



Proactive Release

The following documents have been proactively released by the Department of the Prime Minister and Cabinet (DPMC), on behalf of Minister for COVID-19 Response, Hon Dr Ayesha Verrall:

COVID-19 Response Weekly Reports - August 2022

The following documents have been included in this release:

Title of paper: COVID-19 Response Weekly Report 5 August 2022

Title of paper: COVID-19 Response Weekly Report 12 August 2022

Title of paper: COVID-19 Response Weekly Report 18 August 2022

Title of paper: COVID-19 Response Weekly Report 26 August 2022

Some parts of this information release would not be appropriate to release and, if requested, would be withheld under the Official Information Act 1982 (the Act). Where this is the case, the relevant section of the Act that would apply has been identified. Where information has been withheld, no public interest has been identified that would outweigh the reasons for withholding it.

Key to redaction codes:

- Section 9(2)(a), to protect the privacy of natural persons;
- Section 9(2)(f)(iv), to maintain the confidentiality of advice tendered by or to Ministers and officials; and
- Section 9(2)(g)(i), to maintain the effective conduct of public affairs through the free and frank expression of opinion.

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MINISTRY OF BUSINESS,
INNOVATION & EMPLOYMENT
HĪKINA WHAKATUTUKI



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



Te Whatu Ora
Health New Zealand



NEW ZEALAND
FOREIGN AFFAIRS & TRADE
MANATŪ AORERE



BORDER EXECUTIVE BOARD

COVID-19 Response Weekly Report




12 August 2022

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1. Status Summary – Amber and Red Updates

Key		
Symbol	Colour	Meaning
	Green	On track, no roadblocks, no significant delays anticipated
	Amber	Slow progression, some delays, some roadblocks present
	Red	Not progressing, on hold, significant delays

Border Workstreams

	Agency	Last Week	This Week	Agency Comment
Border Reopening and International Connections	BEB			s9(2)(f)(iv)
	MFAT			<ul style="list-style-type: none"> Tokelau is preparing to re-open its border to allow repatriations and access for essential workers for the first time since the outbreak of COVID-19 in Samoa in March 2022. Returnees will be required to stay in established MIQ facilities for ten days on arrival in Tokelau. Community transmission of COVID-19 in Niue has occurred for the first time. There are currently 26 active cases of COVID-19, with several cases having no known link to the border or existing cases. 2,771 new cases of COVID-19 were reported in the past week and 8 further deaths in the Federated States of Micronesia. The total number of deaths since the outbreak began two weeks ago sits at 11. The Republic of Marshall Islands (RMI): RMI reported its first community cases of COVID-19. As at 8 August there are 10 confirmed cases, all based in Majuro, the densely populated capital. One death has been reported.

Other Workstreams

All the other workstreams, including the other Border workstreams, Isolation and Quarantine, Community Protection, Vaccination, and System Readiness & Planning are Green.

2. Approach to Variants of Concern Readiness Summary

Agency	Prior Fortnight	Last Fortnight	Milestone	Agency Comment
DPMC	●	●	<ul style="list-style-type: none"> July 2022: Strategy for managing COVID-19 post-winter, including institutional arrangements, and future proofing legislation. 	<ul style="list-style-type: none"> Completed.
DPMC	●	●	<ul style="list-style-type: none"> 9 August: exercise to ensure system readiness to respond to a new variant of concern. 	<ul style="list-style-type: none"> Completed.
DPMC	●	●	<ul style="list-style-type: none"> End-August: Report to PM and Minister for COVID-19 Response. 	<ul style="list-style-type: none"> On track for report to PM and Minister for COVID-19 Response by 26 August.
Te Whatu Ora	●	●	<ul style="list-style-type: none"> August 2022: Report to Health Ministers on health and disability system preparedness, including testing modality and capacity, contact tracing approach, resource requirements. 	<ul style="list-style-type: none"> A readiness assessment has been conducted against all the key metrics agreed and confirmed with Ministers, to provide assurances that preventative measures are in place to alleviate the burden on health care settings. Alongside the readiness assessment, a Variants of Concern (VoC) assessment has been completed to provide assurance that the health system can respond if a VOC were to present itself. The assessments completed indicate further operational refinements that can be made, including more targeted use of testing and surveillance. Work is underway to further explore and operationalise these refinements. Work is underway across teams to capture future-focused planning for our operational response within baseline and reserve measures. Both the assessments completed and the work currently underway for future-focused planning will feed into a report back to Health Ministers on Health and Disability System preparedness for a Variant of Concern at the end of August. Te Whatu Ora are on track to provide this work the week of 22 August.
MBIE, MoH	●	●	<ul style="list-style-type: none"> July 2022: Version two of the Quarantine and Isolation Capability Readiness Plan. 	<ul style="list-style-type: none"> Completed.
MBIE, MoH	●	●	<ul style="list-style-type: none"> August 2022: Report to COVID-19 Ministers on potential measures to support improved further detail of how self-isolation and quarantine of int'l arrivals as interim measure. 	<ul style="list-style-type: none"> On track to provide version three by 31 August.
DPMC	●	●	<ul style="list-style-type: none"> August 2022: Update National Management Plan (NMP), including high level overview of management of new variants. 	<ul style="list-style-type: none"> V2.4 Catalogue of measures is complete and final revision underway and on track to be completed by the end of August. NMP on track to be complete by end of September, with regular working group meetings underway.
DPMC	●	●	<ul style="list-style-type: none"> CEs provide regular progress reports to COVID-19 Ministers 	<ul style="list-style-type: none"> Covid-19 Chief Executive Board agreed to regular exercising and report to Minister for COVID-19 Response. This will be included in the NMP Next exercise to be led by Ministry of Health as lead agency in Q2 of fiscal year 2022/2023.
DPMC	●	●	<ul style="list-style-type: none"> August 2022: Advice to CAB on whether it is appropriate to revoke the COVID-19 Protection Framework and move to the new strategy. 	<ul style="list-style-type: none"> On track for SWC 24 August.
MSD	●	●	<ul style="list-style-type: none"> s9(2)(f)(iv) 	

3. Insight of Note - Department of the Prime Minister and Cabinet

3.1 Assessing COVID-19 Restrictions and Isolation Requirements Overseas

Introduction

The Insights and Reporting Team in DPMC's COVID-19 Group have analysed COVID-19 restrictions and isolation requirements in Australia, Denmark, Ireland, the Netherlands, Singapore, and the United Kingdom. While the COVID-19 situation differs across these countries, several key themes emerged which are summarised below, and in Table 1.

The majority of countries analysed have removed COVID-19-related public health mandates and restrictions, shifting to a recommendations approach. However, Australia and Singapore continue to require face coverings¹ and COVID-19 vaccinations for certain occupations or activities.¹ Most of the countries analysed have self-isolation requirements for those testing positive for COVID-19. Isolation timeframes, however, vary based on symptom severity and other factors in the majority countries analysed. The United Kingdom is the only country analysed that recommends, but does not require, those testing positive for COVID-19 to self-isolate. None of the countries analysed require close or household contacts of COVID-19 cases to isolate, though Singapore and Australia continue to require close contacts to test to ensure they do not have COVID-19, and also maintain masking requirements. It is difficult to determine trends in the impacts of these changes as there are many other variables in each country. Further detail is available on request.

Table 1: COVID-19 Health Metrics by Country²

Country	Confirmed cases**	COVID-19 patients in hospital*	Deaths**	Population fully vaccinated	Restrictions	Vaccination mandates	Minimum isolation time if COVID-19 positive	Household contact requirements
Australia	1,585	207	3.6	84%	Some mask requirements	Some high-risk professions	7 days	Mask, testing requirements
Denmark	371	93	2.0	82%	N.A.	N.A.	4 days	N.A.
Ireland	135	120	1.6	81%	N.A.	N.A.	7 days	N.A.
Netherlands	186	60	0.3	69%	N.A.	N.A.	5 days	N.A.
Singapore	1,416	143	0.5	92%	Mask requirements	Hospitality; Gatherings ≥500	3 days	Mask, testing requirements
United Kingdom	197	221	2.6	75%	N.A.	N.A.	N.A.	N.A.
New Zealand	1,629	118	3.0	80%	Mask requirements	Some high-risk professions	7 days	Isolation for 7 days, testing requirements

* Per million people, +seven day rolling average.

Note: the date of the data varies, between 20 July and 10 August 2022, based on the availability of the reporting from the different countries.

Health Context

The COVID-19 related situation across the countries analysed from late-July to early-August 2022 varied regarding cases, vaccination rates, hospitalisations, and deaths. Confirmed case numbers of COVID-19 in Australia and Singapore were significantly higher than the other analysed countries. However, this difference is likely the result of lower levels of testing in the United Kingdom, Ireland, Denmark, and the Netherlands given their current approach to COVID-19.³ Levels of COVID-19 vaccination across the total population of each country varied, with the highest percentage of fully vaccinated people in Singapore (92 percent) and the lowest in the Netherlands (69 percent).⁴ Rates of COVID-19 hospitalisations had been falling while deaths had been fluctuating in all of the countries analysed.⁵ The United Kingdom and Australia had the highest death rate over a seven-day rolling average and the highest rate of COVID-19 related hospitalisation.⁶ Ireland, Denmark, and Singapore had lower rates of COVID-19 hospitalisations and deaths,⁷ and the Netherlands had the lowest.

COVID-19 Restrictions and Mandates

Denmark, Ireland, the Netherlands, and the United Kingdom removed all COVID-19-related public health mandates and restrictions in early-2022, shifting to recommendations around reducing COVID-19 infection risk. Both Denmark and the Netherlands provide guidance on preventing COVID-19 infection through encouraging vaccination, good ventilation, proper hygiene, social distancing, and staying home when unwell.⁸ In addition to these measures, Ireland and the United Kingdom also encourage the use of facial coverings in

¹ Australia allows single-use and re-usable face coverings. Singapore requires masks with good filtration and reusable masks with at least two layers of fabric.

crowded enclosed spaces, and in settings with people vulnerable to severe COVID-19 infection, such as hospitals and aged care facilities.⁹

Singapore and Australia have removed many COVID-19 measures, however both countries continue to mandate face coverings and vaccinations for certain occupations or activities. While Singapore has ended capacity limits and distancing requirements, the government mandates facial coverings in indoor settings outside of the home.¹⁰ Proof of vaccination is still required for events with over 500 people, nightclubs, as well as indoor dining in food and beverage establishments.¹¹ Australia has ended most requirements for face coverings in public areas. Across all states, mask mandates only remain in place when using certain modes of transportation, and in settings with vulnerable people, such as hospitals and aged care facilities.¹² In South Australia, masks are also required for unvaccinated staff and visitors of educational facilities.¹³ Requirements to show proof of vaccination across all states have ended for most venues and workplaces. With the exception of Northern Territory and Tasmania, most states have maintained vaccination mandates for those working in healthcare and aged/disability care.¹⁴

Self-isolation Requirements

Both Australia and Ireland require those who test positive for COVID-19 to self-isolate for a minimum of seven days following their test, regardless of symptoms. Across all Australian states individuals must be symptom free for at least 24 hours before they end isolation, and a negative COVID-19 test is not required.¹⁵ Mask use for indoor public places is required in South Australia from days eight through 10 following a positive COVID-19 test.¹⁶ In Ireland, after a minimum of seven days, isolation can end if an individual has been symptom free for 48 hours, with no mask requirements.¹⁷

The Netherlands, Denmark and Singapore have the shortest minimum self-isolation requirements for those testing positive for COVID-19. Isolation timeframes are based on symptom severity and other factors. The Netherlands requires those testing positive for COVID-19 to self-isolate for a minimum of five days up to a maximum of 10 days, with the length of time depending on symptoms.¹⁸ Individuals are allowed to end isolation after five days if they have been symptom free for at least 24 hours. In Denmark, those testing positive for COVID-19 must self-isolate for a minimum of four days but are allowed to end isolation if they have no, or mild, symptoms.¹⁹ Those with severe symptoms must not exit self-isolation until symptoms subside.²⁰ In Singapore, self-isolation timeframes² for COVID-19 cases range from a minimum of three days to a maximum of seven days.²¹ Those who test negative on a RAT following 72 hours of self-isolation are permitted to exit isolation.²² Those who continue to test positive must remain in self-isolation for a maximum of seven days if they are fully vaccinated, and 14 days if they are partially vaccinated.²³

The United Kingdom is the only country analysed that recommends, but does not require, those testing positive for COVID-19 to self-isolate. Those testing positive for COVID-19 in the United Kingdom are advised to stay at home and avoid other people for five days and avoid meeting people at higher risk of developing severe disease from COVID-19 for 10 days.²⁴ The United Kingdom is also shifting public health guidance towards more general advice around symptoms of 'respiratory infections including COVID-19'.²⁵ This includes recommendations to remain home when exhibiting typical symptoms associated with respiratory infections.²⁶

None of the countries analysed require close or household contacts of COVID-19 cases to isolate, though Singapore and Australia continue to impose mask and testing requirements. In Singapore household contacts must do daily RATs for five days, testing negative before leaving their residence, and testing negative before contact with vulnerable people.²⁷ Singapore mandates mask use for all individuals in indoor public venues.²⁸ In Australia, all household contacts must wear face coverings in indoor settings outside of the home for seven days and must avoid contact with vulnerable people.²⁹ Victoria and South Australia also require household contacts to take five RATs over seven days, with each test spaced apart by a minimum of 24 hours, while New South Wales, Australian Capital Territory and Queensland do not require testing unless symptomatic.³⁰ Western Australia and Tasmania require a negative RAT before a household contact leaves their residence, while Northern Territory requires a RAT on day three and day six after becoming a household contact.³¹ Ireland, Denmark, and the Netherlands do not require close or household contacts to isolate, or wear masks when outside of the home.³² The Dutch government advises close contacts to avoid contact with vulnerable people for 10 days.³³ The United Kingdom no longer maintains any requirements for household contacts to isolate, or test if symptomatic, though isolation and mask use is recommended.³⁴

² Eligibility for self-isolation requires COVID-19 cases to be low-risk and within age thresholds.

4. Ministry of Health

4.1 Programme Update

4.1.1 Technical Advisory Group: update

Therapeutics TAG

The COVID-19 Therapeutics Technical Advisory Group (Therapeutics TAG) met on 5 August 2022 and discussed the following items:

- rollout and uptake of antivirals
- update on hospitalisation and mortality data
- equity considerations
- evusheld memo
- guideline update

The next Therapeutics TAG meeting is scheduled for 2 September 2022.

CT TAG

The COVID-19 Testing Technical Advisory Group (CT TAG) met on 2 August 2022 and discussed the following items:

- Testing and clinical guidance update – key focus area
- POCT multiplex test criteria
- POCT serological test criteria
- airfinity update - horizon scanning
- update on Device Applications and Approvals (non-RAT).

The next CT TAG meeting is scheduled for 23 August 2022.

4.1.2 Communications Issues and Activities

As at 9 August 2022

Date	Activity	Lead agency	Comms material	Ministerial Involvement
10 August	First day of using the new Health Survey User (HSU) data so from then it will look like total vaccination rates have dropped.	Manatū Hauora	FYI	FYI
Mid-August	Mid-August 2022 – review of remaining health worker vaccine mandates.	Manatū Hauora	TBC	TBC
Mid-August	Announcement on researchers from across New Zealand being given funding from Manatū Hauora to undertake research into the ongoing impacts of COVID-19 and future pandemic responses.	Manatū Hauora	TBC	TBC

5. Te Whatu Ora

5.1 Items to Note/Updates

5.1.1 COVID-19 Vaccination Insights

The table below shows second COVID-19 booster uptake.

Second booster uptake by age band and ethnicity

Age Group	Māori	Uptake %	Pacific Peoples	Uptake %	Non-Māori / Non-Pacific	Uptake %	Total	Total uptake % ³
12 to 17 ⁴	s9(2)(a)							
18 to 24	348		224		3,996		4,568	
35 to 49	1,095		776		10,974		12,845	
50 to 64	9,572	19.4%	4,398	17.3%	78,097	18.6%	92,067	18.6%
65+	13,486	35.7%	5,029	28.5%	261,551	46%	280,066	44.9%
Grand total	24,503		10,427		351,021		389,550	34.8%

Health Service User update

The Health System User (HSU) population counts the number of people in New Zealand who have used health services over a 12-month period. Until recently, 2020 data has been used to calculate COVID vaccination rates. However, 2021 data is now being used since Monday 8 August.

The move from 2020 HSU data to 2021 HSU data means that the overall estimated two-dose vaccine coverage rates for everyone aged 12 and over has dropped from around 95% to 90%. For Māori, that estimated number has dropped from 88% to 83%, and for Pacific peoples from 97% to 89%.

This technical change to vaccine coverage reporting by Te Whatu Ora – Health New Zealand will see 233,000 more New Zealanders (a 4.7% increase) added to the list of those eligible for COVID-19 vaccinations, as part of continuous improvements to the vaccination programme. This increase includes 35,000 more Māori who have used the health system during the last calendar year, a 4.6% increase.

While moving to the 2021 HSU data has meant a technical decrease in reported vaccination rates overall due to the larger number of people now identified as eligible, it does not mean fewer people are vaccinated. The total number of people aged over 12 who have had at least two vaccination doses rose from 3.63 million on 1 December 2021 to 3.98 million on 1 August 2022.

This update to the HSU is complemented by a review completed by Stats NZ, and the recommendations they released on 4 August. Stats NZ found that the HSU dataset is an appropriate dataset for measuring vaccination, but that it should be updated regularly. Manatū Hauora requested the Stats NZ peer review as part of its commitment to continuously improve the way data is collected to report on vaccination rates, and welcomed the Stats NZ recommendations.

Except for one recommendation which Manatū Hauora (the programme) is still working through with other agencies, every other recommendation has been accepted and the programme is working to implement them. This includes updating the HSU every six months.

Aged Residential Care facilities

The second booster roll out to Aged Residential Care (ARC) facilities continues with 409 out of 676 facilities (61%) having received a second booster visit. The Health Districts are working closely with facilities that have

³ Uptake percentage has not been captured for those under 50, as it is not possible to determine who in those age groups are immunocompromised, and/or healthcare workers as these eligibility criteria are not able to be captured in our reporting systems.

⁴ At times, an authorised prescriber considers the use of vaccine as a first or second booster for a 12-to-17-year-old at high risk of severe health outcomes from COVID-19. This is 'off-label' prescribing of a COVID-19 vaccine under section 25 of the Medicines Act 1981. It requires individual-level risk-benefit decision between the individual, their caregiver, and their authorised prescriber, with documentation of informed consent recommended and a prescription required to access the vaccine.

current outbreaks to ensure that they can enter and vaccinate unaffected residents regardless of whether the facility is in lockdown.

Northland and Whanganui are the first Districts to complete their second booster visits to ARC facilities. Nelson Marlborough and the West Coast Districts are on track to complete their roll outs this coming week.

Communications activity

- Key messages and media support is being provided to Districts following the shift to the 2021 HSU dataset on Tuesday 9 August to clarify why the reporting of updated data will show a decline in vaccination rates based on the updated total population.
- A comprehensive programme of advertising and communications to promote being up to date with boosters will see new advertising appearing in print media, digital and radio later this week. The campaign focuses on why you should get vaccinated (even if you've had COVID-19) and is supported by qualitative research to identify barriers and motivators and inform final messaging. This work includes campaigns designed specifically for Māori and Pacific audiences.
- A range of communication resources which prioritise COVID-19 and flu vaccination within the Gisborne and East Cape region are being developed in partnership with Ngāti Porou. These are intended to raise awareness of winter risks and reaffirm the importance of vaccination.
- A 'Back to the Islands' promotional campaign launched last weekend with four Pacific provider-led vaccination events that administered collectively over 700 COVID-19 and flu vaccinations. A mini survey undertaken of almost 400 participants during one of the events in South Auckland will help identify the promotional methods that were most successful and what motivated people to attend the event. This information will help inform and lift uptake at future 'Back to the Islands' events during August to October.

5.2 Incidents

s9(2)(a)



5.3 Equity

Māori update

A number of providers are transitioning into hauora events, where collective aspects of whānau hauora and wellbeing are the focus, of which vaccination is one part. A number of these events provide on-site entertainment, and support in the form of kai vouchers, movie vouchers, and winter wellness packs.

Examples of events held in the last week include:

- A vaccination event at Bruce Pulman Park in Papakura on 6 August was run by Papakura Marae and the Northern Region Health co-ordination centre (NRHCC). All COVID, MMR and Flu vaccinations were available. 73 COVID-19 vaccinations were administered, one second dose, 22 paediatric, and 50 booster doses.
- Turuki Health and Te Pā ran a health event on Monday 1 August at the Carrington Unitech campus in Tāmaki where all COVID-19 vaccinations and wider immunisations were available.
- Māori and Pasifika health providers in Waikato continue to provide hauora events offering vaccinations and wider health services to target priority groups/communities. These include an event at Te Ao Maarama School in Rototuna, Hamilton where all COVID-19, flu and MMR vaccinations were available, with a total of 318 vaccinations delivered (213 influenza, 30 MMR, 75 COVID-19 vaccinations).
- Kōkiri Hauora have been delivering vaccination services at their Naenae Hub in Lower Hutt where all COVID-19 and influenza vaccinations are available. Kōkiri Hauora have been focusing on promoting boosters to whānau.
- Manurewa Marae continue to consolidate their outreach clinics during the weekdays and weekends across three locations to ensure whānau are able to access vaccination services.

Mā te kōrero ka eke

Ngā kura ā iwi, a membership organisation with 39 kura committed to fulfilling aspirations of iwi, held their conference in Rotorua with more than 400 staff attending. The conference provided an opportunity for people to connect as well as receive Māori healing and vaccination services.

Te Oranganui Trust in Whanganui have agreed to support the Ma te kōrero ka eke (national kura kaupapa strategy) and will work closely with kura kaupapa Māori o Tupoho to ascertain what events they can deliver to support whānau hauora.

Pacific Update

Pacific Vaccination Events

Two Pacific health providers held two community-led vaccination events on Saturday 6 August in South Auckland. A total of 990 COVID-19 and influenza vaccinations were administered across the two events, with the Bader Drive Family Clinic event administering 650 COVID-19 and influenza vaccinations, and the Pasefika Family Health Group event administering 340 COVID-19 and influenza vaccinations. Booster doses continue to make up the majority of vaccinations administered at these events, with boosters comprising 90% of vaccinations administered.

Disability Update

COVID-19 Vaccine and Immunisation Peer Support Fund

Following the funding of 19 mental health and Alcohol and Other Drug (AOD) Peer Support organisations across the motu through the COVID-19 Vaccine and Peer Support Fund, the NIP Equity team, in partnership with the Ministry of Health's Mental Health and Addictions Directorate, are looking to run a second round of funding. This will use up the current underspend remaining from the first round of funding. Applications are expected to open in late August, with applications to be assessed by a panel in September.

6. Managed Isolation and Quarantine Weekly Report

6.1 Items to note

6.1.1 LAMP Trial

The Lucira LAMP trial has now been completed.

The CHECK IT COVID-19 Test Kit met the usability study goal by demonstrating a 95% success rate for all stages of testing and a 95% success rate for each of the 3 possible result interpretations.

The trial had excellent participation rates and engagement, with valuable feedback and insights obtained, with the potential to aid in developing and implementing appropriate use cases for the technology in New Zealand.

Air New Zealand have advised that notwithstanding the results of the trial they will continue to utilise the tests for their crew members travelling to other China based destinations and other Asian destinations as appropriate.

The final trial report has been shared with the MOH. MBIE, Lucira and Air New Zealand are considering what public announcements will be on the outcome of the trial.

6.2 Operational Update

6.2.1 Invoicing

The table below shows the number of invoices issued as at 7 August 2022.

Invoices have various repayment terms depending on whether they are a sports group (10 days), critical worker (30 days) or standard returnee/maritime crew/aircrew (90 days).

Please note that for all arrivals from the 20th of August 2021, all invoicing had payment terms of 30 days except for sports groups under Crown Service Agreements who have 10 days.

INVOICES ISSUED	INVOICES PAID	INVOICES ISSUED - NOT YET DUE	INVOICES OVERDUE	INVOICES WRITTEN OFF
56,676	44,174 (78% of invoices issued)	59 (0.1% of invoices issued)	9,492 (17% of invoices issued)	2,951 invoices (5%)
TOTAL VALUE OF INVOICES ISSUED	PAID (BY VALUE)	ISSUED - NOT YET DUE (BY VALUE)	INVOICES OVERDUE (BY VALUE)	INVOICES WRITTEN OFF (BY VALUE)
\$216M	\$182M 84%	\$156K 0.1%	\$23M 11%	\$10.5M 4.8%
<ul style="list-style-type: none"> There are 13,942 unmatched records in the database that need to have their liability determined before invoicing. A project team has been established to investigate the most effective way to invoice the unmatched data. Data analytic approaches are underway and manual matching trials have been successfully completed 			90+ days overdue 5,509 invoices \$16.3M (by value) 7% (by value of all invoices issued)	

6.2.2 Debt Recovery

The debt recovery percentage remains at 84%, which is against our nominal target recovery of 90%.

As of 7 August, 15,110 invoices worth \$45m have been passed to our debt partner. In addition:

- \$17.8m has now been paid (an increase of \$524k).
- A further \$583k of debt is under instalment and is expected to be converted to payments over coming weeks.
- There are 217 active fee waiver requests, while applications are processed, they are recorded as outstanding debt.

6.3 Ombudsman Complaints

As at 8 August there are 10 active investigations:

- one is on policy advice;
- four are on emergency allocations;
- two are on exemptions from managed isolation;
- one relates to a declined fee waiver;
- one is about facilities; and
- one is the Chief Ombudsman's self-initiated investigation.

To date, 205 investigations have been closed, with the Chief Ombudsman issuing 93 opinions in MBIE's favour and eight final opinions against MBIE.

There are 64 preliminary enquiries. Preliminary enquiries are cases where the Ombudsman requests the file to assess the complaint and determine next steps.

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7. Border Executive Board Report

7.1 Items to Note/Update

7.1.1 Border Executive Board Meeting

The Board met on 10 August 2022. There are no issues requiring your attention.

Mycloplasma Bovis (M.bovis) Insights for the Border

The key insights for the border on managing a significant event such as M.bovis were:

- ensure strong governance models are in place with agreed accountabilities;
- plan for and enable regional/frontline decision making frameworks;
- create support/pastoral care for staff as pressure mounts very rapidly;
- create welfare support for those impacted by the response;
- plan for management of rapid escalation of leadership and workforce with dedicated recruitment, on-boarding, induction and support that is scalable; and
- ensure planning for management of downsizing/exiting of workforce at end of response while maintaining ongoing capability at tail end.

The Border Executive Board construct supports strong governance and the ability to support a member agency leading a significant response.

The Board encouraged MPI to share the presentation with other groups across government who have a response responsibility, such as the Security Intelligence Board and the National Emergency Management Agency.

Foot and Mouth Disease

The Director-General of MPI intends to seek agency participation from across Government into a four-week type sprint to finalise the details of response plans that spanned bio-security operational matters through to support for business and employees.

7.1.2 Maritime Border Programme update

Maritime re-opening: first cruise ship in 2022

The first cruise ship to arrive in New Zealand in over two years, The Pacific Explorer, will arrive into Auckland in the morning of Friday 12 August. It is understood that the Prime Minister will be attending the pre-arrival events.

Border agencies are ready to process the ship and its passengers at the Cloud at Queens Wharf. Customs has received the Extended Notice of Arrival and all on board are listed as vaccinated. The majority of the 1,147 passengers are expected to leave the ship for day activities before returning to the ship. They will pass through the Cloud and will be subject to random vaccination/exemption compliance sampling.

The latest information is that three crew members are COVID-positive and are isolating on board. All passengers and crew were due to be tested on 11 August, before arrival into Auckland. Auckland Regional Public Health have accepted the Pacific Explorer's Safe plan (Vessel Outbreak Management plan) and will receive the ship's health declaration prior to arrival.

8. New Zealand Customs Service Weekly Report

8.1 Items to Note/Updates

8.1.1 New Zealand Traveller Declaration support to Foot and Mouth disease risk mitigation

The New Zealand Traveller Declaration Programme has added a question to the eGate at Customs' passport control which asks whether a traveller has been in Indonesia in the last 30 days. The integrated communications campaign includes foot-and-mouth messaging on the New Zealand Traveller Declaration website, a social media campaign targeting travellers from Indonesia, and foot-and-mouth messaging in emails provided to travellers when they receive their Traveller Pass.

9. Strategic COVID-19 Public Health Advisory Group

The Strategic COVID-19 Public Health Advisory Group met on Wednesday 10 August. The key outcome from the meeting was the commissioning you provided verbally to the Group seeking advice on vaccination priorities. The Group also received an update on current modelling from DPMC, and engaged with Dr Andrew Old on the health system transition and COVID-19 mortality data. The next meeting of the Group will be in a fortnight and will focus on responding to your commissioning.

10. Upcoming Cabinet Papers

s9(2)(f)(iv)



References for the Insight of Note Available on Request. Thank you to the following teams that assisted with the Insight of Note report: the Ministry of Health and the Ministry of Foreign Affairs and Trade.
