

**PRIME MINISTER AND DIRECTOR-GENERAL OF HEALTH PRESS CONFERENCE:
WEDNESDAY, 29 APRIL 2020**

PM: Tena koutou katoa. Good afternoon. Welcome to day two of alert level 3. It may surprise some viewers today to see me here alongside Dr Bloomfield, because you will have heard me say that, recently, it was set down to be our last, for the foreseeable future, press conference together. But you will also have heard me repeatedly say that life at level 3 is very similar to life at level 4, and so we decided to extend that mantra into the way that we are treating it with our press conferences. So after some feedback, you will find us here together till the remainder of level 3 concludes, for the most part, with ongoing appearances from other Ministers and other agencies as part of the response to COVID-19.

I'll hand over, though, now for the health update from Dr Bloomfield.

Dr Ashley Bloomfield: Thank you, Prime Minister. Kia ora koutou katoa. So today, I have two new COVID-19 cases to report. One is a new confirmed case that is in quarantine in Auckland, associated with international travel, and one is a probable case that is associated with an existing case. That is a close contact of an existing case. In addition to this, we have also reclassified a previous probable case as confirmed. This is an historic one. It actually dates from earlier in April, and it's just been updated in our EpiSurv database as confirmed. So therefore, whilst the net increase today was two cases, our new total confirmed cases is 1,126, and for probable cases it is 348, which is the same as yesterday. Our total combined confirmed and probable cases is therefore 1,474. We report the confirmed case number to WHO and will continue to do so—that is the 1,126.

Pleased to say no additional deaths to report today. We have six people in hospital, none of whom are in intensive care. Yesterday, 2,637 tests were completed, and our combined total to date is 128,073 tests. Of our cases, 1,229 are reported as recovered. That's an increase of 15 on yesterday and now comprises 83 percent of all cases. There remain 16 significant clusters—no change from yesterday.

A couple of words from me about alert level 3—as the Prime Minister said, now two days old. It's important that we keep reinforcing the key messages around expectations and how we need to all behave during alert level 3. It's crucial we stay vigilant and, in particular, maintain the guidelines around physical distancing, keeping within bubbles, good hand hygiene, and not going out if unwell. As commercial activity resumes, this applies to businesses and retailers who are now interacting in a contactless way with providers.

Yesterday, like me, you will have seen some aspects of level 3 were a little bit like the first day back after the summer holidays, and also we were all getting used to a new way of doing things. I think for the most part businesses got that right. However, we did see some pictures of quite large groups of people congregating outside one or two places. I am sure those businesses involved will be working on their processes today to ensure that any customers waiting to pick up goods or services can maintain physical distancing. That will be imperative in terms of our ability to provide confidence to the Government that we are ready to move down alert levels in due course.

As I said yesterday, we have a new section 70 notice that does include provisions to close non-compliant premises. However, I think yesterday would be a good example of everybody settling into a new regime, and for the most part that worked well, but just ironing out some small matters that do need to be ironed out quickly.

So overall, the message is the same: stay home, save lives—and that's our number one rule for alert level 3. If you need medical attention, ring Healthline, ring your GP, or if it's an emergency, dial 111. If you have any respiratory symptoms, please do contact Healthline or your GP and talk about getting a COVID-19 test. Thank you, Prime Minister.

PM: Thank you, Dr Bloomfield. I want to start by reminding people, in the same way that Dr Bloomfield has, that we are not out of the woods yet. While our case numbers remain low, we will still have cases, and we have seen with our large clusters in New Zealand that it only takes one person to potentially affect many. With that in mind, we continue to take a firm stance with the enforcement of rules at level 3. This is our waiting room, and so we need to make sure that we're vigilant in the way that we treat it. The rules are ultimately in place for a reason, and that reason is to keep us safe but to also move us as quickly as we can into other alert levels.

Police recorded 104 breaches in the first 18 hours of alert level 3. The vast majority of these resulted in warnings, but 21 people have been prosecuted and 71 warnings issued. In addition, 742 complaints of businesses not complying with level 3 rules were made. Most related, though, interestingly—most related—to a lack of social distancing and business operating practices. MBIE, MPI, and other agencies will be following up on a further proportion of these complaints. Agencies have been tasked in particular cases, where they've triaged—61 cases in particular are being followed up on. So while our preference is to educate and engage with businesses to ensure they're operating within the rules, we will not hesitate to take firmer measures if required. I asked a couple of questions this morning, particularly of some of the images I've seen of areas—and there were a couple of persistent photos that lingered around from some places in particular—and I've been told that MBIE and Health have actively reached out to some of those businesses to make sure that they are working with them on the ground to improve their practices to stop congregation at their place of business.

I'll also update you today on early figures we have to hand on school and ECE attendance on the first day back today. Data from 10.30 a.m. this morning shows that 7,713 children attending an early learning service and 11,846 attending a school. This represents 4 percent attendance at ECE and 1 percent attendance in schools—keeping in mind, though, for those numbers, we've had reporting from 37 percent of early learning services and 55 percent of schools. So these numbers will be updated, but early indications are that New Zealanders continue to take our lockdown at level 3 very seriously, that there remains an ongoing commitment to cementing what we've done and, therefore, learning and working from home if that's possible. I do want to thank everyone who's doing that, though. I know distance learning and having children at home while you're working can be very hard, but these early numbers demonstrate the ongoing commitment people are showing and New Zealand's ongoing commitment to not seeing a second wave of infection in New Zealand.

Finally, I want to talk about New Zealand's small businesses, many of whom will now be back at work but some who will not. We have already put in place the wage subsidy scheme to help with what is usually a firm's largest cost—wages—and today I can share news of further work that we are doing to help with commercial rents. As many of you will know, we have already agreed to push out deadlines on lease terminations when someone moves into arrears, but it is clear that this alone would not be enough for many businesses. We need to provide more reassurance, as much as we're able to within the law.

Although we cannot currently impose a commercial rent reduction—you've heard me speak to that a few times here—we have asked commercial tenants and landlords to work together to reach a fair agreement. However, some parties, on both sides of the contract, appear unwilling to renegotiate payment terms, with officials advising that some landlords are demanding full rent from tenants who have been unable to trade for several weeks and cannot afford it, while resource tenants have written to landlords declaring that they refuse to pay any rent for several months.

Minister Little discussed options with other Ministers at Cabinet committee this morning. I can confirm that we are actively working on measures under which parties to a commercial lease would be expected to consider rent concessions in whole or in part for a period where the response to COVID-19 has had a material impact on business. We've heard the call for extra support from small business over and above that already provided through the wage subsidy and tax measures, and we are working actively to resolve that.

So in principle, we have supported the work Minister Little is doing. We expect papers to come shortly, and as soon as those final decisions and work has been completed by the Ministry of Justice, we'll be sharing it. I do want to acknowledge that something similar has been worked up in Australia. That code of conduct, as I understand, still hasn't been legislated; that needs to happen at a state level. So we're working actively, looking at some of the similarities of what they've done here and what will be workable under our property Act in New Zealand.

Finally, it was my privilege during alert level 4 lockdown to thank all of our essential workers and others, who have done an amazing job. Now, at alert level 3, I'm receiving many, many examples of businesses using good old Kiwi ingenuity to open up at level 3 with contactless transactions. Today, I want to highlight a couple of examples from what I know will be the missed food and beverage sector. Gizzy Local, an events website, has collated in one place nearly 30 food businesses that Gisborne locals can now access, noting how to order and how to collect. Some of you will have seen coverage of the Auckland coffee shop extending a plank of wood from which to serve up their flat whites at an appropriate distance. I do want to say good on everyone who is working so hard to innovate, keep their customers safe, but get also their staff back to work. It's incredible to see. I know it makes people feel very proud, given the difficult circumstances people are operating under.

OK, we're happy to take your questions.

Media: Why did Cabinet reject advice from the Ministry of Health to close down the borders, including to returning New Zealand citizens?

PM: Yes, you will have heard the Deputy Prime Minister point out that Health did suggest closing our borders entirely. Now, you'll remember we did close them off to foreign nationals, but we did not consider that it would ever be OK to stop New Zealanders coming home. You'll struggle to find countries in the world that would make a move like that. But we simply would not tolerate New Zealanders not having the option to return to the safety of New Zealand, their home.

Media: Dr Bloomfield, what was the rationale behind the ministry's call on this? Why did you take this to Cabinet in the first place?

Dr Ashley Bloomfield: So if you think about our elimination goal, there are two parts to it: keep it out and stamp it out. As we were moving very quickly from alert level 2 and 3 and into 4, we felt that until we had a really secure process in place—this was based on the position as we were providing the advice—for people to come across the border to actually isolate or quarantine them or be assured about the fact that they didn't have intention, then we should at least temporarily close the border until we had that process in place. Cabinet balanced our advice up with all the advice they had, and, of course, with that came the instruction and the expectation that we would get that process in place very promptly. So that was the response to help mitigate that risk.

PM: I think it's totally understandable under the circumstances, the Ministry of Health taking that position. Of course, the Ministry of Health wasn't required to weigh up our obligations through law to our own citizens. We did have to weigh that up. The way that we could deal with both obligations was actually to set up the kind of quarantine that we have now at the border, which is working well.

Media: During that time, most of our cases were linked to international travel. Are you disappointed Cabinet went against that advice?

Dr Ashley Bloomfield: Not in the slightest bit, and you can see that not only was the decision to go into lockdown, alert level 4, made at the right time but that the additional measures we've been able to put in place to manage the border and prevent further cases coming in during that lockdown period has paid off, and that's why now we are seeing any new cases coming across the border are, in fact, already in quarantine, and our overall low numbers reflect the fact that the overall approach was successful.

Media: Would you have liked to see that quarantine, that mandatory quarantine, brought up sooner, though, considering that your initial advice was for a total shut down of the borders?

Dr Ashley Bloomfield: Look, no, I don't, actually. I think we've been successful, and, as I say, Cabinet's decision was made with the expectation that we would manage the risk at the border, and I feel we have done that successfully, and that is part of our ongoing keep it out, stamp it out approach.

PM: I do just want to reinforce that you'll be hard pressed to find many countries in the world who took an extraordinary stance to exclude their own citizens from returning back to the one place they have a legal right to be. It would have been extraordinary for the Government to make a decision to strand New Zealanders and give them no ability to be able to come home. It could have meant that they were stuck illegally in other places, and it could have meant they could be stuck unsafely in other places, and we just couldn't entertain that. Equally, we needed to keep New Zealanders safe when they did return.

Media: How quickly was that recommendation dismissed, then, given the basis?

PM: It was never entertained, in the same way that almost no country in the world has entertained not allowing citizens to come home. It is an extraordinary thing to deem someone stateless, but if you tell someone that they cannot return home, that's essentially what you're doing. So there are international obligations that we have to consider with extraordinary decisions like that.

Media: Under what legal basis, then, did the Ministry of Health—

PM: They don't have to consider those kinds of things.

Media: Fundamental human rights?

Dr Ashley Bloomfield: Well, we were giving our advice from a public health perspective. As I say, the approach was really clear: keep it out, stamp it out. It was clear at that point in time that most of our new cases were still coming in across the border, so we wanted Cabinet to understand from a public health perspective, if we were to mitigate that risk of cases coming in across the border, ideally we would close the border for a period. Cabinet weighed up the full range of matters, including, of course, other legal obligations, in making their decision.

PM: Look, it's not at all unusual. Ministries focus on their own obligations and their own focus. It wouldn't have been normal for a public health response to factor in the kinds of things that the Ministry of Foreign Affairs would.

Media: Shouldn't the Ministry of Health also weigh up human rights, though, when making recommendations to the Government?

PM: We always make sure that within every decision that we make, we do have human rights considerations. That's explicit in every paper we consider. It does not have to be generated by the Ministry of Health, though. It is always a consideration, though.

Media: Dr Bloomfield, did you recommend a specific period for how long the border should remain closed for?

Dr Ashley Bloomfield: No, we didn't, actually, and I don't recall the details. But what I will say is that the whole level 4 lockdown response was predicated on us managing the risk of new cases coming across the border and of breaking the chain of transmission in our communities here. We've been successful on both counts—that's why we're now in alert level 3.

Media: What about a political lens on this decision, though, from the Ministry of Health? Shouldn't the health Minister have realised that this was a breach of human rights and potentially suggested that instead of it going to Cabinet?

PM: No. Actually, the Minister of Health—or, indeed, any Minister—doesn't necessarily vet and curtail the advice of their ministry that's made available to us, in the same way that the Minister of Finance won't always agree with Treasury's view. That's still able to be put to us for full consideration. So they don't filter the advice that comes through. So we were able to see what the view of the Ministry of Health was, and then it's our job to weigh that up against all of the other legal considerations that we must have.

Media: What were the dates of this Cabinet meeting?

PM: I would—the periods of time have somewhat merged together for me! I can get you a date for that. My recollection—it was pre-level 4, is my recollection. Out of interest, we now have 3,241 in managed isolation or quarantine, and we've had roughly, give or take, about 25 people who have tested positive for COVID whilst they've been in our quarantine or isolation facilities, so it is proving its worth in stopping the spread of COVID.

Media: Prime Minister, on social distancing, there's a video online of a Burger Fuel outlet in Auckland. Have you seen that, and what's your message for businesses who want to operate but, obviously, they're not getting social distancing right?

PM: I believe I've seen the same. I've seen still images rather than a video, and that caused me enough concern. I saw multiple angles of it. So it caught the attention of members of the public, which tells me that, by and large, people absolutely know what we need to be doing at level 3, but clearly that wasn't happening in this scenario. We have had confirmation, though, from officials this morning that they have been directly in contact, I'm told, with the head office of that operation in order to ensure they understand their obligations and that they will manage their ongoing trade from here on, because they certainly didn't fulfil those obligations last night.

Media: On your phone call with the Queen last night, what was the purpose of that phone call and what did you discuss?

PM: So as I mentioned, we received a message several days ago now, just suggesting that Her Majesty was eager to touch base and hear how New Zealand was doing under the circumstances of the global pandemic. So while it's not general practice to comment to any detailed degree on the conversation, what I came away with was a very genuine and strong sense that Her Majesty is really interested in how we're doing and was heartened to hear that we're doing OK.

Media: Prime Minister, is it helpful for the Foreign Minister to share advice that was rejected by Cabinet, seemingly with a political bent to prove that the Government has not been captured by the health ministry?

PM: We work on proactive release, and so this is information that would have been public anyway, and will be.

Media: New Zealanders who are returning home to be with dying relatives are still being subject to that 14-day quarantine. Under those circumstances, would there be grounds for an exception?

PM: I've heard that this might be based on an actual case, so I'll hand over to Dr Bloomfield.

Dr Ashley Bloomfield: Yes, thanks, Prime Minister. So, look, there is a process for seeking an exemption or an exception for those people coming into the country. They are granted under very limited circumstances. Clearly, as I've said, the border remains and managing the risk at the border remains a really important part of both our alert level 4 and alert level 3 stance. So at the moment, there is an exception process. People can apply, and they do. Obviously, where circumstances are where there is a dying relative, we take a very compassionate look at that, but we also have to weigh that up against the overall approach to protect all New Zealanders. I have asked the team, as we start to prepare for a move to alert level 2, to revisit that as well and just see what other things could be put in place to help manage that risk.

Media: Because the people that we've spoken to have described the process as slow and unwieldy in terms of making that application.

Dr Ashley Bloomfield: Well, I'm sorry if that was their experience, and I'll take that feedback back. Obviously, we recognise the urgency of these sorts of decisions, so I'll make sure that the process is expeditious and fair.

PM: This is incredibly difficult no matter what way you look at it, but you'll also see from the statistics we've provided that albeit a small number, we are still seeing COVID cases coming in from international travel. We have to make sure that in allowing and enabling people to see family members they're desperate to see, that we don't have double tragedies.

Media: Dr Bloomfield, what measures should food delivery drivers be taking? Are you concerned that they could potentially be a vector by going from restaurants, cafes, into people's homes and workplaces?

Dr Ashley Bloomfield: Well, they could potentially, and therefore it's very important they've got both the understanding of what hygiene measures they need to take, including regular use of hand gels, would be the most practical, wearing a mask if needs be. However, importantly, also their employer or the place they are servicing needs to also be facilitating that for them. It is very important, but we have had experience of this through alert level 4 with couriers operating at quite high volumes during alert level 4 to get goods and services out there. So I think people understand what the expectations are, and it's very important that they abide by them.

Media: Would you recommend that they wear PPE masks?

Dr Ashley Bloomfield: Not specifically. They shouldn't need a mask if they are not symptomatic—in which case they shouldn't be going to work—and if they're not having face-to-face contact with them, and that's the whole point of the delivery, is they need to be contactless. The key thing is the regular handwashing and good hygiene within their vehicles.

Media: Is there an update on those New Zealanders returning from overseas sharing some of the costs of quarantine?

PM: I have asked for another paper to come back to Cabinet. One of the things that we've been mindful is we're trying to reach a point where, actually, we're bringing back all those who are caught up in the circumstances of COVID-19, through no fault of their own, and where we're getting into a point where there is more deliberate decision-making, because then people know they're going to encounter these costs in particular. So we have asked officials to provide us extra advice so we can work through what a cost recovery regime will look like in the future.

Media: Prime Minister, Minister Sepuloni spoke of unemployment yesterday. She confirmed that unemployment will be likely to go up post-COVID, which isn't a surprise, but there is concern within some Māori communities that life after COVID will just continue to extend that gap between the rich and the poor. What will you be doing to make sure that doesn't happen?

PM: You will have heard me say from this podium before that this has to be an opportunity for us to finally close the inequities that we have in New Zealand and that we've had for a persistent amount of time. Now, whether or not it's the guidance that see from the State Services Commission saying today to exercise wage restraint for those on higher incomes but to consider the wage situation of those on lower incomes, or whether it's the work that we're proactively doing to redeploy to drive a high-wage economy to see that we don't replace those industries that traditionally have had lower wages with more lower wages. This is an opportunity and we need to use it.

Media: So your expectation is, then, Prime Minister, that we look forward three months, six months, one year, two years—that that gap will be less as opposed to going wider?

PM: Our goal as a Government has always been to reduce inequalities. That is now our focus, now more than ever.

Media: On 23 March, you told us that we needed to stay home and save lives—the day that you announced you the lockdown—stay home, save lives, or tens of thousands of New Zealanders could die. Was it a surprise to you, then, that in the immediate wake of that advice, two days later, on the day of the lockdown, your health Minister hired a moving company and moved house?

PM: No. I was aware that the Minister, before lockdown, had moved home—before lockdown. This was something that he completed, a sale, before New Zealand even had a COVID case.

Media: The day that he moved was the day that we went into lockdown. What do you say to all New Zealanders who deferred their settlement or didn't move into their new homes or were given warnings by police for trying to move house in level 3 or level 4?

PM: My message is very, very simple. I will not hesitate to act when it comes to a Minister who I believe warrants my action against them, and you've already seen that. In this case, I do not believe that is the case, based on what I have been advised.

Media: But that two days that we were in level 3, that was just basically so the lockdown door wasn't slammed in our face, wasn't it? It wasn't to try and sneak through a kind of moving date, as the Minister did, on the day that we went into lockdown.

PM: Again, and that's not how I would characterise things. For me, I am very clear: you have already seen that if I believe it's warranted for a Minister to be severely reprimanded, for demotion to occur, I will not hesitate on that. But based on the information I've received, I do not believe that is warranted in this case.

Media: So you think it's fine to move house on the day that the country went into lockdown? Because that wasn't the advice that your ministries were giving.

PM: Again, I've already shared with you my exact principle in dealing with these kinds of situations. You'll have already seen I won't hesitate to act if that is what is required, but based on the information I have, that is not what is required here.

Media: What do you make of suggestions in the past few days, including at select committee by submitters today, that New Zealand was unprepared for a pandemic, in part due to under-investment in public health and the fragmentation of those functions across the health sector?

PM: Yeah, so two comments I would make. Firstly, it is very difficult for the world to have actually been well prepared for what has become a one-in-100-year global pandemic, and I think you'll see, to varying degrees, that has been manifest for all of us. But when it comes to actually public health, I would agree that we do need to rebuild our health system, and in particular the investment in public health. That is something that I would have said even before COVID-19, and it was part of this Government's agenda.

But what we're seeing is some specific elements of public health that did need that extra investment and modernisation. Previously, there probably hasn't been the reason for PHUs, who have operated separately, to necessarily have the national footing that we now see as so, so necessary—dealing with TB, dealing with rheumatic fever. We may well have had that advice post-measles, but we're still in the aftermath of working through that to have made that determination. But the fact we've managed to change our footing within a month I think demonstrates that we can be agile.

Media: Over a number of years now, you've told us, when we've asked about what happened in Cabinet, that you don't discuss what happens in Cabinet. So what changed today that made the Deputy Prime Minister come up and so overtly talk about something so substantial that happened in Cabinet? What's the difference?

PM: Jason, you'll find that I usually say that when you're fishing.

Media: Dr Bloomfield, there's a call from the primary teachers union for teachers to be made a priority group for flu jabs. Is that in the pipeline?

Dr Ashley Bloomfield: Well, actually, now any New Zealander can get a flu jab, so from this week it's been opened up not just to those vulnerable groups that are publicly funded but any New Zealander, including our school teachers, can get a jab. It sounds like, from the number of students who are at school, there might be opportunity to do that. I recognise teachers are actually doing a lot of teaching online still for all those students at home. But all New Zealanders are now able to get a flu jab, and I would encourage them to do so.

PM: OK, last couple.

Media: [*Inaudible*] we saw another case linked to it yesterday, so how are we still seeing cases—

PM: Historic, yeah.

Media: —linked to it so far along in the time line?

PM: An old one.

Dr Ashley Bloomfield: Yeah, so just a comment on the case yesterday. This was someone who had only been tested in the last few days but had actually been symptomatic earlier in April. So one of the things we're doing is actually having a really good look at that cluster, because I think it can tell us a lot about the transmission of this virus in a school group, either between students or between teachers and students, between teachers and teachers, and also within family settings. So we're looking to do a study there to see what was the pattern of infection, because I think it will inform us, and, in fact, will inform the scientific body of knowledge globally about just how to manage these situations.

PM: It tells us that there's a long tail to COVID, though, when you have that length of time and still someone testing positive.

Dr Ashley Bloomfield: Yes, we've seen this with other clusters as well, including the Bluff one.

Media: [*Inaudible*] random testing is taking place this week, if any, and where it's happening, and if we're making the most of our increased capacity for testing?

Dr Ashley Bloomfield: Yes, so the priority for testing through alert level 3 remains, first of all, finding any symptomatic people—so case finding. Secondly, we've asked all the district health boards to have a very planned approach to not random testing but testing specific populations and settings, including in healthcare settings, aged residential care, settings where there are essential workers, like supermarkets that might have exposure to members of the public quite frequently. So that's part of our, what I would call, surveillance testing and that's moving into a much more systematic approach. As we move to alert level 2, we will do that in a way that is informed by epidemiological advice around what sampling frames we need to make sure we are testing sufficient New Zealanders in different regions and from different ethnic groups, to get a really clear picture of whether there is any underlying infection there that we're not detecting through case finding.

Media: Is there any details [*Inaudible*]

Dr Ashley Bloomfield: Look, we can provide some. It's happening in different—there are some details back at the ministry about what different DHBs are doing, and some of them have been putting this up on their website. So we'll talk with them about making available on their websites an outline of what testing they are planning over this next couple of weeks.

PM: We can probably bring you an update tomorrow as well, yeah.

Media: Prime Minister, should there be a limit on the number of people from a bubble that can collect takeaway food? Because in some of the images, there's groups of three or

four people, presumably from the same bubble, and that means there's less space for everyone else to socially distance.

PM: Yeah, I take your point. I mean, we haven't put out that same level of specificity, but it's fair to say the guidelines that we put out at level 4 around limiting people's movements, limiting being out and about, limiting being in the supermarket—they all still apply. So again, we just want people to stick to those same principles now, even though you have the joy of being able to queue, which obviously has become a social activity for some bubbles.

Media: Dr Bloomfield, what have the testing results been for the residents at a Hawke's Bay holiday park where one resident tested positive for the virus?

Dr Ashley Bloomfield: I don't have the final results, because most of those swabs were taken yesterday, but if they're all back, we'll make it available. What I can say is of all the tests done yesterday, which would have included some of those processed and perhaps all of them, none of those were positive, but we can confirm that.

Media: Is it concerning that two staff members from the same rest home have now tested positive despite having no symptoms?

Dr Ashley Bloomfield: Well, actually, we've seen this in other aged residential care facilities, and over the last two weeks we have changed our approach nationally to, if we do get a case in a facility, testing all residents and staff regardless of symptoms. That's now an embedded part of our routine approach to infections in these facilities.

PM: As is the testing protocols for asymptomatic testing of close contacts when someone is an essential worker in a place where there is high contact with people. So asymptomatic testing is happening under those scenarios.

Media: Just on midwives quickly, why are midwives' extra costs still not being funded, and why hasn't Cabinet signed off on the Cabinet document that would fund them?

PM: So we have said that we do want to cover off legitimate costs for health practitioners for COVID-19, and we're still in the process of working through what the detail of some of that would imply, and that includes for maternity services. I haven't got a time line for you, but I think it's under active consideration by the Ministry of Health at the moment.

Media: What are your thoughts on David Clark going forward? Is his job safe as health Minister, or, as we come out of lockdown, is it something you'll be reviewing?

PM: He remains as our health Minister. I know I've had those ongoing questions from time to time, but I can tell you that you can put a hypothetical and have any Minister's name in there, around their ongoing future, and my answer to this will be that until I say otherwise, people are in their jobs. But I expect everyone to maintain standards throughout their role as Ministers, and I give no Minister guarantees about anyone's future, because we all have to maintain standards all the way through our practice in these roles.

Media: Professor Gorman told the Epidemic Response Committee this morning that our borders—we should have had really strict border measures in the middle of February. Was that ever considered? And he also said that the high-trust, sort of, isolation model was flawed and it should have been a low-trust model, given what he'd observed in other countries like Taiwan, where if people even turned their phones off, they were checked on immediately.

PM: Yeah, I don't think—oh, sorry, you didn't mean that for me.

Media: Oh, no, it's for both of you.

PM: How about I have a go first and then I'll hand over. Well, first thing I would say is that I wouldn't have called it simply a high-trust model. There were checks in place. We did have the police involved. We had Healthline involved. But it became very clear to us that not only did we need a more rigorous approach; we needed to stop household

transmission. So at a point where we were able to manage a system where everyone was quarantined, keeping in mind we had tens of thousands of people returning in those early days, we moved to that. On the question of timeliness, New Zealand, 20 days after our first case, closed our borders to foreign travellers. Now, that made us amongst the first in the world to have done that. So I think that was a significant move by us, and we did it very, very early on in our COVID journey.

Dr Ashley Bloomfield: Just a follow up comment on that. I think you have to live life forward, but you understand it looking back. At the time, we were making decisions, as the Prime Minister said, well before other countries were, based on the same information. I think based on the information we had—remembering that when we stood up our National Health Coordination Centre, there were less than 300 cases globally of this disease, and five deaths—we were incredibly responsive to what we saw emerging, and responded. As I've said a number of times, we were constantly thinking "What do we need to do in two weeks' time?", and then do it today. So I think the success of our approach is evident in the position we find ourselves today, which is not unique, but we are amongst a very small number of countries in this very fortunate position, that all New Zealanders have put us in, where we now have choices about what steps we take next.

PM: I'll just take a last couple.

Media: Can I follow with that?

PM: Sure, Derek. Last one.

Media: He just said that the fact that we didn't have—obviously, the logistics to set that up at the border is huge—

PM: Capacity. We've talked about that.

Media: Yeah, but he said the fact that we couldn't do that in mid-February was a reflection of how under-resourced we were in our pandemic plan and that showed that we were basically caught with our pants down.

PM: Well, I would disagree with that.

Dr Ashley Bloomfield: I mean, the proof's in the pudding, isn't it? I think for an underprepared or ill-prepared country, we've done remarkably well, and I don't think we were ill-prepared. We have got a very comprehensive plan. We responded very promptly, and that was not just the health effort; that was an all-of-Government effort right from day one. I think the evidence is in the position we find ourselves now.

PM: I think that's the best counterargument we could have, is that if that's his claim about where we stood, then how is it that we've managed to produce what we have.

Media: You talked about the tail of COVID there. What are the concerns that there are people out there who have had it, who have been told that they have recovered, and then it comes back again, and then they're out there, like this case, and passing it on in level 3 where things aren't so strict?

PM: We've been having this discussion, of course. There is a threshold that needs to be met for someone to have been declared recovered, and the person that tested positive had not been declared recovered. But what we're discussing now is just the length of time that COVID can take. So we've had this discussion before, and I'll hand over to Dr Bloomfield on that, but this idea you can have COVID for a long period of time and that in can have—not necessarily be gone and come back but, actually, just persist with you for quite some period. So we've been talking about what work the technical advisory group can do to help us get reassurance that people who have recovered genuinely have.

Dr Ashley Bloomfield: Yes, and I think further to that is this makes the physical distancing aspect of alert level 3 and beyond really important, because if people do have residual infection, it does not mean they are infectious, and if they are, the way they will not

pass that on, including if they are asymptomatic, is by maintaining physical distance and by good hygiene practice. So that's what everyone needs to do.

Media: Would that see you extend the quarantine, then, for people who do get positive?

Dr Ashley Bloomfield: Yes. For example, if the advice of the technical advisory group is to use testing as part of confirming whether people are recovered, then we would use extended isolation to help provide a buffer to make sure that they weren't infectious and likely then to infect others.

Media: Can I return to the subject of Jason's earlier question about why it is that the Deputy Prime Minister was able to come in and release information about a Cabinet disagreement today. Is this a new era of openness of Cabinet discussions? I think that deserves better than a glib distancing.

PM: Well, I don't think I'm ever glib, but two clarifications. The first is that it wasn't a Cabinet disagreement; it was advice from a department that, as a whole, Cabinet did not share that view. That is not unusual. You'll often receive Cabinet papers that will hold a view that is not, overall, supported by the entire paper it even sits within. So it wasn't a Cabinet disagreement as we would frame it. Cabinet disagreement is when we can't form consensus as a group of Ministers.

The second point that I would make is I frequently come down and share views and decision that are made, and we release Cabinet papers proactively that then demonstrate where a department takes a view counter to a decision we've made. So it's not at all unusual for that to have been done, and that's what the Deputy Prime Minister has done today, and he did it with my full knowledge. So I see nothing unusual about that at all.

Media: Mental health workers are warning that isolation and redundancies are causing more people to suffer from mental health problems. Does that worry you, and what is the Government doing to mitigate the mental health fallout of the response?

PM: All the way through, we've been concerned about mental health. Right before even making the decision about lockdown, this was something we were concerned about. We've invested heavily in mental health responses, whether or not it's access to 1737—the mental health telehealth service—or actively promoting and supporting apps that people have been able to access from home. That has been a strong part of our in-isolation response to mental health. We also know one of the best things we can do is try to get back to normality as soon as we can, safely. OK. Thanks, everyone.

conclusion of press conference