



BRIEFING

Further advice on strengthening border measures for COVID-19

| | | | |
|---------------------------------|--|-------------------------|--------|
| Date: | 14 March 2020 Restricted | Priority: | Urgent |
| Security classification: | RESTRICTED [COMMERCIAL IN CONFIDENCE] | Tracking number: | |

Action sought

Ministers with Power to Act

A group of Ministers with Power to Act on New Zealand's response to the novel coronavirus outbreak comprising the Prime Minister, and the Ministers of Foreign Affairs, Tourism, Finance, Education, Health, Immigration, Trade and Export Growth

Contact for telephone discussion (if required)

| Name | Position | Telephone | 1st contact |
|--------------------|---|--|-------------|
| Ruth Isaac | Acting Deputy Chief Executive, Labour, Science and Enterprise | Privacy of natural persons 04 901 3883 | ✓ |
| Katherine MacNeill | Acting General Manager, Labour & Immigration Policy | 04 896 5810 | |

The following departments/agencies have been consulted

Ministry of Foreign Affairs and Trade (MFAT), Ministry of Health (MOH), Ministry of Transport (MOT), New Zealand Customs Service, The Treasury, Department of Prime Minister and Cabinet

Minister's office to complete:

☐ Approved

☐ Declined

☐ Noted

☐ Needs change

☐ Seen

☐ Overtaken by Events

☐ See Minister's Notes

☐ Withdrawn



BRIEFING

Further advice on strengthening border measures for COVID-19

| | | | |
|--------------------------|---------------------------------------|------------------|--------|
| Date: | 14 March 2020 | Priority: | Urgent |
| Security classification: | RESTRICTED [COMMERCIAL IN CONFIDENCE] | Tracking number: | |

Purpose

Advice on whether and how to impose stronger border measures relating to COVID-19.

Recommendations

Officials from MBIE, MFAT, MOH, MOT, NZ Customs Service and the Treasury recommend that you:

- a. **Agree** the following package of measures to mitigate the worst impacts and ensure the time is used to best prepare New Zealand for a COVID-19 outbreak, 'Go hard, Go early, Contain COVID-19', comprising:
 - a. stronger measures at the border:
 - i. Category 1A: mainland China and Iran
 - ii. Category 1B: designate the rest of the world, except Australia, Pacific¹, and those in Category 1A. This means all travellers (New Zealanders and foreign nationals) will be expected to self-isolate for 14 days on arrival in New Zealand
 - iii. Category 2: Australia and Pacific. This means that all travellers (New Zealanders and foreign nationals) will be expected to self-isolate if they show symptoms within 14 days of arrival.
 - iv. Self-isolation expectations do not apply to air and marine crew who have taken appropriate infection control and PPE measures as required.
 - v. The new Category 1B and Category 2 designations should take effect from 23:59 Sunday 15 March 2020.
 - vi. a temporary ban on the entry of cruise ships to New Zealand's territorial waters on public health grounds, coming into effect from 23:59 on 14 March 2020 (separate paper refers)
 - vii. stronger health screening at the border on arrival, and with airlines agreement, at departure port overseas
 - viii. exit screening measures for departures to the Pacific
 - b. direct support to incentivise people to self-isolate in practice and slow the spread of the virus

¹ 333This means: all Pacific Islands Forum members (except French Polynesia), Associate Member Tokelau, and Observer Wallis and Futuna

- c. announcing shortly the regulation of mass gatherings (advice to come in next 24 hours)
- d. actions over a 30 day period to accelerate our preparedness and maximise the benefits from, and justify the economic costs of, the border measures
- e. a relief package for the aviation sector to encourage airlines to remain in New Zealand so that we can re-bound from the restrictions quickly and not have significant impacts on our tourism sector, exporters, and economy
- f. Government financial support for specific air routes to ensure key freight keeps moving between New Zealand and other countries and enable New Zealanders to return home
- g. urgent work with Air New Zealand as part of our shareholder role around impacts on the airline
- h. assurances to maritime cargo carriers that the measures do not apply to cargo ships or marine crew, to keep sea freight routes open for imports and exports, including essential supplies, and
- i. clear communications to reassure the public.

Agree / Disagree

Ruth Isaac
Acting Deputy Chief Executive
Labour, Science and Enterprise, MBIE

Rt Hon Jacinda Ardern
Prime Minister

Rt Hon Winston Peters
Minister of Foreign Affairs

Hon Kelvin Davis
Minister of Tourism

Hon Grant Robertson
Minister of Finance

Hon Chris Hipkins
Minister of Education

Hon David Clark
Minister of Health

Hon David Parker
Minister for Trade and Export Growth

Hon Iain Lees-Galloway
Minister of Immigration

Proactively Released

Key points

- This advice has been jointly prepared and agreed by Government agencies: MOH, MBIE, MFAT, MOT, Customs, and the Treasury.

Rationale for moving to stronger border measures now

- We are advanced in our preparations to respond to an outbreak in New Zealand. However, we have more information now available about the virus' epidemiology, including asymptomatic transmission, and are learning lessons from how other countries have managed outbreaks, applied innovative and timely approaches, and in doing so, have controlled and also impacted on mortality rates from their outbreaks.
- There is increasing 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.
- Stronger border measures would buy us additional time to further advance our preparedness across our health system, communities, workplaces, education system and government. Even in just 30 days, we could bring forward and scale up planned actions for our preparedness and implement innovative new measures. These could make the difference in flattening the peak of an outbreak in New Zealand, and reduce the scale of severe cases (and mortality rate) we see here.
- The more we postpone cases in New Zealand, the better the healthcare system can function, the lower the mortality rate, and the higher the share of the population that will be vaccinated before it gets infected.

Rationale for a wider package of measures

- These additional border measures could stave off the economic disruption of a widespread COVID-19 outbreak in New Zealand. However, we recognise the measures themselves would be highly disruptive and have significant economic consequences. As the rest of the world is moving to close borders, the impact of New Zealand Government decisions is less of the driver of these wider impacts.
- International relations
[REDACTED] This will require us to prioritise development of a relief package for aviation sector to encourage airlines to remain in New Zealand so that we can re-bound from the restrictions quickly and not have significant impacts on our tourism sector, exporters, international connections, and economy
- We will also may need to consider options for financial support for specific air routes to ensure key freight keeps moving between New Zealand and other countries and undertake urgent work with Air New Zealand as part of our shareholder role around impacts on the airline. Free and frank opinions
[REDACTED]
- This is to ensure we maintain key air routes for freight and goods, including essential and time-sensitive supplies such as pharmaceuticals, and to support our health response and New Zealanders to return home.
- It is difficult to quantify the longer term impact of further significant border measures on the New Zealand economy. This will depend on market reactions to the restrictions and the longer term impacts that flow from the deliberate disruption of supply chains vis a vis

likely demand impacts from wider global factors. Whether or not the border is closed further, the demand for travel to New Zealand is already decreasing.

- Stronger measures risk bringing forward, broadening and compounding the economic impacts particularly to supply chains (inwards and outwards). It may be difficult to unwind these. Lost air routes will not necessarily return once the New Zealand government is ready to lift its restrictions and the costs of restoration may be significant.
- In 30 days' time, the situation is likely to have worsened globally. Ministers may need to be ready to lift border measures at that time, on the basis that New Zealand is as ready as it can be. Continuing beyond that point may increase economic hardship in New Zealand, without commensurate benefits.
- We strongly advise that this decision should be announced alongside a package of measures to mitigate the worst impacts and ensure the time is used to best prepare New Zealand for COVID-19. We recommend the following package 'Go hard, Go early, Contain COVID-19', comprising:
 - a. stronger measures at the border:
 - b. Category 1A: mainland China and Iran
 - c. Category 1B: designate the rest of the world, except Australia, Pacific², and those in Category 1A. This means all travellers (New Zealanders and foreign nationals) will be expected to self isolate for 14 days on arrival in New Zealand.
 - d. Category 2: Australia and Pacific. This means that all travellers (New Zealanders and foreign nationals) will be expected to self-isolate if they show symptoms within 14 days of arrival.
 - e. Self-isolation expectations do not apply to air and marine crew who have taken appropriate infection control and PPE measures as required.
 - f. The Category 1B and Category 2 designations should take effect from 23:59 Sunday 15 March 2020.
 - g. a temporary ban on the entry of cruise ships to New Zealand's territorial waters on public health grounds, coming into effect from 23:59 on 14 March 2020 (separate paper refers)
 - h. stronger health screening at the border on arrival, and with airlines agreement, at departure port overseas
 - i. exit screening measures for departures to the Pacific
 - g. direct support to incentivise people to self-isolate in practice and slow the spread of the virus
 - h. announcing shortly regulation of mass gatherings (advice to come in next 24 hours)
 - i. actions over a 30 day period to accelerate our preparedness and maximise the benefits from, and justify the economic costs of, the border measures

² This means: all Pacific Islands Forum members (except French Polynesia), Associate Member Tokelau, and Observer Wallis and Futuna

- j. a relief package for the aviation sector to encourage airlines to remain in New Zealand so that we can re-bound from the restrictions quickly and not have significant impacts on our tourism sector, exporters, and economy
 - k. Government financial support for specific air routes to ensure key freight keeps moving between New Zealand and other countries and enable New Zealanders to return home
 - l. urgent work with Air New Zealand as part of our shareholder role around impacts on the airline
 - m. assurances to maritime cargo carriers that the measures do not apply to cargo ships or marine crew, to keep sea freight routes open for imports and exports, including essential supplies, and
 - n. clear communications to reassure the public.
- If you do proceed, an air gap of at least an hour is needed to inform Governments and critical domestic partners (eg airlines) before an announcement. Annex 1 sets out the steps to implement from decision to announcement.
 - Clear communications from the Prime Minister will be needed to reassure New Zealanders that these measures, while disruptive, are needed to make the space we need as a nation to prepare and manage the spread of COVID-19.
 - The announcement should also encompass the broader package of measures in this paper, including constraints on mass gatherings and exit screening to the Pacific, and banning of cruise ships from New Zealand. This includes communicating that the restrictions relate to people not freight, and the freight system continues to operate, so there is no need for people to panic buy.
 - Guidance should also be communicated quickly on when school closures, or any lockdown of communities, would be considered and when that might happen.

Rationale for imposing the border measures

1. Our current border measures for COVID-19 are based on the precautionary principle, aimed at slowing but not stopping the spread of the virus (ie flattening the curve). This buys us time to maximise health system readiness in light of best practice and learn lessons from other countries, and ensure more general workforce and workplace readiness and continuity planning. We achieve this through:
 - Prohibiting travel for non-New Zealanders from areas of highest concern and requiring self-isolation for others arriving in New Zealand (Cat 1A),
 - Expecting self-isolation for all travellers (including New Zealanders) from areas of concern, to control and manage the virus' spread (Cat 1B), and
 - Keeping watch and informing travellers of further areas with increasing risk (Cat 2).

A global pandemic has been declared for COVID-19, and the risk of importation of COVID-19 to New Zealand has increased

2. The World Health Organisation on 12 March declared COVID-19 a global pandemic. This is partly in response to a significant increase in the number of places of concern in recent days. In the past 13 weeks, the number of cases of COVID-19 outside China has increased 13 fold and the number of countries has tripled. These places include Europe and the US which both have a significant population and transit with New Zealand, which has consequently increased the risk of importation of COVID-19 to New Zealand.

3. If our borders remain as open as they are now, there is a risk current people flows to New Zealand could precipitate more cases and fuel early stages of epidemic here. Other countries have seen a few initial cases rapidly escalate into very high peaks of cases in a matter of days. While our health system is prepared, there is more that could be done in a short period of time to increase our capacity to respond (eg increased testing capacity at large-scale). The more we postpone cases, the better the healthcare system can function, the lower the mortality rate, and the higher the share of the population that will be vaccinated before it gets infected.
4. Border measures to date have been aimed at managing our people flows to flatten the curve, with the aim that the scale of severe infections remain within the capacity of our health system to respond. This will mitigate the potentially severe consequences for vulnerable populations in New Zealand, with the intent of bringing down the number of severe cases (and therefore lower the mortality rate). Learning from other countries' experience, it is possible to contain and manage the virus' spread. An effective health response is a critical factor in lowering the mortality rate, particularly for our most vulnerable populations. Mitigation of the threat to populations at risk will make the biggest difference.

Responding to the worsening global situation

5. We are seeing an unprecedented increase in the number of cases throughout the world with significant spikes in developed and comparable countries. Countries are acting quickly with border measures to limit further importation of the disease and it is possible for New Zealand to do the same.
6. As of 13th March 2020 there have been 137,066 cases and 3,337 total deaths.
7. The World Health Organisation has announced that Europe has now become the epicentre of the pandemic, with more reported cases and deaths than the rest of the world combined, apart from China.
8. The spread of the virus on a global scale was severely limited initially by the significant measures undertaken by China. This meant that there was initially only a gradual increase in the number of cases outside China as the virus spread. This has now rapidly increased with some countries undertaking significant quarantine and containment measures at a national scale.
9. We expect the number of cases in New Zealand to increase rapidly, with the potential for this to increase on an exponential scale if the spread occurs in the same way that is being seen in other developed nations. New Zealand needs to act fast to protect its citizens and contain any outbreak in New Zealand.
10. The health system in New Zealand is rapidly reorienting its approach based on the learnings from the global response. This means that we are undertaking a number of pandemic response phases concurrently to ensure that the threat is mitigated, and we are ready to contain an outbreak.
11. The more we postpone cases, the better the healthcare system can function, the lower the mortality rate, and the higher the share of the population that will be vaccinated for influenza before it gets infected with COVID-19.
12. Further to the border restrictions outlined in this paper, New Zealand's pandemic response includes a range of measures to prevent widespread transmission.
13. New Zealand will scale up its domestic response which is expected include:
 - Community-based assessment centres
 - Telephone triage

- Social distancing
- Restriction of movement
- Cancellation of mass gatherings
- School closures
- Testing on a wider scale
- Increased contact tracing

Additional time enables the health system to continue to scale up capacity and capability

14. As of 12 March 2020, there are 5 confirmed cases, 2 probable cases and 350 negative cases of COVID-19 in NZ, with 19 under investigation. At this time, with very few cases in New Zealand the main challenge is to ensure New Zealand is prepared to manage and contain spread of COVID-19 in New Zealand.
15. The New Zealand health system is continuing to increase its preparedness to respond to an outbreak in New Zealand. However, further border closures would allow the public health system more time to prepare further. This could include:
 - training further health workforce
 - scaling up contact tracing capacity
 - public messaging
 - scaling up New Zealand's direct resources required such as capacity to look after patients that require ventilation or other health resources
16. The Ministry of Health is also continuing to invest in its response through containment measures including contact tracing, testing and other measures. This includes:
 - Communicating with New Zealanders about the risks and how they can protect themselves – this is everybody's business;
 - Finding, isolating, testing and treating every case and trace every contact;
 - Readyng our health sys em;
 - Protecting and training our health workers.

Specific actions can be taken in the next 30 days to accelerate health system readiness

17. The health system is preparing, however border closures would allow us time to continue to do this at scale while in the early pandemic response phases rather than when there is an ou break in New Zealand. Recent learning shows we should undertake a combined phase approach that ensures we are putting the right resources in the right place at the right time.
18. The most essential areas of action in the next 30 days are to support the continuity of care in the community, the capacity of laboratories, and support for vulnerable groups (especially older people, Māori and Pasifika communities, people with disabilities, and mental health areas).
19. Our actions over the next 30 days would be split into two phases:
 - Immediate: supporting identification, containment and isolation procedures
 - Medium-term: support for DHBs to deal with a surge of patients, and further advice to families for caring for people at home.

20. The critical areas we would take action on in the next 30 days are set out in the table below. Officials will continue to refine this list and scope these actions in more depth. A wider set of actions is set out at Appendix One.

| | |
|---|--|
| Continuity of community health response | <ul style="list-style-type: none"> Stand up the clinical advisory line to GPs Ramp up all locum contracts (general practice and maternity) to provide surge capacity Get local Community Based Assessment Clinic pandemic responses in place Close visitor access into residential facilities, especially aged residential care needs to stop or be limited All non-urgent community appointments to be cancelled, unless to vulnerable populations e.g. disability, oranga tamariki, long term conditions, CSC holders – to be worked through over next 30 days |
| Case identification and testing, containment and isolation practices | <ul style="list-style-type: none"> Increase laboratory COVID-19 testing capacity Add additional laboratory sites to COVID-19 testing Develop test capability and capacity in Wellington Acquire commercial test kits, which smaller laboratories will be able to start testing using existing equipment |
| Vulnerable groups | <p>Aged residential care:</p> <ul style="list-style-type: none"> Scale up sub-acute hospital capacity for infection prevention and control for older people who are in need of more intensive healthcare Vaccinate the over 65 population against influenza virus with a reduced risk of transmission of COVID-19 in the general practice setting Develop a plan for more advanced hospital-level care with aged care facilities Upskill care and support workers to back-fill more specialised workforces e.g. nurses currently in aged residential care employment who need to support other areas |

21. Rapidly scaling up the health system response also brings some risks and interdependencies on workforce availability and funding:

- Workforce.** Upskilling of workforce to a low for surge capacity. Closing the borders would restrict our ability to bring in surge healthcare workers (e.g. disability support workers, aged workers). Additional measures could be taken under immigration rules to loosen visa settings for key occupations, either to extend visas, remove a stand down, or support entry for specific work visas (if flights are available). Wage negotiations and legislative changes may be required to allow people to practice out of scope.
- Funding.** Ministers have agreed that there will be a tagged contingency set aside for COVID-19 responses. Any rapid scale up of a health system response will require significant resources across both funding and workforce. This will need to be worked through in the 30 day period. Ministers should be aware that if there are pressures on global supply chains, prices are likely to spike. While \$200 million has been set aside by Cabinet, this will not cover the expected costs of COVID-19 preparedness and response.

It would also enable Government to better prepare workplaces, communities and the education system for an outbreak

22. If further and continuing border restrictions delay the spread of the disease in New Zealand (slower growth in prevalence, lower peak, longer duration), then this will also provide more time for businesses to respond and may reduce the *concentration* of labour market impacts from sick or self-isolating workers (or their dependents).

Recommended designation of Categories 1A, 1B and 2

23. As a result of the worsening global situation, the clear Health recommendation is to designate the world as Category 1B, while keeping mainland China and Iran in Category 1A. Health recommend that for Australia and Pacific islands you designate these as Category 2.

24. Health recommend an exception to this designation to Category 1B would include, as for the existing Category 1B designations for Italy and Republic of Korea, air and marine crew who have taken appropriate infection control and PPE measures as required.

25. This means the following Categories would be in place:

- a. **Category 1A:** mainland China and Iran
- b. **Category 1B:** the rest of the world, except Australia, Pacific, and those in Category 1A. This means all travellers (New Zealanders and foreign nationals) will be expected to self-isolate for 14 days on arrival in New Zealand.
- c. **Category 2:** Australia and Pacific³. This means that all travellers (New Zealanders and foreign nationals) will be expected to self-isolate if they show symptoms within 14 days of arrival.
- d. Self-isolation expectations do not apply to air and marine crew who have taken appropriate infection control and PPE measures as required.

26. The Category 1B and Category 2 designations should take effect from **23:59 Sunday 15 March 2020**.

Additional Pacific border measures for exit from New Zealand

27. New Zealand's border measures are an important part of our overall response to restrict the transmission of COVID-19, and a key part of stopping the entry and spread of COVID-19 into the Pacific.

28. Travel restrictions to date have been warmly welcomed by Pacific Island Countries (PIC).

29. PICs are vulnerable to severe impacts from a COVID-19 outbreak; readiness across the region remains highly variable, and no location is well placed to respond to a first case or outbreak of COVID-19.

30. We therefore recommend introducing strict exit border measures that include:

- a. No travel recommended for people who have travelled outside of New Zealand in the past 14 days
- b. No travel recommended for close or casual contacts of a confirmed case.
- c. No travel recommended for anyone who is symptomatic
- d. Temperature and symptom checks at the border.

31. Officials consider that at a minimum, measures at the border should be introduced to protect the Pacific. Further advice would be needed before moving to 1A or 1B for Pacific countries.

There is an opportunity for New Zealand to take a more precautionary approach to mass gatherings

32. Mitigation to slow the spread of COVID-19 requires heavy social distancing. Social distancing will not stop the epidemic, but it will slow it down and allow the health system to respond to the most severe cases.

33. Many other countries have placed restrictions on mass gatherings. A mass gathering is a planned or spontaneous event where the number of people attending could strain the planning and response resources of the community or country hosting the event. This includes festivals, sporting, religious, and cultural events. Australia has defined a mass gathering as including more than 500 people. Many countries in the world are

³ This means: all Pacific Islands Forum members (except French Polynesia), Associate Member Tokelau, and Observer Wallis and Futuna

using rules-based approaches to limiting mass gatherings, and we should consider this.

The Ministry of Health has developed guidance for event holders based on relevant public health considerations

34. The following factors contribute to the public health risk of mass gatherings. If any of the following apply to an event, the event holders should consider cancelling the event or implementing plans to mitigate the risks:

- Large numbers of people in close proximity
- Close contact like touching
- Participants that are likely to have travelled from overseas, particularly from known areas of concern, or will travel after the event (particularly to the Pacific region)
- General admission events with no record of tickets or who is attending

There is an option for the Prime Minister to issue an epidemic notice which would trigger a power to cancel mass gatherings

35. Another option is for the Prime Minister to issue an epidemic notice (with agreement of the Minister of Health) to enable the use of special powers if they are satisfied that the effects of an outbreak of a stated quarantinable disease (COVID-19 is a quarantinable disease) are likely to disrupt or continue to disrupt essential governmental and business activity in New Zealand (or stated parts of New Zealand) significantly.

36. This would enable the cancelling of mass gatherings. The exercise of the power would need to be reasonable (with very clear clinical grounds and evidence of risk to support the exercise of the power).

37. We need to do more work over the next 24 hours on what the New Zealand approach should be, but we recommend you indicate this will be announced shortly, as part of the wider package of measures.

Consequences of these strengthened border measures

38. The case to move hard and early is predicated on public health grounds and the precautionary principle: that the risk of importing further cases and risking exponential growth can be deferred and, through rapid action, managed down over a very short period, with a rapid pathway (eg 30 days) to restoring movements of people to the rest of the world. However, there are immediate and significant costs and disruption that will result from these border measures that need to be managed.

The border measures will directly result in large-scale self-isolation in New Zealand

39. Between 15,000 – 20,000 people arrive from overseas in New Zealand every day. Every traveller would be expected to self-isolate for 14 days, including New Zealanders. It is not possible to calculate exact numbers. We do expect these volumes will significantly reduce as air capacity shrinks and further border measures close across the world (see advice below). However, in the initial weeks, we still can expect in the thousands of travellers arriving and being told to self-isolate as a result of these border measures. This is on top of any self-isolation resulting from contact within New Zealand.

40. The public health system needs to scale up to support this – for example, increased HealthLine resources. This is in train, and is being done in a way that limits the draw on public health clinical resources.

41. Without effective self-isolation, the government will wear all of the costs imposed by these border measures while still bearing much of the public health risk. We recommend further measures to support businesses and workers, including the Government making payments for COVID-19 leave, which will practically support people to comply with the self-isolation requirements with fewer negative impacts. More information is provided under the proposed package section of this paper.

While Category 1B doesn't prohibit travel, it will have a similar impact on airlines

42. Designation as Category 1B does not prohibit travel, it only asks travellers to self-isolate on arrival. However, it will have similar effects to a border closure in practice as it acts as a deterrent for visitors, who make up the vast majority of travellers.
43. Most visitors have no realistic prospect of self-isolating for 14 days and therefore do not travel. We have seen all direct air routes from Korea shut down as a direct result of this same measure, as they are no longer financially viable for New Zealand travellers only. We are dependent on air routes for supply of essential and time-sensitive supplies, such as medicines and PPE. Once closed, there are risks some may not reopen in the medium term. The impact of limiting travel from Europe will also affect the viability of Asian transit routes to New Zealand.
44. We have already seen that adding 1B travel restrictions has significantly reduced traveller numbers from South Korea and neighbouring countries. Before South Korea was added to Category 1B, there were around 4,000 arrivals weekly (including New Zealanders and foreign nationals); this reduced to 634 the week of the announcement and continued to reduce to the extent that there are now no flights operating between New Zealand and Korea. We have also seen volumes from Japan reduce since its designation as Category 2.
45. We expect the same effect on European and US travellers, with flow on consequences for the major travel hubs necessary to transit from Europe to New Zealand (Asia, Middle East). There has already been a sharp reduction in travellers from the US and Europe to New Zealand following COVID-19 travel restrictions from 2 February:
- a. Prior to 2 February, in a typical week over 42,000 foreign nationals travelled through the main transit air hubs⁴ to New Zealand. A further 25,000 were New Zealand citizens and residents.
 - b. Since the border measures were put into place, this has reduced to around 25,500 foreign nationals and 10,500 New Zealand citizens and residents. Of these, we know there were 9,000 people of European nationality and 8,500 of US nationality.
 - c. On direct flights from US ports alone, arrivals have dropped from around 13,000 before 2 February to around 11,000 people each week. Of the 11,000 arrivals, around 3,000 were New Zealanders; 600 were of European nationality; and 7,000 were US nationals.
46. Introducing further border measures would likely further reduce traveller numbers to point that air routes are no longer viable. Furthermore, any move to restrict entry for air crew that have been in a Cat 1A or 1B country in the last 14 days would render international airlines unable to operate services to New Zealand. It is critical any

⁴ These are: Singapore Airport, Los Angeles International Airport, Hong Kong Airport, San Francisco International Airport, Dubai, Incheon Airport, Tokyo - Narita Api Airport, Vancouver International Airport, Kuala Lumpur Airport, Bangkok Airport, Doha, Denpasar Airport, GuangZhou, Honolulu International Airport, Houston International, Shanghai, Taipei Airport, Manila Airport, Kansai Airport, O'Hare, Beijing, Chengdu, Shenzhen

announcement makes clear exemptions apply to marine and air crew and self-isolation requirements do not apply.

The impact on Air New Zealand and its services to New Zealand will be significant

47. **[Commercial in Confidence]** Confidential information entrusted to the Government

48. The impacts will be wider than Air New Zealand and airlines, Council owned airports will likely be very badly impacted.

There will also be flow on consequences for domestic and Trans-Tasman travel

49. **[Commercial in Confidence]** Confidential information entrusted to the Government

50. **[Commercial in Confidence]** Confidential information entrusted to the Government

We also expect foreign airlines to respond to these measures by reducing services

51. We have already seen significant reductions in services from Asia in particular, and also other markets, as a result of border restrictions. Airports are also seeing financial impacts. Auckland International Airport this morning (13 March 2020) took \$50 million off its earnings.

52. Foreign carriers are likely to pull capacity out of New Zealand very quickly in response to these border measures and there will be subsequent drop in demand:

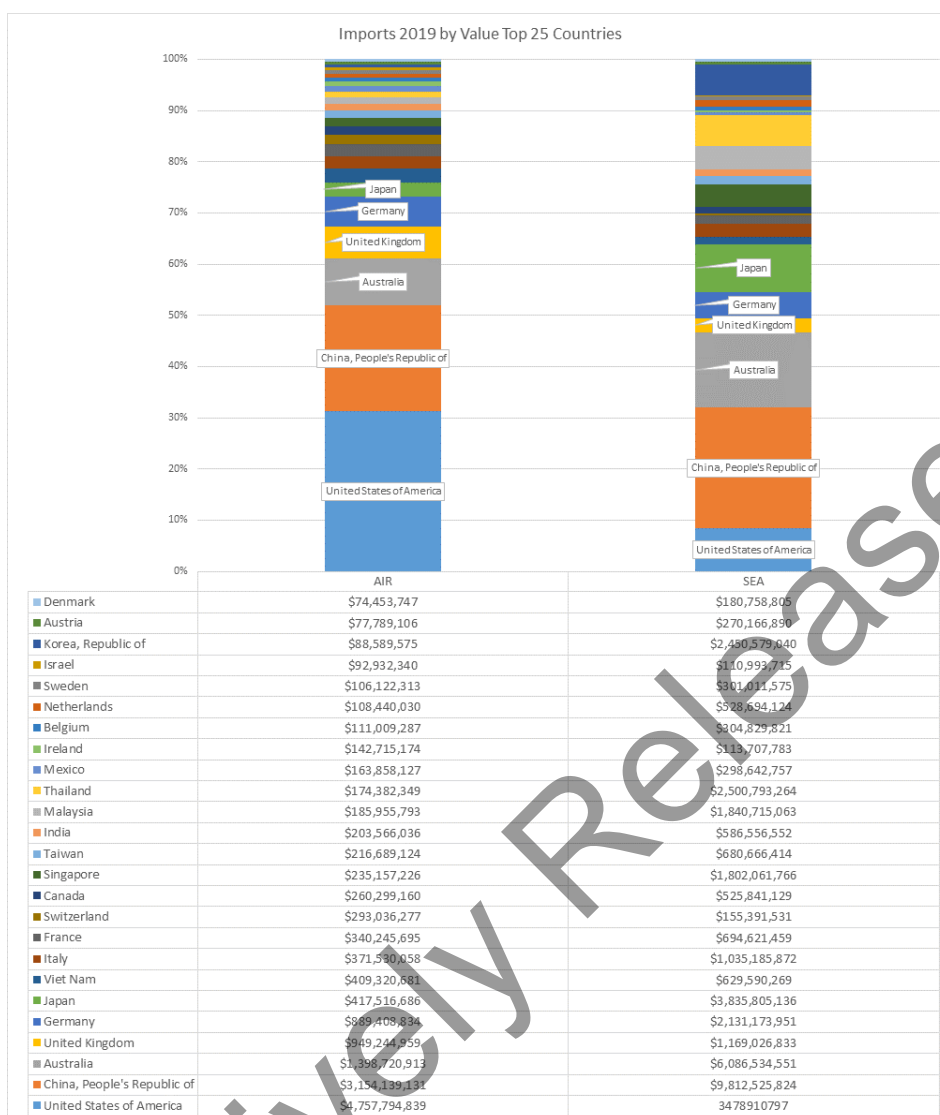
- a. In addition to Air New Zealand, United and American Airlines operate to New Zealand from the United States. American Airlines services are seasonal and are due to cease on 29 March in any event.
- b. No European carriers currently operate to NZ but airlines such as Singapore Airlines, Cathay Pacific, Emirates and Qatar Airways carry substantial numbers of passengers to and from Europe, and will find it uneconomic to offer many services to New Zealand if there was an effective ban on travellers to Europe.

53. We asked airlines for scenarios of the implications of future border restrictions. In relation to the scenario of if New Zealand moved Europe / US into Category 1B, and BARNZ said in relation to its members who service Asia, Europe and US:

- a. Airlines are deeply worried about what a move to Category 1B for European countries would do to their ability to operate
- b. Entire market to Europe and US would dry up, which feeds north-south routes to our part of the world
- c. Thousands of European citizens could find themselves stranded in New Zealand. One airline has 30,000 passengers returning to Europe booked for the next 3-4 weeks (this is the end of the summer season)
- d. They would find it extremely difficult to maintain air connections beyond a skeleton service.

We rely on air passenger services for access to essential goods by air freight

- 54. Air freight carries ~17% of our total value by trade. More than 80% of airfreight is carried in the belly-hold of passenger aircraft. Most air freight is time sensitive or high value.
- 55. There are some dedicated air-freight operators. For New Zealand, stand-alone airfreight services are currently operated by
 - Federal Express: 1/week LA-Honolulu-**Auckland**-Sydney-Guangzhou Kansai-Memphis
 - Tasman Cargo: 5/week Auckland-Sydney return
 - Singapore Airlines: 3/week Singapore-Sydney-Melbourne-Auckland
 - Qantas: 5/week Sydney-Auckland-Christchurch Sydney, 1/week Chicago-Los Angeles-Honolulu-Auckland
- 56. Critical markets for airfreighted medical and pharmacy products would be affected by measures that lead to cancellation of flights linking New Zealand to Europe. 27% of our imported pharmaceuticals originate from the US and 35% from Europe. Given 64% of pharmaceuticals come from airfreight, and our reliance on those markets, these measures will have significant consequences for our ability to import essential goods if we cannot get airfreight to New Zealand.
- 57. Below is an indication of where New Zealand's air freight comes from:



58. To the extent passenger services are cancelled, this air freight capacity would also be lost. Under normal circumstances dedicated freighter capacity is 4 to 5 times more expensive than belly-hold freight. Industry sources advise that since border measures were implemented for China airfreight capacity from China has reduced by 92%.
59. Air New Zealand has said that cargo services are already impacted, as things like restaurant demand for fresh food has decreased. Cargo services would be necessarily impacted by the disruptions from restrictions on the US and Europe, to the same percentages as for passengers in paragraph 49. Other carriers would also substantially reduce their services, likely to an even greater degree, as New Zealand is not their home market.
60. Such restrictions could result in a significant loss of connectivity for some businesses to the world if we cannot find air freight solutions. As exporting to China picks up again, particularly for food exports, an economic reintegration plan is an important part of our economic strategy.

Getting New Zealanders home will be very challenging in weeks ahead

61. If border restrictions were imposed, there would be a need for a time window to implement, to allow New Zealanders and foreign nationals to return home. This window should be as long as possible. Even with a time window of 36 hours, there would be insufficient capacity to load the demand. For example, 30,000 – 40,000 European

passengers are booked to return home from New Zealand in the next three to four weeks.

62. Given other travel restrictions around the world, not all New Zealanders would be able to get to an Air New Zealand port in a short timeframe. For example a New Zealander currently in Milan might not be able to get to London quickly.
63. An additional complication is that the only Air New Zealand operated flight from Europe is the London-Los Angeles-Auckland flight. Passengers who have been to Europe (other than the UK) will be prevented entry to the United States under the US travel restrictions announced earlier this week. Passengers transiting on this flight are required to complete full US immigration procedures.
64. As flight options decrease due to an expected fall in demand following a designation of 1B for the world, we anticipate that New Zealanders will face increased challenges getting home. While we expect Air New Zealand will be willing to fill some of these gaps, this will depend on commercial and technical viability, even with Government financial support.
65. Consular expectations of New Zealanders overseas will further increase at the same time as our consular and immigration networks at post are becoming more constrained in their ability to respond. We anticipate that the immediate impact of any announcement would be a rapid and significant increase in the volumes of email and telephone enquiries to posts and the Ministry in Wellington from New Zealanders and non-New Zealanders seeking information about the changes would likely result. At present, we do not have the resource available to respond to such an increase of enquiries in a timely manner.
66. A designation of 1B would not automatically change the New Zealand travel advisory for a country, but a development of this significance for travellers would trigger an immediate SafeTravel message to registrants overseas about the new restrictions, as well as a news feature highlighting the new restrictions at the top of the Safe Travel website. We note that other countries on which we cooperate closely (Australia and Canada) are now advising their nationals not to travel overseas and will be keeping our advice under active review.

Management of the economic disruption and additional costs will be needed

67. These additional border measures could stave off the economic disruption of a widespread COVID-19 outbreak in New Zealand. However, the measures themselves would be highly disruptive and have significant economic consequences. Moving early on such significant border measures risks the economic impacts being harder and hitting us sooner. This can be expected to also make the economic situation worse over time, with the attendant consequence of retarding our medium to long term economic recovery process.
68. As noted above, we expect the measures would make air routes from New Zealand to the US and key transit hubs in Asia financially unviable sooner than would happen otherwise. Annual revenue from US and European visitors is \$2.8bn, compared to \$1.6bn from China. The cumulative impact of these decisions if they were to hold for a year is \$3.4bn. This is well over 1% of GDP in itself. On top would be the loss of merchandise trade.
69. It is difficult to quantify the longer term impact of further significant border measures that will shut us off from global economic activity on the New Zealand economy. This will depend on market reactions to the restrictions and the longer term impacts that flow from the deliberate disruption of supply chains vis a vis likely demand impacts from wider global factors that would happen anyway. Whether or not the border is closed further, the demand for travel to New Zealand is decreasing.

70. That said, designating the world as Category 1B (and Australia and the Pacific as Category 2) risks bringing forward, broadening and compounding the economic impacts particularly to supply chains (inwards and outwards). It may be difficult to unwind these. Lost air routes will not necessarily return once the New Zealand government is ready to lift its restrictions and the costs of restoration may be significant.

71. Even in just 30 days' time, the situation is likely to have worsened in the US and Europe and other regions may follow (eg Middle East). Ministers may need to be ready to lift border measures at that time, on the basis that New Zealand is as ready as it can be. Continuing beyond that point is likely to increase economic hardship in New Zealand, without commensurate benefits.

Border agencies will face increased fiscal impacts as a result of new border measures

72. Constitutional conventions

73. Constitutional conventions

74. Constitutional conventions

75. Immigration New Zealand has already seen a decline in revenue from decrease in visa and the Electronic Travel Authority volumes (30% and 46% reductions in revenues, respectively). The predicted decline in revenue is around \$26 million to June 2020, pushing the memorandum account further into deficit to around minus \$82 million.

Continued investment in our foreign relationships would be needed

76. As a small geographically isolated country, New Zealand's longer-term security and prosperity depends on positive engagement and integration into the wider international community. International relations

77. International relations

International relations

International relations

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[illegible]

Foreign nationals in New Zealand

92. Under these border measures, foreign nationals would still be able to return to their home country, but may face increasing challenges if flights reduce due to decreased passenger numbers. As at 6 March, there were nearly 58,000 people of European nationality in New Zealand on temporary visas and 13,000 of North American nationality. Advice from one airline is that between 13 and 31 March they have 13,000 estimated returnees to Europe currently booked on flights home. Travellers from other destinations relying on transit routes through the United States and Europe would also be impacted.

93. In the event of reduced travel options for return, an unknown number of foreign nationals may be stranded in New Zealand and would require support with accommodation, living costs, and visa extensions, alongside broader welfare support. We have already established that foreign nationals are entitled to any COVID-19 related health care.

International relations

If further countries are affected by restricted travel, especially developing countries, there will be an increased burden on New Zealand agencies to support foreign nationals caught out by the changes.

Package of measures: Go Hard, Go Early, Contain COVID-19

94. If you decide to designate the world as Category 1B, with Australia and the Pacific as Category 2, then this should be announced alongside a package of measures to mitigate the worst impacts and ensure the time is used to best prepare New Zealand for a COVID-19 outbreak.

95. A 'Go hard, Go early, Contain COVID-19' package would comprise:

- a. stronger measures at the border:
 - i. Category 1A: keep mainland China and Iran in this Category
 - ii. Category 1B: designate the rest of the world, **except** Australia, Pacific, and those in Category 1A. This means all travellers (New Zealanders and foreign nationals) will be expected to self isolate for 14 days on arrival in New Zealand
 - iii. Category 2: Australia and Pacific. This means that all travellers (New Zealanders and foreign nationals) will be expected to self-isolate if they show symptoms within 14 days of arrival.
 - iv. Self-isolation expectations do **not** apply to air and marine crew who have taken appropriate infection control and PPE measures as required.
 - v. The Category 1B and Category 2 designations should take effect from 23:59 Sunday 15 March 2020.
 - vi. a temporary ban on the entry of cruise ships to New Zealand's territorial waters on public health grounds, coming into effect from 23:59 on 14 March 2020 (separate paper refers)
 - vii. stronger health screening at the border on arrival, and with airlines agreement, as departure port overseas
 - viii. exit screening measures for departures to the Pacific
- b. direct support to incentivise people to self-isolate in practice and slow the spread of the virus
- c. announcing shortly regulation to limit mass gatherings (advice to come in next 24 hours)
- d. actions over a 30 day period to accelerate our preparedness and maximise the benefits from and justify the economic costs of the border measures
- e. a relief package for the aviation sector to encourage airlines to remain in New Zealand so that we can re-bound from the restrictions quickly and not have significant impacts on our tourism sector, exporters, and economy

⁵ This means: all Pacific Islands Forum members (except French Polynesia), Associate Member Tokelau, and Observer Wallis and Futuna

- f. Government financial support for specific air routes to ensure key freight keeps moving between New Zealand and other countries and enable New Zealanders to return home
- g. urgent work with Air New Zealand as part of our shareholder role around impacts on the airline
- h. assurances to maritime cargo carriers that the measures do not apply to cargo ships or marine crew, to keep sea freight routes open for imports and exports, including essential supplies, and
- i. clear communications to reassure the public.

96. In addition to the stronger border measures and health preparedness steps outlined earlier in this paper, more details of the wider package are provided below.

Direct support to incentivise people to self-isolate in practice and slow the spread of the virus

97. The border measures will result in large-scale self-isolation of New Zealanders and foreign nationals arriving in New Zealand over the coming weeks. This means we recommend you incentivise people to self-isolate in practice by:

- a. giving firmer direction from the Government on the need to self-isolate,
- b. giving financial support to New Zealanders who cannot afford to take unpaid leave and otherwise are likely to go to work instead of self-isolating (parallel Cabinet paper refers), and
- c. increasing community support to those unable to support themselves in isolation (further advice will be provided).

98. The public health system needs to scale up to support this – for example, increased HealthLine resources. This is in train and is being done in a way that limits the draw on public health clinical resources.

99. Large-scale isolation will also create more disruption to workplaces, services and families. It is not possible to predict which workplaces will be impacted. The proposed package of measures being prepared for Cabinet consideration that support businesses and workers, including the Government payments for COVID-19 leave, will practically support people to comply with the self-isolation requirements with fewer negative impacts.

100. This initiative is particularly important in the context of the proposed new border measures as the benefits from adding countries to 1B only accrue if fewer people travel and those who do cross the border self-isolate (as they are all equally risky as those who remain behind in the places of concern). As the numbers required to self-isolate increase, the likelihood of non-compliance due to financial pressures will also increase.

101. Without effective self-isolation, the government will bear all of the costs imposed while still bearing much of the risk.

A relief package for the aviation sector and Government financial support for specific air routes

102. It is essential that we maintain air routes that provide key international connections for people, businesses, exporters and so that we maintain tourism and our economy. We also need to ensure that we can access essential imported goods, including pharmaceuticals.

103. After other influenza events, there has been usually a spike in aviation due to pent up demand. We have monitored International Air Transport Association (IATA) data of

previous events but we now believe the comparison is no longer useful, and that we will see much long lasting impacts on the sector and a slower recovery:

- a. There is a significant global economic down turn accompanying COVID-19, this may mean a longer recovery and we are less likely to see the same pent up demand and quick bounce back as events like SARS (ie people will not have the funds or optimism that will see them all suddenly take flights to the same extent as SARS recovery).
- b. Airlines have been hit hard financially to an extent much more significant than SARS and will take time to bounce back. Some will not.
- c. In New Zealand as restrictions go on international airlines, airlines have let staff go in New Zealand and re-trenched, more worryingly some have not signalled a date of return to NZ.

104. Airlines are asking for the following urgent assistance from Government:

- a. Maintain exemptions for air crew (that use PPE in affected countries) from self-isolation – or international airlines will not be able to service NZ. These exceptions are in line with previous Category 1B restriction for Korea and Italy. Not doing this will render the services inoperable.
- b. Financial support package – airlines are in survival mode, a number of airlines are in real danger of becoming insolvent, lay-offs are a real prospect for staff in the entire aviation system.
- c. Help keep people flying – especially domestically. It is safe to fly, support that message. No government department travel bans.

105. As part of a financial support package airlines have asked for Government to: commit to no further levy or fee increases until the sector recovers; provide a 6 month holiday from Government charges, or a 20% reduction from charges. A rebate on Government charges has also been suggested.

106. There are some Government levy and fee reviews underway at the moment that propose funding increases that will impact on the aviation sector. Some of these are at the point of Cabinet consideration after industry consultation for example: proposed increases by Ministry of Primary Industries and the Civil Aviation Authority. It is critical that there is a consistent approach across Government to future increases and adjustments on the aviation, and that Cabinet makes a call on potential deferral of these reviews to provide some short-term relief for the sector.

107. Constitutional conventions

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

108. We also recommend that further work will be undertaken on a potential aviation relief package with the intent of encouraging airlines to remain in New Zealand, or quickly return to once restrictions are lifted given the criticality of aviation to tourism and the NZ

economy. As part of this we would consider funding of the 6 month holiday, reductions and rebates.

109. Given potential impacts on Air NZ of further border restrictions, there is also likely to be further urgent consideration and advice on the Government's role as shareholder that the Treasury will need to provide to Ministers.

110. Any support for Air New Zealand will need to reflect actual and reasonable net costs, as some operating costs will also be falling. Any package will also need to consider relief for airports and others directly impacted.

Further options to move essential air freight

111. Constitutional conventions

112. Constitutional conventions

Assurances to maritime cargo carriers to keep sea freight routes open

113. We recommend Government clearly communicate to maritime cargo carriers that the measures do not apply to cargo ships or marine crew, to keep sea freight routes open for imports and exports, including essential supplies.

114. Communicating more widely that the restrictions relate to people not freight, and the freight system continues to operate, will also reassure the public that there is no need for people to panic buy.

Clear communications to reassure the public

115. Clear communications from the Prime Minister will be needed to reassure New Zealanders that these measures, while disruptive, are needed to make the space we need as a nation to prepare and manage the spread of COVID-19.

116. The announcement should also encompass the broader package of measures in this paper and any further guidance on when stricter domestic measures such as constraints on mass gatherings, school closures, or any lockdown of communities would be considered and when that might happen.

Next Steps

117. If you do proceed, an air gap is needed to inform Governments and critical domestic partners (eg airlines) before an announcement. Annex 1 sets out the steps to implement from decision to announcement.
- a. At least one hour is needed between any decision and before a public announcement to inform Governments and critical partners (eg airlines).
 - b. 36 hours will be required between the announcement and measures coming into effect to allow time for implementation and informing travellers before they board aircraft (changes coming into effect at 23:59 on relevant day).
118. Clear communications on who is impacted, when, and what they need to do are essential to avoid travel chaos and stranded travellers, including in New Zealand
119. A communications script is being developed and will be provided separately.

Proactively Released

Annexes

Annex One: Health system scale up measures

Annex Two: Communications timeline from decision to public announcement

Proactively Released

Annex One: Health System scale up measures

1. Border measures are part of our pandemic response procedures and are designed to allow us to prepare. A 30 day period of these border measures would allow us additional time to prepare based on the learnings from recent days. This would allow us to act on learnings from the successful containment of COVID-19 in other countries, including China, Taiwan and Singapore.
2. This would involve taking the key features of New Zealand's five stage response plan, and rolling them out concurrently in a way that is more agile, and therefore more fit-for-purpose for the COVID-19 context.
3. In a practical sense, 30 days provides an opportunity to adopt an innovative approach to managing the spread of the disease. This would include ensuring that key infrastructure is in place to strengthen the resilience of our public health response.
4. Over the next 30 days the health system would work to progress:

Public Health

Public Health Units

- Case and contact monitoring
- Guidance to public health units for case and contact management
- Enhancement and implementation of surveillance to inform and monitor response
- Public facing guidance (e.g. on social distancing, mass gatherings)
- Implementing exit screening measures
- Health declaration forms for incoming traveller

Social distancing measures

5. Increasing awareness and information through public education campaigns
 - Distribution of detailed information to vulnerable communities (e.g. disability, older groups)
 - Implement guidelines for areas like pharmacies and supermarkets
 - Widen advice channels through other government agencies (e.g. MBIE to small businesses)

Surveillance and monitoring

6. Using data to help predict and direct action in the weeks ahead
 - Send out a call across government and education institutes to free up skilled workers and redirect.
 - Coordinate the surge of resources according to region and profession
 - Surge resources into existing health intelligence function (e.g. take a population health lens)
 - Surge resources into individual surveillance and monitoring (e.g. telehealth)

Airport screening

7. The focus would be on exit measures if the border was closed to incoming passengers.
 - Health screening - visual and temperature screening (e.g. thermal imaging to 38 degrees celsius). Thermal screening can be of limited value but would increase the presence at the border (e.g. would not pick up if a passenger was in the incubation period, have taken a paracetamol, or if they have an elevated temperature for other reasons - e.g. pregnant)

- Other measures could include passenger advisories, direct questioning of passengers, and passenger declarations on check in (for both domestic and international flights).

Contact tracing

8. We need to ensure contacts with confirmed cases are traced quickly and advised to self-isolate to reduce the risk of transmission.
 - Monitor levels of contact tracing to allow for nationwide surge response to other centres as needed.
 - Extend the period of contact tracing for COVID-19.
 - Augment the support structures for the contact tracing workforce (e.g. information updates, mental health support)
 - Determine how to upskill new staff, and what management/oversight they would need.
 - Collate a surge plan for the next layer of surge capacity. Will involve:
 - i. Moving current workforce around country as needed
 - ii. Upskilling new people to supplement workforce

Hospitals

9. Outcomes sought include keeping people out of hospital, and increasing hospital capacity.
 - increasing community isolation facilities to keep people out of hospitals, including stand up Community Based Assessment Clinics
 - Increasing bed capacity (for example utilise private or public hospitals capacity)
 - Upskilling workforces, and utilising other workforces (cabin crew, St John, first aid trained).
 - Clinical protocols – treat/no-treat
 - Reinforcing clinical supply chain
 - Slowing / stopping electives
 - Bring in technology to enable virtual / telemedicine. Increasing bandwidth
 - Preparing available hospitals, e.g. Greymouth
 - Upskill workforce scopes training incentives etc
 - Introduce clinical protocols, e.g. Treat, don't treat.

Care in community

10. Outcomes sought include managing and minimising disruption to primary health workforce

- Establish clinical advisory line
- Address visa issues for critical clinical staff
- Expand primary health workforce (e.g. ramp up locum contracts)
- Get Community Based Assessment Clinic responses in place
- Manage primary demand (e.g. cancel non-urgent appointments)
- Limit / ban visitor access to residential aged care facilities.
- Explore alternative delivery channels (e.g. mobile delivery service). Remove pharmacy co-payments for vulnerable patients.

11. Key risks relate to

- The need to settle industrial relations / wage settlements
- Legislative change potential required to free up certain workforces (e.g. PHARMAC)

- Visa and border issues for clinical workers

Laboratories

12. In order to respond to a community outbreak, we would need to increase the testing capacity of laboratories.

- Increase laboratory Covid-19 testing capacity
- Add additional laboratory sites to COVID-19 testing
- Able to develop test capability and capacity in Wellington
- Acquire commercial test kits, which smaller laboratories will be able to start testing using existing equipment

Infection control

13. Providing personal protection equipment (PPE) to health professionals is critical. This enables them to be able to respond to a sustained outbreak. We need to increase the supply of PPE to maintain our ability to respond.

14. The proposed 30 day border measures would delay the need for significant quantities of PPE. During this time the health system would:

- Support efforts to manufacture more stock locally
- Investigate alternative supplies, raw materials e.c.

Health supply chain

15. Outcomes sought include:

- keeping people out of hospital
- increasing hospital capacity

16. Over the next 30 days the health system will progress;

- Regulatory change to provide flexibility around prescriptions and workforce
- Support for community delivery of pharmaceuticals
- PHARMAC/MEDSAFE working with large suppliers on supply chains
- Certainty of transport for wholesale pharmaceuticals

17. A significant risk to note is that most innovative and high value medicines (e.g. vaccines, anything that needs to be kept at a controlled temperature, and anything with a supply shortage) usually comes by air

Support for Vulnerable

Older people

18. Aged residential care is a priority due to the vulnerability of residents and the potential of COVID-19 transmission through close contact.

- Develop a plan for more advanced hospital-level care within aged care facilities.
- Evaluate potential staffing and responsibility changes, including training and credentialing.
- Work with aged care providers to provide staff with updated information on stress responses, resilience, and available professional mental health services.

- Upskill care and support workers to back-fill more specialised workforces e.g. nurses currently in Aged Residential Care employment who need to support other areas
- Priority vaccination against influenza in Aged Residential Care settings, community settings, and GP settings.
- Scale up sub-acute hospital capacity for infection prevention and control for older people who are in need of more intensive healthcare.

Immuno-compromised

19. From a health perspective the approach to provide support to the immunocompromised population would not be different to the general population. Tailored messaging and guidance will be developed and provided to the immunocompromised population, to ensure they are aware of:

- The additional health risk given their health condition
- the importance of having appropriate supplies on hand, in case they need to stay at home for a prolonged period
- the need to take everyday precautions and identify early warning signs.

Māori

20. Māori generally have higher rates of chronic conditions and comorbidities and following international trends, are likely to have an increased risk of infection should a community outbreak occur.

- Preparation of a response for Māori including getting messages out to iwi, hapu, whānau including the preparation of communication channels and resources to supporting iwi and Māori communities to determine the tikanga that works best for local Māori population.
- Put arrangements in place to provide financial support to Māori due to COVID-19 implications
- Preparations for iwi and marae readiness – for example training people as designated iwi and rūnanga, marae and Māori health provider personnel to proactive pandemic influenza management. As well as working with iwi and Māori communities to identify marae sites as potential use for isolation or quarantine facilities, particularly for geographical areas (rural) affected by COVID19.

Psycho-social and mental health

21. Outcomes sought include:

- minimising the physical, psychological and social consequences of an emergency
- to enhance the emotional, social and physical wellbeing and outcomes of individuals, families, whānau and communities, and restore a sense of control and efficacy amongst the population.

22. Over the next 30 days, the health system would progress:

- working with DHBs to ensure business continuity plans are in place for mental health and addiction services
- ensure basic needs of people in isolation are being met as a platform for psychosocial wellbeing
- develop practical guidance on maintaining wellbeing including for vulnerable populations
- develop and promote wellbeing resources and messaging for people impacted by COVID-19
- a national psychosocial wellbeing programme (funding required)

- the psychosocial response and recovery plan currently under development will assist with mitigating the immediate and long-term psychosocial impact of COVID-19. The plan will do this by helping people cope during self-isolation, minimising the stress and distress associated with COVID-19 related matters such as fear, anxiety, social isolation, uncertainty and financial loss and promoting the ability of individuals, families, whānau and communities to cope.

Disabled people

23. Outcomes sought include:

- continuity of support for disabled people and their family/whanau
- health and safety of staff
- planning and modelling to identify the most vulnerable
- ensure all providers are ready with pandemic plans in place.

People in residential facilities

24. Resident populations are at a higher risk of transmission of COVID-19 due to close or confined living conditions. This could result in large cluster of cases with a high risk of spillover into the community.

25. Outcomes sought include:

- residential accommodation providers including Corrections facilities are prepared
- education providers have plans to prevent spread and upskill their student health workforce to do contact tracing and “Stamp Out” any cases

26. Over the next 30 days, the health system would:

- Support Corrections and Ministry of Justice to develop detailed plans to prevent ingress of any risk persons into prison populations
- Upskill Corrections workforce to be able to identify risk factors for isolation of those in custody
- Develop plans to prevent prison populations from contracting illness from visiting friends or family
- Work with Universities to establish isolation zones for resident students who are required to self-isolate

Annex Two: Communications timeline from decision to public announcement

Smooth and coordinated communication of any border measure changes to affected countries, carriers, passengers and other stakeholders is essential.

The process below allows for notifications to key stakeholders on a “no surprises” basis following decisions by Cabinet or Power to Act Ministers, including the provision of more detailed advisory guidance, prior to a formal public announcement.

Key timeframes to support good communication and implementation include:

- At least an hour between Cabinet decision and formal announcement
- 36 hours between announcement and the measure coming into effect in order to inform travellers before they board aircraft and to allow any implementation changes as needed (changes coming into effect at 23:59 on relevant day)

Phase 1 Power to Act Ministers or Cabinet take border measures decision

- DPMC/AOG informs officials of decision and timeframes for announcement and measures coming into effect – MBIE, MFAT, MOH, MOT, Customs
- If any areas designated as Cat 1A then measures must be certified in Immigration Instructions by the Minister of Immigration

Phase 2 Communications prior to public announcement – minimum 1 hour

- The Ministry of Health updates key stakeholder messages in light of decision (single source of truth) on the changes, in consultation with other agencies.
- Officials communicate key messages informally and in confidence to primary international stakeholders:
 - World Health Organisation (notified by Ministry of Health)
 - Governments (notified by MFAT) with priority given to the affected countries, Pacific Island Countries and Five Nations partners
 - Australia notified by the Ministry of Health (and MFAT notify DFAT)
- Ministry of Transport communicate key messages informally and in confidence to secondary travel industry stakeholders (within agreed embargo window of 2 hours):
 - Air New Zealand, Board of Airline Representatives New Zealand, other carriers
 - Cruise and cargo carriers

Phase 3 Public announcement

- Prime Minister makes announcement:
 - Statement to press
 - Government Press Release
- Following PM's announcement, release of:
 - Ministry of Health's Border Advisory
 - Website updates for Health, Immigration New Zealand and Foreign Affairs

Phase 4 Communication and Preparation

- Border and health staff issued with guidance to assist arriving travellers with self-isolation expectations
- Formal communication to affected groups (linking back to Health website):
 - MFAT informs all Diplomatic Corps on border changes.
 - Carriers (air and cruise ship) emailed by Immigration New Zealand with information for passengers

- Ministry of Transport email information to airports, BARNZ sea ports, and industry stakeholders
- Targeted communications to potential passengers through New Zealanders registered with Safe Travel, and foreign visa and Electronic Travel Authority holders
- Communication to key New Zealand employer groups with migrant workforce (MBIE-led)
- Communication to education providers (by ENZ)
- MFAT reviews existing Travel Advisories and considers if changes are warranted

Phase 5 Measures come into effect at specific go live time (at 23:59, 36 hours after announcement)

- Carriers advise travellers of expectation to self-isolate if travelling to New Zealand. May be proactive or at boarding at carrier's discretion.

Proactively Released