

POST-CABINET PRESS CONFERENCE: MONDAY, 4 APRIL 2022
HANSARD TRANSCRIPT

PM: Kia ora koutou katoa. Good afternoon. I'll begin with a comment on the reports of war crimes and crimes against humanity committed by Russia. The reports of Ukrainian civilians who have been killed, raped, and severely wounded by Russian troops is beyond reprehensible. Russia must answer to the world for what they've done. It goes without saying that these atrocities are against international law. New Zealand, alongside other Rome Statute States Parties, has already referred the situation to the International Criminal Court, and we continue to support prosecutors in their investigations into all international crimes committed in Ukraine. Russia will be held to account. New Zealand stands with our Ukrainian community, who are in the process of bringing their loved ones here through the special Ukraine visa, for which 252 have now been granted. Cabinet considered further measures we can take to support Ukraine and which will send a strong message to Russia. We'll provide updates across the course of this week.

Now to today's review of the traffic light settings. It's been nearly two weeks since we refined the COVID-19 Protection Framework to simplify requirements, provide greater freedoms, and ensure the framework remains fit for purpose into the future. The country remained at red, where outdoor gathering limits were removed and indoor limits doubled to 200. Since then, the rolling average of cases has declined by 36 percent. Four weeks ago, we were averaging around 20,000 cases a day—compared to today, where that average is just over 13,000. We have had some early data, too, on the movement of people that shows an uptick since mid-March in those visiting places of retail and recreation in Auckland, as well as an increase in the number of people returning to their places of work. During that time, too, of course, we've seen the restrictions on outdoor gathering limits lifted, and we've seen some memorable sporting events make the most of that change.

But, while case numbers are dropping in some parts of the country, such as Auckland, Wellington, and Tairāwhiti, others aren't yet in the same position. Hospitalisations have dropped in Auckland recently but continue to plateau or increase in regions like Canterbury, Waikato, and Northland. Hospitalisations are not expected to peak in some DHBs until mid to late April. Public health advice tells us now is not yet the time to ease the existing restrictions and drop down to orange. We are doing well, but we're still in a large Omicron outbreak in New Zealand. And, while we're moving in the right direction, we're not out of the woods yet. And so, for now, New Zealand will remain at red. The next review of the traffic light settings, though, will be on Thursday before Easter—14 April. Till then, a reminder of what red means: there are no outdoor capacity limits, indoor gathering limits are set at 200 people, and face masks are required in most indoor settings.

I know there is an eagerness to move to orange, but we are still, frankly, amid an outbreak and there is still pressure across our hospital network—98 percent of all COVID cases to date have occurred in the past 90 days and, with the wave moving down the country still, we need to be mindful of the pressure on healthcare nationally. We also need to help the system recover and be ready for the expected winter surge. To help our health workers at this point in the pandemic, I do have a request: please get boosted. Unvaccinated and people who are not boosted make up a disproportionate number of people in our hospitals. More than 900,000 people are due their boosters today. Please get your booster as soon as you can; it will make a huge difference to our healthcare workers.

While we remain at red, other COVID measures obviously lift. As of tonight, My Vaccine Pass is no longer required, but it remains an option for those venues or events who may choose to use them. Government vaccine mandates for all sectors except healthcare workers, prison staff, and border workers are also no longer required. Businesses can keep using both if they wish; that's their choice now.

Briefly to the week ahead, before I bring up Dr Bloomfield, I'm in the House tomorrow, and in the evening I have a call with the new German Chancellor. On Wednesday, I am in the House

again, and on Thursday I have visits in Auckland. I'll now ask Dr Bloomfield to join us, should you have any questions about the public health advice that we've received to inform our decisions today.

Media: Aucklanders in particular will be disappointed with this decision. Why can't you move Auckland to orange first?

PM: We've said that a really important consideration for us is the pressure on our healthcare system, and while we have seen good progress—a decline in cases and a decline in hospitalisations—it is off a high base. The numbers are still relatively high; the pressure on our system is still there. We want to make sure that we're in the best possible position and we don't lose the gains that everyone's worked so hard for.

Media: I guess the argument from Aucklanders was that when the outbreak was only confined to Auckland, the rest of us didn't have to support their health system with all of the national resources, so why should it go the other way round?

PM: Look, and we've always said that there is the possibility of moving regions to different levels at different times, and that possibility still remains for Auckland. It is possible that we can move them in the future to orange while other parts of the country are in red. But, as we've said, Auckland has made significant progress, but we do still have a relatively high hospitalisation rate. A significant number of hospitalisations in New Zealand are in the Auckland region. We need to look after our healthcare workforce.

So just a small visual aid [*Holds up a graph*]. So this is the northern region occupied hospital beds. So you can see that we are coming down, but this was the medium-transmission expectation, and so we haven't even yet reached the top of that curve. So it is declining, it is making positive progress, but it is of a relatively high base, and so we do need to be mindful of the pressure on the system.

Dr Bloomfield, do you want to give a contribution on that as well?

Dr Ashley Bloomfield: Thanks, Prime Minister, and kia ora koutou. So just to add to what the Prime Minister said, you've got to remember, Auckland—yes the case numbers are coming down, but still several thousand cases a day. Nearly half the national hospital admissions are in Auckland—351 today across the Auckland metro hospitals. And, as the graph that the PM just showed indicates, that peak was as high as might have been modelled, and is prolonged, so there's quite a long tail of people in hospital. And that means, you know, Auckland, yes, it has come down off the peak of its Omicron wave but it's not out of the woods yet. And, likewise, it is part of a national network of hospitals as well. Auckland Hospital is the only quaternary; it's very specialised service for the entire country, and it's very important that we maintain the protections that we need to for the Auckland Hospital system as well.

PM: Cabinet has brought forward the review period so that we will have that public health assessment again in the week prior to both Easter and the school holidays, to make sure that we are looking in real time at the progress that we're making.

Media: You told New Zealanders that if we get over the peak, you will bring down those restrictions. Why are you not following through?

PM: We absolutely are. You'll remember that the main criteria that we set out for moving through the settings was the pressure on the health system. That's what we've assessed today. And we still have, again, roughly half of the country's hospitalisations being carried in the Auckland region. So we're making great progress but we're not out of the woods yet, and we don't want to be in a position where we move too quickly and lose so much of the progress that's been made.

Media: On average, we're getting 13,000 cases a day at the moment. What do we need to get down to by Thursday?

PM: It's less about the case numbers and more about the hospitalisations. And whilst those case numbers are coming down, there is, and has always been with COVID, a lag

between the decline in those case numbers and the decline you then see in what's happening with our hospitalisations. So it will really be the pressure on the health system. Keep in mind, one of the additional pressures in the system is that healthcare workers themselves and their families are being affected by COVID, and that can cause extra pressure through staff absences. So the more that you come off the side of that peak overall creates a room in our system to manage much more adequately with the pressure from COVID and everything else they deal with day to day.

Media: How much of a problem are schools, and why would you—

PM: A problem, sorry?

Media: Oh, just transmission within the schools—

PM: Ah, yep.

Media: —and why, given that they do seem to be one place where it can be spread and then taken back to families, would you take mask requirements away under orange? Why wouldn't you just keep that in place?

PM: So the advice that I was—and, actually, I'll hand over to Dr Bloomfield. But the advice that we've always received from our experts, particularly paediatric experts like Dr Jin Russell, has been that schools actually just reflect the transmission that's happening within communities. And so they've been very clear that, yes, there are measures to try and reduce down those pressures, but, actually, mask use in schools is a very difficult ask for young people. We've used it in those high-risk situations, but, actually, as you see the pressure come off the health system, the view was that, actually, one of the harder places to maintain it has been the schooling environment, and that was one area to try and ease it. Dr Bloomfield?

Dr Ashley Bloomfield: Well, just to add to that, of course, mask use by adults—and in indoor environments including schools and other education institutions—remains part of the CPF framework in both red and orange, and that is a really critical aspect of the overall public health and population protection, including for children.

Media: Does the school holidays give any—was that factored at all into the Thursday review that gives a bit of a break while schools are on holiday? Is that factored at all in that timing?

PM: So one of the things we wanted to consider was that given that we'd made the decision to stay where we are, there would be some value to just adding in another review period before that Easter period and before that holiday period, because we are aware of the impact of these settings—particularly on those who provide entertainment and recreation services. So if we are of the view that we can move safely beforehand, we should give ourselves the opportunity to do that if it is possible.

Media: Isn't this an impossible situation for people like event planners? When are you going to be able to give them an indication of how they can plan for the future?

PM: It is incredibly difficult for sectors who are particularly reliant on indoor events for over 200, and so one of the major changes that will obviously make a difference for some in this sector is the fact that regardless of what setting we're in now, outdoor events can continue—and regardless of size. So that will have been a major change for some, but not all. For others, we do have support through the Ministry for Arts, Culture, and Heritage, and through MBIE for events that are scheduled and planned and tickets are being sold that if that happens early on and then we have a framework change that means that it's affected, there's a support mechanism in there for them. But I absolutely acknowledge, of all the sectors, they're the ones that really are bearing the brunt.

Media: Restaurateurs—it's great difficulty for them as well.

PM: Well, there you'll see that—and certainly the feedback I've had is that for those who are larger, the increase to 200 indoors and, of course, limitless outdoors has for those

larger venues made a difference. The issue where they express that there might still be some capacity constraints is the seated and separated. However, at the same time, we want patrons—we want customers—to be confident, to go out, even if there are cases in the community. And one of the ways we can do that is by people knowing that when they do go out, there are measures in place to keep them safe. So that's the balance we have to strike.

Media: Māori vaccination rates are now showing up in the hospitalisations, so what's the response there?

PM: We've been mindful through every element of this pandemic response of the disproportionate impact COVID was likely to have on our Māori and Pasifika communities, which is why you'll see on the vaccination programme we did put and have put extra resource into making sure that campaign was as successful as possible, and we've tried to learn that all the way through and change up even the way we've offered vaccination for tamariki. You know, here we all still have a responsibility to keep pushing the message. We are seeing those who are unvaccinated or unboosted disproportionately represented in our hospitals. It is still really important. I worry that people hear the message that it's a mild to moderate illness, and they think they don't need to bother; they do. Boosters make a difference.

Media: And will you be supporting the double vaccination in measles as well as continuation of the COVID vaccinations?

PM: Yeah, I'll let Dr Bloomfield speak to that.

Dr Ashley Bloomfield: Thanks, Prime Minister. This is something we've been working very hard on over the last couple of months, and, in fact, we've transitioned our COVID immunisation and vaccination programme into a national immunisation programme that's looking right across the board and able to bring the capacity, the capability, and all the infrastructure that was built for COVID to bear on making progress and catching up on our childhood vaccination rates and on our MMR catch-up campaign. So, over the next couple of weeks, that will become very visible as there is both a public information campaign and our providers are out there with MMR, getting that catch-up well under way.

Media: As a note, just like Claudia was saying, low Māori vaccination rates—but it's almost at a point in the pandemic where it's kind of like if they haven't been vaccinated now, are you going to get vaccinated anyway—is it kind of at that point now?

PM: We do still want to ask that of people, yes. For all of the clinical reasons why, I'll hand over to Dr Bloomfield.

Dr Ashley Bloomfield: Look, just to comment on Māori vaccination rates: a number of our district health boards have got over 90 percent of Māori double-vaccinated. On the booster side of things, one of the things I'm very satisfied is that, because our highest-risk group is our over-65s and our booster vaccination rates for Māori and Pasifika and non-Māori and non-Pasifika are very similar, and up very high, so that's standing them in good stead. It's the age groups—the younger age groups—where there's still work to do. And as the Prime Minister said, there is every reason why they should have that booster vaccination, if for no other reason than to help protect tamariki and kaumātua and kuia.

PM: And there's extra evidence also suggesting that even if you're had an experience of COVID, that actually having the vaccination still has additional benefit.

Media: Prime Minister, I remember you saying that you were challenged by Māori leaders saying, "What are you going to do for those whānau who still decide to be unvaccinated to make sure that they can still participate in society?" What does that look like now, in this environment, to make sure that everyone is still safe regardless of vaccination status?

PM: Well, ultimately it's what the CPF framework is still all about. It says, "OK, when we have a large number of cases, what can we do to still keep people as safe as possible in that environment and reduce down the load on our health system so that everyone gets the treatment they need?" So it is gathering limits indoors; it is the use of masks; it is social distancing. But, as we see those cases decline and it become a somewhat safer environment,

that's when we pull back to just using those things like masks. We know the transmission risk reduces dramatically through their use. So that is what the framework's all about; it's about looking after everyone.

Media: Prime Minister, just on the Russian invasion, you were talking about that at the outset of the press conference, you made references to war crimes from the Russian side. You've detailed a number of atrocities that have occurred in Ukrainian sovereign ground. Are you ready to call Vladimir Putin a war criminal?

PM: Certainly what we as an international community have seen are evidence of war crimes at the hands of Russia. When it comes to then going through the process of determining that that is indeed what has occurred, based on the evidence we've seen, that is something that we are supporting a formal process around. So, ultimately, it is for the International Criminal Court to make that determination, but the evidence is there and New Zealand is supporting the prosecutors in gathering that evidence and making sure that Russia is held to account.

Media: But we see people like Joe Biden come out and a number of other people in the international community and just say, "Vladimir Putin is a war criminal." Are you not willing to add your voice to that chorus?

PM: I'm not willing for you to assume that I'm not. There is the evidence here that war crimes have been committed by Russia.

Media: Why not just say "war criminal"?

PM: Because I'm not the judge in the International Criminal Court. We are supporting the International Criminal Court to make that determination, but every piece of evidence points to the fact that there are war crimes being committed by Russia in Ukraine at the hands of the President Vladimir Putin.

Media: All of our other Five Eyes partners have called Vladimir Putin a war criminal. Why are we so different?

PM: We're not different. We're not different at all.

Media: Why has New Zealand's ambassador not been expelled? Sorry, the Russian ambassador to New Zealand not been expelled?

PM: A good question. You know, and this is where New Zealand has had this raft of options in front of us—as has every other country—around diplomatic tools. To be honest, my view is that we have used far more powerful tools to date whilst of course keeping on the table those other diplomatic options. You'll see that very few countries have recalled their diplomatic representatives from Russia, and that is—sorry?

Media: More and more are starting to, though.

PM: Some, yes, but not everyone. And that's because, of course, between sanctions, tariffs, travel bans, export bans, providing military aid, providing equipment to Ukraine—when it comes to expelling ambassadors, that also means that you lose your representation in those countries. We haven't ruled it out.

Media: But has that balance tipped from at the start of the conflict, where you said it was necessary to provide consular support to New Zealanders? I mean, how much need is there for that and at what point do you say, "This just becomes, actually, an action that New Zealand should take."?

PM: Yeah, and, look, I still wouldn't rule it out in the future. But, you know, of the things that we're considering, the impact that they will have on the conflict is far greater than this diplomatic tool, which does remove our ability to serve and look after New Zealanders' need in-country. I do think we need to make sure that we are giving consideration to ensuring that there is some representation, because there is a likelihood that either our people or our

partner citizens will need support, depending on the course of this conflict. We may see the ability to move around and exit become harder, and that support may be required.

Media: How much of a call on popular services is there at the moment from New Zealanders in Russia?

PM: I would need to get an update on the frequency of that, but you will have seen a very small number in Ukraine, and, yet, obviously the need becomes very intense once commercial options to move out of country became clear. Look, I think you would be taking the wrong message if you think that by keeping our representation there, this is somehow something that we will not venture down the path of or that we've definitely ruled out or we have concerns about. None of that would be true. It is an absolute option for us. It just so happens that we prioritise what we think are more impactful options at this stage.

Media: Prime Minister, did you consider it at Cabinet today—removing the ambassador? And how else—

PM: No, but we considered a range of what I would consider much more impactful options, and as soon as those have been settled on, we'll happily share. The reason that I'm not sharing them at post-Cab today is because for some of them, there were some follow-up implications we wanted to work through before announcing.

Media: Could you give us a broad outline of what they are?

PM: Ah, broadly speaking, there's more things that we are looking to do in short order around sanctions, there's more that we're looking to do around importation, and there's more that we're looking to do around our people, supporting some of the efforts. You'll see we've already made deployments, and we're considering whether there's anything more we can do in that space.

Media: Prime Minister, would New Zealand consider sending lethal military aid and/or have New Zealand troops in Ukraine?

PM: You know, I think to a certain degree that there's a bit of an artificial distinction going on between some of these forms of support. What we're looking for is what's the biggest and most important contribution New Zealand can currently make across all of the needs that Ukraine has currently. And that's the lens that Cabinet's considering from: what can New Zealand do to make a material difference in supporting Ukraine right now? And so, look, that's something that Cabinet considered, you know, every time that we've met since this conflict began, and you'll see with our future decisions that that has been top of mind for us.

Media: So does that mean that we don't have much lethal aid they want?

PM: Oh, look, I think it's a given that relative to—no, not necessarily, you've seen that, actually, we already have supplied military provisions that are useful in the defence of Ukraine and in the support of the military there: body armour, helmets, and so on. But it will be quite obvious to everyone that what New Zealand has in terms of stores, relative to other countries, will be somewhat limited. Keep in mind, purchasing those equivalent stores from providers and suppliers, there is a waitlist of not months but, in some cases, years, because so much military aid is being purchased and provided to Ukraine.

Media: This war's not over yet—

PM: No.

Media: —and there's now been documented mass rapes and what seems like war crimes. Does the international community have an obligation to step in and protect Ukrainians?

PM: Do you mind if just before we keep going, I just check on—is there anything further for Dr Bloomfield? There is. Do you mind—I'll come back to you, Justin. I haven't brought my pen, but I'm going to try and commit to memory that you were my last question.

Media: Two separate things: you said before that it's about hospitalisation you're looking at rather than cases to come down. There's just over 700 hospitalisations—

PM: They're linked, of course.

Media: —today. How far does that need to come down for you, when you're looking at—

PM: Of course, we also base these decisions on the public health advice that we receive. So, Dr Bloomfield, perhaps, can speak to that.

Dr Ashley Bloomfield: Well, we won't be looking so much at a number, and it's been a fairly common theme over the last couple of years, but the trend, and where the weight of that burden is falling. I should say that around 1 percent of cases end up in hospital, so we've also got to remember that whilst most people are managing at home, there's also quite a number of people who are being cared for in the community by our general practices, Māori and Pacific providers, and so we also are taking into account the workload for them, and, as the Prime Minister said, in some cases when they have quite a number of their own staff members also affected by COVID.

Media: And Professor Michael Baker is calling for us to adopt some kind of minimum ventilation standard, similar to how we treat water or food safety. Is that something the Ministry of Health would consider in light of what we've learnt from COVID?

Dr Ashley Bloomfield: Well, we're doing some work across Government, with our colleagues in MBIE in particular, on ventilation advice. We haven't looked specifically at standards as yet, but that's something that, of course, if we're asked to do some work on, we will.

Media: Prime Minister, would you look at that?

PM: Oh, look, you know—I think probably one of the important things we can do is just make sure that businesses and venues have the best possible advice in this space. You've seen that where we have a responsibility—schools—we've gone in and given meters that support schools to be able to measure the quality of ventilation in their classroom spaces, and they've had that for the course of this term. They are also receiving air filtration machines for schools—obviously, the availability of those is somewhat limited, so we expect that they will often use those in areas where the ventilation is poor but the transmission risk is high. So there is definitely more we can do in this space, and if I'd ask for anything, it would be for businesses and venues to not just think about the role that testing can provide—testing doesn't stop you getting COVID. Do have a look at the ventilation in the spaces; think about natural ventilation—all things that can make people come out and feel more confident to enjoy your space.

Media: For Dr Bloomfield, documents from Auckland Regional Public Health show early in this Omicron outbreak, with just 14 new daily cases, public health struggled with the lack of staff for contact tracing. Does that concern you?

Dr Ashley Bloomfield: Well, I don't know exactly what the document is, but it doesn't concern me, because one of the things we've built over the last two years is, actually, a national capacity, centrally, to be able to do contact tracing, and that allows us to use public health units around the country, as well as a number of providers that we contract with directly from the centre. And I would say that, as you saw that Omicron outbreak continue, we were following up hundreds and then thousands of people a day, and, actually, at the moment, most of that capacity is being brought to bear to follow up cases, to make sure they're getting the healthcare and other support they need. And that's in the order of 2,000 to 3,000 people a day that they are following up.

Media: And two years into this pandemic, why are we still seeing such stresses on the system, and why say we have a gold-standard system when we clearly don't?

PM: Because our results still speak for themselves. You know, this pandemic's been going for two years, and New Zealand still stands amongst the best in the OECD in terms of our experience with this pandemic. No country has got away without being impacted by COVID, but New Zealand—the impact on us has been less than most countries that we compare ourselves to.

Media: Given the long tail of the hospitalisations, how much better will the situation feasibly be in basically a week and three days?

PM: Yeah, it won't actually necessarily just be—well, actually—oh, sorry, I'll let you finish.

Media: And just second to that, do you have any actual sense of how much more the virus will spread if we move to orange, and how that might affect hospitalisations?

PM: Perhaps on the last point, and then I'll maybe come back on the first.

Dr Ashley Bloomfield: Yes, well, it's difficult to model exactly what might happen with changes in the settings, but what I would say is that the people that provided the advice to me, and that I passed through to the Government around remaining in the red setting, are the same people who looked at the red setting two or three weeks ago and said, "Actually, we think it's safe from a public health perspective to loosen the settings against the lift of the limit on outdoor venues, and an increase from 100 to 200 on indoor venues." So they take it very seriously and look at a range of different information. And they will be doing the same again early next week, so we can inform that further decision or consideration on Thursday.

PM: There are things that can happen in the space of a week, so keeping in mind that one of our considerations is the broad impact of COVID on our hospital network. So it's, yes, what's happening with hospitalisations but also our ability to manage those hospitalisations. If you have a staffing workforce that is still personally being hit and bearing the brunt of COVID themselves, then that also materially impacts the hospital network. And I do think quite a bit can change in the course of a week when you look at some of the experience here.

Media: Are you feeling positive that the shift might come before the school holidays, then? Is that something you—

PM: We wouldn't be reviewing it if we didn't think it was—

Media: Is that something you want to achieve, though?

PM: I want New Zealand to be living as normal a life as possible right now, so, of course, I think we all want to continue with the progress that we've already made. But we also want to do it safely. We also want to do it without risking the gains that we've made. We have seen some countries where perhaps they've moved too quickly and seen the impacts of that, so we want to move carefully. We wouldn't put in that review period unless we thought it was possible to move, but we won't predetermine what we see.

Media: For Dr Bloomfield, are you surprised at the number of children who have ended up in hospital with COVID?

Dr Ashley Bloomfield: Not so much surprised, but this is a large outbreak, you know, and any one day, even now, even with our seven-day isolation definition, there's around 100,000 active cases, and, yes, quite a number of those, some of the highest rates we've had, have been in our younger people, including children, and even though the hospitalisation rate is very low, some of them do end up in hospital.

Media: We spoke to a paediatric epidemiologist today who felt that the Government's really underplayed, and our public health response has really underplayed, the threat that COVID poses to children. Do you think that's a fair criticism?

Dr Ashley Bloomfield: What I would say is we take soundings from a range of paediatricians and other child health experts and epidemiologists, and I would say the weight of the advice we receive and opinion that they give us is that they think we've done a good job in our advice around protecting children. We were one of the first out of the box with advice around, and moving on, vaccinating 5- to 11-year-olds, also vaccinating 12- to 18-year-olds even before the application had come in from Pfizer to extend it down to 12. So, look, I think we've constantly had children at the forefront of our response right from the start of the pandemic.

PM: Yeah, and I think for children, young children in particular, for those under-1s, any parent is always concerned when a small child has illness or fever, and you see our hospital and health system respond to that as well. And there has been evidence that has been emerging all the way through. Keep in mind, Omicron has behaved differently than other variants, and that's included with children, but we've always tried to be responsive to the evidence we've seen emerge as we go.

Media: COVID cases are coming down a lot more slowly than they went up to reach the peak, and similar with hospitalisations, it seems, although maybe less so. Why do you think that is?

PM: Well, for hospitalisations, as Dr Bloomfield has said, we want to keep an eye on new admissions, because one of the things we've seen is that as we've gone on, length of stay has extended. So it's not just new people coming into hospital; it's that the ones we've got are staying there a little bit longer, and that's because the profile of who's coming into hospital has changed over the course of the outbreak. So that's a level of detail we also want to look at as we make these decisions, but it will be one reason the hospitalisations are coming away a little more slowly. When it comes to cases as observed in other countries, we're not unusual in that. Some countries plateaued for a very long time. Others came away and then stayed at a certain point, and I should flag here we are expecting that we will continue to have a plateau—a level of COVID cases in our community for a prolonged period of time. It won't be like the elimination strategy where we get down to next to nothing and we go on normally without COVID. There will be baseline in our hospitals and in our community.

Dr Ashley Bloomfield: Just one point to add, and I made this comment at one of our stand-ups last week: we see a different pattern in the large metropolitan areas, with quite a steep rise and then a faster decline, with a high peak, whereas in our district health boards that cover bigger geographical regions, it's a slower rise, but then the peaks are staying up there and taking much longer to come down. So I think that's what's behind, if you look nationwide then, that much slower decline in case numbers, and then that will also translate into the hospitalisation peak being slower to decline.

Media: On a separate note, is there any work under way to create a response plan for if there is a new variant that—

PM: Yes, absolutely. In fact, you'll see that, actually, what we've got at the moment is a plan that enables us to work through new peaks that arise as a result of Omicron or closely related versions of Omicron, but at the same time we're continuing to develop a variant plan. It does need to manage scenarios that are wide-ranging—everything from a variant that still responds well to vaccines to one that doesn't. So, yes, variants are very much part of our planning work.

Media: Will that be released, like the resurgence plan from 2020 was released?

PM: Yeah, in my mind we have always as a country benefited from knowing in advance how we'll respond to different scenarios, so, yes, that is something that we would want to make sure people were publicly aware of. Keep in mind, though, we've got a range of tools that we've all kept in the wings should we need them in the future: vaccine passes, vaccine mandates, the alert level system, versions of the CPF, and we've always said they're things that wait in the wings should we need them.

Media: Can you give an update, please, on the maritime order?

PM: Yes, the maritime work—we have not yet received that advice. As soon as we have and there's something to say, we will respond.

Media: Is it under consideration, though? I mean, aviation—well, just—

PM: Once we've received advice on the maritime border and we have something to say on it, we will.

Media: Are there any particular issues of why it hasn't been sorted now, or—

PM: It is fair to say that there are greater complications with the maritime border than they are with then dealing with the air space, or the air border, as it were. So, yeah, it is more difficult, particularly given that the maritime border we are dealing with a range of different scenarios such as vessels, large scale vessels carrying large numbers of people.

Media: So it's just the kind of porous nature of the maritime border as opposed to coming through airports or specific ports' entrance?

PM: Yes, yep. But we want to make sure that we're equitable in our response and we're trying to move in a way that matches the changes that we've made at the air border.

Media: Just on the daily hospital admissions, do you have any information about how that's tracking? Obviously we get the big number of people in hospital, but those new daily admissions there?

Dr Ashley Bloomfield: Yes, so I do for the Auckland region in particular, and whilst their total number of hospitalisations has stayed up quite high, the number of new admissions each day has dropped and almost following a perfect Bell curve, but still around perhaps 20 to 30 new admissions per day for each district health board across the region. So there are still people being admitted every day. The other comment I would make is that the test positivity rate across all the Auckland hospitals is down to around 10 percent, and you might recall that in Middlemore, I think, it peaked out at around 30 percent. So it's declining across all those Auckland hospitals, but there's still 10 percent of people turning up at hospital either symptomatic or for another reason who are testing positive.

Media: Can you just confirm, do you have any models that would show what a move to orange would do to those daily admission rates?

Dr Ashley Bloomfield: Not at this point, no.

PM: No, and difficult to model, but, keeping in mind, that's one of the reasons we wait until we're feeling confident about the impact on the health system.

Media: What you mentioned, Prime Minister, about sending supplies and support for Ukraine, some of the difficulties around that, is the Defence Force overstretched at the moment? We heard about the pressures they were facing during the convoy protest when so many personnel were tied up in MIQ and international relief. I mean, how stretched is the Defence Force at the moment?

PM: No, that's not an issue at all—at all. I mean, as I said, we want to make sure that the contribution we're making is meaningful and impactful and that means actually using often people who have specialist skills, and so, no, that's not been presented as an issue.

Media: Are those Defence analysts—where are they now? Have they arrived in Europe yet?

PM: My understanding is that they were able to depart last week, so I couldn't tell you where they've made their way to, but certainly they moved very quickly after Cabinet made its decision.

Media: Prime Minister, have you settled on a date for the Tauranga by-election yet?

PM: No, not yet. I received some advice over the weekend. I have one outstanding question, but I am looking to make that announcement this week, in very short order.

Media: Prime Minister, on COVID-19 support payments, the last six weeks ends today, did you consider, given that the red settings go on until at least next Thursday, extending the COVID support payment?

PM: No, and one of the reasons why is, of course, it wasn't just an issue of the restrictions, which you will see have materially changed, with an increase in indoor gathering limits and the lifting of all restrictions on outdoor gatherings. But it was also about the fact that COVID was having an impact on people's movements—whether or not they were coming

in for work; whether or not they were visiting retailers, hospitality, and others. We are starting to see a change in people's behaviour as people become more confident.

Media: Are you not concerned, though, there's been a complete collapse in consumer confidence in the last two months, which retailers are saying is due to Omicron and wider issues. Surely removing the red settings would do a lot to help that consumer confidence and consumer spending?

PM: Yeah, well, interestingly, the flip side, we know that people's confidence is also based on whether or not they feel like it's safe. And so we have to make sure that we're creating an environment where people feel safe to go out, and in some cases the settings actually encourage people to believe that because there are extra protections in place, they feel safer going out and engaging in hospitality and so on. And you'll have heard some people are actually raising that issue publicly, too. But I also reflect on the data. Since mid-March we've seen an uptick in those visiting places of retail and recreation, so we're now at about 9 percent below 2019 levels. So we are starting to see that change.

Is there anything further on COVID?

Media: So ventilation was identified as an issue in MIQ more than a year ago and there was an entire team pulled together to review all of the ventilation at MIQs. Why not piggy-back that advice and why's it taking so long for that advice for MIQ to then be translated into sort of the private sector?

PM: Yeah, so, look, that was a very specific review of ventilation for those facilities to try and reduce down to zero the COVID cases that we might get in facility. So that was very specific to the way that individual rooms were ventilated, where the common space is ventilated to, and so that really was something that was very useful for us for those MIQ facilities. Different again to then extrapolate out and say, "Generally, for all venues, what are the general ventilation guidelines?" But, actually, there are some common features that people can think about now. If you're travelling in an Uber, drop down the windows in the Uber. That can create an airflow that makes a massive difference to the likelihood of you getting COVID in that environment, and the same holds for other spaces.

Do you want to issue some general ventilation—

Dr Ashley Bloomfield: I don't feel I can offer advice, but what I can say is that there is work under way, and there is already guidance out there for businesses. That MIQ situation is, as the PM said, very specific, and we have given ventilation a lot of—sorry, I was going to say airtime, but it's clearly a big issue in schools. It's been a very big priority, and businesses have been encouraged and supported and given advice about how they can improve ventilation.

Media: But we've known—COVID-19's been airborne for quite some time now. Why has it taken so long to get advice to businesses to keep people safe?

Dr Ashley Bloomfield: There is advice for businesses out there, and we are reviewing and looking and seeing if we can give further advice. So we're working with our colleagues in MBIE on that.

Media: What's the status of the considerations around a fourth Pfizer dose?

Dr Ashley Bloomfield: I've got the advice, and it will be going to Ministers very shortly.

Media: Is that days or weeks?

Dr Ashley Bloomfield: Days.

Media: And that's just around people with pre-existing conditions, or is that for the general population?

Dr Ashley Bloomfield: Well, if you look at what other countries are doing, the evidence is still emerging on this but accumulating by the day. What I would say is that it's clear that it's most important for our higher risk groups: so that's older people and people who are

immunocompromised, so may well be more likely to be hospitalised or be seriously unwell if they get that waning immunity from their third dose.

Media: With the advice that you're providing to the Ministers, does that include any advice around—

PM: I wouldn't mind getting the advice first before we speculate about the advice in this common space.

Media: Well, I'm not speculating. He's sent the advice; I'm just asking, does it include any advice around a fourth dose for the general population?

PM: I still think it's not unfair to ask that Cabinet receives it first.

Media: Well, I'm just asking Dr Bloomfield, since he's the one writing it, though.

Dr Ashley Bloomfield: It's considering if a fourth dose is warranted, for which groups would it be recommended. So I've got the advice. It's now being translated into advice for Ministers and they'll be considering it soon.

PM: Thank you, Dr Bloomfield, appreciate that. On non-COVID questions, I did say that we'd come back to Justin. I remembered, but did you?

Media: With the war ongoing and evidence of the war crimes and mass graves, does the international community have an obligation to protect Ukrainians from future war crimes?

PM: Ultimately there is clearly an obligation that the international community feels and has responded to in supporting Ukraine in its own self-defence and ensuring its own territorial integrity is maintained. And that also includes, of course, protecting them against the prospect of, potentially, war crimes being committed—supporting them to keep civilians safe. But, actually, it shouldn't have to come to that. We are very actively supporting the gathering of evidence for an International Criminal Court process. So that's also something that the international community is obliged, I think, to pursue in real time as well.

Media: Last week your office said that you weren't considering any further reviews, inquiries, around the Parliament protest, and that you thought the IPCA one was pretty broad. My understanding, though, is that the Parliamentary Service Commission might look at Parliament's security, for example.

PM: Yep, we've said that as well.

Media: So, can you just clarify, though, the likes of the Speaker, any sort of MPs, Ministers, GCSB, SAS—all those sorts of other factors that were at play and were consulted throughout that Parliament protest period—what sort of review might be done of their actions or decision making?

PM: So the IPCA—if I recall correctly, their terms of reference does cover issues around the intelligence and information that was available to the police over the course of the event, so that will pick up a number of their engagements. It includes specifically their engagements with the Speaker during the course of that period as well. And so, again, it is quite comprehensive around all aspects of the lead-up to, the management of, and the conclusion of the protest. You mentioned the Parliamentary Service Commission role, and we've acknowledged that as well, that when it comes to the ongoing security of this space, that will be something that I have no doubt that the Parliamentary Service Commission will consider, and we'll obviously be party to that, as will other parties.

Media: Can I also just check, too, whether there was any further developments with the co-governance work in Cabinet today? Have you had any further conversations around that?

PM: So what specifically is the co-governance work?

Media: Sorry, around the UNDRIP.

PM: Oh, OK. I wouldn't necessarily frame the work programme around fulfilling the UN declaration on the rights of indigenous people, just solely in that way. No, we delayed

consideration because of Minister Jackson's loss in his family, so he attended a tangi last week and was unable to be present. I don't mean to correct you; it's just co-governance—I feel like it's becoming an increasingly politicised term.

Media: I mean, in previous weeks, it's been due to [*Inaudible*] situation—

PM: No, that's fair and, as I say, increasingly politicised terms.

Media: What do you think the Ukraine invasion says about our UN Security Council's fitness for purpose? It's got five permanent members; one of them has launched this war of aggression. I mean, what efforts to reform the Security Council have New Zealand support?

PM: Yeah, and we have been supportive. And this is not a new issue and that's why New Zealand has been supportive of a programme of reform for the UN—and that's been going on for years. You'll recall it was even a platform of the Rt Hon Helen Clark at the time that she was campaigning for a senior role within the UN. So New Zealand has been party to that; we've been supportive of the reform programme that's been set up to date. But we have been very consistent around veto rights at the Security Council. Increasingly, though, you're seeing us create our own framework to deal with scenarios where there has been an inadequate response. The fact that we have moved on a sanctions regime for Russia and now we're looking to create a broader framework that enables us in the future—should we have to again—that we're able to apply a consistent approach if we do find ourselves in this scenario.

Media: Mortgage rates are rising pretty quickly—they're much higher now than they were expected to be last year, when you unveiled your housing reforms. Are you concerned that investors are going to pass on those increased interest costs to renters because they can no longer deduct them?

PM: So, you know, look at those at that time. We didn't necessarily make those decisions solely on the basis that we believed that we would have what are considered historically low interest rates for a permanent period. It was a structural change that we believe the New Zealand system required generally, so that was the basis on which we made it. Investors are still making up a reasonable proportion of the market. What we want to do is incentivise them towards new builds. And that's what all of those changes are designed to do.

Media: There was a recognition at the time, though, that the low interest rate environment provided perhaps a good opportunity to ease the rule change in, you know, because it wouldn't come in and hit investors super hard straight up. But now we are seeing those interest rates rise more than expected.

PM: Yeah, and, at this point, you know, comparable to 2017 levels, they have been historically low. And, at the same time, we are also bringing, staging, the reform programme in as well. I think the question is, "Do we believe that, generally, these are changes that will be beneficial to New Zealand's housing market in the future?" Yes. And so that's the basis on which those changes have been made. Thanks, everyone.

conclusion of press conference