

**ALL OF GOVERNMENT PRESS CONFERENCE: FRIDAY, 26 NOVEMBER 2021  
HANSARD TRANSCRIPT**

**Hon Grant Robertson:** Kia ora. Ngā mihi nui ki a koutou katoa. I'm going to hand straight over to Dr Caroline McElroy for an update on the latest case numbers, and then I'll make some brief remarks before taking questions. Dr McElroy.

**Dr Caroline McElroy:** Thank you, Deputy Prime Minister, and kia ora koutou katoa. The 1 p.m. media statement to the ministry provides a comprehensive summary of today's cases, so I'll just provide a brief overview. There are 173 new COVID-19 cases in the community being reported today. Of these, 154 are in Auckland, 15 are in Waikato, one is in Northland, two are in the Bay of Plenty, and one case is in Lakes DHB.

We're also advising of a new case in Canterbury, but this case is a known household contact who was already in isolation. The case actually came in after our usual cut-off period this morning, so is not included in today's official figures but will be in tomorrow's figures.

For hospitalisations, today there are 78 people in hospital with COVID-19, including one person still being assessed. Seven of these patients are in ICU or high dependency units, 75 are in metro Auckland hospitals, and three are in Waikato Hospital.

Just looking at the international situation, there's been a lot of coverage about what's happening elsewhere in the world, and we have clear evidence that COVID-19 vaccination both keeps people out of hospital and keeps them from dying. A *British Medical Journal* study reported last month, based on research carried out in Scotland, shows that the Pfizer vaccine was 90 percent effective in preventing death from COVID-19, while most infections were caused by the Delta variant. Internationally, we're seeing COVID-19 cases in Europe continuing to surge, with reports of more than 2.2 million cases and 27,000 deaths in the last week. That's more than half of the weekly global cases and deaths. As we're seeing, many European countries are now reintroducing restrictions to curb transmission, and take the pressure of their health systems, and those countries include Germany, Belgium, the Netherlands, and Austria. That reinforces the importance of vaccination, and if you are eligible for vaccination, my message is do it now.

On My Vaccine Pass, you will have seen the ministry has now issued more than 2 million My Vaccine Passes. That means more than half of all vaccinated New Zealanders now have their pass. That's an incredible effort in just over a week, and thanks to everyone who's already done that and got their pass. My Vaccine Pass is an official record of a person's COVID-19 vaccination status, and that will help you access places requiring proof under the new COVID protection framework. Of course, that comes into effect from next Friday.

We expect the demand for My Vaccine Passes to keep increasing, so we've today introduced other ways that people can get their pass. There is now the option to receive your pass through the post, and over the next couple of days, people will also be able to go to 400 pharmacies across the country to request their pass. Those pharmacies can be found on the Healthpoint website.

There has also been an unprecedented number of people calling the 0800 number. To help meet this demand, we have also increased our call centre capacity and there are now three call centres all operating extended hours.

Finally, today, I'd like to acknowledge our front-line healthcare workers, who are playing, continue to play, a crucial role in keeping us all safe and well. These workers, especially in Tāmaki-makau-rau, are working under significant pressure, and this has had a big impact on them, their whānau, and the way they live their lives. I know this is a tough situation for everyone, but I want to say that your mahi has not been unnoticed, and we really thank you for what you're doing.

Please, everyone else, acknowledge the work that health workers are doing at this time, and, going forward, and remember to treat our health professionals with courtesy and respect. Back to you, Deputy Prime Minister.

**Hon Grant Robertson:** Thank you very much, Dr McElnay. The eighth round of the wage subsidy opened for applications this morning, and the period covered by this round will include some of the time that the country will no longer be in the alert level system. I want to assure those who are eligible for the subsidy that this payment will go out as usual, and you'll be able to use a period of time for your revenue drop that is both in the alert level and the new framework.

Also, the sixth resurgence support payment opened for applications this morning. This is the second of the resurgence support payments where we have doubled the rates. Again, even though we will soon move into the framework, this payment will remain open. Since the beginning of the outbreak, we have paid out more than \$6.2 billion across both the wage subsidy and Resurgence Support Payment schemes.

I also want to give you a brief update on vaccine progress. By midday today, 13 DHBs have vaccinated more than 90 percent of their eligible population with their first dose. This is the three Auckland DHBs, Waikato, Hawkes Bay, Mid Central, both Wellington DHBs, the Wairarapa, Nelson-Marlborough, Canterbury, South Canterbury, and Southern. These are all fantastic achievements, and the hard work that's gone into getting there deserves to be celebrated. More DHBs are closing in on the 90 percent mark, boosting New Zealand's overall first dose rate, which now sits at 92 percent. Only seven DHBs are yet to reach the 90 percent first dose milestone. Taranaki is sitting at 89.1 percent, just 917 doses short. Bay of Plenty is at 88.9 percent; 2,293 doses away. Both of these should reach their milestones early next week. Only 19,408 first doses are required for all 20 DHBs to reach the 90 percent mark, so this weekend is still a great time to get vaccinated and also to make sure you get a second dose if you've had your first one more than three weeks ago.

Finally, before we go to questions, can I remind people that today is the day that bookings open on Book My Vaccine for booster shots of Pfizer. Booster doses are available free for anyone in New Zealand aged 18 years or older who has completed their two-dose course more than six ago. Our healthcare and border workers are our priority for booster doses because they are on the front-line against COVID, and of course many of them completed their vaccine course six months ago or longer. We also encourage our older people, including kaumātua and those in residential care, to take up this opportunity as they become eligible. It's also worth noting that from today bookings are available for the AstraZeneca vaccine as well. Happy to take your questions.

**Media:** In his latest review of the outbreak, Brian Roche says the outbreak shows the "very poor level of preparedness of hospitals for Delta." Delta emerged in the world last December. What were you doing that entire time to prepare?

**Hon Grant Robertson:** Well the health system's been both dealing with COVID and preparing for outbreaks of COVID continuously since the beginning of 2020. Obviously, while Delta was emerging overseas it hadn't arrived in New Zealand, but the system was preparing itself. I know from the conversations that the Minister of Health, the Minister for COVID-19 Response, and, indeed, the Ministry of Health has had with DHBs they have been in a period of continuous development, improvement, and preparation. Mr Roche's job is to present us with his free and frank assessment. He's done that, and what I would note is that we have further stepped up that preparedness even since his report was produced.

I will just offer Dr McElnay the chance to respond to that.

**Dr Caroline McElnay:** I've got nothing to add to that, no.

**Media:** How can you say that it was preparing itself when he said that there was a "very poor level of preparedness"? Your statement doesn't match his assessment of it.

**Hon Grant Robertson:** As I say, his job is to give us his free and frank assessment. What I do know is that the health system has been continually developing its capability to deal with COVID-19 and with Delta. He's entitled to his view. What we're focused on is having received his report, we go back to the DHBs and we make sure that we work with them to address the issues that raised.

**Media:** So do you accept that the Government's unpreparedness for Delta has cost the economy billions?

**Hon Grant Robertson:** No, not at all. I think your drawing, here, the two completely different points there. What Brian Roche is saying is that he raised issues about the health system's preparedness. That would not have changed the decisions that we made around putting restrictions in place. The health system's preparedness doesn't relate to the fact that we needed to step in to stop the spread of COVID.

**Media:** But he also said that you needed rapid antigen testing as a matter of urgency, that MIQ needed a fit for purpose plan, and none of that was in place by the time Delta hit. How can you say that you were prepared?

**Hon Grant Robertson:** Well, we can say we were prepared because as a country you can see that we've managed to slow and minimise the spread of Delta. No country in the world has been able to eliminate Delta. We as a country, I think, have done very well comparably in managing and minimising it. Does that mean everything was perfect? Absolutely not, but we learn the lessons that Mr Roche and others put forward.

**Media:** So you maintain you were prepared for Delta?

**Hon Grant Robertson:** I maintain that the health system has done well in managing an outbreak of Delta. I acknowledge things won't be 100 percent perfect, and Mr Roche has raised a number of issues, which we have been working on. For example, you heard the announcements yesterday about rapid antigen testing. MIQ, we have continually tweaked all the way through the process, and obviously we've made announcements about that as well.

**Media:** He told you that in September—that you needed to implement them as a matter of urgency—and it still took you two months to do all of those points.

**Hon Grant Robertson:** You'll be aware that we undertook the trial process with rapid antigen testing, and while rapid antigen testing is and will be an important part of how we manage COVID, you'll also note there have been reports in recent days about the limitations of rapid antigen testing as well. We've moved carefully through that, but we've absolutely listened to what Mr Roche has said, and we've responded to his report in a number of ways.

**Media:** How concerned is the Government of the reports about the new heavily mutated virus variant B.1.1.529 that is currently in South Africa that's causing some concern?

**Hon Grant Robertson:** The first thing to make clear is that we've checked with ESR and there is no variant of that nature that has come into New Zealand. The advice we've had at the moment is that it is a good example of why we need to be cautious. There's no need at this point to be alarmed about it from a New Zealand perspective, but it does point out the fact that the global pandemic is still going, and New Zealand's response needs to be careful and methodical and cautious while this is happening. I note that the WHO is due to meet, I think, overnight to make its assessment. There is still some debate about the transmissibility of this variant, and I'm sure as we listen to the experts we'll learn more about it. But it quite clearly is evidence that this pandemic is not over.

**Media:** Can I get your view on—

**Dr Caroline McElroy:** Completely support that. We are closely watching. And just to add that every case that comes in across the border, we do whole genome sequencing on that. We continue to do that, and that's where, if we saw it, we would pick that up—at the border.

**Media:** Have you got contingency plans or any sort of plans in place for if somebody who's carrying the virus does come to New Zealand—do they need a separate MIQ, a separate isolation facility?

**Hon Grant Robertson:** Well, we continue to use MIQ to support our processes as we've got them. You'll note that we still have a very high-risk country list at the moment. We're moving to that only having one country on it, but obviously we would monitor closely any further developments from here. The whole point of having that and continuing to have MIQ around is so that we can quarantine people, and we'll do that if we need to do it.

**Media:** Just a few quick follow on that, sorry. Britain's announced that they will put a travel ban on South Africa and countries with the variant. Will we do the same?

**Hon Grant Robertson:** Well, we haven't had any advice to that end, but we will closely monitor the situation.

**Media:** So you're considering it—you would consider a travel ban?

**Hon Grant Robertson:** If the advice came to us to do that. As I said, we have a very high-risk country list. At the moment we're moving to it only having one country on it. We will continually take advice on that.

**Dr Caroline McElnay:** Yeah, no, that's right. We have a process for reviewing those countries and we'll provide that advice.

**Media:** On the vaccine mandate for the Police and the Defence Force, about 14 percent of the Police are unvaccinated. Are you expecting some sort of push-back there?

**Hon Grant Robertson:** Not particularly. As we've seen with the health and education workforces, we've ended up at the 98, 99 percent level with those, and there do need to be ongoing conversations with those Police staff who are affected by this mandate. But I'm confident, as we've seen with those workforces, we'll get to similarly high levels with the Police.

**Media:** Are we sending any assistance to the Solomon Islands?

**Hon Grant Robertson:** I don't have any advice about that. I mean we've obviously had an ongoing relationship with the Solomon Islands going all the way back to RAMSI, and at this point I'm not aware that we've been requested to provide any, but, obviously, if a request were to come, we would consider that.

**Media:** On the traffic light system, in terms of breaking it down, how will the country be broken up by boundaries—will it be by DHBs or regional territories?

**Hon Grant Robertson:** So we'll have more to say about that on Monday. Obviously, the process that we've gone through up to now is we've used the DHBs as benchmarks. Clearly, those DHBs are very large areas, and so we are going to take some advice on what the best way of doing that going forward from here is. But I think when we make our announcement on Monday, people will be able to see how the DHBs translate to the announcements that we make.

**Media:** A question for Dr McElnay. On household transmission, is there any evidence that vaccination rates are preventing in-household transmission—slowing that down?

**Dr Caroline McElnay:** Yes, there is. We are analysing our own local data to be able to show that, but what we know anecdotally from cases that have been in households is that there are household members who are vaccinated who do not subsequently become cases, and other members of that household who weren't vaccinated did become cases. So we are seeing that effect of vaccination, even in a household situation. But acknowledging that in a household situation, that's where you're going to get the most transmission. We do see, at a high level, the data—you can see breakthrough infections in households, but equally we are seeing the protection that vaccine gives, even in those settings.

**Media:** Dr McElnay, on 14 October, you provided advice to Dr Bloomfield. It was around the Auckland border—well, it included the Auckland border—and alert level 3 settings. You recommended that Cabinet be advised that those using the Auckland border—essential workers—should have to be mandated to be vaccinated. Over the course of the next fortnight, Dr Bloomfield on many occasions said to me that that wasn't necessary and that testing would suffice and that there was no need to mandate essential workers crossing the Auckland border. Were you surprised, given that goes against your own public health advice to him?

**Dr Caroline McElnay:** I can't recall the details of that particular piece of advice around mandation of vaccination of essential workers—is that what your question was?

**Media:** So it was a memo—on 14 October, you were asked a series of questions, which you came back with the answers to. One of the sections was around the Auckland border and those who were crossing it regularly as essential workers. The advice that you provided to Dr Bloomfield was that there should be mandatory vaccination for those crossing the border as essential workers, and Dr Bloomfield changed that in a recommendation. Rather than saying that it should be, he changed it to “will advise Cabinet to”. Obviously, that didn't happen. Ministers Hipkins, yourself—Grant Robertson—and the Prime Minister have all pushed back from the necessity for that, also the difficulty that there would be in doing that. However, that clearly goes against your public health advice.

**Dr Caroline McElnay:** Yeah, well, we—me and my team, we provide the best advice that we can give in the situation, and that's part of the advice and the subsequent policy-making situation. We don't always—you know, we're looking at it from a very pure public health perspective, and sometimes there are significant other factors that need to be taken into consideration. So that's the process, and then the D-G receives that advice. Obviously, he then provides his own advice on top of that, and then it goes to Ministers for discussion and decisions.

**Hon Grant Robertson:** Yeah, and just to follow up on that, Jo, it is a process whereby the director-general not only takes the advice from Dr McElnay and her team; he's also part of a wider group that includes a range of different Government agencies and other advisers, and then he and them, in turn, turns that into advice that we get. And so some of those logistical issues that you're talking about have to be weighed up against the balance of the value of what was proposed. So I'm actually privy to the exact thinking that Dr Bloomfield had here, but that is the process that we have.

**Media:** Can I just ask you, though, Dr McElnay: do you believe that the border was left somewhat exposed because the decision was made not to mandate vaccination for those workers going backwards and forwards across it?

**Dr Caroline McElnay:** I think there's been a very tight management of the border, as we've seen with the number of cases that have been in Auckland and the very small number of cases that have actually been seeded outside of the Auckland border. We know our advice is always, by nature, going to be highly precautionary of course, but I think what we've seen in the management of the border has actually delivered a very secure and precautionous approach to the situation.

**Media:** Thank you, and just lastly on that, Minister: do you not think that given the responses that I had over quite a number of days from a number of you, it was somewhat dishonest not to mention that the original public health advice around that was that this mandated vaccination should have happened?

**Hon Grant Robertson:** Oh well, no, I don't agree with that. I'd have to go back and look at the transcripts of our exchanges to see if I felt there was any concern about that, but we were operating off the decisions we'd made and the advice we got from Dr Bloomfield. Clearly, if there is evidence that there is a different chain of advice coming through, I'm not even sure that I was especially aware of Dr McElnay's advice, but I'd have to go back and check.

**Media:** Dr McElnay, we've spoken to a—

**Hon Grant Robertson:** Tova, we'll just take a couple more, and then come back.

**Media:** Dr Roche's letter today that said the outbreak had exposed the shortfall in proper engagement of Māori and Pacific providers in the outbreak—in the overall response. Do you accept that criticism, and did that criticism lead to the extra resources being provided?

**Hon Grant Robertson:** Certainly, I accept the fact that it's been an ongoing piece of work to improve the relationships and the dialogue with Māori and iwi providers. That's just natural as we're ramping up a response and a level of activity that we've never really seen before. So we have been continually developing those relationships. We were also very aware, as we saw the way the vaccination programme was rolling out, that we did need to put more resource in into resourcing the Māori vaccination programme, and we did that. I'd also note that half of that funding is also about community engagement and supporting iwi, whānau, and hapū to develop their own solutions in the way in which outbreaks are managed. So this is why we have these reports—we do listen to them, we do take them on board. But we were already in a process of developing and enhancing the Māori vaccination programme.

**Media:** Given the way the outbreak has progressed, I mean, should that have happened much earlier?

**Hon Grant Robertson:** It's not that it wasn't happening. It's just that there was an obvious need to keep improving and developing it, particularly as we saw the way the vaccination programme was rolling out. So it has always been there. What we've done is put more resource into it. You'll also know from previous questioning that we've had in here that in different DHBs there was a different focus, and Minister Henare and others hit the road, went out and met with people and were able to really significantly add, I think, to the way the Māori vaccination programme worked. So continuous improvement, and that's the reason why we have the reports that we do.

**Media:** With the Police mandate, why has it taken this long compared to some other Government departments, such as Corrections and Oranga Tamariki, and will unvaccinated police officers be allowed to arrest or apprehend members of the public?

**Hon Grant Robertson:** On the latter part of the question, the process is similar to the one that we've done with the other workforces, that there is a process of working through, now that we've issued the mandate, with the workforce to give time to make that transition. But, clearly, the whole point of this is that we want them to be vaccinated, and when we reach the end point of those discussions, if they aren't vaccinated, then they won't be able to undertake the duties of front-line police officers. In answer to the first part of your question, we've been purposefully working through mandates here. We take these decisions very seriously. We do not want to issue mandates where we don't believe that there is a very pressing need to do so, and, obviously, with the both the Police and the Defence Force, they find themselves in situations where we believe it's appropriate, but we're simply taking it step by step.

**Media:** Considering that police are often engaging with some of the most vulnerable communities, including communities that have frequently borne the brunt of this outbreak, is it fair on them that as we speak unvaccinated officers can engage with them?

**Hon Grant Robertson:** Well, again, this has been a progressive programme, and we've got around—I think it's about 88 percent, I thought, Barry, but 86, 88 percent. So we've got the vast bulk of those police officers who have been out there on the front line in that situation, but it's one of the very reasons why we've taken the approach to mandating that we have. Did Jenna want her question, Tova, or—

**Media:** It was the same question as my colleague. We've spoken to a day care—we worked at the same company.

**Hon Grant Robertson:** Now?

**Media:** We've spoken to a day care where at least five kids have caught COVID. Parents say they were given inconsistent messages by contact tracers, and that's resulted in kids going back and getting exposed. Is that good enough?

**Hon Grant Robertson:** Well, obviously, we want consistency of message, absolutely. I'm not privy to the particular case that you're raising. In general, I think the Auckland Regional Public Health Service has done a really good job in getting information out, working closely with centres so when we do have outbreaks that involve educational settings, there is quite an established process for working with that centre. So I don't know the specifics of this, but I know that that is something that they take seriously.

**Media:** And how many people are allowed at a private party or gathering under red and under what conditions?

**Hon Grant Robertson:** So under red, the gathering limit remains 100 if you're vaccinated, and if you're not it will be 25.

**Media:** OK. Are people in level red expected to ask people the vaccination status of their friends and family over Christmas so they can have a big gathering of up to 100 people?

**Hon Grant Robertson:** If people are wanting a gathering of up to 100 people, we would be expecting that to be a gathering that was one with vaccinated people, and obviously there will be means by which they can check and assure themselves of that.

**Media:** Can I just ask you a question on behalf of our friend over at 7 News Australia. They're doing a story, interviewed a woman whose 3-year-old daughter and only child is stuck here in New Zealand. She went to stay with her nan when the borders closed in June. The family can't afford the cost of quarantine here and then back over in Queensland as well. Is there any way that you could make a special exemption so that the mother could pick up her daughter without doing that quarantine on this end?

**Hon Grant Robertson:** Those decisions about exemptions and exceptions are ones that find their way through to the Director-General of Health, so I'm not in a position to say whether or not it would fit within the criteria that's there.

**Dr Caroline McElroy:** There certainly is an exemption process, and I would encourage them to apply under that exemption process.

**Media:** Does that sound like something that we would want to help with?

**Hon Grant Robertson:** These are the challenging—I mean, obviously, when you hear circumstances like that, it's very difficult and challenging, but unfortunately, with both sides of that arrangement, because Queensland operates a form of isolation when you return as well as New Zealand does, it does create quite a difficult, specific set of circumstances. We make our decisions about isolation periods based on public health advice, and so we tend not to vary them without there being a very strong case. I was going to say *prima facie*, on the facts that you've said, that sounds like a really challenging and difficult case and, as Dr McElroy says, I'd encourage the people to apply.

**Media:** Have you been advised by the police in writing that the traffic light system is going to be impossible to police?

**Hon Grant Robertson:** I don't know that the language would have been "impossible". I mean, we had discussions when we were talking about how we would manage it with Police, and they were very closely involved in those discussions with Waka Kotahi and the Ministry of Transport. I do know that they are comfortable with the position we now have with the spot-check approach.

**Media:** So the police are comfortable with monitoring the traffic light system?

**Hon Grant Robertson:** Absolutely.

**Media:** On the new variant, can I just clarify: is the Government doing anything proactively to prepare New Zealand for this variant's eventual arrival other than watching what happens overseas and awaiting what comes out of WHO's meeting?

**Hon Grant Robertson:** Again, Dr McElnay and her team closely monitor these situations and, if we need to take action on it, we will. Bear in mind that anyone who is coming into New Zealand goes through our screening processes—we know who they are, we know their pre-departure status, we know their vaccination status. So we have had to, throughout this pandemic, constantly evolve to the new mutations of the virus. The core elements of our approach are designed to deal with whatever mutations there are. Whatever we learn from the WHO and their analysis, we will take on board.

**Dr Caroline McElnay:** That's right, and that's the really important bit, is what is actually different about this variant and how might it express itself. And that's what we'll be looking at really carefully, to then see what we need to do to be prepared should it arrive.

**Media:** Some of the concerns are about the fact that it will lessen that vaccine efficacy [*Inaudible*]. Are you concerned at all that we're moving into a phase in our response that is so reliant on the vaccine, which might be rendered not as good?

**Hon Grant Robertson:** Well, that's the same situation the whole world is in, and the vaccine has proved to be very effective against the variants up to now. I don't believe we're yet at a point where you could conclusively say anything about this new variant in that respect. There's a lot of speculation, I think both Dr McElnay and I have been reading overnight, with variable views from experts. That's the particular phase of this we're at. That's why we'll listen to the WHO and others.

**Media:** And would it have any impact on the opening up dates that you've signalled for next year?

**Hon Grant Robertson:** No, not at this point, but what it does reinforce is why we've been so cautious, and there has been some feedback that people think we should move more quickly. Throughout the pandemic we've taken a careful, balanced, methodical approach to dealing with COVID. So the reason why we've got the Auckland boundary coming down in mid-December, Australia and the rest of the world in January/February, is so we can manage the impact of the changes that we make. So I think what you're seeing with a new variant is a real wake-up call for all of us that this pandemic is still going.

**Media:** Can I just ask for a colleague on the Te Waimana town going into a voluntary lockdown this week because of one case: are you concerned or do you think that more towns will follow suit once Auckland's borders open up?

**Hon Grant Robertson:** Well, look, the reason we've put the traffic light framework in place is to make sure that there are still public health protections in place for areas where we have concerns. We do that on the basis of public health advice. I do know, in that particular case, there's been a close working relationship between the DHB and local iwi, and those decisions are being made by, I think, a local iwi alongside the DHB. So that's the best way to do this, is to have a good, strong working relationship, but, from our perspective, we've designed a framework that includes the scope for localised lockdowns. We'll take those decisions based on public health advice.

**Dr Caroline McElnay:** That's right, and that last bit about the intent of the framework is to be able to be more focused and localised in the response, as needed.

**Media:** Do you support those towns who are making their own lockdown rules, though? Or would you expect that they engage first?

**Hon Grant Robertson:** As I said, I am aware that, in that instance, there has been close engagement between the DHB and the local iwi. That is very, very important. We do have a framework that means we have the ability, based on public health advice, to put in place local lockdowns. It is important that we have that system in place, but, equally, throughout this pandemic, we've tried to work with local communities to do things that work best for them.

**Media:** Simon Bridges has thrown his hat in the ring for the National leadership. What do you make of that?

**Hon Grant Robertson:** What I make of it is that I am standing here at a Government pandemic briefing, and I'm very focused on managing that.

**Media:** Just on the traffic light system, have you got any announcements coming, or can you provide any information, around wage subsidy financial support for businesses on that?

**Hon Grant Robertson:** So, as I said on 22 October, when we move into the framework, that will be the point at which we finish with the existing payments that we've got. I'll have a bit more to say early next week around how we're managing that transition. We have been clear that, under the "green" and "orange" levels of the framework, we don't believe that there needs to be across-the-board support. At the "red" level, what we're looking at there are particular sectors which may be affected, and we'll look into that and monitor that, but I'll have more to say about that on Monday.

**Media:** Just on the proactive release, just days before the cases were discovered in Palmerston North, in the Waikato, Cabinet was getting advice that the outbreak was contained in Auckland. Can you sort of explain how the ministry got it so wrong and, looking back, do you think anything more could have been done to stop the virus seeping out of Auckland?

**Hon Grant Robertson:** I'm not sure I'd say that the ministry got it "so wrong". I don't think you can put those two things together. I think, if I recall, the Palmerston North case was one of the very few number of cases of a worker who tested. If you'll recall there were very few, if any, cases that actually came off the back of that. In the case of the Waikato, there was obviously somebody who moved backwards and forwards across the border, but not to do with that testing regime and so on. The reality is, as I said in answer to earlier questions, I think, with the nature of a Delta outbreak, overall we have managed that well, and the ministry has provided us with good and strong advice. Does that mean that it's 100 percent perfect? No, it doesn't, and that's why we try to learn from reports like the Roche report and from the experience we have. But I just wouldn't characterise it the way that you have.

**Media:** Just as sports Minister, what's your response to this morning's news about the integrity breach by Cycling New Zealand?

**Hon Grant Robertson:** Yeah, look, it's very disappointing, and I know that, for the New Zealand Olympic Committee and for High Performance Sport New Zealand, they are disappointed as well. I think it's important to note that it didn't affect any of our medals or anything like that at the Games, but still the rules are the rules and we expect our bodies like Cycling New Zealand to follow them, and I know that they're aware of that, and it's a breach that is very, very unfortunate.

**Media:** What, if any, support will your next business support plan have for the international education sector, and also how set in stone is that 30 April date, because that's two months after the academic year starts?

**Hon Grant Robertson:** So I know that Mr Hipkins has been in continuous conversation with the education sector around this. Obviously, the 30 April date gives much more freedom for the class of visa holders to come into New Zealand. Bear in mind that, because New Zealanders won't be using MIQ in the period, or to a lesser extent, from the period from January, and then to most New Zealanders from February, that opens up more possibilities for sectors like international education, but also other business groups, other group allocations that we might look at. So, over the next few weeks, we'll be having another look at how we make use of MIQ. It won't necessarily mean that all of the MIQ facilities that we've had are still being used in the way they've been used, but it does open up some possibilities. And, just finally, I also know that Minister Hipkins has been talking, in terms of the move to more self-isolation, about how tertiary institutions might be involved in that. So he may well have more to say about that soon.

**Media:** So is MIQ availability the key factor in determining—

**Hon Grant Robertson:** It's been one of the factors. The other would be the conversations that Minister Hipkins is having with the sector around their ability to manage a more self-isolation model.

**Media:** Will you also, then, need to change border exemptions to let the students in, given that it's only Kiwis who are allowed back at the moment.

**Hon Grant Robertson:** So we've already done group allocations for international students. I think at about 1,000 of those.

**Media:** But you could expand that in January if there is space in MIQ?

**Hon Grant Robertson:** Potentially, yes. All right everybody, have a good weekend.

**conclusion of press conference**