



**MINISTRY OF BUSINESS,  
INNOVATION & EMPLOYMENT**  
HĪKINA WHAKATUTUKI



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



**MINISTRY OF  
HEALTH**

MANATŪ HAUORA



**NEW ZEALAND  
CUSTOMS SERVICE**  
TE MANA ĀRAI O AOTEAROA



**BORDER EXECUTIVE BOARD**



**NEW ZEALAND  
FOREIGN AFFAIRS & TRADE**  
MANATŪ AORERE



# COVID-19 Response Weekly Report

1 April 2022

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# 1. Status Summary

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

## Border

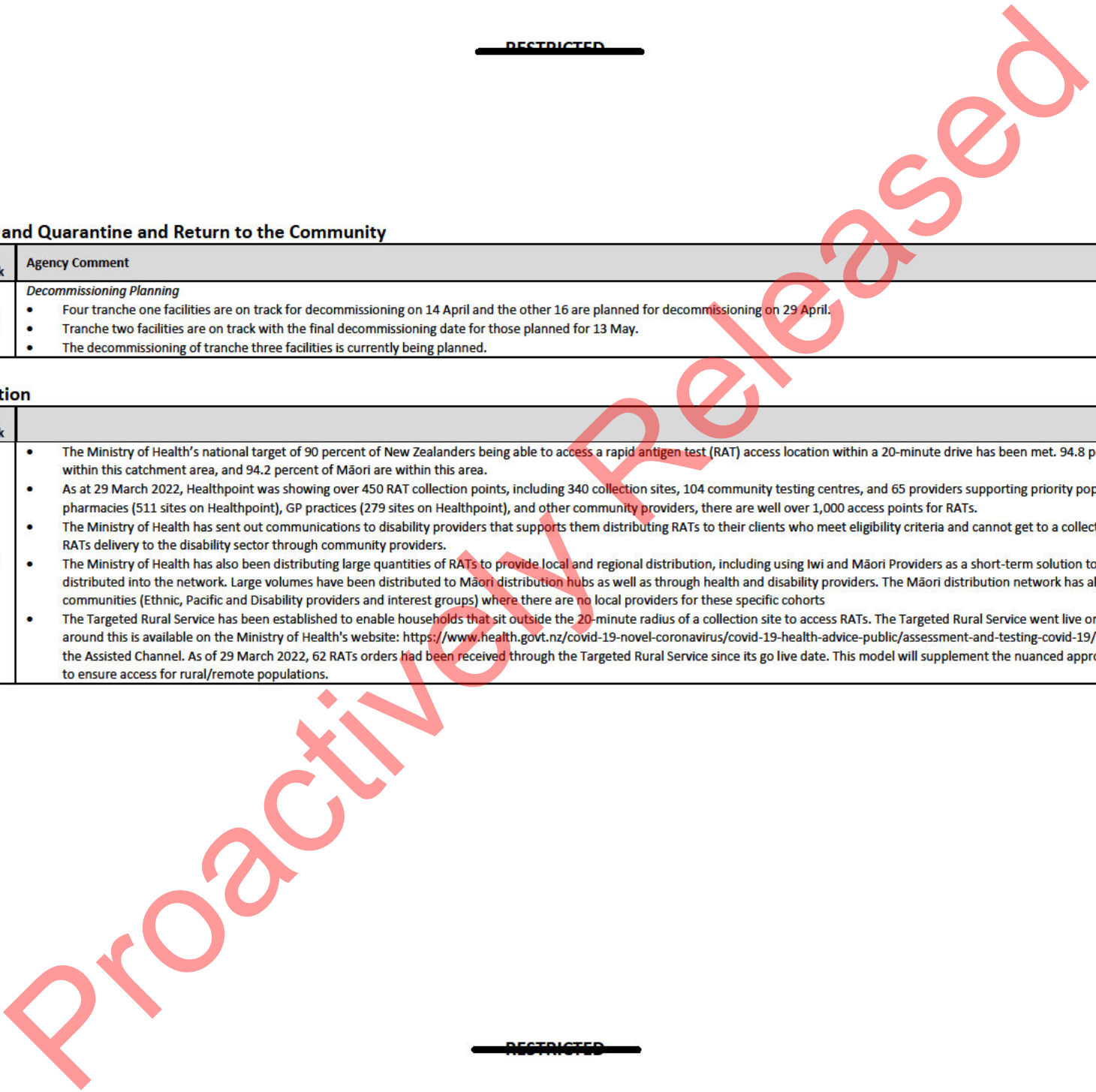
	Agency	Last Week	This Week	Agency Comment
Border measures	MoH	●	●	<ul style="list-style-type: none"> <li>Two supplementary New Zealand Traveller Declaration (NZTD) processes (a conditional traveller pass and a paper-based declaration) have now been developed for travellers to make a COVID-19 declaration. They will be available from 11.59pm 31 March 2022 when NZTD becomes the mandatory system and Nau Mai Rā, the Online Travel Declaration for travel to Aotearoa New Zealand (NMR) is no longer in operation. NMR passes issued prior to 31 March 2022 will be accepted from travellers for at least two weeks after that date.</li> <li>There are some existing information collection issues (relating to obtaining traveller emails for those who have not completed a NMR declaration) for the Ministry of Health which will be carried over to the paper-based NZTD declaration. Agencies are working to mitigate the impact of the issues by testing monitoring and compliance.</li> <li>While a comprehensive communications campaign is encouraging travellers to use the digital platform, the paper-based NZTD declaration enables travellers who meet the underlying COVID-19 requirements to board their flight to Aotearoa New Zealand.</li> <li>Work is underway to address web accessibility issues identified during accessibility testing of the NZTD. It is expected that the system will be fully compliant with the Government Web Accessibility Standard by 7 April 2022, while other supports are in place to assist travellers.</li> </ul>
Testing and vaccination of border workforce	MBIE	●	●	<p><b>Staff Testing</b></p> <ul style="list-style-type: none"> <li>Ministry of Health have updated their systems so that border workers' self-declared RAT results are now pulled from My Covid Record into the Border Worker Testing Register (BWTR).</li> <li>Compliance reporting is at 64% (27% less compared to the last reporting week of 20 February 2022) for staff who worked in the week of 21-27 March 2022. Uploading RAT results in My Covid Record is causing challenges for some workers, resulting in the low testing compliance. MOH are working with PCBUS and IT to identify solution options. We will resume monitoring this week, reminding employers to get their workers to log all RAT results (positive and negative) so MBIE has the best view of workers' compliance.</li> <li>Testing will remain amber until monitoring activity improves compliance levels.</li> </ul> <p><b>Vaccinations and boosters</b></p> <ul style="list-style-type: none"> <li>The BWTR shows, of the workforce on site for the week of 21-27 March 2022, 99.1% have had two doses of the vaccine, 0% had one dose and 0.9% have vaccination status 'unknown'.</li> <li>Of the workers on site the week of 21-27 March 2022, 3 workers (0.2%) were showing in BWTR as overdue for a booster. The workforce testing and vaccination team will investigate those to identify whether they are breaches of the Vaccination Order or a result of something else (e.g. data error etc.)</li> <li>Vaccination assurance follow-ups for those with an 'unknown' status in the BWTR on site between 14-20 March 2022 did not identify any breaches of the Vaccination Order. However, follow ups regarding boosters identified one worker who was on site who should have had a booster.</li> </ul>
Reopening new travel pathways - Pacific Islands	MFAT	●	●	<ul style="list-style-type: none"> <li>On 30 March, you agreed to move the Cook Islands, Samoa, Vanuatu and American Samoa from the Quarantine-free Travel (QFT) pathway to the Testing on Arrival pathway, to be in effect no later than 8 April.</li> <li>Nauru, Niue, Tokelau and Tuvalu will remain on the QFT pathway for now, noting that change will likely be required when/if COVID-19 is detected in these jurisdictions.</li> <li>MFAT have sent a draft letter to the Cook Islands updating the understandings of the QFT Arrangement, and are working on draft letters for other relevant countries.</li> <li>MFAT are working with MBIE on bringing forward dates for border entry from Pacific Island countries that are not visa waiver.</li> <li>Niue has indicated it will shortly (possibly as soon as Friday 1 April) remove the requirement to spend 14 days in New Zealand prior to onward travel. s6(b)(i)</li> </ul>

**Managed Isolation and Quarantine and Return to the Community**

Place and conditions of stay	Agency	Last Week	→ This Week	Agency Comment
	MBIE	●	●	<p><i>Decommissioning Planning</i></p> <ul style="list-style-type: none"> <li>• Four tranche one facilities are on track for decommissioning on 14 April and the other 16 are planned for decommissioning on 29 April.</li> <li>• Tranche two facilities are on track with the final decommissioning date for those planned for 13 May.</li> <li>• The decommissioning of tranche three facilities is currently being planned.</li> </ul>

**Community Protection**

Case investigation, surveillance and testing	Agency	Last Week	→ This Week	
	MoH	●	●	<ul style="list-style-type: none"> <li>• The Ministry of Health’s national target of 90 percent of New Zealanders being able to access a rapid antigen test (RAT) access location within a 20-minute drive has been met. 94.8 percent of the overall population is within this catchment area, and 94.2 percent of Māori are within this area.</li> <li>• As at 29 March 2022, Healthpoint was showing over 450 RAT collection points, including 340 collection sites, 104 community testing centres, and 65 providers supporting priority populations nationwide. In addition to pharmacies (511 sites on Healthpoint), GP practices (279 sites on Healthpoint), and other community providers, there are well over 1,000 access points for RATs.</li> <li>• The Ministry of Health has sent out communications to disability providers that supports them distributing RATs to their clients who meet eligibility criteria and cannot get to a collection site. We are also progressing RATs delivery to the disability sector through community providers.</li> <li>• The Ministry of Health has also been distributing large quantities of RATs to provide local and regional distribution, including using Iwi and Māori Providers as a short-term solution to create more channels for RATs to be distributed into the network. Large volumes have been distributed to Māori distribution hubs as well as through health and disability providers. The Māori distribution network has also agreed to support other communities (Ethnic, Pacific and Disability providers and interest groups) where there are no local providers for these specific cohorts</li> <li>• The Targeted Rural Service has been established to enable households that sit outside the 20-minute radius of a collection site to access RATs. The Targeted Rural Service went live on 28 March 2022 and information around this is available on the Ministry of Health’s website: <a href="https://www.health.govt.nz/covid-19-novel-coronavirus/covid-19-health-advice-public/assessment-and-testing-covid-19/rapid-antigen-testing-rat">https://www.health.govt.nz/covid-19-novel-coronavirus/covid-19-health-advice-public/assessment-and-testing-covid-19/rapid-antigen-testing-rat</a> and through the Assisted Channel. As of 29 March 2022, 62 RATs orders had been received through the Targeted Rural Service since its go live date. This model will supplement the nuanced approaches which DHBs are already taking to ensure access for rural/remote populations.</li> </ul>

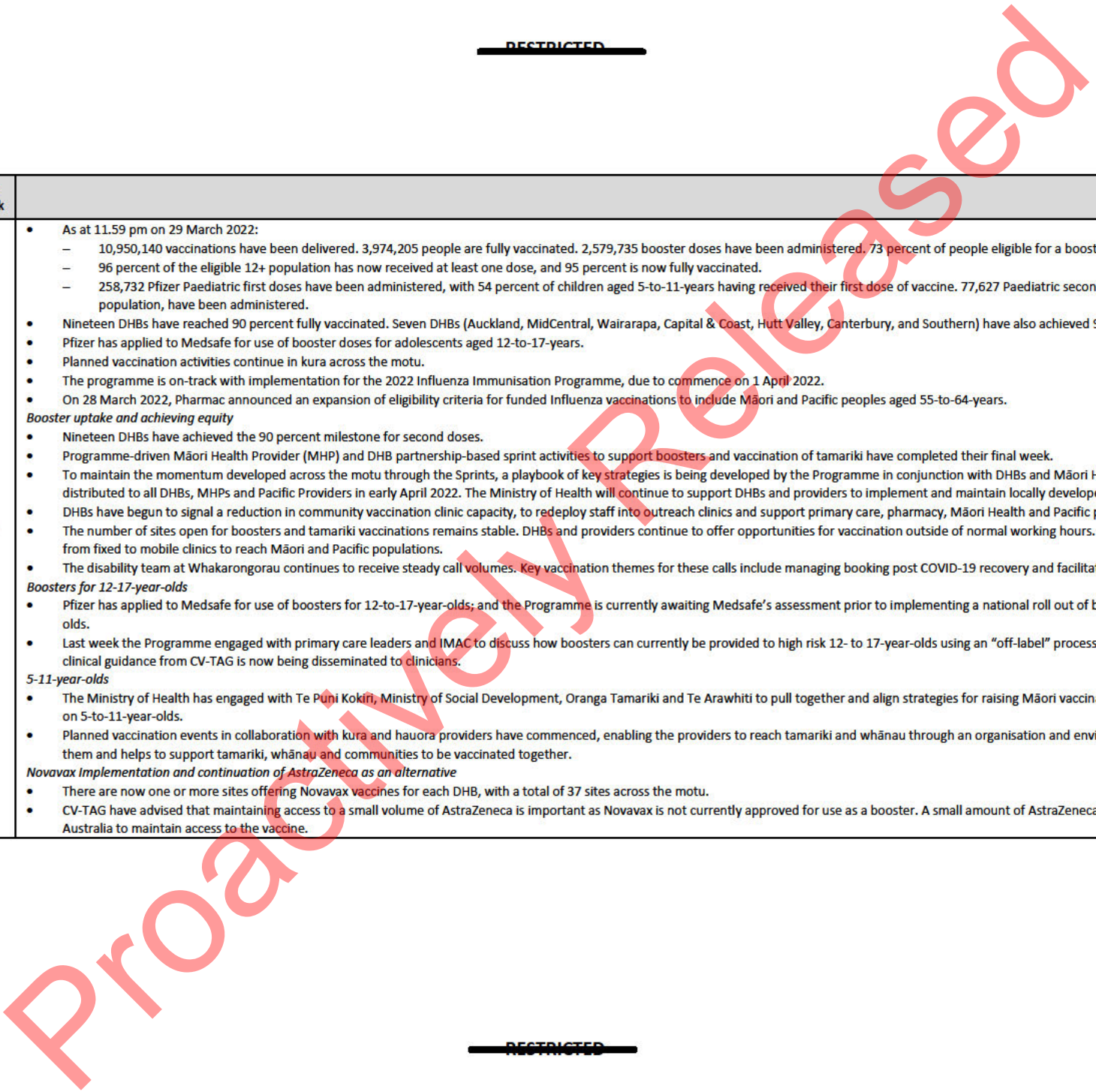












**Vaccination**

Agency	Last Week	This Week	
MoH	●	●	<ul style="list-style-type: none"> <li>• As at 11.59 pm on 29 March 2022:                             <ul style="list-style-type: none"> <li>– 10,950,140 vaccinations have been delivered. 3,974,205 people are fully vaccinated. 2,579,735 booster doses have been administered. 73 percent of people eligible for a booster have received a booster.</li> <li>– 96 percent of the eligible 12+ population has now received at least one dose, and 95 percent is now fully vaccinated.</li> <li>– 258,732 Pfizer Paediatric first doses have been administered, with 54 percent of children aged 5-to-11-years having received their first dose of vaccine. 77,627 Paediatric second doses, 16 percent of this population, have been administered.</li> </ul> </li> <li>• Nineteen DHBs have reached 90 percent fully vaccinated. Seven DHBs (Auckland, MidCentral, Wairarapa, Capital &amp; Coast, Hutt Valley, Canterbury, and Southern) have also achieved 90 percent fully vaccinated for Māori.</li> <li>• Pfizer has applied to Medsafe for use of booster doses for adolescents aged 12-to-17-years.</li> <li>• Planned vaccination activities continue in kura across the motu.</li> <li>• The programme is on-track with implementation for the 2022 Influenza Immunisation Programme, due to commence on 1 April 2022.</li> <li>• On 28 March 2022, Pharmac announced an expansion of eligibility criteria for funded Influenza vaccinations to include Māori and Pacific peoples aged 55-to-64-years.</li> </ul> <p><i>Booster uptake and achieving equity</i></p> <ul style="list-style-type: none"> <li>• Nineteen DHBs have achieved the 90 percent milestone for second doses.</li> <li>• Programme-driven Māori Health Provider (MHP) and DHB partnership-based sprint activities to support boosters and vaccination of tamariki have completed their final week.</li> <li>• To maintain the momentum developed across the motu through the Sprints, a playbook of key strategies is being developed by the Programme in conjunction with DHBs and Māori Health Providers and will be distributed to all DHBs, MHPs and Pacific Providers in early April 2022. The Ministry of Health will continue to support DHBs and providers to implement and maintain locally developed sprint initiatives.</li> <li>• DHBs have begun to signal a reduction in community vaccination clinic capacity, to redeploy staff into outreach clinics and support primary care, pharmacy, Māori Health and Pacific providers.</li> <li>• The number of sites open for boosters and tamariki vaccinations remains stable. DHBs and providers continue to offer opportunities for vaccination outside of normal working hours. DHBs are redistributing workforce from fixed to mobile clinics to reach Māori and Pacific populations.</li> <li>• The disability team at Whakarongorau continues to receive steady call volumes. Key vaccination themes for these calls include managing booking post COVID-19 recovery and facilitating home vaccination bookings.</li> </ul> <p><i>Boosters for 12-17-year-olds</i></p> <ul style="list-style-type: none"> <li>• Pfizer has applied to Medsafe for use of boosters for 12-to-17-year-olds; and the Programme is currently awaiting Medsafe’s assessment prior to implementing a national roll out of booster programme for 12-to 17-year-olds.</li> <li>• Last week the Programme engaged with primary care leaders and IMAC to discuss how boosters can currently be provided to high risk 12- to 17-year-olds using an “off-label” process (ie, by issuing a prescription) and the clinical guidance from CV-TAG is now being disseminated to clinicians.</li> </ul> <p><i>5-11-year-olds</i></p> <ul style="list-style-type: none"> <li>• The Ministry of Health has engaged with Te Puni Kōkiri, Ministry of Social Development, Oranga Tamariki and Te Arawhiti to pull together and align strategies for raising Māori vaccination uptake, with an increased focus on 5-to-11-year-olds.</li> <li>• Planned vaccination events in collaboration with kura and hauora providers have commenced, enabling the providers to reach tamariki and whānau through an organisation and environment that is familiar and safe to them and helps to support tamariki, whānau and communities to be vaccinated together.</li> </ul> <p><i>Novavax Implementation and continuation of AstraZeneca as an alternative</i></p> <ul style="list-style-type: none"> <li>• There are now one or more sites offering Novavax vaccines for each DHB, with a total of 37 sites across the motu.</li> <li>• CV-TAG have advised that maintaining access to a small volume of AstraZeneca is important as Novavax is not currently approved for use as a booster. A small amount of AstraZeneca vaccine has been requested from Australia to maintain access to the vaccine.</li> </ul>

Implementation and operation

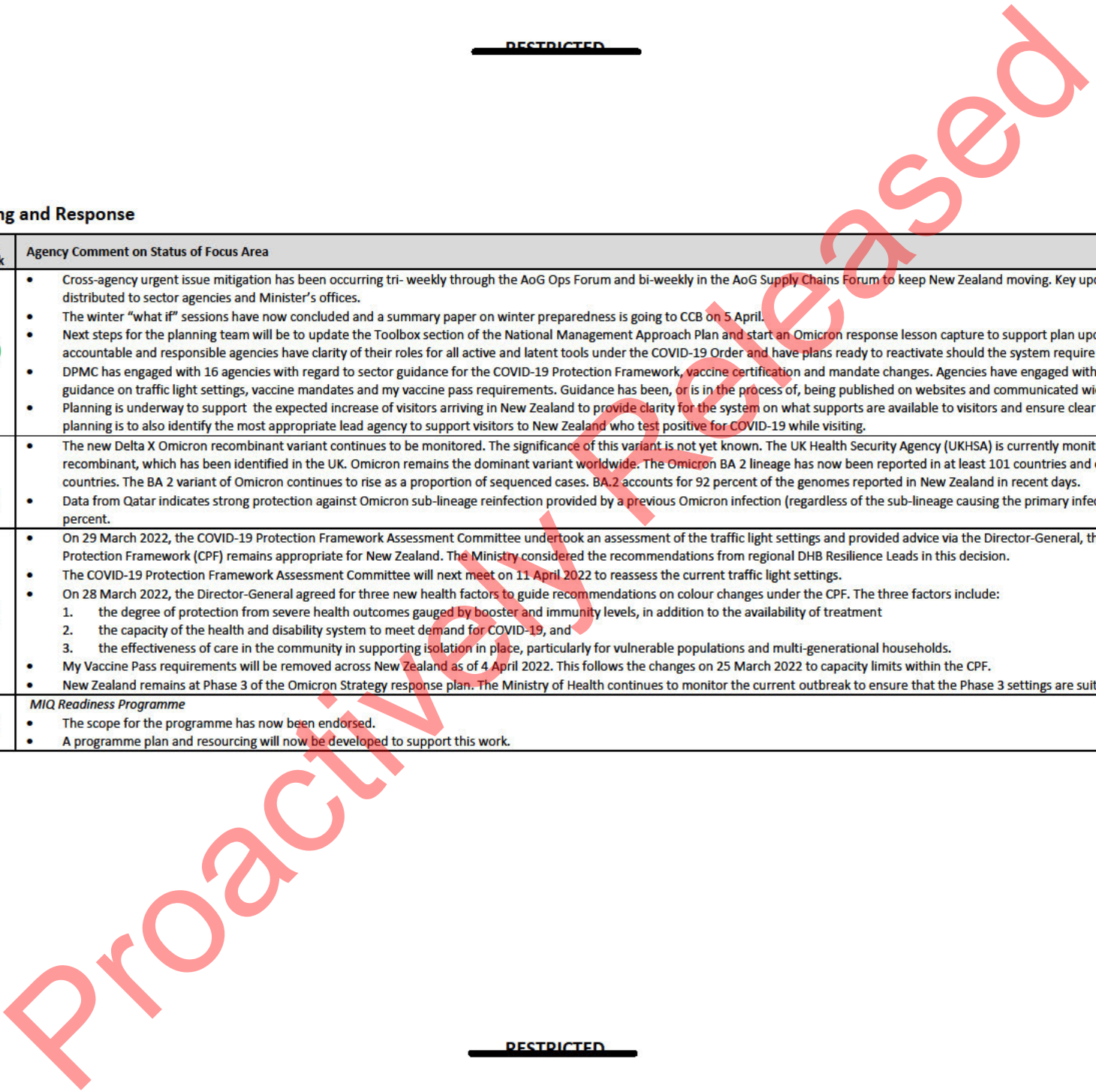


### Resurgence Planning and Response

Agency	Last Week	This Week	Agency Comment on Status of Focus Area
DPMC			<ul style="list-style-type: none"> <li>Cross-agency urgent issue mitigation has been occurring tri-weekly through the AoG Ops Forum and bi-weekly in the AoG Supply Chains Forum to keep New Zealand moving. Key updates from these meetings are distributed to sector agencies and Minister's offices.</li> <li>The winter "what if" sessions have now concluded and a summary paper on winter preparedness is going to CCB on 5 April.</li> <li>Next steps for the planning team will be to update the Toolbox section of the National Management Approach Plan and start an Omicron response lesson capture to support plan updates. The aim is to ensure all accountable and responsible agencies have clarity of their roles for all active and latent tools under the COVID-19 Order and have plans ready to reactivate should the system require them in the future.</li> <li>DPMC has engaged with 16 agencies with regard to sector guidance for the COVID-19 Protection Framework, vaccine certification and mandate changes. Agencies have engaged with sectors representatives and updated guidance on traffic light settings, vaccine mandates and my vaccine pass requirements. Guidance has been, or is in the process of, being published on websites and communicated widely across sectors.</li> <li>Planning is underway to support the expected increase of visitors arriving in New Zealand to provide clarity for the system on what supports are available to visitors and ensure clear communications are in place. This planning is to also identify the most appropriate lead agency to support visitors to New Zealand who test positive for COVID-19 while visiting.</li> </ul>
MoH			<ul style="list-style-type: none"> <li>The new Delta X Omicron recombinant variant continues to be monitored. The significance of this variant is not yet known. The UK Health Security Agency (UKHSA) is currently monitoring an assumed Delta and Omicron recombinant, which has been identified in the UK. Omicron remains the dominant variant worldwide. The Omicron BA 2 lineage has now been reported in at least 101 countries and currently predominates in around 44 countries. The BA 2 variant of Omicron continues to rise as a proportion of sequenced cases. BA.2 accounts for 92 percent of the genomes reported in New Zealand in recent days.</li> <li>Data from Qatar indicates strong protection against Omicron sub-lineage reinfection provided by a previous Omicron infection (regardless of the sub-lineage causing the primary infection) with an effectiveness of over 85 percent.</li> </ul>
MoH			<ul style="list-style-type: none"> <li>On 29 March 2022, the COVID-19 Protection Framework Assessment Committee undertook an assessment of the traffic light settings and provided advice via the Director-General, that the red setting of the COVID-19 Protection Framework (CPF) remains appropriate for New Zealand. The Ministry considered the recommendations from regional DHB Resilience Leads in this decision.</li> <li>The COVID-19 Protection Framework Assessment Committee will next meet on 11 April 2022 to reassess the current traffic light settings.</li> <li>On 28 March 2022, the Director-General agreed for three new health factors to guide recommendations on colour changes under the CPF. The three factors include:                             <ol style="list-style-type: none"> <li>the degree of protection from severe health outcomes gauged by booster and immunity levels, in addition to the availability of treatment</li> <li>the capacity of the health and disability system to meet demand for COVID-19, and</li> <li>the effectiveness of care in the community in supporting isolation in place, particularly for vulnerable populations and multi-generational households.</li> </ol> </li> <li>My Vaccine Pass requirements will be removed across New Zealand as of 4 April 2022. This follows the changes on 25 March 2022 to capacity limits within the CPF.</li> <li>New Zealand remains at Phase 3 of the Omicron Strategy response plan. The Ministry of Health continues to monitor the current outbreak to ensure that the Phase 3 settings are suitable.</li> </ul>
MBIE			<p><i>MIQ Readiness Programme</i></p> <ul style="list-style-type: none"> <li>The scope for the programme has now been endorsed.</li> <li>A programme plan and resourcing will now be developed to support this work.</li> </ul>

COVID-19 Management Planning and Response

Readiness Planning



## 2. COVID-19 Insights

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

#### 2.1.1 The COVID-19 False Information Landscape – March 2022

##### **Introduction**

The Insights and Reporting Team in DPMC's COVID-19 Group have worked with the Disinformation Assessment and Response Team (DART) in the National Immunisation Programme at the Ministry of Health to bring together information to provide a brief overview of the false information landscape in March 2022, and COVID-19 related activism going forward. Further information on these topics is available on request.

##### **Observed False-Information Narratives**

###### **Key observed false-information narratives related to COVID-19 in New Zealand in early March were:**

- That the COVID-19 vaccines are unsafe, exemplified by the recently observed narrative that Shane Warne died due to COVID-19 vaccine complications;
- That Russia invaded Ukraine to destroy United States biological weapons labs there (which reportedly created new variants of COVID-19); and
- That Police infiltrated and subverted the Freedom protest groups at parliament and started the fires during the riot on March 2nd; and that there was widespread Police brutality.

###### **Key observed false-information narratives related to COVID-19 in New Zealand in late March were:**

- That COVID-19 can be treated with Ivermectin;
- That natural health remedies are the best way to treat COVID-19; and
- That COVID-19 vaccines are ineffective.

##### **Shifts in the False-Information Narratives**

The key narratives in early March around COVID-19 vaccine safety, Ukrainian involvement in COVID-19 biological weapons labs, and Police infiltration of the Freedom protest, have shifted in prominence. By mid-March, the narrative that there was widespread Police brutality at the Freedom Protest had become more prominent. Following the announcement of the changes to the public health measures such as the vaccine pass and mandate requirements there was a shift in narratives. The key narratives in late March have been around Ivermectin, natural health remedies, and vaccine efficacy, which are narratives that have been circulating since last year.

Further details about the COVID-19 related false information narratives, are included below.

##### **Observed False-Information Narratives - Details**

###### *False Information Narrative 1: COVID-19 Vaccine Safety (early March)*

The narrative that the COVID-19 vaccines are unsafe was a key narrative within the false-information landscape in early March.

This narrative has been espoused by a variety of sources, with Counterspin Media and New Zealand Doctors Speaking out With Science (NZDSOS) being particular proponents of this narrative, which appears to be directed to a wide range of audiences, predominantly through social media and online.

Disinformation content creators have suggested that the death of Australian cricketer, Shane Warne, was related to COVID-19 vaccine complications. Warne, who died in Thailand, was known to have heart disease, and a Thai Coroner had indicated that the sportsman died of a heart attack.



*False Information Narrative 2: Pro-Russian Disinformation (early March)*

Disinformation supportive of the Russian invasion of Ukraine appeared in early March. This is either material that has been reposted from Russian media outlets (such as Russia Today) or narratives which link Russia's actions into wider conspiracy theories.

This narrative has been espoused by a variety of sources, with The Daily Telegraph NZ being a particular proponent, using articles from Russia Today (a State sanctioned media outlet). The content attempts to legitimise Russia's invasion of the Ukraine, including that Russia invaded Ukraine to destroy United States biological weapons labs there (which reportedly created new variants of COVID-19).

This narrative is a mixture of long held conspiracy-theories mixed with pro-Russian content from Russia Today. Such material has existed for decades and often incorporates current events into its disinformation narrative to increase distrust of government, particularly the United States.

*False Information Narrative 3: Police Infiltrated the Occupation and Started Fires During the Riot at Parliament (early March), and there was Brutality From Police at the Protest (early to mid-March)*

The narrative that the New Zealand Police (or Antifa) had infiltrated the Freedom protest and started the fires at Parliament continued to feature in early March. Additionally, the narrative that there was brutality from the New Zealand Police at the Freedom protest appeared in early March and continues to be promoted.

This narrative has been espoused by a variety of sources, with Counterspin Media being a particular proponent. Similar content alleging Police brutality and the deliberate targeting of children, has been shared by Voices For Freedom (VFF).

Attempts to undermine Police and media credibility have been observed in February but appeared to gain traction as a means to shift blame for the events away from those involved, and garner support for the protesters as victims.

*False Information Narrative 4: COVID-19 Can Be Treated With Ivermectin (late March)*

The narrative that COVID-19 can be treated with Ivermectin continues to circulate and has come to the fore again in late March.

This narrative has been espoused by a variety of sources, with New Zealand Doctors Speaking Out With Science being a particular proponent of this narrative.

*False Information Narrative 5: Natural Health Remedies are the Best Way to Treat COVID-19 (late March)*

The narrative that natural health remedies are the best way to treat COVID-19 continues to circulate.

This narrative has been espoused by a variety of sources. Voices For Freedom are a particular proponent of this narrative and have links to the natural health industry.

*False Information Narrative 6: The COVID-19 Vaccine is Ineffective (late March)*

The narrative that the COVID-19 vaccine is ineffective remains prominent. This is being portrayed through the use of manipulated Ministry of Health data on COVID-19 infections.

This narrative has been espoused by a variety of sources, with New Zealand Doctors Speaking Out With Science being a particular proponent of this narrative.

**COVID-19 Related False Information and Activism Going Forward**

Public health measures have been a significant driver of COVID-19 related false information. The recent announcement of the changes to the vaccine pass and mandate requirements reduced a major motivator for those groups. There will likely be a reduction in COVID-19 false information in the short term but the benefits (financial or otherwise) of those who promoted mandate-based false information will not have gone away. Focus is likely to be redirected elsewhere within the response to public health measures that remain (such as mask wearing) and wider government or international events. There are indications of prominent disinformation sharers switching to Ukraine and domestic issues. Businesses and organisations who choose to continue public health measures that are now optional may be targeted online and offline.

COVID-19 related protests are ongoing, with various drivers such as false information, equity issues, and individual rights concerns. There are indications that those involved in the Freedom protest, feel emboldened,



and consider that the recent public health changes are an outcome of the protest. There appears to be planning underway for future issues around which to mobilise.

A new activist group, NZUnite, appears to have been formed.<sup>i</sup> The group appears to be starting a 14-day period of protests (starting in Wellington on 1 April). The groups' messages and themes are an evolved version of that seen at the occupation of parliament and include references to government overreach, police brutality, and government misinformation, and coercion. They appear to be attempting to tap into known grievances in these spaces (such as job losses due to people being unvaccinated).

**Government Responses to COVID-19 False Information**

There is ongoing communications and engagement by the Government related to responding to COVID-19 false information, based on four key principles:

- to support a whole of society approach;
- increase the public's resilience to disinformation and online harms;
- promote credible information through effective communication; and
- prevent the propagation of false and damaging content underpinned by a understanding of the environment.

s6(a), s9(2)(f)(iv), s9(2)(g)(i)

█ [Redacted text block]

*Thank you to the following teams that assisted with this report: The Disinformation Assessment and Response Team (DART), National Immunisation Programme, at the Ministry of Health; the National Assessments Bureau; and the Department of Internal Affairs*

Proactively Released



### 3. Ministry of Health

#### 3.1 Policy/Programme Updates

##### 3.1.1 Health system preparedness programme: update

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

#### **COVID-19 Care in the Community**

##### *Regional Desktop Reviews:*

We are starting desktop reviews of the care in the community function in our four regions – Northern, Te Manawa Taki, Central and Southern. The purpose is to review our care in the community preparedness capability and performance. The reviews will incorporate intelligence gathered from the survey of preparedness conducted of 44 Community Coordination Hubs (Hubs) across Aotearoa New Zealand. The reviews commenced on 24 March 2022 and are expected to be completed by 6 April 2022.

##### *Care in the Community Funding Allocation Update*

In December 2021, Cabinet approved s9(2)(b)(ii) for district health board (DHB) funding to provide regional and clinical coordination services, including establishment of Hubs (CAB-21-MIN-0555 refers). DHBs have agreed to use s9(2)(b)(ii) of this funding to directly support rural primary care, leaving s9(2)(b)(ii) currently unspent.

On 28 February 2022, DHBs were asked to submit their preferred funding arrangements and high-level plans for use of the s9(2)(b)(ii) by 4 March 2022. DHBs submitted 41 proposals to access funding, amounting to s9(2)(b)(ii). Our initial review of the proposals shows that:

- most of the proposals are for recruitment purposes
- some proposals have capital expenditure components (approximately s9(2)(b)(ii)) that do not meet the operational criteria outlined in the Cabinet paper
- some proposals appear to be over or under costed
- some proposals seek to carry over more than \$1 million into the next financial year
- none of the proposals have split proposed costs by financial year, meaning we have a lack of visibility of planned spending between now and 30 June 2022.

The funding distribution process is as follows:

- DHBs draw down the funding by invoicing the Ministry of Health as and when actual costs are incurred
- expenses will be captured by DHBs in the relevant workstream in the COVID-19 Finance Tracker
- due to the current labour market situation and limited time available until 30 June 2022, a maximum of \$1 million per DHB may be carried over until 31 December 2022
- DHBs and Health New Zealand are responsible for oversight and commissioning of funding.

*Table 1: Summary of proposed DHB spending on regions*

(Note: This is a summary of operational funding approved for each region. Any capital funding in DHB proposals has been excluded – s9(2)(b)(ii)).

Region	Number of Proposals	Approved Spending
Northern	s9(2)(b)(ii)	
Te Manawa Taki		
Central		
Southern		
TAS		
National		
<b>Total</b>		

### *Alternative Accommodation and Disability Update*

Changes to the National Contact Tracing System (NCTS) and the COVID-19 Contact Tracing Self-Service form went live on 22 March 2022. The online form linked to the text message sent to people acknowledging a positive COVID-19 test in My Covid Record now includes disability and accommodation questions. People who report a positive test result over the phone (by calling 0800 222 478 and selecting option 3) will be asked the same disability and accommodation questions.

These changes are part of our ongoing efforts to ensure people affected by COVID-19 receive the best possible care and support, with a particular focus on equity and the most vulnerable in our communities. It will be easier for people to self-notify accommodation and disability needs, and for Hubs to have greater visibility over who may need alternative accommodation or additional support because of disabilities in their areas. Previously, people had to register requests for alternative accommodation by calling Healthline or the Ministry of Social Development, which then notified the Hubs for Self-Isolation and Quarantine coordinators (Coordinators) to action.

The new accommodation questions are:

- Can you safely self-isolate in your current accommodation?
- Why is your current accommodation not suitable for you to self-isolate in?
  - I live in overcrowded housing and I have someone with serious health conditions in my house
  - I have nowhere to safely isolate
  - I don't have access to basic facilities (power, toilet, water)
  - Other (with free text).

Additional fields relating to accommodation will appear in the NCTS on the person's case record in the needs and compliance section. If accommodation needs are flagged, Coordinators pick these up and action according to local processes, which remain the same as previously.

The new disability question is: are you a disabled person, tāngata whaikaha Māori, or a person with disabilities?

If the person answers yes, additional fields relating to disability will display in the NCTS on the case record in the underlying conditions section. These flow through to the COVID-19 Clinical Care Module and displays when the 'Underlying Conditions in NCTS' button is selected from the initial assessment.

The Ministry of Health conducted virtual drop-in training sessions on 22 March 2022 with Coordinators to support this change and provide comprehensive training material.

#### **Next Steps**

We will continue to keep you updated on progress of the programme and the impact of Omicron through the daily Situation Report.

#### 3.1.2 DHB Productivity Data

This entry follows up on the recent Joint Ministers Health Check-Up meeting on 28 March 2022, where Crown Monitors referred to the analysis on 'production data' that the Ministry of Health provides as part of regular reporting. This item provides you the most recent information relating to the metrics they described. This was used as a high-level proxy for productivity; however, this is only one aspect to consider.

#### **Inpatient hospital data (case mix events only)**

The Ministry of Health's reporting calculates the ratio of delivery levels within hospitals, represented by patient discharges and the complexity of cases (case weights) relative to full time equivalent (FTE) staff numbers. Crown Monitors used this information to test productivity, by looking at the change in these measures over time.

Historic trends for delivery (discharges), FTEs, and the associated case weights, and case weight per FTE are set out in the table below.





small number of workers who hold a vaccination exemption and therefore do not qualify to enter the country without accessing MIQ.

Between 1 November 2021 and 28 March 2022, there was a total of 856 applications submitted, the last received on 28 February 2022.

Of the total applications, 486 were issued with an MIQ voucher. The remaining 370 applications were not issued with a voucher due to several reasons: not meeting the eligibility criteria, applying after the deadline, submitting multiple applications, obtaining an MIQ voucher via another pathway such as emergency allocation, or withdrawing the application as not required due to border changes.

**MIQ vouchers for Critical Health & Disability Workforce Roles issued to 28 March 2022**

Status	
Not issued a voucher	370
Vouchers issued	486
<b>Total</b>	<b>856</b>

Those issued vouchers have been broken down by profession as follows:

Profession	
Allied Health	144
Care and Support Worker	46
Doctor	137
Midwife	13
Nurses	137
Other	7
Student	2
<b>Total</b>	<b>486</b>

3.1.4 National Immunisation Programme

As at 11.59 pm on 29 March 2022, 10,950,140 vaccinations have been delivered, comprising: 4,025,561 first doses; 3,974,205 second doses; 34,279 third primary doses; and 2,579,735 booster doses.

- 258,732 paediatric first doses have been administered to 5-to-11-year-old children, with 54 percent of this population now having received their first dose. 77,627 paediatric second doses have been administered.
- 73 percent of people eligible for a booster dose have received it. This is equal to last week.
- 86 percent of the eligible population five years and older has now received at least one dose.
- 82 percent of this population is fully vaccinated.
- 669 vaccination sites were active on 29 March 2022.

**Driving uptake**

Seven DHBs have reached 90 percent fully vaccinated for Māori, with several more DHBs very close to achieving this milestone. All DHBs have achieved at least 90 percent first doses and nineteen DHBs have achieved at least 90 percent fully vaccinated for their 12+ populations. Northland DHB is 3,302 doses from reaching the 90 percent fully vaccinated milestone as at 11.59pm 29 March 2022.

The number of sites open for boosters and tamariki vaccinations remains stable. DHBs and providers continue to offer opportunities for vaccination outside of normal working hours. DHBs are redistributing workforce from fixed to mobile clinics to reach Māori and Pacific populations.

Programme-driven Māori Health Provider (MHP) and DHB partnership-based sprint activities to support boosters and vaccination of tamariki have completed their final week. To maintain the momentum developed across the motu through the sprints, a playbook of key strategies is being developed by the Programme in conjunction with DHBs and Māori Health Providers. This playbook will be distributed to all

DHBs, MHPs, and Pacific Providers in early April 2022. The Ministry of Health is continuing to support DHBs and providers to implement and maintain locally developed sprint initiatives.

Over recent weeks the Programme has contacted 265 businesses, most of whom provide critical services, to determine whether they need additional support with boosters to increase uptake. Where appropriate, the Programme has made DHBs aware of the businesses in their region that are keen to receive extra support so they can follow up directly.

#### *Boosters*

As at 29 March 2022, 2,578,129 people have received a booster dose. This represents 73 percent of the 3,544,408 people who are currently eligible for a booster, which is equal to last week.

Work with DHBs continues with a strong focus on promoting booster uptake across the eligible population. Since 17 January 2022, an estimated three million eligible individuals have been sent a booster reminder message, up from 2.9 million the previous week. National phone campaigns continue to support population uptake on boosters.

DHBs are providing mobile units outside prisons to support uptake of boosters for eligible frontline custodial staff. Corrections requested this support for six prisons across the country. The programme is providing support through the 'Hands Up' database to assist Corrections' Health Services team with their recruitment efforts.

#### **Boosters for 12-to-17-year-olds**

Pfizer booster doses are currently approved by Medsafe for those aged 18 years and older. Pfizer has applied to Medsafe for the use of boosters for 12-to-17-year-olds and the programme is awaiting Medsafe's assessment, prior to implementing a national rollout of a booster programme for 12-to-17-year-olds.

The COVID-19 Vaccine Technical Advisory group (CV TAG) have considered the use of boosters in adolescents aged 12-to-17-years and made a number of recommendations, including the provision of clinical guidance around the groups of adolescents who are at high risk of severe health outcomes from COVID-19.

The programme engaged with primary care leaders and the Immunisation Advisory Centre (IMAC) last week to discuss how boosters can currently be provided to high risk 12-to-17-year-olds using an "off-label" process (by issuing a prescription). The clinical guidance from CV TAG is being disseminated to clinicians.

Once Medsafe's assessment is made, the Programme will take one of the following options for adolescent boosters:

- Option 1 – roll out boosters nationally in accordance with regulatory approval; or
- Option 2 – should regulatory approval not be granted, continue to administer "off-label" boosters via prescription through primary care in accordance with clinical guidance.

#### **5-to-11-year-olds**

54 percent of children aged 5-to-11-years-old have either booked or received their first dose as at 11.59pm on 29 March 2022.

To date, 35 percent of eligible tamariki Māori aged 5-to-11-years have been partially vaccinated, equal to last week. Forty seven percent of Pacific children aged 5-to-11-years have been vaccinated, equal to last week.

All DHBs are working closely with Māori Health Providers, Iwi collectives and Pacific Island community connectors to develop further strategies for improving participation of schools and whānau to increase the uptake of vaccines among 5-to-11-year-olds.

The programme continues to engage with the Ministry of Education and the New Zealand School Trustees Association (NZSTA). A pack is being readied for distribution to school leaders across the motu to help them communicate with teachers, parents and whānau about the importance of tamariki immunisations. NZSTA has agreed to advocate for tamariki vaccination with their members.

Planned vaccination activities continue in kura across the motu. While this work is ongoing, the programme continues to collaborate with Te Matakahuki stakeholders within the education sector to align on strategies to reach unvaccinated tamariki and whānau. The information and insights captured at these engagements is used by the programme to assist with engagement and relationships with kura and kohanga in the regions. Additionally, this information will help guide the equity team to work with kura and Māori health providers to co-design a formal paediatric vaccination delivery plan for each region.

### **Equity**

Vaccination rates have slowed down for all ethnic groups. Booster uptake for Māori is 58 percent, and booster uptake for Pacific people is 59 percent, compared to 73 percent for the total eligible population.

#### *Pacific People*

Communications have been distributed to address confusion amongst Pacific people regarding the delay between testing positive for COVID-19 and being able to receive a booster dose of vaccine. Additional communications are in development to target Pacific audiences about the reality of 'long COVID' and the need to get vaccinated and boosted.

Pacific community groups have been seeking providers to host their respective vaccination events. However, this is proving problematic as these providers capacity has been restricted due to staff shortages from self-isolation and ongoing commitments to vaccination events. A Māori Health Provider has been able to confirm their availability to provide vaccination services for a Kiribati vaccination event planned for 9 April 2022. Work is ongoing to provide alternative vaccinators to support events.

#### *Disability and mental health*

Vaccination rates for disabled people supported by Disability Support Services (DSS) and ACC continue to track well. For children aged 5-to-11-years receiving DSS, first dose rate is 54 percent. The booster rate uptake for the ACC and DSS cohort is at 82.1 percent as at 25 March 2022.

The Whakarongorau Disability team continue to be well utilised. In the past week the team has supported a number of service users with vaccination information, bookings for Novavax, and supporting autistic people with low sensory bookings.

The Auckland outreach team continues to provide dedicated services, including teams that visit disability providers and special schools. The team has staff, including vaccinators and kaimahi, who are experienced working with disabled people. The team also offer catch-up child immunisations in partnership with Counties Manukau Public Health nurses and plan to do similar initiatives during the influenza programme. The model is particularly valuable for people who have transport barriers, or other environmental barriers, such as sensory challenges.

The Mental Health and Addiction Peer Support fund information has been widely circulated through NGO networks and key sector bodies including Platform Trust and the New Zealand Drug Foundation.

### **Novavax and AstraZeneca**

#### *Novavax rollout*

From 14 March 2022 the Novavax COVID-19 vaccine became available to consumers as a two-dose primary course. Approval has not yet been given to use this vaccine as a booster. 1,451 doses of Novavax have been administered as at 11:59pm 29 March 2022.

There are now one or more vaccination sites offering Novavax for each DHB, with a total of 37 sites available across the motu. The programme continues to monitor the status of the vaccine's use as a booster, as this would materially increase demand for the vaccine.

#### *Continuation of AstraZeneca as an alternative*

A total of 8,554 AstraZeneca doses have been administered to date: 3,298 first dose, 3,574 second dose, 30 third doses and 1,652 boosters.

CV TAG has advised that maintaining access to a small volume of AstraZeneca is important as Novavax is not currently approved for use as a booster. A small amount of AstraZeneca vaccine has been requested from Australia to maintain access to the vaccine.

#### **Vaccine Passes**

In line with recent changes to the COVID-19 Protection Framework announced this week, work continues to update My Vaccine Pass so that we are ready to issue updated passes prior to their expiry on 1 June 2022. The updated passes will include booster doses and have the capability to include future doses if required. Whether vaccination status is mandated or voluntary, the expectation is that people remain 'up-to-date', which means they have received all doses currently advised for their age or demographic group, and at the dose interval advised.

Work is currently underway defining the set of "business rules" that interpret the Ministry of Health's position. This work is on track to be completed by the middle of April 2022 to allow lead time to implement these rules into the underlying technology that supports the issuance of the updated Vaccines Passes during May 2022.

Communications and engagement activity is being progressed in partnership with the communications team at DPMC, MBIE and other agencies to help the public understand what the voluntary use of My Vaccine Pass entails. The programme will report back to Ministers as this work develops.

#### **2022 Influenza vaccine rollout**

Planning is underway for the Influenza Immunisation Programme promotional campaign that runs from 1 April 2022 to 30 June 2022 in two phases. The first phase focuses on priority groups, while the second phase is an all of New Zealand campaign. Influenza vaccine distribution to the regions commenced the week of 21 March 2022.

Discussions regarding the influenza campaign for Pacific audiences are being initiated and planning is being undertaken to meaningfully communicate and engage Pacific providers and audiences in this space. On 28 March 2022, Pharmac announced an expansion of eligibility criteria to include Māori and Pacific peoples aged 55-to-64-years.

It is expected that weekly Influenza reporting will be available from the week of 11 April 2022.

#### 3.1.5 Technical Advisory Group: update

##### **COVID-19 TAG**

The COVID-19 Technical Advisory Group (COVID-19 TAG) met on 25 March 2022 and discussed the following items.

- ESR sentinel surveillance
- Traffic light system amendments, vaccine mandates and passes
- Vaccine rollout
- Pandemic management
- Surveillance strategy.

The next COVID-19 TAG meeting is scheduled for 22 April 2022.



### **CV TAG**

The COVID-19 Vaccine Technical Advisory Group (CV TAG) met on 22 March 2022 and discussed the following items.

- Vaccine rollout
- Ministry of Health update on COVID-19 response
  - Antibody testing
- Third dose for severely immunocompromised 5-11-year-olds
- Future vaccine portfolio: use of AstraZeneca
- Second boosters for elderly/at-risk/healthcare workers

The next CV TAG meeting is scheduled for 29 March 2022.

### **Therapeutics TAG**

The COVID-19 Therapeutics Technical Advisory Group (Therapeutics TAG) met on 25 March 2022 and discussed the following items.

- Therapeutics
  - Pharmac update
  - Medsafe update
  - Airfinity/STA update
- Equity considerations
- Remdesivir community guidance
- Budesonide
- Nirmatrelvir/ritonavir (Paxlovid)
- Approach for Therapeutics TAG advice
- Update - Information for public (eg, Health Navigator)
- Clinical Management of COVID-19 in Hospitalised Adults (including in pregnancy) Guideline Updates

The next Therapeutics TAG meeting is scheduled for 8 April 2022.

### **CT TAG**

The COVID-19 Testing Technical Advisory Group (CT TAG) met on 23 March 2022 and discussed the following items.

- Testing Strategy update
- Serology antibody testing.

The next CT TAG meeting has not been scheduled yet.

### 3.1.6 Communications issues and activities

As at 29 March 2022

Date	Activity	Lead agency	Comms material	Ministerial Involvement
28/03/22	Caring for tamariki who have COVID-19 – Specific section published on the COVID-19 Health Hub	MoH	Social media	No
29/03/22	Increased access to RATs, Rural delivery service	MoH	Press release, web updates	Yes
29/03/22 ongoing	Health System Preparedness: Health and Disability Services Sector weekly updates	MoH	Website, health stakeholder engagement	No
29/03/22 ongoing	Omicron community outbreak: daily communications and support for the health sector and public, incl. cases in a number of regions across the country. Updated health advice	MoH/DPMC	Talking points, key messages, communications, website, stakeholder communications	optional
29/03/22 ongoing	Access to RATs issues – who to test / where to test/ record results on My Covid Record messaging	MoH/DPMC/MBIE	Key messages, website, stakeholder communications	No
29/03/22	Guidance updated for Critical Healthcare workers – Cases return to work	MoH	Guidance, stakeholder engagement	No
31/03/22	Reconnecting NZ –NZ Traveller Declaration live, Nau Mai Ra ceases	MoH / Customs / DPMC	Stakeholder engagement, website updates, NZTD content, campaign	Optional
04/04/22	Post-peak changes to the CPF – Vaccine mandates and My Vaccine Pass changes	MoH/DPMC	Q&As, talking points, reactives	Yes

### 3.2 Upcoming Publications

Title	Date	Context	ELT contact
Publication: The National Telehealth Service Annual Plan 2021/2022	30 April 2022	<p>This 2021/22 annual plan is the sixth for the National Telehealth Service and is the first time the National Telehealth Service annual plan has been translated into Te Reo Māori.</p> <p>The 2021/22 plan centres around four key focus areas that collectively see the National Telehealth Service deliver integrated solutions across the physical, mental and social health sectors, while continuing to provide more equitable and sustainable health outcomes for every person in New Zealand.</p> <p>These focus areas will enable the National Telehealth Service to deliver care, support and advice to people in New Zealand to improve their wellbeing and health outcomes through phone and digital channels. Extending the reach to New Zealand's most inequitable areas of health - priority populations, children, mental health, primary care – while also continuing to adapt and enhance their services and experiences.</p>	Clare Perry, Deputy Director-General, Health System Improvement and Innovation, s9(2)(a)

## 4. Managed Isolation and Quarantine Weekly Report

### 4.1 Items to Note/Updates

#### 4.1.1 Decommissioning Planning

The table below provides an overview of facility decommissioning.

Facility (by region)	Tranche	Current occupancy	Current phase	Staff on site within last 7 days	Hand-back date	Facility RAG status
<b>Auckland</b>						
Crowne Plaza	One	Empty	Decommissioning		29/4/22	
Four Points	One	Empty	Decommissioning		14/4/22	
Grand Mercure	One	Empty	Decommissioning		29/4/22	
Grand Millenium	One	Empty	Decommissioning		14/4/22	
Novotel/Ibis Ellerslie	One	Empty	Decommissioning		29/4/22	
Sebel	One	Empty	Decommissioning		29/4/22	
SO/	One	Empty	Decommissioning		29/4/22	
Stamford	One	Empty	Decommissioning		29/4/22	
Pullman	One	Empty	Decommissioning		29/4/22	
Sudima Airport	One	Empty	Decommissioning		29/4/22	
Rydges	One	Empty	Decommissioning		14/4/22	
Naumi (Afghan/refugees)	Two	Occupied (6 pax)	Active	163	13/5/22	
M Social S9(2)(b)(ii)	Two	Occupied (66 pax)	Active	140	22/4/22	
Novotel Airport (mariners)	Two	Empty	Active	122	13/5/22	
Ramada (deportees)	Two	Empty	Decommissioning		1/5/22	
Jet Park	Core facility	Occupied (10 pax)	N/A core facility	238	N/A	N/A
Holiday Inn	Core facility	Occupied (34 pax)	N/A core facility	230	N/A	N/A
Waipuna Auckland	Core facility	Occupied (1 pax)	N/A core facility	146	N/A	N/A
<b>Hamilton</b>						
Distinction	One	Empty	Decommissioning		29/4/22	
Ibis Tainui	One	Empty	Decommissioning		29/4/22	
Amohia (Jet Park)	Three	Occupied (18 pax)	Active	125	30/6/22	
<b>Rotorua</b>						
Sudima	Three	Empty (available for community cases)	Active	175	30/6/22	
Rydges	One	Empty	Decommissioning		29/4/22	
Ibis	One	Empty	Decommissioning		29/4/22	
<b>Wellington</b>						
Grand Mercure	Three	Occupied (0 pax)	Active	94	30/6/22	
<b>Christchurch</b>						
Chateau on the Park	One	Empty	Decommissioning		14/4/22	
Crowne Plaza	One	Empty	Decommissioning		29/4/22	
Distinction	One	Empty	Decommissioning		29/4/22	
Sudima Airport	One	Empty	Decommissioning		29/4/22	
Novotel Airport	One	Empty	Decommissioning		29/4/22	
The Elms	Two	Empty	Decommissioning	30	13/5/22	
Commodore	Core facility	Occupied (18 pax)	N/A core facility	156	N/A	N/A
<b>Totals:</b>		<b>153 pax</b>		<b>1,619 staff</b>		

**Workforce transition:**

As reported last week, approximately 160\* MBIE staff are currently working in the de-designated facilities.

*\*As part of the decommissioning process, more recently there is no longer a requirement to sign in daily across all sites, so attendance records are no longer held by MBIE but by the range of employers of the MIQ workforce.”*

An aide memoire was provided to your office on April 1, which included a more detailed update on the progress of the MIQ workforce transition.

**Whakawatea (blessing) event scheduling:**

Planning is underway to schedule a kotahitanga (combined) virtual celebratory recognition event of facilities by region. Kingi Tiheitia has offered Ngaruawahia as the site from which to conduct the event. MBIE are awaiting agreement from other iwi partners.

**4.2 Operational Update**

**4.2.1 Omicron Outbreak – Ongoing Support**

MIQ continues to run six quarantine facilities and two isolation facilities across New Zealand to respond to the Omicron outbreak. These facilities are there to support community cases (including close contacts) who are unable to safely isolate at home and border returnees who test positive.

**4.2.2 Current Occupancy**

As at 31 March 2022 there were 153 people remaining in Managed Isolation and Quarantine.

Of the 32 facilities, 25 are currently empty.

Total PAX in MIQ:	Community cases:	Mariners/Air Crew:	Evacuees/Refugees:
153	55	91	7

**4.2.3 Community Cases in MIQF**

The below graph displays the number of quarantine rooms used for community cases across the MIQ network, broken down by city. Data is currently collected for this reporting on weekdays only.





Quarantine usage over the last two weeks has steadily declined, largely driven by a decrease in the number of cases referred in Auckland.

4.2.4 Vaccination of Frontline Staff (including booster information)

For workers on site for the week 21-27 March 2022, the BWTR shows that 99.1% had two doses of the vaccine, 0% had one dose and the remaining 0.9% (15 workers) had vaccine status 'unknown'.

Of the 15 workers with an 'unknown' vaccination status, 10 still require an NHI match. The Workforce Testing Team is investigating the remaining 5 workers, to confirm vaccination status.

Vaccination assurance follow-ups for those with 'unknown' status in the BWTR on site between 14-20 March 2022 did not identify any breaches of the Vaccination Order.

Of the 11 workers between 14-20 March 2022 who were NHI-matched but showing vaccination status 'unknown', all workers have been confirmed as being compliant with the Vaccination Order.

For workers on site for the week 21-27 March 2022 with regards to booster shots:

Workers on site 21-27 March	Has received a booster	Overdue for booster	Eligible in coming months	Under 18	Unknown*	Total
	1,514 (93.5%)	3 (0.2%)	85 (5.3%)	9 (0.6%)	8 (0.5%)	1,619

The Workforce Testing and Vaccination team will investigate the three workers showing as overdue for a booster to check if they were breaches of the Vaccination Order or if there was another reason for that (e.g. data error).

Of the three workers who were on site between 14-20 March who appeared to be overdue for a booster (in breach of the Vaccination Order), follow ups identified one worker who was on site who should have had a booster. In these cases MBIE notify management at the facility so they can make sure security staff understand the booster entry requirements. The other two workers were incorrect sign-ins.

\*The 'unknowns' will likely have their vaccine status updated in due course as they are NHI matched, or any vaccine data issues are sorted.

4.2.5 Staff Testing

Ministry of Health have updated their systems so that border workers' RAT results are now pulled from My Covid Record into the Border Worker Testing Register (BWTR). MBIE will resume monitoring this week, reminding employers to get their workers to log all RAT results (positive and negative) so MBIE has the correct view of workers' compliance.

Reporting from BWTR shows that 1,619 people undertook work in our facilities last week. The table below shows how many of those workers were either compliant with the Testing Order, overdue for a test or still needed to be NHI-matched.

	Workers on site 21-27 March 2022	Percentage of total NHI-matched workers on site
Compliant NHI-matched workers	1035	64%
Overdue NHI-matched workers	574	36%
Need NHI-match	10	
Workers on site	1619	

Of the 574 overdue, 170 of those are less than 4 days overdue (30% of the total), 114 (20%) are 4-10 days overdue and 290 (51%) are 11+ days overdue.

Of the 10 that still need an NHI-match, seven were created in BWTR in the last seven days.

### 4.3 Judicial Reviews, Dispute Resolution, Ombudsman and OPCAT

#### 4.3.1 Ombudsman Complaints

MBIE are currently managing 79 cases, with 63 of these being preliminary enquiries.

Of the 16 active requests:

- one is on MIAS;
- five are on emergency allocations;
- three are on exemptions from managed isolation;
- two are on undue financial hardship;
- one is on access to fresh air in a facility;
- three are on MIQ facilities and;
- s9(2)(ba)(i)

MBIE closed nine cases in the week ending 18 March. We are seeking Crown Law advice on some opinions to support our responses.

### 4.4 Upcoming Communications Issues and Activities

#### 4.4.1 As at 30 March 2022:

Date	Activity	Lead agency	Comms material	Ministerial Involvement Y/N
April/May TBC	Judicial Review of Grounded Kiwis case	MIQ	May get just a few hours' notice. Have 28 days to consider and appeal.	N
11 April	Response to frontline staff on first MBIE consultation	MIQ	Internal verbal and written comms	N

### 4.5 Invoicing

The table below shows the number of invoices issued up to 27 March 2022.

Grouping	Invoices issued (net of credit notes)	Paid	Issued not due	Issued over due	Invoices issued (\$)	Paid (\$)	Issued not due (\$)	Issued overdue (\$)	90+ days over due	90+ days overdue (\$)
Groups /Temp Visa	8,890	5,913	1,110	1,867	\$72,085,773	60,136,055	2,891,019	9,058,700	1,287	\$7,009,405
Maritime	741	594	80	67	\$3,465,017	\$3,086,658	\$156,547	\$221,812	26	\$107,272
Aircrew	284	240	22	22	\$3,952,986	\$2,343,156	\$718,064	\$891,765	10	\$116,494
Other	38,169	23,710	5,605	8,854	\$117,910,125	\$82,444,750	\$9,263,509	\$26,201,865	5,897	\$19,173,708
<b>Total</b>	<b>48,084</b>	<b>30,457</b>	<b>6,817</b>	<b>10,810</b>	<b>\$197,413,900</b>	<b>\$148,010,618</b>	<b>\$13,029,139</b>	<b>\$36,374,142</b>	<b>7,220</b>	<b>\$26,406,880</b>
Percentage	100%	63%	14%	22.5%	100%	75%	6.6%	18%	15% of invoices issued	13% of \$ value of invoices

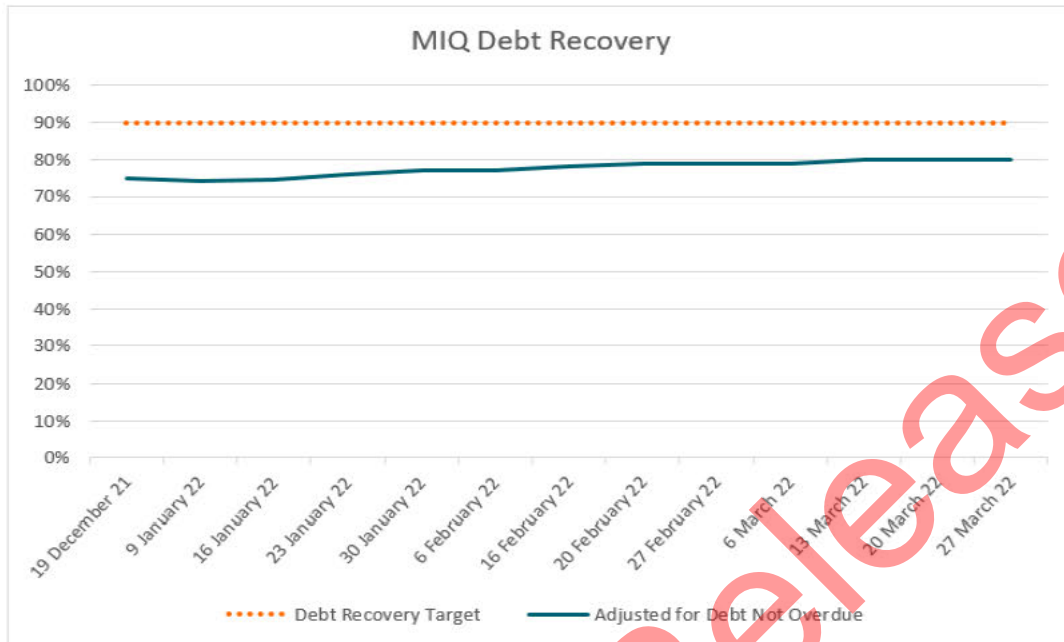
#### 4.5.1 Fees Collection

Invoicing is up to the point where returnees left MIQ on 2 – 5 January 2022. MBIE is currently eight weeks behind our normal processing timeframes after moving from 14 day stays to 7 and 10 day stays in MIQ, which resulted in more people going through MIQ. The increased workload is expected to continue until MBIE reaches the end of February invoices, where self-isolation reduces the number of returnees requiring an invoice.



#### 4.5.2 Debt Recovery

The debt recovery percentage, factoring in all repayments to date is tracking at 80%.



Of the now 2,207 invoices worth \$7.517m sent to a debt collection agency:

- \$2.181m has been paid (or is being paid through instalment).
- \$1.289m is currently awaiting information from customers or has been credited due to an error.
- A further \$2.902m (this includes the no address/gone overseas category and passive collection) requires more detailed tracing.
- \$597k currently have waiver applications under assessment.
- The remaining \$548k of debt continues to be a work in progress.

#### 4.5.3 Fee Waivers

All Waiver Applications Received	Received and not progressed	Total Completed	Approved Waiver Applications			Declined Waiver Applications		
			Financial Hardship	Special Circumstances	BOTH	Financial Hardship	Special Circumstances	BOTH
16,528	2,379	10,753	90	7,283	57	1,376	1,677	270

#### 4.5.4 Reducing the Fee Waiver backlog

At the end of 2021 MBIE reported on the backlog of fee waiver applications.

- New applications received from 20 March to 27 March 2022 is 202.
- Net reduction from 13 December 2021 to 27 March 2022 is 1691.
- Net decrease (weekly) from 20 March to 27 March 2022 is 260.

Please note: It is not possible to determine a dollar value for the waivers granted, as when a waiver is granted a requestor does not necessarily get to the liability assessment and invoice stage. Consequently, a dollar value of fees is not determined.

Status	Backlog at 13 Dec 2021	New Applications Received since 13 Dec 2021	Backlog at 20 March 2022
Processing or to be processed	3979	3252	2660
Waiting for Customer	1108		736
<b>Total</b>	<b>5087</b>	<b>3252</b>	<b>3396</b>

#### 4.6 Group Arrivals Update

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

Group	Date of Arrival	Allocation Approved	Final number of rooms allocated	Comments
Refugee Quota	21 – 27 Mar	25	15 (25 pax)	The Refugee Centre is forecasting arrivals of 45 pax (30 rooms) per fortnight until end of June 2022. They are confident they will meet their target of 800 refugees for the fiscal year 21/22.
	28 Mar – 3 Apr	27	13 (27 pax)	
	4 – 10 Apr	14	7 (14 pax)	
	11 – 17 Apr	10	4 (10 pax)	
	18 – 24 Apr	30	14 (8 pax)	
	Apr tbc	41	18 (41 pax)	
	May tbc	90	45 (90 pax)	
June tbc	90	45 (90 pax)		
Afghanistan Arrivals	28 Mar – 3 Apr	88	39 (89 pax)	MFAT estimates 302 left to move out of Afghanistan. 166 pax will travel by 27 March, and 244 pax will travel by 30 April. From 1 May an estimated 58 pax will remain in Afghanistan who MFAT will struggle to move out due to the complexity of their cases.
	4 -10 Apr tbc	49	22 (49 pax) tbc	
	11-17 Apr tbc	15	7 (15 pax) tbc	
	18-24 Apr tbc	41	19 (41 pax) tbc	
	25-30 Apr tbc	27	12 (27 pax) tbc	

#### 4.7 Emergency Allocations and Exemptions

As reported last week, from Friday 25 March 2022, MBIE will no longer accept any new emergency allocation requests. Two Exemption applications are in progress.



## 5. The Border Executive Board Report



### 5.1 Key Issues Being Considered

#### 5.1.1 Border Executive Board Meeting

The Board did not meet this week as it is intending to move to meeting on a fortnightly basis, where appropriate.

The next meeting is 6 April 2022 and the BEB will discuss:

- New Zealand Traveller Declaration – how implementation has gone so far
- Maritime border – advice due to you by 11 April 2022 on cruise and future of the Maritime Border Order
- Future health strategy and surveillance work.

#### 5.1.2 Maritime Border Programme

The Maritime Border Programme continues work on addressing changes needed to maritime border settings to reopen where possible alongside the air border. Tranche 1 is progressing and you are due to receive advice by 11 April 2022 on Tranche 2.

The three phases of work are outlined below.

- Tranche 1: 23 March-9 April 2022. Urgent amendments to address legal risks – testing and isolation requirements that are no longer aligned with domestic and aviation settings: crew changes, on board vessels, and arriving citizens and residents.
- Tranche 2: April-June 2022. Advice on reopening maritime passenger pathway – seeking a policy decision from Ministers in April 2022 to reopen the passenger pathway in the maritime space from later in the year, and to be able to give a signal to industry about reopening (particularly cruise ship operators), supported by public health advice.
- Tranche 3: July-October 2022. Report back to Ministers to confirm readiness before passenger ships start arriving as well as future directions, including how health risks will be managed over the longer-term.

## 6. New Zealand Customs Service Weekly Report



### 6.1 Items to Note/Updates

#### 6.1.1 Reconnecting New Zealanders

The next stage of Reconnecting New Zealanders will occur from 11.59pm 12 April 2022, when the following vaccinated people can enter New Zealand and self-test following arrival:

- Australian citizens and permanent residents
- current temporary work and student visa holders from anywhere in the world with a valid visa
- up to 5,000 international students from anywhere in the world, for semester two of the academic school year.

Customs officers at the border are well-prepared to receive these passengers. Agencies are working together to plan and implement the later steps of the Reconnecting New Zealanders strategy.

#### 6.1.2 New Zealand Traveller Declaration System – Go live

Customs commenced a staggered go-live launch of the New Zealand Traveller Declaration on 25 March 2022. Overall, systems and processes are operating as designed and no major issues have been identified (as at 30 March 2022).

The New Zealand Traveller Declaration will be mandated for use from 11.59pm, 31 March 2022 subject to final approval by the Comptroller of Customs on the morning of 31 March 2022. From 31 March 2022, Nau Mai Rā will no longer be available for any new declarations to be started.

The public communications campaign went live on 29 March 2022, including a Customs media statement and paid media to raise awareness of the requirement to complete a New Zealand Traveller Declaration. As at 10.00am on 30 March 2022, one media query about the New Zealand Traveller Declaration had been received. Social media activity is generally quiet.

Statistics as at 10.00am 30 March 2022:

- 7,474 New Zealand Traveller Declarations started
- 2,144 New Zealand Traveller Declarations submitted
- 1,669 Traveller Passes issued
- 444 New Zealand Traveller Declarations 'rejected.' Note, most of these rejections relate to travellers submitting their New Zealand Traveller Declaration before uploading their pre-departure test or their pre-departure test does not meet the 24 to 48-hour validity rule
- 22,820 visitors to the New Zealand Traveller Declaration website. Top three countries visiting are New Zealand, Australia and the United States of America
- 220 calls received through the Contact Centre.

#### 6.1.3 New Zealand Traveller Declaration System – Collection of Vaccination Certificates for NZ Citizen Arrivals

On 14 March 2022, Cabinet agreed to remove MIQ requirements for eligible travellers who do not meet the 'fully vaccinated' threshold from 18 March 2022 [CAB-22-MIN-0072]. As a consequence, the New Zealand Traveller Declaration will not require or collect vaccination certificates from citizens who are travelling on New Zealand passports.

The system still collects vaccination evidence from non-citizens who are subject to minimum vaccination requirements for entry. It also collects evidence of a negative pre-departure test, travel history, and contact details from all travellers entering the country.

As an interim measure, the New Zealand Traveller Declaration requires New Zealand citizens travelling on other passports to self-declare their New Zealand citizenship so that their vaccination status is not requested,

and they are assigned to the correct entry pathway. These travellers are required to provide their citizenship evidence to Customs officials on arrival in New Zealand. A New Zealand Traveller Declaration function that automatically checks citizenship is expected to be in place by mid-2022.

#### 6.1.4 Maritime Border – Operation Takutai

The Vessel Management Framework is near completion and is sitting with industry and government partners for final consultation and endorsement. The framework has been well received by Port Company Chief Executives in all New Zealand Ports.

The framework is the culmination of many months of work after the joint Customs and Ministry of Health Vessel Review made a number of recommendations to refine the management of quarantined vessels. The framework includes clear processes, communication and decision points, an overview of roles and responsibilities, templates for safe pilotage and cargo operations, along with guidance on the utilisation of the framework as a whole.

The framework complements the Maritime Border Order by reinforcing processes in place for quarantined vessels and fulfils obligations to the Border Executive Board alongside requirements from the joint Customs and Ministry of Health's Vessel Review.

#### 6.1.5 Compliance Checking at the Border

As part of Reconnecting New Zealanders, the COVID-19 Public Health Response Air Border 2021 came into force on 28 February 2022. Customs staff undertake compliance checks for all travellers at the border. There are now different requirements placed on travellers based on their citizenship and the countries they have travelled to within 14 days of beginning their journey to New Zealand.

Customs continues to check all passengers on arrival for evidence of pre-departure testing or exemption, and vaccination verification or exemption. Travellers who do not provide the required evidence may incur an infringement offence fee between \$500 and \$4,000 depending on the nature of the offence. New Zealand citizens who do not provide the required evidence of vaccination status will be referred to Ministry of Health officials for further intervention.

For the period 22 to 28 March 2022 (both dates inclusive), a total of 16,652 passengers travelled to New Zealand. Of this number, 54 were considered to not meet the requirements for air travel to New Zealand:

- 10 travellers were issued warning letters, and 44 travellers have been issued with an infringement offence fee for not meeting pre-departure testing requirements
- No travellers have been issued with an infringement offence fee for not meeting vaccination verification requirements, and one traveller has been referred to Ministry of Health for

## 7. COVID-19 Chief Executives Board

### 7.1 Items to Note/Updates

The COVID-19 Chief Executives Board did not meet this week. The next discussion will take place on Tuesday 5 April, 2022. Members will receive updates from the independent advisory group chairs; canvass key programmes in the health, social and economic arenas; address the adaptations required to ensure the continued effective management of the pandemic; examine the latest iteration of the System Assurance Framework; discuss arrangements for winter planning and preparedness; review readiness for international tourism; and explore emerging developments in Reconnecting New Zealanders.

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

### 8.1 Items to Note/Updates

The COVID-19 Independent Continuous Review, Improvement and Advice Group met on Wednesday 30 March, 2022. The primary focus of the meeting was a discussion with the Minister of Health to explore lessons and emerging themes from the COVID-19 response that relate to the broader health portfolio. The discussion picked up on points the Group had raised in their recent advice note to the Associate Minister for COVID-19 Response dated 24 March, 2022, which was copied to your office.

The Group is now focusing on the rapid review to identify lessons from the response to the Omicron wave for short term implementation, as you have directed the Group, in response to its advice note dated 11 March, 2022. Their review is likely to focus on lessons to support continued preparedness to respond to COVID-19 and future pandemics through the transition phase into the new health structure. The DPMC Secretariat will continue to liaise with your office on the scope and timing of this review.

## 9. Strategic COVID-19 Public Health Advisory Group

### 9.1 Items to Note/Updates

The Strategic COVID-19 Public Health Advisory Group did not meet this week. After contributing to the Government's post-Omicron planning and decision-making, the Group is reverting its attention back to the longer-term considerations around COVID-19.

Its next meeting is on Wednesday 6 April, 2022.

## 10. Business Leaders Forum

### 10.1 Items to Note/Updates

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

## 11. Community Panel

### 11.1 Items to Note/Updates

The next meeting of the Community Panel has been rescheduled to Wednesday 13 April, 2022 in response to the availability of its members.



## 12. Government Modelling Group


### 12.1 Items to Note/Updates

The Government Modelling Group has no update to add for this week's report.

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### 13. Upcoming Cabinet Papers

s9(2)(f)(iv)



### COVID-19 Insights References

<sup>1</sup> <https://www.nzunite.com/about>

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