

**POST-CABINET PRESS CONFERENCE: MONDAY, 12 SEPTEMBER
HANSARD TRANSCRIPT**

PM: [Authorised te reo Māori text to be inserted by the Hansard Office.]

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This week is Te Wiki o te reo Māori, Māori Language Week, and this year is extra special as we mark the 50th anniversary of the Māori Language petition. While we have more to do, I want to acknowledge all those who have championed te reo Māori over many years.

On Wednesday morning I will depart for London to represent New Zealand at Her Majesty Queen Elizabeth II's funeral. Immediately after the funeral I will travel to New York to take part in the United Nations General Assembly.

Cabinet discussed today the need to provide all New Zealanders with the opportunity to acknowledge the Queen's life of service. While people may choose to do that in their own way, there will be a national memorial held on Monday, 26 September, and as was announced this afternoon, this will be accompanied by a one-off national holiday that same day. This, I hope, will be a chance to acknowledge a lifetime of service to New Zealand by Queen Elizabeth II, but also mark the new chapter which we now enter.

Now to other decisions finalised by Cabinet today. Today, 927 days into this pandemic, we've reached a major milestone in our journey with COVID-19. Today Cabinet has determined that based on public health advice, we are able to remove the traffic light system and with that decision claim back the certainty we have all lost over the last three years.

Before I get into the details of today's announcement, a short reflection. When we moved into our first lockdown our objective was simple: to save lives and livelihoods. And while the information in front of us changed as much as the virus, that has been our constant. I'm sure there will be many who over the years will pore over the details of every nation's response, including ours. They'll certainly measure the outcomes in different ways, but when you look at countries of our size and compare them, they'll find the tragic loss of, for instance, 15,500 people in Scotland and less than 2,000 in New Zealand. There is no question—thousands of lives have been saved by the efforts of Kiwis, by the efforts of iwi and Māori health providers, by Pasifika organisations, aged care providers, businesses looking after their workers, schools looking after their learners, and the sacrifices of New Zealanders separated from loved ones. This pandemic was never one to be taken on alone and it never was, and so today I say again to everyone from the bottom of my heart, thank you.

But now is the time to move forward without the extraordinary measures we have previously used and with the certainty that we have all missed. And we can do this with confidence that our actions have successfully managed cases down. Our COVID numbers are currently at the lowest levels we have had since February 2022. The most recent health advice tells us that with cases and hospitalisations reducing, our population well vaccinated, and expanded access to anti-viral medicines, New Zealand is in a position to take its next significant step in COVID management.

Therefore Cabinet has concluded that from midnight tonight we will remove the COVID-19 protection framework, or the traffic light system, and make a number of other changes to our settings, focusing for the most part on just two tools. Let me run you through these changes. First, you will no longer be required by Government to wear a mask anywhere except in healthcare settings like hospitals, GPs, pharmacies, and aged residential care facilities. Some places, such as workplaces, special events or marae, they may ask you to wear a mask. This will be at their discretion but no longer a Government requirement. Because masks are still an effective tool for reducing the spread of COVID and other respiratory illnesses, we'll continue to supply them for free when picking up RATs and in many other sites.

The Ministry of Health will also continue to provide guidance on mask use and will continue to encourage them in confined places, such as public transport or when visiting vulnerable people. Masks have played a critical role in managing the spread of Omicron, but we're now at a point in the pandemic with our low case numbers where the gains to be made through mandatory mask wearing are lessened. We do not want to ask more of you than the evidence tells us we should. That does not mean you shouldn't wear a mask or judge others who do, so please do respect those who choose to wear masks.

The second change is that only those who test positive for COVID-19 will need to isolate for seven days. The seven-day isolation period for household contacts will end as of midnight tonight. This is a substantial change; it's the first time in three years that a case in your household will no longer mean that everyone stays home. Instead, we simply ask that household contacts undertake a daily RAT test—if you're negative, you can continue to go about your work life and schooling as normal.

Isolation of positive cases remains the most effective way of slowing the spread of the virus and protecting others, and so to support this, the leave support payments for COVID cases will continue. Now, some believe we should reduce isolation periods. Evidence shows that removing, or moving down to, a five-day isolation period could result in 15 to 20 percent more cases being released while infectious, which would, in turn, increase hospitalisations. We don't believe now is the time to do this.

All remaining vaccine mandates also used by Government will also now end. The only current mandates were for health and disability workers, but with high vaccination rates now coupled with high numbers of people having had the virus itself, it's now safe for them to conclude. With the removal of the vaccination mandate, it will be at an employer's discretion as to whether to require their workforces to be vaccinated.

We're also ending vaccination requirements for all travellers arriving into New Zealand, including air crew, and the requirement to test on day 0/1 and 5/6 will now be encouraged rather than required. We will continue to offer follow-up PCR tests and genome sequencing of positive cases amongst travellers, because this is an important part of monitoring for variants. We'll also use targeted surveillance at the border to keep a check on new variants. We currently have 70,000 arrivals a week and growing, but today we aren't seeing any related uptick in community cases. High rates of vaccination and COVID cases globally mean many more people coming here are vaccinated and have had the virus, so pose less risk.

And so you can see there are now two tools left that we can use on a day-to-day basis to manage COVID: masks and isolation. Right now, we're in a position to dial mask use back as our cases are low, but we'll continue to check in regularly to be sure we have these dials in the right place. While we now move to a simple two-step system of mask in healthcare settings and seven days' isolation for positive cases only, we will dial up mask use if circumstances demand it.

I know there'll be those concerned by the changes made today—I can assure you that we would not make them if we did not believe we were ready. But we also need to remember that not everyone experiences COVID or its risk, including to our disability community, in the same way. That's why isolating COVID cases to protect our most vulnerable is important, and why treatment is too. In that respect, I can also announce today we've made a significant additional purchase of 40,000 antiviral medicine courses, which are expected to arrive in New Zealand in the next few weeks. Further, we've expanded eligibility of those who can access them—Minister Verrall will speak to this shortly.

In conclusion, the changes we've made today are significant. They mark a milestone in our response. This is the time when, finally, rather than feeling that COVID dictates what happens to us, our lives, and our future, we take control back as we continue to drive economic activity and our recovery. This will be the first summer in three years where there won't be the question of "What if?", where events won't be cancelled because of COVID cases, where our borders are fully reopened and there isn't the fear of being separated or

stranded—the first summer where we have our certainty. And that means, I hope, the first summer where the COVID anxiety can start to heal.

As a nation, COVID has hurt us in many ways, but perhaps the one we talk about less than others is the toll it's taken on everyone's mental health. I see that toll; I see it in my colleagues, in my community in Tāmaki-makau-rau, and especially I see it in our kids. I don't want people's wellbeing to be the price of COVID, but it is going to take a concerted effort from us as Government, and others, for that not to be the case. So while the worst of the pandemic in many ways is over, now is the time for us to keep tackling what it left behind, and I believe we can. Now, COVID took our ability to—for a time—to interact face to face; it forced us to innovate, and one of the by-products is that we now have some of the most advanced mental health tools in the world. They are evidence based and they work. And so today, alongside giving people back the certainty they crave, we also ensure there is support they can rely on day or night.

The Government has taken a number of steps to improve mental wellbeing support, like investing in the development of primary mental health and addiction services and apps. A quick reminder of just two of those, for anyone who may need them. One is Groov, formerly Mentemia, which was co-founded by Sir John Kirwan and aims to support people 19 years and older with day to day mental wellbeing as well as at times of stress and distress. The second is HABITs, a messenger chat box platform—co-designed with young people by Auckland University, aimed at 12 to 18 year olds—that supports interactive chat sessions. These supports sit alongside wider in-person supports: GPs, universities, marae, and other community settings. Wherever people are most comfortable is where we want to be.

To finish, a quick reflection. Last week I went back and read the statement I made here, from the podium, when we first went into lockdown. I wanted to share a line that stood out to me: "For the next wee while, things will look worse before they look better." It turned out to be true. Things did get worse; things did get hard. But it's also true that finally, they will and can be better.

Happy to hand over to Minister Verrall.

Hon Dr Ayesha Verrall: Thank you, Prime Minister. Ngā mihi nui ki a koutou. Nau mai ki Te Wiki o te reo Māori. Kia kaha te reo Māori [*Authorised translation to be inserted by the Hansard Office*].

Thanks to the hard work of New Zealanders in following restrictions, we have succeeded in avoiding the devastation caused by the pandemic overseas. Now is the right time to remove the COVID Protection Framework and take a new approach to managing COVID-19.

When I sought advice from public health experts ahead of proposing these changes, I was comforted to know that we have in place highly effective vaccines, antivirals, as well as accessible, high-quality care in the community and in hospitals.

But I want to acknowledge that lessening restrictions causes concern among the disabled community or immune-compromised people. I want to reassure those Kiwis that we are making these changes because risks are lower; in fact, cases are more than 10 times lower than what they were earlier in the year, and we now have layers of protections in place.

This includes high vaccination rates, immunity from prior infection, availability of free antiviral medicines, free testing, and masks. Our support to you is not ending, and by removing the remaining worker vaccination mandates, we hope to have the benefit of easing the pressure the disability services providers have been under.

I hope it'll also comfort Kiwis to know that, today, Pharmac will be widening access to antiviral treatments. Now, any person 65 years and over and any person of Māori or Pacific ethnicity aged 50 years or over will be eligible for Paxlovid.

It's important to note that our public health response continues in the background, monitoring wastewater, genome sequencing a proportion of PCR tests, and scanning the international

situation, and we maintain a level of preparedness for variants. With the tools we now have, we can manage the virus without as many requirements on individuals.

I once again want to acknowledge New Zealanders for the work and sacrifices made to get us to this point. Together, we have got through this with one of the lowest cumulative mortality rates in the world. Now, as winter ends, we can look forward to the future with confidence.

PM: Happy to take questions, yeah. Down the back and then I'll come over to Barry.

Media: You talk about taking back control, but isn't this about you giving up control you have over New Zealanders' lives?

PM: This is about New Zealanders finally having certainty—certainty that was taken away by COVID. It's fair to say that it, I think, cast a cloud, because whilst, you know, we had long periods without COVID in this country, there was always that sense of potential anticipation. Now, those periods are gone; we move forward with confidence, knowing that we're not going to use those measures in the future, and we have a new period to move into this summer.

Media: Why have you decided to keep that seven-day isolation in place? Shouldn't it be up to people when they feel better to go back to work like we do with other illnesses?

PM: I think what's fantastic, and people will welcome, is that, now, the only people we're asking to isolate are people with COVID. We're keeping the seven days because we know that, actually, that removes the likelihood of people being out in the community while infectious; it limits it. There will be, still, a small number who may be, even with the seven days—but seven days gives us a level of protection and assurance that we're not unnecessarily growing those numbers.

Hon Dr Ayesha Verrall: Yeah, I should add that the seven-day isolation period in New Zealand starts from the date of symptom onset. Other countries, like Australia, start five days from the day you test positive, so in the end, many of those people in Australia would isolate for as long as in New Zealand.

PM: Yeah, Barry, and then I'll come over to Amelia.

Media: Do you think that each and every decision that you've made over the last two and a half years has been the right one?

PM: Oh, look, I mean, looking back, of course, we were often making decisions with imperfect information. And there will always be things that, once you have that full set of information and knowledge, you may have done differently, but I still believe that we made those decisions with the best intentions to protect people, their lives, and their livelihoods and the economy. And I still stand by that.

Media: If that's the case, then would you be happy for a Law Commission of inquiry?

PM: Oh, we've already said that we do believe that there's lessons to be learnt, and we should learn them. I think you'll see that we've been open to that all the way through. We've had a number of independent groups who have helped us with our assessments and with our advice. We are at the moment looking at what would add additional useful learnings going forward. So we're getting some advice, finalising some decisions, but we will cast back and learn from this.

Media: So you'd be relaxed about a full inquiry?

PM: We're getting advice at the moment, thinking about what that would look like—haven't made any final decisions. But, yes, we do want to learn from this period. And I think you'll see that we've been taking that approach all the way through.

Media: Prime Minister, why do you use that phrase—"today, we take back control"?

PM: We take back certainty, because for a long period of time—as I say, even when we didn't have COVID in New Zealand, I know that there was that anxiety there for people, because at any moment, one case could have presented a dramatic change in people's lives.

When we moved into the next system, increases in cases could have meant gathering limits. And even now we haven't used those measures for a long time; I still have people ask me about them. So here we're being clear: now we use isolation for COVID and we use masks when we need them. This is a dramatic change to where we've been. People can get their certainty back.

Media: And is this, essentially, the end of the COVID response?

PM: Yeah, every stage, what we've done has been designed for that stage in the pandemic. And so now we can remove so many of those things that created uncertainty for people, and I think that will give them huge, I hope, confidence, hope, and a bit of optimism going into this summer. It will be the first in three years where some of those bigger measures—we're not using those any more. We are moving on because this pandemic has moved on.

Media: And I'll say the entire traffic light framework has just gone in the bin. Why not just give green a go?

PM: Yes, well, yeah, because you'll actually remember that the traffic light system used things like gathering limits. That's not fit for purpose for this stage of the pandemic any more. We shelved the alert level system when it was right to. It's right to shelve the traffic light system now too. This pandemic has changed and we are too. This is fit for purpose. We don't need those extraordinary measures, so we won't use them.

Media: Health officials have worked on a new variant plan. What is the contingency if there is a flare up of another variant and we have another situation like that? What happens in that scenario?

PM: Yeah, I'll come to Dr Verrall.

Hon Dr Ayesha Verrall: Thank you. So all the works that we announced as part of the variant plan continues. If you'll recall, our emphasis in that was about preparedness, so about making sure that we understood the capabilities required to stand up systems should we ever need to in the future, and the system of detecting if we need to. One of the things we've learnt is for detecting a more serious variant, which we think is a very rare situation, but just in case it happens, the role of scanning, what's happening internationally, is very important and we're putting effort into that. And, additionally, the public service chief executives have had a recent desktop exercise where they've tested, but all the roles and accountabilities are known and clear between them should they ever need to stand up a response again.

Media: So basically the approach is that there's enough, I suppose, institutional knowledge within the public and the public services to gear up into a pandemic response again if needed, without the framework?

Hon Dr Ayesha Verrall: That's correct.

Media: Prime Minister, you said that people can wear masks if they still want to. Will you still be wearing a mask if you're going out in public?

PM: There will be certain environments where I will. For instance, I'll still choose to use one on a plane. But here there will be a guidance produced by the Ministry of Health that people can use, but it will be up to people's discretion, outside of healthcare settings, of course, where that mask use we're still asking for. Here, though, I would just say, people will use masks for their own individual reasons. They may personally be vulnerable. They may have events they want to make sure they're not unwell for. They may not have had COVID-19. We all just need to respect everyone's individual decisions.

Media: So what happens now with the legislation that COVID—well, that your current powers—are enshrined in legislation? does that just lapse or does this need to go through Parliament?

PM: So this will be used—these additional; the ongoing use of masks and isolation periods are covered by the Epidemic Notice. We'll be continuing on—remember when we

continued review periods? We will keep doing that. So we'll check in regularly to see whether or not those continue these uses of masks and isolation, whether they continue to be fit for purpose.

Media: So it's almost like you were doing before, every month or so—

PM: We will keep reviewing.

Media: Yeah, yeah. OK. And what sort of position would New Zealand need to be in where you just got rid of masks altogether?

PM: Minister Verrall, one of the things—keeping in mind, of course, we do want to keep an eye on what happens with our health system.

Hon Dr Ayesha Verrall: Indeed. I mean, the criteria for using the orders under the Epidemic Notices is unchanged. So we continue to have to see that there is a risk of outbreaks and transmission, and also that a number on the health system for that.

Media: Shouldn't we probably just always have been wearing masks in those high-risk health settings? This is just a change now, kind of, for the—

PM: Ah, you mean shouldn't we build a culture around mask use and—

Media: Yeah.

PM: Well, I've certainly heard some people who work in healthcare say that they're going to continue regardless; it's a habit that's been formed now. But I'll let the good doctor respond to that.

Hon Dr Ayesha Verrall: I can think of a handful of instances I've seen in hospitals where it's pretty clear that a patient has caught the flu prior to COVID from a staff member. But I think it was in the "handful" sort of category; we are much more aware of that now.

Media: Just while I've got you, do you have any final departing words for our friends the COVID restrictions?

PM: They were probably more "frenemies". You know, they did the job we needed. They kept people alive and safe and, of course, we had longer periods of freedom than most other countries. It was hard, no doubt, but I think now is a real milestone to mark and I feel very pleased that we have reached this stage.

Media: Can you outline the measures a bit more about surveillance—how you are going to pick up other variants—if those border tests are no longer required?

Hon Dr Ayesha Verrall: So firstly, the community surveillance continues. So we continue to have a small number of people who had COVID go on to have PCR tests—many of them are people who are diagnosed in hospital—and those all go to the Institute of Environmental Science and Research (ESR). We are, on a voluntary basis, going to continue the rapid antigen tests (RAT) testing at the border, and if a person tests positive, they will be encouraged to have a PCR test to get the sequence. We are also moving to wastewater testing, specifically targeting the water. So for example, at airports.

Media: Is that a big vulnerability, though? I mean, we've seen how these variants can actually move pretty quickly. Is there enough protection at the border to be able to pick up anything that we may not have been prepared for?

PM: We'll likely know what's happening overseas.

Hon Dr Ayesha Verrall: Indeed. That's the point. I think for—we've seen a number of sub-variants of Omicron go through now, and many of them have turned out not to require any change in the framework that we've had. What we're really looking for is a variant that emerges with the signal that there's a greater case severity out there. And so that's why there isn't a greater importance on that scanning overseas reports and data to make sure that we're able to respond to that. But, noting that also the time someone crosses the border is always a point in time, and so the testing there was never going to be 100 percent at catching that.

Media: The variant plan said that you expected to see three to four waves of COVID a year. Do you still have that expectation, and how confident are you that masks alone would be enough to handle that?

PM: Masks and isolation.

Media: Yeah.

Hon Dr Ayesha Verrall: Thank you. So no, that's not the latest. The modelling that COVID modelling Aotearoa provides now takes greater account of what they call "hybrid immunity". The fact that, in addition to vaccination, people have been also naturally infected and we get some protection from that. They think there is a possibility of perhaps a smaller wave this year, but smaller than what was experienced in the last two. But, obviously, with the modelling, nothing is certain, and, yes, indeed, then if we go back, we've just coped with the last winter primarily using masks as the main tool we have, in addition to many things that will be ongoing: vaccination; rapid antigen tests availability for free; the antivirals, which will actually be expanded.

Media: Do you still stand by the way that you've handled the BA.5 wave, given (a) the pressure that the health system still seems to be under, even now the COVID cases are much lower, and, in July, seeing the two high, record weeks for deaths of any cause in New Zealand ever?

PM: Well, I'll make a general statement, if I may, there. You'll recall—and this is one of the reasons, of course, we have waited till this point. We're at the lowest point now that we have been in terms of those cases and hospitalisations since February of this year. We have always been mindful of the pressure on our health system, and our huge thanks and gratitude goes to our health workers because this winter has been incredibly tough on them. But when it comes to the way that we've managed that wave, keep in mind that even relative to many other countries through that wave, we continued with levels of restrictions that many others did not. We continued to isolate household members alongside cases, we had much wider mask use, and, of course, access to antivirals. We were using the most effective tools. The clear advice was that things like gathering limits would not have had the impact that they may have had at other points in the pandemic.

Media: Did you look in this review at a test to release policy for ending isolation periods, and why—

PM: We looked at all of the options

Media: —why didn't you go with that in the end?

Hon Dr Ayesha Verrall: Yeah, so the test to release offered marginal benefit and would have had some people in isolation for longer. I think the—and what I'd say about the isolation advice overall is just that this is a crucial part of ongoing COVID protections and, really—compared to other measures—absolutely essential.

PM: The one final thing worth noting is that we often get compared to Australia. Yes, we have seven days of isolation from symptom onset; Australia has five days from a positive test, and so when you work through that, the advice we have is that, actually, probably New Zealand and Australia have very similar lengths of isolation. And once you take that into account, for those of you who have had COVID in the room, many will know that you are often sick before you tested positive. So it's worth noting that, I think.

Luke, and then Jo.

Media: Just on the public holiday, were you aware that September 26 is South Canterbury Anniversary Day?

PM: Yes, I was. Yes, I was—were you?

Media: I was, once my inbox started going off.

PM: Yes—yes, I was, and we have looked into what happens when you have two overlapping public holidays. This has occurred before, I believe, in 2011. So the legislation dictates that only one public holiday occurs at that time. We have asked MBIE to reach out to the local leadership in South Canterbury, because they do have the ability—should they choose—to move or celebrate their day on another day, if they so choose. But MBIE is giving that advice to the leadership.

Media: So South Cantabrians need not miss out on a day off?

PM: If that is the choice of their local leadership. We were aware of that. We discussed it at Cabinet. We were concerned about that too, but that advice is being passed on as we speak.

Media: The Greens' response is "Today's decision will leave people wondering if the Government has given up." Has the Government given up?

PM: I totally disagree with that, and I don't think anyone would have said that about our COVID response, and nor do our results, I think, support that.

Media: [*Inaudible*] you talked about relying on vaccination as one of the sort of tools, I guess, for going forward without a framework. Are you confident—

PM: Sorry, I—OK, it's one of the things that has led to our situation now.

Media: Well, there's two things left—

PM: Yep.

Media: —vaccination is one of them.

PM: It's got us to where we are, but going forward: isolation and masks.

Media: OK, so vaccination is not a tool you're relying on, going forward, because—I guess the question is: how reliable will it be? If people see the framework as, basically, having gone, do you think they'll turn out to get future vaccinations, if necessary?

PM: Well, keep in mind that part of the framework we moved on from some time ago, and that was for two reasons: high vaccination rates, and, of course, that a number of people were experiencing COVID as well. Vaccination remains important, and we will continue to encourage it—absolutely. But using it as one of the tools in a framework as we did with vaccine mandates or passes, we've moved on from them in that form.

Media: Can I also just ask Minister Verrall: last month, when I did an interview with you, you talked about having considerable uncertainty about lifting vaccination requirements for tourists in order to come into the country, because you said despite it being summer in Europe, the UK, and America, hospitals were swamped there. What's changed your mind on that?

Hon Dr Ayesha Verrall: So, just for a start, the evidence that we've got about the rates of cases coming in and about the low contribution of those cases to the health burden in New Zealand, and specific advice on that matter that I have since received.

PM: So, for instance, I think we had 81 imported cases, I think, today—so a low rate. And we'd also been worried. Originally, the decisions around vaccination requirements were because we were concerned that those entering into New Zealand who may have COVID may then become a burden on our hospital system. That has proven not to be a cause for concern, because of the relatively high rates of vaccination generally and the fact that so many have had COVID as well, and the fact that with these particular variants we're not seeing that high a hospitalisation rate.

Media: A lot of the messaging is around sort of the pressures on the health system coming to an end, but, I mean, you heard on RNZ this morning that they're completely and utterly swamped still.

PM: No, you will have heard us say that that is, in fact, one of the reasons we will continue to dial up and dial down those tools that we have as we need to. We are very mindful of the impacts on our hospital system but we need to be considering the range of impacts. COVID is one of them, but actually there's a range of other illnesses that we need to be mindful of as well.

Media: Business New Zealand were firmly against—

PM: Sorry, I did say I would come over to Imogen, and then I'll come back to you, Jane.

Media: Prime Minister, why is it necessary to have a public holiday to mark the Queen's passing?

PM: I think we need to, of course, acknowledge that this is currently, here, a one-in-70-year event. The Queen was our Sovereign, our Head of State, made an enormous contribution to New Zealand through her public service, and this marks a significant end to a chapter. This gives also New Zealanders a chance to attend, should they choose, the memorial services across the country on that same day.

Media: Will there be any trade restrictions on that day?

PM: No, no. And so it will not, for instance, have the same restrictions you might see, for instance, over the likes of Easter. I know that was a concern for some businesses.

Media: Were hospitality or retail—people in those sectors—consulted about this?

PM: So, of course, we take into account—as we did with Matariki, we take into account, in the round, both the positives and the negative experiences that may occur as a result of an additional public holiday, and there is a wide range of information there. A one-off public holiday is likely to fall between a net benefit of \$27 million or a net cost of a hundred and thirty-six—so a wide range of variables there. I think, ultimately, though, this is historic. We are not going to see, in many people's lifetime, a change in our Head of State. This is one day, a one-off, and a chance for New Zealanders just to take pause and acknowledge that contribution.

Hon Dr Ayesha Verrall: There's strong concern from Business New Zealand about aspects that you've just addressed, but were those economic considerations, I suppose, given more focus because it's been such a disruptive year? And the same—there's been comments about the health system, and also education in schools—it's not a usual year to be doing it.

Media: Yeah—and we've discussed and talked about all of these issues, and one of the things we wanted to do was have a chance for Cabinet to come together and canvass those issues. One thing I would say is that on, for instance, healthcare, planned care, we're told, Monday is the lowest number of planned care procedures of the days of the week. Monday is where we have the least planned care occurring. Hospitals, as I understand, will be canvassing whether or not they will continue to have workers who will choose to still work or whether or not that will lead to cancellations. So we were mindful of that. When it comes to business, there will be some in tourism and hospitality who may welcome the public holiday, but we did take into account there will be many views, but ultimately this is a one-off, one in 70 years at this stage.

Media: Prime Minister, just going back to COVID very quickly, you've talked about this check-in about masks, is that check-in—

PM: Masks—and we always look at all our settings. So, isolation as well.

Media: So that does include isolation?

PM: Yep. We look at all our settings, every time.

Media: So what would you have to see to move the isolation setting from seven days down to five. Is there anything concrete?

PM: Always take into account what we're seeing on case numbers, hospitalisations, impact on the wider economy of settings. We take a very wide-ranging look at the impact of the settings we have.

Media: Yeah, and just because we might not get an opportunity to chat—

PM: Because, as I say, there is still modelling that suggests we may see another increase before the end of the year, but it's an unknown because we don't know whether or not we'll experience waning immunity. So that's why we do need to continue those check-ins.

Media: Yeah, and just because we might not get another opportunity to have the formal interview—unless you want to do one; we can schedule one for later. But about you going to London and the UN, could you just quickly let me know, or us know, why it's important that you're going over for the funeral? Why does New Zealand's head of state have to do that—or the Prime Minister, not head of State?

PM: Well, I think you probably gave the answer in the question: the Queen is our head of State, and we've lost our head of State and we now have gone through the formal procedure to acknowledge our new head of State, King Charles III. And so this will offer an opportunity both to pay respects on behalf of New Zealand to our serving Sovereign of 70 years; it would also be a chance to connect with those in the wider family as part of the events across the course of the week.

Media: And what about New York? Why New York?

PM: New York: for the UN General Assembly, leaders have not had the opportunity to fully participate in roughly three years now. The UN General Assembly is always an opportunity for New Zealand to put its position on a range of really important issues, particularly now that we have a war in Europe and as, of course, we experience globally the pains of COVID recovery. Also, a chance to catch up bilaterally with other leaders, undertake a leaders' summit for the Christchurch call to action on violent terrorism and extremism online, and engage in a number of events to try and make sure that everyone knows New Zealand is open for business.

Media: Speaking of waning immunity, as you were many questions ago, is there any update on when eligibility for the second booster will be decided?

PM: Ah, Minister Verrall.

Hon Dr Ayesha Verrall: So I think the health officials will have an update on that during the week.

PM: There's not many who are going down that track.

Media: Prime Minister, do you have any sort of sense about the scale of disruption to the health system, though, from an unscheduled public holiday?

Hon Dr Ayesha Verrall: So of course the hospital system stays open to deal with acute emergencies and care for the people who are already admitted, like it does on every weekend. The issue is if there might be cancellations for people having scheduled operations or other procedures, and as the Prime Minister mentioned, that will need to be worked through at each local level.

Media: So we don't sort of have any idea now? It could be tens of thousands, or...?

Hon Dr Ayesha Verrall: It would—no, we don't have an estimate on that.

PM: No, but it would of course depend on hospitals going through their own exercise to determine workforce on that day. Of course, time and a half and a day in lieu is available for those who are working, but it will be down to those workforces. But as the Minister says, on any other public holiday of course health provision continues; this is just around scheduled procedures.

Media: With the change in monarch, do you think that will spark a robust debate about republicanism in New Zealand?

PM: I think there's been a debate probably for a number of years. It's just the pace and how widely that debate is occurring. I've made my view plain many times: I do believe that is where New Zealand will head in time. I believe it's likely to occur in my lifetime, but I don't see it as a short-term measure or anything that is on the agenda anytime soon.

Media: Is it something that your Government would be discussing at any point?

PM: No, no, no—as I say, in large part actually because I've never sensed the urgency. There's so many challenges we face. This is a large, significant debate—don't think it's one that would or should occur quickly.

Media: But it's often been said that—

PM: Particularly while we're still in the period of mourning for—

Media: In the mourning period—no, I understand.

PM: I know you mean these questions respectfully nonetheless.

Media: Respectfully. But from John Key onwards it's often been said that the time of the change in monarch is going to be when this debate occurs.

PM: Well, I've never attached it in that way.

Media: Prime Minister, you talked about being able to dial up and down the remaining requirements—I guess that's masks in healthcare settings and the seven-day isolation period. So what would up the settings if there was an increase in cases?

PM: Extra mask use—I mean, all things that we're familiar with.

Media: Extra mask use where?

PM: As in, we're just dialling back, so we're removing them so they're just in healthcare settings, but, of course, if we see high prevalence of cases, it may be that you consider wider use again, which we've all been familiar with. We've always said, though, we don't want to use more—or ask more of people—than what the evidence suggests. The evidence does not suggest we need wide-ranging mask use at this time.

Media: Just to clarify, how—when will these check-ins occur? Or how far—

PM: I anticipate that in roughly a month's time, we'll have another check-in.

Media: Just from the—

PM: Do you mind if I just come over to Benedict? Yeah.

Media: Yeah. You said, I think, before, in an answer to Jason, that you'd choose to still wear a mask when you're on an aeroplane—

PM: Yeah.

Media: —would you still wear one when in the supermarket, or when you went to the library, or into a retail setting? What do you think? For you, personally. No?

PM: I mean, it will very much just depend on circumstance—you know, if I'm in settings where I'm very aware, or making visits to places where I know that there is a range of vulnerable people. But it will very much depend on circumstance.

Media: And you, Dr Verrall?

Hon Dr Ayesha Verrall: Yeah. I thought about my role as Minister for Seniors—I'd probably, if I was doing a community event, check-in ahead of time to make sure if the group wanted people to continue to wear masks that I did so.

PM: Ah, yeah. I'll come to you, and then back to Mark. And then we might wrap there.

Media: Thank you. So if people aren't really following mask rules, you know, so closely now, is it sort of reasonable to expect they will further down the line, if they're asked to?

PM: I think, you know, I think it's one of things where if people—people really have, I think, you know, taken stock of what's happening at COVID at various times. We're removing these requirements now because evidence suggests we can and we should. But I think if people see cases increase, and the evidence for us suggests that we may need to use them again, that people will understand the rationale for that as well. We should never ask people to do more than what is required, and that's the basis of these decisions today. All right, Mark, we'll finish with you.

Media: Did you get any advice on long COVID as part of your—the making this decision, today. And, you know, in Australia they've said that 31,000 people had to take at least some time off work in July because of long COVID; do you have any sense whether we have a similar scale of a long COVID problem?

Hon Dr Ayesha Verrall: So no, I don't have a specific estimate for New Zealand. But I'm aware that we have commissioned a couple of research projects about long COVID in a recent round of grants through the Ministry of Health, because we want to be able to better understand that problem.

PM: OK. Thank you, everyone.

conclusion of press conference