



COVID-19 Response Weekly Report

3 June 2022

Contents

1. Status Summary	2
2. COVID-19 Insights	6
2.1 Insight of Note Written by the Department of the Prime Minister and Cabinet	6
3. Ministry of Health	10
3.1 Policy/Programme Updates	10
4. Managed Isolation and Quarantine Weekly Report	19
4.1 Transition and Readiness	19
4.2 Operational Update	20
4.3 Ombudsman Complaints.....	22
4.4 Upcoming Communications Issues and Activities.....	23
5. Border Executive Board Report	24
5.1 Items to Note / Update	24
5.1.1 Border Executive Board Meeting	24
5.1.2 Reconnecting New Zealanders Programme.....	24
6. New Zealand Customs Service Weekly Report	25
6.1 Items to Note/Updates	25
7. COVID-19 Chief Executives Board	26
7.1 Items to note/updates	26
8. COVID-19 Independent Continuous Review, Improvement and Advice Group	26
8.1 Items to note/updates	26
9. Strategic COVID-19 Public Health Advisory Group	26
9.1 Items to note/updates	26
10. Business Leaders Forum	26
10.1 Items to note/updates	26
11. Community Panel.....	26
11.1 Items to note/updates	26
12. Government Modelling Group.....	26
12.1 Items to note/updates	26
13. Office of the Auditor-General Performance Audit.....	27
14. Upcoming Cabinet Papers.....	28

1. Status Summary

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

Agency	Last Week	This Week	Agency Comment
Reconnecting New Zealanders	MOH	●	<ul style="list-style-type: none"> The Ministry of Health is currently updating the COVID-19 Public Health Response (Air Border) Order 2021. The changes will reflect recent decisions to remove vaccine and traveller declaration requirements for transit passengers, and to allow unvaccinated residence class visa holders to enter New Zealand. The changes will also address decisions made in relation to removing pre-departure testing. The gradual reopening of the international border provides for the entry of cruise ships from 31 July 2022. While the cruise ship season does not usually start until October 2022, New Zealand Customs Service advise it is possible that a small number of cruise ships may seek to come to New Zealand from August 2022. At this stage, provisional information indicates five cruise ships are planning to come to New Zealand ports in October 2022. Based on recent decisions made by Ministers, post arrival testing and vaccination requirements will be clarified for maritime crew and travellers in due course. On 25 May 2022, the COVID-19 Public Health Response (Required Testing) Order 2020 (RTO) was revoked in full, removing the testing mandates that specified groups of border workers take part in regular surveillance testing and medical examination for COVID-19. These changes are expected to be in force from mid-June 2022. It was also agreed that border workers should be removed from inclusion in the Vaccination Order. The amended Vaccination Order is also expected to be in force from mid-June 2022. On 31 May 2022, the COVID-19 Chief Executives Board agreed to transfer accountability for the Reconnecting New Zealanders (RNZ) Portfolio to the Border Executive Board (BEB) and to transfer Reconnecting New Zealanders Portfolio functions to the BEB effective from today. This means that the BEB will be responsible for implementing the remaining two steps of the RNZ programme relating to the work visas (including the Accredited Employer work visa) and the visitor/education visas. The Ministry of Health will continue supporting the work of the BEB going forward.
	BEB	●	<p>Air border implementation</p> <ul style="list-style-type: none"> Jetstar commenced Wellington trans-Tasman operations from 1 June 2022. Operational issues continue to be worked through relating to AvSec on outward flows at Auckland Airport and rejections at e-Gates.
	BEB	●	<p>Maritime border programme</p> <ul style="list-style-type: none"> Advice on the legal mechanism for implementing vaccination requirements at the maritime border and the compliance approach was submitted on 1 June 2022 (BEB and Ministry of Health). An update on the operational readiness of agencies and communities for the border reopening on 31 July 2022 is underway and a report will be submitted in June 2022. The next operational readiness update to the BEB is at the 8 June 2022 meeting.
Pacific Travel	MFAT	●	<ul style="list-style-type: none"> Officials continue to assist Niue in their preparation for border reopening on 27 June s6(a) PDT and on-arrival PCR testing for all travellers will continue, and detection and localised containment of COVID-19 remains the preferred approach once quarantine free travel (QFT) resumes s6(a) The three positive cases of COVID-19 reported in Tuvalu, in MIQ are still active. No reports of community transmission, s9(2)(g)(i) s6(a) Tuvalu has also extended the time required in MIQ a further 10 days for those currently in the facility (this is on the top of the original three days in Fiji and 14 days in Tuvalu). Fiji no longer requires pre-departure testing for travellers, however international arrivals must complete a RAT test within 72 hours of arrival at a pre-approved pharmacy. Travellers to Fiji are required to be vaccinated. Solomon Islands cabinet has approved the 1 July 2022 border reopening. The quarantine period for all international travellers has been reduced to 6 days as of 1 June and all domestic restrictions were lifted on 31 May 2022. Home quarantine will be phased in from 1 July with the period reducing to 3 days. Kiribati is likely to make an announcement in the coming weeks on their border settings. Officials expect regular commercial flight pathways to resume in July, with quarantine on arrival remaining.

Isolation and Quarantine

	Agency	Last Week	→ This Week	Agency Comment
Self - Isolation	Managed Isolation			<p><i>Decommissioning of Facilities</i></p> <ul style="list-style-type: none"> To date a total of 26 facilities have been decommissioned and handed back. The 'make good' work on these facilities continues. The Commodore Hotel Christchurch has now been de-designated and will also be decommissioned by the end of June. Decommissioning for the final three currently in-use facilities is on track with the proposed date of 31 July for de-designation and 31 August for decommissioning. Of the remaining six, two community facilities will be decommissioned on 30 June. Planning is also underway for the decommissioning of our three regional offices. MBIE will provide your office with further information once the project plan is confirmed.
	MOH	●	●	<ul style="list-style-type: none"> No Update

Community Protection

	Agency	Last Week	→ This Week	
Surveillance and Testing	MOH	●	●	<ul style="list-style-type: none"> No Update
	MOH	●	●	<ul style="list-style-type: none"> No Update
Contact Tracing	MOH	●	●	<ul style="list-style-type: none"> No update.
	MOH	●	●	<ul style="list-style-type: none"> The Ministry of Health's Care in the Community (CitC) data and digital team are planning sessions to support the ongoing training of Hubs in COVID Clinical Care Module. CitC are working with the pharmacy sector to explore opportunities where community pharmacies can support winter wellness to a greater extent, including lowering barriers to access to COVID-19 oral therapeutics. A dedicated working group established by the Pharmacy sector met last week. Funding has been set aside to support communications and the provision of care packages for the disabled community. A pool of \$2 million will be made available through grant applications for the delivery of a tailored regional and local response for the disabled population. The proposed community initiatives must be aimed at either supporting individuals, their carer or household contact, who tests positive for COVID-19 through the CitC pathway or supporting the provision of pre-isolation care packages for disabled individuals and their whanau by disability-focused organisations and providers.

Proactively Released

Vaccination

Agency	Last Week	This Week	
MoH	●	●	<p><i>COVID-19 vaccination</i></p> <ul style="list-style-type: none"> As at 11.59pm on 31 May 2022 the following is true. <ul style="list-style-type: none"> 11,085,535 COVID-19 vaccinations have been delivered. 3,979,580 people have received two doses of vaccine. 2,647,908 booster doses have been administered. 73 percent of people eligible for a booster have received a booster. 96 percent of the eligible 12+ population has now received at least one dose, and 95 percent have received two doses. 262,994 Pfizer Paediatric first doses have been administered, with 55 percent of children aged 5-to-11-years having received their first dose of vaccine. 124,523 Paediatric second doses, 25 percent of this population, have been administered. DHBs continue to work to increase uptake of COVID-19 vaccination for all cohorts, with targeted events continuing across the motu. Māori health providers continue to deliver outreach services to support whānau to get vaccinated. DHBs across the motu continue working closely with schools and kura to schedule on site vaccination clinics. Strategies from the more successful DHBs have been shared to replicate the process. The programme's technical advisory group (CV-TAG) have provided advice that sufficient data now exists to safely use the Novavax vaccine as a booster dose. Medsafe has advised they will be considering an application to approve Novavax as a booster. Should use of the Novavax vaccine as a booster be approved, the rollout is expected to commence in June 2022. The successful release of phase one of the updated My Vaccine Pass (MVP) has seen low-to-moderate demand from the public. The MVP phase two was successfully released on 31 May 2022 and will enable those who have been infected in the last three months to request a temporary MVP along with recent international arrivals. <p><i>Fourth Dose</i></p> <ul style="list-style-type: none"> Focus has turned to implementing the fourth dose. On 27 May 2022, Minister Hipkins announced that those most at risk of serious illness from COVID-19 would have the opportunity to receive a second booster six months after their first booster. The expedited legislative process to amend the Medicines Act 1981 to enable delegations to the Director-General of Health for an off-label use of Pfizer COVID-19 vaccines remains on track with a Cabinet Paper being considered by the Cabinet Legislation Committee on 1 June. A decision on the definition of the group who will be eligible for a second booster will be made within two weeks. In the week beginning 23 May 2022, the Australian Technical Advisory Group for Immunisation announced an expanded group of people eligible for a fourth dose. CV-TAG has been asked to consider if this would alter its current advice on eligibility. The Ministry of Health will provide advice to Ministers on any proposed changes to suggested eligibility for the fourth dose within the next two weeks. <p><i>Influenza vaccinations</i></p> <ul style="list-style-type: none"> Rollout of influenza vaccinations continues at pace. As at 11.59pm on 28 May 2022, 896,828 doses of influenza vaccine have been administered. 494,515 doses have been administered to people aged 65 and older (60.8 percent of the total eligible group). To date, 11 Māori partners have returned signed agreements to extend data sharing arrangements to flu vaccination data. This extension means these partners now receive flu vaccination status data for unvaccinated Māori and Pacific peoples aged 55 and over. <p><i>MMR vaccinations</i></p> <ul style="list-style-type: none"> 3,013 doses of MMR vaccine were administered in the week of 21 May to 27 May 2022. The Ministry is working with providers on their delivery plans for MMR vaccinations at community events to boost the uptake of MMR. A campaign summary and insights from the recent MMR direct marketing that took place in Counties Manukau DHB will be produced in the week beginning 6 June 2022 and will be used to inform future campaigns. <p><i>Outreach and achieving equity</i></p> <ul style="list-style-type: none"> DHBs continue to work to increase uptake of COVID-19 vaccination for all cohorts, with targeted events continuing across the motu. Regional strategies continue to be progressed. For example, in Te Tai Tokerau the Whātoro Strategy, a mobile outreach strategy based on the Maramataka (Māori lunar calendar), will launch in the third week of June 2022. This strategy will focus on the differing wellbeing needs of the Te Tai Tokerau community throughout various stages of the lunar calendar. Planning with the next tranche of DHB sprints is underway with Whanganui, Waikato, and West Coast DHBs. Key focus cohorts are being finalised for each district. <p><i>5-11-year-olds</i></p> <ul style="list-style-type: none"> DHB Regional Area Managers have shared advice to Northland, Lakes, Whanganui, and West Coast DHBs about the most successful strategies for achieving greater engagement to facilitate support for COVID-19 vaccination with schools and kura. Following this, Whanganui DHB is already commencing clinics outside of school hours, which take place near or on school grounds. Taranaki DHB commenced its new series of winter wellness sprint events targeting 5-to-11-year-olds on 26 May 2022. Flu and MMR vaccines will also be available alongside paediatric COVID-19 vaccines.

Implementation and operation

System Readiness & Planning

	Agency	Last Week	This Week	Agency Comment on Status of Focus Area
System Readiness	Health Supply Chain MoH	●	●	<ul style="list-style-type: none"> Overall supply and distribution of RATs is very steady, with good volumes of RATs in stock and being distributed. As at 26 May 2022, the Ministry of Health had 46.1 million RATs in stock on hand (40-week supply, 67 percent increase based on demand for the last six weeks), and 36.1 million RATs on order to 30 June. Based on modelling indications, cancellation of a current order of 13 million RATs is being considered. Approximately 700,000 RATs were dispatched from the warehouse in the week ending 27 May 2022 (53 percent decrease on the previous week's 1.5 million but is expected to increase over winter). Existing stock volumes are surge-ready. In the week ending 25 May 2022, there were 30,000 orders placed in the RAT requestor system (representing 109,000 people). These numbers exclude people accessing RATs via workplaces and community providers. As at 26 May 2022, Healthpoint shows over 500 RAT collection points (including 354 collection sites, 98 Community Testing Centres, and 98 providers supporting priority population groups). With 522 locations offering supervised RATs for travel and courts, the total number of sites offering RAT collection and/or testing is 923. Currently, 17 RATs and five rapid molecular Point-of-Care tests are authorised for use in the public health response. In total on 1 June 2022, 27 Point-of-care Test applications are open: 16 are undergoing stage two technical evaluation, nine are pending stage one review of the minimum selection criteria, and two are awaiting approval letters sign-off.
	DPMC	●	●	<ul style="list-style-type: none"> s9(2)(f)(iv) Fortnightly NRG meetings are in place to maintain oversight and integration across the AoG system.
	MOH	●	●	<ul style="list-style-type: none"> In the week ending 27 May 2022, the Ministry of Health's Winter Resilience Taskforce formally identified and approved initiatives and attendance action plans to be organised and progressed by the Care in the Community (CitC) programme. These include a Winter Wellness messaging campaign, Care Coordination Hub review of historic patients to ensure connection with a primary care provider, use of clinical outreach teams (where they exist) to provide CitC for non-COVID acute respiratory infections, and expanding the use of CitC clinical resources, such as telehealth, to support non-COVID acute respiratory infections to relieve the burden on general practice.
Planning for Next Phase	DPMC	●	●	<ul style="list-style-type: none"> A draft of the National Management Approach is with DPMC COVID-19 Group Leadership Team for finalisation. s9(2)(f)(iv)
	MOH	●	●	<ul style="list-style-type: none"> The Ministry of Health continues to monitor the current Omicron outbreak to ensure the COVID-19 Protection Framework (CPF) settings remain appropriate. The COVID-19 Assessment Committee will next meet on 15 June 2022 to review the traffic light settings of the CPF and isolation periods for cases and household contacts. The COVID-19 Assessment Committee will also review the advice with respect to mandatory masking in schools. Following the Ministry of Health's assessment on 15 June 2022, Ministers with Power to Act will review the advice, and Minister Hipkins will announce any changes to the CPF settings in late June 2022.

Proactively Enabled

2. COVID-19 Insights

2.1 Insight of Note Written by the Department of the Prime Minister and Cabinet

2.1.1 Key Impacts of COVID-19 on Māori and Pasifika Communities in New Zealand

The Insights and Reporting Team in DPMC's COVID-19 Group has analysed data to identify how COVID-19 has impacted Māori and Pasifika communities in New Zealand.

Key points

- The adverse impacts of the COVID-19 pandemic on Māori and Pasifika people have been exacerbated by existing socio-economic inequalities. This has likely led to disproportionately negative outcomes in terms of health, education, and socio-economic welfare for Māori and Pasifika people, as compared to other major ethnic demographics*.
- Māori and Pasifika people have higher test positivity rates and are more likely than other ethnic groups to face severe outcomes due to COVID-19 infection at younger age.
- Outbreaks of COVID-19 variants likely have a disproportionate impact on Pasifika and Māori school students in terms of attendance, engagement, and accessibility.
- In term of socio-economic welfare, Māori and Pasifika communities require greater financial and social assistance when isolating due to COVID-19 infection. Pasifika people in particular have faced, and continue to face, disproportionate impacts to employment.
- This report is not an exhaustive representation of all impacts felt by Māori and Pasifika communities. Ongoing data collection and reporting done in collaboration with other agencies can help to identify further insights around how the pandemic continues to impact these communities.

Likely Factors for Inequitable COVID-19 Outcomes – Māori and Pasifika communities face several factors that increase vulnerability to the adverse impacts of COVID-19 on health and socio-economic outcomes. This includes:

- Māori experience inequitable access to quality health services throughout their lives, as compared to Pākehā. Māori are more likely to cite financial costs as a barrier to accessing primary care and are less likely to be referred to specialist services.¹
- Pasifika and Māori people have higher rates of pre-existing co-morbidities[†] that exacerbate severe outcomes from COVID-19 infections, and at younger ages.^{2 3 4}
- Pasifika people are more likely to live in higher density housing than any other ethnic group, followed by Māori. This provides increased opportunities for COVID-19 exposure and infection.⁵
- A large proportion of Pasifika people work in essential and front-line services, predominantly across areas hardest hit over the pandemic, including south, west and central Auckland, due to the proximity to Auckland airport.⁶ Pasifika people are also less likely to work in roles that can be done remotely.⁷
- Māori and Pasifika groups face high levels of economic inequality, with the lowest levels of median household net worth, compared to other ethnic groups.⁸
- Māori and Pasifika people have the lowest levels of internet access compared to other ethnic groups.⁹

Key impacts on health

1. **Since the start of the pandemic, Māori and Pasifika people have been overrepresented among community COVID-19 cases and have higher case positivity rates than other major ethnic groups.** Māori and Pasifika people make up a disproportionate amount of all recorded COVID-19 cases. Māori and Pasifika people make up 16.5 and 8.1 percent of the total New Zealand population

* Other major ethnic demographics in New Zealand include Pākehā and Asian groups.

† These include higher rates of cardiovascular disease, respiratory illness, kidney disease, diabetes and cancer.

respectively. Eighteen percent of COVID-19 cases have been Māori, while 11 percent of cases have been Pasifika people.^{10 11} Pasifika people were disproportionately impacted across the Delta and early Omicron outbreaks, representing a significant share of confirmed COVID-19 cases at certain points of each outbreak.^{12 13 14} Māori and Pasifika people are also more likely to test positive for COVID-19 than other ethnic groups, with case positivity[‡] rates 1.8 times higher for Māori (2.32 percent) and 3.6 times higher for Pasifika people (4.59 percent) than Pākehā groups (1.27 percent).¹⁵

2. **Māori and Pasifika groups are more likely to require hospitalisation from COVID-19 infection, and at younger ages, compared to Pākehā and Asian ethnic groups.** Despite Māori people constituting 18 percent of all COVID-19 cases, they make up 23 percent all COVID-related hospitalisations. Pasifika people make up 27 percent of all hospitalisations, despite consisting of 11 percent of confirmed COVID-19 cases overall. By contrast, those of Pākehā descent make up 55 percent of all COVID-19 cases, but make up 37 percent of all hospitalisations.¹⁶ Asian groups with COVID-19 were similarly less likely to result in hospitalisation, making up 14 percent of all cases, and 11 percent of all hospitalisations.¹⁷ Māori and Pasifika people are also more likely to require hospitalisation for COVID-19 at younger ages than other major ethnic groups, with research showing that a 59-year-old Māori person and a 55-year-old Pasifika person face the same risk of hospitalisation as an 80-year-old Pākehā.^{18 19}
3. **Māori and Pasifika cases of COVID-19 infection that have resulted in death tend to be younger than other ethnic groups.** The proportion of deaths in the 40 to 70 age group are higher for Māori and Pasifika groups, at 46 percent (71 people) and 28 percent (33 people) respectively, compared to 11 percent (86 people) for those from Pākehā descent. The proportion of deaths in the older 70 to 90 cohort are higher for Pākehā people at 88 percent (647 people), compared to 45 percent (70 people) for Māori, and 69 percent (81 people) for Pasifika people.²⁰
4. **Māori and Pasifika communities have faced several disadvantages in relation to New Zealand's COVID-19 vaccination rollout.**
 - Prioritising the vaccination rollout according to age did not account for the younger age structure of the Māori and Pasifika populations, of which the median ages are 25 and 23, compared to 41 for Pākehā.²¹ Until the restrictions on younger cohorts receiving vaccinations were lifted in September 2021, larger proportions of Māori and Pasifika communities were left vulnerable to COVID-19 infection compared to other ethnic groups.
 - During the initial rollout in mid-2021,²² most vaccination sites were non-Māori and non-Pasifika led, and were located within major cities, making vaccination accessibility particularly difficult for Māori groups in rural and suburban areas.^{23 24 25} Data also shows that areas with higher proportions of Māori had considerably worse access to vaccination services than areas with low levels of Māori residents.²⁶ Areas with lower levels of vaccination accessibility also had the worst vaccine parity rates between Māori as compared to the national average.²⁷
5. **Uptake of booster and paediatric vaccinations are lower for Māori and Pasifika communities, compared to other major ethnic groups across New Zealand. Vaccine disparity likely has previously, and will continue to, make these groups disproportionately vulnerable to COVID-19 outbreaks.**²⁸ Māori and Pasifika communities have the lowest uptake for booster vaccinations, with only 56 percent of Māori and 59 percent of Pasifika peoples having received the dose out of the eligible population. This compares with booster rates of 73 percent for Asian groups and 77 percent for Pakeha. Māori and Pasifika children have the lowest rates for the first dose of the paediatric vaccine, at 35 and 48 percent, respectively. This is compared to 78 percent for Asian groups and 57 percent for Pakeha children.

Key impacts on education

6. **The Omicron outbreak disproportionately impacted Year 1 to 13 attendance rates for Pasifika and Māori students compared to students of Pākehā and Asian ethnicity.** Attendance data from 8

[‡] Higher rates of case positivity indicate a greater prevalence of COVID-19 among a particular group. This rate is a key indicator for COVID-19 prevalence given the likelihood that confirmed case numbers are likely not capturing actual levels of COVID-19 in the community.

February to 25 March show that fewer Māori and Pasifika students attended onsite learning. For Māori students, daily on-site attendance ranged from 50 to 86 percent and for Pasifika students ranged from 43 to 84 percent whereas daily attendance rates for Asian students ranged from 63 to 93 percent and 68 to 93 percent for Pākehā students. Corresponding to the peak of the Omicron wave the lowest on-site attendance rates were observed for all ethnic groups on 4 March, with the lowest on-site attendance rates observed for Pasifika and Māori students. On this day 43 percent of Pasifika students and 56 percent of Māori students were absent from on-site learning at school, as compared with 33 percent of Asian students and 27 percent of Pākehā students.²⁹ Comparing attendance rates with pre-pandemic levels indicates that COVID-19 has further reduced attendance for Pasifika and Māori students.^{§ 30}

7. **The impacts of lockdowns and distance learning on student engagement and achievement was likely harder on those attending low decile schools, of which the majority are Māori and Pasifika students.** Māori and Pasifika students are overrepresented in low decile schools, with the two groups making up the largest proportion of students attending schools in deciles one through three.³¹ Survey data from the 2020 lockdown provide evidence that students from low decile schools faced greater challenges as a result of school closures and disruptions caused by COVID-19. Access to digital devices and internet connectivity was reported to be a greater challenge for students in low decile schools, particularly for Māori students, with many reporting they were forced to share devices.³² The lack of device access and internet made it harder for teachers to engage with students and keep them on track.³³ Teachers and Principals from low decile schools were also nearly twice as likely to report concern about student achievement, attendance, and ability to catch up on work compared to teachers and principals from high decile schools.^{** 34 35}

Key impacts on socio-economic welfare

8. **Māori and Pasifika people have the highest proportion of the Care in Community (CitC) benefit uptake compared to other ethnic groups, indicating need for greater assistance as a result of isolating due to COVID-19.** The CitC benefit provides ongoing health advice, check-ins, financial support and food provision for those isolating as a result of COVID-19 infection or being a household contact. Māori and Pasifika people are overrepresented as both referrals and direct contacts for the CitC benefit since December 2021. Despite comprising 17 percent of the overall population, roughly 26 percent of referrals and 36 percent of direct contacts for the CitC benefit were Māori.^{36 37} Pasifika peoples were similarly overrepresented, making up 19 percent of all CitC referrals and 17 percent of all direct contacts, despite being only seven percent of the overall population.^{38 39} Pākehā were significantly underrepresented, comprising 14 percent of CitC referrals and 16 percent of direct contacts for the benefit, despite comprising of 70 percent of the population overall.^{40 41}
9. **Pasifika people, particularly in Auckland face disproportionate impacts to employment as a result of COVID-19 outbreaks.** Survey data following the 2020 Alert Level 4 lockdown shows that Pasifika people were most likely to face unemployment (11 percent), while those from Pākehā groups were least likely (six percent).⁴² The same survey indicated that Pasifika respondents reported the highest levels of job and income loss compared to other ethnic groups.⁴³ Pasifika people were also disproportionately impacted by the 2021 Delta outbreak and subsequent lockdown, with reports suggesting that up to 25 percent of all Pasifika people in New Zealand requiring financial assistance due to employment disruption in late-2021.⁴⁴ Data also show that Pasifika people have had the largest increases in Jobseeker support uptake across all ethnicities since the start of the pandemic to late-2021.⁴⁵ During the Omicron outbreak in early-2022, Pasifika people remained significantly overrepresented for Leave Support Scheme (LSS)^{††} benefit uptake, receiving one-quarter of all LSS benefits since December 2021. This is compared to 15 percent for Māori, and 44 percent for

[§] During Term 1 in 2019, Māori and Pasifika students had the lowest the proportion of students attending school regularly with 60 percent for Māori, 63 percent for Pasifika, 81 percent for Asian and 76 percent for Pākehā students.

^{**} Nearly 80 percent of respondents from low decile schools reported concern about student achievement, compared to 48 percent of those from high decile schools. Similarly, only 28 percent of teachers in low decile schools reported confidence their students would catch up, compared to half of teachers from high decile schools.

^{††} The Leave Support Scheme is available to employers, including self-employed people, to help pay their employees who have been advised to self-isolate because of COVID-19 and cannot work from home during that period.

Pākehā.⁴⁶ This indicates that Pasifika people have consistently faced disproportionate impacts to employment across several stages of the COVID-19 pandemic, compared to other ethnic groups.

Government responses to mitigate impacts on Māori and Pasifika communities

10. In response to the lockdown in 2020, the Ministry of Education supported digital access initiatives for at-home learning, with the highest priority group being year 11 to 13 students in decile one to three schools. The initiative provided 45,000 households with internet connectivity, providing 36,000 devices to students, including 9,000 devices to high priority students.⁴⁷
11. Resourcing has gone to Māori and Pacific Health providers, Whānau Ora Commissioning Agencies and through the Māori Community COVID Fund to help to support Māori and Pacific whānau through COVID-19 and mitigate the disproportionate impacts.⁴⁸
12. Whānau Ora commissioning agencies, iwi and other kaupapa Māori providers have expanded their capacity and adapted resources such as mobile vans to be repurposed to meet a range of community needs.⁴⁹
13. By mid-2021, \$39m was delivered to Māori providers from the COVID-19 Vaccination and Immunisation fund and an additional \$36m funding was announced in October to support the Māori response to the COVID-19 Delta outbreak and enable providers to prepare for future outbreaks. \$38m was also allocated to Whānau Ora over 2020 and 2021.⁵⁰
14. In October 2021, \$120m funding was provided to Te Puni Kōkiri to administer the Māori Communities COVID-19 Fund (MCCF) in conjunction with Te Arawhiti and the Ministry of Health. The purpose of the MCCF was to accelerate Māori vaccinations and build community resilience to COVID-19.⁵¹
15. As part of the Omicron response, \$140 million in additional funding was announced on 22 February for Māori, and Pacific community services. This funding is being delivered through health providers, Whānau Ora, and iwi organisations, and complements significant funding being invested into the general Care in the Community framework.⁵²

Thank you to the following teams which contributed to this insight: the Ministry of Health, the Ministry of Education, the Ministry for Social Development, the Ministry for Ethnic Communities, Te Puni Kōkiri, and the Ministry for Pacific Peoples.

3. Ministry of Health



3.1 Policy/Programme Updates

3.1.1 Health System Preparedness Programme: update

This item provides an update about the Health System Preparedness Programme (HSPP).

COVID-19 Care in the Community

Operational updates

The Ministry of Health attended the Regional Public Service Commission hui and met with a range of government agencies this week (starting 30 May 2022), to give updates on the future of the Care in the Community programme, the progress made on winter preparedness, and the transition to Health New Zealand (HNZ).

On 23 May 2022, the Ministry of Health met with the MBIE, Tourism Holdings Limited, and two Ministry of Health Regional Health Leads to discuss alternative accommodation and campervan deployment across Aotearoa New Zealand through the winter.

This meeting allocated 15 campervans to be ready for deployment in June 2022, with two intended for the South Island, and 13 for the North Island. This decision was based on the current positive case numbers of COVID-19, and preparation for any future COVID-19 surges.

The availability of alternative accommodation has dropped significantly, due to low numbers of people needing alternative accommodation. Self-isolation and quarantine coordinators are working with Orbit, a private accommodation provider across New Zealand, to make sure alternative accommodation is available for any potential COVID-19 case surges.

Clinical updates

On 25 May 2022, the Ministry of Health held a primary care webinar with 665 attendees. The webinar gave a range of updates and addressed issues with the primary care sector, providing a forum for questions to be raised with the team. Key topics covered were:

- The change in definition of 'fully vaccinated' to 'up-to-date' with their vaccines for people who have received all recommended COVID-19 vaccinations. This change is expected to have an impact on access to oral therapeutics, as eligibility is linked with vaccination status.
- An update on the international situation with COVID-19 and increasing case numbers across Australia, the United Kingdom, and the United States, variants of concern, epidemic curves and what the modelling suggests about the next wave, and the current advice on testing and reinfection.
- A brief clinical overview and update on Monkeypox.
- A review of oral therapeutics for COVID-19, including a review of Paxlovid™ and Molnupiravir dispensing data, widened Pharmac access criteria, the Molnupiravir prescribing and dispensing process, and upcoming therapeutics (Evushield and Sotrovimab).
- Updates on Care in the Community, including changes to the COVID-19 clinical care module, winter planning, and funding streams.

On 24 May 2022, the Ministry of Health attended a hui with pharmacy sector leads to address the ongoing concerns with low prescribing numbers. The purpose of the hui was to workshop opportunities to increase the prescribing of therapeutics, or alternatively reduce barriers to its access within current contracted services.

It was decided at the Pharmacy sector leads hui that a subgroup will be established to explore opportunities where community pharmacies can support winter wellness to a greater extent. The intent is that this dedicated group will meet later this week.

Disability support funding

Specific funding to support communications and the provision of care packages for the disabled community has been incorporated into the Care in the Community programme. A pool of \$2 million is to be made available through grant applications for the delivery of a tailored regional and local response for the disabled population.

The proposed community initiatives must be aimed at either:

- supporting disabled individuals, their carer or household contact, who test positive for COVID-19; or
- supporting the provision of pre-isolation care packages for disabled individuals and their whānau by disability-focused organisations and disability providers.

There is a range of communication material in various formats, and several assisted channels in place. Feedback from the disability sector tells us these can be hard to find and/or confusing to use. Supporting disabled people through the various Care in the Community communication content, pathways and assisted channels requires a dedicated approach.

Disabled people are over-represented in low-income populations. The Ministry of Social Development is providing care packages during isolation, but there is no existing allocation for pre-isolation care packages. Engagement with the sector has highlighted the need for essentials to be supplied to prepare for an Omicron infection. Applicants for funding must detail how they will identify those who require support and the allocation of care packages.

Northern Hubs

The Regional Health Leads have been travelling around the motu, engaging face-to-face with coordination centres and hubs in Wellington Central, Porirua, Hawke's Bay, and Whanganui. Through these engagements, the significance of enabling and supporting community providers as a key part of any strategy for Care in the Community success was re-iterated repeatedly and echoed in stories heard. As one of the iwi hub leads from the Hawke's Bay explained: "sometimes our people don't trust government agencies, but they trust us, the people on the ground".

3.1.2 National Immunisation Programme (Week of 23 to 29 May 2022)

As of 1 June 2022, the Ministry of Health's National Immunisation Programme (NIP) transferred into interim Health NZ (iHNZ) in preparation for the full transition to Health New Zealand on 1 July 2022.

iHNZ currently produce a Weekly Report for the Minister of Health which is shared with Associate Ministers. iHNZ and the Ministry of Health are working to align the reporting needs for the Minister of Health and the Minister for COVID-19 Response. In the meantime, the NIP will continue to provide content to the Ministry of Health for the Ministry of Health's Weekly Report to the Minister for COVID-19 Response along with our weekly Combined Immunisations Report.

Table 1: Vaccinations delivered

	Vaccines Administered 18 May - 24 May	Vaccines Administered 25 May - 31 May	Change	Cumulative Total
COVID-19 Vaccinations				
First Dose 12+	259	276	7%	4,027,565
Second Dose 12+	323	324	0%	3,979,580
Third Primary	175	180	3%	32,490
Booster	4,893	5,358	10%	2,647,908
16-17-year-old Booster	592	623	5%	10,775
Paediatric First Dose	261	396	52%	262,994
Paediatric Second Dose	1,569	1,70	9%	124,523
Total	8,072	8,867	10%	11,085,835
Flu Vaccinations^{##, 55}	Vaccines Administered 14-20 May 2022	Vaccines Administered 21-27 May 2022	Change	Cumulative Total
Total 65 +	22,103	30,510	38%	494,515
55-64 Māori/Pacific	2,147	3,062	42%	25,163
MMR Vaccinations	Vaccines Administered 14-20 May 2022	Vaccines Administered 21-27 May 2022	Change	
All MMR doses - Māori	692	743	7.4%	
All MMR doses - Pacific	315	287	-8.9%	
MMR catch up dose - Total	143	162	13.3%	
MMR Total Doses	2,993	3,013	0.7%	

The data issue previously reported has been resolved, with the majority of these records flowing through into the data reported above.

COVID-19 vaccinations summary

The focus remains on implementing a second booster (six months after their first booster) for those most at risk of serious illness from COVID-19. Work on the legislative change is well advanced.

DHBs continue to work to increase uptake of COVID-19 vaccination for all cohorts, with targeted events continuing across the motu.

Fourth dose

The expedited legislative process to amend the Medicines Act 1981 to enable delegations to the Director-General of Health for an off-label use of COVID-19 vaccines remains on track. The House will be considering this legislation under urgency on 7 June 2022.

CV TAG has been asked to consider updating its current advice on eligibility, following a decision in Australia to expand its eligibility group for a second booster. On receipt of this advice, the Ministry of Health will make recommendations to Ministers on the eligible groups for their approval.

Novavax as a booster

The programme's technical advisory group CV-TAG has provided advice that sufficient data now exist to safely use the Novavax vaccine as a booster dose. Medsafe are currently considering an application to approve this. Once the outcome is known, the Ministry of Health will provide Ministers with advice on adopting Novavax as a booster into the portfolio. This is expected to be rolled out during June 2022 using the same delivery settings as consumers access to Novavax as a primary course.

^{##} Approximately 20 percent of flu and MMR vaccinations are entered into the NIR or CIR in the weeks following the vaccination being administered. This may result in a difference in week-on-week comparisons.

⁵⁵ Flu vaccinations are recorded in the National Immunisation Register (NIR) and Covid Immunisation Register (CIR). The figures quoted above are based on CIR data as at 11:59pm on 28 May 2022 and NIR data as at 11:59pm on 27 May 2022.

5-to-11-year-olds

To date, 35 percent of eligible tamariki Māori aged 5-to-11-years have been partially vaccinated. Forty-eight percent of Pacific children aged 5-to-11-years have been partially vaccinated, equal to last week. Of the 2,110 paediatric vaccinations administered in the last week, 337 were to tamariki Māori and 442 were to Pacific children.

Actions supporting the uptake of Tamariki vaccinations are included in the equity and regional update sections.

Equity

Māori

As at 31 May 2022, 91 percent of Māori aged 12 years and over have received dose one and 88 percent have received dose two of the COVID-19 vaccine. Fifty-six percent of Māori aged 18 years and over have received their booster. Thirty-five percent of tamariki Māori have received dose one and 12 percent have received dose two of the paediatric COVID-19 vaccine.

Māori providers continue to deliver outreach services to support whānau to get vaccinated. The delivery model to Māori has shifted, largely using outreach supported by pop-up and fixed vaccination sites to support events.

Activity to drive uptake for Māori and Pacific peoples aged 55 and over continues, with local and national strategies in place. This includes targeted activities in 10 communities in Eastern Bay of Plenty, Northland, East Coast, and the Manawatu, where uptake of the COVID-19 primary and booster vaccine, as well as influenza vaccine uptake is low in those over 55 years old. These communities have a high Māori population. The approach is data-led, co-designed with communities, and applies a by-Māori-for-Māori approach to implementing solutions, utilising the full immunisation structure to support this.

Pacific People

As at 31 May 2022, 98 percent of Pacific peoples aged 12 years and over have received dose one and 97 percent have received dose two of the COVID-19 vaccine. Fifty-nine percent of Pacific peoples aged 18 years and over have received their booster. Forty-eight percent of Pacific children aged 5-to-11-years have received dose one and 15 percent have received dose two of the paediatric COVID-19 vaccine.

Pacific health providers are running Pacific outreach services with ethnic-specific groups over the next four weekends to vaccinate and promote the flu vaccine.

Videos have been filmed to encourage the Pacific community to get vaccinated. These include:

- A Samoan church Minister encouraging Pacific people to get vaccinated with the influenza vaccination will be released on social media platforms in June 2022; and
- A Pacific doctor who explains the importance of getting the MMR vaccination, especially for those aged between 18 to 34 years. The video is currently being edited.

Schools and kura

Work with schools and kura continues. Capital & Coast and Hutt Valley DHBs have had the most success running school-based COVID-19 vaccination programmes. To assist other regions, the DHB Regional Account Managers have shared and discussed the key lessons from their school-based COVID-19 vaccination programmes with their counterparts in Northland, Lakes, Hawke's Bay, Whanganui and West Coast DHBs.

Whanganui DHB is commencing clinics outside of school hours near or on school grounds, particularly straight after school finishes which have not been utilised to date in the district.

Taranaki DHB commenced its new series of winter wellness sprint events targeting 5-to-11-year-olds with an on-site clinic at Te Pi'ipi'inga Kakano Mai Rangiātea Kura Kaupapa (Spotswood) on 26 May 2022. Influenza and MMR vaccines will also be available. Iwi provider Tui Ora is leading discussions with whānau.

Onsite clinics at this kura will continue for several more weeks to build consistency for whānau, a key learning through previous clinics.

Disability and mental health

As of 29 May 2022, vaccination rates for disabled people aged 12 years and over supported by the Ministry of Health's Disability Support Services (DSS) funding remains at 90 percent. 78 percent of this cohort aged 16 years and over who are eligible for a booster dose have now received one. 26 percent of children aged 5-to-11 years who receive DSS funding are fully vaccinated, and another 26 percent are partially vaccinated.

Unsuccessful applicants to the peer support fund have been provided with feedback and offered the opportunity to debrief with the panel Chair over the next few weeks.

The tender for the development of a suite of social stories to support disabled and neurodiverse New Zealanders through the vaccination journey remains open via the Government Electronic Tender Service (GETS). The tender closes 2 June 2022, with applications to be reviewed by a panel in the second week of June 2022.

Regional strategies

Regional strategies continue to be progressed, with population groups with lower uptake rates and at greater risk of serious infection being prioritised. Work with DHBs is progressing to increase vaccination rates. Examples of sprint activities in progress are outlined below:

- The Northern Region Health Coordination Centre (NRHCC) mobile and Māori Health Provider Hauora Hokianga clinics are operating, targeting 5-to-11-year-olds for COVID-19, and 55 years and over Māori and Pacific cohorts for flu.
- The Ministry of Health is supporting two events in Auckland for the Tongan community to access COVID-19, flu and MMR vaccinations this coming weekend, 4 to 6 June 2022.
- Beyond this weekend, the Ministry of Health is also working with Māori and Pacific communities across the country including Bay of Plenty, Auckland, Northland, East Cape and the Manawatū to plan local winter campaigns that drive flu and COVID-19 booster vaccinations.
- In Te Tai Tokerau the Whātoro Strategy, a mobile outreach strategy based on the Maramataka (Māori lunar calendar), will launch in the third week of June 2022. The Whātoro strategy aligns its vaccination and services provision activities with the different phases of the Maramataka.
- Hawke's Bay DHB's June 2022 wellness sprint is underway with three mobile vans visiting rural areas including Tikokino and Pātangata. For the first time the vans were also able to offer flu vaccinations. Hawke's Bay is utilising all mobile vans for both COVID-19 and flu vaccinations. In the week beginning 30 May 2022 Hawke's Bay DHB is holding 18 mobile clinics for flu and COVID-19 vaccinations.

Data sharing

The Ministry of Health now has seventeen data-sharing agreements in place with iwi and Māori organisations to support COVID-19 vaccination outreach activities. This includes agreements with the Whānau Ora Commissioning Agency, Data Iwi Leaders Group and National Hauora Coalition.

To date, 11 Māori partners have returned signed agreements to extend data sharing arrangements to flu vaccination data. This extension means these partners now receive flu vaccination status data for unvaccinated Māori and Pacific peoples aged 55 and over.

Incidents

For the week ending 29 May 2022, the Ministry of Health was informed^{***} of the following new incidents:

- s9(2)(k) [REDACTED]

^{***} DHB's, providers, or vaccination sites can inform the Ministry of the incident.

Update on previously reported incidents:

All whānau of the 61 tamariki involved in the Taranaki DHB incident have now successfully been contacted by the three Primary Health Organisations involved. The Ministry of Health has received the DHB’s incident review report. The report is not prepared for public release, rather as a continuous quality improvement review with three actions for the DHB. The Ministry of Health will support the DHB in implementing the recommendations.

Southern DHB is working with the Ministry of Health to plan a release of the outcomes from the independent review into the incident on 3 March 2022. The draft independent review report is currently being finalised, and the timing and detail for the release of the final report will be shared with the Ministers Office once confirmed and prior to publication.

Adverse events following immunisation

s9(2)(k)

The follow-up study of all reported cases of myocarditis and/or pericarditis with a clinical diagnosis which have occurred after dose one or two of the Pfizer/BioNTech vaccine continues. The Study Research Oversight Committee met on 25 May 2022 and was impressed with the level of engagement from consumers. It was agreed that the study population would be extended to include people who had experienced myocarditis and/or pericarditis after the primary course (dose one and two) or a booster of the Pfizer/BioNTech vaccine. This will extend data collection by approximately one month, with this projected to be completed in July 2022. It is anticipated the results will be available in August / September 2022.

COVID Vaccination Certificates

The successful release of phase one of the updated My Vaccine Pass (MVP) has seen low to moderate demand from the public. This includes the generation of 97,800 passes for 93,900 consumers to date. Encouragingly only 8.3 percent of these have been through an assisted channel (call centre of vaccination sites), well down from the 22 percent during the initial release in November and December 2021.

The MVP phase two was successfully released on 31 May 2022 and will enable those who have been infected in the last three months to request a temporary MVP along with recent international arrivals.

COVID-19 Vaccine stock expiry

s9(2)(f)(iv)

National Immunisation Programme Communications Update

Winter wellness

As part of the 'Stay Well This Winter' campaign, the Ministry of Health is organising an event at Taita Pharmacy in Lower Hutt with Dr Joe Bourne and a pharmacist. Breakfast TV is expected to attend. The event will outline the things that people should be doing to prepare themselves for winter, including immunisation.

COVID-19

The recipients of a new \$2 million COVID-19 Vaccine and Immunisation Peer Support Fund will be announced this week by the Minister Verrall. Those being funded are based across Aotearoa New Zealand and will use the funding to support greater access of COVID-19 vaccination and other health services by people with mental health and addiction needs.

Television advertising highlighting the benefit of immunisations for tamariki will be updated from 6 June 2022 with a specific call to get vaccinated against COVID-19.

A suite of printed resources including 'tips for talking to tamariki about their vaccination,' information for parent and caregivers and a FAQ on vaccinations is being distributed to schools in the week beginning 30 May 2022.

Influenza

A targeted direct communication campaign will go live in the week beginning 30 May 2022 via text message and email to promote influenza vaccination to approximately 200,000 people who meet the eligibility criteria for a free vaccination and who have not been contacted by the Ministry of Health previously, or who have not previously opened communications.

New social media advertising, primarily on Facebook, gets underway in the week beginning 30 May 2022 along with new influenza videos in Mandarin and Cantonese which will be released in the coming week.

The Ministry of Health is launching a new television commercial encouraging influenza vaccinations on all mainstream channels on 7 June 2022.

Visitors to the influenza pages on the Ministry of Health website were up 108 percent from 2,444 views on 18 May 22 to 9,127 views on 24 May 2022, due to a combination of increased digital advertising and more frequent mentions of the influenza in media stories. Detailed uptake data from the influenza vaccination programme will also be made available to the public from the week beginning 30 May 2022, including breakdowns by DHB and by age and ethnicity.

MMR

The Ministry of Health is finalising new MMR marketing and operational materials. The suite of resources will include an MMR consent form, MMR post-vaccination information sheet, a poster for places where MMR is offered, a flyer to promote MMR, a new MMR video (featuring an Auckland Pacific clinician) for digital campaigns online, as well as visual assets to use on DHB MMR material. This collateral will be distributed to DHBs for their sharing with GPs, pharmacies, and Māori and Pacific providers.

3.1.3 Technical Advisory Group: update

COVID-19 TAG

The COVID-19 Technical Advisory Group (COVID-19 TAG) did not meet in the week commencing 23 May 2022. The next COVID-19 TAG meeting is scheduled for 17 June 2022.

CV TAG

The COVID-19 Vaccine Technical Advisory Group (CV TAG) met on Tuesday 24 May 2022 and discussed the following items:

- The vaccine rollout
- Developing a National Immunisation Strategy
- Up to date vaccination status.

The next CV TAG meeting is scheduled for 21 June 2022.

Therapeutics TAG

The COVID-19 Therapeutics Technical Advisory Group (Therapeutics TAG) did not meet in the week commencing 23 May 2022. The next Therapeutics TAG meeting is scheduled for 3 June 2022.

CT TAG

The COVID-19 Testing Technical Advisory Group (CT TAG) did not meet in the week commencing 23 May 2022. The next CT TAG meeting is scheduled for 31 May 2022.

Proactively Released

3.1.4 Upcoming communications issues and activities

As at 30 May 2022

Date	Activity	Lead agency	Comms material	Ministerial Involvement
TBC mid-June 2022	Amendment to, or revoking of, the Required Testing Order 2020, and amendment to Vaccine Order.	MOH	Stakeholder communications being prepared for PCBUs, public sector agencies – MBIE, WorkSafe, Customs, Aviation Security Service, MPI, Police. Press release being prepared to link these together with removal of PDTs.	TBC
TBC - possibly 8 June 2022	Technical media briefing on border and domestic variant surveillance To highlight ongoing vigilance around COVID-19 and seek to reassure the public that now and going forward, surveillance and testing will be in place to look out for new variants and monitor COVID-19 in our population. Hosted by Dr Ian Town. Co-hosts TBC. Key messages, reactive messaging, video stream.	MOH	Media briefing.	No
TBC 10 or 8 June 2022	Reports into the Delta outbreak and PCR testing capacity are being reviewed and once finalised will go over to Minister's Office with recommendations.	MoH	Full communications plan.	Minister Hipkins
Ongoing	Omicron community outbreak: daily communications and support for the health sector and public, including cases in a number of regions across the country.	MoH DPMC	Talking points, key messages, communications, website, stakeholder communications.	Optional
Ongoing	Lollisponge PCR test trial – Testing team is trialling the Lollisponge PCR test with two Māori disability community providers for usability. The Lollisponge collects a saliva sample with a sponge and is less invasive than nasal and nasopharyngeal sample methods. A small communications trial will also be undertaken with one provider, who will make a video for their stakeholders based on MoH guidance. Easy to read instructions and a video on how to take the test are being created.	MOH	Social media video.	No
Ongoing	Testing – who to test / where to test / record results on My Covid Record / Traveller requirements messaging.	MoH DPMC MBIE	Key messages, website, stakeholder communications.	No

4. Managed Isolation and Quarantine Weekly Report

4.1 Transition and Readiness

4.1.1 Workforce

The formal change process for the remaining facilities, and our regional and national offices is ongoing. Feedback on the proposed structure is still being worked through for consideration by the Deputy Secretary of MIQ.

The decision for the new operating model will be announced on June 15 and implemented mid-July.

4.1.2 Decommissioning of facilities

A total of 26 facilities have been decommissioned and handed back.

The final two community facilities remain on track to be decommissioned on 30 June.

The Commodore Hotel Christchurch has now been de-designated and will also be decommissioned by the end of June.

Decommissioning for the final three operational facilities remains on track with the proposed date of 31 July for de-designation and 31 August for decommissioning.

Facility decommissioning status

Facility (by region)	Tranche	Current occupancy	Current phase	Staff on site within last 7 days	Hand-back date	Facility RAG status
Auckland						
Crowne Plaza	One	Empty	Decommissioned		29/4/22	
Four Points	One	Empty	Decommissioned		14/4/22	
Grand Mercure	One	Empty	Decommissioning		29/4/22	
Grand Millenium	One	Empty	Decommissioned		14/4/22	
Novotel/Ibis Ellerslie	One	Empty	Decommissioned		29/4/22	
Sebel	One	Empty	Decommissioned		29/4/22	
SO	One	Empty	Decommissioned		29/4/22	
Stamford	One	Empty	Decommissioned		29/4/22	
Pullman	One	Empty	Decommissioned		29/4/22	
Sudima Airport	One	Empty	Decommissioned		29/4/22	
Rydges	One	Empty	Decommissioned		14/4/22	
Naumi	Two	Empty	Decommissioned		1/6/22	
M Social	Two	Empty	Decommissioned		29/4/22	
Novotel Airport	Two	Empty	Decommissioned		13/5/22	
Ramada	Two	Empty	Decommissioned		29/4/22	
Jet Park	Core facility	Occupied (4 pax)	N/A core facility	76	N/A	N/A
Holiday Inn	Core facility	Occupied (4 pax)	N/A core facility	57	N/A	N/A
Waipuna Auckland	Core facility	Occupied (35 pax)	N/A core facility	63	N/A	N/A
Hamilton						
Distinction	One	Empty	Decommissioned		29/4/22	
Ibis Tainui	One	Empty	Decommissioned		29/4/22	
Amohia (Jet Park)	Three	Empty	De-designated		30/6/22	

Facility (by region)	Tranche	Current occupancy	Current phase	Staff on site within last 7 days	Hand-back date	Facility RAG status
Rotorua						
Sudima	Three	Empty	De-designated		30/6/22	
Rydges	One	Empty	Decommissioned		29/4/22	
Ibis	One	Empty	Decommissioned		29/4/22	
Wellington						
Grand Mercure	Three	Empty	Decommissioned		30/6/22	
Christchurch						
Chateau on the Park	One	Empty	Decommissioned		14/4/22	
Crowne Plaza	One	Empty	Decommissioned		29/4/22	
Distinction	One	Empty	Decommissioned		29/4/22	
Sudima Airport	One	Empty	Decommissioned		29/4/22	
Novotel Airport	One	Empty	Decommissioned		29/4/22	
The Elms	Two	Empty	Decommissioned		29/4/22	
Commodore	Core facility	Unoccupied	De-designated	40	30/6/22	
Totals:		43		236 Staff		

4.2 Operational Update

4.2.1 Current Occupancy

MIQ has three facilities in Auckland that are designated as Managed Isolation and Quarantine facilities. These facilities provide support to community cases (including close contacts) who are unable to safely isolate at home, as well as refugees, evacuees, and some mariners.

As of 1 June 2022, there were 43 people in Managed Isolation and Quarantine.

Facility	Total People in Facility	People in Quarantine	Community Cases	Mariners/Air Crew:	Evacuees/Refugees:
Holiday Inn	4	3	4	1	0
JetPark	4	4	4	0	0
Waipuna	35	0	0	0	35
Total	43	7	8	1	35

4.2.2 Group Arrivals Update

Summary of approved group arrivals as of 29 May 2022 (to end June 2022)

Group	Date of Arrival	Allocation Approved	Final number of rooms allocated	Comments
Refugee Quota	30 May – 5 June	9	5 (9 pax)	The Refugee Centre is forecasting arrivals of 45 pax (30 rooms) per fortnight until end of June 2022. They are confident they will meet their target of 800 refugees for the fiscal year 21/22. The refugee centre has agreed that the last date for MIQ arrivals is 17 June.
	6 June – 12 June	8	5 (8 pax)	
	May and June TBC	99	40 (99 pax)	
Afghanistan Arrivals	30 May – 5 June	0	No arrivals this week	There are approximately 100 Afghanistan Evacuees to arrive before the end of June. They will arrive sporadically in small groups and not all of them will enter MIQ. MFAT have agreed that the last date for MIQ arrivals is 17 June.

4.2.3 Invoicing

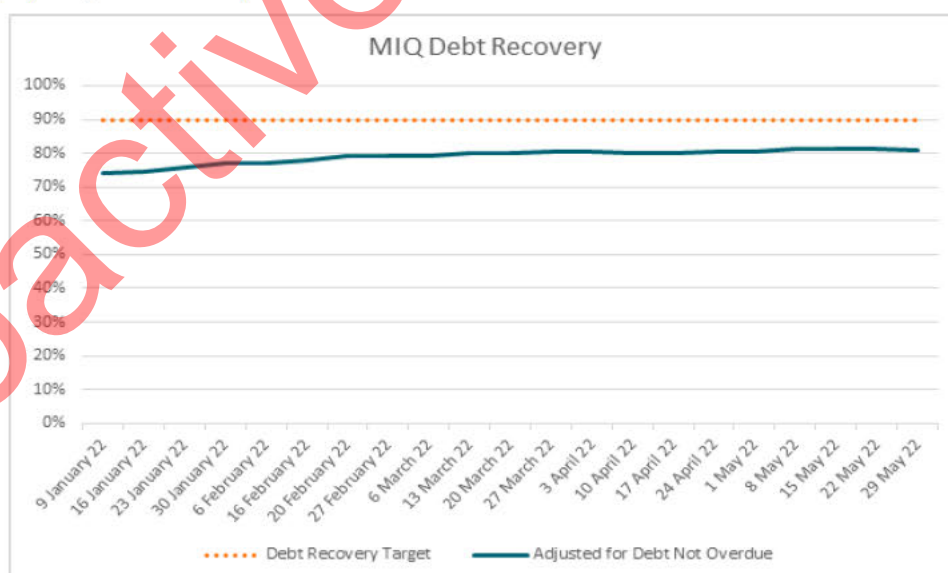
The table below shows the number of invoices issued up to **29 May 2022**.

INVOICES ISSUED	INVOICES PAID	INVOICES ISSUED - NOT YET DUE	INVOICES OVERDUE
57,815	39,736 (69% of invoices issued)	4,292 (7% of invoices issued)	13,787 (24% of invoices issued)
TOTAL VALUE OF INVOICES ISSUED	PAID (BY VALUE)	ISSUED - NOT YET DUE (BY VALUE)	INVOICES OVERDUE (BY VALUE)
\$219.3 million	\$169.2M 77.3%	\$9.6M 4.4%	\$40.1M 18.3%
<ul style="list-style-type: none"> ▪ Automated invoice batches are now up to date, and we are working through the last manual records. ▪ With invoicing now largely up to date, we are starting to investigate the 'unmatched data' for the period 25 March 2021 to 28 February 2022 to determine their liability. ▪ There are 11,659 of these unmatched records in the database that need to have their liability determined before invoicing. 			<div style="font-size: 2em; color: white; margin-bottom: 10px;">↓</div> <ul style="list-style-type: none"> 90+ days overdue <ul style="list-style-type: none"> ▪ 7,259 invoices ▪ \$25.6M (by value) ▪ 11.7% (by value of all invoices issued)

4.2.4 Debt Recovery

A total of \$2.24m received in the week. The debt recovery percentage is 81 percent, which is against our nominal target recovery of 90 percent.

Percentage of MIQ Debt Recovery



As of 29 May 2022, 10,667 invoices worth \$35.6m have been passed to our debt partner.

- \$12.5m has now been paid, which is an increase of \$327,000.
- A further \$504,000 of debt is under instalment and is expected to be converted to payments over coming weeks.

Of the invoices sent, 306 customers worth \$975m have now submitted waiver applications. While applications are processed, they stay as outstanding debt.

4.2.5 Fee Waivers

The table below breaks down the waiver application information between 11 August 2020 and 29 May 2022. The numbers below relate to all waiver applications; waivers can be applied for before, during and after an individual has stayed in managed isolation.

All Waiver Applications Received	Received and not progressed	Total Completed	Approved Waiver Applications			Declined Waiver Applications		
			Financial Hardship	Special Circumstances	BOTH	Financial Hardship	Special Circumstances	BOTH
18,437	3,232	14,789	99	9,471	99	1,933	2,697	490
			Approved 66.5% of completed waivers			Declined 33.5% of completed waivers		

4.2.6 Reducing the Fee Waiver backlog

Total number of Fee Waiver Backlogs

		Last week (at 22 May)
TOTAL BACKLOG AT 29 MAY 2022:		568
Made up of:	i) Processing or to be processed	287
	ii) Waiting for Customer	281

4.3 Ombudsman Complaints

MBIE are currently managing 114 cases, with 79 of those being preliminary enquiries.

There are 15 active cases:

- one is on policy advice;
- four are on emergency allocations;
- two are on exemptions from managed isolation;
- five relate to declined fee waiver decisions;
- two are about facilities; and
- and one is the Chief Ombudsman's self-initiated investigation, of which MIQ MBIE have been advised that a provisional opinion may be sent to MBIE around mid-May.

MBIE closed four cases case in the week ending 26 May. Three were fee waiver complaints which the Ombudsman found in favour of MBIE. One was an aged matter which was withdrawn by the complainant.

4.4 Upcoming Communications Issues and Activities

4.4.1 As at 29 May 2022:

Date	Activity	Lead agency	Comms material	Ministerial Involvement Y/N
June (TBC)	Ombudsman Self-Initiated Investigation findings	MIQ	Reactive comms	Y
June (TBC)	Grounded Kiwis judicial review - final declaratory statement	MIQ/Crown Law	TBC	TBC

Proactively Released



5. Border Executive Board Report

5.1 Items to Note / Update

5.1.1 Border Executive Board Meeting

The BEB did not meet this week. The next meeting is 8 June 2022 and will consider:

- Regular assurance on reopening the maritime border
- Systems Improvements Programme quarterly update
- Future Health Border Strategy update.

5.1.2 Reconnecting New Zealanders Programme

The COVID-19 Chief Executives Board have agreed to transfer governance and coordination of the Reconnecting New Zealanders (RNZ) Programme from DPMC to the BEB. The transfer takes effect 7 June 2022.

Although most steps in RNZ are complete, there are two agreed changes to implement:

- Step 4 – accredited employer work visas and work visas from 4 July 2022.
- Step 5 – visitor / education visas from 31 July 2022.

In-train or future RNZ policy or briefing papers will continue to be led by the existing DPMC Policy team. Once the policy work is complete, further analysis will be completed to identify the right lead agency for residual policy work.

DPMC communications will continue to coordinate and deliver aspects of RNZ communications, including updating the Unite Against COVID-19 website and social channels where needed. Similar to policy, further analysis is required to identify medium to long term lead agencies for these functions. DPMC will provide further advice to the COVID-19 Chief Executives Board on the future of the functions in the COVID-19 Group by the end of June 2022.

Updates on the RNZ Programme will be provided to you, via these weekly reports. The weekly Readiness Report Aide Memoire for Ministers will cease.

The scope of the RNZ Programme is considered complete when Step 5 (scheduled for 31 July 2022) is implemented.

6. New Zealand Customs Service Weekly Report

6.1 Items to Note/Updates

6.1.2 Compliance Checking at the Air Border

As part of Reconnecting New Zealanders, the COVID-19 Public Health Response (Air Border) Order 2021 came into force on 28 February 2022. Customs staff undertake compliance checks for all passengers on arrival for evidence of pre-departure testing or exemption, vaccination verification or exemption or a travel pass.

Travellers who do not provide the required evidence may incur an infringement offence fee between \$500 and \$4,000 depending on the nature of the offence. Non-New Zealand citizens who do not provide the required evidence of vaccination status will be referred to the Ministry of Health officials for further intervention.

For the period 17 to 23 May 2022 (both dates inclusive), a total of 39,875 passengers travelled to New Zealand. Of this number, 92 were considered to not meet the requirements for air travel into New Zealand:

- Four travellers were issued warning letters, and 88 travellers have been issued with an infringement offence fee for not meeting pre-departure testing requirements.
- No travellers have been issued with an infringement offence fee for not meeting vaccination verification requirements, and no travellers have been referred to the Ministry of Health for further intervention.

6.1.3 Customs Maritime Group

The Customs Maritime Group has for nearly two years, been tasked with monitoring and enforcing the Maritime Border Order at all international New Zealand seaports, to reduce and mitigate the risk of COVID-19 entering through our sea border. Recent amendments to the Maritime Border Order have seen the relaxation of many of the previous health settings and compliance requirements, which has reduced the responsibilities left for Customs to monitor and enforce.

The return of foreign flagged vessels from 31 July 2022 will likely see additional responsibilities for Customs, particularly providing assurance of health settings for cruise vessels and small craft. Health settings are yet to be finalised, however, due to the change to Customs' responsibilities under the Maritime Border Order, it is considered that a review of Customs' Maritime Group structure, and a reduction to the group's full-time equivalent requirement is an appropriate and proportionate response.

De-escalation planning and assessment of resourcing requirements in each port is currently being undertaken, to ensure the structure remains aligned and appropriate for current and proposed future Maritime Border Order requirements.

A full change of management process, including a period for consultation with staff and unions on any proposed new structure will be worked through, and it is currently proposed that a new structure could be in place by August 2022.

7. COVID-19 Chief Executives Board

7.1 Items to note/updates

The COVID-19 Chief Executives Board met on Tuesday 31 May 2022. The meeting included: updates on planning around the transition of centrally held response functions to a more business as usual approach, and specifically agreement to core aspects of the Reconnecting New Zealanders portfolio transferring to the Border Executive Board (BEB); progress on the variant plan, and work underway on the future legal framework.

8. COVID-19 Independent Continuous Review, Improvement and Advice Group

8.1 Items to note/updates

The COVID-19 Independent Continuous Review, Improvement and Advice Group's Terms of Reference ended on Tuesday 1 June 2022 and they held their final meeting on Tuesday 24 May 2022. We are working with your office to proactively release remaining advice and minutes and are preparing draft letters to each of the members to thank them for their service. We will provide the draft letters to your office next week.

9. Strategic COVID-19 Public Health Advisory Group

9.1 Items to note/updates

The Strategic COVID-19 Public Health Advisory Group did not meet this week and are next scheduled to meet on 15 June 2022. Following your decision to extend the Group until 30 December 2022, we are commencing processes to appoint a new chair and refresh the Terms of Reference. We will work with your office to confirm timings related to this process.

10. Business Leaders Forum

10.1 Items to note/updates

The Business Leaders Forum does not currently have a date for its next meeting.

11. Community Panel

11.1 Items to note/updates

The Community Panel met on Wednesday 1 June 2022. Officials from DPMC attended to discuss the Panel's feedback on the variants of concern scenario planning work. We are continuing to work with your office to arrange a meeting between you and the Panel in late June 2022, which will be their final meeting.

12. Government Modelling Group

12.1 Items to note/updates

There are no updates from the Government Modelling Group this week. Future updates will be provided where significant.

13. Office of the Auditor-General Performance Audit

Since late-2020 the Office of the Auditor General (OAG) has been carrying out a performance review of the planning and co-ordination of the national response to COVID-19 throughout 2020, which mainly involves DPMC.

They are looking to determine answers to the following:

- Have improvements in the Government's response to COVID-19 been identified and put in place so that NZ is better able to deal with future outbreaks?

DPMC, along with a small number of other agencies, including the Ministry of Health, NEMA and the Public Service Commission, provided comment on the audit team's preliminary findings last year.

The team is looking to have the final Draft of their report to DPMC for any final commentary shortly. It is likely the draft will be shared with the above agencies once it is finalised.

The OAG's intention is to present the final report to Parliament during the first quarter of 2022/23.

Proactively Released

14. Upcoming Cabinet Papers

s9(2)(f)(iv)



Proactively Released

COVID-19 Insights References

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