133 Molesworth Street
PO Box 5013
Wellington 6140
New Zealand
T+64 4 496 2000

15 November 2021

Leeanne McAviney
Assistant Auditor-General, Sector Performance
Office of the Auditor-General
Level 2, 100 Molesworth Street
Thorndon
WELLINGTON 6140

By email: s 9(2)(a) [redacted]

Kia ora Leeanne,

Follow-up of performance audit and request for progress report: *Preparations for the nationwide roll-out of the COVID-19 vaccine*

Thank you for your letters of 24 September and 8 October 2021, requesting information about progress in implementing the recommendations in your report, *Preparations for the nationwide rollout of the COVID-19 vaccine* published 18 May 2021. You have also asked specific questions relating to access to COVID-19 vaccinations for Māori, Pacific people, disabled people, and other communities.

Thank you for agreeing to an extension to 15 November 2021 for our response. At the time of your original request, the COVID-19 vaccination programme team was fully occupied planning the Super Saturday event of 16 October 2021 and travelling to the regions with the Prime Minister and Ministers to boost vaccination rates, particularly for Māori. I understand members of your team will have the opportunity to participate in one of these trips with Ministers. I trust this will provide you with useful insights on the Programme's successes and challenges.

Please find attached the Ministry of Health's (the Ministry's) response to your specific recommendations and questions. As always, please feel free to make contact if any clarification or additional information is required.

As at 14 November 2021, 90 percent of eligible New Zealanders have received their first dose of the COVID-19 vaccine, and 81 percent have been fully immunised. 77 percent of Māori have received their first dose and 88 percent of Pacific people have received their first dose.

I remain incredibly proud of the progress the Ministry, DHBs, partner agencies, providers and communities around New Zealand have achieved together to reach this level of coverage, and I

look forward to receiving any further recommendations you may have to support us in our work to continue to improve on these results.

Ngā mihi,

Dr Ashley Bloomfield
Te Tumu Whakarae mō te Hauora
Director-General of Health

Copy to: s 9(2)(a) [redacted]

Section A: Overview of the COVID-19 Vaccination Programme

A.1 Overview of the COVID-19 Vaccination Programme (the Programme)

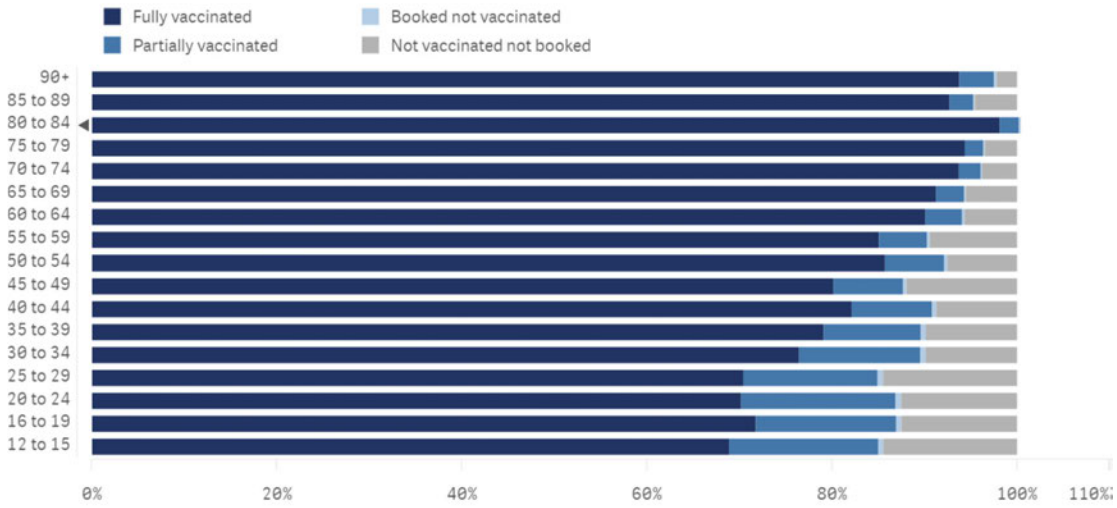
In 2021, New Zealand embarked on the largest vaccination programme in its history, with the aim of providing 4.2 million eligible people with the opportunity to be double vaccinated against COVID-19 by the end of the year.

The Ministry was charged with building an operational approach to deliver on this goal. Original estimates, based on international experience at the time and New Zealand surveys, suggested that 70 percent of the population aged over 16 may take up the offer to be vaccinated. Actual experience has been that 90 percent of the eligible population over 12 years has had a first dose and 81 percent has been fully vaccinated, even prior to December. 77 percent of Māori have so far received their first dose and 88 percent of Pacific people have received their first dose.

As of early November, New Zealand is one of the world's most highly vaccinated countries, sitting in the top half of the group of OECD nations and continuing to vaccinate at a higher rate than many countries similarly placed. This high rate of coverage has been delivered with high efficiency and clinical standards and surveys have shown that New Zealanders who have engaged in the programme have been positive about their experience and keen to promote it to friends and whānau.

New Zealand's vaccination rates are best amongst the older age group most at risk from poor health outcomes from COVID-19 infection. As at 14 November, 97 percent of people over the age of 65 in New Zealand have had their first dose. As of 14 November, fully vaccinated rates for those over 65 are 92 percent for Māori, 88 percent for Pacific and 94 percent for non-Māori, non-Pacific. This compares with influenza vaccination coverage of 59 percent in 2020 for Māori aged over 65, the highest point in coverage since 2015[1].

Chart 1: *Vaccine uptake by age band as at 14 November*



[1] https://www.health.govt.nz/publication/more-just-jab-evaluation-Māori-influenza-vaccination-programme-part-covid-19-Māori-health-response

The Ministry, in partnership with DHBs and providers across New Zealand, has built a Programme that has efficiently delivered vaccinations at scale and pace in an uncertain and evolving environment characterised by imperfect information and accompanied by intense scrutiny. Alongside mainstream services to deliver vaccinations, targeted strategies have been developed to deliver vaccinations to population groups with traditionally less access to health services.

The Ministry has not delivered this Programme alone. DHBs have been pivotal to the delivery of the Programme and have managed the operational planning and delivery of vaccinations at a regional and local level alongside primary care, Hauora, community and NGO providers. Extraordinary effort and partnership have been required to design the infrastructure, workforce, systems and processes required to deliver this extensive programme. The health sector has done this while also delivering the broader COVID-19 health system response and continuing to deliver regular health services for New Zealanders.

Significant capacity and capability have been created across the health system to deliver vaccinations. However, it remains clear that broader socio-economic factors have impacted uptake, particularly linked to deprivation. The transport issues many have experienced in reaching or providing vaccination services, for example, has highlighted the existing challenges of accessibility of New Zealand's health services.

Support from the social sector has therefore been essential to reaching all New Zealanders and providing them with the wrap-around support needed to manage in this global pandemic. The Ministry has worked with a broad range of iwi, government agencies, NGOs, advocacy groups, industry and unions to plan and deliver whatever has been needed to achieve high vaccination rates.

Meeting the Crown's obligations under Te Tiriti o Waitangi

The goal of the Programme has been to ensure as many people as possible receive the vaccine by the end of 2021, whilst upholding the Crown's obligations under Te Tiriti o Waitangi. The Ministry's Tiriti obligations are encapsulated by the five principles described through the Waitangi Tribunal's WAI2575 Hauora Report: equity, active protection, options, partnership and tino rangatiratanga.

To achieve equity for our priority groups (Māori, Pacific people, and people with disabilities) and actively protect Te Tiriti rights of Māori, specific responses, resources, and activities have been developed and implemented, including specific equity funding to resource uptake and to assist with informed consent, and providing site options for where Māori can receive a vaccination.

In addition to the immediate expression of Te Tiriti, the Programme aims to leave behind a legacy – the collection of iwi affiliation data, the creation of a new vaccinator workforce including Kaiāwhina, investment in hauora Māori providers and the infrastructure supporting them including the mobilising of services, increasing the capability and capacity to respond to on-going vaccinations in general, mobilising services, and supporting the response to future epidemics.

The importance of empowering iwi, whānau, hapū and communities to design and lead their own response has been clear throughout and will be one of the enduring legacies of the Programme.

Next steps for the Programme

The Programme is not yet complete, and the Ministry and DHBs continue to work to push population coverage as high as possible, with a focus on those regions with pockets of lower uptake. Alongside this overarching focus for the remainder of 2021, the programme is focused on implementing or supporting the following initiatives, subject to approvals:

- a booster programme,
- vaccinations for 5 – 11-year-olds,
- access to the AstraZeneca vaccine for those where the Pfizer vaccine is contraindicated or who otherwise would prefer to receive a non-mRNA vaccine,
- COVID-19 vaccine certificates, and
- Vaccine Orders for select workforces.

The significant activity still underway is reflective of the agility that has been necessary in the delivery of the Programme. New Zealand's COVID-19 context, international trends, progressive clinical evidence for extended age ranges and gap between doses, and government policy to support Reconnecting New Zealand and the move to the COVID-19 Protection Framework have all meant ongoing delivery of new technology, models, processes, and guidance.

A.2 Delivering the COVID-19 Vaccination Programme at scale

The first COVID-19 vaccinations were administered on 19 February 2021, and then rolled out to the population using a sequencing framework signed off by Cabinet that prioritised people most at risk of contracting COVID-19 and of experiencing a poor health outcome from infection. This framework meant that when supply was initially highly constrained, vaccinations were delivered to those most at risk.

The approach to inviting the general public over 12 years to receive a vaccination by age cohort was based on:

- having a nationally consistent approach and start date to ensure clear communication;
- providing New Zealanders with certainty as soon as possible about when they could expect to be invited to book their vaccination;
- delivering the Programme at a sustainable scale;
- managing demand within the availability of supply.

Since the Office of the Auditor General's report into preparations for the nationwide roll-out of the Covid-19 vaccine in May 2021, the rollout opened to the general population as the larger vaccine supply volumes began arriving from late July. By July 2021 the infrastructure and DHB service delivery plans had been developed to deliver the estimated 40,000 - 50,000 vaccinations per day required to roll the Programme out to all eligible New Zealanders by the end of 2021.

On 28 July 2021, the roll-out to the general population began with invitations to book a vaccination sent to all New Zealanders aged 60-64 years. Ages 55 years and over were

subsequently invited on 6 August 2021, five days earlier than planned as some DHBs were quickly progressing through the age-band populations in their area and risked having to slow their programmes. Invitations to ages 50-54 and ages 40-49 followed in quick succession between 11 and 18 August. People aged 30 and over were able to book a vaccination from 25 August. From 1 September, all eligible people over the age of 12 were able to book a vaccination.

It took 123 days for the Programme to administer the first one million doses of the vaccine, but only 42 days to administer the next one million, a rate that continued to accelerate as supply allowed and as the enablers for scale were in place. As of early November 2021, more than seven million doses have been administered.

With supply secured and the enabling service delivery models, technology, invitation and booking processes and public communication systems in place, the modelled volumes of 50,000 doses a day were routinely achieved, rising to several days of 90,000 doses following the August 2021 Delta outbreak. This is equivalent to more than 2 percent of the entire eligible population receiving a vaccination on a single day. Super Saturday, 16 October, saw 130,000 people, more than 3 percent of the eligible population, get vaccinated.

Enabling infrastructure and systems

High population coverage rates at high levels of clinical safety and quality have been supported by several critical decisions and enabling infrastructure and systems, some of which were discussed with the Office of the Auditor General during their initial work with the Ministry (which led to their May 2021 report).

1. **Deploying a highly distributed model and supercharging delivery through primary care: general practice, pharmacy, and hauora**

   A more highly distributed service delivery model from July onwards has been critical to improving accessibility, particularly for Māori and rural populations. Vaccinations are routinely delivered at 700 – 800 sites on any given day, with around 1800 sites vaccinating over the year.

   This distributed model only became possible when vaccine supply increased at the end of July. Bringing on board all general practice and pharmacy at the supply levels between February and July (60,000 doses a week) would have spread vaccine very thinly – delivering one to two vials a day to each location – and resulted in high levels of wastage and consumer frustration.

   The second significant change to enable a highly distributed model occurred in late May, when further data from Pfizer meant the regulator Medsafe was able to approve a change in storage requirements, allowing the product to be stored for longer at standard cold chain. This was transformative, enabling the opening of hundreds of more distributed locations and smaller sites that didn't have the infrastructure to comply with the ultra-low temperature requirements. Up to May, delivery sites were restricted to those either nearer -70 degree hubs or sites that could do relatively high daily volumes to avoid wastage, as was seen overseas.

2. **Progressively and safely adding innovative service delivery models**

   In the early stages of the rollout, simplicity in the model of delivery was prioritised to manage supply chain risk, clinical risk, and to ensure that processes and technology worked as designed before variations were introduced. The development of standard models that worked well was balanced against the need for more innovative and targeted programmes, which were introduced later in the programme when sequencing considerations were removed and there was confidence in the core elements of the standard models.

   It was essential to have ready an operation capable of consistently delivering high volumes across New Zealand early in the programme. To achieve this, blueprints were developed for community vaccination centres, primary care, mass vaccination events, and mobile deliveries.

   Since May, service delivery models for drive-throughs and every variation of community event have been developed, allowing for vaccinations to be delivered in Air New Zealand 787s, Pak n Save car parks, Sky Stadium and Eden Park, farmers markets, buses going street-by-street, and marae and churches around the country.

3. **Using and sharing data in new ways**

   To enable a nationally consistent rollout to age bands from July, an invitation strategy and data model was built that pulled together a picture of the population from different national systems. Invites were sent via letter, text message and email to those who hadn't yet engaged. Use of the Health Service User (HSU) dataset allowed the programme to generate mesh block level data about areas with lower vaccination rates and utilise Whakarongorau Aotearoa to deliver locally directed outbound calling campaigns to follow up with those who hadn't yet engaged in the programme, had missed an appointment, or were late for a second dose and hadn't yet booked.

   In addition to developing new datasets and strategies, the Ministry has also engaged in new data sharing agreements with iwi and providers that have enabled local groups to see the street level information that can help them direct their communication, mobilisation, and vaccine delivery efforts.

4. **Communicating to all New Zealanders**

   The Ministry, partner agencies, DHBs, and providers have invested significantly in a major communications and engagement campaign across all channels and communities. The programme's communications and engagement work has been successful in raising awareness, building trust, and driving demand.

   Different approaches have been needed to engage, inform, and motivate the last 15-20 percent of eligible people who have not yet been vaccinated or made a booking and we are taking a highly targeted, data and insights-led approach in this final phase. Programme data is supplemented by quantitative and qualitative consumer research. Messaging and creative is tested by focus groups and in market. We are highly focused

on connecting with those who haven't been vaccinated to build trust, tackle the drivers of hesitancy, and motivate action.

5. Developing a diverse and deep workforce

A number of actions were taken to ensure that workforce wouldn't become a pinch point for programme scale.

A surge workforce database ("Hands Up") was put in place to provide a pipeline of potential resources to assist DHBs in the Programme rollout and other supporting functions required to manage COVID-19. By early October, Hands Up had more than 16,900 registrations of interest, and 359 candidates had been employed by the DHBs and Ministry.

In May the Ministry created a new class of vaccinator, the "COVID-19 Vaccinator" who could vaccinate while working under supervision. There are 119 authorised COVID-19 Vaccinators working under supervision and over 563 COVID-19 Vaccinators currently in training. This workforce has a significantly higher representation of Māori and Pacific people than the broader vaccinator workforce.

6. Carefully managing supply

Since the beginning of the Programme, the Ministry was prepared for a supply-constrained first half of the Programme driven by Pfizer delivery schedules. A small contingent supply was maintained centrally, but otherwise as many doses delivered from the supplier were administered. From February to June, an average of approximately 60,000 doses were received per week and nearly as many were administered.

In early June, the Ministry forecast that supply would run out in the first week of July. The Ministry negotiated with Pfizer to deliver a consignment in early July, slightly ahead of schedule. This was sufficient to continue the programme with only a minor managed reduction in vaccinations delivered.

After the Delta outbreak in August, the programme again forecast a supply deficit due to the surge in demand from New Zealanders. As Pfizer was unable to bring forward our large deliveries due from October, the Ministry worked to secure supply from EU countries in sufficient quantities to continue the delivery of the Programme at the rate of demand.

7. An all of society approach to drive uptake

Following the Delta outbreak surge in vaccinations, it was clear that driving uptake would require more than a health response and would require business, community and religious groups, and indeed, all of society leaning in.

The Programme saw large and small businesses and community groups engage with education initiatives for their own staff, promotions, prizes and marketing to push vaccination rates as high as possible in their communities. Canterbury Chamber of Commerce ran "90% for Canterbury", Wellington Hospitality ran "Take Two for the Team"

and dozens of small businesses and corporates donated hundreds of hours and millions of dollars of prizes and cash for "Super Saturday" on 16 October.

Workplaces have also been a key location for vaccination clinics. The Ministry sought interested businesses, prioritising workplaces with 1000 or more staff, and smaller workplaces (70 – 1000 staff) with a high proportion of Maori, Pacific peoples, people with disabilities, people based in rural areas, and shift-workers. More than 88,000 vaccinations were delivered through this model using national occupational health providers and the model was used to good effect during the Delta outbreak to vaccinate supermarket workers and other essential workers. In addition to this national model, DHBs worked with their local business community to run pop-up sites for those organisations operating in their region.

8. **Developing scalable enablers to support a national programme**
   As the programme scaled across New Zealand, many enablers were required. Given the short timeframes, these had to be developed in parallel with the ongoing delivery of the early phase of the programme. Technology tools like the National Immunisation Booking System (BookMyVaccine), logistics and supply management tools, and the population engagement and invitation tool were developed. The full scale of the programme was dependent upon these and other national management tools being in place before the peak vaccination period could be delivered. An assessment was run in June 2021 to confirm and approve readiness.

A.3 Rolling out the vaccine in the Pacific

The Ministry of Health – supported by the Ministry of Foreign Affairs and Trade, New Zealand Defence Force, Pacific governments, other development partners, and technical agencies in the region – has supported our Pacific neighbours, including the Realm countries, with access to COVID-19 vaccines and their rollout of an immunisation programme. New Zealand has bilaterally donated 213,400 vaccines this year. Support to the Pacific countries has covered a range of areas including planning, delivery of their vaccine of choice from New Zealand's portfolio, consumables, vaccination training, pharmacovigilance and communications material.

s 7(b), s 9(2)(ba)(ii)

[redacted]

s 6(b)(i)

[redacted]

s 6(b)(i)

[redacted]

In line with our close relationships and people-to-people ties in the Pacific, Cabinet has agreed that New Zealand will provide ongoing for the Realm (the Cook Islands, Niue and Tokelau) to access sufficient vaccines to meet their immunisation needs, including boosters, into 2022, and that officials will work with other donors to ensure that the ongoing immunisation needs of Tonga, Samoa, Tuvalu and Fiji are met.

Section B: Progress against OAG recommendations from May 2021

Between February and May 2021, the Office of the Auditor General (OAG) carried out an assessment of how well the Government was preparing for the nationwide roll-out of the COVID-19 vaccine. This was undertaken at an early stage of the Programme's development so that the Ministry could act on recommendations as soon as possible and increase the likelihood of the Programme's overall success. The assessment included reviewing documents and interviews with a wide range of stakeholders connected to the Programme. The work culminated with the publication of the OAG's report 'Preparations for the nationwide roll-out of the COVID-19 vaccine' on 17 May 2021.

The Ministry formally responded to the report in May and has been working to implement the recommendations since that time. This section below provides an outline of progress against the recommendations for the timeframe of May to October 2021.

B.1 Transparency

"We recommend that the Ministry of Health continue to be transparent in its public communications about supply risks and the potential impact on the rollout schedule."

The Ministry's approach has been to keep vaccine supply considerations at the forefront of communications relating to the Programme rollout. Since OAG's audit was completed, the Ministry has routinely published key data about the rollout including weekly data setting out the volume of doses on hand. (https://www.health.govt.nz/our-work/diseases-and-conditions/covid-19-novel-coronavirus/covid-19-data-and-statistics/covid-19-vaccine-data#by_soh)

The Ministry has used several communications activities and channels to explain vaccine supply constraints to the public including updates in the 1pm media stand-ups on supply expectations and how this informs our programme planning. The Ministry has also explained vaccine logistics challenges and constraints to media and wider public including creating general information to explain the complexity of the vaccine supply chain (for example, https://www.youtube.com/watch?v=98F0gJ0stsY)

Recent interactions with the public about COVID-19 vaccine supply include:

- sourcing additional doses from Spain and Denmark when the Delta outbreak in August 2021 significantly increased demand;
- availability of alternative approved COVID-19 vaccines;
- 'booster' shots;
- securing paediatric doses of the Pfizer vaccine - if approved and required - for vaccinations of 5-11 year olds.

B.2 Contingency Planning

"We recommend that the Ministry of Health complete contingency plans for major risks, for example, vaccine doses do not arrive in New Zealand at the scheduled time or in the expected quantities, adequate workforce is not able to be secured, key systems are not ready on time, or a community outbreak of Covid-19."

Considerable contingency planning took place subsequent to the initial fieldwork by the OAG audit team, and plans were developed to describe how programme functions would respond in a number of scenarios, including: community outbreak (for example, the development of the drive-through service delivery model and the establishment of incident management processes to be implemented in the event); disruption to supply of vaccines, PPE and consumables; disruption to the availability of vaccinator or administrator workforce; significant IT outage; serious clinical safety risk; and serious privacy and security breaches.

Plans broadly cover points such as critical resource requirements, key activities, communications and key contacts. Integration points across the COVID-19 Response system, including at the Ministry and DHBs, were also identified.

Community outbreak

The contingency plans prepared for a community outbreak were implemented in August 2021 when Delta was found in New Zealand, including standing up a seven-day a week incident management team within the Ministry and DHB programmes, introducing required infection protection controls at Alert Level 4, and deploying drive-through and other appropriate service delivery models.

As a result, the programme was able to accelerate vaccination uptake through the Delta outbreak, rather than being derailed by it. In the days and weeks following the discovery of new positive COVID-19 cases in New Zealand the vaccine programme lifted daily vaccination rates to some of the highest seen in any developed country.

Vaccine supply

Close management of vaccine supply has been essential to managing the risk of supply uncertainty. Tracking of stock on hand and future supply from Pfizer against current and projected vaccine utilisation has been introduced as part of routine monitoring in order to identify possible supply constraints as early as possible. An updated Inventory Portal has also been rolled out that provides clearer visibility of vaccine stock on hand at vaccination sites. A hub and spoke supply model has been co-designed with DHBs to build local contingency supply at DHB hubs to mitigate acute supply issues (for example weather events, road delay). The risk of acute supply issues is also being addressed by encouraging all vaccination facilities to hold additional stock on hand.

Since the OAG report was published, Medsafe has granted provisional approval for the use of two further COVID-19 vaccines (Janssen and AstraZeneca) within New Zealand. While New Zealand's vaccination programme will primarily be rolled out using the Pfizer vaccine, the possibility of incorporating these vaccines into the Programme provides an additional level of flexibility to the Programme.

Workforce

A number of initiatives have been put in place to ensure sufficient workforce for the Programme including:

- Registered health professionals outside of the regular vaccination workforce of general practitioners, nurses and pharmacists are able to train to deliver vaccinations

- A surge workforce database (Hands Up) was put in place to provide a pipeline of potential resources to assist DHBs in the COVID-19 Vaccination Programme rollout and/or other supporting functions in managing COVID-19. An update to the database at the end of May included the registration form translated into Te Reo Māori, Samoan and Tongan to encourage increased participation by Māori and Pacific people. There were over 60 new registrations within 48 hours of this launch. Contracted Māori health providers and pharmacies have access to the database. By early October, Hands Up had more than 16,900 registrations of interest, and 359 candidates had been employed by the DHBs and Ministry.

- In May the Ministry created a new class of vaccinator, the COVID-19 Vaccinator who could vaccinate while working under supervision. There are 119 authorised COVID-19 Vaccinators working under supervision and over 563 COVID-19 Vaccinators currently in training. There is increasing representation of Māori and Pacific peoples in the COVID-19 vaccinator workforce. Approximately 48 percent of people in training identify as Māori, and 11 percent identify as Pacific. There is 9 percent representation of Māori and Pacific within the wider vaccination workforce.

- A contingent workforce was recruited using LifeCare and other occupational health providers to provide trained resources into areas of immediate need for DHB and commissioned providers

- Development of options for additional workforce if required in Alert Level 3 and 4

https://www.health.govt.nz/our-work/diseases-and-conditions/covid-19-novel-coronavirus/covid-19-vaccines/covid-19-vaccine-strategy-planning-insights/covid-19-expanding-vaccinator-workforce

Business continuity planning

DHBs were required to confirm business continuity planning had been carried out as part of providing assurance of readiness to move to scale. The Ministry has drafted COVID-19 Vaccine Operating and Planning Guidelines for DHBs and providers outlining risk mitigation and incident management processes and procedures. This is frequently updated: https://www.health.govt.nz/our-work/diseases-and-conditions/covid-19-novel-coronavirus/covid-19-vaccines/covid-19-vaccine-information-health-professionals/covid-19-vaccine-operating-and-planning-guidelines#operate

B.3 Sequencing Framework

"We recommend that the Ministry of Health continue to improve guidance to district health boards about the scenarios in which it is acceptable to depart from the sequencing framework and make this transparent to the public."

Detailed policy work has been undertaken by the Ministry to guide the vaccine sequencing framework and subsequent rollout of the vaccination programme that takes a strong equity approach and takes into consideration that Māori and Pacific people are disproportionately affected by COVID-19 and subsequent lockdowns.

The Ministry provided guidance to DHBs in regular meetings between Ministry officials and DHBs to use the Sequencing Framework as a guide and that it should not be used at the expense of the efficient delivery of the vaccine to communities (for example rural and remote communities). For example, the National Director wrote to all DHB Chief Executives and Vaccine Senior Responsible Owners on 3 May 2021 to clarify this point: https://www.health.govt.nz/system/files/documents/information-release/letter_from_joanne_gibbs_national_director_cvip.pdf

The Ministry also recommended to DHBs and providers that they respond flexibly to the needs of their local communities and to take a whanau-centred approach to the vaccination rollout in order to meet the Programme's equity obligations.

The sequencing framework and the need to support clear pathways for priority groups resulted in updated processes and protocols, for example the establishment of the Māori and Pacific pathways as well as a dedicated Disability call centre through Whakarongorau Aotearoa.

An updated Sequencing Framework was released after OAG's audit took place to provide clarity on where various categories fit within the sequencing framework. For example, additional guidance was provided relating to border workers status in quarantine free travel and included additional frontline healthcare workers within Group 2. These changes enabled clearer communication with the public, and simplified decision making for requests by organisations and volunteer support groups who had sought approval for earlier vaccination within Groups 1 to 3.

In August 2021, the framework was updated to include a new category 2c, to reflect an amendment to the Alert Level Requirements Order and support prioritisation of people working in customer/client-facing roles or supporting critical infrastructure during Alert Level 4. Following the prioritisation of this group and an Alert Level change, an operational update included extending prioritisation to people required to work in these roles during Alert Level 3.

Material was made available on the Ministry and COVID-19 websites relating to departures from the sequencing framework in order to vaccinate people wishing to travel overseas from New Zealand on compassionate grounds or for reasons of national significance (for example Olympic Games representation). The criteria were extended in August to include other reasons for travel, including business.

With the opening of vaccinations to all age bands on 1 September 2021, the sequencing framework developed to pace the vaccine roll-out to New Zealand's population in the early part of the programme had largely completed its function.

B.4 Equity in delivery plans

"We recommend that the Ministry of Health continue to work with district health boards and Māori, Pasifika, and disability health care providers to make sure equity considerations are fully embedded in delivery plans."

A substantive discussion on strategies and approaches to deliver equity in the Programme is included in Section C. This section only deals briefly with the OAG's recommendation on embedding equity in delivery plans.

To prepare for the roll-out of COVID-19 Vaccine Programme, the Ministry engaged with all DHBs to discuss and agree on their equity plans for Māori, Pacific people and Disabled people. Equity production plans focused on equitable vaccine uptake for these populations and showed the number of Māori and Pacific people DHBs intended to vaccinate for the period July to October 2021.

The Ministry has made funding available to DHBs to cover the cost of specific events planned by DHBs and providers to address the specific needs of priority populations. For example, DHBs have hosted events for disabled communities, set up to be more accessible and welcoming, and introduced specific festival-style events to encourage Pacific and Māori communities to be vaccinated.

The Ministry of Health monitors data on the number of Māori, Pacific people and disabled people vaccinated, and regional rates to assess whether the vaccine is being rolled out equitably. Data is shared regularly with DHBs and partner agencies Te Puni Kōkiri, Ministry for Pacific Peoples, Te Arawhiti, Ministry of Social Development and Ministry for Ethnic Communities to form strategies to increase vaccine uptake and successful strategies are shared between groups. Data is also shared with service providers and released on the Ministry's website down to suburb level to support activities to lift vaccine uptake.

Regional Equity Account Managers in the Ministry have supported the DHB they're allocated to with the development and implementation of their equity actions with a focus on the following areas:

- prioritisation of accreditation and authorisation activities for workforce development;
- presentations and follow-up hui and activities completed with DHBs on workforce development support systems;
- regional hui with DHBs and other sector partners to develop multi-level and sectoral action plans to address equity;
- working with DHBs to prioritise commissioning and resources to address equity. This has included investment in services or organisations other than the already funded Māori or Pacific health providers. This allows full flexibility to work directly with whānau with specific needs and commission agencies outside of the health sector.

B.5 Clarity for providers

"We recommend that the Ministry of Health provide more clarity to primary health care providers (including general practitioners) about their role in the wider rollout to ensure that they have adequate time to prepare."

Primary health care providers have a central role in vaccinating New Zealanders. Early in the COVID-19 Vaccine Programme, the sequencing framework, supply constraints, cold chain and additional administrative requirements meant COVID-19 vaccinations were predominantly delivered by DHB-run community vaccination centres.

From April 2021, a specific service delivery model appropriate for existing healthcare facilities (general practice, community pharmacies, Hauora providers, and urgent care) was developed in consultation with stakeholders, and a fee for service price for COVID-19 vaccinations had been established and was in place for the primary care sector. The Ministry provided funding directly to Māori and Pacific health providers to support their readiness. This funding allowed providers to assess what they needed to deliver a successful vaccine programme including their workforce and infrastructure needs.

The following enablers were developed to support primary care providers as they moved to establish themselves as COVID-19 vaccination sites:

- The Primary Care Onboarding Guide is a tool developed to provide an integrated, consolidated summary of Ministry resources for establishing and managing a COVID-19 vaccination site.
- An operational review of the Ministry's activities supporting the onboarding of new sites was undertaken. This review led to improved visibility of forecast onboarding numbers and enabled timely and appropriate interventions, where needed, to support periods of high onboarding numbers.
- User training for the technology systems that support vaccination events were transitioned to a self-service e-learning model to enable greater numbers of vaccination staff to be trained per week.

The Ministry's objective has been to provide all primary care vaccination providers with an opportunity to participate in the COVID-19 vaccination programme by the end of October 2021. Primary care providers onboarded 819 COVID-19 vaccination sites in the period July to September 2021. As at 11 October, primary care providers had delivered COVID-19 vaccinations from 1212 sites. An increasing proportion of vaccinations have been delivered through primary care with 66 percent of doses administered by primary care in the week ending 10 October 2021.

The Ministry continues to work with DHBs to encourage and support all primary care providers to onboard as COVID-19 vaccination sites. Onboarding guides and processes are reviewed monthly to identify options for fast-tracking and simplification. Two additional enablers have been developed to support sites for whom onboarding is a significant challenge:

- An Onboarding Concierge service is being trialled targeted at Māori and Pacific health care providers and small general practices and community pharmacies. These sites are generally resource stretched and struggle to find time to complete onboarding activities and training. The service assists with completion of the site set-up paperwork and guides staff through the training and onboarding requirements.
- General practices with a high proportion of enrolled Māori patients are being contacted by telephone to encourage onboarding as vaccination sites. When required, assistance is provided to remove or overcome the specific barriers that are preventing onboarding of that site.

The Programme continues to produce a fortnightly newsletter and host fortnightly webinars for the primary care sector, meet on a fortnightly basis with the Royal New Zealand College of General Practitioners, and attend fortnightly Primary Health Organisation (PHO) Clinical Leaders forum meetings. In addition, the Ministry communicates the important role primary care plays in achieving COVID-19 vaccination targets through relevant forums. The national IMAC webinar and the NZMA GP CME South conference are two examples where the need to have primary care providers onboard was reinforced, and the on-boarding process explained.

B.6 Communications

"We recommend that the Ministry of Health continue to strengthen efforts to raise public awareness of the immunisation strategy in a way that:

- ***ensures that communications are co-ordinated with key vaccination events;***
- ***encourages uptake of the vaccine; and***
- ***is tailored to different audiences, in particular Māori, Pasifika, people with disabilities, and harder-to-reach communities."***

Since OAG's initial work, the communications and engagement team has grown and adapted with the Programme. The group has implemented a public information strategy and communication programme focused on two layers:

- An information layer providing straightforward and accessible information about the vaccine, the rollout programme and advising groups and cohorts within those groups when and how they can be vaccinated.
- An emotive layer motivating people to get vaccinated through the central proposition, "The Stronger our Immunity the Greater our Possibilities". This campaign layer uses story-telling to reinforce that vaccination is a pathway to protect and strengthen the nation socially, culturally and economically.

A consumer research programme has been put in place to ensure barriers and motivations to vaccination are well understood, and new campaign concepts and collateral are tested with relevant audiences before launch. Research cohorts are upweighted for Māori, Pacific and disabled people. In addition, activity is informed by specific pieces of research into each of these priority groups.
https://www.health.govt.nz/our-work/diseases-and-conditions/covid-19-novel-coronavirus/covid-19-vaccines/covid-19-vaccine-strategy-planning-insights/covid-19-vaccine-research-insights

This campaign has been promoting the information and emotive layers in:

- A national campaign to encourage vaccination using a wide range of channels outdoors, broadcast media, digital, and social media. A new motivational campaign "It's Our Shot NZ" was launched in September and builds on the "Possibilities" campaign with a stronger call to action. In October it was joined by "Two Shots for Summer" which is aimed at 16-29 year olds.
- Targeted campaign and engagement activity for priority audiences such as Māori, Pacific people, disabled people, and younger people, which our research and vaccination data indicates have or are likely to have a lower vaccination uptake. Content includes information on the vaccine's safety and stories of people from these communities talking about their decision to be vaccinated and their vaccination experience.

As the rollout of the Programme has progressed through all eligibility cohorts, the communications focus has shifted from communicating the sequencing framework rolling out eligibility in cohorts to running a campaign to encourage everyone aged 12 and over to vaccinate.

Detailed vaccination uptake data is also now published and regularly updated on the Ministry website, including breakdowns by ethnicity and location (https://www.health.govt.nz/our-work/diseases-and-conditions/covid-19-novel-coronavirus/covid-19-data-and-statistics/covid-19-vaccine-data).

Māori, Pacific peoples, disabled people communications

Targeted campaigns and engagement activity have been designed for priority audiences and new ways of working have been designed in partnership with other government agencies and sector stakeholders to ensure that vaccination messages reach and resonate with those communities. This has included ensuring the Ministry's own national campaign activity remains relevant, targeting priority audiences when using highly targeted digital and social campaigns, and supporting partner campaigns in those communities and through other government agencies and DHBs.

The "Super Saturday" initiative is a recent example of this multi-layered communications and engagement approach. It saw a wide range of organisations mobilise to promote vaccination supported by the Ministry, including iwi, faith-based organisations, government agencies, and businesses and NGOs.

Māori

The Ministry has developed close working relationships with the Iwi Comms Collective and Te Puni Kōkiri and have supported the development of a communications strategy for rangatahi Māori.

Collaboration with Te Puni Kōkiri includes supporting their Karawhiua campaign for Māori to ensure our campaigns are complementary, including:

- Sharing research and insights.
- Targeted digital and social advertising.
- Featuring Māori champions and influencers throughout our mainstream communications campaigns.
- Sharing media buying and funding Karawhiua media placement.
- Consulting with Te Puni Kōkiri when developing our mainstream campaign content to ensure it remains relevant to Māori.
- Funding for Māori organisations to develop local or regional responses in their communities.

Pacific people

A similar approach has been adopted with Pacific people, working closely with the Ministry for Pacific Peoples to support their "We've got your back Aotearoa" campaign. This collaboration includes:

- Sharing research and insights.
- Targeted digital and social advertising targeting Pacific peoples and their communities.
- Featuring Pacific people influencers in our mainstream campaign.
- Consulting with the Ministry of Pacific Peoples when developing our mainstream campaign content to ensure it remains relevant to Pacific peoples.

- Translating content into Pacific languages.
- Funding for Pacific organisations to develop local or regional responses in their communities.

Alongside the Pacific Health team within the Ministry and the metro Auckland DHBs we also work with Pacific communications specialists in Auckland.

Disabled people

A disability sector forum has been established and meets regularly to:

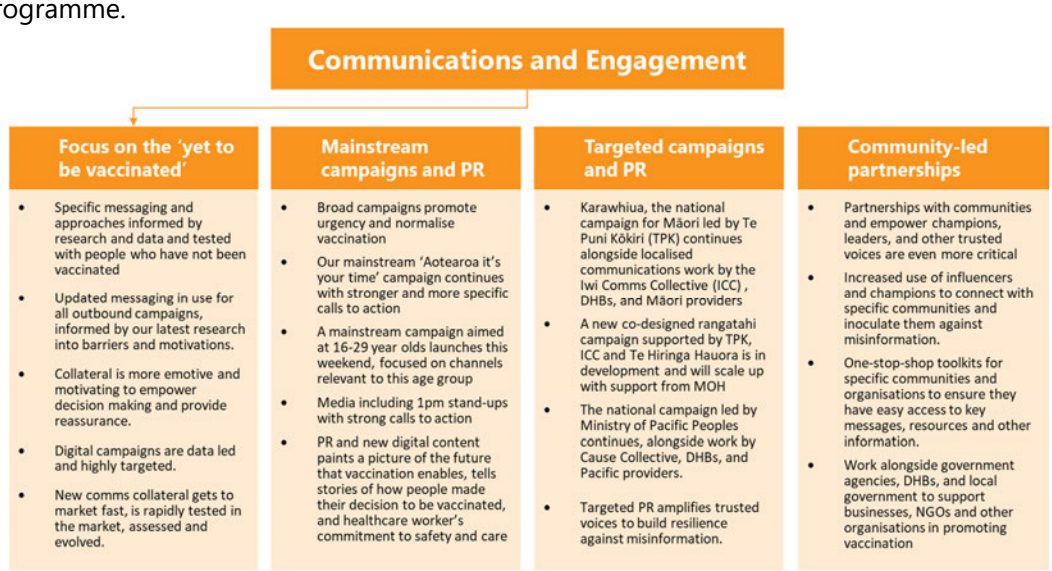
- Advise the Ministry on how best to engage with the sector
- Test proposed activity and content
- Provide timely feedback from the sector.

The approach to disabled people differs from our approach to Māori and Pacific people in that the sector strongly prefers to be included in the mainstream campaign rather than in a separate campaign targeting disabled people. This has meant working with the Forum to ensure disabled people are reflected in and included in our mainstream campaign. This has included actions like:

- Ensuring disabled people are featured in our mainstream campaign and storytelling.
- Ensuring content is presented in accessible formats.
- Creating content to support disabled people to confidently access vaccination.
- Sharing content with disabled networks for distribution.
- Ensuring customer service channels are accessible.
- Funding disability groups to enable engagement with their communities.

Specific communications funds were established for Māori, Pacific, and disabled peoples to produce their own communications content and messaging, specific to their community and region and in their preferred formats.

A highly targeted strategy as outlined below is being employed for the final phase of the Programme.



Section C: Specific questions about the COVID-19 vaccination programme – vaccination rates for Māori, Pacific people, people with disabilities, and communities with access challenges

The initial design of the COVID-19 Vaccination Programme incorporated Equity and Te Tiriti Principles. These unique features were purposely integrated into the Programme and demonstrate the Ministry's intention of ensuring equitable access to the vaccine. This commitment is indicated by fundamental actions in the key areas of governance, equity of access, funding and the sequencing framework.

The success of the Programme is best shown in the results for Māori kaumatua and kuia. Nationally 96 percent of Māori over the age 65 have had their first dose of the COVID-19 and 91 are fully vaccinated.

Approximately 50 percent of eligible Māori are between the ages of 12 and 34. Māori continue to see a good number of first doses given each day as the focus shifts to vaccinating rangatahi.

The real success story is the workforce of 77 Māori health providers and whānau communities working hard to increase vaccination rates for Māori across the motu.

For example:

- In Kaikohe, Rotorua and Heretaunga, over 300 wahine (and many for the first time) are leading vaccination work by calling whānau to get vaccinated.
- Over the past week in Hawera local providers vaccinated members of Black Power, rangatahi and uncles and aunties whilst creating an energetic positive atmosphere. Initiatives such as these have enabled Taranaki to move from 59 percent to 71 percent for dose 1 of the COVID-19 vaccine in less than three weeks.

Introduction

A number of priority population groups have been identified as being more at risk from COVID-19 and therefore with a higher need for the vaccine, including:

- Māori
- Pacific communities
- older people
- disabled people
- people living in rural or remote areas
- ethnic communities (African, Asian, Continental European, Latin-American and Middle-Eastern)
- health workers
- essential workers
- border staff

The Ministry has worked with many and various partners across the health system, social sector, industry and government agencies to engage with priority populations and address their needs. Building relationships and trust with iwi, communities, health providers and industry sectors has

been of the utmost importance as the most effective vaccination responses for priority populations have been designed and led by those communities.

Achieving an equitable rollout of the COVID-19 vaccination for all in Aotearoa is one of the Ministry's key goals and has been one of the main workstreams in the Ministry's COVID-19 Vaccination Programme.

The Ministry's definition of equity is:

In Aotearoa New Zealand, people have differences in health that are not only avoidable but unfair and unjust. Equity recognises different people with different levels of advantage require different approaches and resources to get equitable health outcomes.

A specific focus for the Ministry has been on achieving equity for Māori, Pacific peoples, ethnic communities and disabled people in their access to and uptake of the COVID-19 vaccination. Achieving equity for these priority groups and actively protecting Te Tiriti rights of Māori, has required developing and implementing responses, resources, and initiatives that are different to those the majority of New Zealanders need to access vaccination services. The Ministry has led the development of national strategies, resources and communications plans for these groups alongside local planning for service delivery by DHBs.

This following section answers the specific questions posed about increasing vaccination rates for Māori, Pacific peoples, disabled people and what the Office of the Auditor General has described as "harder to reach communities". It has been assumed that 'harder to reach' may incorporate rural and remote communities and other population groups such as the homeless. The focus of the following answers however is on increasing vaccination rates more broadly for Māori, Pacific, ethnic communities and disabled people as this is the specific focus of the Ministry. Responsibility for operationalising the vaccination programme to reach all New Zealanders in each locality rests with DHBs, with significant support provided by local health providers including Māori health providers who have worked in partnership with a range of organisations including the Red Cross and Salvation Army to reach communities.

It's important to note that a significant workstream for the Ministry of Health and government agency partners has been supporting the roll-out of the COVID-19 vaccine in six Pacific Island nations including the Realm countries as well as Fiji. An overview of this work is included earlier in this response. This section only addresses efforts to increase vaccination rates for New Zealand's Pacific communities.

C.1 Strategy and approach

"What has been the Ministry's strategy and approach to improving vaccination rates for Māori, Pasifika, people with disabilities, and harder-to-reach communities since our report in May 2021? How successful does the Ministry believe they've been?"

The success of the vaccination programme to date is outlined in the vaccination rates appended to this report. The roll-out of the Programme continues to progress with work still underway to provide maximum population coverage and protection.

The Ministry continues to respond to unvaccinated population groups through engagement with communities and providers to identify needs and barriers to accessing vaccination and addressing those. The Ministry is supporting DHBs and providers across the country, particularly those with lower vaccination rates, to develop, fund and deliver grass-roots initiatives to drive vaccine uptake in their communities.

❖ **For Māori**

The COVID-19 Māori Vaccine and Immunisation Plan was produced in March 2021, as a supplement to the Updated COVID-19 Māori Health Response Plan.

https://www.health.govt.nz/publication/covid-19-Māori-vaccine-and-immunisation-plan-supplementary-updated-covid-19-Māori-health-response

The Ministry is committed to fulfilling its obligations under Te Tiriti o Waitangi as part of the COVID-19 Māori health response, including through the delivery of the Programme. The Ministry's Tiriti obligations are guided by the principles of equity, active protection, options, partnership and tino rangatiratanga.

Implementing the Programme helps manage the impact of COVID-19 on whānau, hapū, iwi and hapori Māori and contributes to:

- actively protecting people from the potential harm of contracting COVID-19
- potentially reduce the risk of transmission in the community
- support the health and disability system's readiness and resilience if there is an outbreak, both by vaccinating certain health workers early and by vaccinating the groups most at risk of severe illness if they contract COVID-19.

The COVID-19 Māori Vaccine and Immunisation Plan builds on lessons from the Māori Influenza Vaccination programme and the COVID-19 response to date, and outlines key initiatives the Ministry will invest in to deliver a Programme that is effective, equitable and upholds the principles of Te Tiriti including:

- **governance and partnership:** there is Māori representation and engagement (iwi, public health, clinical expertise, Māori health providers) across all levels of the Programme.
- **targeted vaccination approach**: for example, 40,000 courses of the COVID-19 vaccine were allocated to Māori and Pacific providers to begin early roll-out to their vulnerable populations. Māori and Pacific providers also had access to ongoing vaccine supply (as appropriate) from the beginning of Group 3 so they can vaccinate as much of their community as early as possible. A whānau-based approach was supported for vaccinating Māori communities alongside the roll-out of the age-based approach for the general population. A process for capturing and accessing iwi affiliation data has also been developed as part of improving access to Māori vaccination data to monitor progress and effectiveness of vaccine rollout to Māori.
- **Māori health and disability provider support:** targeted funding has been provided to support Māori communities and improve vaccination rates with a significant

portion going to Māori health and disability providers. Funding has also been provided to social service providers including Whānau Ora providers who have been essential to supporting Māori access the vaccine and addressing issues such as transport. The Ministry has also worked with Māori providers to support them in submitting funding proposals.

- **workforce development:** there has been culturally specific training for regulated Māori health workers and development of unregulated/community workers (for example, kaiāwhina) to increase the Māori vaccination workforce. In some regions, for example the Lakes DHB region, the Ministry has worked with Māori providers and IMAC to support retired nurses to be trained as COVID-19 vaccinators and work as COVID-19 Vaccinators Under Supervision, recognising the skill and mana they hold in their communities. Funding has also been provided to Māori health organisations to support IT training and scholarships for Māori nurses to further their vaccination training.
- **tailored communications:** the Ministry has worked with partner organisations such as the Iwi Comms Collective and Te Puni Kōkiri to tailor communications to Māori and further target to groups such as rangatahi.

❖ **For Pacific people**

To guide the Pacific Health COVID-19 response, the Ministry established the Pacific Health COVID-19 Response Team to develop and implement the Pacific Health COVID-19 Resurgence Plan (the Pacific Plan) as a subset of its COVID-19 Health and Disability System Response Plan, including providing leadership for the COVID-19 vaccine rollout to Pacific communities.

The Pacific Plan's primary objectives are:

- Provide guidance and leadership to the Ministry's COVID-19 response to ensure that actions meet the needs of Pacific communities.
- Enable key influencers in the Pacific health sector to consolidate knowledge and disseminate information to diverse networks in a fast-changing environment.
- Ensure that national COVID-19 messaging and communications are culturally appropriate, responsive to Pacific community concerns and needs, and delivered in a consistent and timely way to Pacific communities.
- Sustain and mobilise providers of health, disability and social services to Pacific communities to meet increased demand.
- Ensure we are using high quality research and analysis to support planning and intervention design.

Underpinning these objectives are five key strategies:

1. Apply a Pacific equity lens to key planning and operational activities stemming from the COVID-19 Health and Disability System Response Plan.
2. Secure capacity of the Pacific health and disability sector through identification of key funding streams to ensure its ability to meet increased demand.

3. Provide targeted and culturally appropriate information, guidance, and support to Pacific communities.
4. Link with the All of Government response to ensure key Pacific outcomes are embedded in the strategies and operations of other agencies (for example Ministry of Social Development, Ministry for Pacific Peoples, Treasury etc.)
5. Ensure all planning and funding decision-making is guided by high quality research and analysis.

These objectives and strategies underpinned the approach to the vaccination rollout for Pacific communities based on mobilising the Pacific sector to respond to community needs, supplemented by direct engagement with communities themselves to ensure that critical knowledge, information and key messages could travel in both directions (top down and bottom up).

❖ For Ethnic communities

The Ministry is working with the Ministry of Ethnic Communities which is taking the lead to identify community groups and organisations that can be resourced to increase vaccination rates. Groups are provided with collateral and vaccination venues to encourage uptake. Targeted group vaccinations are organised by the Ministry for Ethnic Communities, in conjunction with the Ministry and the relevant DHBs around the country.

The Ministry has provided funding, which is to be distributed by the Ministry of Ethnic Communities, to support communities to meet the costs of vaccination including transport, kai and venue hire for vaccination events. An Ethnic Communities communications fund has also been established to enable community organisations to develop their own communications to meet their community's needs.

With the support of the Ministry of Health, Ministry of Ethnic Communities and other organisations including DHBs and NGOs, a number of vaccination events specifically targeting particular ethnic groups have taken place around the country. One recent example includes the vaccination event at the Ngā Hau e Whā National Marae in Christchurch, which focused on African and Muslim communities. These events support ethnic communities to be vaccinated in environments that are welcoming and culturally safe, to help address low uptake and hesitancy.

❖ For Disabled people

Critical to the vaccination programme for disabled people is access to a range of service options that are inclusive and accommodating.

The Ministry has worked closely with the DHBs to ensure that mainstream sites are accessible and have established a range of disability specific services including pop up sites at familiar spaces such as residential services, NZSL clinics, low sensory clinics, and home vaccinations. An accessible and inclusive vaccination process, including a disability-specific helpline service run by Whakarongorau Aotearoa, booking support and Super Accessible Sites has also been developed.

Data on the disabled community is historically poor. The Programme has been limited to inviting ACC and Ministry of Health Disability Support Services (DSS) clients for vaccination as this is the identifiable disabled population based on funded supports. This however only identifies approximately 40,000 disabled people of an estimated 1.1 million disabled population (or 600,000 people between ages of 16-64).

One of the aims of the Programme is to increase the understanding of the size and nature of the disabled community in New Zealand and improve on data quality. There is work underway to access Ongoing Resource Students (ORS) and High Health (HH) students from Ministry of Education to support further targeted outreach to disabled children and youth. With the inclusion of the COVID vaccine information in the Integrated Data Infrastructure (IDI) there will be greater capacity to assess the outcomes for the programme for disabled people.

Significant reliance has been placed on DHBs to invite and engage with ACC and DSS clients for vaccination. The Ministry's COVID Population Identification & Registration (CPIR) used to invite the general population could not be used to invite the disabled community due to data quality issues. A different invitation approach also acknowledged that disabled individuals needed a range of different services than required by the general population. DHBs leveraged local NGO and Disabled Peoples' Organisation (DPO) networks to locate and invite disabled people for vaccination.

C.2 Engagement

"With whom did the Ministry develop its strategy and approach for improving vaccination rates for Māori, Pasifika, people with disabilities, and harder-to-reach communities? How effective was the Ministry's engagement?"

A governance, decision-making and implementation advisory structure was established early in the vaccination roll-out and has become part of the routine operation of the Programme with most groups meeting on a weekly or fortnightly basis. These groups discuss plans and decisions to be made and the implementation implications of actions. The governance group has an assurance function for the Programme.

Planning for and monitoring equity is a core function of all groups and all contribute to iterating approaches to meet the needs of different population groups as experience is gained in the roll-out and feedback received.

The Ministry's main vaccination programme governance and advisory groups are:

- Governance Group
- Steering Group
- Immunisation and Implementation Advisory Group
- Tātou Whaikaha (disability advisory group)
- The Disabled People's Engagement Group
- COVID-19 Māori Monitoring Group
- DHB Senior Responsible Officers

The membership of these groups is listed in full in Appendix 1.

Membership of the groups has changed over time. Advisory groups in particular can find it frustrating when advice is not always acted on. When advice is produced to inform Ministerial decisions, advisory groups may not always know what has happened to their advice or the outcome. The Ministry has adjusted processes over time to increase transparency for advisory groups and provide feedback to explain the results of decision-making where possible.

The Ministry operates within the context of Ministerial responsibility and Cabinet decision-making, particularly with regard to appropriation and allocation of funding and significant investments. Significant decisions of strategy and approach are taken by Ministers based on advice from the Ministry and other agencies, which the Ministry then operationalises. As the COVID-19 environment is dynamic and uncertain and the vaccination programme is of high national importance, engagement with Ministers occurs on a regular basis.

The Ministry has also partnered with other government agencies which have been fundamental in supporting vaccination uptake by priority populations. This includes the Ministry for Ethnic Communities; Ministry for Youth Development; Ministry for Social Development; ACC; Ministry of Education; Te Puni Kōkiri; Te Arawhiti and Ministry for Pacific Peoples. Partnerships have enabled the sharing of data and insights and connections to resources and community networks. In a number of instances, responsibility for distributing and managing Programme specific funding has been shared between agencies, to allow the agency with the strongest link to the community of interest to lead.

❖ **with Māori**

The Iwi Chairs Forum has provided critical guidance to the Programme. The Deputy Director-General Māori Health and Group Manager Equity for the Programme meet with Iwi Chairs twice weekly. Ngāhiwi Tomoana, as spokesperson for the Iwi Chairs Forum, also sits on the Programme Governance Group.

The links DHBs have with iwi, hapū and hauora providers are also essential in forming the national strategy and delivering for Māori in each region. Good relationships between communities and providers is essential to addressing local need and reaching all Māori. The Ministry has had a role to play more latterly in the vaccine roll-out to bring people together to address clinical requirements and social/ cultural needs where relationships don't yet exist between DHBs and organisations, or where relationships have broken down.

Cross-agency meetings held between Te Puni Kōkiri and the Ministry of Social Development are key to identifying the needs for whānau Māori and allocating resource to address them.

The Ministry are currently working with Minister's offices to hold regional visits with DHBs, PHOs, Māori health providers and iwi to identify outstanding barriers and encourage vaccine uptake.

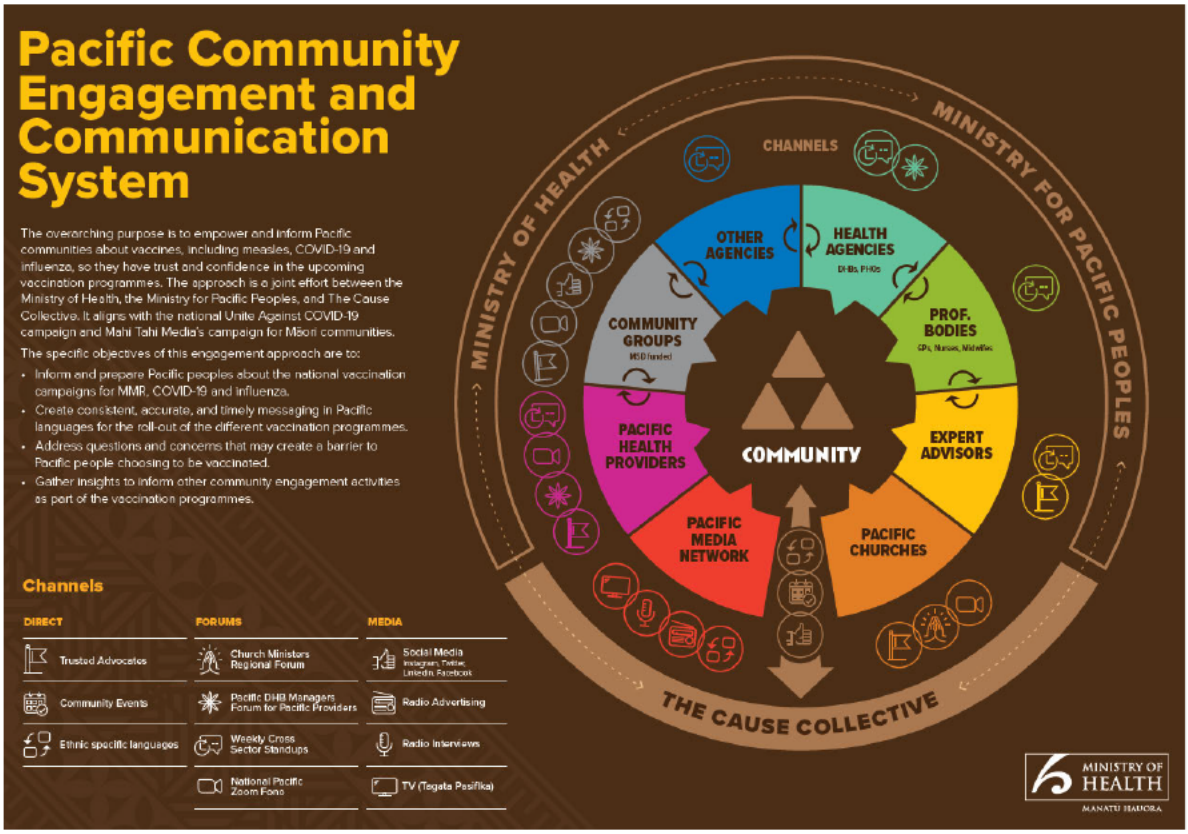
❖ **with Pacific peoples**

Pacific Expert Advisory Group

The Minister for Pacific Peoples convenes a Pacific Expert Advisory Group comprising a mix of external Pacific clinical, epidemiological and public health expertise, the Ministry for Pacific Peoples and internal Ministry of Health Pacific leaders was established in June 2020 and has provided advice, input and guidance to the Pacific COVID-19 response, including implementation of the vaccination programme.

Pacific community engagement and communication system

To ensure a comprehensive approach the Ministry partnered closely with the Ministry for Pacific peoples and Pacific social change organisation, The Cause Collective. The following diagram demonstrates the engagement and communication system that was developed. With the Pacific community at the centre, the diagram identifies all the key entities that have been engaged as well as the channels that each used to communicate vaccination information.



Initiatives that have been supported via this framework include:

- From April through to August 2021, the Ministry has been working with the Ministry for Pacific Peoples, DHBs and community leaders to provide COVID-19 information through face-to-face sessions as part of a broader Pacific community vaccination roadshow. Approximately 25 face-to-face sessions were held across the country, both in main centres and in the regions. The purpose of the community roadshow was to empower and inform Pacific communities about the vaccination rollout. The roadshows were fronted by trusted Pacific clinicians. This approach was particularly beneficial to regions where there are no senior Pacific clinical experts who could provide information in a first language.
- A series of national and regional community Zoom fono have been delivered online since April 2021. There are also a series of ethnic specific Zoom fono delivered in first language and a national Church Minister's Zoom fono. The fono are co-ordinated by the Ministry for Pacific Peoples, with the Ministry providing the Pacific clinical expertise to respond to community questions about the vaccine.
- The Ministry convenes a number of cross sector stand-up meetings involving Pacific public health and clinical experts, Pacific health providers, Pacific Media Network, youth leaders and other Government agencies to share key updates and ensure a linked-up approach across all issues relating to the vaccine rollout.
- Weekly meetings with Auckland City Pacific Councillors and Pacific local board members to monitor vaccination rates at a suburban level in the Auckland region where over 70 percent of Pacific peoples are domiciled.

❖ **with Disabled people**

Tātou Whaikaha Disability Advisory Group, chaired by Dr Tristram Ingham, is a subset of the Immunisation Implementation Advisory Group providing advice to the Programme from the disabled community, providers and representatives from the Health and Disability Commissioner, Office of Disability Issues and Human Rights Commission.

The Disabled People's Engagement Group, bringing together disabled people's organisations, disability support providers and other advocacy organisations is held fortnightly to seek feedback and sentiment from the community on the programme progress and provide advice on communications for the programme. The Ministry's engagement team also meets with the Alternate Formats group weekly to create communications in alternate formats.

There is also a sub-group that meets in off weeks to discuss communications, and weekly meetings between the Programme Engagement Team and the Alternate Formats group who are also consulted on other items such as vaccine certificates.

C.3 Guidance

"What guidance has the Ministry given to district health boards and to providers, about improving vaccination rates for Māori, Pasifika, people with disabilities, and harder-to-reach communities since our report in May 2021? How effective does the Ministry believe this guidance has been?"

The Ministry meets with DHB Programme Senior Responsible Officers twice-weekly, DHB Programme Operations Leads three times weekly, and with DHB CEs and Chairs regularly to discuss Programme aims, plans and settings including requirements around achieving equity. Equity Regional Account Managers also have regular contact with Māori health providers in their regions to discuss challenges, good news stories and to respond to the needs of providers.

At regular points throughout the programme, the Ministry has set out requirements for DHBs to produce plans that show the volumes each DHB is committing to deliver over the coming period, including specific equity plans to ensure access for priority populations and numbers based on the DHB population. These plans were then discussed with each DHB, with members from the DHB and Ministry equity teams, to cover potential gaps in either the approach or the volume commitments. Building capacity to deliver at scale is no longer the focus and DHBs are now being tasked with increasing vaccination coverage to 90 percent of the eligible population with an emphasis on increasing vaccination rates for priority groups, particularly for Māori to reach 90 percent. To do this will require ensuring that options for sites and times are not decreased despite a fall in demand. Innovative approaches to service delivery such as taking mobile vaccination clinics to hard-to-reach areas and communities with low vaccination rates and using drive-through clinics to enable whānau to be easily vaccinated together have been implemented to support increased uptake.

The Ministry has provided support for DHBs who have needed to diverge from the national approach during the age-based roll-out to the general public in order to maintain momentum for the Programme where this has made sense (for example when accessing remote communities).

Likewise, DHBs and hauora providers were supported to deliver a whānau-based approach for Māori alongside the age-based roll-out to the general population. The whānau-based approach enabled whānau to be vaccinated together as soon as one whānau member became eligible for vaccination. Take-up of the whānau-based approach appeared slow, possibly due to predominant message of the age-based approach. Expediting progress through the general population age-bands to open access to all age-groups helped remove any potential for mixed messages and better supported whānau who wished to be vaccinated together.

Guidance documents

The Ministry has produced a significant number of guidance documents throughout the Programme covering clinical, administrative and operational matters. Guidelines have also been produced for providers using various service delivery models including workplaces, drive-through vaccination centres and community vaccination centres including at sites such as marae and faith-based settings.

Primary care onboarding guides highlight the importance of ensuring equity of access to services and site checklists include a plan for ensuring equitable access including for example access to translation and interpretation services. Accessibility is a core requirement of health services. Providers are reminded of this in the operating Guidelines. Supported decision-making guides are also available for the consenting process. A DHB Community of Practice that meets weekly to discuss strategies and share best practice.

All these guidelines have been rigorously stress tested by providers and are available on the Ministry's website. Service provider secondees to the programme have helped ensure sensible design and regular engagement with providers on design have informed any changes required.

The Ministry works with partners to generate collateral that all service providers can use to support the vaccination of priority groups. Examples include the vaccination toolkit for disabled people, resources translated into 36 languages and resources designed for children.

https://www.odi.govt.nz/whats-happening/toolkit-to-help-vaccinations-for-disabled-people/
https://www.health.govt.nz/our-work/diseases-and-conditions/covid-19-novel-coronavirus/covid-19-vaccines/covid-19-vaccine-resources

https://www.health.govt.nz/our-work/diseases-and-conditions/covid-19-novel-coronavirus/covid-19-resources-and-tools/covid-19-community-information-packs

https://www.health.govt.nz/our-work/diseases-and-conditions/covid-19-novel-coronavirus/covid-19-vaccines/covid-19-vaccine-information-health-professionals/covid-19-vaccine-policy-statements-and-clinical-guidance

https://www.health.govt.nz/our-work/diseases-and-conditions/covid-19-novel-coronavirus/covid-19-vaccines/covid-19-vaccine-information-health-professionals/covid-19-vaccine-operating-and-planning-guidelines

https://www.health.govt.nz/our-work/diseases-and-conditions/covid-19-novel-coronavirus/covid-19-vaccines/covid-19-vaccine-information-health-professionals/covid-19-becoming-covid-19-vaccination-site

https://www.health.govt.nz/our-work/diseases-and-conditions/covid-19-novel-coronavirus/covid-19-vaccines/covid-19-vaccine-information-disabled-people

C.4 Resources

"What resources, tools, systems, or other support has the Ministry made available to the health and disability sector to support improved rates for Māori, Pasifika, people with disabilities, and harder-to-reach communities since our report in May 2021? How successful does the Ministry believe this support has been?"

Significant effort has gone into designing, developing and distributing resources, tools and supports for the COVID-19 Vaccination Programme, for the roll-out of the Programme to all New Zealanders.

This section outlines the main categories of supports that the Ministry has developed, in many cases with partner agencies and organisations, to support improved vaccination rates for priority populations. Funding made available is discussed under section C.6 (Investments).

The resources and systems outlined below are also investments and signal a breaking of new ground for the health system (for example the creation of a new health workforce and collecting iwi affiliation data for the first time). This investment in resources builds a legacy and is a key part in delivering equity for priority populations now as well as working towards that aim in future years within future programmes.

❖ **Workforce and training**

- As at 6 October, 14,338 vaccinators have been trained and to date 9,207 trained vaccinators have vaccinated within the programme.
- In May the Ministry created a new class of vaccinator, the COVID-19 Vaccinator who can vaccinate whilst working under supervision. There is increasing representation of Māori and Pacific peoples in the COVID-19 vaccinator workforce, with approximately 48 percent of people in training identifying as Māori, and 11 percent identify as Pacific.
- The Ministry and advisory groups will explore the ongoing scope of this role which is an opportunity to increase equity in the health sector, engage with communities and provide a career pathway into the health workforce.
- A significant number of jobs have been created for Māori including Kaimahi, work with Whakarongorau, vaccinators, champions, navigators, coordinators.
- The Hands Up surge database has proven to be a useful resource for Māori Health Providers as well as the Ministry and DHBs to access potential employees – clinical and

non-clinical, both part time and full time. It provides potential employers insight into the skills and experience an individual has, reducing recruitment administration by providing an early triage capability. Candidate information is available to potential employers whenever and wherever they need to access it from, making Hands Up useful when a fast injection of resources is required, especially as Hands Up allows them to source candidates within their area, based on the skills they require.

- Other opportunities for specific training have been provided, for example:
    - Culturally specific training for regulated Pacific health workers and unregulated/community workers to increase Pacific vaccination workforce
    - Funding for IT training to upskill the workforce in using software related to the COVID-19 vaccine rollout
    - training for the workforce on disability rights and supported decision making.

❖ **Technology**

Technology has been an essential enabler for the Programme and fast and agile development has contributed to its success. Some of the most important developments have been:

- COVID-19 Population Identification and Registration (CPIR) campaign and cohort management solution for sending invitations
- COVID-19 Immunisation Register for collecting information on vaccinations delivered
- BookMyVaccine booking system. This system has been modified over time to allow for self-identification of ethnicity and additional processes to facilitate the whānau-based approach
- Iwi data collection portal
- My COVID Record with vaccine, test and identity details
- Secure vaccination certificates
- Vaccinator authorisation portal
- Post Vaccine Symptom Check – an active monitoring system developed with Medsafe (a first for New Zealand)

❖ **Data**

As the Programme has been rolled out and vaccination rates have increased, data has been an essential enabler to guide vaccination activity and monitor success. The Ministry produced a denominator for the eligible population in each DHB area in New Zealand at an individual level by age and ethnicity. This is called the Health Services Users dataset and was created by bringing together the Ministry's 11 national datasets.

Monitoring and reporting of vaccination rates has developed over time with increasingly detailed levels of data (down to suburb level – Statistical Area 1 and 2 – and level two ethnicity) being made available to DHBs, iwi, social service providers, government agency partners and the public. Making individual level vaccination information available to health and social service providers and employers is an issue that continues to be carefully worked through while balancing privacy considerations and the application of Te Tiriti principles.

https://www.health.govt.nz/our-work/diseases-and-conditions/covid-19-novel-coronavirus/covid-19-data-and-statistics/covid-19-vaccine-data

https://covid19.govt.nz/alert-levels-and-updates/covid-19-data-and-statistics/covid-19-vaccination-rates-around-new-zealand/

Information on the disabled population has proved to be a significant constraint on the Programme with available data only able to identify approximately 40,000 out of an estimated 1.1 million disabled people. Preliminary work is underway through the Ministry and the Social Wellbeing Agency to utilise data in the Stats NZ IDI (Integrated Data Infrastructure) database, which brings together Census, sample survey and needs assessment data, to better understand vaccine uptake for disabled people. A data sharing arrangement is in place with ACC and being negotiated the Ministry of Education. DHBs have had to work with local community groups and NGOs to connect with and share information to reach disability communities. It's expected that the work of the Programme will support more comprehensive data on, and a better understanding of, the disabled community in New Zealand.

❖ Communications strategies and collateral

The development of communications collateral in multiple languages and formats for diverse audiences has been one of the most important enablers to support vaccination uptake. An example is the following specific communication information targeting professions that have high concentrations of Pacific frontline workers.

- https://www.health.govt.nz/our-work/diseases-and-conditions/covid-19-novel-coronavirus/covid-19-resources-and-tools/covid-19-accessible-information

❖ **Navigation support**

The Ministry has worked with Whakarongorau Aotearoa to stand up targeted telehealth service for Māori and Disabled people, which includes targeted clinical advice and wrap around services including assistance with booking appointments, vaccination advice, and identifying additional supports needed by individuals. Pathways through Whakarongorau include Māori and Pacific pathways and the manaakitanga pathway for disabled people using:

- Māori telehealth service in partnership with Māori providers
- Pacific telehealth services through South Seas
- A disability workforce in partnership with Workbridge

The Ministry has also supported Māori to navigate vaccination events and the associated information include funded Māori vaccinators, vaccine navigators/facilitators and coordinators, community champions and iwi call centres.

❖ **Guidance and operational plans**

To increase options for access, guidance and resources have been produced for the following service delivery options:

- mobile clinics – buses and vans
- whānau vaccinations
- vaccinating whole communities
- walk-ins as well as bookings
- DHBs reserving vaccination capacity for Māori
- Marae vaccinations
- Workplace vaccinations
- School vaccinations
- Festival based events
- Pop-up and outreach sites
- Drive through vaccination sites

The Ministry has also provided individual support to DHBs and Māori providers to develop strategies, funding proposals and operational plans to increase vaccine uptake in their regions.

C.5 Feedback

"What feedback has the Ministry received from district health boards, providers and the public about its strategy, approach, guidance, and support for improving vaccination rates for Māori, Pasifika, people with disabilities, and harder-to-reach communities? How has the Ministry responded to that feedback?"

The Ministry has continued to seek, receive and respond to feedback from multiple sources on the design and operation of the vaccination Programme. The Programme has had to evolve and develop in an ever-changing environment, for example to account for supply constraints and community outbreaks of COVID-19. Having mechanisms to receive, listen to and respond to feedback (for example through advisory groups and commissioned research) provides essential inputs for an agile approach that has enabled the Ministry to move at pace to roll-out the Programme and meet the needs of all New Zealanders and priority populations in particular.

https://www.health.govt.nz/our-work/diseases-and-conditions/covid-19-novel-coronavirus/covid-19-vaccines/covid-19-vaccine-strategy-planning-insights/covid-19-vaccine-research-insights

Consistent feedback has been the need for Māori, Pacific people, disabled communities, and other communities of shared interest to lead the design and roll-out of the vaccination programme in their communities. Wherever possible the Ministry and DHBs have provided clinical partners, resourcing and data to support this.

Some of the other key themes from feedback and the associated response are provided below.

- **from Māori**

Feedback	Response
Funding for Māori not equitable	Models for funding have continued to be adjusted. In recently announced funding, Hauora providers are able to receive bulk overhead funding to fund mobile and outreach clinics targeting hard-to-reach Māori populations.
Communications are not hitting the mark for rangatahi Māori	The Super Saturday Vaxathon had a strong flavour and focus on rangatahi. The campaign was streamed on rangatahi-centric channels such as Hahana and managed to reach 1.2 million people, including 400,000 within the Hahana network. In addition, the Ministry has contracted Te Hiringa Hauora (Health Promotion Agency), to lead a Ngāti Rangatahi focused digital communication campaign. Te Puni Kōkiri and the Iwi Comms Collective are also supporting this Kaupapa.

	In addition our mainstream youth campaign 'Two Shots for Summer' was developed with input from Rangatahi Māori (as well as 16-29 year old Pacific people and disabled people) to ensure it had general relevance. The campaign is co-branded with Karawhiua (the Te Puni Kōkiri vaccination campaign) and the Ministry of Pacific Peoples.
There's lack of demand amongst Māori communities for vaccinations, including rangatahi	In addition to the local and national level strategies already implemented (i.e., Super Saturday) the Government announced $120m for Māori vaccination with $60m to further support vaccination rates, and $60m to support Māori and iwi-led initiatives that aim to protect communities from COVID-19. This requires a cross agency leadership group made up of MoH, TPK, and Te Arawhiti to assess and allocated funding proposals. This putea can be used for targeted initiatives for our Māori communities and rangatahi.
Insufficient data sharing between all parties involved with vaccinating our communities	Tools that support Health providers in DHB, PHO, and Hauora have been available to enable providers to work with individuals and whānau to get vaccinated. Arrangements have also been put in place to support iwi, social service providers and whānau ora to access SA2/SA1 (suburb) level data so they can support their communities to access the vaccination.
Mobility is the key	In support of existing mobile services that have been operating since February across the country, the Government has activated the next stage in funding which includes a move from a fee-for-jab basis of funding to include bulk funded mobile outreach services. For example, funding has been provided to Ngāti Porou Hauora and Turanga Health from the Tairāwhiti region for mobile vaccination and outreach clinics. Mobile vaccination clinics are being used in a range of areas including the Shot Cuzz bus used by Manurewa Marae in South Auckland, the Delta Busster being used in Hutt Valley and mobile vaccination clinics run by local providers in supermarket car parks. The mobile clinic run at Pak'n Save in the Hawkes Bay was the site with the highest vaccination numbers for Māori on Super Saturday.
Transport is a barrier for accessing the vaccine	Iwi and Māori Health Providers are providing transport services through their existing services where required (initiatives funded by the DHB). Mobile and outreach services will soon be provided across the motu, with changes to commissioning allowing this to pivot. An accelerated activation of Pharmacies, GPs and workplace-based providers will ensure all vaccine opportunities are aligned with other health services to mitigate against transport and access issues. Free public transport is now an option for those without transport to their vaccination. Tangata whaikaha can book transport to a vaccination through the disability team at Whakarongorau. Services are available nationwide.

Other feedback includes:

- Complexity of whānau need, such as issues with access to technology and the need to enable whānau resilience
- Kaupapa Māori services are stretched, including from non-Māori accessing these services
- There is a trade-off between responding to COVID-19 and providing important business as usual preventative services (eg, other immunisations).

What's worked for Māori	What hasn't worked so well
• Investment in by Māori, for Māori is a vital part of the COVID-19 vaccination rollout programme and has been successful. There are a great many whānau-based, tailored programmes that are designed and delivered by Māori, for Māori: by people that Māori communities know and trust. • Feedback shows this targeted approach is working. Māori-led education initiatives that are designed to boost vaccination rates across the motu are working because of the whānau-based approach we have taken from the start of the programme. • Collaboration between the Ministry of Health, Te Puni Kōkiri, and Ministry of Social Development has worked well. This has included the sharing of information and data which has enabled agencies to provide tailored supports for Māori communities where it is needed most.	• Investment through intermediaries can be a barrier to getting funding directly to Māori health providers in some rohe. • Vaccine hesitancy and resistance is driven for some Māori by historical systemic issues and mistrust of the health and government systems. Building trust with Māori takes time and continues to be an ongoing challenge. • Defusing misinformation on vaccine especially for youth remains an ongoing a challenge. Rangatahi designed, and led initiatives are being developed.

❖ **from Pacific people**

Feedback	Response
Vaccine hesitancy driven by scepticism and lack of trust in the health system **Feedback from Pacific communities and providers has emphasised the importance of allowing communities to take greater ownership and to provide a**	• $1.1 million Prepare Pacific Community Vaccination Fund (the Fund) was established to directly support Pacific community-led initiatives to increase vaccination uptake, The Ministry is working with The Cause Collective, who administers the Fund on behalf of the Ministry. The fund provides a mechanism for communities to mobilise, activate and encourage vaccination from within. Community, church, youth and sporting organisations can apply to the fund to seek support for community-led vaccination events and activities.

way for them to mobilise and activate from within	
Sharing of data has resulted in widespread buy-in and self-monitoring from Pacific communities. The proliferation of Pacific community led vaccination drives and pop-ups has seen incremental increases in Pacific vaccinations.	• The Ministry provides level two ethnic specific vaccine data which has been used to monitor the progress and the effectiveness of the vaccine rollout to Samoan, Tongan, Cook Islands Māori, Tokelauan, Fijian and Niuean communities. The data also identifies regions with low vaccine uptake for Pacific communities. This information is actively shared with key stakeholders and communities so targeted interventions and vaccination activities can be implemented in those regions.

What's worked for Pacific people	What hasn't worked so well
• A key finding of Colmar Brunton research is that Pacific peoples prefer to be engaged with sources they trust and that are recognisably Pacific. • The joint communications approach between the Ministry and the Ministry for Pacific Peoples to engage Pacific community and church leaders has yielded positive results. Pacific vaccination rates and testing rates have significantly increased since the August 2021 lockdown. • Investments have enabled Pacific providers increased flexibility and capability to implement holistic Pacific models of care whilst rolling out vaccination and testing initiatives to Pacific communities, as well as providing wraparound support.	• There is evidence that suggest that the joint communications approach has not been as effective for a small proportion of Pacific peoples who fall into the vaccination reluctant group. This group is more sceptical about vaccines, have systemic lack of trust in the health system and have a more individualistic stance. This insight was reinforced through a Pacific COVID-19 qualitative research commissioned by the Ministry.

❖ **from ethnic communities**

Feedback	Response
Funded and targeted approach needed to support community organisations address vaccine hesitancy and language barriers	$1 million in funding was made available through the Ethnic Communities Communications Fund in September. This has subsequently been increased to $2 million due to the high quality of applications to the fund.

❖ **from Disabled people**

Feedback	Response
Transportation barriers and inconsistent DHB provision	A national transport solution has been developed through Healthline in partnership with the House of Travel, however to date there has been limited uptake. This may be due to existing arrangements in place locally such as St John Health Shuttle and other community groups.
Generally once people get to a service that experience meets or is above expectation	Continued work with providers to support accessibility of vaccination sites
Inconsistent access to appropriate services nationally	The Ministry continues to work with DHB leads to share best practice around the country and meet the challenge of locally led solutions and national consistency
Concern about the impact of the vaccine on impairments and medications	The Ministry of Health and associated channels have information about interactions, and the COVID-19 Healthline are able to answer questions and direct to information. Due to the breadth of impairments and medications that people might have it is challenging to communicate effectively. Some recipients of the Communications Fund and DHBs have held seminars with local leaders to provide forums for people to ask questions and share information in a community led approach. The Programme has recently onboarded a science communicator to further support activities, including additional seminars which have been recommended by the engagement group.

What's worked for disabled people	What hasn't worked so well
• Disabled people report positive vaccination experiences at vaccination services due to the accommodating workforce and the efforts to make sites inclusive and accommodating. Horizon Research from July 2021 reported that of the 461 disabled people included in this research that had received the Covid-19 vaccination, 91 percent said their disability or impairment needs 'were met' to 'somewhat met'. • Services delivered by known and familiar providers are generally preferred, or services delivered by DHBs in partnership with known community groups and leaders.	• Breaking down barriers and building trust for disabled people with the health system continues to be a challenge. Historic barriers to access, including understanding of disability and barriers in accessing appropriate information and the general built environment reduce trust that services will meet their needs. The trust gap has been bridged over the course of the programme. • The provision of accessible information, and information that outlines impacts relevant to specific disabilities and health concerns which create hesitancy. • The disability community have generally expressed frustration with the DHB approach, as many communities are national.

	It has been a barrier to leveraging community networks to share information with their communities.

C.6 Investments

"What targeted investments have been made by the Ministry to improve rates for Māori, Pasifika, people with disabilities, and harder-to-reach communities since our report in May 2021? How effective does the Ministry believe those investments have been?"

Significant funding has been invested into rolling out the vaccine Programme, the largest portion being allocated to the purchase and administration of the vaccine by health providers.

Investment has also been made in planning and co-ordinating the roll-out to priority populations through DHBs and increasing the capacity and capability of hauora and Pacific service providers to deliver the vaccine in a culturally appropriate way. DHBs have been encouraged to use any means appropriate to reach and vaccinate communities with funding made available through the Ministry to cover costs. This may include for example holding festival events for Pacific communities or travelling to remote communities such as the Chatham Islands.

Funding has increasingly been made available to iwi, hauora providers and communities to lead vaccination efforts in a high-trust and flexible environment. The Ministry has continued to work to build capital and trust with Māori and Pacific communities as we have learnt together how to fund providers and communities to do what they do best, in an urgent and changing situation, with as few barriers as possible.

Funding social services to support vaccine uptake for priority populations has proved as important as funding health services. Socio-economic factors can prove to be significant barriers to accessing the vaccination including uncertain housing arrangements and transport issues.

- **for Māori**

A total of $136.3 million of funding has been (or is being) distributed by the Ministry since March 2020 to support Māori health and social service organisations to deliver the COVID-19 Māori health response. This is the most significant investment in Māori health providers in over twenty years. This funding has been intentionally flexible and permissive, covering COVID-19 specific activities as well as wrap-around health and wellbeing supports.

Over 160 Māori and iwi organisations have benefitted from the funding to support their communities to respond to COVID-19. The evidence to date has been that taking a holistic, whānau-centred approach to service delivery has the greatest success, especially when looking to meet the needs of diverse Māori communities. Provider feedback has also been increasingly positive as we improve the speed and robustness of the contract and procurement process.

A total of $75 million has been provided in 2021 to date for the Māori health response.

$39 million to support the rollout of the COVID-19 Vaccination Programme to Māori

$35.5 million has been distributed to date covering:

a. $11 million for vaccine readiness for providers
b. $17.5 million for vaccine support services (facilitators and coordinators)
c. $5.6 million for a national support network, including with Whakarongorau
d. $1.4 million for local Māori vaccine champions
e. $2 million for local iwi and Māori communications
f. $1.5 million for Māori workforce development and training

$36 million Delta outbreak response funding to support Northern providers

In September 2021, a funding boost of $36 million was set aside to provide additional support for Māori health providers to respond to the Auckland, Northland, and Waikato Delta outbreak, made up of:

g. $13.57 million to help existing Māori health providers adapt their services for the response while maintaining essential business as usual, including increasing staffing and supporting staff wellbeing
b. $10.53 million to support broader iwi and Māori providers to provide localised responses for whānau including increasing access health services, medications, and hygiene products. 99 iwi and Māori providers have been invited to submit applications for the funds.
c. $5 million transferred to Te Puni Kōkiri for Whānau Ora network providers
d. $3 million to be distributed by the Ministry's Mental Health and Addiction Directorate to strengthen the Māori psychosocial response, ensuring whānau have access to mental health and wellbeing services
e. $4 million to ensure providers have sufficient funding to manage the long tail of this response, sustain their efforts, and build in contingency to help them prepare for future outbreaks.

On 22 October the Government announced a further $120m fund to support Māori communities to fast-track vaccination efforts and prepare for the new COVID-19 Protection Framework. $60 million will go towards further supporting our Māori vaccination rates and $60 million will support Māori and iwi-led initiatives to protect our communities against COVID-19. This fund will be administered by Te Puni Kōkiri alongside Te Arawhiti and the Ministry.

https://www.tpk.govt.nz/en/whakamahia/covid-19-information-for-Māori/Māori-communities-covid19-fund

❖ **for Pacific people**

Funding has been provided to support the Pacific health and disability sector to ensure equitable COVID-19 health outcomes for Pacific peoples including investment of $42.25 million for the Pacific Vaccination and Immunisation response.

Funding announced in March 2021 included:

- $4 million for readiness and capability development
- $10.5 million for vaccine support services
- $1 million for Pacific communications
- $750,000 for Pacific workforce training

Funding announced in September 2021 included:

- $18 million to support critical outbreak management and recovery activities
- $5 million to enhance specific DHB services (mobile outreach services and scaling up Pacific vaccinations using Pacific models of care)
- $3 million for Pacific ethnic specific communication and engagement

Funding supports the vaccination rollout in the following focus areas:

- Training for staff who are eligible to be trained as vaccinators and upskilling of current vaccinators on COVID-19 processes and protocols.
- Localised promotional vaccination activity, in line with the national vaccination campaign.
- Resource for providers to effectively operationalise delivery of the vaccination programme. This may include the support of additional fixed-term staff to support with coordination.
- Support to carry out requirements to prepare for vaccination. This may include data entry and training for staff on data entry processes.
- Purchase of devices to ensure robust data collection during the vaccination process.
- Resource providers to develop long-term response plans or strategies to ensure they are more resilient to future outbreaks and the ongoing challenges of pandemic response.

❖ **for ethnic communities**

The Ethnic Communities Communications Fund ($2 million)

The Fund is supported by the Ministry in partnership with the Ministry of Ethnic Affairs to support local communications initiatives that will increase access, uptake and support of the COVID-19 vaccine rollout in ethnic communities. Funding is intended to help remove the obstacles and barriers that prevent population groups from accessing the vaccine. Funded applications were strongly educational and community well-being focused with a holistic mental, physical and spiritual/faith-based framework.

Operations Fund (ethnic communities) ($1 million)

This fund is managed by the Ministry for Ethnic Communities on behalf of the Ministry. It helps grass-roots community organisations that are not legal entities to encourage their communities to get vaccinated through collateral, transportation, incentives, translators, and vaccination venues.

- **for disabled people**

Investment of $6m for the Disability Vaccination and Immunisation response, consisting of:

Disabled peoples' communication fund ($2 million)

The fund is intended to help remove obstacles and barriers to access the vaccine for disabled people by providing opportunities to co-design, to develop targeted content to reach specific audiences more effectively, and to obtain qualitative and quantitative feedback to direct appropriate channels and approaches. Applicants to the fund need to be either a Disabled Persons Organisation entity, a Disabled Persons Health provider and/or other relevant legal entity with deep connections to a disability community and an obvious current presence in the sector.

National transport solution ($4 million)

Consumers are able to ring Whakarongorau and identify transport as a barrier to access. People assessed as needing support are transferred to a travel agency contact centre to discuss needs and arrange appropriate travel support. This may include using an existing DHB transport option or having transport directly booked on their behalf through pre-approved AOG transport providers with the cost invoiced to the Ministry.

C.7 Barriers

"What are the key barriers and risks to the Ministry supporting the health system to increase vaccination rates for Māori, Pasifika, people with disabilities, and harder-to-reach communities over the remainder of the vaccination programme? What are the key risk management and mitigation steps being taken by the Ministry to address these? How effective does the Ministry believe these steps are or will be?"

As at 9 November, 79 percent of the eligible population, 73 percent of Pacific peoples and 57 percent of Māori had been fully vaccinated. This is a good response so far, however there is still work to do to increase and maximise vaccination rates.

There are likely to be multiple reasons why some people have yet to be vaccinated and it's expected a proportion of the population will make a definite decision to not be vaccinated.

Barriers to vaccination for our priority populations will need to continue to be addressed including:

- accessibility of vaccination sites
- transport availability
- health literacy
- concern about the vaccine's safety and side effects
- misinformation
- mistrust of government

The initiatives, investments and resources outlined above will continue to play a role in addressing barriers. In addition, DHBs are being asked to ensure a wide range of options and geographic spread of vaccinations sites and opening hours even though overall demand will decrease. Ministerial visits are continuing into the regions to support uptake. Communities and local service providers are continuing to be supported and resourced to be the faces and voices that people trust to encourage vaccine uptake.

Section D: Additional data

D.1: Vaccination numbers and rates by ethnicity

"A time series of vaccination numbers and rates by ethnicity and district health board area from May 2021 onwards (including a breakdown into separate ethnic groups where that information is available)"

Examples of the data used to monitor equity of COVID-19 vaccine uptake are attached to this report by document and spreadsheet. A brief overview of the attached data and highlights of the findings are provided below.

Vaccination numbers and rates by ethnicity

Data showing vaccination uptake by ethnicity is produced weekly and provided directly to DHB Chairs and partner agencies: Ministry for Pacific People, Ministry of Ethnic Affairs, Ministry of Social Development, Te Puni Kōkiri and Te Arawhiti. This data is also uploaded to the Ministry's website each Wednesday.

https://www.health.govt.nz/our-work/diseases-and-conditions/covid-19-novel-coronavirus/covid-19-data-and-statistics/covid-19-vaccine-data

- *COVID-19 vaccine uptake (%) by prioritised ethnicity, age and region*

This table shows the percentage of people in each age group by ethnicity and DHB region who have received their first and second dose of the COVID-19 vaccine as at 7 November. 'All Ages' refers to all eligible people over the age of 12 identified from the Health Service Users (HSU) 2020 dataset.

For each category of ethnicity, rates for ages 12-34 have the lowest uptake as they are groups last to become eligible for vaccination. For Māori, ages 12-34 represent half of the eligible Māori population. Percentage uptake for dose 1 for Māori aged 65 and over (97 percent) is the same as percentage uptake for non-Māori non-Pacific (96 percent). Results significantly over 100 percent for Pacific people indicate regions where a significant number of people have been vaccinated who are not in the HSU dataset, most likely Recognised Seasonal Employer (RSE) workers from the Pacific.

- *COVID-19 vaccine uptake rate ratios (unadjusted), Māori and Pacific compared with non-Māori, non-Pacific.*

This table contains relative rates (or rate ratios) which show the rate Māori (or Pacific) are being vaccinated per population compared with non-Māori non-Pacific.

- A rate ratio of around 1 means the groups being compared are being vaccinated at about the same rate per population.
- A rate ratio over 1 means Māori (or Pacific) are being vaccinated at a higher rate than non-Māori non-Pacific, positive for equity.
- A rate ratio under 1 means non-Māori non-Pacific are being vaccinated at a higher rate than Māori (or Pacific), negative for equity.

Most Pacific people across age groups, regions and doses, and all Māori aged 50 and over are accessing COVID-19 vaccinations at a similar to non-Māori non-Pacific. Māori aged 12-24 are accessing COVID-19 vaccination at a lower rate than non-Māori non-Pacific.

- *COVID-19 vaccine uptake and rate ratios over time by age and region*

This spreadsheet shows rate ratios comparing Māori and Pacific to non-Māori Pacific, and uptake of the 3 ethnic groupings over time from the beginning of the roll-out by age and DHB. The date vaccinations were opened to different age-bands is also identified.

For example, the rate of vaccination for Māori aged over 65 in Counties Manukau DHB is twice that of non-Māori non-Pacific from February to early May 2021. Uptake for Māori and Pacific aged 50-64 nationally was higher than non-Māori non-Pacific until August. Uptake for non-Māori non-Pacific then increased quickly with the opening of age-bands.

- *COVID-19 vaccine percentage uptake and rate ratios using level 2 ethnicity, by age and region. Also rates and uptake over time*

This table shows the percentage of people in each age group by ethnicity and DHB region who have received their first and second dose of the COVID-19 vaccine. 'All Ages' refers to Health Service Users aged 12+. Level 2 ethnicity splits the seven Level 1 ethnicities into 23 more specific categories. Uptake and rates can then be compared between categories.

Asian and Latin American populations in New Zealand have high vaccination coverage.

- *Daily uptake pace by ethnicity 19 August to 10 November 2021*

This shows an increase in vaccinations in response to the community outbreak of Delta in August and Super Saturday on 16 October. First dose rates for Māori continue at a higher level than other ethnicities and appear to be amenable to interventions.

Data for disabled people and rural communities

- *COVID-19 vaccine disability dashboard*

This data shows:

  - the percentage uptake of first and second dose of the Covid-19 vaccine for people living with a disability supported by Government funded services. This covers the disabled population aged 12+ supported by DSS or ACC clients aged 16+ supported for longer than 6 months
  - national vaccination uptake over time by principal disability and DHB

Vaccination rates are similar to those of the general population. Ethnicity remains the greatest predictor of uptake. Slower uptake for people with Autism Spectrum Disorder may reflect a younger age cohort.

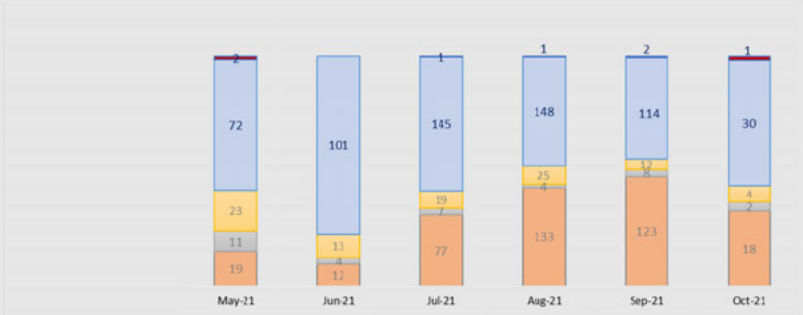
- *Example of monitoring of vaccine uptake in rural areas using geospatial data.*

D.2: Numbers and types of providers

"A time series of numbers and types of providers delivering vaccinations in the programme from May 2021 (with Māori, Pasifika, and disability providers as categories where available)"

Onboarded Primary Care vaccination sites

By provider type, by month, since 1st May 2021 (As at 11/10/21)



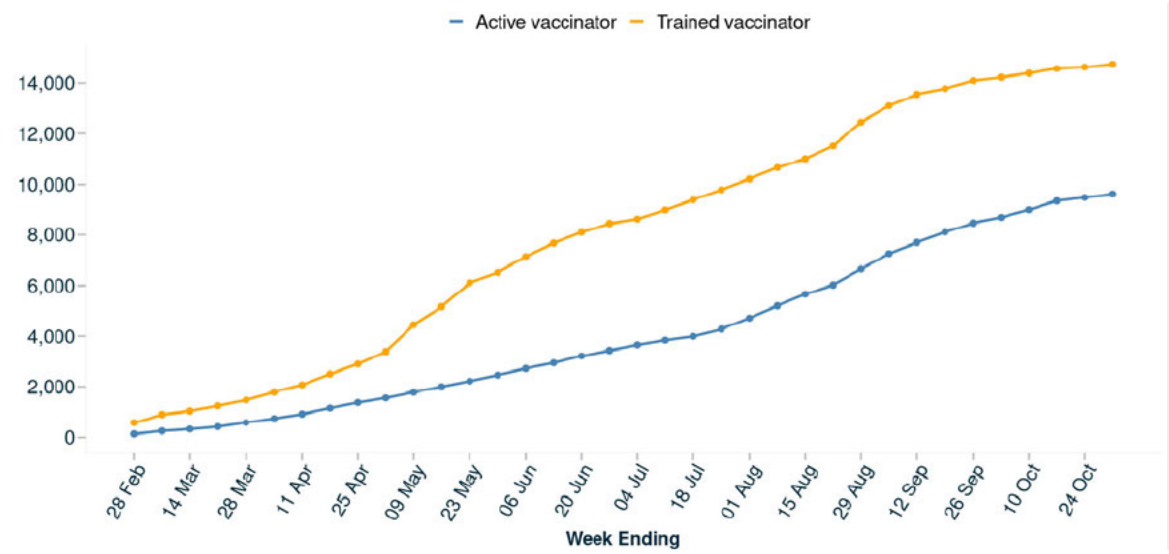
	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21
Pacifica Health Provider	2		1	1	2	1
GP	72	101	145	148	114	30
Hauora	23	13	19	25	12	4
PHO	11	4	7	4	8	2
Community Pharmacy	19	12	77	133	123	18

Notes

- An onboarded site is a site that has been fully set up in CIR (COVID-19 immunisation register) and is therefore ready to vaccinate.
- **October data is incomplete** and displays only those sites that have onboarded between the 1st October and the report creation date, 11th October.
- Classification of provider type is based on information supplied by the provider in the onboarding site-set up documentation.

D.3: Numbers of trained vaccinators

"A time series of the number of trained vaccinators participating in the programme by ethnicity and district health board area from May 2021 onwards including a breakdown into separate ethnic groups where that information is available)"



Trained vaccinators are individuals who have completed the COVID-19 training. Many trained people are only able to offer a small number of hours to the COVID-19 vaccination programme.

Active vaccinators are trained individuals who are actively vaccinating. The number of active vaccinators does not reflect the hours worked vaccinating. For example, one vaccinator may work 40 hours in a week at one DHB and will show as 1 vaccinator in the headcount. In another DHB, 4 vaccinators may work 10 hours each (total 40 hours) but will show as 4 vaccinators in the headcount for that week.

Both counts of trained and active vaccinators are cumulative. The difference between the two is due to a number of factors. This includes individuals being trained in anticipation of future sites being opened (the largest factor); rostering; leave or non-availability; local health priorities; sites opening and closing.

Vaccination workforce by ethnicity
Information on vaccinators by DHB and ethnicity for the month of October 2021 is attached with additional monthly figures snapshots available if required.

Appendix 1: COVID-19 vaccination programme governance and advisory groups

COVID-19 Immunisation Programme Governance Group

Member	Role
Dame Karen Poutasi (Chair)	Commissioner, Waikato DHB
Dr Ashley Bloomfield	Te Tumu Whakarae mō te Hauora Director-General of Health, Ministry of Health
Chris Seed	Chief Executive and Secretary, Ministry of Foreign Affairs and Trade
Carolyn Tremain	Chief Executive, MBIE
Murray Jack	Technology expert and former CEO and Chair of Deloitte
Steve Maharey	Chair of PHARMAC
John Whaanga	Deputy Director-General Māori Health, Ministry of Health
Ngāhiwi Tomoana	Iwi Chairs Forum spokesperson and Chair of Ngāti Kahungunu, Chair of the Māori Economic Development Panel
Colin McDonald	Real-time Assurance Lead, advisor to Governance Group
Stephen Crombie	Real-time Assurance Lead, advisor to Governance Group

Previous members	
Bruce Plested	*Chairman and founder of Mainfreight*
Dr Fa'afetai Sopoaga	*Associate Professor, University of Otago*

COVID-19 Vaccine and Immunisation Programme Steering Group (SG)

Member	Role
Dr Ashley Bloomfield (Chair)	Te Tumu Whakarae mō te Hauora Director-General of Health
Bridget White	Deputy CE COVID-19 Health Response
Dr Caroline McElnay	Director Public Health, Ministry of Health
Cathy O'Malley	Nelson Marlborough DHB GM Planning and Funding, member in her capacity as DHB SRO Chair
Chris Fleming	Chief Executive, Southern DHB
Dale Bramley	Chief Executive, Waitemata DHB

Deborah Woodley	Deputy Director-General Population Health and Prevention
Dr Ian Town	Chief Science Advisor, Ministry of Health
Jo Gibbs	National Director, COVID-19 Vaccine and Immunisation Programme
John Whaanga	Deputy Director-General Māori Health
Keriana Brooking	Chief Executive Hawkes Bay DHB (member of SG in her capacity as co-chair of IIAG)
Maree Roberts	Deputy Director-General System Strategy and Policy
Michael Dreyer	Group Manager National Digital Services & Chief Technology Officer
Shayne Hunter	Deputy Director-General Data and Digital
Wendy Illingworth	Group Manager Public Health System
Colin McDonald	Real-time Assurance Lead, advisor to Steering Group
Stephen Crombie	Real-time Assurance Lead, advisor to Steering Group

Previous members	
Sue Gordon	*Deputy CE, COVID-19 Health System Response*
Rachel Haggerty	*CCDHB, member of SG in her capacity as DHB SRO Chair*
Kelvin Watson	*Group Manager, testing Immunisation and Supply*

COVID-19 Immunisation Implementation Advisory Group (IIAG)

Member	**Role**
Te Puea Winiata (co-chair)	Co-Chair, Chief Executive Turuki Health Care
Keriana Brooking (co-chair)	Co-Chair, Chief Executive Hawkes Bay DHB
Dr Helen Petousis-Harris	Vaccine safety and effectiveness
Dr Angela Ballantyne	Bioethicist
Silao Vaisola-Sefo	Pacific health provider
Nicky Birch	Māori communications and engagement specialist
Taima Campbell	Nursing representative
Kevin Pewhirangi	Pharmacy representative
Loretta Roberts	IMAC National Director
Rhonda Sheriff	Aged care representative
Dr Tristram Ingham	Senior research fellow in the department of medicine at the University of Otago, Wellington

Previous members	
Rachel Haggerty	*Co-chair, Chair of DHB Planning and Funding Group Managers group*
Dr Ricci Harris	*Epidemiology, Public Health Physician and Research Expertise in Māori health.*
Dr Api Talemaitoga	*GP and pacific health expert*
Dr Nikki Turner	*Vaccinator training expert*
Vince Barry	*South Island based GP representative*
Dr Jan White	*GP and Deputy Chair of PHARMAC*
Dr Rawiri Jansen	*GP in Auckland and an RNZCGP fellow*

Tātou Whaikaha (Disability advisory group)

Member	Role
Brian Coffey	Director of Office of Disability Issues
Tristram Ingham (Chair)	Senior research fellow in the department of medicine at the University of Otago, Wellington
Jade Farrar	Part of National Leadership Group of Enabling good lives
Rachel Noble	CCDHB GM Disability Strategy / Secretary Deaf Action (officially invited as CCDHB however sometimes attends as Deaf Action)
Sonia Thursby	CEO of Yes Disability Resource Center
Cheryll Graham	MoH - Senior Advisor Monitoring and Analysis, Disability
Prudence Walker	Chief Executive at Disabled Persons Assembly NZ
Frances Anderson	Senior Disability Rights Advisor Health Research Council
Rose Wall	Deputy health and disability commissioner
Ray Finch	Chief Operating Officer Spectrum Care Trust Board

Māori Monitoring Group

Member	Role
Matthew Tukaki (Chair)	Executive Chair of the National Māori Authority and the New Zealand Māori Council (Auckland District)
Helen Leahy	CEO of Te Pūtahitanga o Te Waipounamu (Whānau Ora Commissioning Agency)

Riki Nia Nia	Māori General Manager for Waikato DHB
Lance Norman	Head of Equity and Māori Health Outcomes at ProCare Health (PHO) Limited
Dr Ramon Pink	Public health medicine specialist working as a Medical Officer of Health
Reweti Ropiha	Chief Executive Officer of Turanga Health
Te Puea Winiata	Chief Executive of Turuki Health Care
Ruth Jones QSM	Director Hei Whakapiki Mauri
Assoc Professor Jo Baxter	Associate Professor of Māori Health and the Associate Dean Māori of Health Sciences at Otago University
Tristram Ingham	Senior research fellow in the department of medicine at the University of Otago, Wellington

Disabled People Engagement Group

Members	Role
Sonia Hawea	Chief Executive Officer Taikura Trust (NASC for Auckland)
Brian Coffey	Director of Office for Disability Issues
Peter Reynolds	Chief Executive NZ Disability Support Network (Peak body)
Prudence Lennox	IDEA Services Director of Nursing
Amanda Rose	National Manager at Multiple Sclerosis Society of New Zealand
Vicki Stewart	Director of Disability & Social Services HealthCare New Zealand (second largest disability support provider)
Carol Wood	Executive Director New Zealand Federation of Disability Information Centres
Rachel Noble	CCDHB General Manager Disability Strategy / Secretary Deaf Action (officially invited as CCDHB however sometimes attends as Deaf Action)
Rose Wilkinson	Chief Executive Association of Blind Citizens of NZ (DPO)
Zandra Vaccarino	National Executive Officer New Zealand Downs Syndrome Association (NZDSA)
Liz Ansell	General Manager Client Services Blind Low Vision (DPO)
Cindy Johns	National Manager People First New Zealand (DPO)
Avaula Fa'amoe	National Executive Officer Tōfa Mamao (Pacific Disability community NGO)
Dane Dougan	Chief Executive Officer Autism New Zealand Inc
Lisa Martin	Director Complex Care Group

Gabrielle Scott	MidCentral District Health Board, Care Capacity Demand Management Allied Health Director
Sanjoy Nand	Chief of Allied Health, CMDHB
Ray Finch	Chief Operating Officer Spectrum Care Trust Board
Colleen Brown	Board Chair Disability Connect (South Auckland NGO)
Alice Mander	Disabled Students Association
Anne Hawker	Principal Disability Adviser Ministry of Social Development
Lachlan Keating	Chief Executive Deaf Aotearoa
Hilary Exton	Director Allied Health, NMDHB
Megan Thomas	Chief Executive Officer, Life Unlimited Charitable Trust
Angela Desmarais	Disabled Persons Assembly NZ
Karen Miles	Chief Executive, Parent to Parent
Vaughan Dodd	Ministry of Social Development
Dianne Rogers	Ministry of Social Development
Adel Stephenson	General Manager - Central Region at Pathways Health
Prudence Walker	Chief Executive, Disabled Persons Assembly New Zealand
Melissa Smith	Chief Executive, CCS Disability Action