert Level 4 restrictions and compliance.

#### *Ability to operationalise the controls*

49. We are increasingly well placed to manage a move from Level 4 to Level 3, as advice from the Director-General of Health indicates. We have signalled what Level 3 controls will look like to give businesses in particular some time to plan. There is more information on implementation matters below.

#### *Vulnerable groups*

50. The next stage in health surveillance work needs to uncover the state of health and infection in the more vulnerable communities in the country. Within the Māori and Pacific Island populations particularly, there are households that struggle with crowded living conditions that make the management of any infection difficult. On top of this, there are often older family members who suffer from existing conditions that weaken their ability to fight off infection. Ministers have already instructed the Ministry of Health to step up testing for people who might not always participate in health programmes or initiatives.
51. It is important to put measures in place to protect people over 70 and/or with existing conditions from infection. This does need to be balanced with measures to enable these people to do more safely outside their homes at Alert Level 3 without compromising their bubbles.
52. AOG officials are working closely with the Office for Seniors, MSD and the Office for Disability Issues to develop more nuanced guidance and FAQs for people over 70 and with existing conditions about what they can do at Alert Level 3, and what services and supports are available for them. This will be accompanied by key messages for everyone to ensure that older people are respected and do not face verbal criticism from the public when they take opportunities to leave their homes and are taking

precautions. This includes going to work if they choose to and appropriate public health measures are put in place.

53. The Minister for Seniors will oversee this work, set expectations about what needs to be included, and provide feedback on the draft guidance, before the final version is considered by CBC on Wednesday 22 April.

*There is a choice to be made about when to move*

54. In line with the requirements set by Cabinet last week, the Director-General of Health has confirmed he is satisfied that:
- a. There is a low but residual risk of community transmission. The number of new cases continues to drop even with high levels of testing; all but a small number can be linked to existing cases. There is confidence that such cases are being identified effectively and therefore reasonable certainty that there is little *undetected* community transmission.
  - b. There is sufficient capacity in testing and contact tracing to respond to a surge in demand; contact tracing meets the WHO's guidelines for responsiveness.
  - c. There is strong support and compliance for control measures among New Zealanders, and no reason to believe this will change significantly as a result of moving Alert Level.
  - d. The health system has sufficient capacity to respond to COVID-19 and has identified surge capacity and contingency plans; however, the wider impacts on health outcomes for non-COVID patients is an increasing concern.
55. This review of our situation can support either a cautious relaxation of controls nationwide (the potential for regional controls is discussed further below), or a continuation of Level 4 for an additional period to firm up our confidence in the data and particularly in places where we have relatively less information. Either path is consistent with our elimination strategy, so long as we maintain the flexibility to go back to Level 4 if required.

### **What we will move to**

*A more balanced but still restrictive set of controls*

56. As agreed at CBC last week, our Level 3 restrictions are a balance of the public health risk of increased population mixing with the opportunity to restore more freedoms for our people and the economy and society as a whole. The high effectiveness of our Level 4 measures gives us some room to scale back the most costly of our controls, while maintaining tight control of the virus.
57. Overall, at Level 3, we expect that:
- About 400,000 people who have been unable to work during the lockdown will be able to go back to work, leaving about one million (40 per cent of the workforce) still unable to work. Businesses that cannot operate remotely will be able to open where they can operate within public health guidelines. With very limited exceptions, customers may not enter business premises.
  - Schools and ECEs will start to open from about a week after notice of the shift to Level 3. Most children and young people will remain at home including all young people in years 11-13. Schools will continue to support children through distance learning.
  - New gathering rules will enable attendance at significant events, specifically

funerals, tangihanga, and wedding services, while complying with a range of public health requirements.

- People will be able to connect better with their loved ones, by being able to expand their bubble in their local area to reconnect with close family, bring in care givers and support isolated people during Level 3. Expanded bubbles are still an exclusive arrangement and still need to be small.
  - Personal travel will be permitted for a slightly wider range of purposes, such as going to work or school, attending permitted gatherings, and for recreation. People will be encouraged to stay local. Inter-regional travel, flights, ferries and public transport will continue to be very limited. There will be no travel between regions for recreation. The border will continue to be as closed to passengers as it is now.
  - Households will be able to access a wider range of consumer goods, with delivery allowed of any goods from any business to homes, and households able to pick up goods from shops in a contactless way.
  - There will be more opportunities for low-risk recreation, but within the expanded bubble, while maintaining physical distancing with other bubbles, and staying local.
58. To maintain these additional freedoms, we will all still be expected to follow the basic public health measures around physical distancing and hygiene, and self-isolation when we are sick. Emerging evidence is that isolation of the sick and their close contacts and physical distancing for us all are among the most effective and least costly measures against the virus.
59. It may take some time for what is permissible under the framework to reflect what people are actually comfortable to do. Schools and parents will need to adjust to new arrangements and to feel confident about the effectiveness of public health measures. Workplaces will need to put in place and test the necessary changes to their business models and work practices.
60. As we have with our Level 4 rules, we may also find that we need to make some small adjustments to our Level 3 framework to reflect what we learn in practice about how it works and where the particular difficulties are in its implementation. Although the framework is more permissive than Level 4, depending on how the situation evolves, we may spend more time at Level 3.

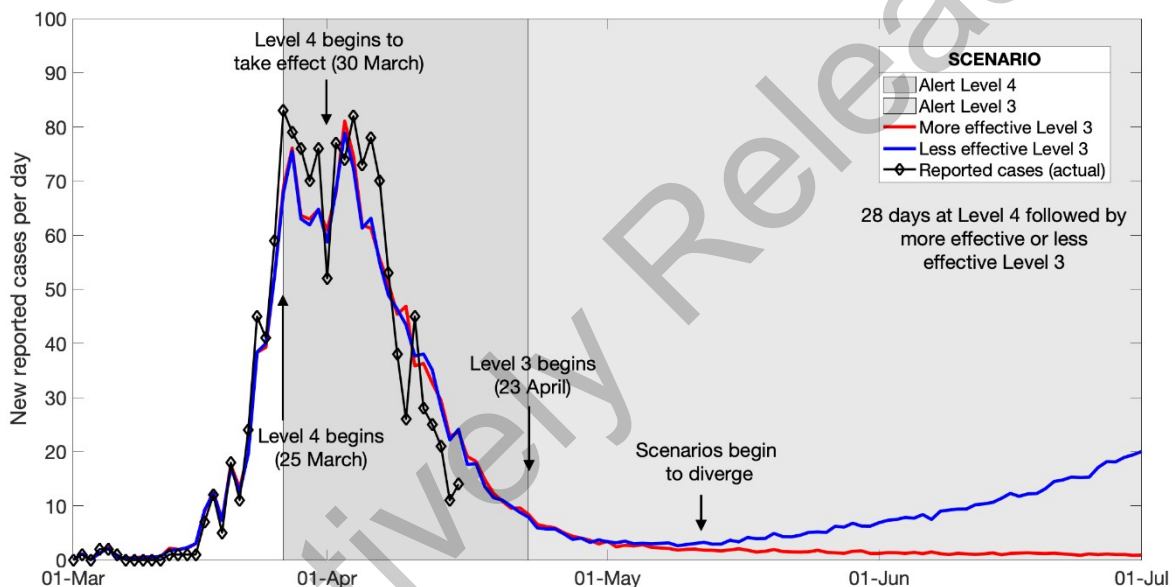
*It is uncertain how effective our Level 3 measures will be in slowing the spread of the virus*

61. Our Level 3 restrictions are still constraining, reflecting the fact that it is wise for us to err on the side of caution. I view them overall as being proportionate to the challenges we face at this stage of the response. They were built from the best available public health advice. And they are more equitable, since our approach to business in particular is more open than the restriction to essential services of the emergency requirements under Level 4 allows. There will always be debates at the edges and we will retain the ability to tweak measures if we need to, and as we have with Level 4 over time.
62. Early analysis of initial case data from different countries show quite varying R0 values for even what are purported to be similar levels of control, so it is difficult to take too much from the experience of other places at this stage.
63. The best available estimates suggest that if our control measures are not sufficiently effective, we will need to return to Level 4 on several occasions for short periods over the rest of this year, and until there is a vaccine or a treatment that renders the virus

less deadly. On the other hand, if our Level 3 measures plus our public health measures continue to be as effective as they have been, then we can continue with our elimination strategy without going back to Level 4.

64. This is illustrated in the graph below that shows two scenarios from Professor Shaun Hendy's modelling team for what might happen if we moved to Level 3 from April 23.
- The red line simulates more effective Level 3 controls. Each infected person in turn infects less than one other ( $R_0 = 0.94$ ). You can see that reported case numbers stay low and continue to decline. This would be similar to what we have seen in recent days, ie, a small number of cases that are swiftly isolated and traced.
  - The blue line simulates less effective Level 3 controls. Each infected person in turn infects up to 1.22 others. These short term results foreshadow the start of the familiar and unwelcome spike of exponential growth.

**Figure 1: A simulation of Level 3 controls after four week lockdown**



65. The difference between these two versions of Level 3 is quite small mathematically but hugely important in a practical sense. If we are on the blue line, then we could see ourselves needing to tighten Level 3 further or return to Level 4 in the middle of the year for long enough to gain control of the virus, and there would no near-term prospect of further de-escalation. If our Level 3 controls plus public health measures are effective, then we continue on the path to successful elimination.
66. Our daily testing numbers and the proportion of tests that are positive will show trends in the shorter term. Our weekly monitoring reports can tell us, amongst other things, how the level of population movement has changed. Because of the lag between infection and the development of symptoms, it will take about two weeks under Level 3 to start seeing what the new track of case numbers will be.
67. Every aspect of our controls goes into reducing the spread of the virus in the community. Work is ongoing to better understand which interventions reduce the spread at the lowest social and economic cost. In the modelling, the most important influences on the rate of spread are the speed of testing, contact tracing, and isolation of those exposed to the virus and their close contacts. The recent audit of the Ministry of Health's contact tracing emphasises the importance of effective public health

measures. Even large outbreaks can be brought under control if the public health response is ready and adequate to the task.

68. Data from Google's anonymous population tracking shows that we have very large reductions in population movements under Level 4, with a larger number of people staying at home, and a lot fewer people going to work, to shops or to parks. This opens the possibility that our Level 3 controls may also be tight enough to continue on a path towards elimination without going back to Level 4 lockdown.

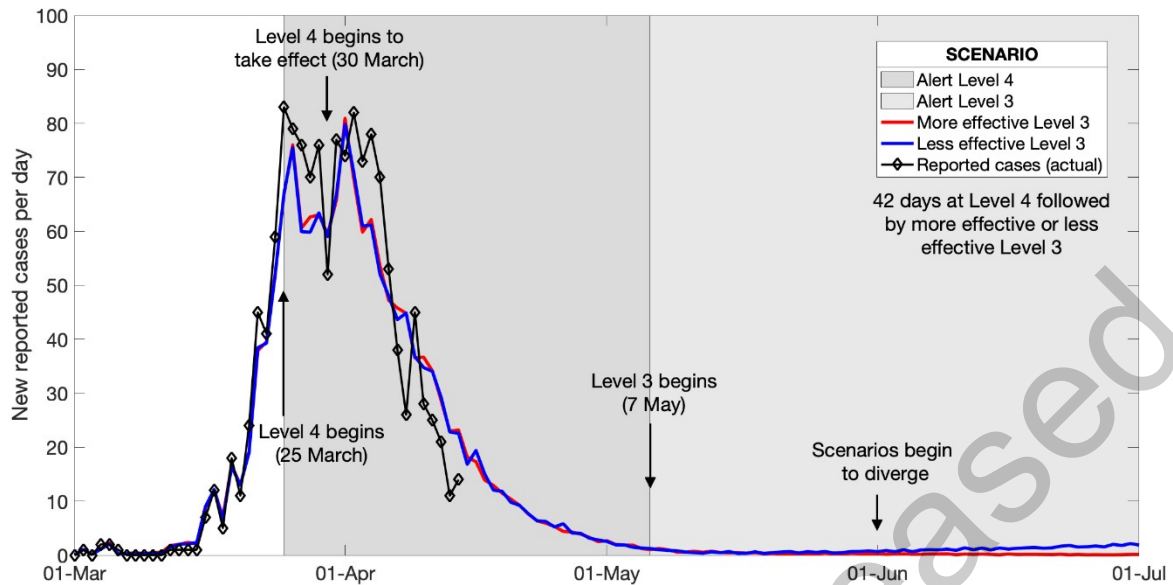
### **Timing and transition options for the move to Level 3**

69. We now understand what Level 4 involves. The social and economic costs of such tight controls are enormous. But the evidence also shows that they are highly effective in limiting the spread of COVID-19.
70. There are two choices to be made on the transition to Level 3:
- The date from which we make the change.
  - The kind of transition path to Level 3 that we take.

#### *Date of change*

71. We have announced that lockdown will run at least until midnight on Wednesday April 22, four weeks after it began. One option is to stick with this date.
72. But the modelling illustrates that the longer we are in lockdown, the more confidence we can have that we are really on top of the spread of the disease and it won't make a comeback so that we have to return to Level 4 to get it back under control. This is illustrated in the chart below, with a long extension to lockdown for two further weeks buying us more time even if Level 3 controls plus our public health measures turn out to be less effective than we hope. A two week extension would be a very precautionary approach, based on a concern that, despite the evidence, there may be undetected community transmission.
73. There is a judgement associated with the timing here. Additional time in lockdown now would be preferable to going back to Level 4 at a nationwide level later. But there is uncertainty in these figures. And it is hard to know the point where the negative effects of a precautionary approach become too large. Plus these scenarios for case numbers only show a part of the issue. There must be uncertainty about our ability to sustain Level 4 for a long time as a nation when the number of new cases is becoming so low, and the economic and fiscal consequences of lockdown are very severe.

**Figure 2: A simulation of Level 3 controls with a lockdown that ends after six weeks**



74. A second option is a short extension of Level 4 control. It allows time for more data to come through, including more results from the extra testing that is being done to boost our knowledge of the situation in particular communities. It would take us past Anzac Day weekend, which will moderate concerns about a sudden change in movement in the community. It is a balanced approach between a long extension and an immediate move. This is the option that is recommended by the Director-General of Health.
75. A further option is to extend Level 4 controls for a further two weeks. This would bring further confidence on the trajectory of cases and on possible futures. It would also impose significant costs on our economy and society, our businesses, our workers and their families. We are currently acting with the support of the community, and the public may well support a continuation of what are extraordinary limitations on their activities. But their willingness to wait is likely to reduce the more their financial, social, cultural and spiritual needs remain unmet.
76. We will formally review the Levels again two weeks after the step-down date. We will of course continue to keep the situation under the closest of scrutiny, reflecting the fact that the response to COVID-19 will continue to be this government's highest priority

*Transition paths*

77. There is also a choice to be made about the transition path for moving between Level 4 and Level 3.
78. We stack up well against the WHO's recently released six key criteria for de-escalation:
  - Transmission is controlled;
  - Sufficient public health and medical services are available;
  - Outbreak risks in special settings like long-term care facilities are minimised;
  - Preventive measures are in place in workplaces, schools and other essential places;
  - Importation risks can be managed; and that

- Communities are fully aware of and engaged in the transition.
79. Each country's approach has been in the context of their own caseload, their culture, and the capacity of their health systems in particular.
- Some countries have recently extended their lockdowns (e.g. France (total lockdown length: eight weeks), Italy (8 weeks), Ireland (five and a half weeks), the UK (seven weeks)).
  - Some countries that did well in combatting initial spread of the disease and scaled back or never imposed restrictive control measures (e.g. Singapore) have now imposed additional measures in response to higher case numbers.
  - Some jurisdictions that have done well (e.g. San Francisco or Victoria, Australia) imposed a series of measures early and have yet to substantively relax them.
80. There are an increasing number of examples of slow and planned transition paths that we can learn from (while noting that all have had much higher numbers of cases than New Zealand and moved later to impose strong restrictions, and that the European and UK examples have not closed their borders and are not following elimination strategies):
- Denmark (population 5.6m, 7k confirmed cases, a ratio of 1,200 cases per million) announced on March 30 a "cautious and gradual" re-opening of society from 15 April onwards, provided people still complied with social distancing measures and the health system was able to cope. This will see day care centres, primary schools (up to around age 11), and some secondary and adult education facilities re-opened. Detailed guides have been published telling all institutions how to function, and openings are subject to sign off from local councils and health authorities.
  - Austria (population 8.9m, 14k cases, a ratio of 1,600 cases per million) has announced a gradual re-opening, beginning with businesses and leaving schools until later. As of April 14 small retail businesses may open (five weeks after initial lockdown), larger businesses from May 4 (eight weeks after) and schools from mid-May (10 weeks after).
  - Germany (population 83m, 134k cases, a ratio of 1,600 cases per million) has announced some modest relaxations to its (ongoing) general contact ban. From April 15, smaller retail shops (<800sqm), bookstores, bike shops and car yards may reopen, subject to customer limits and hygiene measures. High schools will gradually resume from May 4, beginning with older students (who are better able to maintain hygiene and social distancing). Kindergartens remain closed other than for emergency care. Cafes, bars and restaurants remain closed other than for takeaways, and mass public gatherings are prohibited until at least August 31.]
  - In Switzerland (population 9m, 27k cases, a ratio of 3,000 cases per million) the Federal government recently announced that businesses with low levels of direct physical contact, grocery stores and personal services like hairdressers would be able to open from April 27. Subject to an ongoing decline in new COVID-19 cases, compulsory schooling could open on May 11 along with shops and markets, and tertiary education and public venues from June 8, with limits on public gatherings being lifted at the same date, but no large scale events in the foreseeable future.
  - In Australia (population 25m, 6.5k cases, a ratio of 260 cases per million) restrictions vary by State but are at present broadly equivalent to New Zealand's Alert Level 3. The Federal government has signalled it intends to maintain

current restrictions for at least another four weeks and has set out three main areas where progress would be required before the restrictions would be reduced, notably in testing, in contact tracing and in the ability to quickly detect and contain any localised outbreaks.

81. Domestically, while there are a low number of cases and only a small residual risk of community transmission, this has been achieved in the context of a significant countrywide lockdown. A shift to Level 3 arrangements opens up more opportunities for the virus to spread, particularly if a number of changes are being made simultaneously to population restrictions.
82. The Director-General of Health's advice is that we should therefore follow a cautious path in the transition, supported by constant monitoring and an ability to adapt as more information becomes available. He does not recommend a defined set of transition steps apart from in education. But there will be an element of a natural transition in to Level 3. For example it will take some time for schools to re-open and for parents to build confidence in our public health measures there. It will take time for people to understand the new measures and determine how they will work within them. It will also take time for the businesses that can reopen to determine how they can safely operate at Level 3. Government communications can also encourage a cautious approach.

### **Regional variation**

83. The impact of the virus is quite different in different places.
84. As at April 17, eight DHBs have reported 20 or fewer cases. The six of these with the smallest populations (South Canterbury, Tairāwhiti, Taranaki, Wairarapa, Whanganui and West Coast) have had no or only a handful of cases of COVID-19 in the last ten days. By contrast, Auckland, Waitemata, Waikato and Southern DHBs serve 39 per cent of the population but have reported 56 per cent of the cases.
85. Testing volumes and the proportion of positive tests also vary from place to place. For example, as at April 9, Waikato DHB had tested about 1.1 per cent of its population (0.9 per cent of the tests were positive), whereas Canterbury had tested about half of that level (one per cent of the tests were positive). As mentioned above, the Ministry of Health has been working to encourage DHBs with relatively lower testing rates to increase the volume of testing to improve our confidence in the information we have about each region.

### *A regional approach is operationally possible ...*

86. The divergent epidemic experiences of different places raise the question of whether we should step down or up in different ways across regions. A more differentiated response would also make decisions to raise Levels less difficult, since the consequences of stricter controls would be lessened by a more narrow geographic reach.
87. Officials have concluded that it would be operationally possible to move to a situation whereby a few regions (perhaps fewer than five) are at an Alert Level one step higher or lower than the rest of the country, with "regions" being no smaller than current Civil Defence regions, which align well with Regional Council boundaries. There would need to be a range of exceptions for systems that could not feasibly work within such a framework, like freight.



*... but it is not recommended at this stage*

88. When considered alongside the social licence and communications advantages of maintaining a national approach to a national problem, the case for regional variation is not strong at this point. The public health view is that there is no clear reason to now recommend differentiation based on regions. More practically for the decision we face in this paper, the approach is not ready to be implemented in the very short term even if it were desirable in principle.
89. In line with the recent discussion at CVD Ministers, I think there would be merit in looking at regional differentiation if the virus were contained to a small number of regions and COVID-19 was more appropriately seen as a regional rather than a national trouble. This seems some distance from our present position, but we can return to the issue in the future as necessary, particularly if there is an outbreak in a specific region.

### **Implementation from here**

90. Ministers have made decisions on detailed measures for all Alert Levels, and I announced these on 16 April 2020.

### *Schools and early learning centres*

91. The Director-General of Health has provided a statement with explicit public health advice about the overall approach and public health control measures for schools and early learning centres. This includes advice that schools and early learning centres should initially reopen with bubbles of 10 children, but may move to bubbles of 20, once procedures are running smoothly. The statement and more detailed Alert levels education table (including public health control measures) was discussed with sector groups on Friday afternoon and sent to all early learning centres and schools on Friday night.
92. The implementation approach for schools and early learning centres is:
- Between now and the Alert Level changing, the Ministry of Education (with the support of a dedicated Public Health official) will work with the sector to develop more detailed guidance for schools and early learning centres about how to operationalise the public health measures, and to provide support to principals and early learning leaders to plan for reopening including communications to parents. Distance learning will continue for all children during this time.
  - During the week after notice is given that the Alert Level will change from Level 4 to Level 3, schools and early learning centres will prepare for re-opening including cleaning all internal surfaces, carrying out grounds and any property maintenance needed, rearranging rooms and furniture to enable school bubbles to remain separate, ensuring all public health control measures are in place, working with parents to understand which children will be returning and assigning them to bubbles, and planning how to deliver a mix of distance and onsite learning. They will be working closely with their staff to identify which staff will physically return to the site and those of whom will be staying at home. Distance learning will continue for all children during this time. Ministry of Education regional staff will work closely with individual principals and early learning leaders to assist during this time.
  - We would expect most schools and early learning services to be physically open within a week of being given notice of the Alert Level shifting from Level 4 to Level 3, and following a teacher only day to prepare teachers for different ways of working. However, in some cases more time will be required due to the size of

the school or service, and/or difficulty contacting and engaging with parents. It is assumed that most children and young people will continue distance learning. The greatest concern of the sector is that parents will want more children and young people to return to school than they can accommodate due to physical distancing requirements and/or staff availability.

- Over time, schools and early learning centres will be able to increase the size of bubbles from 10 to 20, when procedures are running smoothly. The specific requirements for this shift will be worked through with the sector and public health officials as part of developing guidance over the next week.

*Other transition matters*

93. The AOG team and agency officials have been working on a number of critical tasks to enable implementation of Alert Level 3. Ministers have considered advice on and made decisions on:
  - a. Public health measures, including contact tracing capacity, testing capacity, and what will be monitored and reported;
  - b. How businesses can operate at Alert Level 3;
  - c. An approach to managing different Alert Levels at a local or regional level (with further work to be done in the coming weeks);
  - d. An approach to providing health services at Level 3.
94. Over the last two weeks, more structure and support has been put around welfare and 'at risk' communities within the operational response. A Social Sector Chief Executives' group has been established, and the work is now being organised into three streams: intelligence and insights; policy, reporting and planning; and service delivery and coordination. Work continues on meeting immediate welfare needs (e.g. stocking up foodbanks), on developing tailored communications on what Alert Level 3 means and disseminating it through networks to communities (e.g. information in different languages and accessible formats), and on starting to plan for the medium to longer term social needs.
95. A paper is coming to CBC this week with detailed guidance for 'at risk' people over the age of 70 and those with existing conditions.
96. Work also continues at pace on communications. A three phased communications strategy has been developed – **Signpost** what Alert Level 3 would look like, **Prepare** people for the change with additional guidance and reinforce existing measures, and **Implement**, which will focus on compliance at Alert Level 3. The first phase has started with high level announcements about the Alert Levels and some initial supporting material has been released, with an initial focus on workplaces. Agencies are also engaging with different sectors about how to operationalise the Alert Level 3 measures. Further information and detailed guidance is still being developed and released including information to respond to specific questions.
97. Crown Law Office, in consultation with Health, Police and NEMA, has been directed to report back to CVD Ministers on 21 April 2020 on the authorisations and powers to give effect to the decision of Cabinet about whether and when to step down a Level.
98. A move to Level 3 would be associated with a greater level of reliance on voluntary compliance. But it is important to respect the different decision-making powers of Cabinet and the Director-General of Health (acting as Medical Officer of Health) or other decision-makers like the Secretary of Education. Changes to Alert Levels may be made by Cabinet to signal to the public that the level of public health risk has been

reassessed and that there are new expectations on how New Zealanders will conduct themselves in those circumstances and the support that government will provide, taking account of these expectations. Changes to the legal restrictions on the public imposed by orders under s70 of the Health Act are for a Medical Officer of Health rather than Cabinet.

99. When we move further down the Alert Levels over time, consideration will need to be given to the available legislative toolkit and whether, for the sake of clarity of powers, specific standalone legislation would be preferable. Officials are looking at this now.
100. Our response to COVID-19 will continue to be the Government's highest priority. We now have a stream of daily data, the weekly monitoring report from AOG officials and other regular dashboards. We will soon resume the regular Cabinet Committee schedule and some COVID-related papers could be dealt with by those committees as part of their normal business. We will retain the CVD Ministers group as well.

#### **Adjustments to the Levels framework**

101. At CBC last week, Ministers raised a number of potential tweaks to the Alert Level framework to enable some specific activities at Level 4. If we return to Alert Level 4 in the future or decide to stay at Alert Level 4 for two weeks now, we will invite Ministers to bring proposals for adjustments that meet the requisite strict criteria.
102. As discussed in the Alert Levels paper at Cabinet last week, we will use broadly the same factors for all decisions on changing levels. But there have been questions about the specific wording of the factors and whether they are equally applicable whether we are moving up or down, and at all Levels. I will ask my officials to consider this matter, which may in due course lead to a need for Cabinet reconsideration of the factors framework to make it more universal.

#### **Adjustments to transit arrangements**

103. It is convenient to reconsider border measures when changes in Alert Levels are reconsidered by Cabinet. I propose to continue our current stringent border restrictions and health requirements regardless of when we move to Level 3, but with some tweaks to transit conditions that have been agreed with the Ministry of Health to better support the repatriation of third-party nationals:
  - The window for transit will be increased to 24 hours because airlines' reduced flight schedules do not accommodate the current 10 hour time limit. Other existing conditions (relating to passengers remaining airside, meeting health requirements, and being confirmed as being able to transit) will continue to apply.
  - The requirement will be for a Government-to-Government assurance to the satisfaction of the Minister of Foreign Affairs or his delegated representative, rather than specifying that it needs to be a formally documented agreement in the form of "Third Person Note".

#### **Financial Implications**

104. It is difficult to quantify the implications of a change to Alert Levels on the Government's finances, though a move out of Level 4 restrictions is expected to be more positive than remaining in lockdown for longer.

#### **Legislative Implications**

105. There are no legislative implications arising from the recommendations in this paper.

## Impact Analysis

106. The requirement for a Regulatory Impact Analysis did not apply because this is a policy proposal directly related to the COVID-19 response.

## Human Rights

107. The restrictions imposed at Levels 3 and 4 of the Alert Level system involve the most significant and widespread interference with human rights in New Zealand in living memory. The examples below refer to “limits” on rights, but this means only that the rights are prima facie limited. Limits are only unlawful if they cannot be shown to be demonstrably justified (i.e. a proportionate response to the objective of protecting the public health and lives of New Zealanders).
108. Several of the measures at all Alert Levels raise significant human rights issues. I note:
- a. Restrictions on gatherings could limit the right to manifest religion or belief in worship, observance, practice or teaching, particularly in community with others, affirmed in section 15 of the Bill of Rights Act 1990 (BORA).
  - b. Restrictions on gatherings limit the right to peaceful assembly affirmed in section 16 of BORA and potentially freedom of association in s 17.
  - c. Travel restrictions, both domestically and at the border and the nationwide enforced quarantine order (generally confining people to their homes, with limitations on people’s freedom to swim, surf, hunt, tramp, etc.) all limit freedom of movement affirmed in section 18 of BORA (and freedom of assembly and association).
  - d. All measures have the potential to limit the right to be free from discrimination affirmed in section 19(1) of BORA, due to their potential disproportionate impact on some groups (particularly people of faith, Māori, Pacific peoples, older people, people with disabilities and women).
  - e. Restrictions on gatherings could limit the rights of ethnic, religious or linguistic minorities to enjoy the culture, to profess and practice the religion, or to use the language, of that minority affirmed in section 20 of BORA.
  - f. The enforced quarantine of new arrivals in specified managed facilities may amount to an arbitrary detention contrary to section 22 of BORA and/or limits the rights to freedom of assembly, association and movement. The manner in which controls are implemented in places of detention for public health reasons could affect the right of persons deprived of liberty to be treated with humanity and respect for the inherent dignity of the person affirmed in section 23(5) of BORA.
109. As for international human rights obligations, the rights protected by the International Covenant on Civil and Political Rights are fully reflected in BORA. Several rights affirmed in the International Covenant on Economic, Social and Cultural Rights are also engaged by measures discussed in this paper. These include:
- a. The right to work (article 6).
  - b. The right to the highest attainable standard of physical and mental health (article 12) which requires states to prevent, treat and control epidemic illnesses, and also access to elective procedures.
  - c. The right to education (article 13).

110. Whether Cabinet decides to remain at Level 4 or drop down to Level 3, there will be significant human right impacts. A downward movement in Alert Level is generally expected to create a more rights-consistent environment in New Zealand.
111. Limits on rights or freedoms are permissible if they are reasonable, prescribed by law, and demonstrably justified in a free and democratic society. The limits must be in proportion to the objective of the relevant Alert Level, namely preventing the spread of COVID-19 and protecting the public health and lives of New Zealanders.
112. This is a legitimate objective, and one that could not be achieved in a manner that allows for greater liberty and enjoyment of movement, association and assembly rights. Public health advice is that the Level 3 measures, and the associated restrictions, are necessary to prevent the spread of COVID-19. The measures have been tailored to allow businesses, services, and schools to operate to the greatest extent that they can, without significant contact with the public and the accompanying risk of transmission. Additional exceptions and exclusions to the requirement to stay at home allow people to move outside their homes to access services they need (beyond those simply providing the necessities of life), obtain fresh air and exercise, and have contact with others, including for one-off life events; all appropriately balanced against risk to public health. This demonstrates a proportionate response, which allows for movement and association that has a low risk of contact and transmission of the virus.
113. The relevant government departments will keep all restrictive measures under constant review to ensure they have a firm legal basis, are sufficiently well-defined, can be demonstrably justified in the circumstances, and remain proportionate to the threat posed by COVID-19. The Solicitor-General, supported by an inter-agency process, will ensure that ongoing reviews take place and report back to Cabinet on a regular basis.

#### **Gender impact statement**

114. At this stage, the overall impacts on women of COVID-19 are unclear. However, we know that in the first week of the lockdown there was a significant increase in police investigations of family harm, and since the lockdown began there has been an increase in people seeking help from refuges, both indications of issues that we know disproportionately affect women.

#### **Disability Impact**

115. The disability community remains anxious about COVID-19 and its existing vulnerabilities are magnified in a situation where they have to make changes to their usual routines. A proportion of disabled people are at greater risk of COVID-19 from a clinical perspective and/or because they are exposed to more people as a result of requiring support for activities of everyday living.
116. There is also a group of disabled people who require information to be provided in a format they can access (New Zealand Sign Language, blind formats, Easyread). The development of Alert Level 3 guidance and FAQs for over 70s and people with existing conditions will be useful for the disability community. Officials will work on getting the guidance or key messages translated into accessible formats.

#### **Consultation**

117. This paper was prepared by the Department of the Prime Minister and Cabinet (Policy Advisory Group). Consultation on a draft of the paper was undertaken with the Ministries of Health, Business, Innovation and Employment, Education, Social Development, Transport and Primary Industries, the All of Government COVID-19 unit,

the Treasury, the State Services Commission, Crown Law and my Chief Science Advisor.

### Communications

118. I will communicate the decisions set out in this paper after Cabinet agreement. Communications will be co-ordinated with the Government's broader communications around its COVID-19 response.

### Proactive Release

119. I intend to proactively release this Cabinet paper following Cabinet consideration.

### Recommendations

120. The Prime Minister recommends that Cabinet:

1. **note** that we declared border restrictions and an Alert Level 4 lockdown until midnight on April 22, supported by a State of National Emergency, in an attempt to eliminate the COVID-19 virus in New Zealand [CAB-20-Min-0142, CAB-20-MIN-0133, COVID Ministers 25/03/2020 decision];
2. **note** that these measures have had very positive effects on the spread of COVID-19 with new case numbers falling sharply, and have given us a window to improve our public health preparedness in particular;
3. **note** that the social, economic, fiscal and non-COVID health costs of the Alert Level 4 restrictions are very large and growing;
4. **note** that, on April 14, Cabinet agreed the principle factors to be taken into consideration in determining whether we can step down from Alert Level 4 in all or part of New Zealand [CAB-20-MIN-0161 refers];
5. **note** that a review of the best available information against those factors supports a reduction of the most stringent controls to enable a higher level of social and economic activity while still continuing on path to elimination;
6. **note** that the Director-General of Health is satisfied that:
  - 6.1. There is a reasonable confidence that undetected community transmission is unlikely. The number of new cases continues to drop even with high levels of testing; all but a small number can be linked to existing cases. There is confidence that such cases are being identified effectively and therefore reasonable certainty that there is little *undetected* community transmission;
  - 6.2. There is sufficient capacity and capability in our testing; a clear pathway over the next week to ensuring timely case isolation and consistent contact tracing nationally, including surge capacity in the case of an outbreak;
  - 6.3. There are strong processes in place to manage outbreaks in high risk settings, particularly aged residential care;
  - 6.4. Our border measures, including quarantine and supervised isolation are sufficiently robust and adhered to;
  - 6.5. There is strong support and compliance for control measures among New Zealanders, and no reason to believe this will change significantly as a result of moving Alert Level;

- 6.6. There is sufficient capacity in the health system more generally, including workforce and ICU capacity; however, the wider impacts on health outcomes for non-COVID patients are an increasing concern;
7. **note** the Director-General's concerns that the following risks remain around the transition to Level 3:
- 7.1. Level 3 as a whole creates a large cumulative public health risk from the aggregate effect of relaxation of multiple control measures, which can be mitigated through a careful transition and enhanced surveillance.
- 7.2. Monitoring the impact of the steps we take will be essential to maintain our precautionary approach and ensure that the risk of new outbreaks is contained.
- 7.3. Public understanding of Level 3 measures and the preparation of the population, businesses and institutions will be crucial to effective implementation and compliance. This further underscores the need for a well-managed transition.

**EITHER to move to Level 3 from midnight on April 22 (four week lockdown)**

8. **agree** to move nationwide from Alert Level 4 to Alert Level 3 effective from midnight on Wednesday April 22, for at least two weeks;
9. **agree** that Cabinet will again consider whether to adjust the Alert Level no later than Monday May 4;

**OR (PREFERRED BY THE DIRECTOR-GENERAL OF HEALTH) to move to Level 3 from midnight on April 27 (five extra days of lockdown)**

10. **note** that in the Director-General of Health's opinion, while it is important to move out of Level 4 restrictions given the high social and economic costs of these controls, staging the implementation of the move beyond the Anzac Day holiday weekend will allow for a well-planned and careful transition to mitigate the risks identified in recommendation seven above;
11. **agree** to move nationwide from Alert Level 4 to Alert Level 3 effective from midnight on Monday 27 April, for at least two weeks;
12. **agree** that Cabinet will again consider whether to adjust the Alert Level no later than Monday May 11;

**OR to move to Level 3 from midnight on May 7 (two further weeks of lockdown)**

13. **agree** to move nationwide from Alert Level 4 to Alert Level 3 effective from midnight on Wednesday 6 May, for at least two weeks;
14. **agree** that Cabinet will again consider whether to adjust the Alert Level no later than Monday May 18;

**AND (for all options)**

15. **note** the risk that if our Alert Level 3 controls and public health measures are not sufficiently effective, we will need to return to Level 4 again in the future;
16. **note** that Crown Law Office, in consultation with Health, Police and NEMA, will report back to CVD Ministers on 21 April 2020 on the authorisations and powers required to give effect to the decisions of Cabinet on this paper;

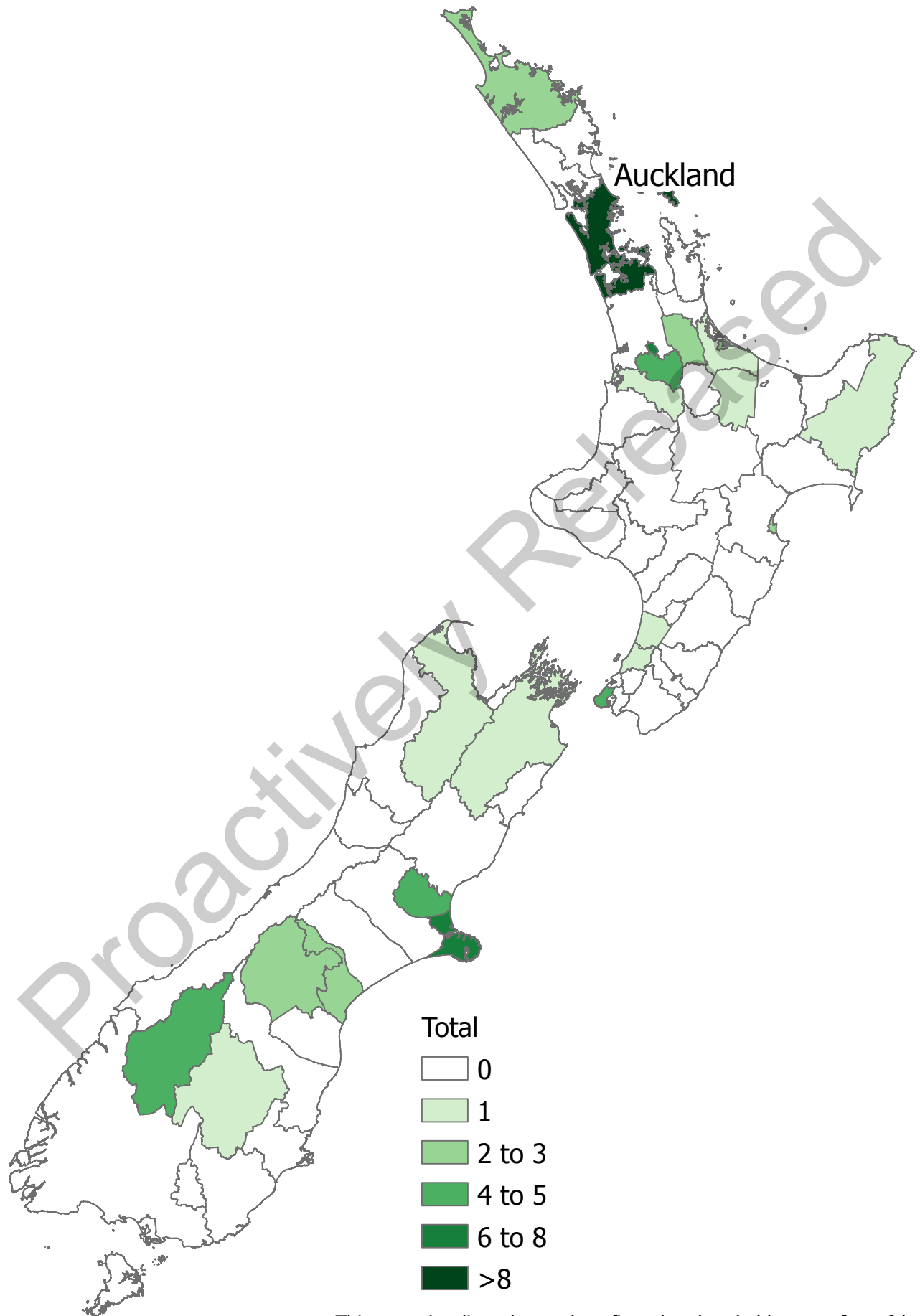
17. **note** that we expect to see a gradual transition as people and businesses adjust to the new framework and more children and young people return to schools and early learning centres as the size of school and early learning bubbles increase, once procedures are running smoothly;
18. **note** that the response to COVID-19 will continue to be this Government's highest priority;
19. **agree** that unless and until management of the virus is better seen as a regional rather than a national priority, there will no differentiation in Alert Levels between different regions;
20. **agree** that no changes be made to the current border restrictions (including the case-by-case exemptions) that restrict entry of any person coming into New Zealand previously agreed by Cabinet on 30 March 2020 for Alert Level 4 [CAB-20-MIN-0142 refers];
21. **agree** that transit through New Zealand should continue to be allowed where there is a Government-to-Government assurance, to the satisfaction of the Minister of Foreign Affairs or his delegated representative, to support repatriation of stranded people, where the following conditions are met:
  - 21.1. passengers remain airside (do not enter New Zealand) and do not exceed 24 hours in transit;
  - 21.2. health requirements have been met; and
  - 21.3. all passengers will be either accepted at the port of disembarkation and/or allowed to transit that port in order to travel onwards to a third country.
22. **agree** that the current border restrictions, case-by-case exemptions for entry, and transit arrangements be further reviewed when Cabinet next re-considers COVID-19 Alert Levels;
23. **note** that the human rights implications of the restrictions imposed under Alert Levels are significant and the measures will be subject to regular review, including scrutiny by the Solicitor-General;
24. **agree** that Cabinet's decisions today will be communicated by the Prime Minister.

**Rt. Hon. Jacinda Ardern**  
**Prime Minister**

[Attached: a map of cases from April 6-April 16]



# Thematic map showing the distribution of COVID-19 cases in Aotearoa New Zealand



This map visualises the total confirmed and probable cases from 6th April. The area with the highest total has been labelled. Three cases were not included due to lack of geographical information.



# 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.*

### Review of COVID-19 Alert Level 4

**Portfolio**                      **Prime Minister**

On 20 April 2020, Cabinet:

- 1        **noted** that the government declared border restrictions and an Alert Level 4 lockdown until midnight on 22 April 2020, supported by a State of National Emergency, in an attempt to eliminate the COVID-19 virus in New Zealand [CAB-20-MIN-0142, CAB-20-MIN-0133, COVID Ministers decision on 25 March 2020];
- 2        **noted** that these measures have had very positive effects on the spread of COVID-19, with new case numbers falling sharply, and have given a window to improve public health preparedness in particular;
- 3        **noted** that the social, economic, fiscal, and non-COVID health costs of the Alert Level 4 restrictions are very large and growing;
- 4        **noted** that, on 14 April 2020, Cabinet agreed the principal factors to be taken into consideration in determining whether we can step down from Alert Level 4 in all or part of New Zealand [CAB-20-MIN-0161];
- 5        **noted** that a review of the best available information against those factors supports a reduction of the most stringent controls to enable a higher level of social and economic activity while still continuing on a path to elimination;
- 6        **noted** that the Director-General of Health is satisfied that:
  - 6.1      there is a reasonable confidence that undetected community transmission is unlikely. The number of new cases continues to drop even with high levels of testing; all but a small number can be linked to existing cases. There is confidence that such cases are being identified effectively and therefore reasonable certainty that there is little undetected community transmission;
  - 6.2      there is sufficient capacity and capability in testing; a clear pathway over the next week to ensuring timely case isolation and consistent contact tracing nationally, including surge capacity in the case of an outbreak;
  - 6.3      there are strong processes in place to manage outbreaks in high risk settings, particularly aged residential care;
  - 6.4      border measures, including quarantine and supervised isolation are sufficiently robust and adhered to;

- 6.5 there is strong support and compliance for control measures among New Zealanders, and no reason to believe this will change significantly as a result of moving Alert Level;
- 6.6 there is sufficient capacity in the health system more generally, including workforce and intensive care unit capacity; however, the wider impacts on health outcomes for non-COVID patients are an increasing concern;
- 7 **noted** the Director-General's concerns that the following risks remain around the transition to Level 3:
- 7.1 Level 3 as a whole creates a large cumulative public health risk from the aggregate effect of relaxation of multiple control measures, which can be mitigated through a careful transition and enhanced surveillance;
- 7.2 monitoring the impact of the steps we take will be essential to maintain our precautionary approach and ensure that the risk of new outbreaks is contained;
- 7.3 public understanding of Level 3 measures and the preparation of the population, businesses and institutions will be crucial to effective implementation and compliance. This further underscores the need for a well-managed transition;
- 8 **noted** that in the Director-General of Health's opinion, while it is important to move out of Level 4 restrictions given the high social and economic costs of these controls, staging the implementation of the move beyond the ANZAC Day holiday weekend will allow for a well-planned and careful transition to mitigate the risks identified in paragraph 7 above;
- 9 **agreed** to move nationwide from Alert Level 4 to Alert Level 3 effective from 11.59 pm on Monday, 27 April 2020, for at least two weeks;
- 10 **agreed** that Cabinet will again consider whether to adjust the Alert Level no later than Monday 11 May 2020;
- 11 **noted** the risk that if Alert Level 3 controls and public health measures are not sufficiently effective, the government will need to return to Level 4 again in the future;
- 12 **noted** that the Crown Law Office, in consultation with the Ministry of Health, Police, and the National Emergency Management Agency, will report back to the COVID-19 Ministerial Group on 21 April 2020 on the authorisations and powers required to give effect to the decisions above;
- 13 **noted** that the government expects to see a gradual transition as people and businesses adjust to the new framework and more children and young people return to schools and early learning centres as the size of school and early learning bubbles increase, once procedures are running smoothly;
- 14 **agreed** to allow people to enter schools and early learning centres, with direction from the Secretary of Education and appropriate physical distancing measures in place, during the remainder of the lockdown for the purposes of essential preparation for reopening schools and early learning centres including cleaning, carrying out grounds and any property maintenance needed, rearranging physical spaces, and planning and administration;
- 15 **noted** that the response to COVID-19 will continue to be the government's highest priority;
- 16 **agreed** that unless and until management of the virus is better seen as a regional rather than a national priority, there will no differentiation in Alert Levels between different regions;

- 17 **noted** that regional differentiation in Alert Levels may need to be considered further in the event that there is an outbreak in a specific region;
- 18 **agreed** that no changes be made to the current border restrictions (including the case-by-case exemptions) that restrict entry of any person coming into New Zealand previously agreed by Cabinet on 30 March 2020 for Alert Level 4 [CAB-20-MIN-0142];
- 19 **agreed** that transit through New Zealand should continue to be allowed where there is a government-to-government assurance, to the satisfaction of the Minister of Foreign Affairs or his delegated representative, to support repatriation of stranded people, where the following conditions are met:
- 19.1 passengers remain airside (do not enter New Zealand) and do not exceed 24 hours in transit;
- 19.2 health requirements have been met; and
- 19.3 all passengers will be either accepted at the port of disembarkation and/or allowed to transit that port in order to travel onwards to a third country;
- 20 **agreed** that the current border restrictions, case-by-case exemptions for entry, and transit arrangements be further reviewed when Cabinet next re-considers COVID-19 Alert Levels;
- 21 **noted** that the human rights implications of the restrictions imposed under Alert Levels are significant and the measures will be subject to regular review, including scrutiny by the Solicitor-General;
- 22 **noted** that Cabinet's decisions will be communicated by the Prime Minister.

Michael Webster  
Secretary of the Cabinet