

**ALL OF GOVERNMENT PRESS CONFERENCE: TUESDAY, 19 OCTOBER 2021
HANSARD TRANSCRIPT**

PM: Good afternoon. Today, I'm joined by Minister Henare, who will speak about our Māori vaccination campaign, and Dr Bloomfield, who's set out decisions on booster shots for immunocompromised New Zealanders. But first, I am going to hand over to Dr Bloomfield, who will talk about cases today.

Dr Ashley Bloomfield: Thank you, Prime Minister, and kia ora koutou katoa. So today, we are reporting 94 new cases in the community. Eighty-seven of these are in Auckland, and seven are in the Waikato. The new cases take our total in this outbreak to 2,099, and of those, 1,384 have recovered now. Of today's cases, 53 are yet to be linked to a current case, but interviews are under way. What I would say is that all seven of the cases in the Waikato have already been linked to existing cases. Of yesterday's 60 cases, 19 of those remain unlinked at present, with investigations ongoing.

Today, there are 38 people in hospital with COVID-19, and all of those are in the Auckland region. Five are in either ICU or a High Dependency Unit. Yesterday, there were 12,688 swabs taken across Auckland, maintaining the high level of testing there, which is important and necessary, and there were 16,921 tests taken or processed around the country. Testing continues right across Auckland today, with 19 centres in operation, including 13 pop-up centres.

As I've said, the seven cases in the Waikato today have all been linked, so now only two cases from the total number in the Waikato are as yet unlinked from last week, and two cases reported on Sunday; investigations continue on. There is region-wide testing continuing across Waikato, and that is very important while it remains in alert level 3, to help inform our advice and the decisions later in the week about the ongoing status of the Waikato. Testing is available across Waikato. Please do look on the Healthpoint website or the Waikato DHB website. And for anyone in Waikato, and indeed anywhere across the motu, if you have not been vaccinated yet, today is the day to do it. Please check on Book My Vaccine as to where you can get yours done.

So on to vaccination: the COVID-19 Technical Advisory Group has recommended that individuals aged 12 and older with severe immunocompromise receive a third primary dose of the Pfizer COVID-19 vaccine. It's important to note this third primary dose is different to a booster dose in the general population. Severely immunocompromised people are at higher risk of severe outcomes with COVID-19, and because of their immunocompromise, may not produce a sufficiently strong immune response to just two doses of the vaccine. So a third primary dose can be of benefit in this group, and that includes those who are taking immunosuppressive therapies—for example, if they've had a transplant—before or after their first or second dose of the vaccine, as well as some individuals with chronic diseases.

The technical advisory group will continue to review the emerging evidence for a booster dose, and once we have received an application from Pfizer and advice from the technical advisory group, as well as a decision by Cabinet, we will be providing further advice around the progress with booster doses, and we will have an update next week on where the current status is around wider booster doses.

In terms of the outbreak in Auckland, Auckland Regional Public Health Service is now supporting 84 of the cases there, across 55 households, to safely isolate at home. Now, this is part of an interim approach while we finalise plans involving primary care, including GP clinics and others, as well as community providers to support people to isolate safely at home. Criteria for isolating at home are based on both a public health and a clinical risk assessment, and take into consideration factors such as a person—whether they live in a residence that allows them and their household to isolate safely away from others, ensuring that they have good phone and internet access, that they can use their own transport to safely access a testing centre when testing is required, that they are happy and comfortable to isolate at

home, and that they have got all the supplies that they need—for example, masks, food, cleaning products, and so on.

The planning for this approach has been under way for some time and is a key part of managing COVID-19 in the future. It was outlined last week by health Minister Little, and this is a key objective of our ongoing approach across the health system to better manage COVID-19 cases in the community safely.

Finally, yesterday I was asked about the number of people who are pregnant who have been hospitalised during the current outbreak. Based on the latest data we have, there have been five cases recorded where those people have been pregnant and they have been hospitalised as part of this outbreak. You may recall last month in mid-September while noting the good work done by midwives in Auckland during alert level 4, we noted that we had seen unvaccinated pregnant people arriving in hospital and quite unwell because of the virus. So I would like to reiterate that there is now very clear evidence from experience globally and indeed our experience here that vaccination is not just safe but is highly protective for pregnant people, and there are no additional safety concerns in pregnancy. Vaccination at any time in pregnancy helps and so I'd encourage anyone who is pregnant to talk to their health professional about getting vaccinated if you haven't already. Back to you, Prime Minister.

PM: Thank you, Dr Bloomfield. Look, before I hand over to Minister Henare, where he'll share some reflections on our Māori vaccination campaign, a couple of comments on today's cases. I know the highs and lows of cases is incredibly hard on people, particularly those in Tāmaki-makau-rau. I just wanted to reinforce again that we're not powerless. We do have the ability to help keep cases as low as we can. I spent a bit of time talking about that yesterday, but just a reminder again, the cases that we're seeing in Auckland right now are not confined to one part of Auckland. They are across 124 suburbs. I say that only to remind everyone that the rules matter for everyone, and our ask of testing if you are symptomatic applies to everyone. In fact, this morning in our briefing, a particular focus from our public health team on the fact that they have a positivity rate, so the amount of testing relative to the number of positives coming back, that is of concern to them on the North Shore. So if you are on the North Shore, experiencing any symptoms, even if you have been vaccinated, please do go and get a test. And to everyone, please remember this outbreak is not in one part of Auckland.

I think the second interesting observation is that the highest number of cases today are across the three age ranges that are our least vaccinated, and that's the 39 years and under, keeping in mind, of course, for the 12 years and under, they are unable to be. We need everyone who can be to be vaccinated. If you are young, you are, sadly, not invincible. Twelve of our current hospitalisations are under 39 years of age. We all have a part to play. So there are two things I ask of all Aucklanders again. One is please do get vaccinated. There are 158,522 eligible Aucklanders who have not had a first dose of the vaccine. It is within this group that virus has the potential to spread and who we really need to ensure are vaccinated so that we can ease restrictions with low case numbers.

Today, I'm also urging all those eligible to get their second dose, to bring that forward and get it as soon as possible. If you had your first dose more than three weeks ago, you can now get your second. The quicker we can get people fully vaccinated, the greater the community protection we have against the virus. So if you're watching this at home now, make a plan to get vaccinated this afternoon. There are plenty of walk-up and drive-through options across Auckland. Go to [COVID-19.govt.nz](https://www.covid-19.govt.nz).

Finally, I will again just reiterate that call for everyone please to still stick with those rules. At the beginning of this outbreak we used to use the phrase "stay home, save lives" to describe what was needed, and that still remains the case. I know it's hard but we are so, so close and we know that vaccinations are already making a significant difference to the outbreak in Auckland, but so too are people following the rules.

Yesterday, Cabinet decided not to move Auckland back into level 4 as a circuit breaker, and that's because we have the ability with the restrictions we have now to keep making a difference, and, again, we have, unfortunately continued to see cases reported today that have from non-compliance of level 3. Staying home, limiting contact, only catching up with people outside in groups of 10 and getting vaccinated are all actions we can take to stop the virus from spreading. None of us are powerless. I will now hand over to Minister Henare to address the Māori vaccination effort and we'll then open up for questions across anyone on the podium today. Minister Henare.

Hon Peeni Henare: Thank you, Prime Minister. Tēnā tātou katoa. First, can I thank all Māori providers, iwi, hapū, practitioners, vaccinators and staff in our DHBs, that have worked tirelessly over the past 18 months on the COVID response and now as part of the efforts to vaccinate our whānau. Your efforts are indeed seen.

In the two weeks prior to Super Saturday, I have travelled to a number of DHBs to better understand the challenges and successes in the vaccine roll-out to Māori. I saw some great work but identified a number of challenges. We know too that primary care is critical for our whānau. To our GPs, pharmacists, practice nurses, and practice support staff that are already on board, thank you so much for your help.

For those that aren't on board, can I ask for your help too. Our whānau need you, and for many of them, you are the trusted person that will be key to them making an informed decision about the vaccination.

Significant funding has already been provided to hauora Māori to support and build capability for the vaccine programme. Our communities are going the extra mile to support one another to get vaccinated, and I know, on Labour Day in Counties Manukau, Heroes in the Street campaign is happening. Our Māori GPs, nurses, and community leaders are going street to street on buses to engage and kōrero with whānau to encourage vaccinations.

If you need support to make your decision, get your information from official sources, or you can speak to one of our kaumātua and kuia who are currently leading vaccination rates amongst Māori communities.

As a Government, we will be making further announcements to support the Māori vaccination effort later this week. We have seen the threat that this current COVID-19 outbreak is to the wellbeing of Māori communities, with a total of 560 Māori cases recorded. In the last two weeks, Māori have made up 45.7 percent of total cases versus 28 percent throughout the entire outbreak. Although sobering, these numbers reinforce why vaccinating our communities is so important.

Nō reira ki te iwi Māori, kei runga te mate urutā i te mahau o tō whare: kua e tukuna kia uru mai. Ko te ārai motuhake ko te kano ārai mate.

[So I say to the Māori people, COVID-19 is on the doorstep of your houses. Do not let it enter. And the best course of protection still remains for us to vaccinate our people.]

Thank you, Prime Minister.

PM: Kia ora, Minister Henare. We'll open up for questions.

Media: Prime Minister, one of the reasons that you've said in the past that you don't want to set a target or a goal for vaccination is that it doesn't take into account the likes of Māori population as a blanket target. It doesn't address that. In that vein, will the goal that you announce on Friday take Māori vaccination rates into account? Will there be a specific target that you need to hit in the Māori population?

PM: We've always been concerned about ever creating a space where anyone interprets that there's room for people to be left behind. So, yes, we've been thinking about that in the work that we're doing, which we'll be sharing a bit more detail around on Friday, but what I would say is that the work that's going on right now with our Māori providers and that we need to make sure that we are providing all the resource required is critical. And,

regardless, that needs to continue until we reach everyone. You know, even when you talk about vaccination milestones, that will never be the end of our vaccination campaign. I will not stop until I've had a conversation or know that we are reaching out to as many people as possible and ensuring they know why it is so important to be vaccinated.

Media: Minister Henare, would you be comfortable with any easing of restrictions before Māori reach 90 percent double-dosed?

Hon Peeni Henare: Well, we've made it clear that the restrictions in particular in Tāmaki-makau-rau, my own electorate, are therefore a reason, and that's to protect other communities, which is why, as the Prime Minister has already mentioned, vaccination is key, not just for the Māori population and Tāmaki-makau-rau but everywhere else. As I went around the country, some communities acknowledged that COVID-19 hasn't been there and there seemed to be some form of apathy towards it. But, as I said in my comments, COVID-19 is on the doorsteps of our houses so I need to make sure that we can continue to drive up vaccination rates.

PM: Whilst we're not going to make announcements about Friday, but what we're already seeing is that it's now not just—I don't think it's fair to say that we've got this blanket unvaccinated group. Actually, we have a group of particularly young people. So our rates for our older Māori are high. We're now really narrowing and honing in on our young people and certain parts of the country. We're at roughly 72 in Tāmaki-makau-rau, first dose. There are young people in other parts of Aotearoa that we really need to focus in on, who don't think it is real or that it affects them yet.

Media: But as you said, it does affect them.

PM: Yes.

Media: So will you give a commitment to Māori that you won't move, that you won't put them at risk—

PM: We'll be talking in more detail about these issues on Friday.

Media: Mr Henare, you referred to people who aren't on board within some of our community leaders—who were you referring to? Who's not on board in getting those Māori vaccination rates up?

Hon Peeni Henare: I was referring directly to a number of PHOs and GP clinics that I met with personally as I went around the country. They made it clear that their focus is on those on their books and that they will continue to provide the normal healthcare that they would. They are of course, though, monitoring the situation with respect to the vaccine numbers, and I implore them to continue to help us drive up those vaccination numbers.

Media: So you're saying their focus isn't on vaccines; it's just doing their day-to-day job, and you're calling on them to really step that up?

Hon Peeni Henare: I am. But I will acknowledge that a number that I did meet with are also still involved in the vaccination process, and heavily involved, and I acknowledge that too.

Media: Prime Minister, in your opening comments you said that we've seen a number of cases coming today from non-compliance. We're seeing the highest daily count that we've seen to date. How many of today's cases are actually from—can you give a figure of people that have been non-compliant?

PM: No, I can't necessarily break it down. I can tell you that 39 of our cases today are household or contacts of existing cases, so you'd expect that relative proportion. We do know that some of the cases we have today are from social gatherings and, as I've already said, from some of the analysis that our teams on the ground have done in the past, they've identified that one of the significant contributing factors are those social indoor gatherings.

Media: Is today the peak or can we expect to see public cases hit triple digits?

PM: Of course, what we continue to look at is the overall trend. From what we've seen, from cases, are continuing to tell us that we've got a R-value of between 1.2 and 1.3. So, just to give some clarification, a reproductive value of that rate will see cases continue to rise. The best way that we can get in front of that is by following those rules that we have because they set out how we can stop ongoing transmission, but also being vaccinated. There is already a view that vaccination is making a strong difference to this outbreak, but I don't want people relying on it at this stage. The rules also need to be followed.

Media: Mr Henare, you said in your opening comments that when you travelled around the DHBs, some, you saw some great work, but you identified challenges in others. Can you elaborate on that for me, please? Which DHBs are having challenges? What are those challenges and what is being done to overcome them?

Hon Peeni Henare: So, some of those challenges are around the funding distribution and the speed at which that's being put out into those community providers and those Māori health providers. I've also noticed a lack of strong leadership amongst the community, including the DHB, with respect to what's required for the vaccine roll-out. Those are but two of the challenges that I noticed, and I'll give the example. In Taranaki, for example, we heard from Māori health providers and iwi that they were dissatisfied with the job that the DHB was doing. We met with the DHB and can now confirm that 16 hapū and the DHB are working together to continue to roll out the vaccine amongst that community. Only two hapū have decided not to be involved in that, but the door will continue to be open to them.

Media: You're no stranger to the fact that DHBs have been slow at delivering. You and Andrew Little are doing a massive reform because of that. Given how late we are into the vaccination roll-out now, that money was available for Māori health providers back in end of February/March this year and you're having these conversations now. Have Māori been let down by the failure of DHBs to do their job and pass on that funding?

Hon Peeni Henare: The first thing I'll say is that the first announcement at the beginning of the year was direct funding from the Ministry of Health to Māori Health Providers. It side-stepped the DHB. As the programme continues to roll out and the DHBs play a critical role in the region to secure the vaccine and to deliver the vaccine to our providers in the community, we did put the second lot of funding through the DHBs, and that has proven problematic.

Media: Can I just ask Dr Bloomfield, for your position on this too? You're obviously the Director-General of Health. Are you happy with the role that DHBs have played? The Minister has just said there that there is not leadership within some of them. Is that good enough?

Dr Ashley Bloomfield: Overall, I'm very happy with the role DHBs have played, and I think what we've seen here, and the Minister was referring to this, is there is variability across the DHBs. Some of them have built on existing outstanding relationships and partnerships and got some very good results. We can see across some of the DHBs very high, well, across all DHBs, high coverage of our kaumātua, which is excellent, and variation in coverage across DHBs very much related to the strength of the relationships and the speed with which they were able to provide resources out. What we're doing now is, of course, is addressing—where that performance is not as good as it should be, we are going in to support the DHBs and the local providers.

Media: But isn't that too little too late?

Dr Ashley Bloomfield: I don't think so.

PM: No.

Media: You don't—you've got communities who have been let down by the failure of DHBs, and we're now at a point where it's nearly November and you're only identifying where the failures are in those DHBs.

PM: I don't think that's fair at all. You know, we've been talking for some time about the need to make sure that we have good coverage of our vaccinations across the board. Eighty-seven million dollars has gone, roughly, into specifically targeting a vaccination programme

that is reaching into Māori communities. We've had similar initiatives with our Pasifika communities. We need to do the same with other ethnic groups who we may not have reached into as much as we would have hoped by this stage. I don't think it's fair to say that we have not focused on this issue, or, indeed, that DHBs haven't been doing work. But we're now drilling into some, as the Minister has said, we are now drilling into some very specific, in some cases, relationship issues that exist, identifying what exactly is happening in those relationship issues, where it's breaking down, and how we can help.

Media: Yeah. So the Minister has identified now, in October, going around the DHBs that there are still issues. My point is that we've had the roll-out for some time. Māori have been behind from the outset. Why is this problem only being fixed now? And Māori should feel let down by the system.

PM: I disagree with that. I mean, obviously, at every point in the vaccination campaign we've been trying to ensure that we have an equitable roll-out, and, of course, as you see those results coming through, we can see where those areas need to be more highly targeted. But, again, it's not across the board. In some areas we've seen fantastic rates and fantastic programmes, even in some communities. So I wouldn't want to cast just this generalisation across everywhere, but yes, in some areas, we do need to be doing better, absolutely. We want to identify where those are issues with driving demand, where it's relationship issues, where we need to better support providers. But those are conversations that didn't just start in October.

Yeah. Sorry, I will come to Māori TV if I can before I come back across, and then—sorry, Derek.

Media: E te Minita, kua puta te kōrero a Merepeka Raukawa-Tait e mea ana, “mēnā i aro atu te Kāwanatanga ki tō rātou rautaki, ka eke atu te iwi Māori ki te iwa tekau ōrau nō ngā rangi whakatā kua pahure ake.” He aha tō whakautu ki tērā?

[Minister, Merepeka Raukawa-Tait's words have come out, she says, “if the Government paid attention to their strategy, the Māori people would have passed ninety percent over this past weekend.” What is your response to that?]

Hon Peeni Henare: He māmā noa te kī wēnā momo kōrero ki a tātou. I kite atu ahau i tā rātou mahere, he mea rerekē te tukuna atu i te kano ārai i te tīmatanga o te tau i te mea ka kitea nei e tātou i tēnei wā tonu rā. Nō reira ko tāku e mea atu ana kāre au e whakaae.

[It's easy to say things like that to us. I saw their plan, it is a very different prospect to administer the vaccine at the beginning of the year to what we are all seeing at this time. So what I am saying is I don't agree.]

Media: E waru marama, anā kāore anō te Māori kia eke atu ki te rima tekau ōrau. Ka hia te roa i mua i tā tātou kite i te ekenga o ngā kano ārai mate mō te Māori ki te waru tekau, iwa tekau ōrau rānei?

[Eight months, and Māori are yet to reach fifty percent. How long will it be before we see vaccinations for Māori reaching eighty or ninety percent?]

Hon Peeni Henare: Koinā te kī a te Pirīmia, ka āhua rerekē ki roto i ngā takiwā. Kua kite atu i ētahi e piki haere atu ana, ko ētahi e tōmuri haere ana. Nō reira ko tāku e mea atu ana ka kite atu tātou katoa ki roto o Tāmaki Makaurau e piki haere nei, ka tata atu ki te waru tekau paihēneti, engari ki roto i wāhi kē atu pērā i Te Tairāwhiti, kāre e kore kei te tōmuri haere. Engari koinā te kī a te Pirīmia kia kua tātou e tukuna atu i ngā hēki katoa ki roto i te pākete kotahi. Nō reira ki roto i ngā wiki me ngā marama e tū nei, ka whakatikaina.

[That's what the Prime Minister said, it will be different in each region. I've seen some increasing, and others are lagging behind. So what I am saying is that we all see that in Auckland it is increasing, it is nearing eighty percent, but in other places like the East Coast, without doubt it is lagging behind. But that is what the Prime Minister said, we should not put all of our eggs into one basket. So in the coming weeks and months, this will be rectified.]

Media: E ai ki ētahi mātanga hauora Māori i ngā hui kua pahure ake i ngā rangi whakatā, ko tā rātou e kī ana ko tā te Kāwanatanga he kōrero noa ki a rātou, ehara i te mea ka noho, ka wānanga mō te anga whakamua mō tēnei rautaki. He aha tō whakautu ki tērā?

[According to some Māori health experts in meetings held over the weekend, what they are saying is that what the Government is doing is merely dictating to them, they are not sitting and discussing the way ahead for this strategy. What is your response to that?]

Hon Peeni Henare: Ā, kāre au e whakaae ana ki tērā kōrero. Mai i te tīmatanga o te tau nei i noho ahau, otirā ētahi o mātou ngā minita ki ngā ratonga hauora Māori ki te āta kōrero i ngā take e pā ana ki te tuku i te kano ārai mate nei. Nō reira kāre au e whakaae.

[Well, I do not agree with that sentiment. Since the beginning of this year I have sat, and other Ministers too, with Māori health services to discuss the issues relevant to the administration of this vaccine. So I do not agree.]

PM: OK. Sorry, I had, I think Amelia, and then I'll come back to you, Derek.

Media: When retail and hospo are allowed to reopen, will they be required to shut down for 14 days if a staff member tests positive?

PM: That all comes down to the new public health guidance that will accompany our expectations around that new framework, and those are some of the details that we'll speak to on Friday.

Media: And is there any detail to give on sort of what support might be put in place when that case is linked to a business?

PM: Again, economic supports that will accompany that new framework, we'll be going over some of the detail of that on Friday. As you can expect, you know, as you enter into a new highly vaccinated environment, there will be ways that we can alter up the way that we deal with cases and contacts of cases, because risk and the risk for those vaccinated individuals or those around them can reduce. So we need to build that into the way that we work with contacts.

Media: Minister Henare, is it good enough that community leaders in Tai Rāwhiti felt the need to fund-raise for that vaccine clinic, that mobile vaccine clinic?

Hon Peeni Henare: Look, I don't think so at all, and both the Prime Minister and I have already expressed our frustration about this. I can already tell you that the work's been done to solve this particular problem, and it's being expedited.

Media: So you've spoken to those who've organised it?

Hon Peeni Henare: I've definitely spoken to the Māori health providers and to the DHB. My expectation, and it was my direction, in fact: that they all sit down and work this out together. I can also say that despite the fund-raising efforts, there have already been three mobile clinics that have gone through Te Tai Rāwhiti, and ongoing work is needed to provide support for our Māori health providers.

PM: I visited one of them when I was in Ruatōria. There was a TPK campervan that was moving around the area at the time. And, of course, it has been more confined to Gisborne, but there's also a bus that's been used and two horse floats that have been refitted and used on the coast, as well. Obviously, though, there's been an identified gap that should be filled, and, as the Minister has said, he set out an expectation that that be worked through and resolved as soon as possible.

Media: Was the identified gap raised with you, Minister, when you were in Tai Rāwhiti last week?

Hon Peeni Henare: Pardon, sorry?

Media: Was that identified gap raised with you when you were in Tai Rāwhiti last week?

Hon Peeni Henare: No, sadly, and that was part of my frustration. I sat with Māori health providers on the Thursday, and I asked what further tools did they need to be fully participating in Super Saturday, and nobody mentioned anything about a mobile clinic.

Media: You guys have both talked about that those communities are best placed to have the roll-out, action the roll-out for their own communities. Why, then, was that second tranche of targeted funding directed through the DHBs? Why was it not done same as the first tranche and provided to Māori health providers directly?

Hon Peeni Henare: So it was provided to the DHBs on the discussions that we had with Māori health providers. At the time, it was felt that where most hadn't yet quite spent the money that had been delivered in the first tranche, the second tranche was to go to the DHB to be able to facilitate the equity plan with those Māori health providers, and we had all agreed on that, which is why it was done that way.

PM: In addition, there has been—

Media: That's raised issues, though, with the DHB communications, which you also spoke about yesterday. Should it not have just, simply, gone directly to the Māori health providers in the first place?

Hon Peeni Henare: Well, it's once again to the Prime Minister's point about the inconsistencies across a number of those DHBs. A number of them are doing absolutely fantastic, and the money is out the door quite quickly, but in other cases it isn't, and that's the problem we're going to be fixing.

PM: If I could just for a moment raise a—I mean, the Minister is absolutely right. You know, I would hate for this conversation to leave anyone with the impression that we somehow don't have the same goal; everyone does—the DHBs, the Māori providers, those providers who actually sit outside of health but are helping to drive demand to vaccination centres, because not everyone involved here is a Māori health provider; it's often iwi and hapū involved there too. Everyone has the same goal. But this is actually really hard work now because now we are actually needing to go out and, street by street, town by town, have direct conversations. That takes a lot of resource and the question is: how do we get that to people more effectively? If there are barriers, how do we get over that? How do we make sure there's nothing standing in anyone who wants to help's way of lifting those rates?

Media: Whānau Ora providers provided a plan to DHBs and the ministry to do that in February, including via a vaccination bus. Why was that rejected?

Hon Peeni Henare: Because, on balance, as we looked towards the roll-out of the vaccine as it stood back in February, it was our belief that we were able to do that better. And what I mean by that is, of course, the cool-store requirements for the vaccine were very different back at the time that that particular application was received to what we now know.

PM: We at that time were having to centrally—we had supply in a constrained way. So we were having to make sure that we were managing the distributions. Now, of course, you can see buses and things, mobile units, being used often, yep. And some funding has gone directly to TPK to enable distribution through Whānau Ora, as well.

Media: The median Māori age is 26. The age group under 30 were only eligible in the roll-out—have a first dose from 1 September.

PM: Except with the whānau-based approach that we took.

Media: Do you think that—

PM: Not that you're going to skim over that, eh, Derek?

Media: Well, obviously, people were immunocompromised and part of group three. But, in general, those from under 30 could only get that first dose from 1 September. Do you think that was a mistake?

Hon Peeni Henare: No, I don't think it was, because what we also know is that Māori health providers were clear for the first half of this year that they didn't have the infrastructure to be able to deliver on the kind of scale that we required them to, which is why we did the sequenced plan like we did. So, no, I don't agree with that.

PM: But also remembering we had constrained supply at that point, so the message we were sending was actually: if you have whānau who come in supporting someone who is eligible, do the whole whānau; actually, if you're going into a rural or isolated community and you're setting up a centre to bring in kaumātua and kuia at marae, do the whole whānau—do everyone at the same time. So we did give that flexibility, so I think, unfortunately, that doesn't necessarily get captured by the age band. Early on, with that constrained supply, 40,000 doses were specifically distributed for those purposes.

Yeah, we'll just bounce around here. I'll come back to Marc, and then to you in the centre—yeah.

Media: Last week, Minister Robertson said he—he was asked about whether the public health advice that Dr Bloomfield has given over the course of the outbreak could be released and expedited. He said he would take that to you. Has he mentioned that to you, and what's the progress on that?

PM: Oh, can I go away and check, Marc? But, again, anyone who wishes to ask for any differences between Cabinet decisions and public health advice, you're obviously always free to do that here, and we openly answer those questions. The rest goes through the usual OIA process, but I can check in on scheduled release dates. But if anyone wishes to ask any questions on those decisions yesterday in advance of that release, you should feel free to do so.

Media: On that note, the general proactive release of policy that Cabinet adopted back in 2018 says within 30 business days of a document going to Cabinet, it should be proactively released. That means we should be seeing some of these documents from the first three weeks of the outbreak.

PM: Happy to go back and check on that. But, again, I doubt there'll be anything particularly in there that will surprise you, because we very openly share any potential differences in advice received and what we decide. The only thing I would say is because we base it on the information that we even receive on cases that morning, sometimes the public health advice will be written 24 hours or even 48 hours prior, so sometimes the verbal advice from the director-general can differ a little bit from what's contained in the Cabinet paper.

Media: What—

PM: Yes, I did say I'd come to you.

Media: Thank you. Just back to Māori vaccination rates, so Whānau Ora has said today they've hit half a million doses, but they've also said had they been allowed to deploy vaccinations in line with the February business case that Māori would be over 90 percent vaccinated by now. What's your response to this, and do you wish you'd moved sooner on—

PM: See, the one thing I would just—we just need to remember is that when we started our roll-out, we had really constrained supply. We did not have, obviously, the ability to do what we're doing now, with large numbers of doses distributed across the country, and the strong public health advice was we needed to focus in on those who were confronting COVID at the border, those who had co-morbidities, those who were in our older age brackets, and of course we also prioritised Counties Manukau. So that was—and a whānau-based approach we docked in there, as well. That was because we had the limited supply that we had, and so that was the basis on those decisions. But I do think it's important to remember, in February, we did have very limited supply, but it didn't stop us trying to reach those who were at the greatest risk of COVID at that time.

Anything further on that, Minister Henare?

Hon Peeni Henare: No.

PM: I'll come to Ben, and then Bernard—yeah.

Media: How many of today's 94 cases are Māori?

PM: So the breakdown that we have at the moment—so at the moment, we're sitting at 30 of today's cases reported in the last 24 hours: 39.4 percent Māori, 36.2 percent European or other, 4.3 percent Asian, 14.9 percent Pacific.

Media: Thank you, Prime Minister. Given the delays to Māori being vaccinated—or the lower prioritisation, as Derek said—given the transition from elimination at a time when—

PM: I reject the idea of lower prioritisation—I really do.

Media: Well, I mean—OK. Given the underrepresentation of Māori—

PM: Yeah.

Media: —in the vaccination rates currently, given the overrepresentation of Māori in the outbreak, do you believe the Government's response breaches the Treaty of Waitangi?

PM: No, and also keep in mind that the profile of this outbreak has moved dramatically. In the beginning, it was well over 60, sometimes 70 percent were Pasifika—so huge rates there. And, of course, you'll know that the approach that we've taken in our roll-out—what we'll probably need to keep doing is look across at some of the Pasifika roll-out and what we can make sure that we keep learning across the country with that roll-out, because those numbers have been, in some areas, really exceptional. So it's obviously been a changeable outbreak, and there's been differences in our vaccine take-up across different populations.

Media: Can I also throw that question to Minister Henare?

PM: Of course.

Media: Do you believe the Government's response is in keeping with its obligations under the Treaty?

Hon Peeni Henare: Look, I've been quite clear, and we have been from the start, and you'll see it in all the Cabinet decisions that were made, was that we kept Te Tiriti o Waitangi at the forefront of the way that we made our decisions, and I'm quite comfortable with that.

PM: And we're talking almost as if the vaccine campaign is done; it is not. We are still vaccinating and we are still working very hard to vaccinate everyone that we can and to provide answers to questions that people have, make sure that we've got community providers who are trusted working on this campaign, and the thing that we've constantly said is that we actually support any innovation, because we know that community—

Media: That was less a question about vaccination and more a question about Māori involvement in decision making?

PM: Ah, OK—well, I stand by my answers.

Media: Prime Minister, if the supplies were short in February and March, why didn't you agree to prioritise Māori, as many Māori health practitioners proposed, and is that the reason why so many Māori groups are so far behind now?

PM: Well, I guess I would question what evidence you're using to suggest that amongst those categories that we weren't, because alongside also saying we want to make sure that we are reaching our older Māori community members and our older Pasifika community members, and those who work at the border or have comorbidities, we were also putting specific funding into trying to support that as well.

Media: But it meant that young Māori weren't prioritised.

PM: It does mean that we followed an aged-based approach, except where we said, of course, we wanted a whānau-based approach. So we wanted, of course, Māori providers to have flexibility. So no other provider had that flexibility, but they did.

Media: Just on Murupara, there's a kaumātua there—

PM: I will just try and keep to time, because I know you've the question time run that you want to do. So, Bernard?

Media: Just on Murupara, there's a kaumātua there, Pem Bird, who's saying he doesn't want that community to be vaccinated with Pfizer. He wants to wait for something else, and he won't be told what to do. What's your view?

PM: Well, obviously he's already said what he's going to do with my view, but I was in Murupara recently. They had one of their highest vaccination days. I see that's since been beaten with Super Saturday, and so whānau there are turning out to be vaccinated, and I would say that actually Pfizer is one of the safest, most effective vaccinations that is available. We were very particular about that. So I would encourage everyone in Murupara: please be vaccinated. It is safe; it is effective. Anything you want to add on that, Dr Bloomfield? OK.

Media: E tū ana koe i tēnei rā, kua hipa kē te Hupa Rāhoroi. E kōrero ana koe mō te mate urutā ki ngā mahau o ngā whānau Māori. He kōrero, he karere whakamataku, te āhua nei, tēnei kōrero. He aha tō aronga nui, te tino rautaki kia wēpu tonu i te iwi kia pūwerotia? Me pēhea ngā whānau Māori e hāngai i tēnei rā kia haere ki te wero?

[You stand here today, Super Saturday has passed. You are talking about the pandemic being at the doorstep of Māori families. It appears that this statement is a fear-inducing statement or message. What is your general direction, the real strategy, to continue to whip the people to be vaccinated? How are Māori families supposed to face that, today, to go and get the jab.]

Hon Peeni Henare: Heoi anō ko te ngako o taku kōrero hei whakaohoho i te iwi. Kua kī atu ahau ki roto i ētahi o ngā takiwā kei te noho taiapa noa te iwi Māori. Heoi anō tāku hei whakaohoho ake, ehake i te mea hei whakamataku engari hei whakaohoho ake kē. Engari ko tāku atu ki a koe mō te āhuetanga kia tau ake te hunga Māori kia whiwhi ki te kano ārai mate nei, ehara kē kei a mātou anake te huarahi kia whakaratarata mai wēnei tāngata ki te rongoa nei, kahore. Engari kei te ringaringa o ngā hāpori, o ngā hapū me ngā iwi. Koinā tā mātou e hiahia ana. Ā te Paraire ka whāki atu i ētahi atu kōrero.

[Well the essence of my statement was to inspire the people. I have said in some of the regions the Māori people are just sitting on the fence. But what I intended was to inspire, not to scare but to instead inspire. But what I would say to you regarding the circumstance of Māori people going to get this vaccination, it's not that we alone have the solution for people to be positively disposed towards this medicine, not at all. Instead it is in the hands of communities, hapū, and iwi. That is what we want. On Friday we will make further announcements.]

Media: Tēnā koe. I've also got a question for Dr Bloomfield. Is it acceptable for a COVID-positive person to be told they need to go to their nearest testing site and get their kid tested while they themselves have COVID?

Dr Ashley Bloomfield: Yes, we do have people who are positive cases—in particular, people who may be isolating at home do go out for testing at community sites, and I understand there was a particular situation in Auckland where the communication perhaps wasn't as good as it should have been and there were some issues with them getting the test result back, and I've asked the team to have a look into that.

Media: So how often should a COVID-positive person be contacted by a nurse while waiting further instructions, either to be moved or—

Dr Ashley Bloomfield: It depends on the circumstances, and usually we would expect daily contact. There has been some delays in getting transportation from home into quarantine facilities over the last couple of days because of the case numbers, and so we're looking at how we can expedite that. But I know this person has now been contacted this morning, and arrangements are being made.

Media: What sort of pressure are the DHBs in Auckland facing with the growing number of cases there, and how many other DHBs from the rest of the country are having to pitch in?

Dr Ashley Bloomfield: Well, the DHBs in Auckland have got good plans in place, both in the hospital setting, and, as I mentioned in my opening comments, they are now rolling out a community based model of supporting whānau to isolate safely at home. Where they need support from around the country, we do have a national process in place to be able to get staff from around New Zealand to support if they need that. But they've been preparing, and they've got their plans in place.

Media: Just a couple of quick ones, and forgive me if Jason already picked up on this, but have any of the 94 cases today been connected to that very well publicised North Shore party?

PM: I asked that question specifically, because I knew someone would be interested asking, and the response I got was that was, to the best of their knowledge, no, at this point.

Media: And Dr Bloomfield, apparently the Ministry of Health hasn't sought legal advice over the introduction of vaccine certificates, or doesn't appear to have, while other agencies have. Why hasn't the Ministry of Health received such legal advice when working on vaccine certificates?

PM: I don't believe that I would consider that necessarily an accurate question. So you're claiming that we haven't sought Crown Law support of vaccine certificate development—is that the question?

Media: I'm asking whether the Ministry of Health has sought legal advice itself. I mean, that's—

PM: Well, of course, the point is whether or not there is legal advice on the existence of vaccine certificates regardless of which agency seeks it, I would've thought.

Media: So there is and you're satisfied that there's no rights issue at play?

PM: Yes. We'll make sure that wherever we're utilising them, we have good grounds to use them. Anything further from you on that?

Dr Ashley Bloomfield: The only thing I would say is that there's obviously been a lot of liaison with the Privacy Commissioner as well around the privacy aspects of the use of vaccine certification, just as there has right through the programme with the roll-out of Book My Vaccine and various other elements of the programme.

Media: I just have a question for an Auckland colleague. People around this time of year are usually planning for Christmas and New Year's. Should Aucklanders be preparing for a normal Christmas or should they be preparing for one in level 3 or with that Auckland boundary up?

PM: Yeah. So as we said yesterday, we're really acutely aware that Aucklanders cannot continue to live week by week, and so whilst we are still finalising the detail of some of the framework that we anticipate moving into in a highly vaccinated environment, we've already signalled that we anticipate being able to give more direction to Aucklanders at the end of the week. When it comes to the issue of the border, we're also doing additional work on how we can manage the competing interests of the rest of New Zealand, where they predominantly do not have COVID cases—ensure their safety but also acknowledge that Aucklanders will need to be able to move around.

Media: Can I ask a really quick follow up on that on behalf of the South Island?

PM: No, I do need to stick to just the plan I have here.

Media: This is for Minister Henare. Have the failings and the shortcomings that you've seen in the DHBs in particular over the course of the year as far as Māori are concerned, in your own mind, vindicated your own pressure to get a Māori health authority?

Hon Peeni Henare: Yes.

PM: All right. Thank you very much, everyone.

Media: The South Island would like to know whether they're going to face a summer of cancellations. Can you give them any assurances?

PM: I already answered that question—

Media: Can I ask you, Dr Bloomfield, about pressure that's been raised in previous—

PM: The House is sitting in 10 minutes.

Dr Ashley Bloomfield: I'm happy to pick that up offline, Derek. No trouble. We can follow it up.

conclusion of press conference