MINISTRY OF HEALTH
MANATŪ HAUORA

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20 December 2021

Scott

By email: fyi-request-15571-da3dea56@requests.fyi.org.nz
Ref: H202114872

Tēnā koe Scott

Response to your request for official information

Thank you for your follow up request under the Official Information Act 1982 (the Act) to the Ministry of Health (the Ministry) on 26 October 2021. You requested:

> *"I would like to request copies of all IIAG meeting minutes dated since the beginning of August.*
>
> *I would also like to request copies of the six contingency plans referred to on page 27 of your most recent release document, namely the CVIP contingency plans for:*
>
> 1. *A community outbreak,*
> 2. *Disruption to the vaccine supply,*
> 3. *Disruption to the COVID-19 vaccination workforce,*
> 4. *Unavailability of IT systems,*
> 5. *A clinical safety issue,*
> 6. *A significant privacy or security breach.*
>
> *Finally, I would like to request copies of the IIAG Terms of Reference and two latest work plans (the work plans for the 3rd and 4th quarters)."*

The Ministry has identified six Immunisation Implementation Advisory Group (IIAG) meeting minutes, six contingency plans and one IIAG Terms of Reference document within scope of your request. All documents are itemised in Appendix 1 to this letter, and copies of the documents are enclosed. Where information is withheld, this is outlined in the Appendix and noted in the document itself. Please note, the reference to 'work plans' do not exist. As such that part of your request is refused under section 18(e) of the Act, as the requested information does not exist.

Please further note where information is withheld under section 9 of the Act, I have considered the countervailing public interest in release in making this decision and consider that it does not outweigh the need to withhold at this time.

I trust this information fulfils your request. Under section 28(3) of the Act, you have the right to ask the Ombudsman to review any decisions made under this request. The Ombudsman may be contacted by email at: info@ombudsman.parliament.nz or by calling 0800 802 602.

Please note that this response, with your personal details removed, may be published on the Ministry of Health website at: www.health.govt.nz/about-ministry/information-releases.

Nāku noa, nā

Astrid Koornneef
Director
National Immunisation Programme

Appendix 1: List of documents for release

#	Date	Document details	Decision on release
1	5 August 2021	IIAG Minutes	Released in full.
2	19 August 2021		
3	3 September 2021		
4	17 September 2021		
5	1 October 2021		
6	15 October 2021		
7	Date last reviewed: 30 November 2021	Contingency Planning: Community Outbreak of COVID-19	Released with some information withheld under the following sections of the Act: • Section 9(2)(a) to protect the privacy of natural persons; • Section 9(2)(c) to avoid prejudice to measures protecting the health or safety of members of the public.
8		Contingency Planning: Disruption to the supply of vaccines, PPE or consumables	
9		Contingency Planning: Disruption to the availability of vaccinator or administrator workforce	
10		Contingency Planning: Unavailability of IT systems	
11		Contingency Planning: Clinical Safety Issue	Released in full.
12		Contingency Planning: Significant Privacy or Security Breach	Released with some information withheld under the following sections of the Act: • Section 9(2)(a) • Section 9(2)(c)
13	5 August 2021	COVID-19 Immunisation Implementation Advisory Group: Term of Reference	Released in full.

IIAG Minutes

Meeting - 5 Here-turi-kōkā 2021

Date:	Thursday 5 August 2021
Time:	1:30 pm – 3:00 pm
Chair:	Keriana Brooking
Members attending	Dr Angela Ballantyne, Taima Campbell, Kevin Pewhairangi, Loretta Roberts, Rhonda Sherriff, Te Puea Winiata
MoH Attendees:	Andrew Bailey, Allison Bennett, Caroline Greaney, Matt Jones, Patricia Joseph, Astrid Koornneef, Angie Lawrie, Rachel Lorimer, Jason Moses, Mathew Parr, Jo Williams
Apologies:	Nicky Birch, Dr Tristram Ingham, Dr Helen Petousis-Harris, Tamati Sheppard-Wipiiti, Dr Apisalome Talemaitoga, Silao Vaisola-Sefo,

Item	Agenda Item
1.	**Introduction and welcome** • Keriana Brooking welcomed members, noting that a number unfortunately had prior commitment clashes. • Keriana opened the meeting with karakia. • The minutes of meeting held 22 Hūrae 2021 were confirmed. • No conflicts of interest were registered. • IIAG members met privately by Zoom from 1.00 p.m. – 1.30 p.m. **Matters arising** • The period of consultation on the draft Terms of Reference dated 1 July 2021, tabled at the 9 July meeting, has now ended. There were no further changes. This version of the Terms of Reference was therefore confirmed as final. ***Ministry Action: Finalise the Terms of Reference and distribute to members.***
2.	**Value proposition of the IIAG (Chair)**
	• In opening the meeting, the Co-Chair reinforced the need for IIAG members to feel that the Group both added value to COVID-19 vaccination implementation planning and received value back. Many members are directly involved in service provision. There are many areas in which they could make meaningful contributions such as information about baselines, evidence and operating structures. They need to be satisfied that their significant time allocation is justified. As a group, the IIAG also needs to be able to see that trade-offs were considered within decision-making.

	• The co-chair indicated that she was expecting written feedback on this issue from members shortly. The co-chairs would probably look to meet with the Ministry once member feedback was received.
3.	**Equity Monitoring (Jason Moses)**
	Paper 4: Equity Presentation – 2 August 2021 • Following the recent decision of the Minister for COVID-19, the denominator used for reporting for Group 4 is from Health Service Utilisation Population (HSU) data rather than from NHI data. This data can be accessed at DHB level, by dose and overlaid by e.g. age band, ethnicity etc. • Group 4 vaccination has been under way for about three weeks. Using HSU data means we have a more accurate representation of vaccination performance across DHBs by age band. • Noted that while current vaccination rates for older Māori and Pacific people are low (as expected through the sequencing), the tables in this paper generally show a better overall vaccination scenario for these groups than is reflected in public commentary and through DHB production planning. • As at 1 August 2021, Māori and Pacific aged over 55 years are being vaccinated at similar or higher rates to non-Māori non Pacific over 55 years. • Some DHBs have delivered to their equity targets under sequencing and the Ministry will discuss with the Minister whether these DHBs could move earlier on the younger age bands. **IIAG perspectives and advice** • Members sought clarification about the use of the HSU as a denominator for reporting performance, when production plans are based on the Statistics NZ denominator. This meant comparisons were difficult. The Ministry noted that it would work with DHBs to revise their plans so that they were aligned. • There are difficulties in making whānau bookings through the national booking system. The Ministry confirmed that the booking system is currently able to accept only single bookings and technology solutions are being sought. For now, alternatives would need to be used such as making group bookings using the national call centre. • Members noted they may consider using some meeting time to identify these types of operational issues and methods to address them so that they did not become roadblocks.
4.	**Commissioning and Funding**
	Verbal update and advice from IIAG – Co-Chairs • Providers want to do the best for their communities, but face many 'on the ground' obstacles. The primary care sector is a critical part of scale-up. Where primary care providers do not come on board, this increases the demands on DHBs and other providers with flow-on effects for roll-out. • Effective national implementation requires a central overview of the commissioning approach across New Zealand. The IIAG saw this as an assurance role for the Ministry. • The IIAG noted that while this matter is raised frequently with DHB SROs, the Group perceives there is a discord between 'intent' and 'execution'. Specific concerns relate to: ○ achieving a level of national consistency (particularly important with a wider range of primary care providers coming on board);

	○ funding adequacy, funding flows and the desire for a greater level of consistency of approach (payment timeframes, 'fee for service' vs 'special needs' funding, the possibility of a rural adjustor); ○ service provision logistics (understanding the requirements of vaccination providers, impact of trade-offs such as allocating secure storage, and technology challenges that constrain achievement of objectives, e.g. inability to make whānau bookings); ○ understanding the quantum of commissioning, their location, their funding status, and overall sufficiency to support scale-up. • The IIAG advises that it is well-placed to identify both the issues and possible actions to address them. **Discussion** • The Ministry acknowledged there had been earlier issues with funding flows for equity performance. The initial funding round saw funds sent directly to providers. Funding through the second round had gone to DHBs to allow them to fund the specific requirements of their communities. • Funding for round three had been by application. This was well subscribed. • The recent adjustments to price per dose had necessitated some changes to current funding arrangements.
5.	**Decision to use Pfizer (12-15 year olds) and Janssen (Allison Bennett)**
	Paper 4: Decision to use considerations for Pfizer (12 to 15s) and Janssen • The Ministry has received technical advice from CV-TAG following the Medsafe 'decision to use' Pfizer for 12-15 year olds. Current thinking is the extension in the first instance could apply to 'at risk' members of this age group. • It was noted that New Zealand was unlikely to secure a supply of Janssen this calendar year and that the pragmatic decision at this point was to continue with one vaccine in the portfolio, noting the reliability of supply from Pfizer. • The Ministry noted that it must provide its advice on these matters in the immediate future. **IIAG perspectives and advice** • Members indicated this was a matter that required robust consideration. Extending vaccination to those aged 12-15 years provided another variation for roll-out which had a number of potential implications: ○ communications and engagement challenges because of multiple messaging relating to groups prioritised for vaccination; ○ equity implications (not covered by Paper 4); ○ the interface of this age cohort with other immunisation programmes; ○ the concerns around myocarditis in younger males. ○ consent processes – can children elect to be vaccinated without parental approval? ○ the unknown level of confidence about this group being able to be incorporated into DHB production plans and delivery; ○ timing of any such vaccination – school holidays. • Consideration could be given to doing scenario modelling to ensure roll-out to this group out of sequencing could be managed. • In respect of the Janssen vaccine, members suggested that there is merit in having a second vaccine in the portfolio, for example some people who declined the two-dose vaccine might accept a one-dose vaccine.

6.	**Strategy to drive high levels of uptake through Q.3 (Mat Parr/Matt Jones)**

	• The critical nine-week peak period for COVID-19 vaccination will occur in September-October 2021. We need to maximise New Zealand's demand during this period.
	• Primary care service providers and mass vaccination events are likely to play the greatest roles.
	• Additional feedback from members is welcomed before the next meeting.
	
	IIAG perspectives and advice
	
	• Driving uptake:
	  ○ Ensure clinical safety remains the key priority.
	  ○ Suggested that careful consideration is given to use of incentives. Noted that a vaccination passport is likely to provide a strong incentive.
	  ○ Note that wider environmental issues may impact on the ability of the workforce to deliver services.
	  ○ Consider other countries' approaches.

7.	***Transition to Future State (Mat Parr/Matt Jones)***
	Paper 6: CVIP Programme – Transition to Future State (Legacy) – 4 August 2021 • A team has been created to focus on the Transition to Future State. • The paper sets out a high level approach to designing for the endemic delivery of COVID-19 vaccinations into the future. • Due to time constraints at the meeting, members wishing to provide feedback can send this to Matt Jones before the next meeting.
8.	***Extension of Dosing Schedule (Astrid Koornneef)***

	Verbal update
	• There is an emerging view (United Kingdom) that increasing the period of time (i.e. to six weeks) between the first and second dose will enhance immunogenicity from COVID-19.
	• The Ministry is considering what this means for implementation in Aotearoa New Zealand:
	  ○ need to consider the likely impacts on equity. However, it was noted that a longer interval between doses (particularly a bulk move) would mean that first dose vaccination would move more quickly into the younger age groups, where Māori are a bigger proportion of the population than are non-Maori.
	  ○ a bulk move of current second dose bookings would create spare slots that would need to be filled. This could be beneficial in allowing for a significant increase in the number of first doses delivered, or to provide added flexibility for walk-ins.
	• The minimum period of time between doses would remain unchanged at 21 days.
	• Need to consider how to manage rebooking those already in the system.
	• Need to consider the impact on those who have already had their second dose.
	• An announcement is likely early in the following week.

Cont.	**IIAG perspectives and advice** • Reinforced the importance of clear communications to support this change, including the benefits. • Messaging to those who have already been vaccinated with a three-week interval between doses needs very careful thinking to reassure and maintain confidence. • Consider if a longer timeframe between doses will impact on awareness/ willingness to be vaccinated for the second dose. • Consider the wider impacts on providers at a local level, who are often called directly by their clients. • Will people have choice?
8.	**General Business** • Members wishing to provide feedback on Paper 10: Interim process on booking approach for people with disabilities, should provide this to Astrid Koornneef. • The following papers were noted: ○ *Paper 8: COVID-19 National Clinical Quality and Safety Forum – Terms of Reference – version 2* ○ *Paper 9: CVIP Outcome Measures – Status update – data as at 26 July 2021* ○ *Paper 10: IIAG work programme to September 2021.*
8.	**Closing/Karakia whakamutunga** – Taima Campbell
9.	**Next meeting** Thursday 27 August 2021 1.00 p.m. – 1.30 p.m. (IIAG member session) 1.30 p.m. – 3.00 p.m. (Full attendance)

Minutes

Immunisation Implementation Advisory Group Meeting – 19 Here-turi-kōkā 2021

Date:	Thursday 19 August 2021
Time:	2:00 pm – 3:00 pm
Co-Chairs:	Keriana Brooking, Te Puea Winiata
Members attending	Dr Angela Ballantyne, Taima Campbell, Dr Helen Petousis-Harris, Kevin Pewhairangi, Rhonda Sherriff,
MoH Attendees:	Dr Joe Bourne, Allison Bennett, Michael Dreyer (item), Caroline Greaney, Matt Jones, Angie Lawrie, Rachel Mackay, Fiona Michel, Charmaine Ngarimu, Mathew Parr, Tamati Sheppard-Wipiiti
Apologies:	Nicky Birch, Dr Tristram Ingham, Jason Moses, Loretta Roberts, Dr Apisalome Talemaitoga, Silao Vaisola-Sefo,
Format:	To ensure compliance with the Alert Level 4 in place across New Zealand at the time of this meeting, all attendees at this meeting joined by Zoom.

Item	Agenda Item
1.	**Introduction and welcome** • Keriana Brooking welcomed members. • Te Puea Winiata opened the meeting with karakia. • The minutes of meeting held 5 Here-turi-kōkā 2021 were confirmed. • No conflicts of interest were registered. • Noted that Jason Moses had submitted an apology due to a concurrent meeting with Minister Henare.
1a.	**Matters arising** • Members noted their increasing concerns that many primary providers have still not been paid by their DHBs for services provided, dating back several months. One member advised that these issues seem to have arisen when payments were integrated with the CIR and that most of the outstanding payments seem to pre-date that timeframe. • Members are concerned that the matter is acknowledged but that there is no clear line of responsibility for addressing it.

1a. Cont.	• The Ministry indicated it has identified a list of the providers it understands have not been paid. ***Ministry Action 1: Fiona Michel will raise this matter with CVIP National Director, and email IIAG members with the proposed approach and details of the person responsible for ensuring this issue is addressed.***
1b.	**Meeting format** • Noted that the meeting focused on a small number of essential matters: o vaccinating in an Alert Level 4 environment, o vaccinating healthcare workers o implementation of a decision to use Pfizer for 12-15 year olds. • This reflected the Alert Level 4 situation applying across Aotearoa New Zealand at the time of the meeting and acknowledged that most IIAG members are directly involved in healthcare service provision.
2.	**Vaccinating in an Alert Level 4 environment**
2a.	• At IIAG's request, the Ministry updated on the status of national vaccination services. Delivery for 19 August was expected to be at about 30 per cent but would start to return to normal from 20 August in many places. This was an extraordinary achievement just two days after the outbreak. Noted that the Auckland region was currently operating at about 50 per cent. • The IIAG noted that in February 2021 it had provided input to policy work led by the Ministry on scenario planning or vaccination in the event of an outbreak. IIAG asked if this had been used in the current situation and suggested that: o consideration be given to formalising this work into guidance for the sector, o review of the scenarios may be timely. ***Ministry Action 2: Mat Parr/Matt Jones to locate/confirm use of scenario planning work to which the IIAG contributed.***
2b.	**Understanding 'what's working'** • The Ministry is keen to hear member views on 'what's working for them for vaccination in this environment so that it can improve its guidance document. For example – issues to consider re vaccinating in cars (access to facilities, traffic management, how to manage the observation period). • Members who wish to provide comments should email: joe.bourne@health.govt.nz
3	**Vaccinating healthcare workers (Allison Bennett)**
	Paper 3: consultation with agencies on potential options to encourage COVID-19 vaccine uptake among healthcare workers – August 2021 • The Ministry is developing policy advice on mandatory vaccination of healthcare workers and on vaccination of this group during AL4 and requested member feedback on this issue. **IIAG perspectives and advice** • Member input included: o the personal beliefs of some workers are not supportive of vaccination;

	○ there can be significant pressures on employers where non-vaccinated workers need to be redeployed and there are limited roles not in the frontline; ○ there are 'good employer' challenges for employers who are trying to balance frontline worker preferences relating to vaccination; ○ consider whether vaccinator assessment and authorisation processes may be unnecessarily delaying vaccinators from coming onstream; and ○ consider interface/alignment with requirements on other similar groups e.g. police. • In response to a question from members, the Ministry advised that it did not currently have a blacklog of applications for the role of COVID-19 Vaccinator awaiting assessment. However, a number of applications have been made with incomplete information and these will be processed when all relevant information is received. The Ministry will be happy to follow up on specific cases that may be causing issues.
4.	**Decision to use Pfizer (12-15 year olds) and Janssen (Allison Bennett)**
	Paper 4: Implementation of 'decision to use' the Pfizer vaccine for 12 to 15 year olds – 16 August 2021 • Following the development of policy advice (see item 5, Minutes 5 August 2021) the Ministry is developing the implementation approach for vaccination of 12-15 year olds. Current thinking is that the initial roll-out would encourage eligible parents/caregivers to book their eligible children in a whānau booking. • As well as messaging and booking logistics, consideration is being given to things such as safety and patient experience and the Ministry is keen to hear members' views. • A pilot for this age group is likely to be held in about a week. **IIAG perspectives and advice** • Member input included: ○ There will be challenges in implementing for this age group in school settings this year, noting the full term 4 calendars of this cohort, ○ If planning to do in schools next year, ensure that receiving the necessary permissions is done at the start of the school year, ○ Local solutions to this age group can also include through primary health care, workplaces, or marae.
5. **5a.**	**General Business** ***Understanding equity performance*** • Members noted the most recent changes to sequencing, with the inclusion of certain 12-15 year olds effectively immediately and the announcement that all eligible people over the age of 12 years will be able to book a vaccination from 1 September 2021. The asked how this impacted on equity performance, noting they are keen to understand the detail of current equity performance at a DHB level. They are also keen to understand performance of those providers who do not use the booking system. • Matt Parr advised that the move to use Health Service Utilisation data for reporting allowed for some very powerful analytics to be extracted by region, by DHB, by ethnicity, by age group etc.

	• The Ministry indicated it would like to work with members to identify interventions for areas needing more focus. • After discussion, it was agreed that this would be an agenda item for the next meeting. ***Ministry Action 3: Allocate solid timeslot on the agenda for the next meeting of the IIAG (on 2 September 2021) to share the data dashboard/do a deep dive of equity performance at DHB level with IIAG members.***
5b.	***Vaccination 'Passports' (Allison Bennett)*** *Paper 6: New Zealand-issued digital vaccination certificates* • This paper provided an update on work under way to develop COVID-19 digital vaccination certificates for people vaccinated in New Zealand, with the primary aim of supporting international travel. • Written input submitted prior to the meeting by one member is reflected below: o good to see New Zealand working to ensure its certification meets global standards - agrees on the importance of interoperability; o ensure there is provision to provide certificates to individuals who cannot be vaccinated for medical reasons, to ensure they are not adversely affected; o does not support vaccination as a condition of entry into New Zealand however thinks it reasonable to use vaccine status as a consideration in terms of quarantining and testing regimes on arrival; o The presumption that vaccination is easily accessible is very important. New Zealand must continue to invest in removing barriers to vaccination. Suggested that domestic use of a vaccine certificate could perhaps be dependent on reaching certain vaccination equity targets? o Might rapid antigen testing be an alternative for a vaccine certificate for domestic use? • As the meeting had reached its allocated timeslot, it was agreed that other members who wish to p ovide comments should email: michael.dreyer@health.govt.nz
6.	**Closing/Karakia whakamutunga** – Dr Joe Bourne

MINISTRY OF HEALTH
MANATŪ HAUORA

Implementation Immunisation Advisory Group – IIAG Minutes

Date:	Friday 3 September 2021
Time:	11:00am - 1:00 pm
Chair:	Keriana Brooking
Members attending	Nicky Birch, Dr Tristram Ingham, Dr Helen Petousis-Harris, Kevin Pewhairangi, Loretta Roberts
MoH Attendees:	Andrew Bailey, Dr Joe Bourne, Astrid Koornneef, Rachel Lorimer, Jason Moses, Mathew Parr, Tamati Sheppard-Wipiiti. Dr Angela Ballantyne, Taima Campbell, Rhonda Sherriff, Silao Vaisola-Sefo,
Apologies:	Te Puea Winiata, Nicky Birch, Dr Apisalome Talemaitoga

Item	Agenda Item
1.	**Introduction and welcome** • Keriana Brooking welcomed members. • The minutes of meeting held 9 Hūrae 2021 were confirmed. • No conflicts of interest were registered. • There were no matters arising from the previous Minutes. • No changes to existing Actions. **Matters Arising** • Maori providers in active communication with providers and DHBs in relation to provider payments. Small number paid more than once. Will carry this conversation over to the next meeting.
2.	**Interactive equity session with a data focus (Tamai Sheperd-Wipiiti, Declan Sue, Patricia Joseph)**
	• Focus on Monitoring and Performance. Looking to disseminate information to DHBs for monitoring and performance, particularly Maori, Pacifica and Disability data. **General Discussion** • Noted that Pacific numbers doing better than Maori. Encouraging given where the outbreak is. • The Members want to make it clear that if there are any supply issues then equinity should continue unabated. • It is noted it's been difficult to get traction on disability issues. Now that we have the Minister involved, she is very proactive and is getting noticeable traction. • There is a lot of data on COVID. As a team we're focussed on creating a framework to korero within GPs, DHBs. Whanau and Iwis with other agencies. • Effort being undertaken to continue momentum of big uptake in August into September and October. • 28 day Northland campaign scheduled for launching in September/October.

	• Every Maori provider primarily government funde3d, able to analyse how many doses, where to open and which days are best. We're gathering data regarding regions with a view to further resourcing and support. • Pacific providers are able to identify issues that are site specific. We're working to capture the provider and which site. • We have invited stakeholders and Maori stakeholders to hui to discuss issues and to look at decisions being made. Flexibility is important and when we respond it is timely and relevant to those communities. • Tracking areas where there are high Maori and Pacific people are enrolled. • When we go into communities, we have targeted communications for each. • Different agencies are focussing on Maori, Pacific and disability people so we're working through supporting these through further funding opportunities. • It is noted that when we are using the data through the booking system for Maori, bookings don't mean they're getting vaccinated. Also, GPs and Maori health p oviders are doing walk-ins and booking system as well. • On the diagram provided we note that some areas of Pacific people are a sea of green through all age groups, and the Red and Orange areas are consistent th oughout the country. • The Members noted it is great to see the level of data presented as there are some good practices captured. 've now opened all age groups and there are good strategies for working out how we spread the sea of green. This data may be used by PHOs in conversations around rationalisation. • The big difference the data has made in enriching korero to have an informed opinion. • It is noted there is a differential uptake across age bands and sequencing framework. A church based approach for Pacific people and eligible whanau enabled an early uptake. There was a high uptake also in areas where seasonal workers were deemed essential workers. • Intelligence is gaining momentum through mainstream media and feedback. Immunisation results from campaigns run in schools produce the highest uptake. Canterbury is willing to take the lead on a school based programme. • Up the coast limited number of vaccinators so provider is helping. Drive throughs are operating. Pharmacies and GPs waiting on contracting requirements from DHB. Vaccinators assigned to CIR is ongoing. • Business address being used for communications with the Ministry. Current process will need to be updated to reflect this otherwise individual contractors will go elsewhere. Exception process will be ramped up as a result as we need to be more flexible • There is an assurance a disability dashboard is coming. • It is noted that the DHBs have access to denominator but may not know those to target. The denominator is 40,000 in the ACC and DSS databases. No systematic data collection for disability throughout the programme. These are not known by their NHI number. Work undertaken by Disability Ministry to work through data policy issues. This is a legacy the programme will work through. • There is work regarding PHOs GPs completing requirements for MSD so they can approach people directly in a soft contact to get vaccinated. • Tamai recognised the great mihi done by Declan, Jason and Tamiti. **IIAG Decisions** **a) Noted: Raise with Ministry that when we get into rationalisation, we will review population and equity distribution of supply. (Tamiti)** **b) Noted: Canterbury is willing to take the lead on a school based programme.** **c) Noted: Personal email exemption process will be ramped up so as to include individual contractor email addresses.** **d) Noted: Legacy of database information for disability people.**
3.	**Booster Dose Update (Allison Bennett)**

	Update on whether third vaccination doses will be required / offered in 2022 • We are grounding decisions for booster programme in evidence provided by science and technical insight. • Regulatory agencies are in discussion whether boosters are need. • Focussing on security of supply. Oct/Nov/Dec committing to delivery if boosters appropriate. • CBT science evidence pending. • Update to Ministers Sept/Oct if concrete enough system to produce programme. Discussion about implementation of booster programme is conceptual at the moment in this phase of the vaccination programme. • There is increasing evidence that while people may need boosters, we will need to include people with specific conditions that might impact their effectiveness of the vaccine. How are we going to identify and proactively locate these people? • At the moment the disability system doesn't know who is disabled and who has a long term condition. Alignment with other vaccination programmes may inform the programme in 2022. Population requiring annualisation of all vaccinati ns will need strategizing to resolve COVID booster process. • Further discussion offline with the Chair advised.
4.	**Vaccine Passports (Michel Dreyer)**
	Update on vaccine passports / vaccine certificates • People will need testing and passports going forward. Travel certificates when coming and going from NZ and considering emerging global expectations. • Fraud and Identity issues to be considered. NZ using European version which is most common and globally accepted. • Passports will need to be digital and other. There is a basic version available for phones in beta testing. • Private and personal information, secure identity through RealMe, health identity to be easily setup online or with GP support. • Opportunity with the identity data users can self-ethnicity, self-determine disability and self-Iwi affiliation. **IIAG Decisions** **a) Noted:** IIAG would like to discuss further as lots of ideas to consider. Including living with COVID and how we manager this with passports. Tabled a topic for next meeting
5.	**Non-Regulated Workforce – Training and Procedures (Fiona Michel)**
	• 12817 Trained COVID vaccinators, 1149 Maori and 411 Pacific people. 50% of trained workforce have vaccinated in the programme so far. Workforce working under supervision is 267 completed training. Largest is 121 Maori, 26 Pacific. 18 people are actively vaccinating from this cohort. 18 people have delivered over 1500 vaccinations. • Disability agency providers and other NGOs are open to doing communications to interact with their population base. • Acknowledged this role is an opportunity to get people into the workforce. There are still regulatory barriers to make this happen. • This role could continue after COVID within the general programme. • It is noted workers can do online training, but workplace training is a requirement. Staff have completed training but not authorised so working through barriers to authorisations. There is no backlog in authorisations just in getting the requests submitted. **Action: Will come back to IIAG with information around breaking barriers to enable the workforce. (Loretta)**

	Action: Will work further to address need to deliver service in other ways, such as carpark delivery. (Loretta)
6.	**Childhood Immunisations (Jared Solloway, Kellie Priest)**
	• Rates are declining around the country specifically Maori and Pacific children. • DHBS submitted plans to address declining rates with equity focus and timelines of achievement. • IIAG to review plans and summary of decisions, and submit comments in its role of providing best practice, accessibility and equity advice. **Action: Disability Advisory Group minutes to IIAG as a standard agenda item. (Tristram)** **Action: Provide summary of decisions in the plans. (Jared)** **Action: Taima agreed to review plans on behalf of IIAG. (Taima)**
7.	**Closing/Karakia whakamutunga**
8.	**Next meeting** Friday 17th September 2021 11.00 a.m. – 11.30 a.m. (IIAG member session) 11.30 p.m. – 1.00 p.m. (Full attendance)

Minutes

Immunisation Implementation Advisory Group Meeting – 17 Mahuru 2021

Date:	Friday 17 September 2021
Time:	11:00am – 1:00pm
Co-Chairs:	Keriana Brooking, Te Puea Winiata
Members attending	Dr Angela Ballantyne, Taima Campbell, Dr Helen Petousis-Harris, Kevin Pewhairangi, Rhonda Sherriff, Silao Vaisola Sefo
MoH Attendees:	Dr Joe Bourne, Allison Bennett, Michael Dreyer, Caroline Greaney, Matt Jones, Rachel Mackay, Fiona Michel Charmaine Ngarimu, Tamati Sheppard-Wipiiti, Jason Moses Christina Nolan (presenting for Astrid Koornneef) Helen Francis (Secretariat)
Apologies:	Dr Tristram Ingham, Nicky Birch, Loretta Roberts

Item	Agenda Item
1.	**Introduction and welcome** • Keriana Brooking welcomed members. • Kevin Pewhairangi opened the meeting with karakia. • The minutes of meeting held 3rd September 2021 were confirmed. • No conflicts of interest were registered. **Apologies** Dr Tristram Ingham, Nicky Birch, Loretta Roberts, Rhonda Sherriff had to leave early due to a scheduling conflict. **Update on Actions** **Action 210819-01:** Raise delay in payments to providers with the National Director, and email IIAG members with the proposed approach, and details of the person responsible for ensuring the issue is addressed. **Update:** Community providers have received first two payments and further payments are progressing. Maori providers are in communication with providers and DHBs. Most GPs have received payments. **(Fiona Michel)** **Action 210805-02:** Bring back population demographics for Pfizer 12 - 15 year olds. **Update:** Raise as agenda item for next meeting. **(Allison Bennett)**

	Action 210805-03: Bring back a list of the risk and how they are being managed for Pfizer 12 - 15 year olds. Update: Raise as agenda item for next meeting. **(Allison Bennet)** **No change to other Actions.** **Matters arising** There are no matters arising.

2.	**Tātou Whaikaha update (Dr Tristram Ingham)**
	This item was not presented as Dr Tristram Ingham was unable to attend the meeting.
3.	**Reaching the unbooked/unvaccinated population (Rachel Lorimer, Petrus Van Der Westhuizen)**

- To summarise there are commentator conversations coming from many areas about what NZ looks like as we consider opening our borders.
- We find ourselves in a time and place where considering redesign and costs of the programme, we are also considering what role the IIAG might take in providing advice into these areas.

3a) Latest Horizon research (Rachel Lorimer)

- The outbreak delayed the July findings, so we have August to consider instead.
- There is an increase in the overall uptake. Under 18s and 45 - 55year old's are the most unsure age groups about being vaccinated.
- There is a paper going to the Vaccine Ministers this afternoon (17 September) where we will share this information.
- We will widely share the data regarding understanding motivations of people not wanting to be vaccinated.
- There is a large group who would like to be vaccinated but would like specific health advice regarding the safety of the vaccine and their individual health circumstances.
- Those that do want to get vaccinated but need answers to their questions first also state they feel unacknowledged
- We have answers to these questions but haven't worked through getting these to those that haven't booked.
- These are key factors now guiding our research.
- We will develop specific campaigns as a result of this research and let people know it is reasonable to have questions and want answers before getting vaccinated.
- Overwhelming feedback from recent events, where there was someone available to answer questions on site, was that it was very helpful and made people feel heard. Having their concerns addressed directly made an immediate difference to whether they would then get vaccinated.
- There were early events like this, where someone attended early morning shift changes at a Port so they could answer any questions from the workforce.
- This is an area the Ministry could run and offer support to those on the ground to facilitate that.
- Doctors and Nurses already in the community could provide this in their local regions.

3b) Geospatial data (Petrus Van Der Westhuizen)

- The Ministry is considering strategies and talking to wider stakeholder groups to use this data to inform public engagement activities.
- The Ministry has published this information on the main website and will be updated weekly. This information includes, equity, demographic, age, gender, ethnicity and will provide base rates for people to download.
- The team is considering website data so people can develop content. They plan to work closely with the reporting team on this.
- Next step is to publish more regular regional statistical data of vaccine uptake through these channels.
- The Ministry will not publish data where individual people can be identified.

- The data is being shared with TPK and they are using it in their platform.

3c) Equity data (Jason Moses)

- Over the last two months there have been daily increases in vaccinations. We see lower rates on Sundays for Māori but not for Pasifika people as they have church on Sundays.
- Under 30s only opened for vaccinations in last two weeks, once we start to see this younger age group come through, we will have a more comprehensive view.
- We're developing targets for Rangatahi and under 40s as these are our biggest concern based on the data.
- The Strategies for uptake item will cover the specific strategies.
- The data does not split age bands, is this due to concerns about privacy and identifiable data?
- The age bands can be split, and If we get into too low numbers, we can suppress the details so not identifiable.
- There are areas where agencies have gone to streets of interest to target households, to ask people about any challenges they have in getting vaccinated.
- There are some cases where whanau have gone to get tested and then have to wait for 12 days before getting vaccinated. Agencies are concerned they may lose connections if there are barriers to getting vaccinated.
- The Ministry would like to use the data to reprioritise efforts. There may be oversupply of vaccine appointments in areas we no longer need. How can we match booking availability to the areas where it is needed?
- Descaling in parts of New Zealand may be appropriate as we meet suburb saturation and diverting capacity into other ways of reaching communities.
- The Ministry is remapping of our efforts to include the wider childhood immunisation programme.

Action: Caroline will raise with Juliet concerns about the length of time between testing and getting vaccinated for further advice. **(Caroline Greaney)**

3d) Strategies for uptake (Fiona Michel)

This is a summary of where the programme is reprioritising for the next three months

- Focusing on optimising our delivery and day to day operations. If the outbreak hadn't occurred, we are achieving above production plan levels.
- Empowering people who know their communities to reach out and support local provider creativity.
- Good ideas through that we will be spreading out as these ideas are not centralised.
- Creating a library of ideas and then aligning those with demographics.
- Where there isn't a solution, working through to find one.
- Great examples of people working together.
- Clarity regarding incentives, enablers, and recognition differences. Incentives are prizes, Enablers is the assistance, Recognition is the thanks.
- Learnings from ideas that are working.
- Research points to incentives not changing the numbers but rewarding those already wanting to be vaccinated.

	• Buses in the community this week. Not new but more to come. • Research into enablers continuing. • DHB funding service providers, to increase delivery method of the provider, as this was proving effective. Should form part of the collective delivery. • Focus should also be on the fundamental of process as being respected, how people feel about their experience. • Employers are finding ways to encourage their employees and the Ministry is not involved. • Online CPR training accepted during lockdown and then expected to do in house. **Action:** Discuss with workstream lead re: CPR training and suitability of trainees. **(Fiona Michel)** **Action:** Presenting to Vaccine Ministers with a view to papers next week. Will involve the IIAG members before the next meeting. **(Fiona Michel)** **Note:** Strategies for Uptake to remain as a standard item on the IIAG agenda.
4.	**Mandatory vaccination of healthcare workers (Mani Crawford, Alison Cossar)**
	In writing this paper for Vaccine Ministers, support and feedback are asked of the IIAG. Concentrating on policy settings for health workers included in vaccinations. • This paper is based on public facing areas, including emergency departments, and the possibility of patients becoming infected if exposed to staff who are not vaccinated. This includes receptionists, janitors, and health workers. • Provisions of support, for unvaccinated people working in small workforces providing services, to be considered, as removing these people may have a detrimental effect on service provision and communities. • As providers we will need to work through what it means to refuse to employ un-vaccinated people and what other roles there may be for those people. • Considerations will need to be made in case colleagues refuse to work with staff because they re not vaccinated. • Clarification is sought regarding two main areas. Paternalistic to protect providers own health and protecting other people. Good data and scientific basis are required on transmissibility to justify the order. • Important to future proof the policy settings. • Advice for businesses, employees, and health and safety regarding integrating into the workplace is being worked on. • Health providers may reflect what is happening in corporations as they are reviewing employment contracts for new staff to be vaccinated. The Chair noted this is a highly sensitive area and includes regulated workforces and/or unions. The Chair recognized there are some operationalizing that will be required for the programme to work through carefully and with respect working with our partners.
5.	**Co-administration of vaccinations – change impact assessment and draft policy statement (Astrid Koornneef, Christina Nolan presented on behalf of Astrid)**
	• There are some in the private sector who are offering incentives to their employees to get vaccinated.

	• There are industries, such as exporting companies, that are working to understand if they will be able to export their products if their workers are not vaccinated. As a result, they are offering incentives to their staff. • Small incentives seem to be providing better results for providers, rather than large items as incentives. • New policy statement advice is to deliver COVID vaccine without time restrictions and with other vaccines. • Updating our website to reflect new advice. • Changes to BookMyVaccine to reflect this. • Standards for COVID and other vaccinations will be the same and our vaccinators trained accordingly. **Note:** Caroline is advising the Ministers on Thursday regarding disincentives **IIAG Decisions:** **Approved:** The Mandatory Vaccination of Healthcare workers paper is approved with amendments as discussed at this meeting.
6.	**Future state of COVID-19 vaccination programme (Matt Jones)**
	• The Ministry will have 5 – 6 million doses available next year. • Only a small per centage of the population may need an extra dose. This includes returnees from overseas as well. The team is expecting only the need for one dose, no sequencing framework, and lower levels next year. • The programme and the health sector have matured over this year and expect to continue on this trajectory. • Any operational constraints that we might see will be dealt with easier as we now have experience from this year.
7.	**Digital certificate update (Michael Dreyer)**
	• Currently we are able to show vaccine and test results and then later in the year certificates We also have potential for use in domestic settings. • DHBs require employment screen testing of individuals. • Individuals will be able to self-identify and view their own vaccination data. • Individuals will be able to provide a certificate to confirm vaccination for employers. • Home based clients have requested viewing vaccination status of support workers before accepting. • The team are piloting access to vaccine data to share with employers digitally and how we can use things created for the programme going forward. • Would like to see data of entire vaccination status. Ability to see when individuals might need boosters would be useful. • There are more legacy and privacy considerations we are working through. • What does NZ summer look like and the future of vaccinations? Domestic use showing vaccination status in the hospitality and other sectors, may emerge as they want to advocate and maximise good numbers for the summer. • The ability to update individual iwi affiliation is going live overnight. **Note:** Michael will add agenda items as new things emerge. The Chair acknowledged the great work Michael and his team have done for the programme.

8.	**Any other business and close**
	There was no further business for discussion.
9.	**Closing/Karakia whakamutunga** – Dr Joe Bourne **The meeting closed at 1pm**

Minutes

Immunisation Implementation Advisory Group Meeting – 1 Oketopa 2021

Date:	Friday 1 October 2021
Time:	11:00am – 1:00pm
Co-Chairs:	Taima Campbell
Members attending	Dr Angela Ballantyne, Dr Helen Petousis-Harris, Kevin Pewhairangi, Rhonda Sherriff, Silao Vaisola-Sefo, Dr Tristram Ingham
MoH Attendees:	Dr Joe Bourne, Allison Bennett, Michael Dreyer, Caroline Greaney, Matt Jones, Rachel Mackay, Fiona Michel Charmaine Ngarimu, Nicky Birch, Loretta Roberts, Adam Dalgleish Jackie Eades, Jim Brown Christina Nolan (presenting for Astrid Koornneef) Kirsten Curry (presenting for Rāwā Keratai) Helen Francis (Secretariat)
Apologies:	Keriana Brooking, Te Puea Winiata, Astrid Koornneef, Tamati Sheppard-Wipiiti, Rāwā Keratai, Adam Dalgleish (presenting for Astrid Koornneef)

Item	Agenda Item
1.	**Introduction and welcome** • Taima Campbell welcomed members. • Kevin Pewhairangi opened the meeting with karakia. • The minutes of meeting held 24th September 2021 were confirmed. • No conflicts of interest were registered. **Update on Actions** **Action 210817-01:** Caroline Greaney to raise with Juliet concerns around the length of time between getting tested and vaccinated for further advice. **Update:** Caroline Greaney has responded to Te Puea Winiata directly. **This Action is Complete.** **Action 210917-02:** Discuss with workstream lead re: CPR training and suitability of trainees. **Update:** Discussion has occurred in the last fortnight. **This Action is Complete.** **Action 210917-03:** Involve IIAG members in the development of the strategies for uptake paper before the next meeting. Paper going to Vaccine Ministers Friday 24th September. **Update:** Feedback has been incorporated into the Paper.

	This Action is Complete. **Action 210903-01:** Come back to the group with information around breaking barriers to enable the vaccinator workforce. **Update:** Good success to date in breaking down barriers. DHBs working towards breaking down further barriers. **This Action is ongoing.** **Action 210903-02:** Work further to address the need to deliver services in other ways, such as carpark delivery. **Update:** Information regarding resource guides on how to vaccinate in outreach settings on the website. **This Action is Complete.** **Action 210903-04:** Provide summary of decisions in the DHB production plans for childhood immunisations. **Update:** Will circulate and discuss at the next meeting. **Action 210903-05:** Review childhood immunisation plans on behalf of IIAG. **Update:** Work in progress. Linking into legacy connections. **This Action is ongoing.** **Matters arising** There is an OIA request for the minutes of the previous IIAG meetings. It is noted that Tātou Whaikaha is a sub-group of the IIAG, and their minutes should be considered as part of the OIA request. **Action:** Clarification requested whether including Tātou Whaikaha minutes is part of the OIA request for IIAG Minutes. **(Caroline Greaney)** Strategy for mental health to access the disability community was requested from the Ministry. **(Taima Campbell)**
2.	**Tātou Whaikaha update (Dr Tristram Ingham)**
	Dr Tristram Ingham provided an update to the IIAG members of the previous Tātou Whaikaha meeting held 28th September 2021.
3.	**Update from Ministry on disability actions (Kirsten Curry, Jackie Eades)**
	Current refresh of the governance, partnership, and engagement with the Ministry and DHBs. **3a) Transport for disabled people (Kirsten Curry)** • Whakarongorau in partnerships with travel agencies as they already have relationships with those providing transport for disabled people. • Continuing to use local community solutions where users can make decisions regarding their options. • Monitoring closely as solutions might be used for other vulnerable groups in communities facing barriers. • In home vaccinations can be self-requested from DHBs by disabled people. • Establishing partnership with both Ministry of Education and Ministry of Health to provide funding to students and those with high health needs. • DHBs working with special schools and education representatives. • Consultation with Ministry of Health and Ministry of Education data governance groups, schools, and the privacy commission underway, regarding non-health related data privacy considerations and users being mostly minors.

	3b) Disability contact centre (Jackie Eades) • Trialing new vaccination disability pathway on the helpline. Currently 120 people have used this. • When dialing Whakarongorau users can speak to disability advocates to assist in providing appropriate support. • Whakarongorau is producing a communications plan for the dedicated Healthline. • Whakarongorau has a dedicated clinical team that callers can be put through to. **Action:** A diagram of Whakarongorau services was requested. Will be sent through to the members after this meeting. **(Jackie Eades)** **Action:** Feedback requested, at the next meeting, of what is happening at Whakarongorau. **(Jackie Eades)** **3c) Monitoring and Evaluation (Kirsten Curry)** • Workshop to be established in the short term to prioritise outcomes and match our ongoing approach. • There are gaps in the disability data, IDI is excellent but still misses some groups, such, as neuro driven and the intellectually disabled. Outreach ideas to reach these communities is a priority.
4.	**Sharing CVIP data from CIP with Whānau Ora Commissioning Agency, Iwi, and non-health providers (Jim Brown)**
	• The purpose of this data is to provide details of who is not vaccinated so we can target outreach services to inform people of vaccination services. • This data is not intended to provide details of who is not vaccinated so those people can be excluded. • Data sharing in this space is a public shift in expectations and requires transparency from the Ministry. • We are ensuring we as a health system appropriately service our national commitment through the population health data. Employee and employer data sharing is a different user case. • The sharing of health data with non-health agencies requires further legal advice. • Providing line of sight for data sharing is important to control the provision of the data when sharing with providers. • Working with office of the privacy commission to agree the text. • Significant interest for data from iwi agencies, including the National Hauora Coalition. • Future proofing data sharing agreements for other activities, including non-COVID activities is a priority. COVID data is not held in the national immunisation registry so the requirements for data sharing are different. • The establishment of a new national immunisation service in 2022 will include data sharing constructs. Work on these constructs is ongoing. • Within the national immunisation service there is no provision for sharing vaccination details of children in care, Oranga Tamariki, data. • There is no provision for sharing vaccination details of those involved with Corrections, staff and inmates combined. • There is interest from the IIAG members regarding the scope of use and how it will be defined, communicated, and monitored to 92 or so organisations.

	Action: Will add feedback to the paper for consideration. **(Jim Brown)** **Action:** Double checking the references in the paper are correct, so the working is unambiguous and provides the correct authority. **(Jim Brown)** **Action:** The IIAG would like to see the paper and any improvements in the gap in datasets that may be available at the next meeting. **(Jim Brown)** **Action:** Details regarding understanding the different clauses in the privacy code relating to the sharing of this information will be sent to members after this meeting. **(Dr Angela Ballantyne)**
5.	**Future of the COVID-19 vaccinator role (Fiona Michel, Sonia McFetridge)**
	This item is asking the IIAG for feedback and confirmation we are moving in the right direction. If approved, a paper will be written for Ministers to make changes to the role so it can do additional tasks. • Want to make the role sustainable for the future. • Want to build the role into the next steps of the organisation. • We have data showing there is diversity in those that are doing the role, they are proving effective in their communities, and we want to make sure employers can use them as their communities need them. • Daily we have more vaccinators coming through to be authorized. • Proven to be effective in bringing Māori into the workforce. • Has the ability to provide staircase into other health roles. • Driven through providers in communities. • The role is proving useful in reaching hard to reach communities. • Opportunities for diversifying training pathway and to be provided by other providers. • Working group to be re-established for the next phase. • Opportunities for this role to be used for other vaccinations, worthwhile to have this role available for other parts of the sector. • The role may be supervised by an accredited employer who may not then employee the person. • Remuneration review completed. Will go out to providers with new suggested higher rate **IIAG Decision** **Approved** direction of the paper to future proof this role. **Action:** Return with the feedback incorporated into the paper. **(Fiona Michel)**
6	**Reaching the unbooked/unvaccinated population (Tamiti Sheppard-Wipiiti, Fiona Michel)**
	Tamiti was unable to present as he was held up in traffic. **6a) Equity data (Tamiti Sheppard-Wipiiti)** • There are conversations ongoing with the data team regarding releasing granulated data and making sure there is strong story telling around the different community-based approaches when releasing regional data. • Framing communications to reflect community successes.

	Action: Domestic use of vaccination passports on IIAG and Tātou Whaikaha next agenda. **(Caroline Greaney)** **Action:** Return to next meeting with feedback on what's working better, or how we're working differently, on strategies regarding equity between Māori and Pacific. **(Tamiti Sheppard-Wipiiti)** **6b) Strategies for Uptake (Fiona Michel)** • We're working on policy and advising Ministers regarding mandatory vaccinations and what the scope means. • Whether employees are vaccinated or not is becoming an issue for employers. • Local groups in in home support areas working collaboratively to create willingness to be vaccinated. • Would like to see how we're targeting age groups before we open to them so we can be better prepared.
7.	**Any other business and close**
	There was no further business for discussion.
8.	**Closing/Karakia whakamutunga** – Dr Tristram Illingham **The meeting closed at 1pm**

Minutes

Immunisation Implementation Advisory Group Meeting – 15 Oketopa 2021

Date:	Friday 15 October 2021
Time:	11:00am – 1:00pm
Co-Chairs:	Taima Campbell, Te Puea Winiata
Members attending	Dr Angela Ballantyne, Dr Helen Petousis-Harris, Kevin Pewhairangi, Rhonda Sherriff, Dr Tristram Ingham, Nicky Birch, Loretta Roberts
MoH Attendees:	Dr Joe Bourne, Allison Bennett, Michael Dreyer, Caroline Greaney, Matt Jones, Rachel Mackay, Fiona Michel, Charmaine Ngarimu, Adam Dalgleish, Jim Brown, Astrid Koornneef, Michael Dreyer, Rachel Mackay, Tamati Shepherd-Wipiiti, Rāwā Keratai Wood-Bodley, Aaron Culver Alexia Black Christina Nolan (presenting for Astrid Koornneef) Kirsten Curry (presenting for Rāwā Keratai Wood-Bodley) Helen Francis (Secretariat)
Apologies:	Keriana Brooking Silao Vaisola-Sefo

Item	Agenda Item
1.	**Introduction and welcome** • Taima Campbell welcomed members. • Te Paati opened the meeting with karakia. • The minutes of meeting held 1st October 2021 were confirmed. • No conflicts of interest were registered. **Update on Actions** All Actions remain the same. **Matters arising** There were no matters arising.
2.	**Tātou Whaikaha update (Dr Tristram Ingham)**
	Dr Tristram Ingham provided an update to the IIAG members of the previous Tātou Whaikaha meeting held 1st October 2021. Things to note:

	• There is no dedicated centrally conceived disability strategy. No specific messaging to date. Operationally there is a lot of variability as disability providers work across multiple DHBs. • Concern growing regarding disabled people and their whanau, who are not on Māori provider lists, getting access to the vaccine. • Super Saturday unfortunately not suitable for everyone. Would like to see dedicated day for people with disabilities so accessibility can be better managed.
3.	**Reaching the unbooked/unvaccinated population (Tamiti Shepherd-Wipiiti, Fiona Michel)**
	3a) Equity data (Tamiti Shepherd-Wipiiti) • Māori numbers are going up. Past 10 days are the highest growing ethnicity. • Clear indication in the data that where there is positive and working partnerships with providers and DHBs things are working well. Where there is not strong relationship with DHBs things are not working as well. Iwis are taking the lead in areas where the relationship is not good. • Data is public at the top level. Level two is public too. Working on the next level and what is appropriate to provide. Unprecedented to share individual data. Ministry is being deliberate about where the data goes and working directly with providers what are most well placed to reach the unvaccinated population and have a specific purpose in reaching them. • Supercharged our transport options so they are now free across the country. • Providers would like to keep the vaccinator roles going and embed them into the wider programme to create a legacy workforce. Pilot underway with pacific providers and Moana research, in conversation with Māori providers who have a few vaccinators. **3b) Strategies for uptake (Fiona Michel)** • Strategies library. Access distributed to DHBs, seeing good uptake. The programme is working with it, seeing what is working and where we might use ideas in other areas. Sharing information with DHBs and looking centrally to see gaps we need to fill. • All efforts focused on Super Saturday and Vaxathon.
4.	**Domestic vaccine certificates (Maria Cotter)**
	This item was not presented due to a scheduling conflict. Will be added to agenda for the next meeting. IIAG concerns regarding discussion of the merits of a vaccine certificate and the ethical and social impacts, not just the legal aspects. Would like to see substantive discussion, not a small group of Ministers making decisions.
5.	**Future state update (Matt Jones)**
	• Planning for next year and next steps is underway. Suggestion to IIAG to provide timing of when to engage with IIAG in appropriate conversations. • Complex landscape of change as the programme reconnects with the world. • Planning for 5–11-year old's is underway, assuming approval next year. • Catch up for childhood immunisations. Discussing how covid vaccinators might be used in school-based programme. • Planning underway for next winter covid and flu vaccinations. • Primary and NGO care will be the focus next year. Collaborative planning with same groups as this year. • Everything discussed is also a foundation for the Māori Health Advisory. Evidence based system to help Māori. There is a need to build Māori and Pacific Health Services around this. • Concerns regarding primary health care in catchup role as people haven't accessed during lockdowns and covid.

	• How are we keeping collaborative doors open from covid experience to ensure communities who have been hard to reach can be reached. Also enabling health services to keep those doors open to identify other needs and can pivot to working differently so we keep that relationship going. • Urgency of pivot into future state and the need to happen now.
6.	**Mental health and addiction services users and COVID-19 vaccination (Arran Culver, Alexia Black)**
	• Vaccination numbers in NGOs and specialist areas are the lowest numbers. Māori mental health and addiction service users more likely to be unvaccinated. • Communities know their own solutions. Ministry should support them to make their own decisions. • Innovation in Equity and Disability spaces could be used in this area also as issues are similar. • Disability and Mental health are not traditionally aligned in DHBs. • Not a mental health issue, is a vaccination issue. 20-year mortality gap with mental health and the general population. Want to highlight strong focus on mental health people accessing addiction services. • Jansseen vaccine may be an alternative for those struggling with more than one dose. • Pharmacies doing regular vaccinations as they have a relationship with this group. • Three weeks ago, no strategy, the Ministry is working ono a paper to go through to Steering Group for funding. • Mental health and Rainbow communities not in terms of reference for the programme at the beginning of the programme. Apologies from the Ministry. These groups are now included.
7.	**Third primary dose policy statement (Christine Nolan)**
	• Third dose is important to immunocompromised people. • Good communications required for those prescribing third doses. • Concern regarding prescriptions. Puts an expectation of prescriber and recipient to take own liability for recommendations. Health literacy can be a burden for people. • Working through if third dose prescribing relies on the prescriber to invite those to have it or s it up to the recipient to self-identify their need for it, or both. • Would be useful to have evidence base for medication dosages as well then come back to due diligence. **IIAG Suggestion:** Have principle-based guidance. Will need to have flexibility for prescriber to determine if needed.
8.	**Update on programme audit tools (Christine Nolan)**
	• Heavy investment programme. 16national providers. Assessment for 20 DHBs. • Providers have been assessed from the beginning of the programme. • Self-assessment approach with DHB provision of vaccine, yes or no questions, light touch to paint a picture.
9.	**Childhood immunisations update (Keelie Priest)**
	• Plan is currently with the Ministry team for review. Informative memo will come back to IIAG at the nest meeting for discussion. • Connects the workforce legacy planning. **Action:** Return to next IIAG meeting with memo regarding childhood immunisation plan that is currently with the Ministry for review. **(Kirsten Curry)**
7.	**Any other business and close**

	There was no further business for discussion.
8.	**Closing/Karakia whakamutunga** – Dr Tristram Illingham The meeting closed at 1pm