DEPARTMENT OF THE
PRIME MINISTER AND CABINET
TE TARI O TE PIRIMIA ME TE KOMITI MATUA

3 December 2021

[redacted]

Ref: OIA-2021/22-0381

Dear [redacted]

Official Information Act request relating to the COVID-19 Group Community Panel

Thank you for your Official Information Act 1982 (the Act) request received on 4 October 2021. You requested the following:

> *For every meeting of the Community Panel I would like to request copies of:*
>
> 1. *The agenda*
> 2. *All pre-reading materials distributed to panellists*
> 3. *The meeting minutes or other report summarising the meeting and the panellists' feedback*

The time frame for responding to your request was extended under section 15A of the Act by 20 working days because it necessitated external consultations to be undertaken before a decision could be made on the request. Following this extension, I am now in a position to respond.

I have decided to release the relevant parts of the documents listed below, subject to information being withheld as noted. The relevant grounds under which information has been withheld are:

1. Section 6(a), to protect the security or defence of New Zealand or the international relations of the Government of New Zealand;
2. Section 9(2)(a), to protect the privacy of individuals;
3. section 9(2)(f)(iv), to maintain the confidentiality of advice tendered by or to Ministers and officials; and
4. section 9(2)(g)(i), to maintain the effective conduct of public affairs through the free and frank expression of opinion.

Item	Document Description/Subject
1.	Confidentiality and Conflict Agreement for Community Panel members
2.	Biographies of Community Panel members
3.	Community Panel Process Map
4.	Community Panel Work Programme
5.	Community Panel: Meeting Agenda – 3 August
6.	August Community Panel Meeting Minutes
7.	Pacific Vaccination Presentation
8.	Reconnecting New Zealanders update – August 2021
9.	Community Panel: Meeting Agenda – 1 September

Executive Wing, Parliament Buildings, Wellington, New Zealand 6011
☎ 64 4 817 9698 www.dpmc.govt.nz

10.	September Community Panel Meeting Minutes
11.	Community Panel September Meeting Noted for Ministry of Health
12.	COVID-19 Check-in: Rapid insights 31 August – 5 September 2021
13.	Psychosocial Impacts of COVID-19
14.	Ensuring an Inclusive COVID-19 Response
15.	Details on Different Countries' Approaches to Domestic COVID-19 Vaccine Passes – Brief Insights Report
16.	Community Panel: Meeting Agenda – 6 October
17.	October Community Panel Meeting Minutes

There is additional information covered by your request that I have decided to withhold in full under section 9(2)(g)(i) of the Act, to maintain the effective conduct of public affairs through the free and frank expression of opinion.

In making my decision, I have taken the public interest considerations in section 9(1) of the Act into account.

You have the right to ask the Ombudsman to investigate and review my decision under section 28(3) of the Act.

This response will be published on the Department of the Prime Minister and Cabinet's website during our regular publication cycle. Typically, information is released monthly, or as otherwise determined. Your personal information including name and contact details will be removed for publication.

Yours sincerely

Cheryl Barnes
Deputy Chief Executive, COVID-19 Response

Document 1

IN CONFIDENCE

DEPARTMENT of the PRIME MINISTER and CABINET

Declaration relating to a Community Panel Member with the Department of the Prime Minister and Cabinet

Name of Panel	**Community Panel**
Full Name of Member	
Confidentiality	The Panel Member undertakes at all times, including after the completion of the service on the Community Panel (Services): a. to be discreet in all matters relating to DPMC and the New Zealand Government; b. safeguard DPMC's confidential information from unauthorised access or use by third parties, and not use or disclose DPMC's confidential information to any person or organisation other than: (i) to the extent that use or disclosure is necessary for the purposes of providing the Services (ii) if DPMC gives prior written approval to the use or disclosure (iii) if the use or disclosure is required by law (including under the Official Information Act 1982), Ministers or parliamentary convention, or (iv) in relation to disclosure, if the information has already become public, other than through a breach of this obligation of confidentiality.
Conflicts of Interest	**Tick the statement that applies:**
☐	**Avoiding Conflicts of Interest** The Panel Member has no actual, potential or perceived conflict of interest in relation to the Community Panel. The Panel Member must do his or her best to avoid situations that may lead to a conflict of interest arising. **Obligation to tell DPMC** The Panel Member must tell DPMC immediately, and in writing, if any conflict of interest arises in relation to the Community Panel. If a conflict of interest does arise the Parties must discuss, agree and record in writing whether it can be managed and, if so, how it will be managed.
☐	The Panel Member has an actual, potential or perceived: i. financial interest, arrangement or affiliation; and/or ii. personal or fiduciary relationship; and/or iii. personal knowledge; and/or iv. other conflict of interest, relating to the Community Panel, details of which are below.

Name of Personnel	Nature of conflict and how it will be managed

Signature	
The Panel Member makes this declaration after due enquiry and agrees to be bound by it.	
(signature)	
name:	
position:	
date:	

Document 2

DPMC Community Panel

The Community Panel was established in June 2021 by the COVID-19 Group within the Department of the Prime Minister and Cabinet to provide insights across the COVID-19 system from a community lens. The Panel brings lived experiences and deep community ties to provide a diverse range of perspectives on different aspects of the COVID-19 response. The Panel brings not only their own experiences but those from their communities to ensures issues such as equity are addressed across the system. The Panel members represent communities such as rural, youth/aged, disabled, Māori, Pacific, LGBTQ+ and other ethnic groups and they will bring a strong community-based perspective to test and iterate upon the medium- to long-term COVID-19 strategy.

The Community Panel is one of three panels that are being established to gain a wider range of perspectives into the cross-government response to COVID-19. The panels will look to improve our response and improve public trust and confidence by involving groups from different backgrounds in the response and providing the opportunity add value based on expertise, insights and direct experiences. The panel members are:

Photo	Name	Representation	Bio
	Anthony Taueki (Hawke's Bay)	Youth/Urban Māori/Rural	Anthony is an experienced orchardist, having worked in various roles working up to Foreman at Mr Apple in the Hawke's Bay. He currently works at Fruition Horticulture, teaching rangatahi the necessary skills for a career in horticulture. Anthony served as Chairperson for the Hawke's Bay Young Orchardists for two years and was a member of the Hawke's Bay Fruitgrowers Association for two years. He was also a finalist for the Hawke's Bay Young Fruit Growers of the year competition for three years in a row and is a member of the Food and Fibre Youth Network convened by the Ministry for Primary Industries.
	Dr Api Talemaitoga (Auckland/ Christchurch)	LQBTQ+/ Health/Pacific	Dr Talemaitoga has helped to set up doctor practices in both Christchurch and Auckland and generally works with patients in the Manukau, Auckland practice. He worked in hospitals in Fiji for many years and was the preferred doctor to Fiji's leaders. Dr Talemaitoga was a founder of the Pacific Medical Association and was a Chief Advisor for Pacific Health to the Ministry of Health. He continues to provide advice to the Ministry of Health and other health sector agencies, provides health care

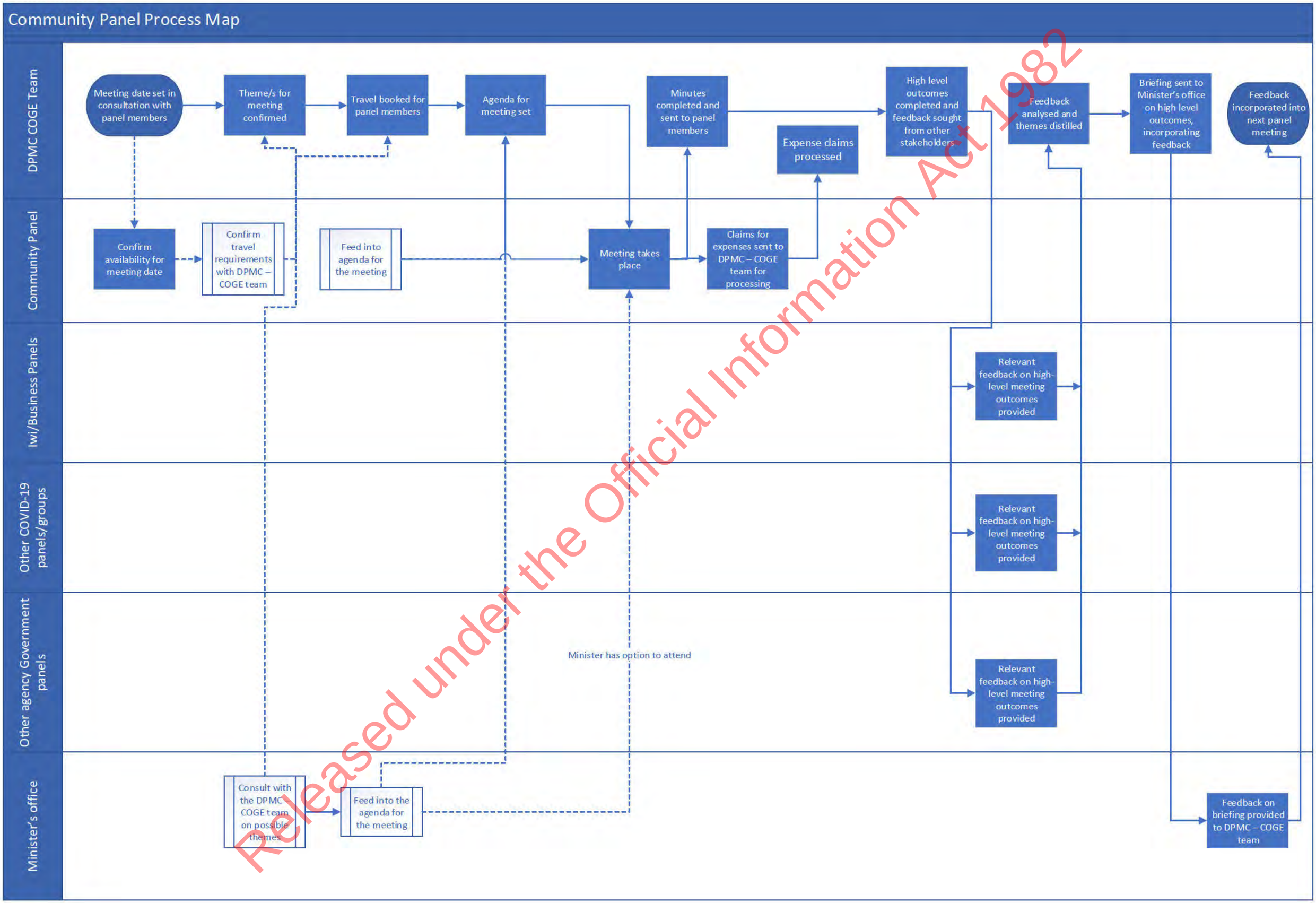
			services to inmates at Mt Eden Prison, chairs the Pasifika GP Network and previously chaired the Pacific Chapter of the Royal New Zealand College of General Practitioners (RNZCGP).
	Dr Aram Kim (Auckland)	Ethnic/Health	Dr Kim is a psychiatrist with a special interest in cross-cultural and perinatal psychiatry as well as health promotion, education, and advocacy. He has been involved with development of various eCALD resources as well as being a member of a cross cultural interest advisory group. He is an honorary academic at the University of Auckland and he serves in various roles with local and national church bodies. He is the current chair of Korean Community Wellness Society and is a board member of Asian Family Services.
	Callum Woodhouse (Waikato)	Youth/Rural	Callum has recently graduated from Lincoln University with a Bachelor of Agriculture focusing on Hill Country Sheep and Beef Production systems. Since February, he has been working at Halter, an AgTech startup that designs and builds advanced technology to remotely guide animals in the research and development area. Callum was previously the Chairperson of the Lincoln University Young Farmers Club during his studies and comes from a farming background, with his family owning a sheep and beef farm in Eketāhuna.
	Habib Ullah Marwat (Christchurch)	Ethnic	Habib is a Principal Advisor at the Ministry for Ethnic Communities, seconded from the Department of Corrections, where he worked for 14 years in different roles. He recently received a Queens Service Medal for his volunteer work within the Muslim and South East Asian communities in Canterbury and wider New Zealand for the past 12 years. Habib has held various roles with diverse ethnic and faith-based organisations throughout Aotearoa.

			Habib has facilitated close working relationships between governmental and non-governmental organisations amongst ethnic communities nationally. Habib is fluent in five languages including Urdu, Pashtu, Punjabi, Hindi and English.
	Jordon Milroy (Auckland)	Pacific/Disability/ Youth	Jordon is a passionate human rights advocate, and in particular disabled people's rights, and he is currently working as a Regional Quality Coordinator for CCS Disability Action. Jordon is Samoan born and has Cerebral Palsy which has motivated him to travel and implement practical solutions to inaccessibility issues that face people with disabilities. Jordon is a Paralympics sailing champion and previously represented Samoa at the Pacific Games. He was previously the Youth Manager for the Cerebral Palsy Society of New Zealand and he is on the Consumer Advisory Group as part of the Health and Disability Commissioner's Office.
	Dr Margaret Brown (Palmerston North)	Rural	Dr Brown has been a Senior Social Scientist at AgResearch for over 15 years. She has a wide-ranging knowledge of the agricultural sector through ownership of a multi-faceted farming enterprise and through involvement in several agricultural organisations. She has a PhD in Educational Change and Innovation and she wrote the widely acclaimed 'Heartland Strong-How rural New Zealand can change and thrive' (2019) on farming and rural community resilience. Dr Brown led the Resilient Rural Communities research programme for 10 years.
	Michelle Mascoll (Auckland)	Ethnic/LGBTQ+	Michelle is a sound engineer and audio technician working for Plante FM as the Head of Production. She has nearly 30 years of industry experience spanning several countries, including previously working at the University of Auckland. Michelle was born in

			London and is of Afro-Carribean heritage, she moved to New Zealand in 2005. Michelle founded Same, Same but Black and she has been active in the Caribbean and LGBTQ+ communities over the past 15 years in New Zealand and she is a member of the Waitakere Ethnic Board.
	Sarah Sparks (Auckland)	Urban Māori	Sarah is the founder and Managing Director of markomPR and has more than 25 years of experience in marketing and communications. Sarah has worked with many government agencies on significant communications strategies and last year during the COVID-19 lockdown she worked across five Auckland marae to coordinate relief efforts for their communities. She identifies as Te Ātiawa and is originally from the South Island.

Document 3

Community Panel Process Map



Community Panel Work Programme

DEPARTMENT OF THE PRIME MINISTER AND CABINET
TE TARI O TE PIRIMIA ME TE KOMITI MATUA

Panel purpose: Provide feedback and inputs into specific aspects of the Government's COVID-19 response, ensuring that their voice represents those of their communities and those who are most disadvantaged through COVID-19 and providing the Minister for COVID-19 Response with an opportunity to engage on matters of shared interest.

New Zealand will be managing and dealing with COVID-19 for the foreseeable future.

The Community Panel will provide insights across the COVID-19 system from a community lens. The Panel will bring lived experiences and deep community ties to provide a diverse range of perspectives on different aspects of the COVID-19 response. The work programme will allow the Community Panel to address issues, risks and mitigations across the system and ensure that voices from different communities are represented.

INITIAL PRIORITY AREAS

System Readiness	**System Readiness** The initial pillar for the Panel is to look at the readiness of the COVID-19 system from a community lens and to identify areas of improvement for a successful future response. This work will be important for resurgences and ensuring equity across the system. It will also feed into the second priority, which is on Reconnecting New Zealanders.	**System component** 1. Stakeholder mapping 1a. Identification of gaps 1.b Current DPMC connections 2. System equity 2a. Public health measures 3. Community preparedness 4. Resurgence 4a. Border workforce 4b. Lessons/learnings/opportunities 4c. Regional boundaries 4d. Public health measures 5. Vaccination uptake 5a. Equity of vaccinations 5b. Unintended consequences 5c. Vaccine certification	**Key agencies** 1. DPMC 1a. DPMC 1b. DPMC 2. DPMC/MoH/Customs/MBIE/MSD/MPI 2a. Public health measures 3. DPMC/MSD/MPI 4. DPMC 4a. MBIE 4b. DPMC/MBIE 4c. DPMC 4d. DPMC/MoH 5. MoH 5a. MoH/DPMC 5b. MoH/DPMC/MSD 5c. MoH/DPMC/Customs
Reconnecting New Zealanders	**Reconnecting New Zealanders** The second pillar is developing a view of the future in terms of risks to different communities that will be prevalent in opening the border and reconnection with the world. The Panel will explore the willingness of different parts of the community to open the borders and look at risks and mitigations involved in doing so.	**System component** 6. Community feedback loop 6a. Border reopening strategy 7. Risks and mitigations of Reconnecting New Zealanders	**Key agencies** 6. DPMC 6a. DPMC/Customs 7. DPMC/Reconnecting New Zealanders working group
Initial questions the Panel will consider	**1. Why did you agree to be a part of the panel?** • What inspired you to take part as a panel member?	**2. What has been your community's experience with COVID-19?** • What can we learn from this? • Have you has different experiences through different communities?	**3. What excites you and what concerns you about the work of the Panel?** • How can we use these to guide the work of the panel?

Document 5

DEPARTMENT OF THE PRIME MINISTER AND CABINET
TE TARI O TE PIRIMIA ME TE KOMITI MATUA

COMMUNITY PANEL: MEETING AGENDA

Date & time	Tuesday 3 August 2021, 2.00 – 5.00pm
Location	Member's Only Dining Room, Parliament Buildings.
Attendees	Api Talemaitoga, Aram Kim, Callum Woodhouse, Habib Ulla Marwat, Jordon Milroy, Margaret Brown, Michelle Mascoll, Sarah Sparks, Chloe Kincaid, Natasha Dcosta, Jessica Ferreira, Amber Bill, Cheryl Barnes, Daniel Kawana, Rory McKenzie and Anthony Taueki (virtual).
Apologies	

	Agenda item	Duration	Lead
1.	Refreshments and arrival. Karakia	10 min	All Daniel
2.	Welcome and introduction from Cheryl Barnes, Deputy Chief Executive of the COVID-19 Group.	10 min	Cheryl
3.	Introduction of the Panel Chair.	10 min	Natasha
4.	Panel introductions and discussion on ways of working.	30 min	Chloe
5.	Community insights session – discussion of the following questions: - Why did you agree to be a part of the panel? - What has been your community's experience with COVID-19? - What excites you and what concerns you about the work of the Panel?	30 min	Amber/Natasha
6.	Break for refreshments.	15 min	
7.	Overview of the work programme, future meetings and the Terms of Reference.	45 min	Chloe/Natasha
8.	Reconnecting New Zealanders presentation and Q&A session.	20 min	RNZers team
9.	Final thoughts and wrap up	10 minutes	All

DEPARTMENT OF THE PRIME MINISTER AND CABINET
TE TARI O TE PIRIMIA ME TE KOMITI MATUA

August Community Panel Meeting Minutes

Date	3 August 2021
Time	2.00-5.00pm
Venue	Members' Only Dining Room, Parliament
Attendees	Api Talemaitoga, Aram Kim, Callum Woodhouse, Habib Ulla Marwat, Jordon Milroy, Margaret Brown, Michelle Mascoll, Sarah Sparks, Chloe Kincaid, Natasha Dcosta, Jessica Ferreira, Amber Bill, Cheryl Barnes, Daniel Kawana, Rory McKenzie and Anthony Taueki (virtual).
Chair	Chloe Kincaid/Natasha Dcosta
Minute taker	Chloe Kincaid

Item 1: Welcome and apologies

1. Daniel Kawana welcomed members with a karakia that spoke to the strengths of bringing a diverse group together.

Items 2-8: Minutes and Actions

2. The Panel was introduced to Cheryl Barnes, Deputy Chief Executive of the COVID-19 Group. She discussed the Group, the purpose and her vision for the panel.
3. Natasha introduced the Chair of the Panel, Sarah Sparks, and Sarah introduced herself and her background.
4. Each Panel members then introduced themselves and shared one interesting fact about themselves with the group.
5. Sally Page, Senior Communications Advisor in the COVID-19 Group, then joined the meeting to discuss media protocols with the Panel. The Panel was advised to direct all media enquiries to the Secretariat (Chloe). Where this is not possible, for example during an interview, the member can confirm their participation in the Panel, but all other enquiries should be directed to DPMC.
6. Amber Bill, General Manager System Assurance and Continuous Improvement introduced herself to the Panel and discussed the purpose and expectations of the Panel meetings.
7. Each Panel member was asked to consider three questions prior to the meeting and they shared their thoughts on these questions: why they agreed to join the panel, their community's experience with COVID and their excitement and concerns about the work of the Panel.

8. There were a number of personal and community lived experiences that were shared that provided rich insights into the different challenges and opportunities each community had faced during the pandemic. The broad themes that were discussed include:

   a. Racism (lack of support in various languages), ableism (discrimination against the disabled), marginalisation and inequity (COVID poverty).

   b. Blindspots due to unintended consequences (physical barriers to scanning) and or misinformation/duplication.or several communities, isolation and trying to work within a 'bubble' during a lockdown is impracticable and creates many barriers to participating in everyday life.

   c. Cutting people off from their support systems also creates/intensifies many mental health issues.

   d. Lockdowns and regulations have highlighted many instances of prejudice and unconscious bias that is present not only for people but are also inherent in our systems. This includes things like:

      i. Trans people not having necessary access to hormones;

      ii. Homophobia or racism from agencies that provide food and medical aid;

      iii. Internet accessibility not being available to rural and marginalised communities;

      iv. The difficulty of self-isolation in overcrowded housing; and

      v. Language and other barriers to receiving government mandates and messaging, as well as encounters with misinformation

   e. In general, there was enthusiasm about bringing the voices of the community to the table and creating real change for their communities.

   f. The Panel would like to see more transparency and clarity around COVID regulations and messaging, to support continued community cohesion around the pandemic response and ensure that no one gets left behind.

9. The Secretariat went through the work programme with the Panel and discussed any important themes or topics that were top priorities for discussion. The vaccination programme was a recurring theme that the Panel sees as a priority for discussion, particularly to ensure equitable and widespread coverage.

10. The Panel will email the Secretariat any suggested changes to the Terms of Reference and these will be confirmed at the next meeting.

11. Rory McKenzie, Senior Advisor Strategic Communications, briefed the Panel about the alternative formats/language translations being prepared for the Reconnecting New Zealanders event taking place on 12 August in the National Library.

12. Ruth Fairhall, Head and Strategy and Policy, and Sally-Ann Spencer, Senior Policy Advisor, presented to the Panel on the Reconnecting New Zealanders work that is due to be considered by Cabinet shortly.

13. s9(2)(a) brought up the vaccination programme being a key component in the border reopening strategy and for many New Zealanders, seeing a visual representation of progress would be helpful in understanding the country's current position.

14. The **key insights** that came from the panel discussion were:

a. The challenges diverse communities faced with isolation during lockdown. One key example given was the extra home support that is usually needed within disabled communities and how the 'bubble' concept of an Alert Level 4 lockdown created unfair barriers for disabled people to complete normal, everyday tasks.

b. There has been a lot of discrimination throughout the COVID-19 system, some examples of which:

    i. Heightened racism towards Asian populations

    ii. Homophobia faced by the LGBTQ+ community when trying to access food or medical aid from non-governmental organisations

    iii. Language barriers for New Zealand ESOL speakers and difficulties in accessing up-to-date information

c. Many communities have felt that the response has lacked transparency and in some cases this has led to misinformation, distrust of public organisations and inconsistencies in messaging.

d. There was some discussion of the situation creating 'COVID poverty', where there are barriers to simple things like taking public transport because of not being able to afford a mask. This could become a significant issue if mask wearing is mandated in more situations.

e. Lastly, mental health issues that arose from several aspects of the COVID-19 response were raised. These issues were particularly heightened during lockdown periods, but there has also been increasing depression and anxiety related to the 'unknown' – not knowing what's going to happen and not having physical family support when families are based overseas, among other issues.

15. The Panel ***agreed***:

a. That confidentiality and conflict of interest documents for each member would be signed and sent or discussed with the Secretariat before the next meeting;

b. Any amendments to the Terms of Reference would be sent via email before the next meeting, the final Terms of Reference will be confirmed at the next meeting;

c. The Secretariat will provide the Panel with some wording to use for media enquiries in light of the Prime Minister's public forum on Reconnecting New Zealanders.

Item 9: Final thoughts and wrap up

16. The meeting closed at 5.00pm with a closing karakia from Daniel Kawana.

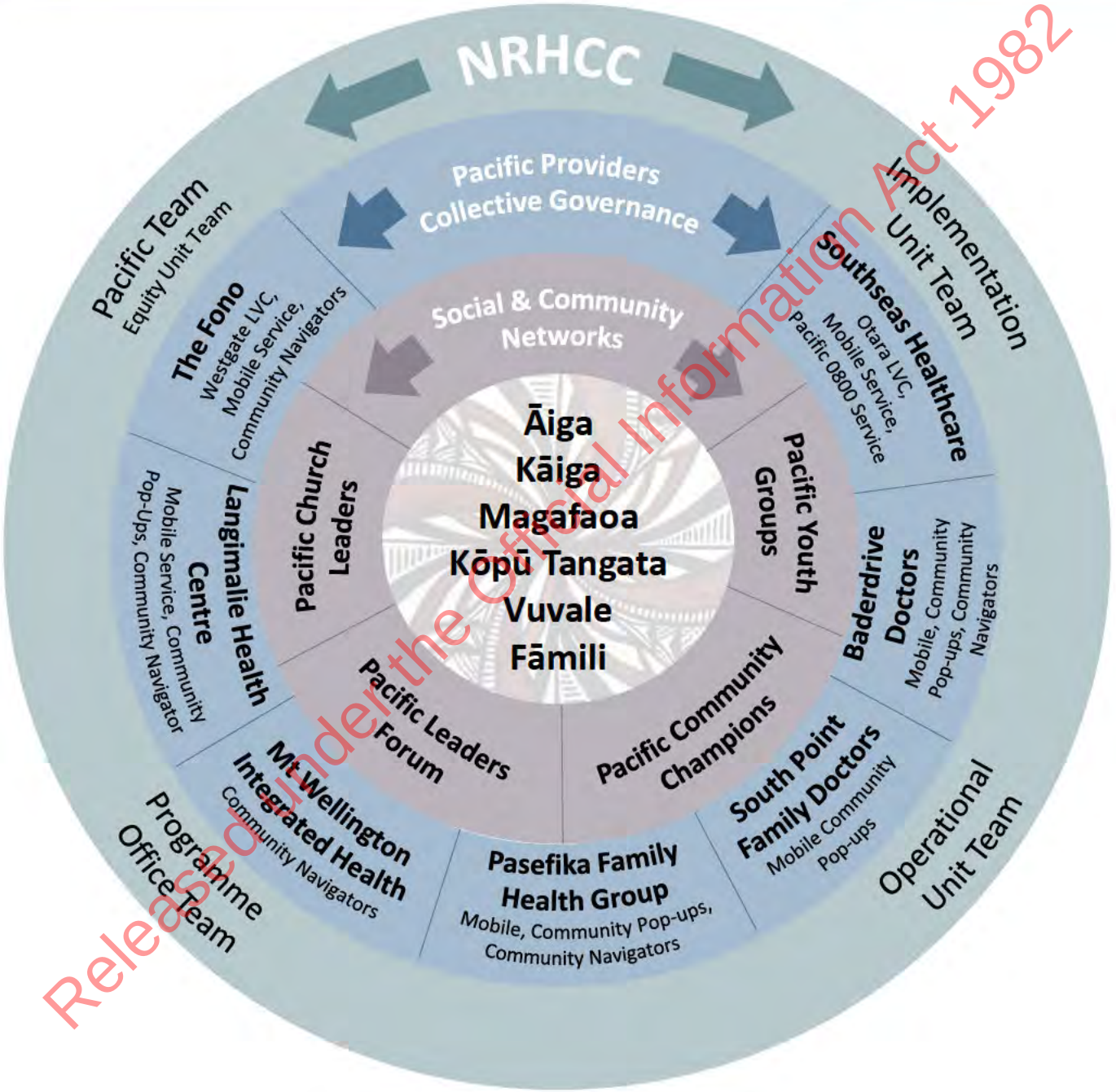
Action register – Live actions

	Date of meeting	Action	Responsible owner	Due date	Comments
1	03/08/2021	All Panel members to sign and send confidentiality and conflict of interest documents.	Panel members.	01/09/2021	
2	03/08/2021	Send amendments to the Terms of Reference before next meeting.	Secretariat.	01/09/2021	
3	03/08/2021	Secretariat to provide Panel with wording to use if asked about Prime Minister's public forum next week.	Secretariat.	06/08/2021	

Pacific Vaccination Programme

Auckland Metro Region

27 August 2021



Framework of Policies & Interventions to achieve Equity for Pacific Peoples

GOALS

- All Pacific Peoples are confident to receive vaccine
- All Pacific Peoples have optimum access to receive vaccine
- Pacific Provider Partnership at the centre of Pacific specific approaches

TARGET

- 85% coverage for all Pacific 12 years and over

National

Policies and Tasks to Remove Inequities and Barriers to Access for Pacific Peoples

- Increase focus on monitoring Pacific equity performance as opposed to volumes
- Effective national communications campaign promoting all Pacific 12 & over eligible now
- NIBs to enable family/group bookings
- Establish denominator that accounts for Pacific non-residents

Regional

System-Wide Policies & Interventions to Achieve:

Access Equity for Pacific Across Existing Infrastructure

- Explicit policy to invite all Pacific 12 & over
- Explicit local communications campaign promoting regional invitation strategy to Pacific communities
- Policy to accept Pacific "walk-ins" at all sites
- Increase capacity at Pacific sites
- Increase Pacific volumes at all SVC's/LVC's
- Reserve capacity in all sites for Pacific specific prioritisation
- Create codes for pathway for Pacific bookings & planned walk-ins
- General Practice & Pharmacy targets set to achieve min 50% of Pacific volumes
- Primary Care to proactively follow-up Pacific clients & receive Pacific walk-ins

Access Equity for Pacific Through Resourcing Culturally Effective Access Points

- Create Pacific 0800 service for bookings & active follow up
- Drive through model implemented in South Auckland
- Establish 4 Pacific pop-up teams
- Establish 5 Pacific mobile teams
- Move key workforce from existing infrastructure to support outreach in South Auckland
- Pacific Community navigators deployed to support communities
- Community champions supported to mobilise communities
- Trial neighbourhood door knocking campaign

Impact on Pacific Equity

- Monitor the equity gap
- Monitor production volumes & equity targets through existing Infrastructure
- Monitor impact of new models
- Monitor performance across system
- Rapid reviews for impact

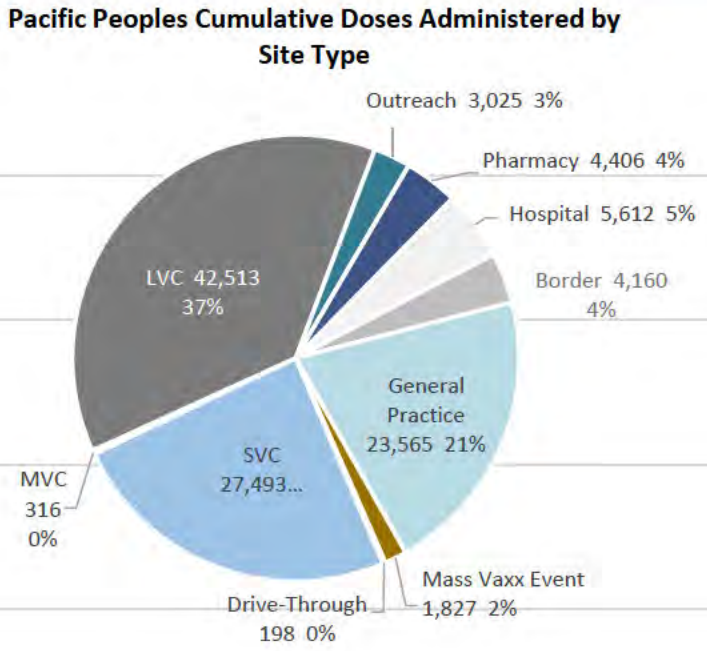
Pacific Vaccination Analytics

To end of Sunday 22nd August …..

a total of **986,943** vaccinations have been delivered in Metro-Auckland

113,115 of those doses have been delivered to Pacific Peoples (excluding Fijian)

32.1% of Pacific Peoples aged 12 and over in Metro-Auckland have received at least one dose

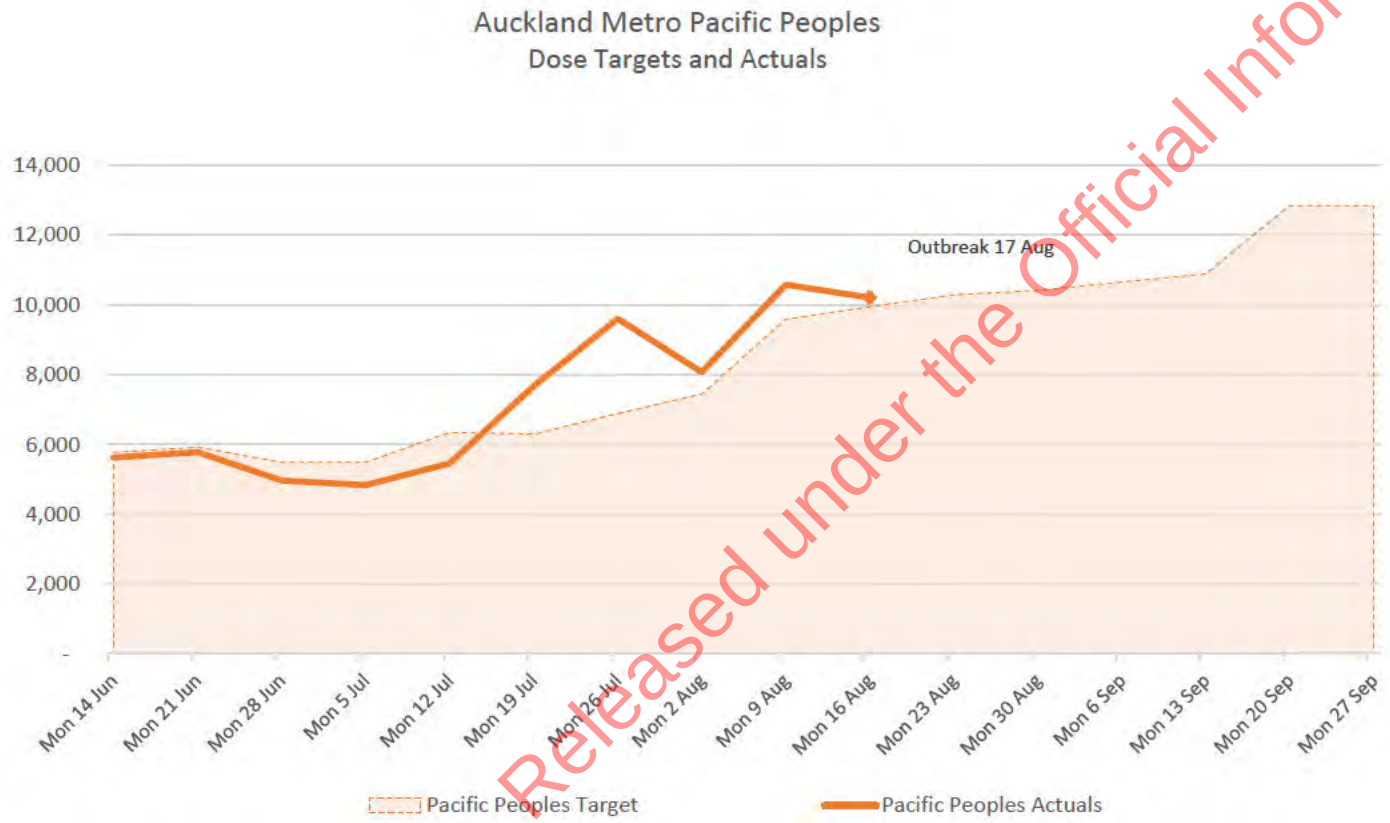


***Note**

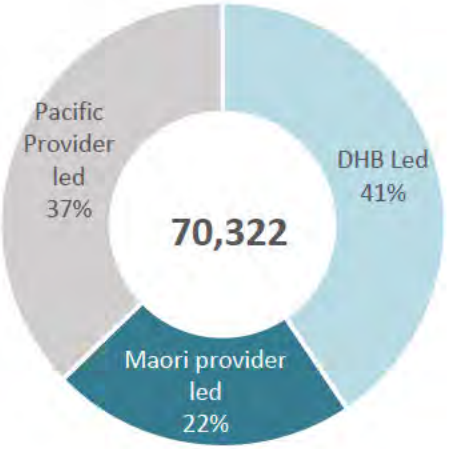
- At 11.59pm on Tuesday 17 August a NZ wide lockdown commenced and all vaccination sites were closed on Wednesday 18 August for 48 hours
- On the 5th July there was a drop due to vaccine supply constraints.

66.7% of all Pacific Peoples aged 65+ in Auckland Metro have received at least one dose of the vaccine

54% of all Pacific Peoples aged 65+ in Auckland Metro are fully vaccinated



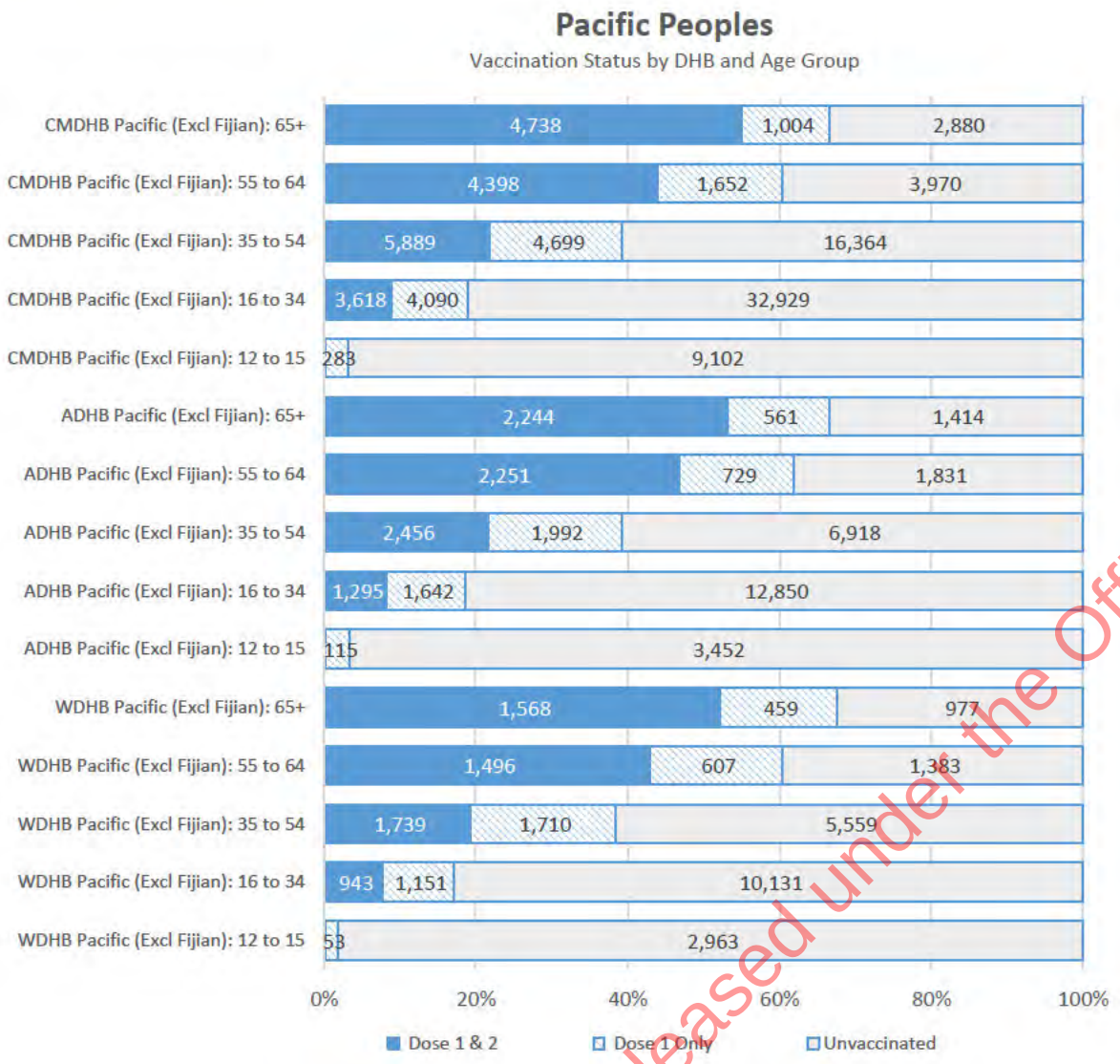
Pacific Peoples Cumulative Doses Administered by Community Site Type
(SVC, MVC and LVC's)



62% of the 113,115 Auckland Metro Pacific Peoples doses are administered at a Community site

37% of the 70,322 Community Site doses were administered at a Pacific Provider led site

* Fijian included to align with MoH reporting



Metro Auckland	Total enrolled (aged 12 and over)	At least one dose	Two doses	% At least one dose	% Two doses
Cook Island Maori	25,601	7,616	4,688	29.7%	18.3%
Fijian	22,299	13,206	8,594	59.2%	38.5%
Niuean	12,096	3,967	2,423	32.8%	20.0%
Other Pacific Island	4,931	1,597	904	32.4%	18.3%
Pacific Island not further def	1,402	564	336	40.2%	24.0%
Samoan	80,481	28,048	17,108	34.9%	21.3%
Tokelauan	1,355	334	172	24.6%	12.7%
Tongan	40,255	11,272	7,020	28.0%	17.4%

Percentage First Dose Coverage by DHB with Pacific Equity Gap

	Pacific First Doses	First dose equity gap Pacific (# of doses needed to achieve the same coverage as 'Other')	Other First Doses (non Maori & non Pacific)
Metro Auckland	32.1%	23,444	46.26%
Auckland	33.4%	5,253	46.65%
Waitemata	31.6%	2,954	41.25%
Counties Manukau	31.8%	20,375	53.08%

**Under the MoH Ethnicity Data Protocols, Fijian-Indian should be grouped with Asian at Level 1 ethnicity. Due to misclassification of Fijian-Indians as Fijian (and therefore Pacific) in this data, and differential vaccination coverage which could skew the Pacific view, in this report Pacific is presented with Fijian grouped with Other unless otherwise noted.*

Top 30 Pacific Suburbs by Enrolled Pacific Population

Suburb Name	DHB	Total enrolled aged 12 and over	Pacific Enrolled	Pacific At least one dose	Pacific Still to Reach	Pacific Two doses	% Pacific At least one dose	% Pacific Two doses
Otara	Counties Manukau	18,048	13,171	3,825	9,346	2,281	29	17.3
Mangere East	Counties Manukau	21,191	12,877	4,413	8,464	2,830	34.2	21.9
Mangere	Counties Manukau	17,559	10,714	3,368	7,346	2,186	31.4	20.4
Manurewa	Counties Manukau	32,975	10,357	3,098	7,259	1,836	29.9	17.7
Papatoetoe	Counties Manukau	37,001	8,687	3,114	5,573	1,880	35.8	21.6
Henderson	Waitemata	31,532	5,062	1,557	3,505	891	30.7	17.6
Favona	Counties Manukau	8,345	5,061	1,593	3,468	984	31.4	19.4
Otahuhu	Auckland	12,315	4,971	1,526	3,445	880	30.6	17.7
Clover Park	Counties Manukau	9,678	4,153	1,435	2,718	901	34.5	21.6
Avondale	Auckland	17,758	3,958	1,296	2,662	811	32.7	20.4
Mount Wellington	Auckland	21,299	3,901	1,359	2,542	822	34.8	21
Clendon Park	Counties Manukau	8,132	3,839	1,078	2,761	605	28	15.7
Massey	Waitemata	20,822	3,728	1,040	2,688	604	27.8	16.2
Mount Roskill	Auckland	24,863	3,325	972	2,353	608	29.2	18.2
Papakura	Counties Manukau	19,659	3,020	805	2,215	416	26.6	13.7
Glen Eden	Waitemata	18,210	2,968	833	2,135	509	28	17.1
Weymouth	Counties Manukau	8,169	2,811	825	1,986	489	29.3	17.3
Mangere Bridge	Counties Manukau	9,134	2,795	992	1,803	634	35.4	22.6
Onehunga	Auckland	15,181	2,787	988	1,799	578	35.4	20.7
Flat Bush	Counties Manukau	30,142	2,665	856	1,809	545	32.1	20.4
Glen Innes	Auckland	5,973	2,183	629	1,554	393	28.8	18
Ranui	Waitemata	10,083	2,054	665	1,389	423	32.3	20.5
New Lynn	Waitemata	16,080	2,023	621	1,402	362	30.6	17.8
Wesley	Auckland	5,688	1,774	529	1,245	343	29.8	19.3
Point England	Auckland	3,838	1,771	501	1,270	313	28.2	17.6
Te Atatu South	Waitemata	11,858	1,661	554	1,107	332	33.3	19.9
Panmure	Auckland	5,755	1,565	499	1,066	321	31.8	20.5
Randwick Park	Counties Manukau	4,675	1,430	416	1,014	221	29	15.4
Glendene	Waitemata	6,803	1,396	459	937	282	32.8	20.2
Wiri	Counties Manukau	3,070	1,386	414	972	262	29.8	18.9
Mount Albert	Auckland	16,113	1,377	443	934	301	32.1	21.8
Kelston	Waitemata	4,221	1,190	341	849	212	28.6	17.8
Takanini	Counties Manukau	10,443	1,189	371	818	221	31.2	18.5
Wattle Downs	Counties Manukau	6,504	1,164	391	773	256	33.5	21.9

DONE

- Equity advice to NRHCC on family, outreach and church based approaches
- Established partnership with Pacific Provider Collective
- Pacific large scale sites: Otara and Westgate LVCs, now scaled up volumes
- Engagement with 228 out of 445 Pacific churches & groups
- Supporting Church & Community Group 'planned walk-ins' at Pacific Sites
- Funding 4 Pacific Community pop-up services (Collective)
- Funding five mobile services (Collective)
- Pacific language resources for use in community
- PwC rapid review of Pacific LVC's
- First church outreach event in Mangere with 355 vaccinated
- Second church outreach event in Mangere with 776 vaccinated
- Trained new vaccinator workforce for Otara LVC
- Pacific 0800 service Launched 20 Aug: *Av. 230 calls per day* *Av. 4-5 bookings per call* *Group bookings of up to 30*
- Priority access for Pacific at the drive-through sites (Mangere & Henderson)
- Pacific Priority access code & Pacific 0800 promoted invites

DOING

- Inviting Pacific peoples 12+
- Roadmap for community outreach events (continuous) with Collective
- Pacific community navigators being on-boarded by Pacific Providers
- Promotion through language specific radio for walk-ins at Pacific Sites (continuous)
- Planning for next church outreach event at LDS Mangere – target 3,500 vaccinations 1-4 Sept
- Engagement with Pacific churches & groups (continuous)
- Ethnic specific engagement

SCOPING

- Assessing Pacific workforce capacity across vaccination, contact tracing, testing
- Training & setting up community navigators to do bookings
- Engagement Plan with Pacific churches & communities leadership, including: Pacific Leaders Forum Regional Church Leaders Networks
- Working with Tongan health providers and church leaders to organise drive-through vaccination event in Mangere for the Tongan community
- Potential ethnic specific vaccination outreach events

CHALLENGES

- Unclear messaging & comms – confusing to Pacific communities
- NIBs does not enable family/group bookings
- Contracting not fast enough to keep up with pace of activity required
- Workforce
- Ensuring reserve capacity maintained for booking Pacific
- Alert level 4

DEPARTMENT OF THE PRIME MINISTER AND CABINET
TE TARI O TE PIRIMIA ME TE KOMITI MATUA

Reconnecting New Zealanders

Update August 2021

On 12 August The Prime Minister signalled:

- The challenging health environment with high levels of transmission globally and the impact of new variants, particularly Delta
- The continued importance of the elimination strategy in preserving New Zealand's options
- The importance of vaccine uptake in giving New Zealanders the individual protection that they need
- A phased approach to reopening, based on vaccine uptake and public health advice
- A shift away from a country based approach to a traveller risk-based system with three entry pathways
- Continued use of the alert level system to stamp out any outbreaks

How and when?

Immediate work on:
- Vaccine certification and a traveller health declaration,
- rapid border testing and
- a self-quarantine pilot

- Prioritisation of first dose vaccines and longer spacing between doses

Key timings	
Self quarantine trial	October-December
Health information processes	Initial phase by end of 2021
Vaccine roll out	By end of 2021
System readiness for reopening	s9(2)(f)(iv) [redacted]

Reconnecting New Zealanders to the world: Next steps

Our approach is guided by five objectives:

1. Maintaining our elimination strategy to stamp out the virus and keep our options open.
2. Ensuring every eligible New Zealander is offered the opportunity to be vaccinated.
3. Reducing the need for further lockdowns as much as possible by continuing to strengthen our health and contact tracing systems.
4. Maintaining strong public health tools.
5. Developing new ways to enable people to travel safely to and from New Zealand.

STEP 1

Immediate response and pre-general population vaccination

- 14 days' MIQ required for everyone (except QFT zones)
- Travel restricted to New Zealand citizens and residents, and limited economic/ humanitarian exemptions
- Testing required pre-departure and once in New Zealand
- Alert level restrictions are primary method of controlling outbreaks
- Health measures like mandatory face coverings and QR scanning are key prevention tools
- Priority groups (border workers, at-risk populations) vaccinated

STEP 2

General population vaccination and development of additional tools

- Vaccination of general population underway
- Pilot scheme of new flexible pathways into New Zealand, testing safe alternatives to 14 days' MIQ
- 14 days' MIQ remains compulsory for everyone else (except QFT zones)
- Additional testing requirements to monitor reduced time in MIQ
- ICU/health capacity and contact tracing systems strengthened, in response to Delta and other variants
- Alert level restrictions remain primary method of controlling outbreaks
- Work to develop traveller declaration for vaccine and testing information

STEP 3

New travel pathways reflecting risk

- Phased implementation of three new pathways into New Zealand:
  - LOW RISK: Vaccinated travellers from low risk countries: no isolation required
  - MEDIUM RISK: Vaccinated travellers from medium risk countries: modified isolation requirements
  - HIGH RISK: Unvaccinated travellers and all travellers from high risk countries: 14 days' MIQ
- Testing regime remains in place
- Countries regularly assessed for risk
- Alert levels and public health measures are still in place, but lockdowns are less likely

STEP 4

QFT for all vaccinated travellers

- Quarantine free travel for vaccinated travellers who return a negative test
- 14 days' MIQ for the majority of unvaccinated travellers
- Resilient population and resilient health systems
- Testing at the border and public health measures like QR scanning still in place
- Booster vaccinations may be required

What we're looking for to give us confidence to move steps:

WHERE WE ARE NOW

Highest risk populations vaccinated, and vaccine rollout ramping up

- High coverage of vaccine in New Zealand within high-risk populations and across regions
- Vaccine remains effective
- We're able to maintain elimination strategy

- Vaccine remains effective
- Behaviour of variants stabilised
- Strong confidence in our system

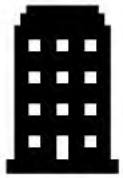
Three risk-based entry pathways

Shifting to three entry pathways for travellers based on country risk and their vaccination status

Low risk pathway – quarantine free travel for vaccinated travellers from low risk countries

Medium risk pathway – vaccinated travellers from medium risk countries: modified isolation requirements

Higher risk pathway – full MIQ for unvaccinated travellers and those who have been in very high risk countries



Self-quarantine pilot

For fully vaccinated New Zealanders undertaking short trips to approved countries or events

To be completed by December 2021

To test our systems and processes for travellers self-quarantining to inform medium-risk entry pathway, particularly:

- The logistics of entering New Zealand into a self-quarantining pathway (checking in, moving through airports and travelling to accommodation)
- Our ability to monitor compliance and the level of monitoring required
- Workability of traveller health information processing

Document 9

DEPARTMENT OF THE PRIME MINISTER AND CABINET
TE TARI O TE PIRIMIA ME TE KOMITI MATUA

COMMUNITY PANEL: MEETING AGENDA

Date & time	Wednesday 1 September 2021, 1.30-3.30pm
Location	Zoom: https://us02web.zoom.us/j/88554088700?pwd=ZEFpU1VreS9iQkY1d3dFWkNpUUJ6UT09
Attendees	Api Talemaitoga, Anthony Taueki, Aram Kim, Callum Woodhouse, Habib Ulla Marwat, Jordon Milroy, Margaret Brown, Michelle Mascoll, Sarah Sparks, Chloe Kincaid (Secretariat), Natasha Dcosta (Manager), Jessica Ferreira (Panel Coordinator), Amber Bill (General Manager), Daniel Kawana (Strategic Māori Engagement), Rory McKenzie (DPMC Comms) and Megan Stratford (DPMC Reconnecting New Zealanders). Observer – Debbie Ryan, COVID-19 Independent Continuous Review, Improvement and Advice Group (CICRIAG). Guest – Patricia Joseph, Manager Equity, Vaccination team within Ministry of Health.
Apologies	

	Agenda item	Duration	Lead
1.	Karakia	5 min	Daniel
2.	Welcome from the Panel Chair and introduction to Debbie Ryan.	5 min	Sarah
3.	Welcome and quick catch up with Panel.	10 min	Chloe
4.	Agreement of last minutes and Terms of Reference.	5 min	Chloe
5.	Discussion of current Alert Level 4: - What has worked? - What has improved since last time? - What challenges are communities still facing?	30 min	Natasha
6.	Discussion on vaccinations: - What are the equity issues that the Panel has seen? - What are some accessibility issues that still exist? - How can we encourage uptake in diverse communities? - What are some commons questions and concerns around vaccines that we could address?	30 min	Amber/Natasha Patricia

7.	Stakeholder mapping exercise – where are the gaps? Who else should we be talking to?	15 min	Chloe/Rory
8.	Update on Reconnecting New Zealanders programme.	10 min	Megan
9.	Update on media release/external communications on the Community panel.	5 min	Natasha
10.	Final thoughts and wrap up Closing karakia	5 min	Chloe/Natasha Daniel

DEPARTMENT OF THE PRIME MINISTER AND CABINET
TE TARI O TE PIRIMIA ME TE KOMITI MATUA

September Community Panel Meeting Minutes

Date	1 September 2021
Time	1.30-3.30pm
Venue	Zoom
Attendees	Api Talemaitoga, Aram Kim, Anthony Taueki, Callum Woodhouse, Habib Ulla Marwat, Jordon Milroy, Margaret Brown, Michelle Mascoll, Sarah Sparks, Chloe Kincaid, Natasha Dcosta, Jessica Ferreira, Amber Bill, Daniel Kawana, Rory McKenzie and Andre Afamasaga. Guests: Debbie Ryan from CICRIAG, Patricia Joseph from the Ministry of Health and Megan Stratford from DPMC Policy team.
Chair	Sarah Sparks
Minute taker	Chloe Kincaid

Item 1: Welcome and apologies

1. Daniel Kawana welcomed members with a karakia that spoke to the current situation of Alert Level 4 lockdown (particularly as it endures it Auckland) and communities coming together to support each other through challenging times.

Items 2-9: Minutes and Actions

2. The Panel was welcomed by the Chair Sarah Sparks, and introduced to Debbie Ryan, a member of the COVID-19 Independent Continuous Review, Improvement and Advice Group (CICRIAG). Debbie spoke about the CICRIAG group and her role in it.
3. Chloe asked for agreement on the previous minutes and the Terms of Reference. Both of these items were agreed to.
4. s9(2)(a) raised three significant issues with the current response, the first being mental health and the need for resources and support for anxiety and depression, the second was about support for businesses but how there is not much support for employees available and the third was the increase in family violence seen during lockdowns.
5. The discussion then moved to the current Alert Level 4 lockdown and general COVID-19 response. The Panel discussed many of the challenges that their communities are currently facing, the major themes of which were: mental health, digital inclusion, food security and issues accessing reliable information.
   a. **Mental health** was a major issue which was discussed by nearly every member of the Panel.

i. s9(2)(a) has seen a marked increase in the number of patients struggling with the isolation of lockdown and struggling with the disruption of therapies for traumatic issues. He spoke of the impact of young people being disrupted at school. He raised the issue of therapy being hard to do online, the need for translated resources and supporting people to "live well in lockdown – not just survive".

ii. s9(2)(a) raised the issue of each successive lockdown demoralising a lot of people and he sees the social licence of the Government to continue instigating Alert Level 4 slipping.

iii. s9(2)(a) spoke of "gap in the system", after losing his essential support during lockdown which isolates disabled people in their bubbles and has impacts on mental health. He raised the issue of discriminatory rules at supermarkets mandating one shopper only which is challenging for if you are disabled.

iv. s9(2)(a) shared about the impact of "bubble isolation" when living alone.

b. **Digital inclusion** was another major issue raised by members of the panel. s9(2)(a) have both seen this particularly with their patients as they try to access online health services. Whānau Māori are also being severely impacted by inequity of online access.

i. Many families either don't have access to reliable broadband as they can't afford to pay for the service each month, or they don't have enough devices to enable all family members to participate fully in online services. Because of difficulty accessing devices, patients have been requested phone appointments instead of video appointments due to these issues and even for some accessing a phone can be difficult.

ii. s9(2)(a) spoke about the impact that this has on the rangatahi within families. Often, they fall behind on education because parents may need the devices for work or other family members for their own online services. Many Panel members expressed that there is not enough being done to ensure that families have enough access to online devices and reliable broadband.

iii. He raised a salient point, "how do we break down barriers and make it accessible for everyone?"

c. **Food supply access** was another critical issue.

i. s9(2)(a) discussed the difficulties for many members of faith-based communities to have access to suitable food (e.g. Halal options). All of the ethnic food stores were not able to open under Alert Level 4 and he spoke of some families surviving for two weeks on little more than bread as they did not have reliable access to appropriate food supplies. He raised that ethnic communities do not feature on the DHB ethnic plan.

ii. s9(2)(a) discussed the differing needs of somewhere like Auckland where food distribution can be unequal across the city. Online and offline supermarkets created volatility in the supply channel. Some supply chains weren't affected whilst others have struggled significantly with increased demand, extra cleaning because of exposure and reduced staff as staff are identified as close contacts and subsequently need to self-isolate.

iii. s9(2)(a) also spoke of the need for more openly available data to ensure that goods and services can be focused on the areas that need them most.

d. **Unreliable access to necessary information** was also talked about by several members. Examples included:

i. Information on how to access mental health resources is provided in several languages, but the resources themselves are only provided in English.

ii. Information on key platforms such as the Ministry of Health's YouTube channel was only provided in English.

iii. Various ethnic communities are not accessing messaging and news from New Zealand, other than the 1pm daily Ministerial briefing. Other news comes from their home channels and media outlets which can lead to people consuming misinformation or incorrect information about New Zealand.

6. The Panel members then discussed what has been going well compared to the previous lockdowns. Examples included:

a. Everyone was ready to move into response mode very quickly and have started trusting the information available on the Unite Against COVID-19 website.

b. There was decisiveness about movement between Alert Levels which made it easier for people to understand.

c. Many felt that government agencies have had more trust and faith in local communities and there has been broader engagement with community-based agencies.

d. Resources have been unlocked – Sarah raised the fact that Māori providers/Whānau Ora Commissioning Agency network had received expedited financial support.

7. The discussion then moved to the vaccination programme roll-out. Patricia Joseph, Manager Equity at the Ministry of Health (part of their vaccination team), attended this part of the meeting and shared information with the group on the current shape of the vaccination roll-out.

8. Patricia noted that there have been a number of different solutions rolled out to ethnic communities, through DHBs, using the Whānau Ora network, mobile outreach initiatives that were community-led. She said that "we're moving at pace – focusing on what your community needs" and that the Ministry was open to more solutions where appropriate.

9. The Panel members' discussion centred on a few key themes:

a. Ability to provide anonymous feedback: s9(2)(a) spoke of members of her community that have previously had poor experiences with getting their vaccinations and would like to provide feedback but the way to do this wasn't obvious.

b. Mobile vaccination: s9(2)(a) highlighted the struggle of waiting in long lines at sites and asked whether mobile vaccinations would be offered as the service is key for some of the disabled community who find it difficult to wait in lines for vaccinations. The need for visually impaired support services was another request. Sarah raised the need to mobilise vaccination/testing units to transitional housing communities.

c. Forms of ID being asked from people in order to get a vaccination: s9(2)(a) emphasised that asking for ID from someone is not appropriate and discourages others from getting vaccinated if they have concerns about immigration or improper identification.

d. s9(2)(a) also identified that a message from the Prime Minister directly to whānau Māori/ethnic or other communities directly emphasising the safety and importance of vaccinations would go a long way towards uptake.

10. Megan Stratford, Principal Policy Advisor at DPMC, presented to the Panel with a short update on the Reconnecting New Zealanders programme. Due to time constraints, her presentation will be sent to the Panel and they will be asked to provide any feedback or insights before the next meeting. There will also be another discussion planned for the next meeting.

11. The other agenda item, around stakeholder mapping, will also be done out of cycle where Panel members will be asked for feedback before the next meeting.

12. The **key insights** that came from the panel discussion were:

a. Many people are struggling from varied and challenging mental health issues associated with the current outbreak of COVID-19 and the Alert Level 4 lockdown.

b. The social licence that the Government has had with previous lockdowns is slipping and with each lockdown people become more demoralised with the system.

c. There is significant work that needs to be done in addressing psycho-social issues associated with lockdowns.

d. Food security is a major issue in many communities for varying reasons.

i. For some, like disabled communities, accessing food by waiting in long queues and keeping a two-metre distance from others is extremely challenging. Wearing masks can be challenging for many in the disabled communities and they are ostracised or suffer some abuse for not wearing them with an exemption.

ii. For ethnic and faith-based communities, access to appropriate food (such as Halal and vegetarian options) is very limited and information provided only in English may not be trusted.

iii. Across a big and diverse city such as Auckland, there will be many varying needs depending on the location. This needs to be taken into account with food supply chains, deliveries and support to local organisations.

e. Access to reliable broadband and digital information is a challenge in many communities. There needs to be more thought given to supporting families to have not only reliable broadband, but also an appropriate number of devices in order to digital enable all members of the whanau.

f. Government agencies need to continue supporting communities to encourage vaccination uptake. Things like asking for ID need to be stopped immediately and this must be impressed upon DHBs very strongly. More messaging around safe vaccinations and clear and concise information on how to access the vaccine, side effects and giving feedback continues to be critically important to encourage uptake of the vaccination programme.

13. The Panel ***agreed***:

a. To the previous meeting minutes and the Terms of Reference.

b. To provide feedback on the Reconnecting New Zealanders presentation and the stakeholder mapping from DPMC before the next meeting.

Item 9: Final thoughts and wrap up

14. The meeting closed at 3.45pm with a closing karakia from Daniel Kawana.

Action register – Live actions

	Date of meeting	Action	Responsible owner	Due date	Comments
1	03/08/2021	All Panel members to sign and send confidentiality and conflict of interest documents.	Panel members.	01/09/2021	COMPLETE
2	03/08/2021	Send amendments to the Terms of Reference before next meeting.	Secretariat.	01/09/2021	COMPLETE
3	03/08/2021	Secretariat to provide Panel with wording to use if asked about Prime Minister's public forum next week.	Secretariat.	06/08/2021	COMPLETE
4	1/09/2021	Provide feedback on the Reconnecting New Zealanders presentation and the stakeholder mapping from DPMC before the next meeting.	Panel members.	01/10/2021	

Document 11

Community Panel September Meeting Notes for Ministry of Health

- Mental health was raised as a significant issue by many members of the Community Panel.
  - s9(2)(a) has seen a marked increase in the number of patients struggling with the isolation of lockdown and struggling with the disruption of therapies for traumatic issues. He spoke of the impact of young people being disrupted at school. He raised the issue of therapy being hard to do online, the need for translated resources and supporting people to "live well in lockdown – not just survive".
  - s9(2)(a) raised the issue of each successive lockdown demoralising a lot of people and he sees the social licence of the Government to continue instigating Alert Level 4 slipping.
  - s9(2)(a) spoke of "gap in the system", after losing his essential support during lockdown which isolates disabled people in their bubbles and has impact on mental health. He raised the issue of discriminatory rules at supermarkets mandating one shopper only which is challenging for if you are disabled.
- Other topics of discussion included digital inclusion, food supply access and unreliable access to necessary information, e.g. mis-/disinformation.
- Patricia joined the meeting to discuss the vaccination programme and gave the panel an overview of where the current vaccination programme is at. The discussion from the Panel members centred around:
  - Ability to provide anonymous feedback where members of the public have had concerns about their vaccination experience.
  - Mobile vaccination being more readily available for disabled, non-mobile and transitional housing communities. The members also raised the need for visually impaired support services.
  - This was flagged as an ongoing issue: people being asked for ID in order to get a vaccination. Panel members emphasised the importance of not asking people for ID in order to get a vaccination as it can create fear and distrust in many communities if they have concerns about immigration or improper identification.
  - A message from the Prime Minister directly to whānau Māori/ethnic or other communities directly emphasising the safety and importance of vaccinations would go a long way towards uptake.
- The Panel also received an update from one of DPMC's Principal Policy Advisors about the Reconnecting New Zealanders programme.
- One of the key insights from the meeting relevant to the vaccination programme is that government agencies need to continue supporting communities to encourage vaccination uptake. Things like asking for ID need to be stopped immediately and this must be impressed upon DHBs very strongly. More messaging around safe vaccinations and clear and concise information on how to access the vaccine, side effects and giving feedback continues to be critically important to encourage uptake of the vaccination programme.

Document 12

COVID-19 Check-in:

"How are you doing, Aotearoa?"

Rapid insights: 31 August - 5 September 2021

MOANA RESEARCH

Collaborative Approach

This study is a collaboration between Moana Research, FEM Research Limited, MNSV Health & Wellness Consultants and Asian Family Services.

Objectives

With the recent COVID-19 outbreak, the overall objectives of this research are to explore how
New Zealanders feel and what they think about:

1. The recent COVID-19 outbreak and the requirements under Alert Level 4
2. COVID-19 vaccinations and communications regarding the roll out
3. Their understanding of close or casual contact requirements and any experiences of the COVID-19 testing stations

Recap Week 1:
SUMMARY

General sentiment and perception

Compared to the last lockdown:

- More people are aware that we are dealing with a new strain of COVID-19 and that the Delta variant is more transmissible and poses a greater risk to health
- As a result, there is increased anxiety this lockdown, more so among those in the epicentre of the outbreak than those outside of these centres.
- Increased concern about the impact of COVID-19 on children and pregnant women
- Hearing more from disabled peoples and LGTBQI about lack of access to Covid-19 information and relevant support for them over successive outbreaks

What hasn't changed since the last research:

- Negative perceptions of Pacific peoples/ South Auckland who have contracted COVID-19
- Stress related to the impact of COVID-19 on family life, income and mental wellbeing

Recap Week 1:
SUMMARY

Clarity of COVID-19 information and compliance

Compared to the last lockdown:

- More people are aware of what to do under Alert Level 4 and find the rules easy to follow
- More people believe they are receiving all the information they need to however increased demand for information about the new Delta virus
- Greater adaptability and community networking in promoting and translating information
- Increased awareness of diversity of information sources particularly from overseas and social media platforms such as WeChat

What hasn't changed since the last research:

- Ongoing confusion about what is required when one becomes a close contact or casual/household contact
- Still a high level of trust in the PM and Dr Ashley Bloomfield
- Continuing to source information from traditional sources as well as seeking assistance from family members

Recap Week 1:
SUMMARY

COVID-19 vaccinations: views and behaviours

Compared to the last lockdown:

- More people are vaccinated and want to get vaccinated
- Booking issues for some families
- Some prefer vaccination clinics within their communities that offer language assistance
- Increased demand for information about impact of vaccinations on children with shift to 12 15yr old access.
- More information and resonance of 'why' to get the vaccine that is aligned with culture and values

What hasn't changed since the last outbreak:

- Ongoing vaccine hesitancy driven by information circulating on social media

Since Week 1:

- Rest of New Zealand moved to alert level 3 on Tuesday 31 August
- Auckland entered its 3rd week of alert level 4 lockdown
- A possible death linked to the effects of the Covid-19 vaccine was announced
- Terror attack at Lynmall Countdown on Friday 3 September
- First death from Covid-19 this outbreak also announced Friday 3 September
- Ramping up of vaccinations and increase in vaccination sites across the country
- Father's Day on Sunday 5 September

Qualitative Interviews

Research Approach #1: Interviews

1:1 telephone interviews

Ethnic-specific 1:1 phone interviews were undertaken from 31 August to 5 September to obtain in-depth insights. The following table provides an overview of representative population groups interviewed. Interviewers were matched to preferred language of interviewee:

Demographic	Week 1
Māori (incl young adults)	9
Asian	4
Southeast Asian	4
NZ European	4
Pacific (incl young adults)	12
TOTAL	**33**

Māori specific themes

General sentiment and perception:

- Difficult for students who are struggling with learning either due to lack of motivation or difficulty with access t online learning (i.e., sharing devices in household).
- Old people feel a level of safety that they didn't have before
- Essential services report families are struggling

I am sitting NCEA yr 12 I think learning is harder, and I very rarely go outside because there is nothing to do, so I stay inside. I don't have any motivation

(Māori, Female, 16, Auckland)

Our old people love what we are doing, and our communities - they beep their horns when they go pass, they are happy to see boarder control out on the road, cos they think boarder control is a level of safety that they didn't have before.

We are an essential service, and we are taking vouchers to families who are struggling…families are waiting at the gate…they go straight to PaknSave. We do avocado drops; we drop like half a dozen to about 80 -90 families and they are happy as…things are tough for those on limited or single incomes here in Muriwhenua.

(Maori, male, 62, Awanui)

Another thing is, when we are dropping off these vouchers - one of our tuāhine - she's Kuki Airani, we've always had a good relationship with her and she contacts us when she needs us and asks if we can drop some off for Pacific Islands families – and we are happy to do that and so we drop vouchers to Pacific families and putting the squeeze on Fale Pasifika Whangarei and The Fono down in Auckland to try and help up here. I understand that our Kuki friend here has just been given some funding specifically to help with Pacific families up here which is cool. We would keep on supporting Pacific families as our Kuki friend asks - I'm particularly glad that she has got some money to do it herself and start building that Pasefika capacity to be in touch with one another and care for one another.
The Fono and Fale Pasifika and Whanau Resilient crowd - Pale - Auckland fulla are assisting.
Ive been saying to The Fono when they came to the Fale Pasifika - you fullahs are in touch with the Pacific Island Whanau Ora in South Auckland and you should be working with our Kuki Airani woman to be fully engaged as Pasifika Whanau Ora for our area, and put another one in Kaikohe, another one in Dargaville and another one in Whangarei. There's thousands of Pacific Islanders up here.

(demographic)

Māori specific themes

Clarity of information and compliance:

- Need stronger messages to locals and Aucklanders to stay home – nonessential travel putting people at risk
- What's difficult is community engagement
- Need more information to help whānau who are self isolating
    - Provincial town – need for more information on close contacts in their area
    - Close contacts – who and how is monitoring occurring of close contacts? Are there checks being done?

When this outbreak hit the police didn't immediately put up a hard boarder… hundreds came out of Auckland on the Tuesday evening and Wednesday morning. We had no close contacts in Te Tai Tokerau before the breakout and now we've got 200 and the MOH confirms that all of them come from Auckland. There are all these range rovers, camper vans, yachts, launches and everything coming up into our territory and we know who they are, we know they don't live here and got batches here. People are travelling around…surfers trying to get up to Ahipara, dirt bikers trying to get up to Panguru. Businesses thinking its level 1 already, drug dealers still doing the bizzo, people wanting to take their horses for a ride up to Tokerau. As far as we are concerned, if its not essential travel, go home.

It's hard for a community to work together if they're locked down in their little bubbles. The only time you see them collectively is at Pak n Save. We don't really have community engagement, except for what community organisations are trying to do for whanau in need and what Iwi are trying to do for their registered members.
Our trust serve the community of Kaitaia - you very quickly notice there's a lot of people there that might be local iwi but, are seriously off the radar – nobody notices them, nobody cares for them.

(Maori, male, 65, Awanui)

Be good if we had more information - about where the contacts are because we should help whanau who are self isolating. It means that - its a two-bedroom house with ten people in it and they're there for two weeks - we might want to drop them off a marque so that they can put it up in the backyard so at least during the daytime some of them can get outside, drop off some of that outdoor furniture, help them create outdoor spaces or other spaces within their self isolation that make life liveable, make sure that they are getting kai.

And also, because they are in self isolation - make sure they are getting some treats as well - they are doing it tougher than everyone else - they're not just in lockdown, they are in self isolation. If that means going to hire them a big tv for 2 weeks… getting them a Wifi so that the kids can indulge then do it - anything to make it easier. The lack of information means we can't help.

The govt says, you're a case of close contact - self isolate for 14 days. You're self isolating in your house with your whanau - like yeah right. No monitoring. No information, no checking. No consistency. This is concerning. Are there checks being done? People haven't been called - some have, some haven't.

(Maori, male, 62, Awanui)

Māori specific themes

COVID-19 vaccination: views and behaviour

- Whānau interviewed were less likely to be vaccinated although some are awaiting further information before making a decision.
- Insufficient information and scepticism is stopping people from getting vaccinated
- Maori Trusts provide incentives to whānau to vaccinate

Even though I have read the facts I am still sceptical, even though I have high blood pressure, that I should get it…I need a bit more information, analysis, knowing around it. It just feels like 'there's a whole lot of 'hey we are in Covid, we have to get vaccinated… so much chemicals coming into our body.

(Maori, female, 56, Hastings)

When they (govt.) spoke about this Covid thing, they really talked up about how much more they were doing for Maori and Pacific, but it just hasn't materialised – the stats don't show it at all.

We have a massive vaccination day for all of the whanau of our three kura kaupapa to come up and get the jab. The Trust is gonna give everybody that comes and get a jab - gets a $25 food voucher and the local hauora is gonna make sure that they also get a house food package. We want to make sure as many get vaccinated - we use emails, Facebook, texts ... sending them out to many. On Friday I had my mokopuna look up the Kura and ring every single one of our whanau on the books to come.

(Maori, male, 65, Awanui)

COVID-19 Check-in:

Pacific sample voices

Pacific specific themes

General sentiment and perception:

- As with Week 1, biggest concern is the impact of Covid-19 on the health and wellbeing of family members. Overall families interviewed are feeling okay and are finding ways to adapt during lockdowns.
- Most Pacific households have at least one family member who is an essential worker. Five out of 12 of households had someone who was a close or casual contact this outbreak and all followed instructions. One person had to translate for someone in their household who was a close contact.
- There is a heightened anxiety among households with family members who have a pre-existing condition or someone who is pregnant.
- Families are missing connections with other family members and friends and engaging in community group activities such as church services. Although many are adapting to virtual connections.
- Some concern about what the future brings and how they will sustain income with ongoing lockdowns. Already some movement in jobs/income streams this lockdown and awareness of services available.

MOANARESEARCH

My family are generally well - most of them work from home so there's no anxiety going and getting any of the COVID-19. We are trying our best to cope with this pandemic and these levels of restrictions. The first few weeks of lockdown - we all had colds and flulike symptoms but we have recovered now. Our family are generally tight-knit and given past lockdowns - we do have a bit of routine now for the kids at school, those at work, and then others of us at home. The kids at school do get cabin fever, almost daily - but thankfully because the weather is getting better, they can make better use of the backyard. Some of them are struggling to keep up with the distance learning and all the distractions but we do try to keep them accountable with an adult looking over a child's work, weekly. There is more anxiety this time around with the Delta Variant and also with the new information growing about Mu. My wife and I are older with health conditions so we do not leave the house at all - only to do her garden. Our children do all our groceries, pick up our medication, and we have any checkups or consults online. I try to manage my diabetes as best as I can so I don't need to go into the hospital or I don't need to go into a clinic - give that time to someone who needs it but also to reduce my chances of exposure to covid-19. I do miss church as that is my community and like my extended family. We have zoom online but the sense of community is stronger face to face. I still call in and check in with my kalasi aho (fellowship group) and they do the same for me as well. A lot of my hobbies - even going to the gym because of my diabetes is restricted. I feel like the lockdown is working - and so does my family. When we consider how contagious Delta is and yet the numbers are decreasing - we know that the level 4 lockdown is working. I think my family are closer to God during these times because you have to have hope and faith during a pandemic. We are part of a family zoom with family all over the world, just encouraging one another and praying. I don't take it for granted that our covid response as New Zealanders has been so much more successful than other countries. I have had a sister in law with Covid-19 in America and other family members and so it has hit close to home.

(Tongan, Male, 55-64 years)

“It is hard, I’m the only one working and I can't go and work, so it's been hard for us. My work is paying the subsidy but it’s hard still, with my kids.”

(Tongan, Female, 25-34 years, full-time mother, Manurewa)

“I think the house is full-on with 3 kids under 5 years of age, and I'm expecting. I've got a few health complications this time around with gestational diabetes, so I am very nervous and scared but also worried I might have to give birth under level 4, so my husband won’t be with me. I think we are trying to stay calm because stress is not good for the baby.”

(Samoan, Female, 18-24 years, Whānau-support worker, Manurewa)

“All of us are feeling very uncertain about the future, concerned that this is what life may start to look like for years to come and this is not how we want to live our lives. The virus is dominating our lives.”

(Samoan, Male, 25-34 years, Truck driver, Kelston)

“I did not worry alot about work and family before the outbreak, as I did not think we would go through another lockdown. Since the outbreak I'm worried about job security and what this will look like if lockdown is extended. And now I am over cautious and protective about my family's wellbeing and protection from the virus.”

(demographic)

“I would just say that it can be boring, and I miss seeing my other family and friends.”

(Cook Island/Samoan, Female, 18–24-year-old, Engineer, Dunedin)

“The outbreak has impacted my family in a positive way. We are actually able to have familyprayer and we enjoy it, its not a chore because we are in a rush. Our communication withEach other has improved and I am able to share in some of the responsibilities so I feel like my parents are teaching me like an adult. It also feels like we have been able to have a break and rest. My mum is the only essential worker in my family.”

Pacific specific themes

Clarity of information and compliance:

- All families interviewed understood in general what was expected of them during lockdown and felt that they had most of the information they needed.
- Generally all families felt the information was clear this lockdown however, many found it particularly helpful if information was summarised, presented with visuals and in the different languages.
- Information on getting tested and why was clear but sometimes difficult to keep up with information about where to get tested. There were also far too many 'locations of interest' to keep up with so some stopped checking these details.
- A couple of interviewees were skeptical of the government and this impacted on their ability to fully comply although others in their household were more or fully compliant.
- Recommendation for text-based updates

“Yeah it was clear. To stay at home, only go out to do your shopping, can't visit anyone outside of your bubble. Yeah it’s pretty easy to understand.”
(Tongan, Female, 25-34 years old, Fulltime Mother, Manurewa, Auckland)

“Yep it was very clear, but I didn't always listen to them. I mean I'd just go out to the dairy and stuff and go for a drive, but I know what the rules are.”
(Samoan, Male, 24-35 years old, Community Support Worker/Coordinator, Hamilton East)

“Yes I have been a close contact, when I found out I was a close contact I was uncertain of what to do so I waited to be contacted by the department of health who explained what I needed to do as a close contact. Before becoming a close contact I did not know what to do. Yes I have been tested. The information on when and why to get tested was clear and easy to understand but where to get tested was not clear. I relied on friends and shared online posts to inform me of testing station locations.”
(Samoan, Male, 25-34 years old, Truck Driver, Kelston Auckland)

“No, it is hard to keep up with the locations of interest. I don't even know the locations out west. Just heard of the case out New Lynn and Avondale. There are too many locations to keep up with…”
(demographic)

“People spreading false information. And people not following the rules. If we follow the rules then the faster things will get back to normal.”
(Cook Islands/Samoan Female, 18–24-year-old, Engineer, Dunedin)

Pacific specific themes

COVID-19 vaccination: views and behaviour

- At least one person in each household had been vaccinated, however, for individuals in households who weren't, this was due to either pregnancy, breastfeeding or mistrust of the Government.
- Two out of 12 interviewees had not been vaccinated but lived in households where someone had been.
- Concerns about vaccinations following announcement of a death in NZ linked to the Pfizer vaccine.

“I still feel the government is holding back or filtering out information to us aye. Like not giving us all the information about the vaccine and cases. I just don't trust the government I never have. It’s just a personal preference.”

(demographic)

“Nearly everyone is vaccinated in our household. I'm not vaccinated but I will get it eventually. I just don't think the government is sharing all the information they have about the vaccine and that they're hiding what is actually in the vaccine.”

(Samoan, Male, 24-35 years old, Community Support Worker/ Coordinator, Hamilton East)

COVID-19 Check-in:

South Asian sample voices

South Asian specific themes

General sentiment and perception:

- Strong alignment with week 1 – families are adapting to lockdown life despite anxieties and concerns about contracting Covid-19, and the short to long-term ramifications of lockdowns on personal, social and economical wellbeing.
- Family members worry about each other – e.g., youth concerned about parents and parents concerned about children or elderly.
- Concerns about safety and others not adhering to the rules. Can inhibit movement outside of home.
- Some positive stories of families and communities supporting each other to access information or support needed.

My mum lost her job due to Covid- 19 lock down. I feel bad about it . I hope that she would be able to find a new job soon.
(demographic)

My dad has health condition and mum has house arrested him, not even allowed to go and collect mail from box. Anything from outside, laid down for almost 1-2 days before we touch the box, item etc. my mum is crazy of the fear of transmission through non alive items too."
(demographic)

I am scared, there are people walking around, some going for group walks in face masks and gloves. I can see people going in masks and looking at my garden and neighborhood properties. It is very scary when people everyone is in mask we don't know who is around. I have heard news and friends had attempts of thefts. We are worried and especially at night I
cannot sleep well in night what if someone gets in my house wearing mask. I have heard there are robberies in neighborhood, in news, masked people stealing things, petrol, cars, attempt to break in. Having elderly at home who just out of habit open the door to anyone that knocks on the door. People wearing mask it is hard to identify who is behind the mask.
There are lots of security issues during I am nurse by profession, my husband is doctor, we both are retired now.
(demographic)

South Asian specific themes

Clarity of information and compliance:

- All interviewees felt they had all the information they needed to make decisions for themselves and their families during this outbreak.
- Interviewees accessed a wide range of information sources including community group channels and information available in their own language.
- Despite two of the interviews displaying symptoms of hay fever, neither had ever been tested for COVID-19 before.

To my pleasant surprise, even young kids understood the importance of COVID-19 guideline and supported it. I guess the school the and teachers played a massive role in this successful implementation of COVID-19 safety guidelines.

(demographic)

My mum helps many neighbours who are alone and immune compromised to get groceries for our back street elderly who cannot afford to go themselves. When out on the street, people have shown courtesy, allowing one person to go before another in order to maintain proper distance and not cause worry. Neighbours interact with one another more than usual, just from a distance of course. Families are looking out for other families, without one another we would all be nothing.

(demographic)

South Asian specific themes

COVID-19 vaccination: views and behavours

- All those interviewed had been vaccinated. One family was vaccine hesitant but made the decision to vaccinate during this outbreak/lockdown.
- Families trust in scientists and medical workforce. The World Health Organisation was a commonly cited source of information about vaccinations.

We were reluctant to have vaccination. but dont have any choice.
What to do?
With this current delta variant positive cases and lock down.
We have realised it is important to be
vaccinated than not and face dire consequences.
We all are vaccinated now (first dose)
(demographic)

COVID-19 Check-in:

Asian sample voices

Asian specific themes

General sentiment and perception:

- Increased worry, fear and anxiety with the Delta Variant and Alert Level 4 lockdown in Auckland.
- Older people – felt isolated, difficult to do grocery shopping due to lack of transport.
- People with mental health issues – prolonged lockdown is challenging. Ethnic-specific counselling and mental health support needed.
- Families with special needs children – heightened stress due to limited support during lockdown.
- Pregnant women – don't know enough about COVID-19 vaccine safety in pregnancy.
- Essential workers – feel more at risk. Concerns about health and safety for family and the community.

Asian Family Services
Together enriching lives

My son is autistic. He likes regular activities. I notice that he is very stressful during this lockdown because he cannot understand this situation. My wife and I also feel stressful and tired because we have to look after him at home all the time.

(Korean, Male, 55-64)

I am worried because I am pregnant and I am not vaccinated.
The current variant is very contagious.

(Filipino, Female, 25-34)

I feel less safe on the stress as there are less people but more homeless or mentally unwell people walking around in CBD. I feel scared of going out.

(Japanese, Female, 25-34)

Asian specific themes

Clarity of information and compliance:

- There is general clarity of information about COVID-19 and Alert Level 4 lockdown restrictions. The Ministry of Health website and government announcement are quite clear, reliable and easy to follow.

BUT

- People with limited English need more support to access information.
- Communities rally together to provide translation and disseminate the information through ethnic-specific social media and Internet.
- Specific information needed for essential workers.

Asian Family Services
Together enriching lives

I can get most important information, but it is still hard to get specific information such as public toilet for essential workers. I need to use public toilet while I work, but most public toilets I had used are closed, and I don't know where to go.
The bus company also does not know all information.

(Bus driver, 55-64)

Asian specific themes

COVID-19 vaccination: views and behaviour

There is general acceptance of vaccination.

But

- Some people commented that the vaccine rollout is sluggish. Hard to book vaccination appointments. People with limited English face added barriers.
- Some people feel worried about vaccination due to misinformation about the safety of vaccine from overseas social media.
- People with limited English want to get language assistance at community vaccination centres.
- Not enough information about COVID-19 vaccine safety in pregnancy and vaccination side effects.

COVID-19 Check-in:

European sample voices

European specific themes

General sentiment and perception:

- Majority are 'OK', but high levels of anxiety and a clear sense of fear/danger amongst interviewees.
- Concerns about phsyical health in the face of Delta (particularly for those with respiratory and immune conditions) and deteriorating mental wellbeing dominate. Other areas of concern are financial wellbeing, the virus feeling "closer"/more present, the risks to vulnerable people, the challenges of parenting/home schooling, annoyance with rule breakers, and general concerns about the long-term vision for managing COVID-19 in Aotearoa.
- There is also gratitude (for the actions taken to protect our health, for essential workers) and an awareness that lockdown has some benefits (such as a slower pace, and more time with immediate family).
- Some awareness of South Aucklanders/Pacific peoples being unfairly judged.
- Experiences of judgement amongst the elderly (patronised by public) and those with disabled family members (no understanding of challenges w/ compliance). Others experiencing judgement for strict compliance, for needing to take sick leave, and for wanting to prioritise work/business.

European specific themes

Clarity of information and compliance:

- Information regarding alert levels generally seen as being very clear - with some lack of clarity around level 3 and 2, and a need for resources that address the communication and service needs of (intellectually) disabled people.
- Information regarding testing generally seen to be clear (having improved since Lockdown 1), but with significant gaps in addressing the communication and service needs of (intellectually) disabled people.
- The daily announcements, COVID.govt.nz, and the MOH website are the most common sources, with some using social media and friends/family as their main source. It should be noted that where friends/family are used this is usually because they have particular expertise e.g. epidemiologist involved in policy, Dr. Shawn Hendy, nurse specialist in infection control dept.
- Wariness of potential propaganda from Labour party representatives (and of unnecessary critique from the opposition), with a clear preference for Dr. Ashley Bloomfield as an educated, neutral, circumspect, and transparent party – *"I can't think of anyone who has nailed being a public servant as much as he has."*
- General belief that the government and MOH can be trusted and are focussed on engaging with expert advice and scientific sources, but some frustration with questions being handed between ministries with no answers forthcoming, and with the conjecture and commentary provided by news media.

European specific themes

- All bar one interviewee are either vaccinated or registered to be vaccinated – for the unvaccinated individual there are concerns about side effects and about a process that is unfriendly to people with intellectual disabilities.
- Phone-based social outreach service for elderly and parent/families caring for those with disability
- Vaccinations sites that can respond to the unique needs of (intellectually) disabled people (e.g. Familiarisation appointments, full facial visibility etc.)
- Visual aids to explain COVID-19 and alert level changes/their implications to children and (intellectually) disabled people

European specific themes

- Prioirity shopping queues for the elderly and those with disabled children
- Options for bubbled manufacturing workplaces during L4 (e.g. 5 workers live onsite as a bubble and produce goods to ensure continuity of workflow)
- Continuation of free lunch programmes, with additional funding/support for delivery
- Additional support for other crisis food provision agencies
- Sustainably addressing digital access and literacy needs
- Providing more info and support with sourcing groceries for delivery (telephone options, non-supermarket options, protecting credit card and bank details)
- Opportunities for the creative workforce during lockdown

Noteworthy:

- With the overlay of local and worldwide events (e.g. Last Friday's terror attack at Lynmall) we need to explore the balance of COVID-19 and vaccination information in the context of other information they may be receiving and therefore impacting on general sentiment.

SUMMARY

Compared to Week 1

- Similar sense of growing adaption among families to alert level restrictions. Despite concerns and feelings of anxiety during this outbreak, positive stories are emerging of caring for others, acts of kindness and new perspectives on life.
- Similar level of concern about the impact of Covid-19 and vaccinations on children and pregnant women even among those who have been vaccinated. Also general concern of vaccination side-effects among those who are vaccine-hesitant.
- Ongoing concerns about possible impact of Covid-19 delta variant on health and wellbeing of family members, particularly those who are vulnerable e.g. pre-existing health conditions or pregnant
- Increasing awareness of when to get tested or vaccinated and why but difficulty accessing up to date information about where to go.
- Growing concerns about what the future brings – economically, socially and health-wise.
- Growing sense of fatigue about keeping up with Covid-19 details e.g. locations of interest

SUMMARY

Key Considerations

- More information about level 3 (and now level 2) rules and restrictions.
- Information and practical support for disabled peoples and parents/carers of autistic children
- Phone-based communication (including texts) to connect to families and individuals in need of greater support.
- Vaccinations sites that can respond to the unique needs of disabled people (e.g., familiarisation appointments, full facial visibility) and those who speak limited English.
- Possible increase in information fatigue particularly as numbers decrease
- Vaccine-hesitant or anti-vaxxers often reside in households where at least one person is vaccinated. There is potential for these family members to play an important role in engaging them with the right person/medium to address the concerns they have about the vaccine.

Survey Results

Research Approach #2: Survey n=687

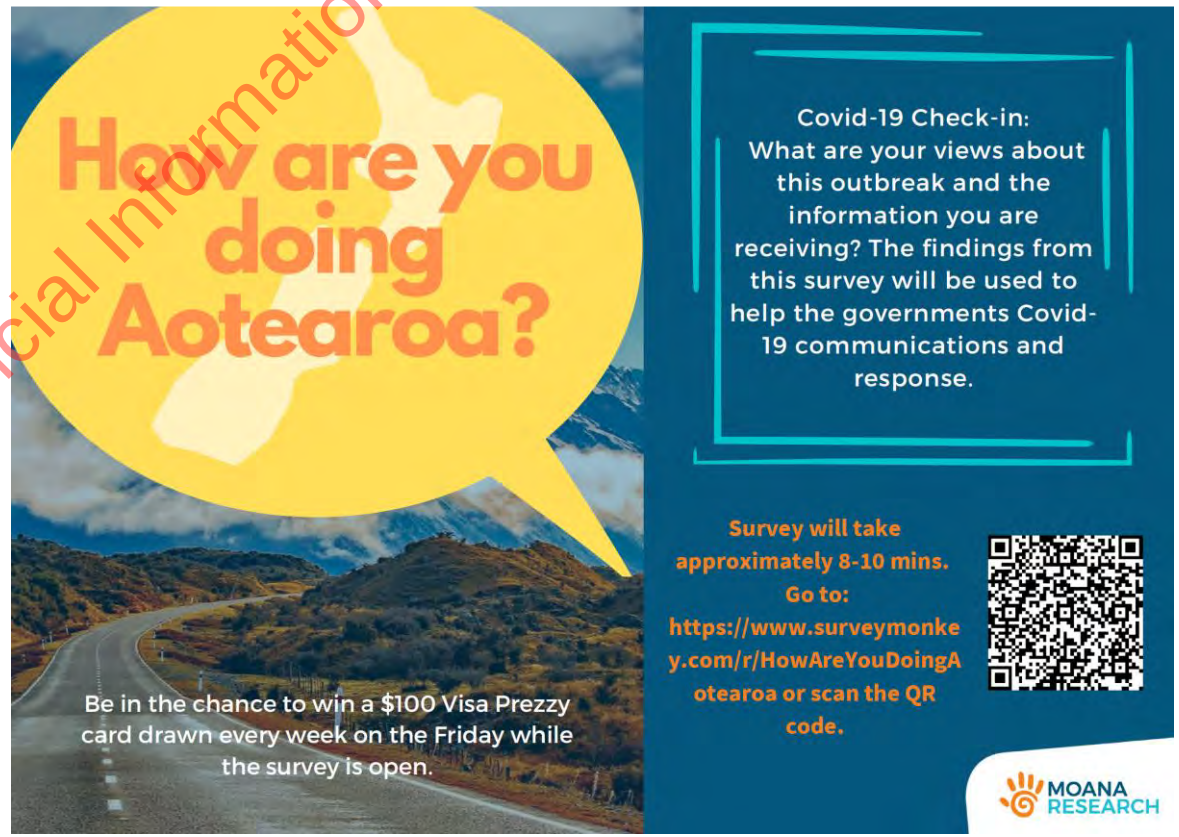
Survey

A survey with 33 questions was developed to gain rapid insights about experiences and perceptions of COVID-19. The survey focused on gaining feedback from a wide sample of the NZ population. The survey data does not allow for in-depth analysis but it will be will complemented with findings arising from the qualitative research. The survey questions were reviewed for clarity and ease of understanding. Demographic questions were included.

The survey was activated at 12.30pm on Saturday 28 August and distributed via social media and emails. The survey will remain open for 4 weeks.

For the first report, the first 420 responses were analysed for Week 1 (short week). For week 2, a further 267 responses were analysed at 12pm Sunday 5 August. The survey was not proactively promoted during the weekend of 5 and 6 September due to Auckland terror attack and Father's Day.

Simple counts and percentages were calculated for each variable as totals per week and then by ethnic group and region. Chi-square p-values were estimated for tables as well as 95% confidence intervals for proportions of interest using the Wald method. Level of significance was 0.05 or 5% and all tests were two-sided.



Survey respondents - Demographics

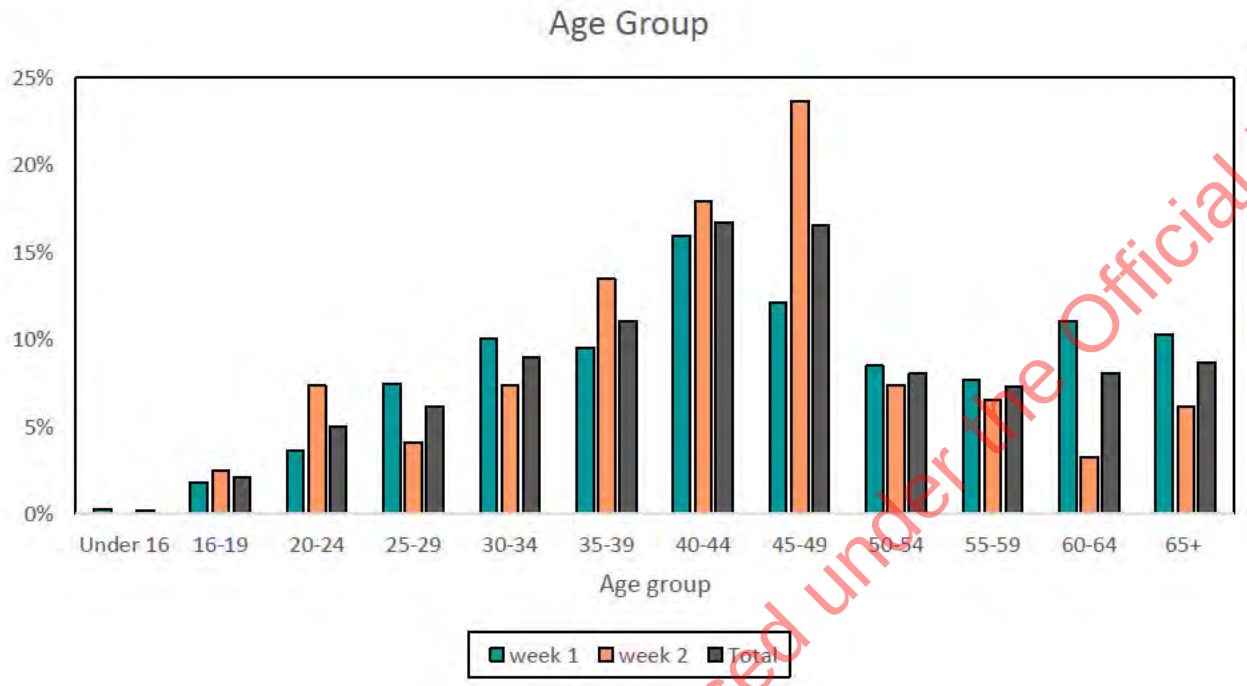


Table 1: Gender and age of survey respondents as at 5 September 2021

Demographic	Week 1 (n=420)	Week 2 (n=267)	Total (n=687)
Gender			
Male	96 (24.7%)	42 (17.1%)	138 (21.8%)
Female	285 (73.3%)	197 (80.4%)	482 (76.0%)
Gender diverse	4 (1.0%)	1 (0.4%)	5 (0.8%)
Prefer not to say	4 (1.0%)	5 (2.0%)	9 (1.4%)
Total	**389 (100%)**	**245 (100%)**	**634 (100%)**
missing values	31	22	53
Age Group			
Under 16 years	1	0	1
16-19 years	7	6	13
20-24 years	14	18	32
25-29 years	29	10	39
30-34 years	39	18	57
35-39 years	37	33	70
40-44 years	62	44	106
45-49 years	47	58	105
50-54 years	33	18	51
55-59 years	30	16	46
60-64 years	43	8	51
65+ years	40	15	55
Prefer not to say	7	1	8
Total	**389**	**245**	**634**
missing values	31	22	53

Survey respondents - Ethnicity

Table 2: Ethnic breakdown of survey respondents as at 5 September 2021

	Week 1 - n (%)	Week 2 - n (%)	Total - n (%)
Korean	2 (0.5%)	0 (0.0%)	2 (0.3%)
Middle Eastern	1 (0.3%)	2 (0.8%)	3 (0.5%)
African	2 (0.5%)	2 (0.8%)	4 (0.6%)
Latin American	4 (1.0%)	1 (0.4%)	5 (0.8%)
South East Asian	3 (0.8%)	2 (0.8%)	5 (0.8%)
Other Asian	3 (0.8%)	3 (1.2%)	6 (0.9%)
Other Pacific ethnicities	5 (1.3%)	4 (1.6%)	9 (1.4%)
Fijian	5 (1.3%)	5 (2.0%)	10 (1.6%)
Tokelauan	4 (1.0%)	7 (2.9%)	11 (1.7%)
Indian	9 (2.3%)	9 (3.7%)	18 (2.8%)
Chinese	20 (5.2%)	4 (1.6%)	24 (3.8%)
Cook Island Māori	15 (3.9%)	9 (3.7%)	25 (3.8%)
Other European	13 (3.4%)	12 (4.9%)	25 (3.9%)
Niuean	12 (3.1%)	15 (6.1%)	27 (4.3%)
Other	23 (5.9%)	10 (4.1%)	33 (5.2%)
Tongan	29 (7.5%)	30 (12.2%)	59 (9.3%)
New Zealand Māori	103 (26.5%)	32 (13.1%)	135 (21.3%)
Samoan	70 (18.0%)	110 (44.9%)	180 (28.4%)
NZ European	176 (45.4%)	67 (27.3%)	243 (38.4%)
Total*	**499 (128.6%)**	**324 (132.2%)**	**823 (130.0%)**
Denominators*	**388**	**245**	**633**

COVID-19 Check-in:

General Sentiment and Perception

Little change from Week 1 except that less people on average are worried about getting COVID-19 (56%) compared to previous week (61%)

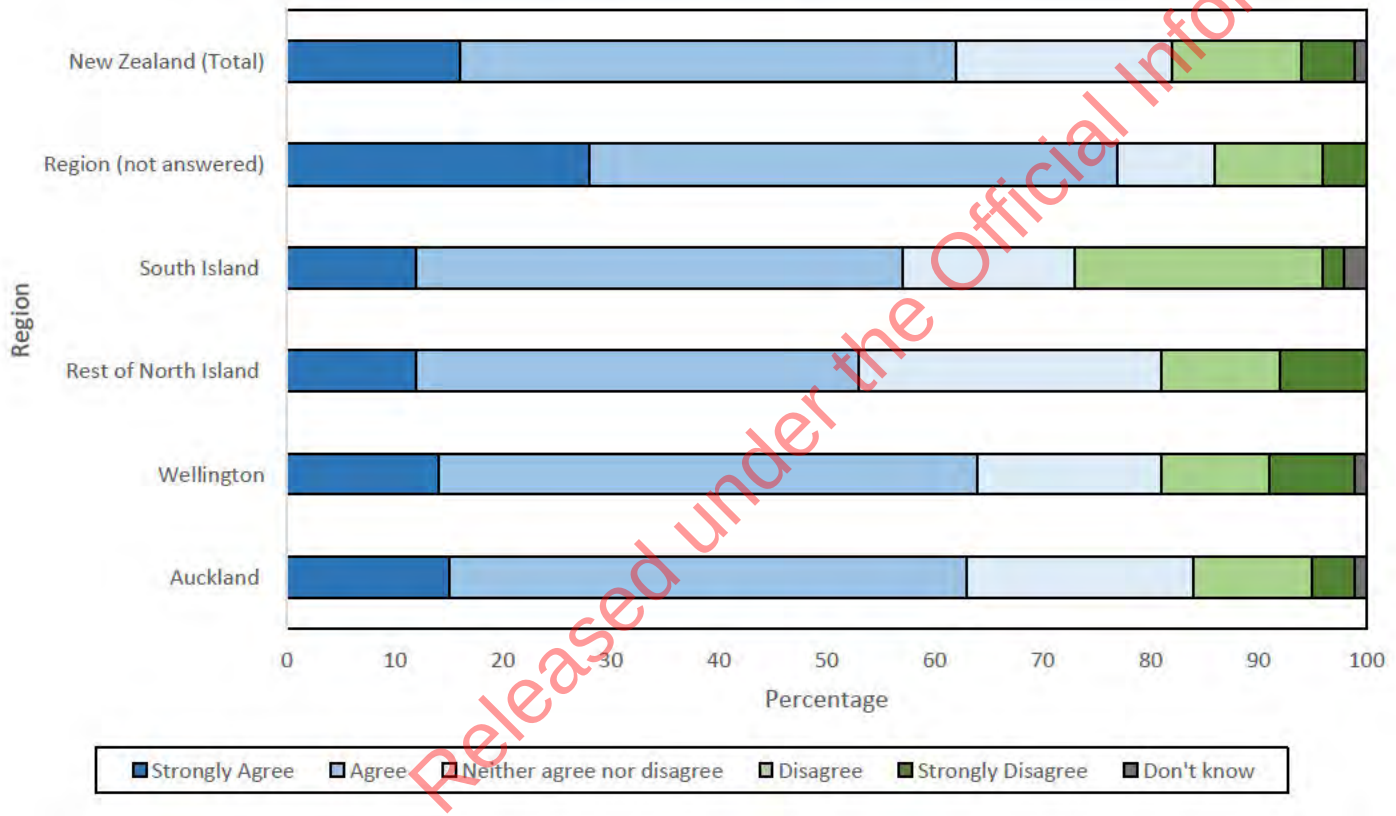
Qu 1. The virus that causes COVID-19 has changed over time, and we now have new forms of the virus (just like how we have new forms of the flu every year). One of these new forms – the Delta variant – is becoming more and more common around the world. How strongly do these statements apply to you right now?

Table 3: Question 1 responses by numbers and percentages

	Strongly agree		Agree		Neither agree nor disagree		Disagree		Strongly Disagree		Don't know		Prefer not to say		Total
	%	N	%	N	%	N	%	N	%	N	%	N	%	N	N
I feel nervous when I think about what's going on right now.	15.12%	103	46.99%	320	20.12%	137	11.60%	79	4.85%	33	0.88%	6	0.44%	3	681
I feel calm and relaxed.	5.61%	38	34.56%	234	22.01%	149	27.47%	186	8.71%	59	1.18%	8	0.44%	3	677
I am worried about getting COVID-19 (delta variant).	17.89%	122	37.98%	259	17.01%	116	19.65%	134	6.45%	44	0.73%	5	0.29%	2	682
I am worried about the health and wellbeing of my family members.	40.32%	275	42.08%	287	8.21%	56	6.30%	43	3.08%	21	0.00%	0	0.00%	0	682
I feel stressed about leaving home.	9.28%	63	25.18%	171	23.86%	162	27.98%	190	12.96%	88	0.59%	4	0.15%	1	679

Not much regional variation although those living in Auckland Wellington feel slightly more nervous than others

Q1a. I feel nervous about what's going on right now (n=680)



No change in sense of delta variant being different to original virus

Qu 2. Do you understand what makes the delta variant more dangerous than the original virus?

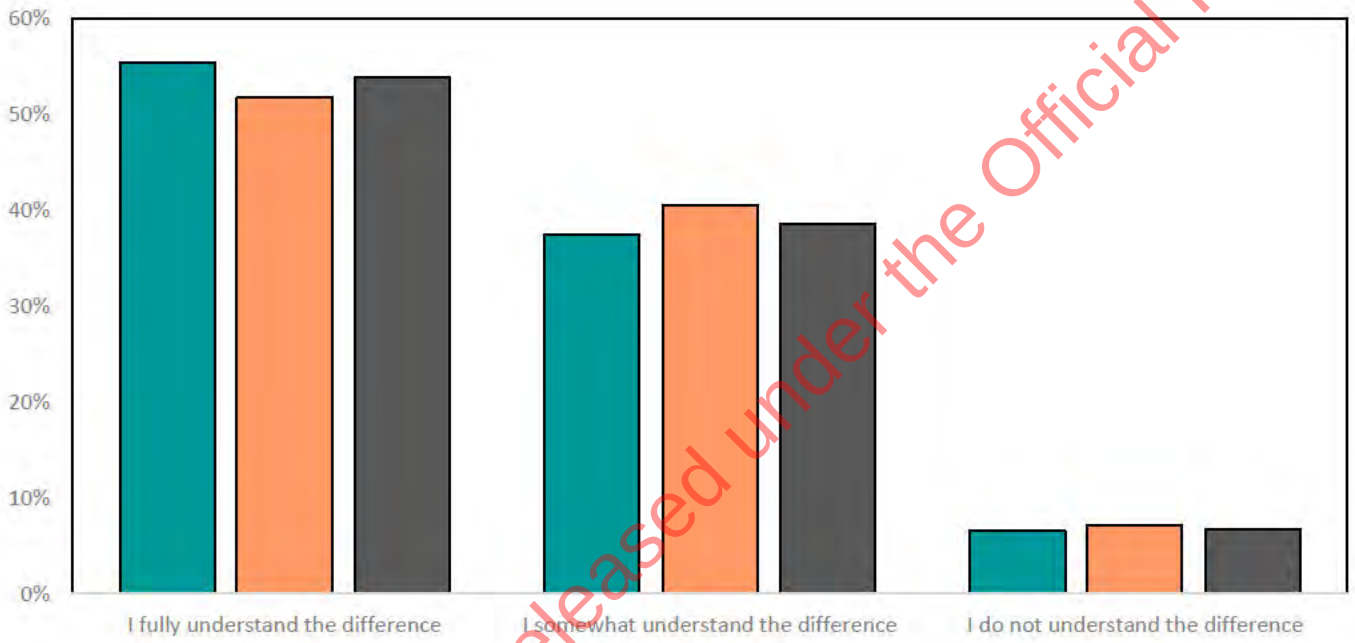


Table 5: Do you understand what makes the delta variant more dangerous than the original virus?

	Week 1 n (%)	Week 2 n (%)	Total n (%)
I fully understand the difference	232 (55.4%)	138 (51.7%)	370 (53.9%)
I somewhat understand the difference	157 (37.5%)	108 (40.4%)	265 (38.6%)
I do not understand the difference	27 (6.4%)	19 (7.1%)	46 (6.7%)
I prefer not to say	3 (0.7%)	2 (0.7%)	5 (0.7%)
Total	**419 (100%)**	**267 (100%)**	**686* (100%)**

*Note: One missing value. Chi-square p-value =0.826, for comparing weeks

Slight increase in anxiety over delta variant since week 1

Qu 3. Has the delta variant made you more nervous? (n=685)

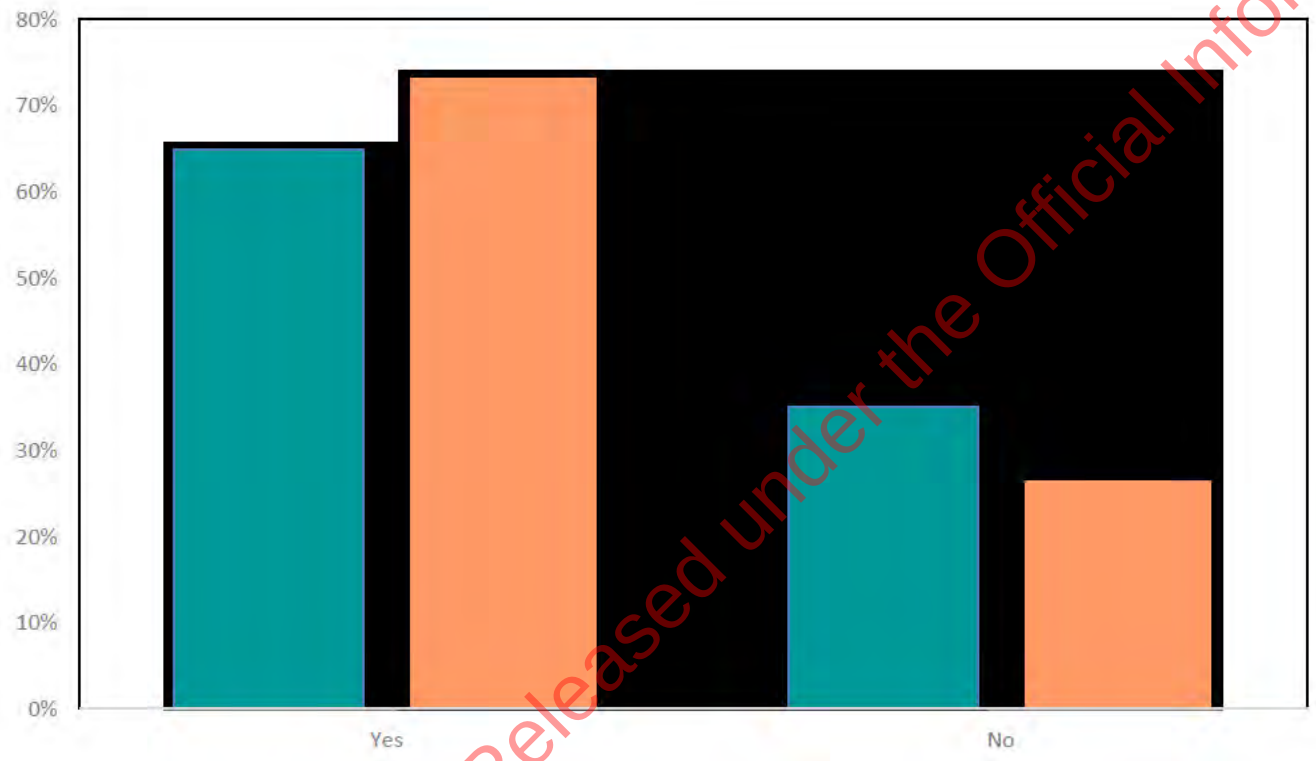


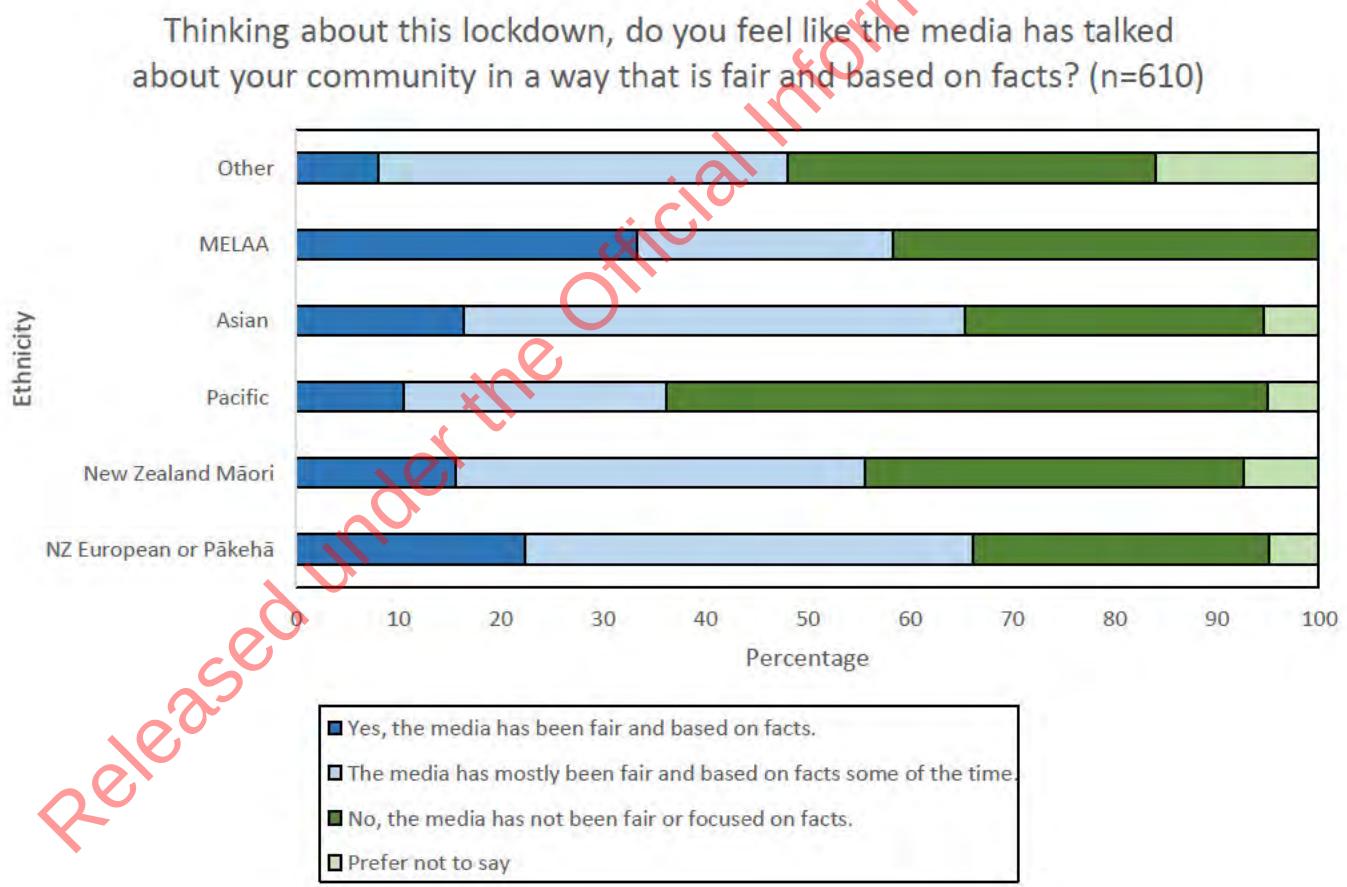
Table 6: Has the delta variant made you more nervous?

	Week 1 n (col%)	Week 2 n (col%)	Total n (col%)
Yes	272 (64.9%)	195 (73.3%)	467 (68.2%)
No	147 (35.1%)	71 (26.7%)	218 (31.8%)
Total	**419 (100%)**	**266 (100%)**	**685 (100%)**

Notes: two missing values; Chi-square p-value =0.022 for comparing weeks

Pacific respondents felt their communities were not being reflected fairly by media, followed by Other ethnicities and Māori

Qu 17. Thinking about this lockdown, do you feel like the media has talked about your community in a way that is fair and based on facts?



COVID-19
Check-in:

Clarity of information and compliance

More people were ‘very clear’ about what to do in Alert Level 4 in week 2

Q5. How clear are the rules about where you can go and what you can do at Alert Level 4?

Table 7: How clear are the rules about where you can go and what you can do at Alert Level 4?

	Week 1 n (col%)	Week 2 n (col%)	Total n (col%)
Very clear	233 (57.2%)	167 (65.5%)	400 (60.4%)
Clear	139 (34.2%)	72 (28.2%)	211 (31.9%)
Neither clear nor unclear	18 (4.4%)	9 (3.5%)	27 (4.1%)
Unclear	11 (2.7%)	4 (1.6%)	15 (2.3%)
Very unclear	3 (0.7%)	3 (1.2%)	6 (0.9%)
Don't know	2 (0.5%)	0 (0%)	2 (0.3%)
Prefer not to say	1 (0.2%)	0 (0%)	1 (0.2%)
Total	**407 (100%)**	**255 (100%)**	**662 (100%)**

Notes: 25 missing values. Chi-square p-value= 0.331

More people find it ‘very easy’ to follow the Alert Level rules

Q6. How easy are you finding it to follow the rules at Alert Level 4?

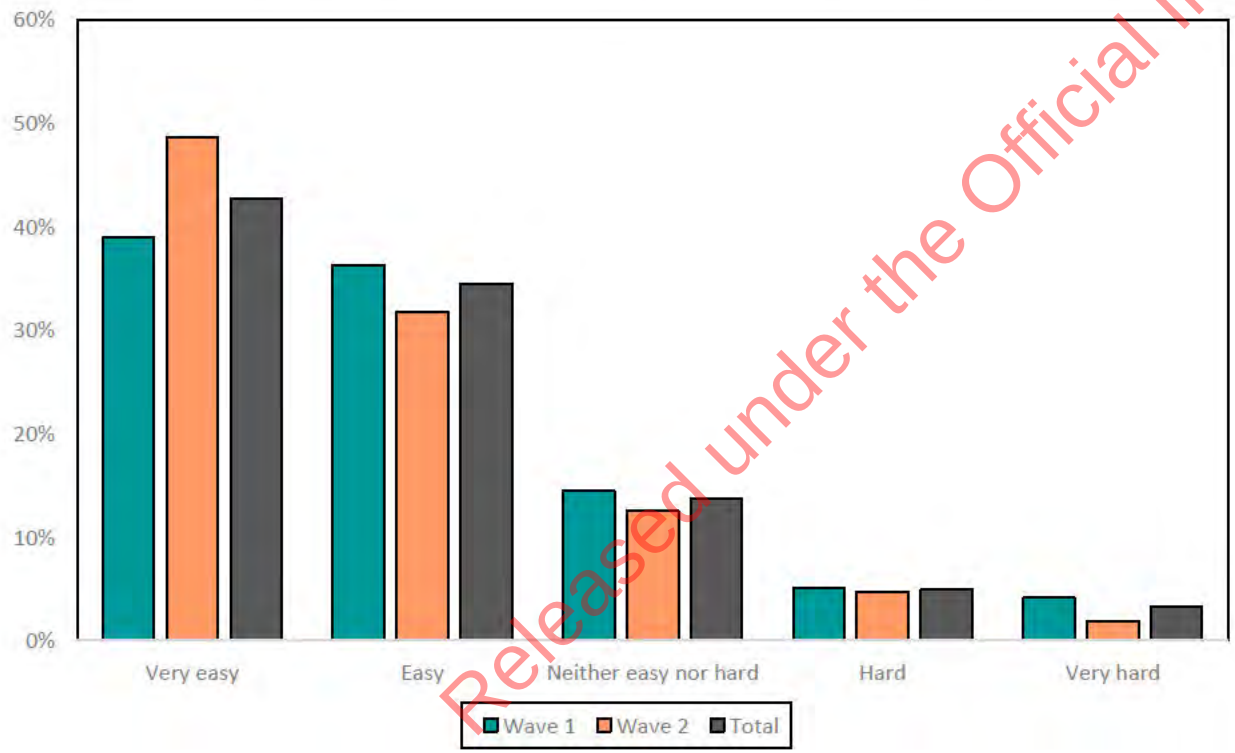


Table 8: How easy are you finding it to follow the rules at Alert Level 4?

	Week 1 n (col%)	Week 2 n (col%)	Total n (col%)
Very easy	159 (39.0%)	124 (48.6%)	283 (42.7%)
Easy	148 (36.3%)	81 (31.8%)	229 (34.5%)
Neither easy nor hard	59 (14.5%)	32 (12.5%)	91 (13.7%)
Hard	21 (5.1%)	12 (4.7%)	33 (5.0%)
Very hard	17 (4.2%)	5 (2.0%)	22 (3.3%)
Don't know	3 (0.7%)	1 (0.4%)	4 (0.6%)
Prefer not to say	1 (0.2%)	0 (0%)	1 (0.2%)
Total	**408**	**255**	**663**

Notes: 24 missing values. Chi-square p-value=0.223

Of those who found it 'hard' or 'very hard', the reasons were wide-ranging

They wouldn't let me in to the supermarket with my mask exemption. They forgot about being considerate and caring for those who are exempt from masks. It was not pleasant at all.

Just sick of sticking to rules after a while.

My dad died in hospital on day 2 of lock down and I couldn't see him at all; nor have my mum see him or me. It was painful to endure and we are still reeling from it. I don't think we'll ever get over not having this closure as Tagata Moana.

Working full time without childcare is hard.

Wanting to see my family and get out of the house.

I don't believe this is a long term solution for NZ. It is destroying lives and business. Family harm and mental health is prolific along with kids starving. Suicide is increased. This is not the way forward when there are other measures available along with early treatment if covid which is not being made available to the nz people.

Being an essential worker and having to line up at supermarkets etc. either before or after work. The very real threat of contracting the virus while still be out amongst the community as part of my job.

Not being able to exercise at places like gyms or playgrounds for the grandkids

As a single parent with young tamariki it is so isolating

Hard cause we've got funerals and family we need to visit but hard when the delta variant is making its rounds. Also can get low mood at home as my family are in the thick of grief

Hard staying indoors and not hanging out with my friends

Hardest part is having to maintain work commitments on top of being a Mum and caring for my parents. Everything is amalgamated to one setting and it's a lot. I'm taking care of everyone else but Hardly any time for me to decompress.

We have a 1.5 year old at home, having a walk in the community isn't enough for him
I really miss my partner.

Keeping to the rules of level 4, the hardest part is not being able to see my parents.
We understand we are staying home to keep the country safe but how to get groceries, all our families our support network are affected by locations of interest close contacts, i didn't set up buying groceries online but i know there are long waiting times (get this), i don't want to use the food help cause i know there are a lot of other people who need this cause they don't have any income, and i don't want to cheat like others either. Hard because living with the anxiety of others in my family from covid and loss of work, and hearing confusion from other family members and the violence from increased alcohol use by other family members in their bubbles.

I want to move homes but can't unless I am being sexually abused or in a violent situation. I'm in neither - my landlord is just intolerable and I would like to see out the remainder of lockdown in a healthier environment.

I can't see my kids

Tempting to see friends!

My husband was identified as close contact, our household secondary. Husband had to wait until day12 negative, yet we were okay to move around after his day5 negative result! Did not quite make sense to us. Contradictory information from the websites too.

Close contacts knew exactly, or some of, what to do

Q9. Did you know what you had to do (for example, did you know the rules for self-isolating, when and how to get follow-up COVID tests etc.)?

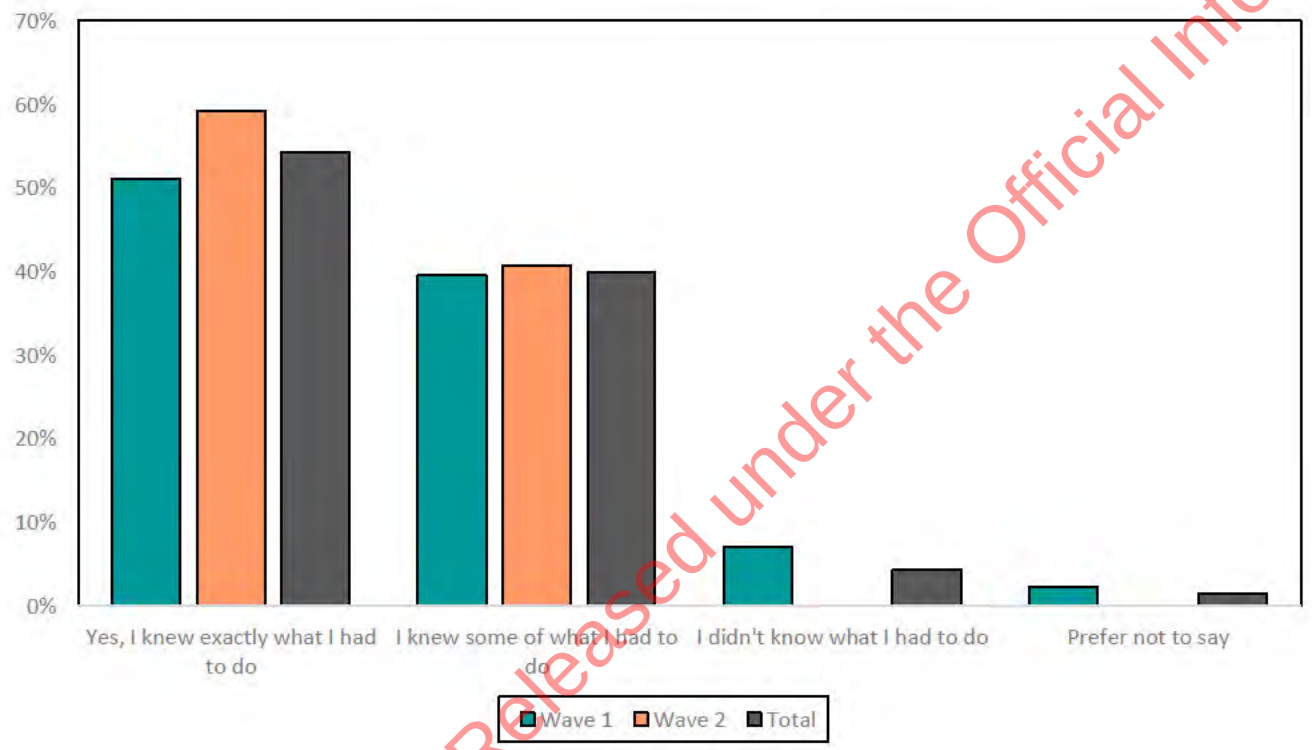


Table 9: Did you know what you had to do (for example, did you know the rules for self-isolating, when and how to get follow-up COVID tests etc.)?

	Week 1 n (%)	Week 2 n (%)	Total n (%)
Yes, I knew exactly what I had to do	22 (51.2%)	16 (59.3%)	38 (54.3%)
I knew some of what I had to do	17 (39.5%)	11 (40.7%)	28 (40.0%)
I didn't know what I had to do	3 (7.0%)	0 (0%)	3 (4.3%)
Prefer not to say	1 (2.3%)	0 (0%)	1 (1.4%)
Total	**43 (100%)**	**27 (100%)**	**70 (100%)**

Note: 617 people skipped this question. Chi-square p-value 0.437

On average, approximately 16.5% of respondents were reluctant to get a test when sick or when advised to, prior to this outbreak

Table 10: Proportion of those who didn't want a Covid-19 test

	Week 1 n (%)	Week 2 n (%)	Total n (%)
Yes	60 (14.9%)	48 (19.1%)	108 (16.5%)
No	333 (82.6%)	194 (77.3%)	527 (80.6%)
Don't know	4 (1.0%)	4 (1.6%)	8 (1.2%)
Prefer not to say	6 (1.5%)	5 (2.0%)	11 (1.7%)
Total	**403 (100%)**	**251 (100%)**	**654 (100%)**

Note: 33 missing values. Chi-square p value=0.405

Of those who did not get tested prior to outbreak, most common reason is not thinking they had Covid-19

Q14. What were your reasons for not getting a Covid test?

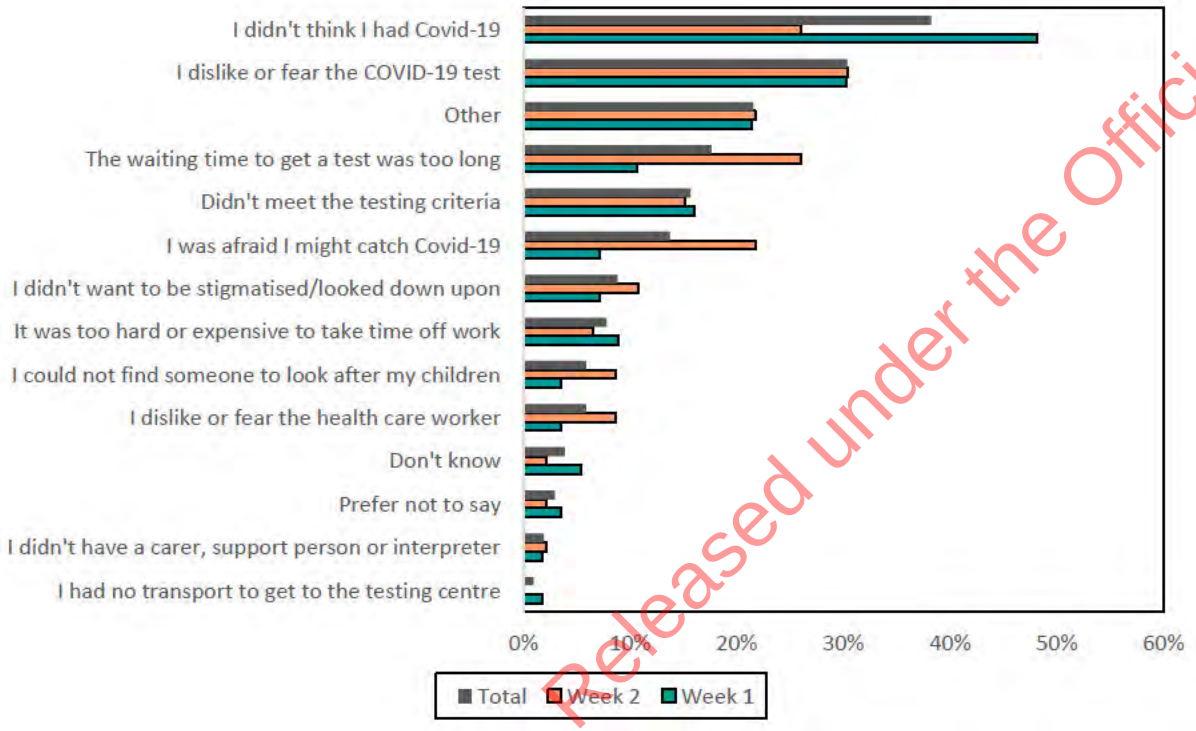


Table 11: Reasons for not getting a Covid test

Reasons	Week 1	Week 2	Total
I had no transport to get to the testing centre	1.8%	0.0%	1.0%
I didn't have a carer, support person or interpreter	1.8%	2.2%	2.0%
Prefer not to say	3.6%	2.2%	2.9%
Don't know	5.4%	2.2%	3.9%
I dislike or fear the health care worker	3.6%	8.7%	5.9%
I could not find someone to look after my children	3.6%	8.7%	5.9%
It was too hard or expensive to take time off work	8.9%	6.5%	7.8%
I didn't want to be stigmatised/looked down upon	7.1%	10.9%	8.8%
I was afraid I might catch Covid-19	7.1%	21.7%	13.7%
Didn't meet the testing criteria	16.1%	15.2%	15.7%
The waiting time to get a test was too long	10.7%	26.1%	17.7%
Other	21.4%	21.7%	21.6%
I dislike or fear the COVID-19 test	30.4%	30.4%	30.4%
I didn't think I had Covid-19	48.2%	26.1%	38.2%
Total*	**169.6%**	**182.6%**	**175.5%**

* Multiple response question - denominators are the number of responses so the percentages will sum to more than 100%

COVID-19 Check-in:

COVID-19 vaccination: Views & behaviours

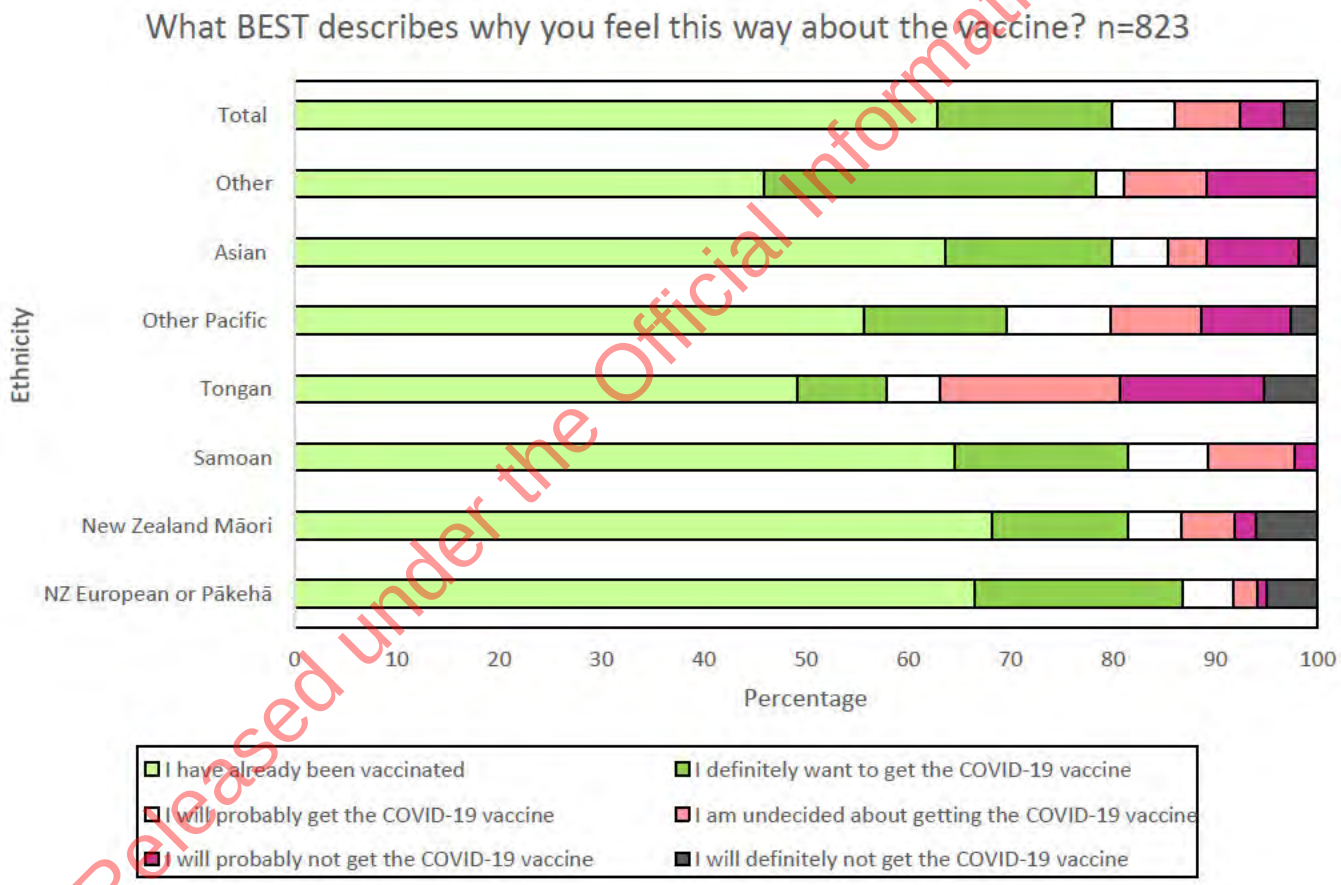
Slight decrease in respondents who will 'definitely not get the Covid-19 vaccine'

Table 12: How do you feel about getting the COVID-19 vaccine?

	Week 1 n (%)	Week 2 n (%)	Total n (%)
I have already been vaccinated	256 (63.7%)	160 (64.3%)	416 (63.9%)
I definitely want to get the Covid-19 vaccine	70 (17.4%)	43 (17.3%)	113 (17.4%)
I will probably get the Covid-19 vaccine	18 (4.5%)	16 (6.4%)	34 (5.2%)
I am undecided about getting the Covid-19 vaccine	24 (6.0%)	17 (6.8%)	41 (6.3%)
I will probably not get the Covid-19 vaccine	10 (2.5%)	5 (2.0%)	15 (2.3%)
I will definitely not get the Covid-19 vaccine	22 (5.5%)	5 (2.0%)	27 (4.1%)
Prefer not to say	2 (0.5%)	3 (1.2%)	5 (0.8%)
Total	**402 (100%)**	**249 (100%)**	**651 (100%)**

Tongan respondents have the lowest rates of vaccination and the highest rates of 'vaccine-hesitancy'. Māori and European had highest rate of respondents who will 'definitely not get the vaccine'.

Qu 15. How do you feel about getting the COVID-19 vaccine?



Of those who will not get the vaccine or probably not get the vaccine, concerns about the side effects and safety of the vaccine was the main reason for their choice.

Table 13: Reasons for not getting the COVID-19 vaccine

Answer Choices	Responses	
I am concerned about side effects and safety of the vaccine	50.00%	24
I am concerned about how well the vaccine works	4.17%	2
I don't think I need the vaccine	4.17%	2
I don't have time to get two vaccines	0.00%	0
I don't ever get vaccines	4.17%	2
I just don't know	0.00%	0
Prefer not to say	8.33%	4
Other (please specify)	29.17%	14
	Answered	**48**

Examples of views held by those who are vaccine hesitant or hold anti-vaccination beliefs demonstrate range of concerns and the types of misinformation circulating

I haven’t had medical clearance as I’m on a lot of medications

There’s so many negative and deadly side effects and it’s too soon to see the long-standing utility and side effects but beyond that I feel for the woman who just died from the vaccination. You never know if that’ll be you.

I don't feel that the government is offering full and complete unbiased information. Everyone is being bullied to only hear the voice of the government where all other voices are shut down. Concerns are not being seriously addressed, and instead any views that differs to the governments opinions are being shut down. Democracy is slowly starting to look like communism.

I think there has not been enough time to monitor long term effects.

To say I am just concerned about the side effects and safety of the vaccine is an understatement. It has become evident that these injections are not safe and are causing loss of life and serious side effects in large numbers

Technically they should not even be labelled as "vaccines" since they don't prevent one contracting or transmitting the virus and do not fit the definition of a vaccine. They are an experimental gene therapy/medical device and a dangerous one at that

Although there is growing evidence in the area, the average time it takes to develop a vaccine is +7 years. My husband and I are trying for kids and I don’t know enough about the impacts on fertility.

The vaccine does little to prevent spread, and I'm not at risk of serious illness or death from Covid, so my being vaccinated provides neither benefit to me nor benefit to the community around me.

Bill Gates and his lizard gang will have to try harder than that. I'm just, I'm not going to take it lmao. lol. Lmao

I will only get it if I absolutely have to otherwise I'm not a big believer in Pākehā medicines.

"This is a bio-weapon and it is not safe to inject. The coercion makes it obvious that Pfizer is up to its old tricks of deceptive marketing, they are the world champion at paying fines for fraud.

The delta outbreak is part of their dodgy marketing to try and vaccinate people. Its still only hurting the really weak and frail and the stats are no worse than any other seasonal illness. The fearmongering must end- the vaccine has failed and was never safe or effective.

It's not a vaccine! It's an experimental MRNA gene therapy jab that causes blood clotting, infertility and ADE, damaging our own natural immune system. Anyone promoting it should be prosecuted for crimes against humanity.

No long term safety data. Doctors being silenced. Following the yellow card, vaers, and carms databases shows horrific side effects and deaths. It does not stop the virus. Uk and Israel government websites data show it is not keeping people out of hospitals or dying.

Concerned you are lining people up like sheep just to get vaxinated without discussing the side effects . Horrified that the death of a New Zealander met with a brush off by the Jacinda and Bloomfield Show.

Mr Bloomfield had to actually think twice about giving his condolence. Jacinda did not even BOTHER!!! If this was my family I would be outraged that Someone close to me was persuaded to vaxinate against . covid because high chance of Covid Killing you. Mm Only Covid did not kill them did it???? The very thing they were persuaded to to take for their health resulted in death.

I am horrified the dangers of people with underlying health issues whom the vaccine may pose a problem possibly are not educated enough about the chance if this vaccine harming them so they can make an informed decision which risk they are prepared to take as both pose a risk, after all it is their life not Miz Arderns.

Noteworthy

- Social media survey post has revealed a small but persistent group of respondents who have posted negative comments and misinformation about:
  - The government and elected leaders
  - The use of ‘Aotearoa’ in survey
  - Vaccinations

Next Steps

- Survey was not proactively promoted over the weekend as planned due to terror attack on Friday and Father's Day on Sunday.
- Survey will be updated to reflect shifts in alert levels.
- Asian Family Health have translated survey into Chinese and Korean – these have been uploaded by Moana Research but a few amendments to be made.
- Once Asian survey is active, proactive promotions will be undertaken of main survey to ensure comparative data with Asian numbers.

SUMMARY

Compared to Week 1

- Similar rates across all sentiments for Question 1, although slightly less are concerned about getting COVID-19.
- Slight increase in anxiety over the delta variant.
- Increase in respondents who were 'very clear' about what to do in alert level 4
- Increase in respondents who found the rules at alert level 4 'very easy' to follow
- Still a proportion of close contacts who do not know what to do
- Less than 5% of respondents stated they will 'definitely not' get the vaccine
- Not all concerns about vaccinations are based on misinformation

SUMMARY

Key Considerations

- Continue to build on existing information and communication channels that have resulted in increased awareness and understanding of alert level rules and restrictions, testing and vaccinations.
- Acknowledge and respond to the levels of anxiety experienced by many individuals and families. Consider the potential need for increased mental health and wellbeing support.
- Herd immunity of 95% can be reached if focus on approaches for vaccine hesitant rather than anti-vaxxers. Test the ethnic-specific differences in coming weeks.
- While some insights from the interviews are reinforced by the survey, some of the insights are not reflected at all confirming a survey bias and the need to place equal emphasis on qualitative approach.

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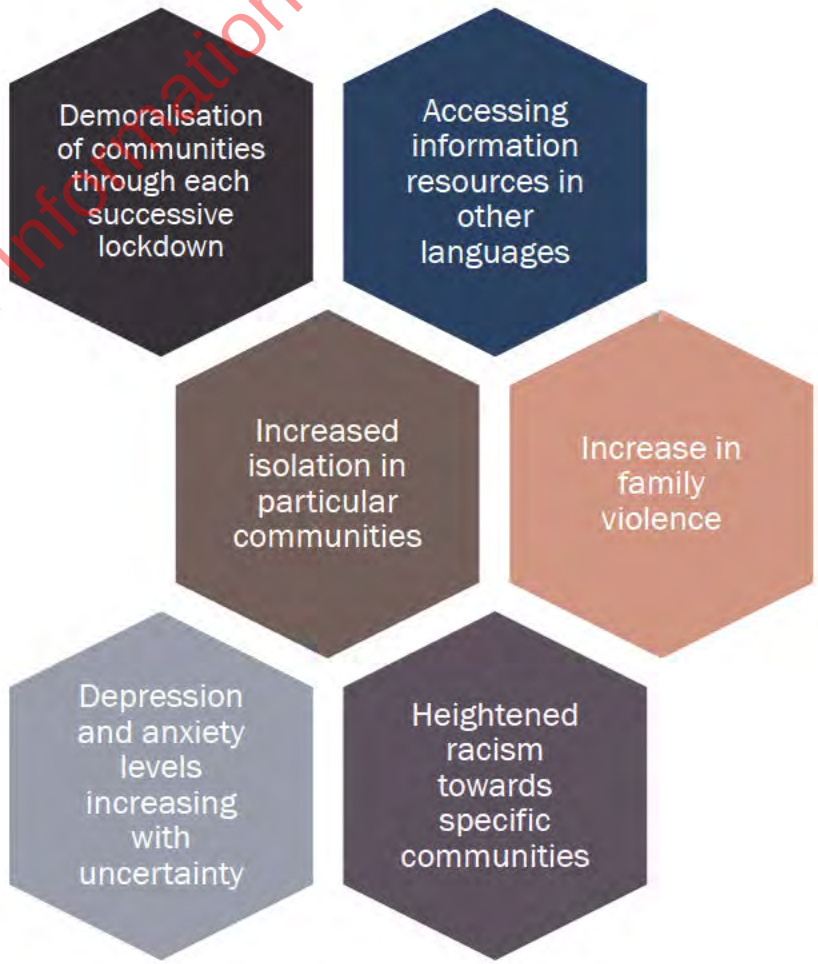
Psychosocial Impacts of COVID-19

From a Community Panel lens

Major issues identified in the Community Panel meetings

- Across the two Community Panel meetings, there have been several major themes illustrated that relate to psychosocial issues arising from COVID-19.
- As illustrated on the right, these themes are complex and multi-dimensional, they will require a response from across government and communities to be resolved.
- Many of the health professionals across all of our independent panels have noted increases in mental health issues arising from COVID-19 and experiences of the pandemic.
- This has become more complex as the pandemic has evolved and feelings of isolation and uncertainty continue to grow.



Examples given by the Community Panel

Accessing things online has the biggest impact on rangatahi. They aren't able to learn effectively and they fall behind in school.

Many ethnic communities are not accessing information from New Zealand, they are accessing information from their home countries and then consuming more misinformation not applicable to NZ.

Some families can't pay for broadband, and even those that can don't have access to enough devices for all members of the family.

Information on how to access mental health services is provided in several languages, but the resources themselves are only provided in English.

Waiting in long queues and trying to keep a two metre distance from others when you have a walker or are in a wheelchair is impossible.

What does this mean?

- Psychosocial wellbeing is more important now than it has ever been. Focusing on equity and ensuring resources are available to everyone in New Zealand, regardless of location, gender, ethnicity, ability, sexual orientation, etc. is the first step.
- Ensuring digital inclusion across all communities is imperative and initiatives such as device recycling programmes need to be accelerated.
- As suggested by s9(2)(a) the focus should not just be on surviving during lockdown but thriving and living well across all Alert Levels.
- Government agencies need to be open to honest and anonymous feedback about services during COVID-19 to ensure that the customer is always getting the best experience possible.

1 in 5 adults aged 15 or over are diagnosed with a mood and/or anxiety disorder. (Ministry of Health, 2019)

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Ensuring an Inclusive COVID-19 Response

Lessons and Insights from Diverse Communities

Background on the Community Panel

- **Purpose:** the Community Panel is designed to ensure that insights and experiences of diverse communities across Aotearoa are reflected in the COVID-19 response
- **Members:** Panel members represent rural, youth, disabled, Māori, Pacific, LGBTQ+, ethnic and religious communities
- **Frequency:** the Panel will hold monthly meetings, in line with the Parliamentary cycle

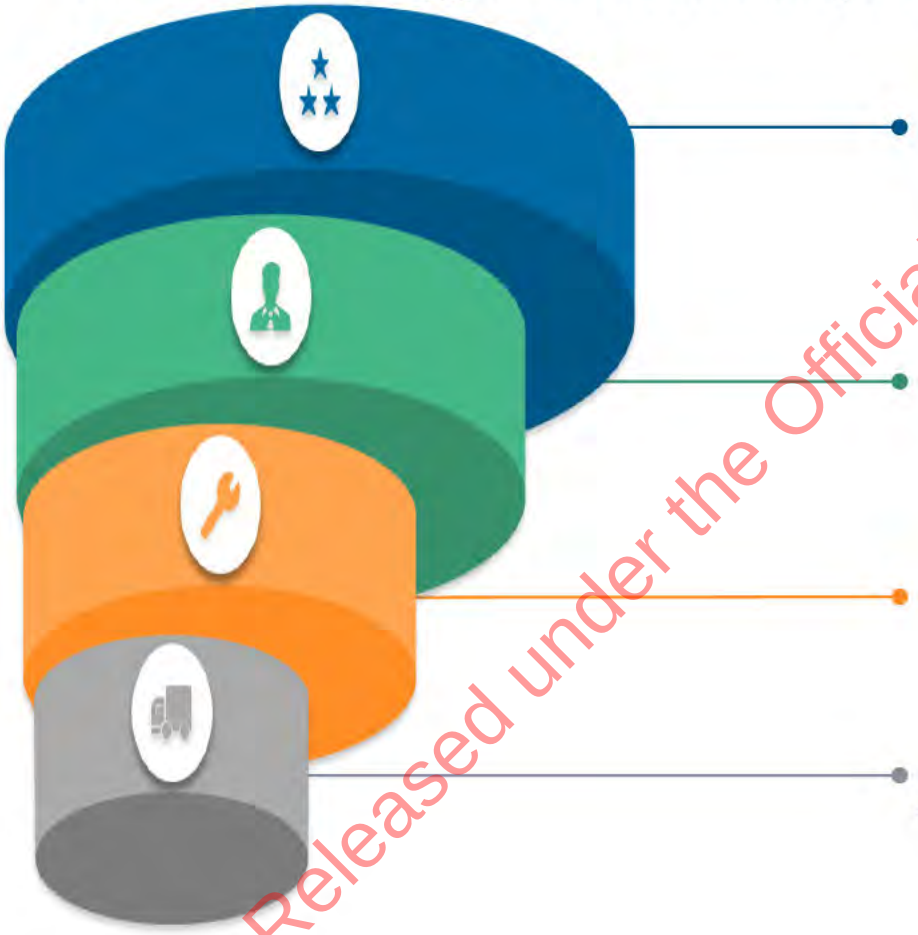
Community Panel Members, from left to right: Sarah Sparks (chair), Jordan Milroy, Api Talemaitoga, Michelle Mascoll, Habib Ulla Marwat, Aram Kim, Callum Woodhouse, Margaret Brown. Anthony Taueki participated virtually.

Rationale: Toward a Community-centred Approach

- New Zealand has led the world in its response to COVID-19
- There remains room for continuous improvement, reduction of risks, and increased responsiveness to diverse needs
- Key objectives:
  - **Cohesion:** Ensuring that system responses are community centric and enabling at its heart
  - **Accessibility:** enhancing the accessibility of public health measures and messaging
  - **Equity:** integrating equity into core initiatives – Reconnecting New Zealand, Alert Level Framework, MIQ, and vaccination strategy

Available does not necessarily mean accessible

Communities struggle with access to system information in four major groupings



Digital Accessibility is not universal

- Issues with digital literacy and connectivity access often marginalises older and rural populations

Communications can be inaccessible to vulnerable communities

- Narratives and messaging need tailoring to elicit interaction and trust with diverse communities

Accessible & inclusive system responses

- Equity interventions need to be a key consideration in access to tools such as vaccines and scanning

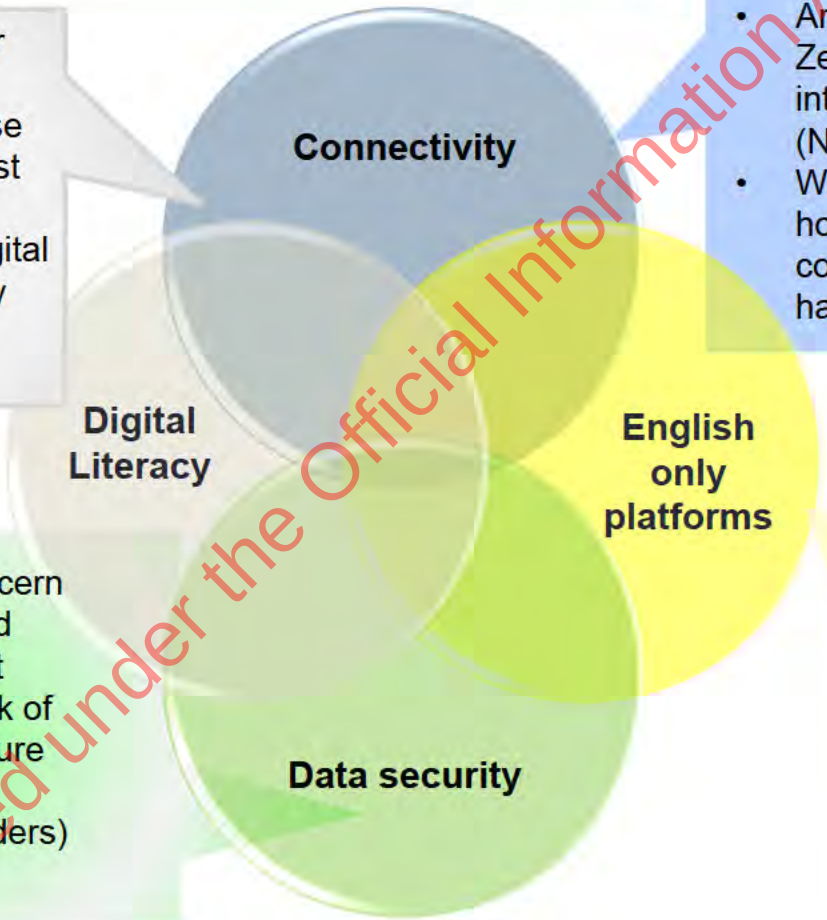
Ensuring social support accessibility

- Delivering targeted support to tackle the collateral damage and social impacts of the pandemic

Digital Accessibility:

"There are kids in my community doing their assignments in McDonalds' car parks"- Antony Taueki

- Digital literacy forms a major challenge for older New Zealanders, particularly those for whom English is not a first language.
- Vaccination bookings via digital links highlighted this inequity reducing uptake amongst diverse populations



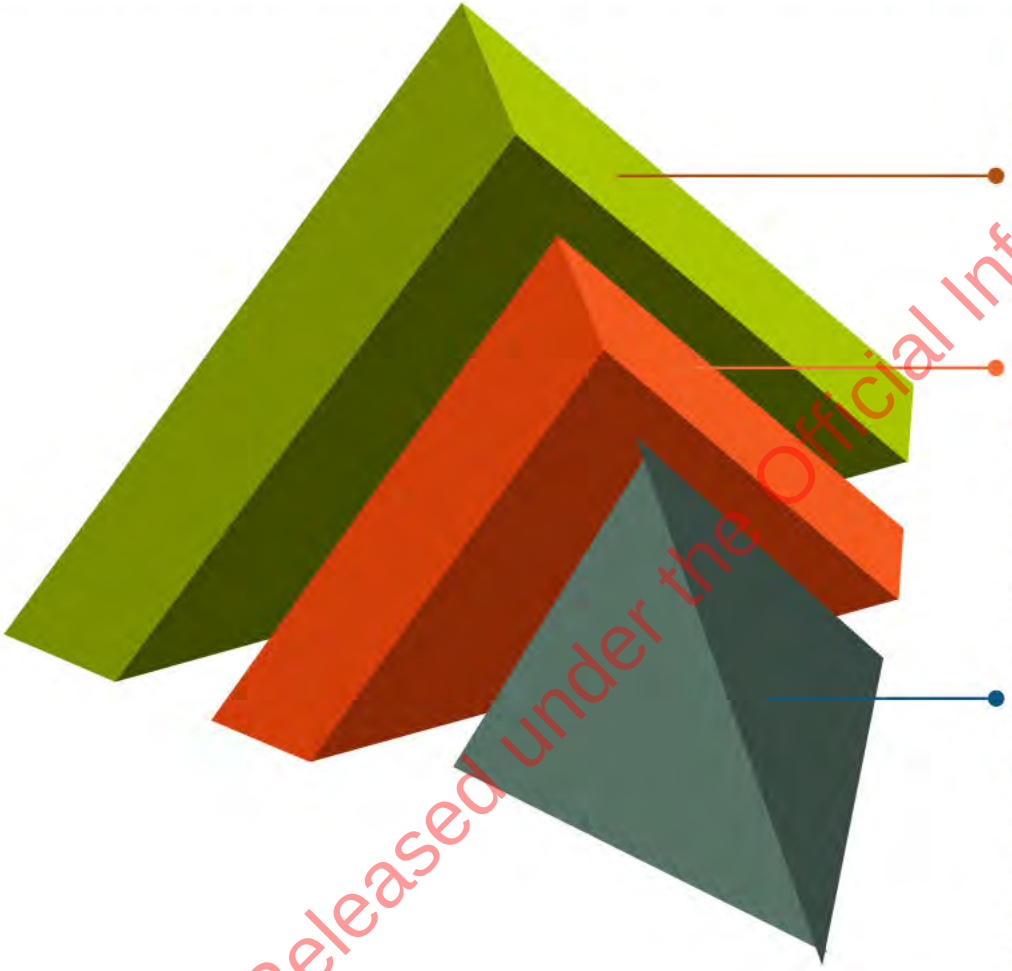
- Around 100,000 children in New Zealand have no access to internet or devices at home (Network4learning).
- With students moving back home in lockdowns, the connectivity issues in rural areas has been a disadvantage.

- Data security is a key concern hindering data sharing and using digital tools to target equity interventions. A lack of trust in existing infrastructure (who often have sparse presence of cultural providers) has aggravated this.

- English only online messaging has meant that diverse communities particularly Māori, Pasifika and older Asian populations have struggled to interact with COVID-19 responses. **DPMC Comms has made this a priority and more languages have been made accessible**

Accessible Communications:

"Many of the people in our community are consuming media from their home country, not New Zealand media"- Dr Aram Kim



Public communications are often inaccessible to non English speakers

Ethnic communities have paid for translation services and has a 15 minute time lag when watching the 1pm press conference. COVID comms are currently available in 28 of the 160 languages spoken in Aoteraoa

Influencers will be key in tackling misinformation

Diverse communities want to hear messages from people they trust. Terms like 'all of government response' while seemingly cohesive to one demographic, is often threatening and unsafe to migrant/ refugee communities. Churches, mosques, ethnic radio and television have huge parts to play here. **DPMC Comms is actively working within this space**

Cultural sensitivity trumps misinformation

Different communities have used various triggers to encourage vaccination and combat misinformation. Whether it is Māori communications aimed at protecting the young, Pasifika focus on community immunity or Islamic communities focussing on the efficacy of the intramuscular nature of the vaccine (to combat halal concerns). These culturally competent messages have proven to be far more successful that traditional vaccination messaging.

Accessibility for All

"You shouldn't have to out yourself (as transgender) to access care" – Michelle Mascoll

"I cannot scan on public transport as being in a wheelchair I cant access the QR code" – Jordon Milroy

Disabled Populations

- Calls to self-isolate must account for the complex needs of disabled populations, who rely on a support network to participate in daily life and are more likely to have reduced immunity.

Māori and Migrant Groups

- Existing systemic racism within the healthcare system has been amplified by the pandemic
- Māori and Pasifika were twice as likely to die from the virus and report discrimination in relationships with government.

Rainbow Communities

- Sexual minorities struggled to access necessary supports during lockdown, and the quality of care was frequently marred by discrimination.
- Only 45% received sexual healthcare during the first lockdown.

Rural Communities

- Rural and youth communities historically struggle to access psychosocial support, which has been accelerated and compounded by the pandemic.
- Calls to Youthline spiked after recent lockdown announcements.

Social Support Accessibility

"How can I self-isolate when I need the support of four or five people to survive?" – Jordon Milroy

Racial and Domestic Violence

- Women encountered increases in domestic violence during COVID-19.
- Racism and discrimination heightened over the pandemic with both the Asian and Polynesian populations facing increasing challenges.
- Homophobia or racism were experienced from agencies that provide food and medical aid.

Over-Crowded Housing

- The living arrangements of Pacific populations are frequently characterised by over-crowding (38.5%, compared to 10.8% of the overall population).
- Isolation is often impossible in these living situations.

"We all know that Pasifika communities are more likely to live in over-crowded housing. This makes calls to self-isolate unrealistic in many cases" – Dr Api Talemaitoga

Psychosocial Well-Being

- Those with pre-existing mental health and addiction challenges are more likely to have co-morbidities, belong to marginalised groups, and have lower incomes.
- Mental health issues that arose from the COVID-19 response were increasing depression and anxiety related to the 'unknown' – not knowing what's going to happen and not having physical family support when families are based overseas, among other issues.

Next Steps

Community Panel Insights

MINISTRY OF HEALTH
MANATŪ HAUC

Unite against COVID-19

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MoH Equity workstreams	DPMC Engagement	Reconnecting New Zealanders work programme	DPMC System Response
Feeding into equity workstreams around vaccinations, testing and access.	Based on the last panel meeting, the DPMC Comms Engagement team ensured that the Reconnecting New Zealanders forum had live translations in over five languages. The team continues to work to ensure the language barrier is targeted and removed.	Addressing community concerns around readiness for Reconnecting New Zealanders work programme and addressing equity insights via groups like the CICRIAG.	Addressing/feeding back equity insights into the teams running point on the government response and enabling messaging loops with officials.

Community Panel to monitor identified actions and convey emerging challenges in upcoming phases of the COVID-19 response to DPMC.

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TITLE	**Details on Different Countries' Approaches to Domestic COVID-19 Vaccine Passes – Brief Insights Report**
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Produced by/location	**Insights and Reporting Team, COVID-19 Group, DPMC**

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Introduction

1. This insights report collates international insights on the use of domestic COVID-19 'vaccine passes'. It builds on the previous report titled '*Different Countries' Approaches to Domestic COVID-19 Vaccine Passes*', and includes insights on how various countries have managed and implemented these 'passes', including which sorts of locations are vaccine passes required, any exemptions in place, locations where vaccine passes are prohibited, and challenges in implementation. The report is not intended to be comprehensive, and further analysis can be provided if required. The countries analysed include Australia, Austria, Canada, Denmark, France, Israel, Italy, Sweden, and the United Kingdom. This includes a mixture of countries that have implemented a domestic COVID-19 vaccine pass, those that are considering implementing one, and those that have implemented and removed it.

What is a COVID-19 Vaccine Pass?

2. For the purpose of this report, a 'COVID-19 vaccine pass' is defined as a medical document that confirms an individual has received a COVID-19 vaccination, and confers some degree of additional freedom to the holder that unvaccinated people do not have.[1] Examples of additional freedoms could be attending sporting or musical events, physically attending a workplace or school, travelling, or going to restaurants or bars.
3. A 'COVID-19 vaccine certificate' is defined as a medical document which confirms that an individual has received a COVID-19 vaccination but does not confer any additional freedoms on its holder. As almost all countries are issuing these certificates, and they are standard medical practice for all vaccinations, they are not discussed further in this report.
4. A vaccine pass generally does not verify anything about the health status of an individual (unlike an 'immunity pass' which verifies that an individual has previously had, and is now immune to, a specific disease).[2] In countries where 'immunity pass' are also in use, or included in the use of vaccine passes, they are mentioned in the below table.

Where Are COVID-19 Vaccine Passes Being Used?

5. There are a number of countries in Europe using a vaccine pass, a small number in Asia, and the Middle East, and some states in the United States, as well as Canada. Most countries in the world have not implemented a vaccine pass. Some countries implemented a vaccine pass but retired it after achieving high vaccination rates, such as Denmark.

Which Events or Venues Require a COVID-19 Vaccine Pass?

6. Common locations that require a vaccine pass to be presented include spaces where people are in close proximity to each other, including hospitality venues such as restaurants, bars and nightclubs, gyms and fitness centres and public spaces such as museums, libraries, and cinemas. Indoor and outdoor event venues where large numbers of people gather were also commonly included, such as sports stadiums. Most countries analysed did not require a vaccine pass to access commercial premises such as shops and shopping centres. However, passes are required to enter shopping centres in France.

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Are There Exemptions to the Requirement to Have a COVID-19 Vaccine Pass?

7. In most countries, exemptions include age (exempting children under 12); and health or medical reasons, such as serious reactions to a first dose of the COVID-19 vaccine, or known allergies to a specific vaccine.

Are There Locations Where a COVID-19 Vaccine Passes are Prohibited?

8. No examples were identified of specific legislation prohibiting vaccine passes in any setting, in any country analysed.

What Challenges Were There in Implementing COVID-19 Vaccine Passes?

9. Challenges to implementing COVID-19 vaccine pass policies included technical issues, backlash from the public, private, and political sectors, financial issues, and ethical and moral considerations.

10. Technical issues included privacy breaches with a prominent example being the Health Pass details of French President Emanuel Macron being hacked.[3] Other technical issues included the transferability of vaccine passes and related information between regional and national health authorities, and also other countries. s6(a) [redacted]

11. Some countries also faced criticism and saw backlash against vaccine passes from public, political and trade sectors. s6(a) [redacted]

12. [redacted]

13. [redacted]

Details by Country

14. The following table outlines a list of some countries using domestic COVID-19 vaccine passes, and further details about the implementation.

Country	Status of Pass: • Possible; • Planned; • Implemented and in use; or • Implemented and removed.	Details
Australia	Planned (VIC, NSW); and Possible (other states)	In Australia, passes have not yet been required anywhere [11] but Prime Minister Scott Morrison has indicated he is supportive of them,[12] and two states are actively planning to implement them: • NSW: Premier Gladys Berejiklian recently announced freedoms for fully vaccinated people once 70% of the state's eligible population are double dosed. These include being able to go to hospitality venues, hairdressers and gyms, and have up to five non-residents visit your home.[13] Vaccination data from the Australian Immunisation Register would be embedded in the Service NSW app (NSW's contact tracing app).[14] • Victoria: A "vaccinated economy" to be piloted in regional Victoria will allow only double-vaccinated people to access events, facilities and services. [15] Areas of regional Victoria were decided for the pilot due to high vaccine rates and low cases of COVID-19.[16] While national cabinet has agreed all Australian states will integrate vaccine certificates in their contact tracing apps,[17] each jurisdiction will decide where, how and when passes would be implemented. *Which Events or Venues Require a COVID-19 Vaccine Pass?* • NSW: NSW have announced fully vaccinated adults (or those with medical exemptions) will be able to have five visitors at home and gather in groups of up to 20 outdoors; attend venues and services such as hospitality, retail, fitness and recreation, including cinemas and museums; attend major recreation outdoor facilities such as stadiums and zoos, capped at 5,000 people; attend ticketed and seated outdoor events of up to 500 people; have up to 50 guests at weddings and funerals. [18] • Victoria: Vaccinated adults may attend restaurants; send their children to childcare; do physical recreation, community sport and outdoor entertainment in groups of up to 50; gather in larger groups for outdoor religious service or at community facilities; attend hairdressers, beauty or personal care; work from the office; attend adult education and nightclubs.[19] Different restrictions apply at different levels of vaccination and depending on whether events take place indoors or outdoors, with those on outdoor religious gatherings capped at 50 under a 70% vaccination rate and 500 for an 80% rate. • WA: The Western Australian premier has indicated the evidence of having received a vaccination will be required for interstate and international travel and possibly to attend sporting events.[20] *Are There Exemptions to the Requirement to Have a COVID-19 Vaccine Pass?* NSW: The NSW Government has provided a checklist for doctors to issue medical exemptions for COVID-19 vaccines. An exemption is only able to be obtained if the patient had a serious adverse reaction to a first dose, has a history of anaphylaxis to a component of the vaccine, or another medical contraindication (such as a major illness, significant immunocompromise, or infection of COVID-19 within the last 6 months).[21] The patient must have contraindications to all available vaccines in order to be exempted, and patients who have contraindications for one vaccine may be offered an alternate brand.[22] [23] *Are There Locations Where a COVID-19 Vaccine Pass are Prohibited?* None noted. s6(a)

Country	Status of Pass: • Possible; • Planned; • Implemented and in use; or • Implemented and removed.	Details
Austria	Implemented and in use	Austria have introduced 'Entry Tests' for locations that require close proximity to others. To gain entry, proof of either a negative COVID-19 test, full vaccination, or past infection (immunity) must be provided. Both official/medical records and the 'EU Digital COVID Certificate' (EUDCC) are accepted.[25]
		Which Events or Venues Require a COVID-19 Vaccine Pass? Entry Tests are required in Austria for all places that have a large number of people congregating within a small space.[26] This includes visiting a restaurant, checking into a hotel or using hotel services, visiting services that require close proximity to others such as hairdressers or health and beauty treatments, indoor and outdoor events including theatres, concerts and sports, and visiting leisure and sport facilities including spas, pools and gyms.[27]
		Are There Exemptions to the Requirement to Have a COVID-19 Vaccine Pass? Vienna requires Entry Tests for anyone over the age of 6. For the rest of the country, Entry Tests are required for anyone over the age of 12.[28]
		Are There Locations Where a COVID-19 Vaccine Pass are Prohibited? There are currently no locations where use of Entry Tests is prohibited in Austria. The Austrian government are considering implementing Entry Tests for general work and in offices.[29]
		s6(a)
Canada	Implemented and in use	Many provinces in Canada have implemented a vaccine pass to demonstrate proof a person has been vaccinated against COVID-19,[30] allowing some additional freedoms, including access to non-essential businesses.[31] Each province has their own program, with most using a digital or physical card that includes a QR code, and Quebec has implemented a 'VaxiCode' mobile app.[32] Some provinces will allow a negative COVID-19 test result in place of proof of vaccine (Alberta and Saskatchewan) while others will only accept a vaccine pass (BC, Manitoba, New Brunswick, Nova Scotia, Ontario, Prince Edward Island, and Quebec).[33] Vaccine passes are endorsed by the Canadian Medical Association, who would like to see them across the country.[34]
		Which Events or Venues Require a COVID-19 Vaccine Pass? For many provinces that have implemented a vaccine requirement, proof of vaccination is required for entry to non-essential businesses, including indoor spaces at restaurants, bars and nightclubs; meeting and event spaces; facilities used for sports and fitness activities such as gyms; sporting events; and concerts, music festivals, theatres and cinemas.[35] Vaccine passes are not required for retail stores, hair salons, or essential businesses such as grocery stores and medical care.[36]
		Are There Exemptions to the Requirement to Have a COVID-19 Vaccine Pass? Children under the age of 12 are generally exempt from vaccine requirements, but can only gain entry with a fully immunised adult.[37] [38] Medical exemptions for a vaccine in Canada include a history of anaphylaxis to a component of the vaccine, a significant allergic reaction to a first dose, or myocarditis (inflammation of the heart muscle, which is a rare vaccine side effect).[39] Some provinces have added further conditions to the list, including Manitoba, where exemptions are available to people currently receiving treatment preventing them from mounting an immune response.[40]
		Are There Locations Where a COVID-19 Vaccine Pass are Prohibited? None noted.

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Country	Status of Pass: • Possible; • Planned; • Implemented and in use; or • Implemented and removed.	Details
		s6(a)
Denmark	Implemented and removed	As at 10 September, Denmark has lifted all COVID-19 related restrictions, with 83% of the population now fully vaccinated.[42] Previously, Denmark was using a 'Coronapas' digital or paper certificate for people who had been vaccinated against, recently tested negative for, or had previously been infected with COVID-19 (immune).[43] The 'Coronapas' was first implemented on April 6 and initially was used to gain entry to businesses including restaurants, bars, cinemas, gyms, sports events and hairdressing salons. Most requirements for the 'Coronapas' were lifted from 1 September, except for nightclubs, large events, and businesses with their own requirements in place.[44] If needed, the Danish government have signalled they could reimpose measures and restrictions in the future, which may include the use of 'Coronapas'.[45]
		Which Events or Venues Require a COVID-19 Vaccine Pass? Nightclubs, bars and restaurants were where the requirement was previously in effect. Since September 10th it is only required when entering the country. Private companies and organizations are allowed to make their own requirements to require a valid Corona Pass.[46]
		Are There Exemptions to the Requirement to Have a COVID-19 Vaccine Pass? Children under 16 are exempt.
		Are There Locations Where a COVID-19 Vaccine Pass are Prohibited? None noted.
		s6(a)
France	Implemented and in use	France have implemented a 'Health Pass', which provides evidence of either full vaccination, a negative test result within the last 48 hours, or recovery from COVID-19 (immunity). A 'Health Pass' must be presented to access a range of public places or activities, including cafes, restaurants, shopping centres, care facilities, and public transport. Passes can be digital, including using the 'TousAntiCovid' app (a contact tracing app) or the 'EU Digital COVID certificate' (EUDCC) app, or on paper.[47] Vaccination and test certificates in France include a QR code that can be scanned for proof of results.[48]
		Which Events or Venues Require a COVID-19 Vaccine Pass? A Health Pass is required to access most public places (restaurants, cafes, museums, theatres, sports stadiums, zoo's, and shopping centres).[49] A Health Pass is not required for workplace/school canteens, takeaway restaurants, doctors' offices, public transport, places of worship, common areas of hotels.
		Are There Exemptions to the Requirement to Have a COVID-19 Vaccine Pass? Medical certificates can be used as temporary exemptions only.
		Are There Locations Where a COVID-19 Vaccine Pass are Prohibited? *N/A*

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Country	Status of Pass: • Possible; • Planned; • Implemented and in use; or • Implemented and removed.	Details
		s6(a)
Israel	Implemented and in use	Israel has implemented a 'Green Pass Scheme'. New time limits will be set as of 3 October 2021 with passes issued to those who have been fully vaccinated, fully vaccinated with a booster job, recovered from COVID-19 (immune), or for children 12 years or under returned a negative test result. The pass is valid for 7 days with a negative test and six months from the date of recovery/immunity or vaccination.[53]
		Which Events or Venues Require a COVID-19 Vaccine Pass? There are a number of public spaces which must comply with the Green Pass guidance including culture and sports and events venues, exercise venues, festivals, hotels conferences and exhibitions, drinking and eating establishments, museums and libraries, tourist attractions and universities.[54] Some variation in which education venues require the Green Pass exists between local councils, based on a traffic light system. Each local council is assigned a traffic light colour based on the recent prevalence of COVID-19. The specific Green Pass regulations for each local council can be searched on the Israeli Ministry of Health website.[55]
		Are There Exemptions to the Requirement to Have a COVID-19 Vaccine Pass? From 3 October 2021, exemptions exist for children under the age of 3, or under the age of 12 years and 3 months if they have a disabled certificate.
		Are There Locations Where a COVID-19 Vaccine Pass are Prohibited? Green Passes were not used in workplaces except for conferences and exhibitions.
		s6(a)
Italy	Implemented and in use	Italy's Green Pass scheme was announced in July in a bid to increase vaccine uptake.[58] The certificate attests the carrier is vaccinated with either the first or second dose, has recovered from COVID-19 in the past six months or has had a negative rapid antigen or PCR test within the last 48 hours. The certificate is available in paper and digital form.[59]
		Which Events or Venues Require a COVID-19 Vaccine Pass? Initially the Green pass was introduced to facilitate travel in Europe and allow participation in large events, and has expanded in step with the reopening of society. Since 6 August, the pass has been required for indoor dining, museums, cinemas/theatres, indoor leisure and exercise facilities, festivals, fairs, casinos and sports stadiums. From 1 September the pass has also been required on inter-regional transport and for school staff.[60] From 15 October all workers will require a Green Pass. Working without a Green Pass could lead to fines of up to €1,500 for business and staff, and could result in suspension or pay deductions.[61] [62] [63]
		Are There Exemptions to the Requirement to Have a COVID-19 Vaccine Pass? Exemptions exist for children under 12, those exempt from vaccination for health reasons, citizens who have received the ReiThera vaccine as part of the Covitar trial and those with proof of vaccination in the Republic of San Marino.[64]

Country	Status of Pass: • Possible; • Planned; • Implemented and in use; or • Implemented and removed.	Details
		Are There Locations Where a COVID-19 Vaccine Pass are Prohibited? The Green Pass is not required for those eating and drinking outdoors or drinking coffee standing at the bar or counter, on local transport, at hotels, in shops, at beaches, at outdoor leisure facilities or for pupils in schools.[65] [66]
		s6(a)
Sweden	Possible	Sweden has indicated they may require vaccination to take part in some activities, which could involve individual businesses choosing to require proof of vaccination from customers.[70] [71] Nothing is in place yet.
		Which Events or Venues Require a COVID-19 Vaccine Pass? On September 29 2021 nearly all remaining pandemic restrictions will be lifted. Prior to this date there were restrictions on bars, public events, workplaces, unvaccinated people and those with COVID-19. Many of Sweden's measures to restrict COVID-19 were recommendations and not regulations Recommendations were used over restrictions because of the emphasis of the Swedish response of relying on personal responsibility, and on high trust between the public and government. [72]After September 29 the only recommendation that will remain is in regards to people staying home and getting tested if they get COVID-19. However, Sweden's Communicable Disease Act makes this mandatory in practice. Sweden, as part of the European Union (EU), can use the EU Digital COVID Certificate (also known as the Green Pass) for international travel but this is only required for international/external travel.
		Are There Exemptions to the Requirement to Have a COVID-19 Vaccine Pass? N/A
		Are There Locations Where a COVID-19 Vaccine Pass are Prohibited? N/A
		s6(a)

Country	Status of Pass: • Possible; • Planned; • Implemented and in use; or • Implemented and removed.	Details
United Kingdom	Plans not progressed in England; Implemented and in use in Scotland and Wales	Access to COVID-19 passes and instances where they are required differ between each nation within the United Kingdom.[76] In England, vaccine passes are available in digital form through the National Health Service (NHS) App, NHS website or via email, as well as in paper form. The pass lasts for 30 days for those vaccinated/previously infected within the last 6 months, or 48 hours for those with a negative PCR or lateral flow test. [77] [78] In Scotland a COVID vaccination certificate is available for those fully vaccinated but not for those with a negative test a and is available through the NHS Scotland App or in paper form.[79] For people in Wales a digital version of the NHS COVID Pass is available to those who were vaccinated in Wales or England through the NHS website, but not through the NHS App. It is also available in paper form, and covers those who test negative with a lateral flow test.[80] [81] Northern Ireland has yet to announce a formal vaccination pass scheme.[82]
		Which Events or Venues Require a COVID-19 Vaccine Pass? Scotland has announced that as of 1 October people will need a COVID Pass to enter nightclubs, adult entertainment venues and large-scale events. In Wales, from 11 October a COVID Pass will be required for nightclubs, unseated indoor live events for more than 500 people, unseated outdoor events for more than 4,000 people or any event for more than 10,000 people. In England, plans to make vaccine passess mandatory at certain venues have not progressed. Despite no formal COVID Pass system being in place in Northern Ireland indoor seated venues will be advised to ask for proof of vaccination or a negative test but it is not legally enforceable.[83]
		Are There Exemptions to the Requirement to Have a COVID-19 Vaccine Pass? In Scotland anyone who has good reason for not getting vaccinated, such as medical conditions, employees working at the venues, people taking part in medical trials and anyone under the age of 18 will be exempt from having to show a COVID Pass.[84] In Wales only those under the age of 18 are exempt from having to use the pass, with those unable to be vaccinated required to get a negative COVID-19 test.[85]
		Are There Locations Where a COVID-19 Vaccine Pass are Prohibited? Although not specifically prohibited in any settings, vaccine pass requirements in Scotland and Wales only apply to nightclubs, adult entertainment venues and larger scale outdoor events. [86] [87]
		s6(a)

[1] Call for public comments: Interim guidance for developing a Smart Vaccination Certificate – Release Candidate 1. 19 Mar 21 https://www.who.int/news-room/articles-detail/call-for-public-comments-interim-guidance-for-developing-a-smart-vaccination-certificate-release-candidate-1 (Accessed 8 Apr 21)
[2] Call for public comments: Interim guidance for developing a Smart Vaccination Certificate – Release Candidate 1. 19 Mar 21 https://www.who.int/news-room/articles-detail/call-for-public-comments-interim-guidance-for-developing-a-smart-vaccination-certificate-release-candidate-1 (Accessed 8 Apr 21)
[3] France 24, Suspects identified in leak of Macron's health pass data, https://www.france24.com/en/france/20210923-suspects-identified-in-macron-health-pass-data-leak, accessed 29 September 2021.
[4] Euronews Mixed jabs, regional anomalies and helpline frustration: Welcome to Italy's Green Pass nightmare. https://www.euronews.com/2021/08/27/mixed-jabs-regional-anomalies-and-helpline-frustration-welcome-to-italy-s-green-pass-night - Accessed 29 September 2021
[5] BNN Bloomberg, Across Canada, vaccine passports are a patchwork. Here's what that looks like, 3 Sep 21, https://www.bnnbloomberg.ca/across-canada-vaccine-passports-are-a-patchwork-here-s-what-that-looks-like-1.1647710, accessed 29 Sep 21
[6] BBC News. England vaccine passport plans ditched, Sajid Javid says. https://www.bbc.com/news/uk-58535258 - Accessed 29 September 2021
[7] The Financial Times. Italy set to make Covid 'green pass' compulsory for all workers. https://www.ft.com/content/4b7d00fa-2a3d-48a8-9a77-660474b5a423 - Accessed 29 September 2021
[8] The New York Times. https://www.nytimes.com/2021/06/01/world/middleeast/israel-covid-restrictions.html. https://www.nytimes.com/2021/06/01/world/middleeast/israel-covid-restrictions.html - Accessed 29 September 2021
[9] Euro News, Protests against COVID health pass held across Europe. HYPERLINK "https://www.euronews.com/2021/08/08/protesters-demonstrating-across-europe-against-vaccination-and-the-health-pass"https://www.euronews.com/2021/08/08/protesters-demonstrating-across-europe-against-vaccination-and-the-health-pass, accessed 30 September 2021.
[10] Politico, The 10 Tribe of the French anti-health pass protests, https://www.politico.eu/article/france-coronavirus-anti-health-pass-protests-10-tribes/, accessed 30 September 2021.
[11] ABC. Australians to have proof of their coronavirus vaccination on their smartphone. 7 Feb 21. https://www.abc.net.au/news/2021-02-07/covid-19-vaccine-certificates-to-be-on-australians-smartphones/13130350 (Accessed 8 Apr 21)
[12] The guardian. Scott Morrison backs vaccine passports, saying businesses have the right to refuse entry. https://www.theguardian.com/australia-news/2021/aug/25/scott-morrison-backs-vaccine-passports-saying-businesses-have-right-to-refuse-entry (Accessed 14 September 2021)
[13] Sydney Morning Herald. As it happened. https://www.smh.com.au/national/australia-news-live-covid-19-infections-continue-to-grow-across-the-nation-regional-victoria-lockdown-restrictions-to-be-eased-20210908-p58pyj.html (Accessed 14 September 2021)
[14] The Conversation. Vaccine passports are coming to Australia. How will they work and what will you need them for? https://theconversation.com/vaccine-passports-are-coming-to-australia-how-will-they-work-and-what-will-you-need-them-for-167531 (Accessed 14 September 2021)
[15] ABC. The Victorian Premier says the state is heading for a 'vaccine economy', here's what that might look like. https://www.abc.net.au/news/2021-09-06/daniel-andrews-vaccine-passport-double-vaccinated/100435606 (Accessed 14 September 2021)
[16] RNZ, Victoria's vaccinated economy trial expanded, 27 September 2021 https://www.rnz.co.nz/news/world/452381/victoria-s-vaccinated-economy-trial-explained Accessed 1 October
[17] The Guardian, Vaccine passports in Australia: who will impose them and how will they work?, 24 Sep 21, https://www.theguardian.com/australia-news/2021/sep/25/vaccine-passports-in-australia-who-will-impose-them-and-how-will-they-work, accessed 29 Sep 21
[18] The Guardian, Vaccine passports in Australia: who will impose them and how will they work?, 24 Sep 21, https://www.theguardian.com/australia-news/2021/sep/25/vaccine-passports-in-australia-who-will-impose-them-and-how-will-they-work, accessed 29 Sep 21
[19] The Guardian, Vaccine passports in Australia: who will impose them and how will they work?, 24 Sep 21, https://www.theguardian.com/australia-news/2021/sep/25/vaccine-passports-in-australia-who-will-impose-them-and-how-will-they-work, accessed 29 Sep 21
[20] The Guardian, Vaccine passports in Australia: who will impose them and how will they work?, 24 Sep 21, https://www.theguardian.com/australia-news/2021/sep/25/vaccine-passports-in-australia-who-will-impose-them-and-how-will-they-work, accessed 29 Sep 21
[21] NSW gov.au, covid-19-vaccine-contraindication.pdf, https://www.health.nsw.gov.au/Infectious/covid-19/vaccine/Documents/covid-19-vaccine-contraindication.pdf, accessed 29 Sep 21
[22] Mondaq, What are the criteria for obtaining a COVID-19 vaccine medical exemption in NSW?, 19 Sep 21, https://www.mondaq.com/australia/operational-impacts-and-strategy/1112896/what-are-the-criteria-for-obtaining-a-covid-19-vaccine-medical-exemption-in-nsw, accessed 29 Sep 21
[23] News.com.au, Coronavirus vaccine exemption: Why so few Aussies qualify for medical exemption, 14 Sep 21, https://www.news.com.au/technology/science/human-body/aussies-seeking-medical-exemptions-from-coronavirus-vaccines-clogging-the-gp-system/news-story/1183673b29ee52c5fff36b6b37dc77ea, accessed 29 Sep 21
[24] The Conversation, Do vaccination passports take away freedoms? It depends on how you frame the question, 2 Sep 21, https://theconversation.com/do-vaccination-passports-take-away-freedoms-it-depends-on-how-you-frame-the-question-166963, accessed 29 Sep 21
[25] How Austria's entry tests work. 2 Sep 21. Safe travels in times of Coronavirus: How Austria's entry tests work (Accessed 14 Sep 21)
[26] Austria, How Austria's COVID-19 "Entry Tests" Work, 21 Sep 21, https://www.austria.info/en/service-and-facts/coronavirus-information/tests, accessed 28 Sep 21
[27] Austria, How Austria's COVID-19 "Entry Tests" Work, 21 Sep 21, https://www.austria.info/en/service-and-facts/coronavirus-information/tests, accessed 28 Sep 21
[28] Austria, How Austria's COVID-19 "Entry Tests" Work, 21 Sep 21, https://www.austria.info/en/service-and-facts/coronavirus-information/tests, accessed 28 Sep 21
[29] Worldakkam, Austria is considering "3G" rules for the workplace, 23 Sep 21, https://worldakkam.com/austria-is-considering-3g-rules-for-the-workplace/347229/, accessed 29 Sep 21
[30] CBC news, Why vaccine passports may be an important tool in boosting vaccination rates, 17 Sep 21, https://www.cbc.ca/news/health/vaccine-passports-vaccination-boost-provinces-1.6178203, accessed 29 Sep 21

[31] SchoolFinder.com, Everything You Need to Know about Vaccine Passports in Canada, 22 Sep 21, https://www.schoolfinder.com/Discover/Article/1/5595/Everything-You-Need-to-Know-about-Vaccine-Passports-in-Canada, accessed 29 Sep 21
[32] BNN Bloomberg, Across Canada, vaccine passports are a patchwork. Here's what that looks like, 3 Sep 21, https://www.bnnbloomberg.ca/across-canada-vaccine-passports-are-a-patchwork-here-s-what-that-looks-like-1.1647710, accessed 29 Sep 21
[33] SchoolFinder.com, Everything You Need to Know about Vaccine Passports in Canada, 22 Sep 21, https://www.schoolfinder.com/Discover/Article/1/5595/Everything-You-Need-to-Know-about-Vaccine-Passports-in-Canada, accessed 29 Sep 21
[34] CTV News, Canadian Medical Association backs vaccine passports for everyone, 1 Sep 21, https://www.ctvnews.ca/canada/canadian-medical-association-backs-vaccine-passports-for-everyone-1.5569297, accessed 29 Sep 21
[35] SchoolFinder.com, Everything You Need to Know about Vaccine Passports in Canada, 22 Sep 21, https://www.schoolfinder.com/Discover/Article/1/5595/Everything-You-Need-to-Know-about-Vaccine-Passports-in-Canada, accessed 29 Sep 21
[36] SchoolFinder.com, Everything You Need to Know about Vaccine Passports in Canada, 22 Sep 21, https://www.schoolfinder.com/Discover/Article/1/5595/Everything-You-Need-to-Know-about-Vaccine-Passports-in-Canada, accessed 29 Sep 21
[37] Government of British Columbia, Proof of vaccination and the BC Vaccine Card - Province of British Columbia, 28 Sep 21, https://www2.gov.bc.ca/gov/content/covid-19/vaccine/proof, updated 29 Sep 21
[38] CTV News, Coronavirus: Manitoba's vaccine requirement takes effect, province to add outdoor gathering limits, 3 Sep 21, https://winnipeg.ctvnews.ca/proof-of-covid-19-vaccination-status-required-to-get-into-these-manitoba-businesses-and-services-starting-friday-1.5570823, 29 Sep 21
[39] The Globe and Mail, As COVID-19 vaccine passports kick in, doctors see a rise in medical exemption requests – but few patients who actually qualify, 22 Sep 21, https://www.theglobeandmail.com/canada/article-as-vaccine-passports-kick-in-doctors-see-a-rise-in-medical-exemption/, accessed 29 Sep 21
[40] The Globe and Mail, As COVID-19 vaccine passports kick in, doctors see a rise in medical exemption requests – but few patients who actually qualify, 22 Sep 21, https://www.theglobeandmail.com/canada/article-as-vaccine-passports-kick-in-doctors-see-a-rise-in-medical-exemption/, accessed 29 Sep 21
[41] BNN Bloomberg, Across Canada, vaccine passports are a patchwork. Here's what that looks like, 3 Sep 21, https://www.bnnbloomberg.ca/across-canada-vaccine-passports-are-a-patchwork-here-s-what-that-looks-like-1.1647710, accessed 29 Sep 21
[42] Denmark lifts all Covid restrictions, crediting high vaccine uptake. 11 Sep 21. https://www.nbcnews.com/science/science-news/denmark-lifts-covid-restrictions-crediting-high-vaccine-uptake-rcna1967 (Accessed 14 Sep 2021)
[43] Corona passport – where and how? 1 Sept 21. https//en.coronasmitte.dk/corona-passport (Accessed 14 Sept 2021)
[44] Denmark to lift all remaining Covid restrictions on 10 September. 27 Aug 21. https://www.theguardian.com/world/2021/aug/27/denmark-to-lift-all-remaining-covid-restrictions-on-10-september (Accessed 14 Sept 21)
[45] Denmark lifts all Covid restrictions, crediting high vaccine uptake. 11 Sep 21. https://www.nbcnews.com/science/science-news/denmark-lifts-covid-restrictions-crediting-high-vaccine-uptake-rcna1967 (Accessed 14 Sep 2021)
[46] Corona passport – where and how?. https//en.coronasmitte.dk/corona-passport, accessed 29 September 2021.
[47] Restrictions and Requirements in Metropolitan France. 29 July 21. https://www.gouvernement.fr/en/coronavirus-covid-19 (Accessed 14 Sep 21)
[48] France's Covid 'pass sanitaire' is not a document, so how do I get it? 23 Aug 21. https://www.connexionfrance.com/Practical/Your-Questions/France-s-Covid-pass-sanitaire-is-not-a-document-so-how-do-I-get-it (Accessed 14 Sep 21)
[49] The Connexion, Checklist: Where and When should I use the French COVID health pass?, HYPERLINK "https://www.connexionfrance.com/French-news/Checklist-Where-and-when-should-I-use-the-French-Covid-health-pass"https://www.connexionfrance.com/French-news/Checklist-Where-and-when-should-I-use-the-French-Covid-health-pass, accessed 29 September 2021.
[50] The Connexion, French Health Pass problems after third Covid dose fixed, states Ameli, https://www.connexionfrance.com/Practical/Health/French-health-pass-problem-after-third-Covid-dose-fixed-states-Ameli, accessed 29 September 2021.
[51] The Conversation, France's Covid Health Pass raises serious ethical questions, https://theconversation.com/frances-covid-health-pass-raises-serious-ethical-questions-165116, accessed 29 September 2021.
[52] France 24, Suspects identified in leak of Macron's health pass data, https://www.france24.com/en/france/20210923-suspects-identified-in-macron-health-pass-data-leak, accessed 29 September 2021.
[53] Government of Israel, Ministry of Health. Green Pass Guidance. https://corona.health.gov.il/en/directives/green-pass-info/ - Accessed 29 September 2021
[54] Government of Israel, Ministry of Health. Green Pass Guidance. https://corona.health.gov.il/en/directives/green-pass-info/ - Accessed 29 September 2021
[55] Government of Israel, Ministry of Health. Local Councils Traffic Light Model. https://corona.health.gov.il/en/local-councils-traffic-light-model/ - Accessed 29 September 2021
[56] The New York Times. https://www.nytimes.com/2021/06/01/world/middleeast/israel-covid-restrictions.html. https://www.nytimes.com/2021/06/01/world/middleeast/israel-covid-restrictions.html - Accessed 29 September 2021
[57] NBC News. Israel to reinstate Covid-19 'Green Pass' vaccine certificates as Delta variant hits https://www.nbcnews.com/news/world/israel-reinstate-covid-19-green-pass-vaccine-certificates-delta-variant-n1274746 - Accessed 29 September 2021
[58] Euro News. Mixed jabs, regional anomalies and helpline frustration: Welcome to Italy's Green Pass nightmare https://www.euronews.com/2021/08/27/mixed-jabs-regional-anomalies-and-helpline-frustration-welcome-to-italy-s-green-pass-night - Accessed 29 September 2021
[59] Government of Italy. What is COVID-19 Green Certification. https://www.dgc.gov.it/web/checose.html - Accessed 29 June 2021
[60] Euro News. Mixed jabs, regional anomalies and helpline frustration: Welcome to Italy's Green Pass nightmare https://www.euronews.com/2021/08/27/mixed-jabs-regional-anomalies-and-helpline-frustration-welcome-to-italy-s-green-pass-night - Accessed 29 September 2021
[61] Reuters. Italy to make COVID 'Green Pass' mmandatory for workers -minister. https://www.reuters.com/article/us-health-coronavirus-italy-green-pass/italy-to-make-covid-green-pass-mandatory-for-workers-minister-idINKBN2GB16G. – Accessed 16 September 2021
[62] BBC News. Covid: Italy to require all workers to show 'green pass' certificate https://www.bbc.com/news/world-europe-58590187 - Accessed 29 September 2021

[63] Wanted in Rome. Green Pass: How to get Italy's digital covid cert and how it works. https://www.wantedinrome.com/news/green-pass-how-to-get-italys-digital-covid-cert-and-how-it-works.html - Accessed 29 September 2021
[64] Government of Italy. What is COVID-19 Green Certification. https://www.dgc.gov.it/web/checose.html - Accessed 29 June 2021
[65] The Local. What can you still do in Italy without a Covid-19 'green pass'? https://www.thelocal.it/20210806/what-can-you-still-do-in-italy-without-a-covid-19-green-pass/ - Accessed 29 September 2021
[66] Government of Italy. What is COVID-19 Green Certification. https://www dgc.gov.it/web/checose.html - Accessed 29 June 2021
[67] Euronews Mixed jabs, regional anomalies and helpline frustration: Welcome to Italy's Green Pass nightmare. https://www.euronews.com/2021/08/27/mixed-jabs-regional-anomalies-and-helpline-frustration-welcome-to-italy-s-green-pass-night - Accessed 29 September 2021
[68] The Financial Times. Italy set to make Covid 'green pass' compulsory for all workers. https://www.ft.com/content/4b7d00fa-2a3d-48a8-9a77-660474b5a423 - Accessed 29 September 2021
[69] CNBC. Italy makes Covid passports mandatory for all employees. https://www.cnbc.com/2021/09/17/europe-vaccine-update-italy-forces-green-pass-france-suspends-workers.html - Accessed 29 September 2021
[70] Sweden to introduce digital 'vaccine passport'. 4 Feb 21 https://www.thelocal.se/20210204/sweden-to-introduce-digital-vaccine-passport/
[71] Reuters. Sweden plans for digital coronavirus 'vaccine passport' by summer. https://www.reuters.com/article/us-health-coronavirus-sweden-vaccine-idUSKBN2A41QU (Accessed 14 September 2021)
[72] Inews. Sweden has had few legally binding Covid restrictions – here's what England can learn as it eases lockdown, https://inews.co.uk/opinion/sweden-covid-restrictions-laws-england-easing-lockdown-19-july-1094682 15 July 2021. Accessed 1 October 2021.
[73] The Local, Sweden 'in violation' of EU law for failing to issue Covid passes to thousands of foreign residents, https://www.thelocal.se/20210825/sweden-in-violation-of-eu-law-for-failing-to-issue-covid-passes-to-everyone/, accessed 29 September 2021.
[74] The Local, Sweden 'in violation' of EU law for failing to issue Covid passes to thousands of foreign residents, https://www.thelocal.se/20210825/sweden-in-violation-of-eu-law-for-failing-to-issue-covid-passes-to-everyone/, accessed 29 September 2021.
[75] AP News, Hundreds in Stockholm protest Sweden's virus restrictions, https://apnews.com/article/europe-sweden-coronavirus-pandemic-stockholm-ceae8d8789ac00f8c0f3c04caa482a5e, accessed 29 September 2021.
[76] BBC News. Covid passports: How do I get one and when will I need it? https://www.bbc.com/news/explainers-55718553 - Accessed 29 September 2021
[77] NHS. Get your NHS COVID Pass letter. https://www.nhs.uk/conditions/coronavirus-covid-19/covid-pass/get-your-covid-pass-letter/ - Accessed 29 September 2021
[78] NHS. Getting a digital NHS COVID Pass. https://www.nhs.uk/conditions/coronavirus-covid-19/get-digital-covid-pass/ - Accessed 29 September 2021
[79] BBC News. Covid passports: How do I get one and when will I need it? https://www.bbc.com/news/explainers-55718553 -Accessed 29 September 2021
[80] BBC News. Covid passports: How do I get one and when will I need it? https://www.bbc.com/news/explainers-55718553 -Accessed 29 September 2021
[81] Government of Wales. NHS COVID Pass: prove your vaccination status. https://gov.wales/nhs-covid-pass-prove-your-vaccination-status - Accessed 29 September 2021
[82] BBC News. Covid passports: How do I get one and when will I need it? https://www.bbc.com/news/explainers-55718553 -Accessed 29 September 2021
[83] BBC News. Covid passports: How do I get one and when will I need it? https://www.bbc.com/news/explainers-55718553 -Accessed 29 September 2021
[84] BBC News. Covid in Scotland: What do we know about the vaccine passport? https://www.bbc.com/news/uk-scotland-58422607 - Accessed 29 September 2021
[85] BBC News. What is a Covid pass and how do I get one? https://www.bbc.com/news/uk-wales-politics-58600373 - Accessed 29 September 2021
[86] BBC News. What is a Covid pass and how do I get one? https://www.bbc.com/news/uk-wales-politics-58600373 - Accessed 29 September 2021
[87] BBC News. Covid in Scotland: What do we know about the vaccine passport? https://www.bbc.com/news/uk-scotland-58422607 - Accessed 29 September 2021
[88] BBC News. England vaccine passport plans ditched, Sajid Javid says. https://www.bbc.com/news/uk-58535258 - Accessed 29 September 2021

Document 16

DEPARTMENT OF THE PRIME MINISTER AND CABINET
TE TARI O TE PIRIMIA ME TE KOMITI MATUA

COMMUNITY PANEL: MEETING AGENDA

Date & time	Wednesday 6 October 2021, 2.00-4.00pm
Location	Zoom: https://us02web.zoom.us/j/85306195659?pwd=bHh0SVlmVG4rME5IT3VnL0xJeCtyQT09
Attendees	Api Talemaitoga, Anthony Taueki, Aram Kim, Callum Woodhouse, Habib Ulla Marwat, Jordon Milroy, Margaret Brown, Michelle Mascoll, Sarah Sparks, Chloe Kincaid (Secretariat), Jessica Ferreira (Panel Coordinator), Amber Bill (General Manager), Daniel Kawana (Strategic Māori Engagement), Rory McKenzie (DPMC Comms) and Megan Stratford (DPMC Reconnecting New Zealanders). Observer – Philip Hill, COVID-19 Independent Continuous Review, Improvement and Advice Group (CICRIAG). Guests – Patricia Joseph, Manager Equity, Vaccination team within Ministry of Health. Atina Malik and Stephen Harris, Reconnecting New Zealanders policy programme within Ministry of Health.
Apologies	

	Agenda item	Duration	Lead
1.	Karakia	5 min	Daniel
2.	Welcome from the Panel Chair and introduction to CICRIAG member.	5 min	Sarah
3.	Welcome and quick catch up with Panel.	10 min	Sarah
4.	Agreement of last minutes.	2 min	Chloe
5.	Reconnecting New Zealanders and domestic vaccination certification.	30 min	Megan/Atina
6.	Discussion on vaccinations and issues that need to be resolved within communities: - Patricia to join meeting	10 min	Sarah Patricia
7.	Lessons/learnings/opportunities from the Alert Level 4 lockdown.	40 min	Panel roundtable

8.	Connecting together government and community organisations. - Discussion on relevant agencies for next series of meetings - Stakeholder mapping	15 min	Sarah/Chloe
9.	Closing remarks/karakia	5 min	Sarah/Anthony?

DEPARTMENT OF THE PRIME MINISTER AND CABINET
TE TARI O TE PIRIMIA ME TE KOMITI MATUA

October Community Panel Meeting Minutes

Date	6 October 2021
Time	2.00-4.00pm
Venue	Zoom
Attendees	Api Talemaitoga, Aram Kim, Anthony Taueki, Habib Ulla Marwat, Jordon Milroy, Michelle Mascoll, Sarah Sparks, Chloe Kincaid, Kimba Stainton-Herbert, Jessica Ferreira, Amber Bill, Daniel Kawana and Rory McKenzie. Guests: Philip Hill from CICRIAG, Stephen Harris from the Ministry of Health and Megan Stratford from DPMC Policy team.
Chair	Sarah Sparks
Minute taker	Chloe Kincaid

Item 1: Welcome and apologies

1. Sarah Sparks welcomed members with a karakia and invited others to take turns at opening and closing the meetings with their own karakia.
2. Sarah sent out readings, including a pānui on ethics to the group ahead of the hui and discussed how she frames these issues when she's reading them to guide her on justification, equity, transparency, legalities, dignity, ethics, Te Tiriti etc.
3. Sarah then welcomed Philip Hill and provided some background on his previous experiences in epidemiology and prior public health research work.

Items 2-9: Minutes and Actions

4. The Panel took turns at giving quick updates on the current situation in their communities. s9(2)(a) and s9(2)(a) both discussed the level of fatigue in their communities and that there is a lot of uncertainty and anxiety in patients that they are seeing.
5. Chloe asked for agreement on the previous minutes which were agreed to.
6. Stephen Harris, a Policy Manager at the Ministry of Health joined the meeting and he provided an **update on the Ministry's Reconnecting New Zealand work programme**. He emphasised that New Zealand is still trying to maintain the elimination strategy by having zero tolerance towards new cases and that greater health system capacity will underpin greater freedoms and less restrictions.
7. The Ministry is currently working on the health system capacity and working across agencies to ensure system readiness. Stephen indicated that the team is currently looking at options for

managing risks with open borders, including community care and containing outbreaks within communities.

8. s9(2)(a) asked about working with Māori health providers and ensuring Te Tiriti obligations are met and Stephen said that these are being considered and his team is working with the Māori Health Directorate.

9. **Megan Stratford then gave an overview of the proposed vaccination certificates** and how they would work domestically in New Zealand.

10. s9(2)(g)(i)

11.

12.

13. Megan said that the vaccination certificate would be likely to be most used for high risk events, e.g. over 100 people. Public health advice is that negative tests are not as effective as vaccinations which means that the preferred method of restriction would be vaccination.

14. s9(2)(g)(i) He gave an example of being at a Samoan vaccination event in South Auckland where food parcels were given out to all those getting vaccinated instead of vouchers for supermarkets, as majority of the supermarkets in that area were locations of interest.

s9(2)(g)(i)

18. s9(2)(g)(i)

a.

b.

c. s9(2)(g)(i)

d.

19. s9(2)(g)(i)

20.

21.

a.

22.

23. The **discussion then moved to lessons/learnings and opportunities** that were gained through the Alert Level 4 lockdown in Auckland:

a. Different communities know what works best for their people. s9(2)(a) gave an example of food vouchers being better than food parcels for people in her community to enable people to get the products they need with dignity (e.g. trans male needing sanitary products).

b. The vaccination taxis have been seen as a positive improvement for people who are still not comfortable being outside or around a lot of other people.

c. There has been over-policing in some areas but then no police presence in others. Example given was that there seems to be a heavy police presence in West Auckland but none in Ponsonby.

d. s9(2)(a) raised the point of trying to remember the people who struggle but don't ask for support. There are many, especially in his community, that need communication, support, assistance but don't ask for it and it's important to be able to help those people.

e. Across communities, many times resources are not distributed evenly, even between NGOs. Some are begging for resources and some (from different ethnic backgrounds) are getting more than they actually need.

24. s9(2)(a) discussed vaccinations and that the last 10-20% of the population either doesn't see vaccination as a priority or has decided not to get vaccinated. He said more resources need to be employed and in innovative ways to convince these people to get vaccinated.

25. s9(2)(a) was concerned that Māori don't have the same vaccination rates as the general population. She had some suggestions for how Māori vaccination rates could be increased, including:

    a. Allowing data sharing with community based health providers to allow them to do targeted vaccination drives in particular communities.

    b. Supporting communities to support their people, e.g. supporting gangs to encourage gang whānau to be vaccinated.

26. All of the Panel members raised issues with the diversity at the 1pm stand-ups. It would be a relatively easy issue to fix and it just reinforces 'otherness' from many communities as they don't see any representation in Government.

27. s9(2)(a) discussed how the lockdowns have shown us about our vulnerabilities to our dependencies, whether it be family, supply chains, healthcare, etc.

28. s9(2)(a) shared that 16 October will be National Vaccine Day and will share the link to the press release with the Panel.

29. s9(2)(g)(i)

30. The **discussion then turned to stakeholders** that the group could engage with to bring the kōrero to a wider audience.

31. s9(2)(a) raised an issue of faith-based members missing from the picture – potentially could engage with the Ministry for Ethnic Communities to include these perspectives.

32. All of the Panel members would like to hear from the Ministry of Social Development in terms of the services they are providing and how their service provision functions. This could also include someone from the Ministry of Youth Development and from the Office for Seniors.

33. s9(2)(a) would like to hear from someone from the Ministry of Education in relation to supporting the education sector as this has a significant impact on families.

34. s9(2)(a) invited Phil p Hill to share his insights to finish the meeting. He shared:

    a. The overlapping areas of insights with the Community Panel and the CICRIAG, including whether resourcing to different social service providers has been biased or unfair and the lack of diversity at the 1pm standups.

    b. He agreed with the criteria methodology needing to be clearer for any sort of vaccination certification and liked Sarah's eight criteria example.

    c. Lastly, he spoke to the relative simplicity of the current Alert Level framework and any move to a different framework would need to maintain simplicity.

35. The **key insights** that came from the panel discussion were:

    a. Accessibility remains a significant issue across the COVID response. There are many areas for improvement and needs to be an important part of future considerations.

    b. There is a lot of exhaustion, particularly in Auckland, with the current settings and response.

c. Communities need to be given more power and resources to make decisions and provide support to their people.

d. Ethnic communities will likely be wary of vaccination certificates because of issues around costs, vaccinations from other countries and how it could be used to prove vaccination in overseas countries.

e. More support and resources need to go into areas of communities that have low vaccination rates to strengthen accessibility and encourage uptake.

Item 9: Final thoughts and wrap up

36. The meeting closed at 4.00pm with a closing karakia from Sarah.

Action register – Live actions

	Date of meeting	Action	Responsible owner	Due date	Comments
1	03/08/2021	All Panel members to sign and send confidentiality and conflict of interest documents.	Panel members.	01/09/2021	COMPLETE
2	03/08/2021	Send amendments to the Terms of Reference before next meeting.	Secretariat.	01/09/2021	COMPLETE
3	03/08/2021	Secretariat to provide Panel with wording to use if asked about Prime Minister's public forum next week.	Secretariat.	06/08/2021	COMPLETE
4	1/09/2021	Provide feedback on the Reconnecting New Zealanders presentation and the stakeholder mapping from DPMC before the next meeting.	Panel members.	01/10/2021	COMPLETE