MINISTRY OF HEALTH
MANATŪ HAUORA

Minutes/Actions

COVID-19 Vaccine and Immunisation Programme Governance Group (IPGG)

Date:	Friday, 9 April 2021
Time:	7:30 – 9.30am
Location:	Ministry of Health and Microsoft Teams video link
Chair:	Dame Karen Poutasi
Members:	Dr Ashley Bloomfield (from 8:30am), Murray Jack, Ngāhiwi Tomoana, Hon Steve Maharey, Carolyn Tremain, Dr Fa'afetai Sopoaga
Attendees:	For items: John Walsh, David Nalder, Matt Jones, Luke Fields Jo Gibbs, Sue Gordon, Shayne Hunter, Mat Parr, Dr Ian Town, Sacha O'Dea, Jess Hewat, Chris Fleming, Wendy Illingwowrth, Michael Dreyer, *Independent Programme Assurance*: Stephen Crombie, Colin MacDonald
Apologies:	John Whaanga
Secretariat Support:	Carol Hinton

Item	Agenda Item
1	**Introductions and opening** • Fa'afetai opened with a prayer. • Minutes of Meeting held 26 March 2021 were accepted. • There were no actions to consider from the previous meeting. • No new conflicts of interest, or conflicts in relation to the meeting's agenda, were raised. Prior to addressing the first Agenda item, Dame Karen asked Group members to briefly note their main concerns for the meeting, in order to shape discussion • Colin noted workforce currently appeared as the most challenging area of rollout. • Stephen wondered whether with the significant programme reset everyone understands what they need to do to deliver. • Murray was interested to know whether any lessons learned so far in rollout might challenge our design assumptions, as well as how decisions would be able to be taken quickly under new structure. • Chris wants to ensure the everyone is clear where decision rights lie. • Fa'afetai stressed the need to ensure Pasifika are also considered under equity issues and would like discussion around data quality and privacy. • Carolyn thought it would be important for Group to note any issues that are no longer being focused on, and also whether large events in future could be used as catch-up mechanism or whether we need to reset rollout expectations. • Steve highlighted a number of points including: need for OAG to give real time feedback, need for attention on simple Comms messages, additional attention being paid to Pacific rollout, and having a list of all issues discussed during past meetings.

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	• Ngāhiwi wondered whether we will be able to catch up to expected numbers or if we need to signal a change in pace. • Dame Karen stressed the need to understand if our stock on-site is on a consistent upward trajectory as the stock level is causing some anxiety for Ministers.
2	**Programme status and risk summary (David Nalder and Mat Parr)** *Paper considered – CVIP Programme Status and Risk Summary 7 April* *Paper considered – OAG Performance Audit update* ***a) Programme status and risk summary*** David highlighted the Milestone view and Status slide (p6) in the Status and Risk Summary • This is a structure to test with the group, and is not yet fully populated **Group Discussion** • Dame Karen asked how this document could be updated to include a measure of what has been completed in order to show how Programme is tracking • Matt replied that the focus over the next week will be trying to get an operational view into the document and once things like DHB plans are overlaid in there we should have a lot more visbilty over performance • Jo stressed the importance of including in the front of the report the list of things that have been completed • Murray suggested the need to clearly articulate the critical dependencies that will influence being able to scale up from 10,000 to 50,000 doses a day • Mat mentioned that two things they were hoping to build into model within next week were how to monitor if we were on track or at risk, and how to get document to reflect how workforce needs at particular points flow through to delivery models. David next discussed the risks portion of presentation: • On Slide 9 we can see the top 12 risks related to the programme, reflected on the different pillars • Updates this week are mainly providing more content on current activities and future actions to mitigate risks • Last slides are looking at inherent risks within overall end-to-end Programme and should help us identify where control of that risk sits (Ministry, DHBs, Providers etc) **Group Discussion** • Murray said it would be good to see updated reporting against proposed action closure dates in order to easily monitor progress • Jo noted that she will be meeting on Monday with three DHB CEs to draft an Accountability Framework which should address the final point raised by David • Dame Karen sought clarification on the process for DHBs to raise issues in the absence of a central call centre, and asked whether Jo was confident we had a line of sight to unresolved problems DHBs are experiencing • Jo confirmed the call centre needs to be beefed up to provide a contact point at least 12/7. The Regional Account Managers are also a good contact point but are ideally for weekday contacts, although they are currently contacted as needed. The accountability framework being drafted should address these issues, and there is also agreement under the new structure to have a Quality and Safety Committee to complement CV-TAG. • In response to a question from Colin, Jo said that all CEs are welcoming of the accountability framework. The framework will be set up in a way that aligns with annual plan and normal mechanisms for DHB reporting.

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	Action 1: Jo to provide update on Accountability Framework at next Governance Group meeting ***b) OAG performance audit update*** David provided update on OAG audit • OAG have finished substantive work and have sent a small number of residual questions • The themes emerging are all risks or issues the Group is aware of • Draft report is expected 19 April then Ministry will have two weeks to provide response • Intention is for document to be published mid-May then tabled in Parliament Jo noted that by mid-May programme should be moving into Tier-3 so will be at very different stage than when information gathered. Dame Karen suggested that the important thing will be to workout when it will land and how we can use it constructively at that time.
3	**Straw person milestone plan and progress reporting** *Paper considered – 5. Straw person milestone plan and progress reporting* Discussed as part of Agenda Item 2.
4.	**Update on rollout** *Paper considered – CVIP_DHB Plan Review_Draft_070421 memo* *Paper considered - MoH model v DHB plans 7 April 2021* **a) Qlik interactive dashboards (Luke, Jo)** Luke gave a presentation to the Group regarding the information that is being shared with DHBs via Qlik. DHBs can use this system to get details by vaccinations per site or by particular demographic, as well as to generate internal reports on different categories they may be interested in **Group discussion:** • In response to a question from Dame Karen, Luke advised that the user group was made up of people within each DHB identified by SROs • Jo acknowledged that there is work to be done to ensure data can also be forward looking rather than purely retrospective. This work is ongoing • Murray identified important forward looking indicators as: workforce and trained vaccinators available, inventory, and usage. • Jo advised that an update on this could be provided in next Governance Group meeting • Carolyn asked whether DHBs can disaggregate data by employer • Luke advised that at the moment it doesn't, although Michael pointed out that a significant expansion to the Border Worker Register will happen on April 19 h which will show sites of vaccination, although he will need to confirm if that will also show employer • Steve asked whether the underlying data was reliable enough to be made available publicly at some point • Jo said there was no concern around accuracy of underlying data and once DHBs plans were considered robust enough this data could possibly be released • Mat noted that experience in other countries has shown this kind of data can drive behaviours, while Luke mentioned that on Ministry website there is now a page where some vaccine related data can be downloaded

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	Action 2: Jo to provide update on Qlik interactive dashboards shared with DHBs at next Governance Group meeting, with particular emphasis on forward looking indicators **b) Summary of plans to end of June from DHBs, confidence ratings (Jo Gibbs)** Jo provided an update on rollout and recently submitted DHB plans • Yesterday a record number of doses were administered and we also passed 100,000 total doses, less than 24 hours behind commitment to the Minister for this milestone • Papers circulate provide an initial assessment of DHB plans, however these plans only run until end of June so they don't cover big step up for general population • Since this analysis was completed conversations have been had with 9 DHBs to get further assurances across key questions, with a couple DHBs asked to revise numbers • Remaining DHBs will all have been engaged with prior to Steering Group next Tuesday • From equity perspective, currently only the CVIP GM Equity has reviewed the plans. Most plans appear to have good Pacific content, although full analysis of this aspect will be done next week with Gerardine Clifford-Lidstone • Vaccine Ministers have received a summary of the plans, although will wait to have more robust numbers before sharing these with Ministers. • If DHBs deliver these numbers we would be very marginal in terms of supply. **c) Exemption Process (Jo Gibbs)** • Exemption process for early vaccine access has been live for two days • Team is manging workflow well and appears able to meet commitment given for 5 day turnaround on all applications
5.	**Update on programme structure and accountabilities** *Paper considered – Update on programme structure 7 April* *Paper considered – Update to programme ways of working* **a) Programme Structure (Mat Parr, Jo Gibbs)** Jo offered overview of key changes in the programme structure now that it is operating as a single unified programme • Overall governance of the Programme has not really changed, although the name of Group E (Slide 3) has been changed from Design Authority to Programme Leadership Group • IIAG has been working to refocus and redetermine their ToR, but Programme is very keen for IIAG to continue in its advisory role and this has been clearly communicated • A new Advisory and Safety Committee is being established to manage safety in proactive way • Programme is now fully recruited at Senior Level, with ongoing recruitments below • One thing that still needs to be worked through in the Accountability Framework is how we link in with all the CEs of DHBs. Ashley noted that new structure was discussed at Steering Group earlier in the week. His view, and the view of Steering Group, was that it is a clear setup and that the work behind to make it function is all being done. **b) Ways of Working (Mat Parr)** A late paper was circulated showing how we are brinigng the new structure to life • Initial focus of discussions when bringing two groups together was on overall vision and mission of vaccination programme • This paper provides an update on how the different areas of the Programme will work together, noting that the previous approach to ways of working using a blend of

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	waterfall and agile delivery methodologies remains the same, and will be embedded across the Programme as a whole • Both the waterfall and agile methodology are linked to milestones on the critical path
6.	**Communications and engagement (John Walsh)** *Paper considered – Communication and engagement update 6 April* In response to a question from Dame Karen John advised that Comms team is running behind where it needs to be, but are catching up • Resourcing of the team is increasing and planning for the major campaign in April is going well, noting that the major launch will be in week following ANZAC Day • John will circulate the deck after this meeting showing different phases and approaches of the campaign • The team is working with MPP and TKK for targeted campaign for Maori and Pacific audiences which will sit under and reflect national campaign **Group Discussion** • Fa'afetai noted that people who are vaccine hesitant might be harder to reach and asked how campaign would be trying to access these people • John acknowledged this was an issue but stated there was a lot of work being done on campaign design. He also noted that MPP have an excellent team who have been working well with Ministry so he is confident Pacific communities will be well reached • In response to a question from Colin, John said that his team is ramping up its support to DHBs and to Iwi Comms Collectives to ensure foundational information goes out through all possible channels. A specific DHB Engagement Team has also been stood up. • In response to a question from Steve, John noted that campaign will also have an emotional component in addition to the rational component of vaccine information. • John explained that Comms team was also working on giving the public an insight into what is happening within Programme. This will staat with media briefing late next week where we give them more insight into programme, including some of its vulnerabilities. • Ashley noted that a key component of OAG feedback was being more open with public around degree of uncertainty in programme so this will be a good way to start addressing that ***Action 3: John to circulate deck to Group Members providing overview of upcoming Comms campaign*** **Engagement** Dame Karen noted that there was no agenda item on Workforce for this meeting • Jo acknowledged workforce remained a key concern and that a comprehensive report could be provided at next meeting in two weeks' time • Dame Karen asked for a shorter piece to be prepared as well in the interim to ensure this key concern was being addressed ***Action 4: Jo to have short piece on workforce prepared as soon as possible, alongside a comprehensive update for next Governance Group meeting*** **Group Discussion** • In response to a question from Dame Karen, Michael noted that he was confident in the delivery date for the booking system and that the system had gone live from today to start the co-design with partners looking at the detailed service design. • Murray stressed that the earlier a pilot system for bookings could be in place the better, and suggested not to wait until a perfect product was available. • Jo provided an update regarding the non-regulated workforce, noting that the Ministry has contracted with training providers and within four weeks we will be in a position to start training that workforce within the Programme

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	• Jo also advised that work has started looking into major events that could be run by Ministry to provide additional coverage over weekends and possibly pick up volume • This was being looked at for June onwards so by this time the booking system should be up and running, although walk-in events are also being considered as an option • Mat advised that a provider has been contacted to put together a playbook of sorts for mass events. The playbook will likely include outsourcing of many functions like crowd control, administration etc to private sector
7.	**Update on Medsafe approvals and 'decision to use' for Jansen (Chris Fleming, Allison Bennett)** Chris provided an update on the approval process for the Janssen vaccine: • Expert advisory meeting will take place next Tuesday (April 13) with regulator decision to be given on Thursday (April 15) • His team is working with Comms on what might need to go out at that time • Following regulatory approval, cabinet will need to consider decision to use. His team is working on advice which should be ready by Monday when there will be a meeting with Ashley to discuss • Regarding the other vaccines, AstraZeneca is moving slower than expected due to a delay in receiving data as well as the fact we are seeking further expert advice around well publicised safety issues • For Novavax, Medsafe is waiting to receive a timeframe for when data will be provided **Group Discussion** • Mat noted that decision to use from Cabinet would need to factor in many considerations, including what a second vaccine might mean in terms of public perception, and how this would impact on training and logistical requirements. His team is pulling together advice on this to feed into Cabinet decision • s 9(2)(g)(i) • s 9(2)(g)(i) • Ian noted that Australia's overnight decision to change distribution of AstraZeneca vaccine based on age would need to be considered if it is approved for use in New Zealand • s 9(2)(g)(i) • Ashley noted that this is one reason why taking full option with Janssen could be beneficial, particularly as a single-shot vaccine could be very useful in Pacific. He also noted that AstraZeneca remains a highly effective and safe vaccine
8.	**Real Time Assurance Leads Update (Colin MacDonald and Stephen Crombie)** *Paper Considered: Real time assurance update 7 April 2021* Colin explained to Group that the paper circulated shows areas in which the Programme will start to take on a self assurance role, as well as areas where he and Stephen would continue to provide support. • This document will be presented to Steering Group next week **Group Discussion** • Murray expressed support for this but noted two additional areas where real time assurance support could be needed: operational readiness to scale; and integration of technology, business process and workforce. • Colin noted that these points good be added to the document prior to going to Steering Group next week.

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	Action 5: Colin and Stephen to update Real time Assurance Memo prior to next week's Steering Group meeting.
9.	**Meeting close** • Dame Karen noted that the main item raised at the start of the meeting was Carolyn's point about what the programme is no longer focused on. She asked Mat to work through this with programme to provide an update for next meeting • Jo also noted that Polynesian rollout wasn't discussed in the meeting. She proposed to bring something on this to next meeting • Ngāhiwi closed with a karakia. ***Action 6: Jo Gibbs to bring update on Polynesian Health Corridors for next Governance Group.***

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Minutes/Actions

COVID-19 Vaccine and Immunisation Programme Governance Group (IPGG)

Date:	Friday, 23 April 2021
Time:	8:00 – 10:00am
Location:	Ministry of Health and Microsoft Teams video link
Chair:	Dame Karen Poutasi
Members:	John Whaanga, Murray Jack, Steve Maharey, Dr Fa'afetai Sopoaga
Attendees:	For items: John Ryan, Leeanne McAviney, Kate Williams, David Nalder, Andrew Bailey, Geoff Gwyn, Fiona Michel, Ian Costello, Michael Dreyer, Astrid Koornneef, Luke Fieldes, Megan McCoy. Robyn Shearer, Jess Hewat (observer status), Ben McBride (observer status), Dr Ian Town, Shayne Hunter, Jo Gibbs, Maree Roberts, Mathew Parr, John Walsh *Independent Programme Assurance*: Stephen Crombie, Colin MacDonald
Apologies:	Dr Ashley Bloomfield, Sue Gordon, Ngāhiwi Tomoana, Carolyn Tremain
Secretariat Support:	Stephen Clarke

Item	Agenda Item
1.	**Introductions and opening** • Fa'afetai opened with a prayer. • Minutes of Meeting held 9 April 2021 were accepted, with the request for future meeting minutes to more clearly distinguish between the Pacific population within New Zealand and the Pacific Region. • There were no actions to consider from the previous meeting. • Fa'afetai raised a possible conflict with Agenda Item 10 (Polynesian Health Corridors and Cook Islands roll out plan). • The point was noted by the Chair but confirmed there is no conflict to prevent Fa'afetai commenting on the Agenda item. Prior to addressing the first Agenda item, Dame Karen asked Group members to briefly note their main concerns for the meeting, in order to shape discussion: • Murray noted the need for contingency planning and the need to have all component parts of activity pulled together in one overarching plan. • Robyn highlighted Programme resourcing and establishing confidence in DHBs delivering to their plans. • Steve noted that the Health Sector reforms loom over everything at the moment. • John Whaanga mentioned the need to continue to push DHBs for strong equity planning, the importance of continuing to focus on Comms, particularly for Māori audiences, and the importance of retaining space to innovate. • Dame Karen stressed the importance of Comms and the need to ensure communities feel heard. • Colin, Stephen and Fa'afetai all had nothing to raise that wasn't already on Agenda.

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2	**Office of Auditor General update on performance audit and draft report** (John Ryan, Leanne McAviney, Kate Williams) Dame Karen noted that the draft Report had been read in confidence by Group. John Ryan provided high-level overview of report and thanked Programme for its engagement in the process • The focus of the report is mainly on determining whether the Programme is ready for big scale-up, and he wants to ensure report is useful as well as balanced and fair. • The three areas he would suggest the Group focuses on in its governance role are workforce, logistics, and communications. Group Discussion • Leanne noted that Programme transparency will be key in managing expectations and stressed importance of the programme being clear with the public around risks • Jo noted that good progress is being made to respond to draft report within OAG's requested timeframes, as well as to provide additional written information to ensure full context is provided. • Steve stressed the importance of the programme having communication prepared for when the report is tabled • John Ryan suggested Ministry may wish to publish a report at the same time as final report in order to show progress on different aspects.
3	**Programme status and risk summary (David Nalder and Mat Parr)** *Paper considered – CVIP Risk Summary 23 April 2021* ***a) Programme status and risk summary*** • David noted that his top priority for next two weeks will be responding to the OAG report, and will be focusing on making sure there is a direct link between risk measures and our readiness to scale in July. • Jo noted that the wider health sector reform would present risks for the Programme, notably around DHBs conforming with Accountability Framework as time goes on, and around the recruitment of Programme staff into other activities. Group Discussion • Fa'afetai noted the importance of limiting vaccine wastage • Jo said that root cause analysis was ongoing of the CCDHB wastage incident and that the message has been passed that not wasting stock is top priority (above Sequencing Framework) • Murray noted that the wastage risk will increase when Programme scales up so Planning and Logistics teams will need to think about this when doing design work • Mat noted that higher wastage forecasts from 30 June onwards are built into the model • Stephen discussed the importance of the relationship between the Risk Register, the Milestone Plan and Programme's overall readiness to scale, and the need for these documents to reflect our confidence in delivering to scale • Murray stressed the need to land the overall programme plan as this would allow risk register just to serve an assurance function
4	**Programme progress reporting (Mat Parr, Andrew Bailey)** *Paper considered – Milestone and progress reporting 20 April 2021* Mat introduced topic by noting that the team has been working through DHB SRO forum to make the milestone view a Programme wide document rather than just Ministry • Mat also noted that there is still work to be done to ensure equity information is reflected in the milestone view

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	Andrew drew attention to Slide 4 which shows key deliverables for different population milestones. This should help Programme monitor and have confidence in each of those as the go-live date approaches. Group Discussion • Dame Karen noted the importance for milestone view to also pick up on when certain requirements would no longer be needed • Robyn sought clarification regarding the overarching plan and how that would fit alongside this document • Jo proposed to do a standup at next Governance Group meeting to go into the finer details of the plan and show how everything links together • Jo said that Programme has committed to vaccine Ministers that it will publish in early June the DHB plans for July onwards ***Action 1: Standup to be organised for next Governance Group meeting to enter into finer details of Programme planning***
5	**Draft Accountability and Planning Framework (Jo Gibbs, Geoff Gwynn)** *Paper considered - Planning and Accountability Framework* Jo updated the Group on the status of the Planning and Accountability Framework • The draft has been prepared in conjunction with DHB SROs and has been signed off in principle with all CEs. This draft will go out to DHBs next week • Aim is to have clear accountability of delivery of the programme, as well as of the legacy items such as non-regulated workforce and connections with Pacific, Māori and disability providers. • Underneath this Framework there will be two detailed documents. One looking at the pathway to vaccination for consumers and accountabilities of that through all providers, and a second looking at the governance framework and giving clear details of responsibilities at every different level. • There is also a production plan which has been developed and gone out in draft this week to DHB SROs. Group Discussion • Shayne asked to see more in the framework around accountability for implementation and operational support around technology systems
6.	**Operations update: this week and next week (Jo Gibbs, Astrid Koornneef)** *Paper considered – COVID-19 Vaccination Daily Report 21 April 2021* *Paper considered - Extract from MoH website 21 April delivery against DHB plans* Jo gave update on DHB performance against plans • The first weekly performance was published on Wednesday and overall have met the planned figures, although there is big variability between performance across DHBs • There have been conversations with the CEs of the four DHBs who were at less than 90% of target to see what support could be offered • This will be particularly important as each of these DHBs have high Māori populations so there are equity considerations that need to be addressed • There has been an offer of Comms support and teams to visit the DHBs, and this offer may start to be looked at as a requirement if targets continue to not be met • Robyn said that during a call with DHB CEs last week she had informed them to develop a clear plan on service impacts, if necessary, in order to deliver vaccine programme • Murray noted that jumping on performance issues quickly would be important, and recommended pushing support in sooner rather than later where issues are being seen

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7.	**Leading and lagging indicator development (Luke)** Luke offered update on development of leading indicators: • The team is starting to have sufficient data to be able to move into more predictive analytical work • Major areas of forecasting they are currently looking at include: Vaccine usage per vial, workforce availability, number of sites online, vaccine uptake, adverse events, and user experience. • It should be possible to present back to Governance Group on progress of this work within next few weeks • Murray noted that a crucial thing to forecast will be inventory against plan, including a metric to show what proportion of current inventory is already 'committed' for people receiving second dose ***Action 2: Further update on development of leading indicators for next Governance Group meeting***
8	**Update on plan to scale** **a) Workforce (Fiona Michel)** *Paper considered – Vaccinator Workforce Plan_V3* Fiona gave overview on workforce workstream • The document provided gives an overview of the different sources where workforce is being drawn from • The training process has been streamlined by lifting the requirement for eligible trainees to register first with DHBs • A primary focus of the team is partnering with IMAC on developing the non-regulated workforce training programme • Team is also working on contingency planning in case there are issues with workforce • Conversations are ongoing with a number of occupational health providers, although in some areas these providers are asking for a price which is not reasonable Group Discussion • In response to a question from Fa'afetai, Fiona noted there had been work done with Deans from several universities to engage health students in the workforce • Jo noted that DHBs are already being encouraged to develop the pool of non-regulated staff so that when training is live they will be ready • In response to a question from Dame Karen, Fiona acknowledged that a number of things needed to be done to enable the non-regulated workforce to become active in the Programme, but that she was confident this avenue was still viable • Dame Karen asked for an update at next Governance Group meeting to provide assurance around the feasibility of this workforce ***Action 3: Update to be provided on non-regulated workforce at next Governance Group meeting*** **b) Logistics (Ian Costello)** *Paper considered - 210419_Logistics Update* Ian pointed to two key elements within the document provided to the group: • Update on the new inventory portal going live on 3 May which will make it easier to accommodate unplanned walk-ups • The process for setting up a second national hub in Christchurch, which is a crucial supply contingency **c) National booking systems (Michael)** Michael provided an update on the National booking system

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	• Things are on track for two pilot sites to be live from April 27th, which will be expanded during May • By June/July more advanced functionality like invitations should go live • The key for the success of booking system will be getting the operational model in place that is required to support the technological side of the system • Shayne suggested that there should be a standing item for Operational aspects moving forward • Dame Karen agreed with this and suggested it be added as an early Agenda item for future meetings
9.	**Communications and engagement (John Walsh)** *Paper considered – Communications update 21 April 2021* John Walsh provided overview of Comms situation • Campaign started last Friday with focus on getting basic factual information out • After ANZAC weekend the emotive layer of campaign will start to roll out nationally, except for in Counties Manukau where more specific information will be used • Comms targeting Māori audience will be done at national level through ensuring representation within material, through a targeted campaign from TPK, and through local campaigns run at iwi/hapu level • There will be weekly attitudes surveys starting from next week to try to capture and monitor people's intention to be vaccinated • There have also been two formal communications with primary care in last week Group Discussion • Jo noted there are meetings started with GPs and primary care with good feedback on the way things are progressing. • Mat added that the full funding model has been shared with DHBs, signed off by DHB CEs and communicated to leadership of primary care, GP and pharmacy groups. • In response to a question from Colin, John Walsh said he was confident the team would have appropriate resourcing to respond to any strong anti-vax response to campaign material.
10	**Polynesian Health Corridors and Cook Islands roll out plan (Megan McCoy)** *Paper considered - Polynesia vaccine roll-out for steering group 19 April* Megan gave update on planning for Polynesian vaccine rollout • Work is progressing towards a mid-May rollout for Cook Islands, although there is a lot of work still to be done, notably around assurance for Ministry and pharmaceutical companies on donation. • The work with Cook Islands will inform the approach with other countries. • There will be a meeting next week with representatives from Nuie then with other countries over following weeks. Group Discussion • Jo stressed the importance of being transparent around the fact that provision for Cook Islands will come out of New Zealand's current supply. • Fa'afetai reminded the Group of the importance of being sensitive in communication with these nations, bearing in mind that despite New Zealand being a friend to Pacific nations, it was also at one time a colonial power. • Megan noted that the newness of COVID vaccines means that New Zealand will have to work in a more hands on manner than on previous occasions where vaccine support has been offered. Finding the right balance for this will be crucial.

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	Suggestion was made by Dame Karen for Polynesian health corridor to be rediscussed at next meeting and moved towards the beginning of the agenda.
11.	**Real Time Assurance Leads Update (Colin MacDonald and Stephen Crombie)** Colin suggested work being done to better understand the demand side of workforce, as work until now has focused on supply side. He also suggested it would be useful for Comms team to look closely at the need for coherent but separate messaging between Ministry and DHBs, in order to ensure local level information is relevant. Stephen stressed the importance of adequately resourcing the work on Accountability Framework, and the need to align the timing of delivery design with technology side.
12.	**Meeting close** • Fa'afetai closed with a prayer.

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Minutes/Actions

COVID-19 Vaccine and Immunisation Programme Governance Group (IPGG)

Date:	Friday, 7 May 2021
Time:	8:00 – 10:00am
Location:	Ministry of Health and Microsoft Teams video link
Chair:	Dame Karen Poutasi
Members:	Murray Jack, Ngāhiwi Tomoana, Steve Maharey, Carolyn Tremain, Dr Fa'afetai Sopoaga, Dr Ashley Bloomfield, John Whaanga
Attendees:	For items: Jason Moses, Astrid Koornneef, John Walsh, Fiona Michel, Ian Costello, Tim Hanlon, David Nalder, Megan McCoy, Juliet Rumball-Smith Jess Hewat (observer status), Ben McBride (observer status), Colin MacDonald, Stephen Crombie, Dr Ian Town, Shayne Hunter, Sue Gordon, Jo Gibbs, Maree Roberts, Mathew Parr
Apologies:	
Secretariat Support:	Salonee Shah

Item	Agenda Item
1.	**Introductions and opening** **Dame Karen welcomed everyone** • Fa'afetai opened with a prayer. • Minutes of meeting held 9 April 2021 were accepted. • Jason Moses, Astrid Koornneef & Rachel McKay introduced themselves as workstream leads who hadn't previously attended the Group. • Matters arising – The Group noted an oversight role for the Pacific Health Corridor vaccinations remained a standing item on the agenda. • No conflicts of interest were noted. Prior to addressing the first Agenda item, Dame Karen asked Group members to briefly note their main concerns for the meeting, in order to shape discussion: • Murray noted that the significant scale up within a short time frame remains a concern, along with integration of technology and business processes. He indicated it would be helpful to have an idea of readiness of the whole supply chain in preparation of the scale up. • Steve noted the integration of all elements associated with delivery. • Colin noted scaling up processes, and how real time reporting can be put into place after the scale up. • Ngāhiwi noted the readiness of the National Booking System. • John Whanga noted the continued need to have equity considerations as part of all planning.

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	• Fa'afetai noted her interest was in pharmacovigilance, particularly whether the current system allowed for the extraction of data in a way that can be used to provide meaningful insights • Dame Karen noted her questions are mainly in regard to the scaling up in the primary care area- and implications on the overall project
2	**Operation Update** *Paper considered – COVID-19 Immunisation Programme Update 2 May* *Paper considered – Daily Covid-19 Vaccine and Immunisation Programme Report (as at 23:59)* Jo Gibbs provided an overall programme update. • Jo noted the programme target was on track to exceed targets again this week and that currently, the Programme was 3% over target. • Jo informed the Group on details around ongoing programme targets and risks, particularly around delivery, and timelines. • Jo noted a team was in Northland this week, to provide support to the DHB. • Jo confirmed a response from the Programme to the draft Office of the Auditor General's report was provided and details on when the report was going to be published have not yet been confirmed. • The Programme sent CEs and SROs the accountability framework and planning packs. The planning packs are to enable DHB's to create a detailed plan for July - October and a more high-level plan for October – December. • Jo stressed the importance of keeping the current programme team together considering all the changes and announcements within the Health Sector. • Ashley noted risks associated with the resource constraint at a senior level and that any such risks should be flagged early. • Luke presented on the operations dashboard. The Group discussed areas of the dashboard that were insight and area where they wanted further information • Mat explained the data on the operations dashboard and how the data figured into the planning. • Colin acknowledged that this is the sort of reporting would help monitor the programme as it scales up in the upcoming months. • Colin noted as the programme continued, assumption testing and adapting if required is important to programme success. He suggested highlighting success measures and tracking goals and evaluating these on a regular basis. • **Action 1: Update to be provided at next Governance Group meeting on ratio between walk ups versus bookings at vaccination sites.** • There was discussion on whether the model should "reserve" vaccines as second dose. It was noted, there are levers that can be used if there is a change in situation in regard to vaccine supply. • The group discussed different areas of messaging through the communications plan. Providing clear guidance to public on vaccine safety and delivery required some thought.

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3	**Programme progress report and walk through of workstreams (Jo Gibbs)**
	Service Design (Mat Parr)
	
	• Mat provided an overview of the different kinds of service models that would be in place over the course of the vaccination programme, some of which are:
	    o Mass vaccination sites
	    o Community health hubs
	    o Aged care residential model
	    o Workplace model
	    o Occupational health model and,
	    o School based model.
	• Project milestones were noted.
	• Programme team provided clarity to the group on questions around different service models and when and how there were going to be used.
	• Dame Karen stressed the importance of the integration of the logistics and delivery systems as much as possible.
	• Rachel McKay noted some of the National contracts have largely been established through occupational health providers.
	
	Equity (Jason Moses)
	• Jason noted the strong equity focus within the individual workstreams, and overall, in the programme, but there was room for more work in this area.
	• Jason noted that current data suggests a lower uptake of the vaccine in the Māori, Pacific and disability community. He indicated that low up take may reflect some inequities in the healthcare workforce, which is a priority currently in the sequencing framework, and once vaccination of group 2, 3 & 4 begins, we could see an increase in uptake.
	• Jason highlighted that equity in the workforce is an important component along with other work to meet our Te Tiriti o Waitangi obligations.
	• Areas of focus in the equity workstream service design including meeting with DHBs to ascertain their plans for Māori, Pacific and disability populations.
	• Jason noted there are a range of actions in the pipeline to address equity within the programme such as targeted communications, working with Maori and Pacific health providers, and establishing vaccine support roles who will work in communities to coordinate services around equity and to spread key messages.
	
	Group discussion
	• Dame Karen asked about how the Kaiāwhina workforce is being utilised as part of the programme.
	• Jason noted that discussions were on going on targets for Māori and visibility of these.
	• Colin noted that additional support should be available to Jason as required to enable equity targets to be met as the programme continues.
	• The content of messaging to the communities was discussed, and Jason noted that it should be clear that anyone that would like to get vaccinated would have services available to do so in an environment that they felt most safe and comfortable in.
	
	Operations (deep dive into Booking System) Astrid Koornneef
	Michael Dreyer / Astrid provided an update on the National booking system
	
	• Michael provided an update on changes in technology and talked through the new features that will available in the CIR.
	• From the end of May DHBs will be online with the booking system.
	• An additional feature to go live in June will be an automated targeted invitation capability.
	• Astrid discussed the operating model, key highlights that her team have been focusing on, and how accountability will feature at each step of service delivery.

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- In response to a question from Dame Karen, it was noted that although full integration between new systems and DHB systems would not be possible, a range of options will be created to ensure, systems are integrated to highest extent.
- Astrid noted that as the model is further developed, it will be possible to monitor the pathway of an individual on their vaccine journey and the aim was for all DHBs to be onboarded by end of May and all sites across the country to be using the system by the end of June.
- Astrid further noted that regional teams will be stood up to support the onboarding, training and support the DHBs through the roll out. Non DHB providers will be targeted and onboarded through DHBs.
- John Walsh noted that there will be comms to inform the public that they can go to organisations they are comfortable with who can help with the booking process.
- A member of the Technology team provided a live demonstration of how the booking system works.
- Juliet provided an overview of the clinical workstream noting the main areas of work as internal quality and safety protocols and how the Ministry can support quality on a national level through the national quality assurance framework.

Comms and Engagement (John Walsh)

Paper considered –Comms update 3 May

John Walsh provided an updated on the communication plan. He noted key areas that the communications strategy will be focusing on.

- Vaccine supply constraint until the end of June.
- Communications in regard to the launch of the booking system.
- More tailored communications across DHBs to correspond to the part of the sequencing framework they are targeting.

Group Discussion

- Carolyn noted that there is potential to use employers to create group bookings at individual work sites and there are channels already available to be able to do this.
- Carolyn asked if there was a communications strategy in place in the event that the Booking System gets overloaded to which John Walsh replied that expectation management is a key part of planning for such events.

Sector engagement and Workforce (deep dive) Fiona Michel

Paper considered – Sector engagement, workforce and welfare workstream: Covid-19 Vaccinator Assistant training programme.

Fiona provided an overview on workforce workstream.

- Fiona noted that there are three key areas the workstream is currently focused on: workforce pipeline, training of the workforce to meet requirements, and making sure we have planned that we have the right people in the right places.
- Workforce team is making concerted effort to increase proportion of Māori and Pasifika within workforce
- As of last week, qualified individuals are now able to register directly with IMAC for training without passing via a DHB
- The Programmes Steering Group have supported the decision for a regulatory change to allow vaccinator assistants to be added to the programme workforce.
- A paper will be submitted to the Minister on 10 May 2021 for approval for a regulatory change, followed by a Cabinet paper, with Cabinet decision expected on 24 May 2021.
- Pilot training course is scheduled for 13 May with a Māori provider based in Auckland, with a pilot online training course planned the week after.
- Fiona noted this course will help provide required workforce for DHB peak needs

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Group Discussion

- In response to a question from Dame Karen, Mat noted that engagement was ongoing with big business, with a specific Business Engagement Lead also being brought in
- Fiona noted the number of trained vaccinators does not confirm their availability to vaccinate, which the programme is aware of and are working to have more workforce capability available.
- Colin noted the risk associated with vaccinator assistants requiring supervision, with Fiona and Jo noting work being done in Programme to mitigate this risk.
- Jo noted that the strike planned by the New Zealand Nurses Union is a risk the programme will continue to monitor.

Logistics (Ian Costello)

Ian provided an update to the Group on the logistics workstream.

- the workstream focus was the distribution model, mainly national and regional bulk storage, storage capacity and wastage.
- the second hub in Christchurch will aide South Island distribution needs.
- further work has commenced on piloting DHB hubs and a more regional distribution network.
- Risks are being managed partially via an incremental phase-in of new systems

Group Discussion

- Effort is being made to reduce the pressure on the digital workstream, notably through bringing in additional operational support to focus on day-to-day queries, and pausing the development of two Distribution systems
- It was noted that there are additional levers than can be pulled to meet deadlines if required, including through pulling people in from other Directorates.

Post Event (Tim Hanlon)

Tim provided an update to the Group on the Post Event workstream.

- Tim noted three work packages as part of the Post Event workstream as passive monitoring, active monitoring and pharmacovigilance
- Tim noted that the ability of CARM to scale was a challenge, although steps put in place via CIR and E-Covid form have helped address this, particularly the auto-triage functionality
- Tim noted the benefit of active monitoring around building public confidence, with
- programmes Steering Group having made an in-principle decision to progress to active monitoring.
- Tim noted work being done with Medsafe on a new database for pharmacovigilance, with the hope this will be active within next couple months.

4 **Risk Summary (David Nalder)**

Paper considered - Programme Risk and Issue report

David provided an update on the Risk Report noting that the reports have been simplified to highlight the top five risks as identified by Programme Leadership Group.

Group Discussion

- Murray noted that a continued assessment of the top five risks, to show whether they were staying the same, worsening or getting better should be monitored.
- Ashley noted mitigation of risks should be further considered.
- The Group discussed the risks associated with support provided to the Realm and other Polynesian countries.
- Mat noted that while New Zealand will be supporting delivery, countries using AstraZeneca would be responsible for the approval decisions around that.

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5	**Polynesian Health Corridor and Cook Islands roll out plan (Megan McCoy)** *Paper considered – Cook Islands Weekly Status Report* Megan provided an update on the vaccine roll out in the Polynesian Countries. • Megan noted work is ongoing to train vaccinators in the Cook Islands. • Megan noted that Niue will be the next cab of the ranks. • Sequencing of other countries that New Zealand will support for a roll out is on-going Group Discussion • Ashley noted there have been discussions with Ministers on the quantity that would be supplied to the Cook Islands. • Tai noted that the Programme would require to have the processes around Pharmacovigilance live in New Zealand before it is offered outside the country.
6.	**Real time assurance leads update (Colin MacDonald, Stephen Crombie)** Stephen noted programme planning and design is now reflecting well the complexity of the programme.
7.	**Summary of meeting and close (Chair)** • Murray has highlighted the challenge of having all systems integrated in time for the July scale up, noting that many of the systems that will be used for mass rollout are not used for current Groups. He also noted the challenge of managing supply and demand once the Booking System goes live • Ashley noted that communication of how the sequencing framework will work will be important once vaccinations for group 3 & 4 begin. • Shayne noted the importance of Programme identifying top priorities in order to focus attention on key issues, including what manual processes may be difficult to scale up. • Ngāhiwi noted Equity funding past vaccination and immunisation should be considered in forward planning.
12.	**Meeting close** Ngāhiwi closed with a prayer.

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ACTION TRACKER

NO.	ACTION	OWNER	STATUS – DATE (Due or closed)	COMMENTS
210115 -02	Consider if this Governance Group should have a continued role overseeing the Pacific Health Corridors support for Vaccine	MoH and MFAT	In progress	Still under consideration
210129-01	For MoH to consider the 'readiness' process that it will seek to put in place with leads to ensure accountability	Mathew Parr	In progress	Accountability framework with DHBs, will be signed off as part of DHB acceptance of plans
210423-02	Further update on development of leading indicators for next Governance Group meeting	Jo Gibbs Luke Fieldes	In progress	Draft on agenda 7 May
210423-03	Update to be provided on non-regulated workforce at next Governance Group meeting	Jo Gibbs Fiona Michel	On agenda 7 May	Complete
210507-01	Update to be provided at next Governance Group meeting on ratio between walk ups versus bookings at vaccination sites	Jo Gibbs Luke Fieldes	On agenda 21 May	

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Minutes/Actions

MINISTRY OF HEALTH
MANATŪ HAUORA

COVID-19 Vaccine and Immunisation Programme Governance Group (IPGG)

Date:	Friday, 21 May 2021
Time:	7:30 am – 9:25 am
Location:	Ministry of Health and Microsoft Teams video link
Chair:	Dame Karen Poutasi
Members:	Murray Jack, Ngāhiwi Tomoana, Hon. Steve Maharey, Carolyn Tremain, Dr Fa'afetai Sopoaga, Dr Ashley Bloomfield, John Whaanga
Attendees:	Andrew Bailey, Stephen Crombie, Ben McBride (Treasury - observer), Shayne Hunter, Sue Gordon, Jo Gibbs, Colin MacDonald, Mat Parr, Dr Ian Town *For items:* Ian Costello, Michael Dreyer, Astrid Koornneef, Fiona Michel, Jason Moses, David Nalder, John Walsh
Apologies:	Chris Seed (MFAT), Jess Hewat (Treasury - observer), Megan McCoy (MoH), Maree Roberts (MoH)
Secretariat:	Carol Hinton

Item	Agenda Item
1.	**Introductions and opening** **Dame Karen welcomed everyone.** • Ngāhiwi opened with a karakia. • Minutes of meeting held 7 May 2021 were accepted with the following change agreed (at suggestion of Dr Sopoaga): P.6, No.5 – delete 'live' and replace with 'working well'. • The amended Minutes were taken as an accurate record. **Conflicts of interest** • Dame Karen noted that she had been advised by Steve Maharey that he had been appointed Chair of the Board of ACC and had declared this as a new potential conflict of interest. Dame Karen congratulated Steve and requested that the register be updated to reflect the appointment. • No other new conflicts of interest were advised. No conflicts of interest were declared in relation to the meeting's agenda. **Matters arising** • Consideration of leading indicators - deferred to 4 June [action tracker 210423-02]. • Consideration of non-regulated workforce – deferred to 4 June (paper going to Cabinet 31 May) [action tracker 210423-03]. To help shape discussion, Dame Karen asked Group members to briefly note their main issues for the meeting: Murray Jack

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- Sequencing framework and how it is executed – he noted the importance of clarity in the early stages.
- Booking system – he sought clarification as to whether this would be mandatory, noting this created a risk of a single point of failure, with subsequent impact on supply and demand.
- Technology failures, including those relating to workforce.

Hon Steve Maharey

- Agreed with the issues raised by Murray.
- DHBs performance reliability for relatively even rollout noting Waikato DHB situation.
- Evenness of supply – planning and implementation.
- The consumer experience – noted he had not heard a lot about this but it was of increasing importance.
- Steve also noted that overall commentary surrounding release of the final version of the Auditor-General's report sounded positive, with other perspectives not appearing to gain traction.

Carolyn Tremain

- Sequencing framework.
- Timelines – relating to core system and contingency planning.
- Anti-vaccination/misinformation.

Dr Fa'afetai Sopoaga

- Northland rollout – sequencing and equity focus.
- Managing vaccination to minimise wastage.

Dr Ashley Bloomfield

- Will welcome feedback from the Group around contingency, and whether the booking system should be mandatory for all, or mandatory in certain settings only.

John Whaanga

- Agreed with points raised by others, adding that a strong equity focus was required across all workstreams. We must make sure we push equity in the same way as we are pushing sequencing.
- Ensuring balance in rollout – do not leave 'harder to reach people' until last.

Colin MacDonald

- Information flow at scale – how it works – ensuring we have capacity.
- Driving equity – Colin noted he expected this to be more visible in next set of DHB plans due shortly but noted MoH may need to work further with some DHBs).

Stephen Crombie

- Demand management and implementation approach in early stages of scale.

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2.	**Operations Update (Jo Gibbs)**
	Paper 3 considered – COVID-19 Immunisation Programme Update - 16 May
	
	Jo Gibbs provided an overall programme update.
	• New Zealand achieved half a million vaccinations the day prior to the meeting, on 20 May. Now at 505,800. The Ministry is providing some media comms re this achievement.
	• DHBs continue to move steadily. The main concern is managing supply and demand until we have volume supply from Pfizer. MoH is aware that Ministers prefer that we endeavour to not cap DHB delivery but this has to be balanced against supply.
	• The EMEA has approved the storage of Pfizer vaccine in Europe at 2-8oC for 21 days (up from 5 days). This means storage is more aligned with other vaccines. Pfizer has just applied to Medsafe for approval to use in New Zealand and Medsafe will consider urgently.
	• Wastage is tracking at about 2%. All DHBs and national providers have contingency plans to ensure effective use their vaccine (however, these plans were made before the EMEA announcement).
	• MoH has worked with all DHBs re their respective regional rollouts. Northland sequencing issues now largely addressed. Canterbury has begun rural vaccination earlier than planned. MoH will provide more specific assistance to mitigate these types of issues for Group 4 rollout.
	
	Ashley Bloomfield noted that:
	• If approved for application in NZ, the Pfizer storage changes will have considerable implications for rollout.
	• In terms of prioritisation to avoid wastage of vaccines, MoH has reiterated to DHBs that they must have formal plans that focus on equity.
	• Group 3 is about 1.7 million people (or 40% of the eligible population) and the invitation strategy and associated messaging is being carefully thought through.
	• A recently commissioned survey shows some quite big shifts from 'hesitancy' to 'acceptance' by Māori and Pasifika.
	
	Piloting for rollout (Jo Gibbs, Mat Parr, Andrew Bailey)
	Paper 4 considered: First Desktop Exercise – Primary care -19 May 2021
	
	• Ashley Bloomfield noted that currently, there are 800 locations available for rollout vaccination services from July 2021, and one-third of these are GPs.
	• A desktop exercise of the operating model to support large scale, national vaccination rollout (from a primary care perspective) was held on 19 May. This was extremely beneficial and identified key focus areas as:
	    ○ How information flows and technologies integrate to support delivery of vaccination services,
	    ○ Prioritising equitable access through the invitation strategy,
	    ○ Extent to which use of the national booking system is mandatory,
	    ○ Support for implementation of technology for primary care providers,
	    ○ Access to trained vaccinator workforce (aligned to rollout requirements).
	• Dame Karen endorsed that care must be taken to ensure the booking system does not prevent people from accessing vaccination (e.g. if they do not have access to or cannot operate technology). Unplanned demand will arise and need to be met.
	• Michael Dreyer advised that GP access to CIR (the register) has been IT enabled and will be load tested. However, use of the booking system is more complex as there are three 'tiers' of GP to be enabled which were not considered in the initial design.
	• Jo Gibbs advised that no decisions had been made as to the extent to which the booking system will or will not be mandatory. Likely to recommend a mixed model and put recommendations to the Steering Group.
	• Shayne Hunter noted the importance of quality data – understanding what data we need and ensuring we have it, as data is the basis of planning and decision-making.

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He saw data collection as a priority focus over having total systems integration from Day 1. Dame Karen supported that data will highlight if integration is required.

- Murray Jack endorsed the point raised earlier by Ashley Bloomfield, noting that the proposed changes to storage of the Pfizer vaccine strengthens the opportunity to use the GP network.
- Colin MacDonald agreed with the focus on ensuring primary care systems are operating smoothly to support effective rollout 1 July. He also noted the significant change in dynamics through the Pfizer announcement but cautioned against putting too much effort into expanding the model immediately. He saw related changes as a 'back end of year' activity.
- Carolyn Tremain noted that the wider political environment could become more challenging as Australia progresses its rollout, and relativity comparisons with New Zealand rollout start to be made. Comms that clearly set out the rationale for the New Zealand approach will be critical.
- Mat Parr confirmed that a paper will be developed that covers the strategic implications for the Pfizer announcement for the CVIP rollout including sequencing, storage, wastage etc. It was hoped to put this paper to the Steering Group on 25 May.
- Carolyn Tremain agreed that the implications of the EMEA announcement are complex and much broader than just 'storage'. She endorsed wastage and implications for the workforce as matters she would envisage would be covered in a strategically focussed paper. Carolyn also noted that the rollout model would need to change later in 2021.
- Mat Parr advised that five more similar exercises are planned by end June.
- Dame Karen endorsed the importance being placed on testing, particularly scale testing.

Noted: a paper is being developed which discusses strategic implications of the Pfizer storage announcement for the CVIP rollout. This will be considered by the Steering Group on 25 May.

Communications and Engagement (John Walsh)
Papers 7a – 7e considered

- Focussing on Group 3 launch – officially this is end May but will be staged across DHBs. There will be no 'grand launch', however, MoH has appointed account managers and will be providing targeted and consistent comms to help each DHB manage community expectations and streamline demand.
- Comms – recognise the differing media habits of those aged over 65 years and make heavy use of press and radio, though the latter is harder to target geographically. s 9(2)(g)(i)
- Members emphasised the importance of a positive consumer experience. They acknowledged the challenges posed by a phased implementation, but cautioned that the *"vaccination has started in your region - don't do anything yet – we will call you"* approach risked frustrating those keen to receive their vaccination. Ashley Bloomfield agreed that it was also important to reassure groups who were waiting that the current measures in place around the country will continue to keep unvaccinated people safe.
- All DHBs are now 'on board' with planning, though not all were early adopters. DHB plans are signed off by the SRO as a minimum.

For noting by CVIP: Remain mindful of the need to understand the consumer journey and of the importance of a positive consumer vaccination experience.

- ***Managing misinformation***
  - John Walsh advised that we continually release accurate information. This is changed in response to analysis of concerns and misinformation from the previous week. Use consistent themes – safety, efficacy, approvals process.
  - We have ability to target the geographic hotspots of misinformation. Targeted drops recently in Nelson/Marlborough.

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	• Carolyn Tremain asked if we continued to promote 'Unite against COVID-19' and the Ministry as the sources of authoritative information, and John agreed this was an area that can be strengthened. • ***Māori, Pacific and Asian community engagement*** • John Walsh noted that MoH is supporting Te Puni Kōkiri and the Ministry for Pacific Peoples with the engagement campaigns – both funding and content. • MoH works closely with the Iwi Communications Collective to support work with iwi and hapū. • MoH has just agreed funding for Maori comms providers *(see Jason Moses' key points below).* • In response to a question from Steve Maharey, John Walsh advised that engagement with Asian communities needed strengthening. However, following appointment of a dedicated resource for this work, he now has a draft engagement plan under consideration. **Focus on equity (Jason Moses)** • Jason Moses said the current strong focus is on the development of DHB engagement plans for Group 3, and ensuring that DHBs were partnering to achieve equity outcomes. The equity focus needed to be 'end to end' across service commissioning and delivery. The Ministry has allocated every DHB a regional account manager to ensure support is tailored and appropriate. • Assessment of the 57 applications to the Ministry's $2 million Māori Communications Fund has been completed. The fund was well over-subscribed. Distribution of funds will begin shortly and will help organisations to establish roles or undertake communications specifically tailored to Iwi and Māori. • The Ministry is considering whether it can provide some additional funding for communications to help address regional 'reach' across Māori, Pasifika and disability communities. • At least three marae sites (Manurewa marae, Waipareira Trust in Henderson, and Murihiku marae in Invercargill) are gearing up for vaccination on a larger scale, with Manurewa marae able to vaccinate up to 300 people per day. Group discussion • In response to a question from Murray Jack, Jason confirmed that DHB plans contained both equity narrative and volumes/targets. • Mat Parr clarified that these DHB plans will all feed into a quality/success framework to be considered by Cabinet in June. The framework will have a strong pro equity focus. • John Whaanga said there is significant leadership re COVID-19 vaccination being demonstrated in the Waikato. He also noted the importance of the whole customer journey which is much wider than just the injection for example, seating in waiting areas, pronouncing names correctly. • John also noted he understood that some implementation matters must be led by the centre, but having a single focus on COVID-19 could mean that wider opportunities to improve service delivery were missed. Some flexibility was essential. • Dame Karen acknowledged this and endorsed the importance of the Kaiāwhina workforce as being part of the desired wider growth/legacy of implementation.
	Operations (Booking System) Astrid Koornneef Astrid provided an update on the National booking system • The booking system is being tested in three regions, including through website and phone booking. Some issues experienced in Kaikōura have successfully been addressed at national level. Pilot will be completed in the week commencing 24 May. • Next step is to get all DHBs online with the system.

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	Group discussion • In response to a question from Stephen Crombie re assurance of DHB capability, Astrid advised that DHB scaling plans must show both the experience and capability to implement to plan. • In response to a question from John Whaanga, Astrid advised that the difference in pilot experiences of Kaikōura and Auckland was due to there having been no prior relationship with the Kaikōura provider. **Sector engagement and Workforce (Fiona Michel)** Fiona provided an overview on workforce developments: • There are 5,614 trained vaccinators. 2,054 are active or have been active in the CVIP programme. • 9.6% of vaccinators are Māori and 2.9% are Pasifika – stable over the past fortnight. • We received 105 submissions on the proposed regulatory change to allow for establishment of a COVID-19 vaccinator. Māori and Disability advocates supportive. NZNO has concerns and MoH is meeting them 21 May to discuss. • Surge workforce database being refreshed likely effective 1 June. DHBs will be able to search directly for the skillset they need. Available in English, Te Reo, Samoan and Tongan. Group discussion • Dame Karen noted the need to ensure security of the database was addressed. • Dr Fa'afetai Sopoaga asked if the database would be available in a language of the Cook Islands. Fiona Michel advised this was not on the immediate list but would be considered for the future. • John Whaanga noted that the focus on Māori workforce development remained. The work on the surge database supported and strengthened this. ***Action 1: Keep the Governance Group informed on progress with the surge database.*** ***Action 2: MoH to consider making the surge database available in Cook Islands Māori*** **Logistics (Ian Costello)** Ian provided an update to the Group on the logistics workstream. • We are standing up storage for the expected volume Pfizer vaccine arrival – Auckland storage hub expected to be accredited 21 May. • The Christchurch storage hub will have Medsafe inspection on 24 May and is currently on track. • Distribution network co-design with DHBs is completed and being co-validated. Will have surge supply available from hub at two hours' notice. Confident these can service 800-1,000 sites. • Ian noted he will be providing a paper to the Steering Group by 1 June 2021 on vaccine transport and storage for distribution in the regions. **Pharmacovigilance (Michael Dreyer)** Michael Dreyer noted the following focus areas for pharmacovigilance: • readiness for scale rollout, • technical investment from other MoH programmes will also support CVIP and there is a need to protect this work to ensure it delivers for the programme. • Michael noted that a more detailed paper on pharmacovigilance will be put to the Governance Group in June.
4.	**Risk Summary (David Nalder)** *Paper 9 considered - Programme Risk and Issue report – 18 May 2021* David advised that risk depiction would continue to evolve to provide real transparency of risks across the programme.

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	• Risks are discussed by both programme leadership (PLG) and Steering Group. • Most concerns of PLG are have a strong operational or technical lean. Mismatch of supply and demand are a current focus. Group discussion • Stephen Crombie observed that the programme overall was progressively reducing risk. Therefore he encouraged that care be taken to portray that matters of concern at PLG member level may not necessarily represent a programme risk • Murray Jack supported this. He confirmed that the overall basis of reporting was useful but suggested it would also be useful to show how risks are tracking over time e.g. improving/reducing/stable. Also useful would be an understanding of where contingency plans are needed (i.e. for risks that would be a significant point of failure if they eventuated). • Dr Bloomfield agreed, suggesting there also be further commentary on the risk areas that have increased. ***Action 3: consider how risk management portrayal can also show how overall programme risk is reducing progressively even though risks iterate.***
5.	**Polynesian Health Corridor and Cook Islands roll out** *Papers 8 and 8a considered – Niue status report and readiness assessment* • Vaccine roll out to the Cook Islands is going well. • There are some specific challenges with Tokelau. MoH received a briefing on these from NZ Defence Force on 20 May. • Ministers will be discussing Fiji situation on 21 May. Group discussion • Dame Karen commended that Polynesian rollout is running in parallel to New Zealand with no denigration of effort.
6.	**Real time assurance leads update (Colin MacDonald, Stephen Crombie)** • Colin MacDonald commented that the 'deep dive' workshop for primary care had been extremely helpful. He also endorsed the importance of DHB planning to understand how implementation would occur. • Stephen noted that the programme was in good shape going into its third stage. Both he and Colin commended the focus on the wellbeing of staff. Group discussion • Steve Maharey indicated he would like more clarity around 'what success looks like'. He suggested this should ideally be a single statement and framed from a population perspective. It could not take a 'legacy' lens. • Mat Parr advised that a Cabinet paper is being prepared, setting out the success/ quality framework and with a narrative about the measures. He indicated this would be for substantive discussion at the next meeting of the Governance Group. • Carolyn Tremain indicated she understood that multiple things progressed concurrently, but she would like greater visibility on what is the single priority that must be addressed or achieved in the very short term. This would help to ensure effort is in the right place. ***Action 4: Consider how the POAP charts can be simplified so that members of the Governance Group can readily identify how actions in any given period contribute to the whole.***

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7.	**Future of the Governance Group** • Dame Karen noted that the role of the Governance Group was scheduled to finish in August 2021. • Dr Bloomfield endorsed that the advice of the Group was of considerable value both to implementation and in providing assurance to Ministers and the Prime Minister. He also noted the importance of the role played by the two external assurers. ***Action 5: Consideration of the role of the Governance Group to be an agenda item for a meeting in July 2021.***
8.	**Summary of meeting (Chair)** • Dame Karen considered the programme was well placed and commended the CVIP team on this. **Meeting close** John Whaanga closed the meeting with a prayer.

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Out of scope

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Minutes/Actions

MINISTRY OF HEALTH
MANATŪ HAUORA

COVID-19 Vaccine and Immunisation Programme Governance Group (IPGG)

Date:	Friday, 4 June 2021
Time:	8:00 a.m. – 9:55 a.m.
Location:	Ministry of Health and Microsoft Teams video link
Chair:	Dame Karen Poutasi
Members:	Murray Jack, Hon. Steve Maharey, Ngāhiwi Tomoana, Carolyn Tremain, Dr Ashley Bloomfield, John Whaanga
Attendees:	Andrew Bailey, Dr Joe Bourne, Ian Costello, Stephen Crombie, Michael Dreyer, Luke Fieldes, Jess Hewat (Treasury - observer), Astrid Koornneef, Colin MacDonald, Fiona Michel, Jason Moses, David Nalder, Mat Parr, John Walsh
Apologies:	Chris Seed (MFAT); Jo Gibbs (ministerial commitment), Sue Gordon

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Item	Agenda Item
1.	**Introductions and opening** **Dame Karen welcomed everyone.** • Ngāhiwi opened with a karakia. • Minutes of meeting held 21 May 2021 were accepted. • Dame Karen noted that Dr Fa'afetai Sopoaga has resigned as she will be based in Samoa in coming months. Dame Karen has decided not to appoint a replacement. **Conflicts of interest** • No new conflicts of interest were advised. • No conflicts of interest were declared in relation to the meeting's agenda. To help shape discussion, Dame Karen asked Group members to briefly note their main issues for the meeting: Dr Ashley Bloomfield • Updated that the context for discussion at this meeting was that roll-out was ahead of schedule s 9(2)(g)(i) . Also that the Prime Minister was likely to make a 'milestone' announcement within a few days re vaccine supply. Colin MacDonald • Accountability. Hon Steve Maharey • Cyber security and the wider roll-out environment (e.g. nurses' strike). • Discussion on 'what does success look like?' • Noted he was pleased to see the customer journey outlined in the papers.

	Ngāhiwi Tomoana • Reinforcing DHB messaging and reach into vulnerable communities. Murray Jack • Noted he can now see the pathway to scale. Asked if a 'big vaccination day' could be arranged in the next few weeks to put processes into practice. • Contingency planning – need to know what our fallback options are and rehearse implementation. • Noted the likely challenges to delivery (particularly to Group 3) with sequencing overlap into Group 4 likely end July/August. Also noted that the programme cannot fall back on vaccine supply constraints as a reason to not progress during July. Carolyn Tremain • Endorsed the agenda. No additional issues to those raised. John Whaanga • Noted the first challenge is to achieve vaccination at scale. Notes DHBs have done a lot of work to prioritise equity in their planning. Encourages an early implementation focus on equity. • Interface with media – how can we use this work to influence other areas of health.
2.	**Operations updates – Programme (Luke Fieldes/Mat Parr)** *Paper 4 considered: Leading/Lagging indicators* Mat Parr noted that indicators had been developed for supply and demand (per page 3 of the paper). However equity sat across all indicators. **Group discussion** • Carolyn Tremain asked about an indicator for communications, noting that tracking public sentiment can help to develop public messaging, and also provides evidence-based response to negative commentary. • In response to a question from Colin MacDonald, Jason Moses advised that equity data is captured within the CIR (immunisation register) and included in daily reports. The Ministry is actively engaged with DHBs over the equity component of their implementation plans. Most DHBs have provided equity data and we are working to obtain it from those that did not. However, DHB measures all vary. ***Action 1: Consider developing a leading indicator for communications.***

3.	**Operations updates – Programme (Mat Parr)**
	Pfizer supply
	
	Mat Parr advised that:
	• Supplies of the Pfizer vaccine for July have now been confirmed. Pfizer has demonstrated that once it has scaled up it maintains its supply.
	• We have a two week 'hold' period until the start of supply with two options to manage:
	    o Hold DHBs at their usage rate in the last week of June;
	    o Use moderation to hold back DHBs that are ahead, and allow others to increase slightly (noting that this movement is only at the margins).
	• Need to think carefully about what this means for bookings and in particular for second dose appointments because their second dose is factored into future delivery.
	• There are implications for communications, particularly regional and local levels. Easier nationally. CVIP is engaging closely with DHBs.

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	Group discussion • Dr Bloomfield asked if choices had been made between communicating the impact of the two week delay i.e. fewer people get their first dose vs second doses may be delayed? He emphasised the importance of having a clear view to provide to Vaccine Ministers at their meeting later that day. • Murray Jack agreed that this matter needed visibility at ministerial level. He also noted the need for communications to start setting the relevant expectations with the public, although he felt this should not be a problem given there was a general awareness that vaccine supply is short. • Murray asked if Pfizer had ever 'not delivered' in respect of CVIP? Mat Parr confirmed only one supply had not proceeded and that was because of the short shelf life. It was a Ministry decision to not proceed. Mat advised that Pfizer has always delivered reliably to Victoria, Australia. • In response to a question from Hon. Steve Maharey, Dr Bloomfield confirmed CVIP has an expectation of a three week gap between doses. There is increasing evidence that there may be some benefits to extending this, particularly in New Zealand's current 'non exposure' situation. • With regard to the communications and engagement, John Walsh agreed there is a reasonable level of community understanding about the supply situation. New material will frame public statements positively for June/July, note the potential delays at the back end, and be explicit about how supply will be managed. ***Action 2: CVIP to develop a clear Ministry position on the preferred option to manage the roll-out of supply and communicate that to Vaccine Ministers at their meeting later that day.*** ***Action 3: Develop communications messaging re management of supply in June/July (following discussion at Vaccine Ministers' meeting). Bring formal messaging re Group 4 roll-out to next meeting of the Governance Group.***
4.	**Progress against Milestones (Mat Parr/Fiona Michel)** *Papers 3 considered: CVIP Update to 30 May 2021* Mat Parr and Fiona Michel advised that a DHB 'deep dive' workshop had been held onsite at the Ministry with all DHB SROs attending in person (the one exception being due to flight cancellation). This was very constructive. Key issues covered were: • Attendees acknowledged the need for dependability and confidence in the process as the vaccination programme rolls out. • Discussion on how DHBs can better align delivery processes, including for scale-up. Good sharings around 'pain points' and how to address them. • Split discussion into large, medium, and small DHBs to account for the different delivery models. Acknowledged that due to size, DHBs may have different approaches to the same broad issue. **Group discussion** • Dame Karen asked on the extent to which equity was covered at the workshop. Mat advised that it was key theme of every session – it had a dedicated focus. There were shared learnings in relation to Māori and Pasifika issues, however, the Disability sector remains a challenge. Lack of data and information is the biggest pain point across the country. • Carolyn Tremain asked about the extent to which DHBs were taking consistent approaches to aspects of their implementation. She contemplated DHB performances could be compared through media. • In response to this, Fiona and Astrid both noted all DHBs have slightly different approaches but through the workshops they note a desire to gain better alignment. There is an acknowledged need to be consistent about how walk-ins are managed, and timing for Group 3 and Group 4 communications. • Dr Bloomfield confirmed the desire of DHBs to achieve local variability where appropriate but to be consistent on issues common to all.

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	• Murray Jack noted that common consistency can be seen as 'the enemy of progress' and agreed on having a focus on 'the few things' where consistency is necessary. Equity is one such area – the plans need to show consistency but there is freedom 'on the ground' about how delivery will be achieved by any given DHB. • Fiona Michel agreed that the approach taken was to develop 'principles' and 'guard rails'. Principles are consistent. But if a DHB goes outside the guard rails, then it starts to become a problem for everyone else.
5.	**Progress against milestones – Invitation strategy - Group 4** *Paper 6 considered: Options for inviting New Zealanders to be vaccinated for COVID-19* Mat Parr advised: • the paper going to Cabinet on 8 June 2021 will cover readiness for general roll-out (*see meeting paper No.13*). Currently, the vaccine may not be administered in New Zealand to children under 16 years of age. Noting the recent advice from Pfizer and the Medsafe 'decision to use', the Cabinet paper assumes that Group 4 will include 12-15 year olds. • the challenge is to match demand with supply – we cannot go over that amount. As uptake increases, we will need a more 'agile' operating model. Astrid Koornneef has responsibility for this. Astrid Koornneef advised: • the Invitation Strategy considers how we can support Group 4 roll-out at national level without compromising what is happening at a local level. This might include national invitations at set times for set groups, however, local activity e.g. in faith-based settings will run in parallel. Inevitably some people will receive more than one invitation. **Group discussion** • In response to a question from Dr Bloomfield, Astrid confirmed that quality checks would be built into the system (for example to remove names of those who have died recently). • Michael Dreyer noted that in spite of this, there will always be some exceptions. Hon. Steve Maharey suggested including a 'changed circumstances out-clause' in invitations. • Dr Bloomfield confirmed that planning has been modelled against Option 1 in the paper as this has support from Ministers. Murray Jack supported this, noting Options 2 and 3 appeared to add complexity which can hinder delivery. • Murray Jack noted 'no shows' as a key assumption underlying delivery and asked if this was supported by any data. Astrid said the assumption was currently informed by DHB local understanding, however, data would be gathered as the booking system came on line. • Carolyn Tremain cautioned re possible issues with individuals receiving too many invitations as this could cause people to think others were missing out, and undermine trust and confidence in roll-out. • Dame Karen emphasised the need for communications messaging to give advance signalling about invitation timeframes and in particular any delays to current expectations. John Walsh confirmed messaging was being prepared for release immediately following the Cabinet decision on 8 June, and advised he would bring messaging re Group 4 roll-out to the Governance Group. • John Whaanga asked how equity is being considered within the segmentation approach. He understood that early sequencing decisions were risk-based, however, this makes the quality of DHB implementation plans from Groups 3 and 4 critical. High uptake from Māori will not occur until we start vaccinating younger people, consistent with age distribution across Māori. Dr Bloomfield confirmed that DHB implementation plans to give effect to the invitation strategy were being carefully assessed from an equity perspective. • John Whaanga also noted that in the event of over supply of the vaccine, he would like to see providers allowed to innovate. He noted that providers in the Waikato in particular would respond well to such opportunity.

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	• Members acknowledged the need to be able to include wider whanau within a vaccination booking, noting that many younger people would make bookings on behalf of older people. Dame Karen noted that for rural Waikato, the messaging re vaccination in smaller towns was to offer vaccination to the whole town while there. • Dame Karen agreed that for Group 4, early public messaging will be critical in ensuring that people are well-informed about what to expect and can plan for how they will manage their own vaccination once they receive their invitation. ***Action 4: Provide Group 4 roll-out messaging to the Governance Group for consideration.***
6.	***Operations (DHB implementation and Booking System) Astrid Koornneef*** Astrid advised on operational developments: • Over 700,000 people have had their first dose and about 250,000 are fully vaccinated. • Implementation plans from all DHBs have been reviewed from perspectives of their production and support for equity to ensure the planned activities and goals are achievable. Some plans are being amended following this assessment. CEOs have been asked to sign off on final plans and these will be 'locked in' by mid-June. • A marked improvement evident in this second planning round. DHBs have demonstrated volume delivery understanding and the Ministry has greater confidence in the plans. • Two DHBs have 'gone live' with the booking system – Taranaki and Wairarapa. Three more DHBs in the system. Canterbury has just been given approval for 21 new vaccination sites. • We expect the booking system to be fully operational from mid-July. • There are 7,000 bookings in the system. • Ministry is in daily contact with Whakarongorau (national telephone service). • There have been some incidents at a s 9(2)(a) with adverse reactions. These have been reviewed with the provider to ensure learnings are applied. A situation in Auckland re vaccine draw-up has also been reviewed and quality improvement actions are in place. **Group discussion** • Hon Steve Maharey asked about the total 'serious harm' incidents from vaccination. Astrid advised she would need to provide this at the next meeting as she did not have those figures to hand. • Dame Karen asked how matters that need to be promulgated promptly to the sector are handled – e.g. anaphylactic response. Fiona Michel advised that the Ministry meets daily with operational leads and they are advised within 24 hours about matters such as this.
7.	**Sector engagement and Workforce (Fiona Michel)** Fiona provided an overview on workforce developments: • There are now over 6,700 trained vaccinators. • Surge database has been upgraded and renamed "Hands Up". Available in Te Reo, Tongan, Samoan and English. • We are talking with DHBs again to clarify how the surge database workforce can help them. We are in the process of contacting everyone on the database – over 8,500 calls made in last fortnight. Of those, 67% have had no contact from a DHB. Average number of available hours is 20 hours a week per person. About 30% are already trained vaccinators. Only 600 are going to withdraw from the database. • Surge database will not address workforce equity issues – 6.3% are Māori and fewer than 2% Pasifika. • Training for the new COVID-19 Vaccinator workforce begins in the week commencing 7 June. The Minister of Health will not be making any announcement at this point due to the wider environment. *(Cont. over)*

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	Group discussion • Dame Karen commended the team on the work to upgrade the surge database. • Hon Steve Maharey asked about the ability to access a workforce overnight to respond to an outbreak situation. Fiona confirmed that there is an 'outbreak flying squad' plan but otherwise MoH has relationships with Bureau staff and occupational health providers to give flexibility. • Steve Maharey also asked the involvement of people of Asian descent. Mat Parr confirmed that the Office of Ethnic Affairs has provided input, and that there is an ongoing link to advice from other communities for example Muslim communities. John Walsh said the comms function has a small team focussing on ethnic engagement and his lead advisor on that team is Asian. Material is being developed in 18-20 languages to support Group 4 roll-out. He will be establishing a $1 million fund to help community groups with engagement. However, he agreed that the focus on this work will ideally be strengthened.
8.	**Logistics (Ian Costello)** Ian provided an update on logistics. • The second distribution hub (in Christchurch) will be audited by Medsafe in the week commencing 7 June. • The scale transport model has been tested with some SROs, and discussed with operations managers and pharmacy managers. Well received and supported. Expect to take formal proposals to the next Steering Group for approval. • Also preparing a paper on the implications of the increased expiry date. To keep visibility of stock, it is important not to release too much supply into the system. In response to a question from Dame Karen, Ian noted that the implications of the new 2-8ºC refrigeration conditions for the Pfizer vaccine will be assessed.
9.	**IT/Cybersecurity (Michael Dreyer)** Michael Dreyer advised: • Programme IT functionality is generally cloud-based with global scale providers holding significant security capabilities and international accreditations. Michael described the security offered by cloud-based systems as 'game changing'. Strict governing identity and access management policies are continually monitored to detect any risks. • All systems have been penetration tested. • Regular engagement with Privacy Commissioner. A very thorough privacy impact assessment of the booking system has been completed. **Group discussion** • s 6(a) • Hon Steve Maharey asked what the practical steps of a security breach or major outage of the booking system were. Mat Parr advised this was being considered within contingency planning at workshops in mid-June – the earlier focus had been on implementation. • Michael noted that short-term outages had been handled to date but agreed that it was essential to plan for more significant events. • Murray Jack agreed the booking system was a key vulnerability and endorsed steps to undertake contingency planning. • Murray Jack also indicated he would like to understand how testing of the booking system was being conducted, noting he saw areas of vulnerability once groups 3 and 4 are fully under way. • The Group agreed it would be useful to consider contingency planning at a detailed level after the mid-June workshop. *(Cont. over)*

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	Action 5: Stephen Crombie to consider the adequacy of security across the CVIP programme IT from a 'whole of programme' perspective and update the Group. ***Action 6: Update the Governance Group on testing of the National Booking System.*** ***Action 7: Provide detailed update to Governance Group on CVIP contingency planning after the mid-June workshops are completed.***
10.	**Success Framework (Allison Bennett)** *Paper 11 considered – Draft Success Framework – June 2021* Allison Bennett updated on work to develop the Success Framework: • It aims to establish expectations about services delivered under CVIP, and how these are experienced by New Zealanders, • We are looking for three or four headline indicators that will allow us to assess the overall success of implementation. Therefore expect to cut back the draft as considered by the Governance Group. **Group discussion** • Dame Karen and Hon Steve Maharey agreed that 'starting big' was a good approach. • Steve Maharey asked if there was one simple and consistent message in terms of the expectations of the public. For example, he queried whether if was simply that people want to know when it's safe to get back to normal because New Zealand has achieved population immunity'. • Dr Bloomfield said that he felt the 'single measure' was likely too simplistic. Discussions he has had with the likes of Rob Fyfe suggest there is no single point at which New Zealand can 'turn the switch'. Rather the different levels of population vaccination would mean different flexibilities. • Murray Jack noted that there was a risk that the population had already made its own calls on what success looks like whereas CVIP did not yet have a view. • Dame Karen agreed there was a balance to be achieved between 'simple messaging' and a complex programme of work.
11.	**Risk and Assurance (David Nalder)** *Paper 12 considered - Programme Risk and Issue report – 1 June 2021* In response to a question from Dame Karen, David advised that . • He feels there is a solid level of risk-awareness. Risks are embedded in activity across the programme e.g. in most conversations with DHB SROs, in papers to the Steering Group, and at Programme Leadership Team meetings (where risks are scored every week). • The broad risk discussion now is not 'what' but 'how we address this'. Current focus is therefore on contingency planning. • An Assurance Framework is being developed to give the Ministry confidence that what we need and expect to be place (to provide assurance across roll-out and into the future) actually is in place. **Group discussion** • No further issues were raised by the Governance Group.
12.	**Real time assurance leads update (Colin MacDonald, Stephen Crombie)** • External assurers noted they are less active as the programme matures. • The opportunity now for the programme is to move to the next phase – noted to key role of the Assurance Framework being developed by David Nalder (see above). • Expect the Assurance Framework will be in place by end July – external assurance function unlikely to be required beyond this timeframe. *(Cont. over)*

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	Group discussion • Dame Karen agreed to review the assurance function at the meeting after next. She acknowledged that while external assurers could continue to be involved, it would not be in their current roles. • Steve Maharey cautioned that the scrutiny that exists into the future will be focussed on funding. How much and what spent on. It will be important to be able to respond clearly and accurately. • Mat Parr acknowledged this point and confirmed the programme is working closely with Treasury. ***Action 7: Place 'Future of the external assurance function' on the agenda for the 2 July meeting.***
13.	**Other business** • Colin MacDonald noted some red items showing in milestones and suggested these be updated to accurately reflect progress.
14.	**Meeting close** John Whaanga closed the meeting with a prayer.
15.	**Next Meeting** Friday 18 June 2021, 8.00 a.m. – 10 a.m.

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MINISTRY OF HEALTH
MANATŪ HAUORA

Minutes

COVID-19 Vaccine and Immunisation Programme Governance Group (IPGG)

Date:	Friday, 18 June 2021
Time:	8:00 a.m. – 9:55 a.m.
Location:	Ministry of Health and Microsoft Teams video link
Chair:	Murray Jack (Acting Chair)
Members:	Hon. Steve Maharey, Chris Seed (MFAT); Ngāhiwi Tomoana, Carolyn Tremain (MBIE), Dr Ashley Bloomfield, John Whaanga
Attendees:	Dr Joe Bourne, Ian Costello, Stephen Crombie, Michael Dreyer, Luke Fieldes, Jo Gibbs, Jess Hewat (Treasury - observer), Astrid Koornneef, Rachel Lorimer, Ben McBride (Treasury - observer), Colin MacDonald, Rachel Mackay, Fiona Michel, Jason Moses, David Nalder, Mat Parr, Dr Ian Town
Apologies:	Dame Karen Poutasi, Dr Caroline McElnay

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Item	Agenda Item
1.	**Introductions and opening** • Murray Jack, acting as Chair, welcomed everyone and conveyed the apologies of Dame Karen Poutasi in respect of this meeting. • John Whaanga opened with a karakia. • Minutes of meeting held 4 June 2021 were accepted with minor edits. **Conflicts of interest** • No new conflicts of interest were advised. • No conflicts of interest were declared in relation to the meeting's agenda. To help shape discussion, the Chair asked Group members to briefly note their main issues for the meeting. These were (no order implied): • Equity issues – specifically the collection of ethnicity data and subsequent actions. • Vaccine supply - and how it will be managed. Aligned with this, expectation management. • Booking system – roll-out and related risks including motivation to respond to invitation. • Consistency of messaging across DHBs – noting the balance that needs to exist between variations in regional approaches and in maintaining public confidence. • Building on 'good news' stories, and ensuring the good work of DHBs is acknowledged. Less of a challenge once running at scale. ***Action 1: Consider developing a leading indicator re net positive/negative media.***

2.	**Operations updates – Programme**
2a.	**Operations updates – Programme overview (Jo Gibbs)** ***Paper 2 considered: COVID-19 Immunisation Programme update – 13 June*** • Currently delivering vaccination to 107% of plan and at 940,000 doses. Likely to achieve 1 million doses by 22 June. • Biggest focus and challenge is managing DHB demand against current supply (with eight DHBs delivering above plan). The 'pull' model previously applied (DHBs requested supply against their demand), has been replaced by a 'push' model whereby vaccine is distributed 2-3 times a week to support 100% of each DHB's plan. • Most contingency stock has been allocated to DHBs if it is required for existing bookings, but with subsequent impact on primary care supply for some. For now, walk-ins are accepted only for whanau-based providers. • To help manage supply, the first mass vaccination event planned for Auckland has been deferred. Roll-out across Corrections, FENZ and NZ Defence Force has also been slowed down to ensure supply available for public bookings. Noted that Ministers are keen to ensure there is minimum disruption to the public. • There will be no disruption to supply for rural setting delivery. • Bookings will be cancelled if vaccine is required to respond to an emerging situation. • Focus now on transitioning to the national booking system and Whakarongorau Aotearoa (which will be the national call centre supporting booking) while continuing to make sure Group 3 is delivered as equitably as possible. DHBs all have their plans and funding has been distributed to help fund targeted (equity-focussed) communications. Analysis on numbers is under way, using a 'burden of disease' adjuster to help DHBs plan for equity in their regions (see section 2b). • Will also now begin to focus on transition planning to move from roll-out to 'BAU'. • CVIP is monitoring the equity target closely – there are good plans in place and good engagement from DHBs however we have not yet seen the changes in numbers that we would want to see. **Group discussion** • The question was posed re the action being taken by CVIP to address the slower than expected equity uptake to date. Response advised that there is a lot of funding for targeted communications to raise awareness and provide messaging. Also doing work on expected volumes by DHB (see section 2b immediately below). • In response to a question, the Ministry confirmed that all possible actions had been taken with Pfizer to ensure continuity and adequacy of supply.
2b.	**Operations updates – Managing Supply and Demand (Luke Fieldes)** *Papers tabled:* *4 - CVIP high level planning metrics* *4a – Draft Group 3 ethnicity expectations* • Objective is to create ability to allow for burden of disease when setting DHB delivery expectations. Have used census data (which we acknowledge is different to NHI data) and have established the additional burden for Māori is about 40%. • Characteristics of the Māori population – generally a younger population. Across New Zealand over 14% of the population is aged over 65 years but for Māori only about 4-5% are aged over 65 years. Therefore we need to drive the equity approach early into Group 3 roll-out. Noted that sequencing of health workforce and other groups first will also influence equity numbers initially. • Emphasised that the chart tabled is indicative only and still needs to be adjusted for age and burden of disease. • Strong focus also on people accessing the first dose, as second dose is then planned in. **Group discussion** • Noted the approach of adjusting for burden of illness.

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	• The Ministry confirmed that the DHB targets would be incorporated into the Success Framework and that they would also be published on the website. Because this is not an exact science, the Ministry agreed with the suggestion of the Governance Group that DHB targets be expressed as bands. • It was noted that using Census metrics rather than NHI when establishing targets will in itself provide a 'stretch target' component given the known differences between the two data sources. (About 2% fewer of the population identify as Māori through the NHI than they do at Census.) ***Action 2: Equity and supply metrics are to become a regular agenda item for the Governance Group.***
2c.	**Operations updates – Pathway to vaccination for exporters (Group discussion)** • The Governance Group noted the view that the programme is likely to face increasing pressure from businesses to address vaccination for business people who need to travel. For example, exporters feel they are losing market share by being unable to travel. Noted the need to align business prioritisation with other key groups already prioritised (e.g. sports people). • There is also a need to be prepared for a discussion on how prioritisation is implemented in a supply shortage situation. • Noted that the matter of vaccination for business travel has been raised by media with the Prime Minister and agreed that this was a matter needing consideration. The meeting briefly discussed potential high level approaches noting options existed for both government-led and business-led approaches. ***Action 3: Add Pathway to vaccination for exporters to the agenda for the Vaccine Ministers' meeting at 1.30 p.m. on 18 June.***
3.	**Progress against Milestones** (Mat Parr) *Paper 5 considered – POAP – Plan on a Page* • Whole plan is considered in detail with the CVIP leadership group every week and is largely on track. • Next Cabinet paper is due August. Focus on implementation to date, any changes required to plans/roll-out, and the transition into 'BAU'. • Service delivery in the BAU environment will depend on two key things – access and public sentiment/communications. CVIP has a leading indicator for public sentiment through Horizon Research. Prediction is that as younger people come through, mass vaccination sites will experience strong demand. However, international experience suggests that demand for vaccination in mass settings will decrease over time. • Confirmed that consideration is being given to a possible surge in vaccination bookings following the summer holiday season.
4a.	**Progress against Milestones - Focus on Equity (Jason Moses)** • Key focus is DHB production plans for roll-out. All DHBs have been given a clear idea on the vaccination numbers they should be delivering to Māori and Pasifika communities each week. Numbers are weighted towards population groups with pre-existing health conditions. (*See Section 2b.*) It is important that DHBs maintain their equity focus during scale-up and the Ministry will maintain close relationships and monitor performance closely. • Because Māori providers are small in number and have limited capacity, we will see the greatest shift in the equity focus through the work of DHBs. Māori providers also have wider health services to focus on. Need to consider how some of this wider work can be alleviated for scale-up. • Significant funding has been approved/distributed to support regional initiatives to help increase uptake in Māori, Pasifika and disability communities.

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	• The Ministry is considering the responses should monitoring identify that equity targets are not being achieved. **Group discussion** • Reinforced the need to not lose sight of the equity focus once DHBs are working at capacity. • The opportunity to strengthen the DHB equity focus is before they start working to scale. • Agreed with the consideration being given to provide flexibility within the service contracts with Māori providers so that they can provide a stronger focus on scale-up. • Noted the role of positive local new stories in promoting uptake. ***Action 4: work with DHBs to finalise targets, production plans and gain CEO sign-off to DHB accountability documents.***
4b.	**Progress against Milestones - Invitation strategy *(Astrid Koornneef)*** *Papers considered –* *6: Invitation Strategy, 6 May 2021* *6a: Invitation approach for Group 4* • Steering Group (and subsequently Ministers) have agreed the invitation approach for Group 4 roll-out. This is a nationally led approach, with other concurrent activities to meet the needs of each region. • Invitations will be issued to a cadence aligned with age band announcements made by the Prime Minister. • A national invitation register is being established using NHI and initial enrolment system information. We have email or current mobile phone for about 80% of these people. Noted that GPs hold current contact information and can supplement this. Noted that for this reason, some people may receive more than one invite. • National booking system will be live from 28 July. People can schedule both their vaccination appointments through the one website visit. System allows flexibility to change, or book first and second appointments at different sites. • Have met with Whakarongorau. The call centre's ability to support callers to book is significantly increased under the new booking system with call handling down from 14 minutes to 8 minutes. • Generally people are encouraged to book directly online. International experience shows that this is a very good opportunity for customer engagement in their vaccination experience. • Use of the booking system is not mandatory for general practice. Consideration is being given to how to give customers visibility of GP sites which are not able to be booked via the online system. • The age segmentation approach will not apply to several events, e.g. mass vaccination sites and regional whanau-based services. **Group discussion** • Suggestion made that consideration given to establishing a call-back function for callers who prefer not to wait. Noted that advice of likely wait time is also being considered. • In response to a question from the Governance Group re the level of confidence the Ministry had in the technology supporting the new booking system, the Ministry confirmed that the system is working well, that several DHBs were choosing to move to the same IT platform *(Genesys)* as used by the call centre for ease of use reasons, and their ability to access to good call data. • The Governance Group queried if iwi and disability groups had 'signed off' on the national booking system approach. The Ministry noted that use of the booking system is not mandatory but confirmed it had been tested across a range of users, including disability sector representation. To ensure a strong equity focus and to meet local community needs, equity-based approaches in regions will take place concurrently alongside the national invitation strategy.

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	Action 5: Director-General to use the weekly stand-up with the Prime Minister to clarify the two concurrent foci of roll-out (i.e. age banding and equity approaches), the possible impacts, and how consumers should respond.
4c.	**Progress against Milestones - Communications and Engagement (Rachel Lorimer)** *Papers considered –* *7: Update: Communications and engagement to support the vaccine rollout* *7a: Examples of recent vaccine communications, engagement, campaign and collateral* • The Group 4 age range announcements made by the Prime Minister the day prior appear to have been well received. However, a strong focus is still required on Group 3. • Confirmed that, before any big announcement, the Ministry actively contacts its stakeholder groups to ensure they know what is to expect. • There will be a media 'walk through' of the booking system later in the day. • Planning for Group 4 engagement includes establishing regular research around behaviours and barriers to uptake, and at different times of the year. • Noted that the research will be useful to help balance out inaccurate commentary. • Cautioned the need to address expectation gaps, particularly in relation to where people feel they should sit in relation to sequencing order/invitations. CVIP confirmed it worked closely with DHB comms leads to try to ensure nationally consistent messaging. • There is a need for comms to 'bridge the gap' between what people logically understand vs what they feel (for example if they try to book their appointment but cannot get the timeframe they prefer). A lot of effort is going into this. • John Walsh's secondment from the Ministry for Primary Industries has now ended. **Group discussion** • The Chair noted with appreciation the key contribution of John Walsh in leading the CVIP Communications and Engagement function over the past three months and asked that this acknowledgement be recorded in the Minutes.
4d.	**Progress against Milestones - Service Design – Temporary Workplace Sites** *Papers considered –* *8: CVIP Planning Blueprint – Temporary Workplace Sites – Summary of content* 8a: *CVIP Planning Blueprint – Temporary Workplace Sites* • Trialling worker vaccination at two worksites in South Auckland, both of which have potential to contribute strongly to the roll-out equity focus. Participation criteria are established for participating employers and their service providers, including to ensure clinical quality management and to ensure that co-payments and surcharges are not imposed on participating workers. The criteria will be used to assess and manage future business sector interest. • Minister is likely to announce workplace vaccination at a scheduled meeting with Business New Zealand. • Working with Business New Zealand to identify a potential 'top 150' of businesses for future consideration. **Group discussion** • In response to a question from the Governance Group, the Ministry advised that certificates of vaccination were being issued to workers who need to demonstrate they have been vaccinated.
5.	**Contingency planning and readiness (Mat Parr)** • Contingency planning to date has been done within the Ministry. • Will be engaging with DHBs in the first two weeks of July to further develop contingency planning in preparation for readiness. ***Action 6: Provide a 'deep dive' into contingency planning for moving to scale to the Governance Group meeting on 2 July 2021.***

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6.	**Risk (David Nalder)** *Paper 8 considered - Programme Risk Report for Steering Group – 14 June 2021* • The CVIP leadership group (PLG) members all score risks individually This gives visibility of all risks across the whole Group. • CVIP is comfortable that the levels of risk to which the programme is exposed, and their proposed mitigations, are acceptable. Also comfortable that the risk owners understand the risks and their accountabilities. • Not all mitigations are fully tested but CVIP has confidence this will happen under the Assurance Framework *(see section 7).* • Aim is to achieve 'risk aware' decision-making – not say 'no' to everything with inherent risk.
7.	**Assurance (David Nalder)** *Paper 9 considered – CVIP Assurance Framework – 14 June 2021* • Assurance Framework links requirements across the programme, readiness requirements and other key documents including the Success Framework. Will be bringing this as a paper to Governance Group. • Framework takes the 'three lines of defence' approach – risks identified/extent to which the programme is or is not prepared to accept the risks is agreed/controls put in place (checking through self-check and internal audit). • Service standards are essential for the Ministry-led assurance environment - will set minimum requirements and controls for DHB service delivery and be actively monitored. **Group discussion** • Noting the stage of this programme of work, it is important to understand and articulate the nature and level of risks, and the effectiveness of mitigation actions. This will inform the Group's comfort in decisions about programme readiness. • Noted the need to ensure that critical assurance areas are addressed early. This may mean they are addressed before the full framework is in place. ***Action 7: Further report back on development of the Assurance Framework to be provided at next meeting.***
8.	**Real time assurance leads update (Colin MacDonald, Stephen Crombie)** • Pleased with amount of ownership for assurance now taken by PLG. • The need now is to identify the assurance that must be given prior to scale-up starting, and that which can be delivered later in the programme. Per the discussion in section 7 above, they saw this activity as being a little later than it might have been, however, understood that it was now being prioritised. • The external assurers noted they would be discussing their future involvement with the Chair, given the CVIP programme would be transitioning into 'business as usual' and the assurance function would be managed by the Ministry.
9.	**Chair's sum-up of focus areas for the programme arising from meeting** • Noted the growing maturity of the programme evident through the reporting. • Agree DHB equity targets and be satisfied about the changes to DHB plans. • Access to vaccines for business travel. • Confidence in supply – gearing up for scale.
10.	**Meeting close** Ngāhiwi Tomoana closed the meeting with a prayer.
11.	**Next Meeting** Friday 2 July 2021, 8.00 a.m. – 10 a.m.

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MINISTRY OF HEALTH
MANATŪ HAUORA

Minutes

COVID-19 Vaccine and Immunisation Programme Governance Group (IPGG)

Date:	Friday, 2 July 2021
Time:	8:00 am – 9.25 am
Location:	Ministry of Health and Microsoft Teams video link
Chair:	Dame Karen Poutasi
Members:	Hon. Steve Maharey, Ngāhiwi Tomoana, Dr Ashley Bloomfield, Murray Jack
Attendees:	For items: Jason Moses, Astrid Koornneef, Rachel Lorimer, Rachel Mackay, David Nalder, Luke Fieldes Jess Hewat (observer status), Ben McBride (observer status), Colin MacDonald, Stephen Crombie, Dr Ian Town, Shayne Hunter, Jo Gibbs, Maree Roberts, Mathew Parr
Apologies:	Carolyn Tremain, Chris Seed, John Whaanga

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Item	Agenda Item
1.	**Introductions and opening** The Chair welcomed everyone to the meeting and a karakia was performed. The minutes of the meeting held 18 June 2021 were approved as a true and accurate record. Members had no additional conflicts of interest to declare and there were no conflicts of interest in relation to the meeting agenda.
2.	**Top of mind assurance issues** The Chair asked members to note their main issues or concerns for this meeting, which are recorded in no specific order: • Equity issues – not totally confident that DHBs are all aligned and clear on delivery expectations; • Communications – media perception that there are issues with access to the vaccine; • Any learnings from the recent change in Alert Level for Wellington The Governance Group noted the papers provided for this meeting were very well considered and concise. An update was provided on the local and national response to the recent positive Covid-19 traveller who had been in Wellington, and that it appeared that the Delta variant had greater transmissibility in household settings rather than in public places. It was a timely reminder for New Zealanders to remain vigilant and to protect ourselves and others from COVID-19. The recent alert Level change could have a positive impact on vaccination numbers.

3a.	**COVID-19 Immunisation Programme update (Paper 4)** The Governance Group was presented with the COVID-19 Immunisation Programme update as at 27 June 2021. It was noted that current cold storage vaccine supplies will be exhausted by Monday, 5 July and officials have worked very closely with DHBs to monitor vaccine supply across the country this week. The next Pfizer delivery is scheduled for 3.40am on Tuesday, 6 July 2021. Work continues with 4-5 DHBs to address equity gaps within their delivery plans. Officials provided assurance that all DHBs have plans in place to increase vaccination rates for Māori, Pasifika and disabled consumers. The Governance Group noted that the Auckland Metro data was successfully migrated from booking records to the National Immunisation Booking system and migration dates have now been agreed with the remaining DHBs. All DHBs will be on and using the National Immunisation Booking system by 5 July, with some migration continuing until 8 July 2021. s 9(2)(g)(i)
3b.	**Supply and demand (Paper 5)** The Governance Group was provided with forecasted Pfizer vaccine availability for the period 28 June to 8 July 2021. Members asked officials what work was currently being done to identify the unvaccinated border and frontline workers and was there a sense of the numbers that were classified in that group. Officials noted that it was there assumption that the Ministry of Health's role, from a public health perspective, was to make the vaccine as accessible as possible for all New Zealanders and they would continue to work closely with employers to ensure that their staff take up the opportunity to get vaccinated. Dr Bloomfield noted that he was focussed on ensuring that health care workers were also vaccinated to ensure their personal safety should they come into contact with someone who had the virus.
4.	**Outcome measures / Leading indicators (Paper 6)** The Governance Group was provided with an update on Outcome Measure development work currently underway. It was noted that the May 2021 Horizon Survey results for Population Acceptance of the vaccine was 68% likely to be vaccinated vs 13% who responded that they were unlikely to be vaccinated. The Governance Group noted that gap in acceptance when combining those already vaccinated and those likely to get vaccinated between Māori and all ethnicities combined (all New Zealand) has remained stable. Officials noted that subject to the current delivery forecasts being met, that from 8 July they will be in a position to start to accumulating vaccine stock. It is the intention to hold at least a weeks' stock on hand without stretching supply against demand. On current modelling if DHBs perform to plan it is envisaged that by early October 60% of the population will have received either their first or second doses of the vaccine. **Actions:** 1. Ministry of Health to provide a future update on how DHBs are being held to account for delivery of equity targets. 2. Ministry of Health to provide analysis of Māori and Pasifika vaccinator workforce numbers.

5.	**Readiness for scale (Paper 7)**

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	The Governance Group was provided with an overview of the process for ensuring the rollout of COVID-19 vaccinations across New Zealand is ready to scale for the scale and approach needed for Group 4 (ie. open access to the general population). It was noted that the Programme Leadership Team and the Steering Group had approved the readiness criteria and that the Readiness to Operate at scale had been designed with equity, safety, experience and efficiency success measures at the core. Officials noted that they were now in receipt of signed accountability documents from all DHBs and National Providers and they were confident that there was good assurance with clear accountability measures. The Governance Group congratulated the team for the work completed with the assurance framework, as it provided them with high confidence around the detailed assessment of readiness. Dr Bloomfield acknowledged the considerable work that had been done to ensure a robust and rigorous readiness assessment had been completed. **Actions:** 1. Ministry of Health to provide at a future meeting any impacts the health reforms may have on DHBs and how these can be mitigated to ensure that they do not impact on the vaccination programme.
6.	**Risk summary (Paper 8)** The Governance Group was provided with an update on the Covid Vaccine Immunisation Programme risks and noted that the Programme Leadership Team were actively managing any changes in risk ratings. The Governance Group noted their confidence that management would continue to manage any risks identified in the programme.
7.	**Contingency planning (Paper 9)** The Governance Group was provided with an update on contingency planning and noted the recommendations of the Steering Group: 1. **Note** that the PLG has identified six probable risk scenarios that would affect the delivery of the expected national plan 2. **Note** that the PLG has agreed to a phased development of contingency plans for the identified scenarios 3. **Note** that the CVIP Contingency Plans for the six scenarios have been completed 4. **Note** that all DHBs have Business Continuity Plans in place as part of the readiness criteria to go to scale. 5. **Note** that a workshop will be held on 1 July to further integrate the national (COVID-19 Response Team), CVIP and DHB plans to the identified scenarios. 6. **Note** that a contingency planning desktop exercise will be conducted in mid July. 7. **Agree** that the programme contingency plans be externally peer reviewed (e.g. National Emergency Management Agency) as part of the overall Assurance Plan. 8. **Agree** the Programme Director to engage with the Auditor General in relation to the contingency planning recommendation contained in the “Preparations for the nationwide roll-out of the COVID-19 vaccine”. The Governance Group was briefed on the contingency workshop held on 1 July 2021 and noted the scenarios, preventative and responsive measures that would be invoked. The Governance Group noted their level of comfort with the work done to date on contingency planning.
8.	**Vaccine certification and consumer channel update (paper 10)** The Governance Group was provided with an update on the work being led by the Ministry of Transport (MOT) and the Border Executive Board (BEB) to develop a digital COVID-19

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	Vaccination Certificate, which could be used as proof of vaccination for both workplace and travel requirements. Officials led the discussion around the technology channels being explored and the intent to ensure ease of use for consumers to access vaccination details, but also other health records. The Chair asked what steps were being taken to ensure equity of access for all New Zealanders, and officials assured the Governance Group that due consideration would be given to ensure equitable access to records.
9.	**Realtime Assurance update** Stephen Crombie advised the Governance Group that this was his last meeting, as an external auditor and it was his view that the Covid Vaccination Immunisation Programme was on the right path. The programme was delivering and the combination of having the strong leadership, combined with the right people doing the rights things in a methodical manner had the programme well positioned for success. Stephen Crombie acknowledged the Assurance processes that had been put in place, as well as the great partnership between Operations and Technology who have demonstrated a strong working relationship with a focus on deliverables for the end user. The Chair thanked Stephen Crombie for his contribution and the role that he had on the Governance Group to provide real time assurance. Dr Bloomfield echoed the sentiments of the Chair and noted that it would be beneficial to capture and document the initiative to use a Governance Group as the benefits would be measurable across many other government agencies.
10.	**Other business** *Communications* The Governance Group was provided with an update from the Communications Group Manager on current deliverables and resourcing. It was noted that the CVIP Communication team worked closely with the DHB Communications teams to support them in delivering key messaging locally in alignment with the national messaging. A Māori communications strategy had just been signed off which would provide more guidance and confidence across the programme. The strategy had been widely consulted with iwi and was currently with Minister Henare's office for his information. The Governance Group would be provided with a copy in due course. The Governance Group noted that there was still some noise amongst media outlets with negative messaging and acknowledged the national and local efforts to mitigate negative stories. **Actions:** 1. Ministry of Health to provide a copy of the Māori communications strategy to Governance Group in due course.
11.	**Chair's sum up of focus areas for the programme arising from meeting** The Governance Group members: • Noted the programme was well positioned and looked forward to scale up and readiness. • The programme is well ahead of the game, congratulations to all on the work done to date.

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	• Urged officials to seize the opportunity to capture the positivity around the programme – things are being delivered. • Confidence in management to identify and manage risks.
12.	**Meeting close** The Chair closed the meeting at 9.25am, and asked Ngahiwi Tomoana to say a prayer. The next meeting was scheduled for Friday, 16 July 2021 from 8.00am – 10.00am.

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MINISTRY OF HEALTH
MANATŪ HAUORA

Minutes

COVID-19 Vaccine and Immunisation Programme Governance Group (IPGG)

Date:	Friday, 16 July 2021
Time:	8:00 a.m. – 9.55 a.m.
Location:	Ministry of Health and Microsoft Teams video link
Chair:	Dame Karen Poutasi
Members:	Murray Jack, Hon. Steve Maharey, Carolyn Tremain
Attendees:	Andrew Bailey, Astrid Koornneef, Luke Fieldes, Jo Gibbs, Shayne Hunter, Rachel Lorimer, Colin MacDonald, Jason Moses, David Nalder, Mat Parr, Maree Roberts, Robyn Shearer (for Dr Bloomfield), Fiona Smith (item), Dr Ian Town, John Whaanga Jess Hewat (Treasury - observer status)
Apologies:	Ngāhiwi Tomoana, Chris Seed, Dr Ashley Bloomfield, Ben McBride (DPMC)

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Item	Agenda Item
1.	**Introductions and opening** • Dame Karen Poutasi welcomed everyone to the meeting. • John Whaanga opened with a karakia. • Minutes of meeting held 2 July 2021 were accepted. **Conflicts of interest** • No new conflicts of interest were advised. • No conflicts of interest were declared in relation to the meeting's agenda. **Matters Arising** • Mat Parr was asked to follow up on the development of a leading indicator for positive/negative media sentiment, an action from the previous meeting.
2.	**Top of mind assurance issues** To help shape discussion, the Chair asked Group members to briefly note their main issues for the meeting. These were (no order implied): • Understanding the path to scale up to peak, and the need to manage this carefully, noting that for many people their expectation now is "it's time to get vaccinated". • Equity issues – noting challenges to achieving equity when age sequencing is not aligned. Important to allow providers flexibility to deliver services, particularly smaller scale/primary providers who service local communities. • Vaccination workforce – understanding overall numbers, adequacy for scale-up, and the extent to which equity is reflected back in workforce composition.

3.	**COVID-19 Immunisation Programme update (Jo Gibbs)**
3a.	*Paper 4 – COVID-19 Immunisation Programme Update – 11 July 2021* • The vaccine supply situation is still tight. Two DHBs ran out of stock for a short period whilst waiting for new supply to arrive from the hub. • Situation is closely monitored. The quality and completeness of information held on the Ministry's portal about each DHB's stock in hand is improving. • Further vaccine supply due Tuesday 20 July. This will be distributed to service providers. It will take some time to build up contingency stock. Situation should ease a bit towards early August as larger shipments arrive. • The national booking system is now live across all DHBs. Available vaccination slots are viewable and bookable. Only some older bookings made by DHBs remain outside the system and will be transferred manually. **Group discussion** • The Governance Group noted that the 'live' status of the national booking system is likely to remove a deterrent for many who prefer to make their own arrangements. • The Ministry noted that the new challenge is to ensure that the forward capacity is loaded (by the DHBs) into the booking system.

3b.	**Communications and engagement – general approach (Jo Gibbs/Rachel Lorimer)**
	
	• All DHBs have committed to getting their Group 3 invitations out by 23 July. The Ministry is monitoring this on a daily basis. The original commitment – Group 3 notifications out by end June – happened substantially, but not entirely.
	• Media messaging will advise people aged over 65 years who haven't received an invitation of the number they can phone to book an appointment.
	• The week of 23-28 July will be a 'hiatus' to allow for reservations to take place. The national call centre will be open for five days from 17 July, but this will only be announced through local level communications to make sure that early call load is manageable.
	• Whakarongorau has staffed up significantly and the Ministry is monitoring this to ensure capacity meets demand.
	• The Minister is likely to make the announcement to open to the first people in Group 4 on 28 July.
	
	Group discussion
	
	• The Governance Group noted a change in the focus of comms from "we will contact you about your vaccination" to "please contact us if you don't have a booking".
	• The Governance Group also noted the need to manage expectations (consumer and provider). Ideally all those in Groups 1, 2, and 3 will be booked by end July.
	• The Ministry agreed, advising:
	    • For consumers, the ability to book online was unlikely to translate into an immediately available vaccination slot, with waits of up to six weeks in some cases;
	    • For providers, there was a need for 'tighter' comms, depending on the provider's delivery model e.g. age band approach, whānau vaccination.
	• Therefore the Comms campaign had two sets of messaging so that those identifying in the system as Māori or Pasifika would receive a whānau invitation.
	• Consumers were encouraged to book online, however, were also advised to phone in if they preferred to have their booking managed for them.

3c.	**Invitation strategy – the sequencing/age banding approach** • Members of the Governance Group raised a number of issues about the sequencing approach. • Members noted the overlay of much of Group 3 with Group 4 and the comms and other implications of this. They asked what criteria Ministers were working to when making decisions re extension of the vaccination age bands. Criteria would better clarify the likely

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	implications of decisions, and support robust decision-making when deciding to launch a new age band. • The Ministry advised that the decision was made in June that Group 3 would be invited across June to September 2021. This has not changed, however, with Group 4 roll-out beginning, booking slot availability may come under pressure. Ministers are aware that booking windows are 6-8 weeks out. • This situation also has implications for comms and messaging (see section 3b). **Group discussion** • Members noted the differing approaches of some DHBs to approaching their Group 4 consumers. Where DHBs who do not extend invitations promptly after ministerial announcement, this skews demand, and therefore also response. Lower response volumes do not necessarily mean low interest. Members also noted consumer perceptions risks from delay. • Members were strongly of the view that criteria should be developed to inform sequencing decisions. • Members suggested that sequencing and cohorts were really theoretical constructs and potentially almost impossible to deliver on the ground. Addressing overlaps between Groups 3 and 4 will be problematic, particularly as service delivery moves out more widely and into primary care. This diversity of delivery is good – but it provides challenges in terms of expectations management. ***Action 1: Ministry to consider developing decision criteria for sequencing. (Mat Parr)***
4.	**Outcome Measures/Leading Indicators (Luke Fieldes/Astrid Koornneef)**

	Paper screen shared – Operational Capacity for Tier 4 subgroups
	
	• To help give us confidence in delivery, we need to understand how capacity within the booking system interfaces with DHB production plans.
	• The chart shows how far through its delivery to a particular cohort any given DHB is when Ministers make their next announcement. Currently quite significant overlaps can be seen in many cases.
	• DHBs can now see this data and are starting to gain an understanding of how they can best use it.
	• Having a better understanding of booking availability in relation to demand also:
	  ○ helps us to manage expectations, i.e. to frame up comms with those making bookings;
	  ○ can help Ministers to understand the system's ability to support new age band announcements at any given point.
	• It can delineate by both first and second doses.
	• Noted that the booking system does not currently include primary care. Projections therefore include the primary care element stated within each DHB's production plan. Projected bookings for primary care will be refined as we gain more information into the future.)
	
	Group discussion
	• The information provided is quite revealing in terms of the capacity in the system. The issue is how this can be used to inform decision-making re opening up new cohorts.
	• What level of flexibility does this approach have e.g. to report on activity within age groups by particular DHBs?

5.	**Programme Status (Andrew Bailey)**
	Paper 6 – COVID-19 Vaccination and Immunisation Programme Schedule Summary Update 12 July 2021 • This is a new report which aims to highlight the current status of each workstream, providing a two-week view.
6.	**DHB Accountability of equity targets (Jason Moses)**

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	Paper 7 – Monitoring and Accountability Measures to support District Health Boards in meeting Equity Targets • A number of measures support DHB accountability for their equity targets. • The equity data table (paper 7a) shows DHB actual and planned performance (for Māori and Pacific peoples). There are some high performers, such as Capital & Coast and Hutt Valley, where a recent vaccination event for Pacific people had been very successful across both Māori and Pacific. • However, the data table shows that whilst DHBs are able to achieve broad production volumes, many are struggling with equity targets. • The Ministry meets DHB SROs on a weekly basis to review performance. **General discussion** • The Governance Group noted that under an age-banded sequencing approach, Māori and Pacific populations will disproportionally come in the younger age bands. • The suggestion was made that the programme think about 'what attracts younger people to get vaccinated?' This is a wider question than just for Māori and Pacific people. ○ The Ministry noted that its research plan provides focus group information about vaccination behaviour which informs messaging. • Encourage flexibility in vaccination service provision by freeing up provider capacity from other contractual obligations where possible. Effective vaccination is bigger than administering the vaccine. Local providers are key connectors and have a comms role to play. Allow providers to create the right environment for their communities.
7.	**Choices to support uptake and scale Q3 and Q4 (Mat Parr, Joe Bourne, Vince Barry)**

	Papers 8 and 8a – Q4 Strategy discussion – 12 July 2021
	
	• Previous modelling to reach 'scale' has been based on 70 per cent uptake.
	• Research in New Zealand by Horizon shows that 80 per cent of people are now willing to be vaccinated.
	• A stretch ambition of 85% is therefore proposed for planning purposes.
	• International experience shows there is an eight-week window of working at peak before delivery starts to reduce. September and October are identified for focus in New Zealand.
	• There are three settings possibilities to 'push' uptake:
	  ○ Through primary care settings;
	  ○ Through mass events;
	  ○ Through schools (i.e. delivery to students, noting that school settings are already being used by some DHBs as these provide a trusted site for e.g. whānau vaccination).
	• DHB production plans are signed off to end of September and will an increase for the period post-August to deliver the 85% ambition.
	• Current planning was for around 800 vaccination sites. Significant effort is required to onboard the necessary number of new sites to push fully into primary care (expected requirement 2,000 sites).
	
	Group discussion
	
	• Messaging about supply needs careful consideration to reflect reality but retain confidence. New supply has arrived but must still be managed as the supply is not infinite for some time yet.
	• Messaging – including to Ministers – must be disciplined. Basically, wider roll-out has started but we continue to need to manage supply so that we can meet demand. Planning might include some mass vaccination events so that those eager to be vaccinated have an earlier opportunity.

8.	**Funding and Finance Update (Fiona Smith)**

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	Paper 9 - CVIP Funding Update • The 2020/21 year end result has just been closed off. • Total programme spend to the end of June 2020/21 is $375 million from a total appropriated budget for the 2020/21 year of $673 million. • Programme costs are different to figures in the 14 June 2021 Cabinet paper. This is because the Cabinet paper was agreed following supplementary estimates, and appropriation funding could not be re-phased to reflect this. • Current projection is for a $300 million underspend. The $350 million contingency will not be drawn down until the underspend is used. • The Ministry is doing high level work to assess the COVID-19 vaccines it will need to purchase for 2021/22. This includes costings on an assumption of an annual 'single dose' vaccination programme. The analysis will be set out in the Cabinet paper on readiness due to be considered in late August. • The Treasury noted that it is keen to understand more about the detail of the expenditure, noting the $520 million for DHBs dates back to March. The Ministry advised it had not yet received this information from DHBs but would be working closely with them on this.
9.	**Risk Update (David Nalder)**

	Paper 10 - CVIP Programme risk summary for Governance Group – 16 July 2021
	• Risk reporting is now tied into the four Success Framework dimensions, meaning some change to reporting approach.
	• The 'ultimate' risks of the project are:
	  o Loss of public confidence,
	  o Lack of equity of access,
	  o Low uptake.
	• Themes for emerging programme risks are:
	  o Expectation management,
	  o Reducing complexity,
	  o Legacy and transition.
	• s 9(2)(g)(i)
	
	Group discussion
	• The key themes discussion on page 3 of the report is helpful as it shows how the risk implications are being interpreted.

10.	**Other business**
10a.	**Science and Technical Update (Dr Ian Town)** • CV-TAG continues to have a focus on events of myocarditis/pericarditis post-vaccination (Pfizer), and has completed a literature review on the matter. Myocarditis is an inflammatory condition affecting heart muscle. There are reports from Israel and the USA of younger (<30) males presenting with myocarditis after their second dose of Pfizer or Moderna vaccines. • Current thinking overseas is that the risk/benefit is strongly in favour of continuing to administer the vaccine where there is an ongoing pandemic. No regulatory authority has put up a precaution on use of Pfizer at this time.

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	• Questions to be addressed for the use of the Pfizer vaccine in New Zealand are:
	    o how this might impact on the use of the vaccine to 12-15 year olds and
	    o how Pfizer should be administered to 'younger males', e.g. those aged under 30 years.
	• Advice is being prepared for the Director-General on these matters and will be considered at a future Steering Group meeting.
	
	Group discussion
	
	• In response to a question about Australia's position on this matter, the Governance Group was advised that the context in Australia is different, however officials here would be making contact with Australian officials to compare notes.
	• In response to a further question regarding the use of other vaccines in New Zealand, including Janssen, the Group was advised that a Cabinet paper was being prepared on the future vaccine portfolio for New Zealand, for likely consideration mid-August.
	• Having more than one vaccine in the portfolio protects against the risk of supply chain issues.
	• As a single dose vaccine, Janssen may be a good alternative for those who cannot have Pfizer due to side effects.

10b.	**Realtime assurance update** • Noted that this function had now ceased, with the programme assurance plan picking up this activity. Colin MacDonald was now focusing on supporting the programme with thinking around transition to the future state, and on CVIP legacy activity. • The letter of thanks to Stephen Crombie was noted.
11.	**Sum-up of Governance Group's focus areas for the programme arising from meeting** • Ensuring public communisations manage expectations around progress through Group 3 and the opening of Group 4. • Invitation sequencing – consider developing criteria to help inform decision-making.
12.	**Meeting close** The meeting ended at 9.55 a.m. John Whaanga closed the meeting with a prayer.
13.	**Next Meeting** Friday 30 July 2021, 8.00 a.m. – 10 a.m.

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Minutes

COVID-19 Vaccine and Immunisation Programme Governance Group (IPGG)

Date:	Friday, 30 July 2021
Time:	8:30 a.m. – 9.45 a.m.
Location:	Ministry of Health and Microsoft Teams video link
Chair:	Dame Karen Poutasi
Members:	Murray Jack, Ngāhiwi Tomoana
Attendees:	Dr Ashley Bloomfield, Andrew Bailey, Dr Joe Bourne, Astrid Koornneef, Michael Dreyer, Luke Fieldes, Jo Gibbs, Caroline Greaney, Shayne Hunter, Rachel Lorimer (item), Jason Moses, David Nalder, Mat Parr, Maree Roberts, Dr Juliet Rumball-Smith, Dr Ian Town, John Whaanga Jess Hewat (Treasury - observer status) Ben McBride (DPMC - observer status)
Apologies:	Hon. Steve Maharey, Chris Seed, Carolyn Tremain, Dr Caroline McElnay, Colin MacDonald

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Item	Agenda Item
1.	**Introductions and opening** • Dame Karen Poutasi welcomed everyone to the meeting. • Ngāhiwi Tomoana opened with a karakia. • Minutes of meeting held 16 July 2021 were accepted. **Conflicts of interest** • No new conflicts of interest were advised. • No conflicts of interest were declared in relation to the meeting's agenda. **Matters Arising** • The Chair confirmed the Group's interest in the development of a Māori Communications Strategy to support roll-out and noted agenda item 9.
2.	**Top of mind assurance issues** To help shape discussion, the Chair asked Group members to briefly note their main issues for the meeting. These were (no order implied): • Better understanding booking status – leading indicators for bookings (rather than actual vaccinations) tell us about demand. • Strategies to continue to grow performance across the peak eight week period, noting that it is harder to attract people after there is about 60 per cent uptake.

	• Confidence in delivery – Current delivery about 50,000 doses per day, however, if we had pressure to go over this and ample supply, how would we deal with this? Consider resource adequacy, points of delivery etc.
	• Equity –
	  ○ there is a national push but it is not always translating into results for Māori and Pacific people. Different DHBs face different issues. We need to understand what is happening at a regional/local level.
	  ○ We need more nuance in how we communicate what the data is showing. The actual story (Māori and Pacific people in older age groups are being vaccinated at similar or higher rates to non-Māori, non-Pacific) is better than the story reflected in public commentary and through production planning.
	• Need to balance 'understanding who the cohort is' with ensuring the right opportunities to be vaccinated at provided to these groups. The latest Horizon research shows that the age group with the lowest intent is 20-40 years. Mass vaccination events may be an effective way to reach this group.

3.	**COVID-19 Immunisation Programme update (Jo Gibbs)**

	Paper 4: COVID-19 Immunisation Programme Update – 25 July 2021
	
	• Significant milestones – opening of "Book my Vaccine", launch of the bookings phone number, media advertisements targeting the over 60s.
	• Another big week for vaccinations, with a seven-day rolling total of 220,000 vaccinations.
	• Good data is coming through the "Book my Vaccine" system:
	  ○ 62,000 bookings on 29 July 2021.
	  ○ 920,000 forward bookings in the system.
	• There are 261 primary care service providers (bookings not in the booking system.)
	• Now have over 10,000 trained vaccinators. Have taken on additional resource and expect to have cleared the backlog caused by the process change by 8 August.
	• Solid progress in workplace-based vaccination:
	  ○ Mainfreight will hold a 'wet run' on 3 August and Fonterra on 10 August.
	  ○ 257 Expressions of Interest received for workplace-based vaccination from a range of private and public organisations.
	• Biggest risk remains achieving equity.
	
	Group discussion
	
	• Question were raised about progressing vaccinations for the balance of Groups 1 & 2 and about the estimated workforce numbers requirements. These were addressed:
	  ○ Groups 1 & 2 have ongoing turnover. DHBs have a system to prioritise these bookings so there is no wait.
	  ○ Group 2 reach is good, with first round Aged Residential Care vaccination completed.
	  ○ Most outstanding vaccinations are in Group 3 with some in Group 2.
	  ○ DHBs with significant maritime ports are working with these ports to ensure access for workers, noting the aligned mandatory testing regime.
	  ○ The Ministry expects to put advice to Ministers in about a week with plans to encourage and place expectations on the health workforce to be vaccinated, and to provide options for extending mandated vaccination to this group.

4.	**Outcome Measures/Leading Indicators (Luke Fieldes/Astrid Koornneef/Michael Dreyer)**
	Paper 5: CVIP Outcome Measures – Status update – data as at 26 July 2021 • This approach to better understanding capacity within the booking system, and interfaces with DHB production plans, was signalled at the last meeting. We will report using this approach from now on. • Now using HSU (health service utilisation) data produced by the Ministry as the denominator for uptake measures. This means that, unlike the census data, we have a known group as the denominator. We can use their gender, age, ethnicity attached to their NHI and thus build up an accurate view of uptake. This can be analysed by age band, territorial authority etc. Can help identify where future effort needs to be focussed.

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	• Careful watch on success factor ethnicity. While the current data is showing fairly good results for those aged over 65 years, it is less positive for younger age groups. However, this reflects the way the sequencing tool works. • We aim to have all bookings included in this form of reporting (noting that primary care is not currently included). Working on an IT solution to this. • Expected benefits are that DHBs will have better oversight of their regional situation (bookings, stock in hand, volumes) as smaller sites are brought into production. **Group discussion** • Endorsed the use of tools such as this to give good insights into performance.
5.	**Risk Update (David Nalder)**
5a.	*Paper 6: CVIP Programme risk summary for Governance Group – 27 July 2021* • Reporting is tied to the four Success Framework dimensions. • Three key risks have been fairly consistent. These are embedding equity, legislative compliance, and complexity and change. There is now more confidence on certainty of vaccine supply, which had also been in the 'key risks' group. • Consideration currently being given to Good Operating Practice performance and mapping indicators through to risks to allow us to see emerging risks and trends. • The paper describes all risks and provides a narrative of the programme's response.
5b.	*Paper 7: CVIP Update on recommendations from OAG performance audit report – July 2021* • In May 2017, the Office of the Auditor-General released its report on *Preparations for the nationwide roll-out of the Covid-19 vaccine.* • The report noted the challenges of planning for a large-scale immunisation programme, and made six key recommendations. These covered transparency of communications across a range of audiences, contingency planning and procuring vaccine supply. • The Health Select Committee has asked the Ministry of Health for an update on its progress in implementing the OAG recommendations. **General discussion** • Suggested that positioning the response within a wider picture of overall progress with vaccination roll-out would provide useful context to the Select Committee.

5c.	*Paper 8: CVIP Proposed Internal Audit Assessments – July 2021*
	
	• Seven internal audits are proposed in coming months to give assurance in the processes supporting CVIP roll-out.
	• Audits in three areas have been prioritised and will take place August – October 2021. These are:
	  o Service Standards assessment
	  o Technology General Controls assessment
	  o Logistics assessment.
	• Noted that the Service Standards assessment comprises a programme of reviews touching on DHBs and vaccination sites.
	• Both the Steering Group and Governance Group will receive regular updates on progress with this work.
	
	General discussion
	• Proposed approaches seem sound. However, some questions were asked about timing, noting the October 2021 completion date signalled for two of the reviews and the fact that the expected peak vaccination period (i.e. the roll-out programme in which people are currently involved) will be completed by this point.
	  o Unless there is regular interim reporting, there is a risk that the outputs of the audits may not be able to benefit the programme directly. It was likely to take about a month to do the work and then a similar timeframe to translate this into activity.

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	○ It is important to differentiate the changes/improvements that will benefit the programme implementation going forwards vs those that will benefit the future programme. Identified a lot of value going forwards from this work. • It was suggested that if there was flexibility, consideration could be given to moving some of this work forward. • In response to a question, the Programme Director noted that the timing of this assurance activity had to be considered carefully. Some systems have only just been set up (e.g. the booking system) and there was a desire to not set too much assurance in place before these systems were known."
6.	**Strategy for uptake for peak vaccination period (Mat Parr)**
	Paper 9: CVIP – Maximising Uptake Approach • While the strong early focus of the programme was on confidence of vaccine supply, this is now moving to the demand side. • This paper builds on the research information we have about vaccination willingness and identifies how the programme will work to achieve 85% vaccination uptake in Aotearoa New Zealand. It also draws on recommendations from planning workshops held with DHB SROs. ○ Peak vaccination period will be September to October 2021. In September there will be a 'pivot' from a servicing a model where most appointments are pre-booked to a model that services volume walk-ins. We have expanded our geographic coverage of vaccination site locations. Decisions have included consideration of travel times etc. ○ Equity is a significant consideration. Different groups will need different service models. People will receive invitations through multiple methods. ○ Need to avoid complacency due to New Zealand's unique COVID-free status. ○ We are considering the learnings from international experience. • Cabinet paper will be developed for consideration in late August. **General discussion** • Currently we have the planning and the words – the communications and engagement programme is critical to translate vaccination willingness into action/uptake. • In response to a question, the Ministry confirmed that the modelling was mindful of the quantum of confirmed supply. It has been carefully planned to avoid stock depletion and the subsequent delivery and confidence impacts this would have. However, the point was then made that managing the supply curve and pushing appointments out also had risks (disengagement). • The Ministry noted the current wider demands on the health workforce – including winter illnesses, and the fact that many nursing staff have been moved to work in managed isolation or quarantine facilities. CVIP roll-out must achieve a balance without compromising the rest of the system. • The suggestion was made simply inviting all Māori and Pacific people from now would help to promote equity, given age sequencing works against this. The Ministry noted that full discussions have been had with Ministers and the current approach reflects Cabinet decisions. • Reaffirmed the importance of reaching those in rural locations.

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7.	**Myocarditis/12-15 year old DTU for Pfizer and the use of Janssen (Allison Bennett)**

Paper 10: Update on Pfizer 'Decision to Use' for children 12 to 15 years of age, the risks of myocarditis and pericarditis, and use of Janssen - 28 July 2021

- The Ministry has received technical advice from advisory group CV-TAG around the recent Medsafe Pfizer DTU for 12-15 year olds, and in relation to the use of Janssen. A paper is being prepared for consideration by Cabinet in August 2021.

Extending the period between doses

- Following emerging evidence from the United Kingdom that a longer period between doses can enhance the immune response, CV-TAG has recommended an extension of the gap between vaccine doses from three weeks to eight weeks. This extension is likely to impact positively on the incidence of myocarditis, and on safety issues for younger children receiving the vaccine (where little evidence exists).
- Extension of the period between doses would also allow for faster 'first dose' across a wider audience. This partial vaccination status could help to protect if the country experienced a sudden outbreak.
- CVIP is considering the operational implications of this, including the automatic rebooking of those currently booked for a second dose, the extent to which choice will be offered, and how to include primary care bookings (which are outside the booking system). There are considerable IT implications.

12-15 year olds

- The key recommendation is that those aged 12-15 years should be vaccinated if they are at high risk of severe health outcomes from COVID-19, and that decisions relating to wider roll-out to this age group could be deferred. The CVIP programme supports this.
- There are several possible approaches to wider implementation, including applying an equity lens or aligning vaccination of this group with their parents.

Myocarditis and pericarditis

- CV-TAG suggests that the longer interval between doses (see above) may reduce the frequency of some side effects (such as myocarditis and pericarditis) while conferring robust protection from COVID-19.

s 9(2)(g)(i), s 9(2)(ba)(ii)

Group discussion

- The Governance Group indicated that public sentiment appears to expect that a move will be made shortly to vaccinate those aged 12-15 years.
- Decisions re this issue also interface with the decisions relating to the incidence of myocarditis in those aged under 30 years.
- The above interfaced issues and decisions present a significant communications exercise. The balance to be achieved is to ensure people who have already had both vaccinations remain confident about their outcomes whilst the wider programme moves to reflect the benefits of the emerging evidence about longer dose intervals.
- The Group noted a potential need to factor these matters into contingency planning.

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8.	**DHB Accountability of equity targets (Jason Moses)**
	Paper 11: District Health Boards Equity Production Plans and Performance • DHBs are currently at 59% of their delivery against production plans for Māori. This largely reflects the sequencing framework, and the fact that most Māori are in the younger age groups. • Some DHBs are doing an excellent job with Māori aged 55+ years being vaccinated equitably, however, this is now showing through in current reporting. These DHBs are ready to move into vaccinating lower age bands. • DHBs vaccination for Pacific people is generally going very well but some areas still need better targeting to lift performance. **General discussion** • Noted that current sequencing pushes equity results out until late in the programme. The Governance Group asked if the age cohorts for Māori could be lowered to recognise the younger population composition. This could be restricted to DHBs that have met their equity age band targets. Following discussion, it was agreed that the Ministry would raise this matter at the Vaccine Ministers meeting to be held later that day. • The recent move to use HSU data as the denominator (see section 4) will give much better granularity of populations being vaccinated • The Ministry confirmed that regional account managers work closely with DHBs to provide support for targeted communications, including for rural communities. ***Action: Discuss at Vaccine Ministers' meeting on 30 July 2021 whether DHBs that can demonstrate they have completed/near completed their Māori populations aged over 65 years, and aged 60-64 years, may start to vaccinate their younger Māori cohorts.***
9.	**Communications and engagement – general approach (Rachel Lorimer)** • Current focus on launch of 'Book my Vaccine', last part of Group 3 roll-out and Group 4. • As age banding moves into business as usual other communications will be developed or reviewed, such as the 'FAQ'. • Currently doing research to understand attitudes of Māori towards vaccination and their vaccination barriers. • Will also be working with Māori, Pacific and disabilities community representatives to inform the research portfolio supporting future communications development. • Current initiatives with an equity focus include, working with Iwi leaders, Māori leaders, clinicians, and providing targeted funding for champions **Group discussion** • The Governance Group noted that there was now better transparency of information published on the Ministry's website. • The Group noted its desire to understand more detail about regional approaches to promote vaccination uptake with an equity focus, including younger age groups. It expects the Māori Communications approach will provide this overview and level of assurance. The Ministry advised it would also prepare a short update of Māori, Pacific and Disability community engagement, including funding allocations and recipients. • Following a suggestion from a member, the Ministry confirmed it would publish vaccination totals daily on the website. It was also suggested that the Ministry consider publishing the number of bookings made. • Ngāhiwi Tomoana advised he was pleased to learn of the progress made and the work being done to advance age bands. He would provide this feedback to the Iwi Communications Collective the following day. ***Action: Prepare talking points for Ngahiwi Tomoana attendance at the Iwi Communications Collective meeting on 3 August. [Action completed 2 August]***

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	Action: Prepare an update of Māori and Pacific communications and engagement to date, including funding allocations. ***Action: Vaccination totals to be published on the Ministry's website on a daily basis. [Action completed] https://www.health.govt.nz/our-work/diseases-and-conditions/covid-19-novel-coronavirus/covid-19-data-and-statistics/covid-19-vaccine-data#by-day*** ***Action: Māori Communications Plan will be put to the meeting of the Governance Group on 13 August 2021.***
10.	**Other business** • The Chair noted that Mat Parr was moving to a new role and thanked him for his contribution to the CVIP Programme over the past several months. • Noted that Fiona Michel will lead the 'strategies for uptake' workstream going forward, and Matt Jones will lead the 'transition to future state' work.

11.	**Sum-up of Governance Group's focus areas for the programme arising from meeting**
	
	• Challenges remain, but the programme has made considerable progress. The launch of the booking system was a significant achievement. Bank the successes while being mindful of the challenges ahead.
	• There is a need for a strong focus on Communications and Engagement to retain confidence and momentum in roll-out:
	  o changes to sequencing or population groups,
	  o changes to vaccination delivery,
	  o to promote vaccination uptake,
	  o to meet equity objectives.
	• Internal assurance activities must meet the needs of the programme both for 'real time' and for legacy reasons.

12.	**Meeting close** The meeting ended at 9.45 a.m. due to the prior commitments of several members. John Whaanga closed the meeting with a prayer.
13.	**Next Meeting** Friday 13 August 2021, 8.00 a.m. – 10 a.m.

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Minutes

COVID-19 Vaccine and Immunisation Programme Governance Group

Date:	Friday, 13 August 2021
Time:	8:30 a.m. – 10.00 a.m.
Location:	Ministry of Health and Microsoft Teams video link
Chair:	Dame Karen Poutasi
Members:	Murray Jack, Hon. Steve Maharey, Ngāhiwi Tomoana, Carolyn Tremain, John Whaanga
Attendees:	Andrew Bailey, Vince Barry, Astrid Koornneef, Michael Dreyer, Luke Fieldes, Jo Gibbs, Caroline Greaney, Matt Jones, Rachel Lorimer, Colin MacDonald, Fiona Michel Jess Hewat (Treasury - observer status), Ben McBride (DPMC - observer status)
Apologies:	Dr Ashley Bloomfield, Dr Caroline McElnay, Chris Seed, Dr Ian Town

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Item	Agenda Item
1.	**Introductions and opening** • Dame Karen Poutasi welcomed everyone to the meeting. • John Whaanga opened with a karakia. • Minutes of meeting held 30 July 2021 were accepted. **Conflicts of interest** • No new conflicts of interest were advised. • No conflicts of interest were declared in relation to the meeting's agenda.
2.	**Top of mind assurance issues** To help shape discussion, the Chair asked Group members to briefly note their main issues for the meeting. These were (no order implied): • The "Reconnecting New Zealanders" approach just released by the Prime Minister. (See item 4.) • Workforce: ensuring sustainability of a workforce delivering to scale. (See item 5e.) • Achieving flexibility with sequencing to help with scale-up. (See items 6 and 9.) • Actions to increase uptake from Māori, Pacific and Disability groups (noted as being on the meeting's agenda). (See item 7.) • Understanding how the 85% uptake target was identified, its timeframe and trajectory. (See items 5b and 6.)

2. Cont.	**Other issues** • Two members noted positively their own personal experience of COVID-19 vaccination. • The Chair noted she was mindful that the Governance Group must add value to the programme. As the Ministry continued to strengthen and assure of its ability to deliver the programme into the future, a review of the Group's role would be appropriate. ***Action 1: Director-General to work with the Chair to review the future of the CVIP Governance Group at an appropriate point.***
3.	**COVID-19 Immunisation Programme update (Jo Gibbs)**

	Paper 4: COVID-19 Immunisation Programme Update – 08 August 2021
	
	• A number of significant announcements this week:
	    o Announcement of change to the interval between doses (21 days out to six weeks). Messaging appears to have been well received with only a small peak in calls at the call centre. Call response times kept to within a minute.
	    o Announcement that DHBs who had completed sequencing vaccinations and had capacity could move to lower age bands early. This was well-received by DHBs.
	• Another strong week for vaccination volumes.
	• Primary care: DHBs with maritime ports wish to offer vaccination to all port workers, not just those covered by mandatory testing regime. Will be discussed with Vaccine Ministers later that day.
	• Small additional supply received from Pfizer means we have been able to build up a seven-day stock. We have been able to give DHBs some flexibility but continue to monitor supply closely.
	• Have met with Minister Henare re equity planning; also met with ethnic community leaders. Focus now is to maximise uptake across rest of the year.
	• Cabinet will consider options re vaccination for 12-15 year age group on 16 August. One option is to allow early entry for dependents accompanying parents. There are operational implications (including informed consent procedures) to be worked through for 12-15 year olds seeking vaccination by themselves.

4.	**Reconnecting New Zealanders**
	Papers 5 and 5a: "Reconnecting New Zealanders to the World" and Prime Minister's media release – 12 August 2021 • The Prime Minister outlined five key areas of focus for reconnection, with vaccination playing a key role. Announcement made that all eligible age groups will be able to book their vaccine by 1 September 2021. The elimination strategy will continue to apply. • Noted that the Strategic COVID-19 Public Health Advisory Group led by Sir David Skegg had just released three reports on New Zealand's future strategic approach to managing COVID-19 and reopening the country. **Group discussion** • In response to a question the Chair advised that the Governance Group and the group led by Sir David Skegg did not have direct links. However, a government agency CEO group meeting chaired by the chief executive of DPMC has been updated about the strategic advisory group's work.

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5.	**Programme focus areas (workstream leads)** *Paper 6: Programme focus areas – 11 August 2021*
5a.	**Delivering to scale (Vince Barry)** • Programme is reviewing DHB production plans between now and September. Target is 50,000 doses/day delivery on smooth cadence. Logistics are critical to support this. Mindful of potential impact of external influencers (e.g. wider workforce issues). • Maintenance of clinical safety is critical. Must also ensure that any issues that arise within COVID-19 vaccination do not appear more widely. • Encouraged by the involvement of many primary service providers, including pharmacies, who view their involvement in scale-up and roll-out very positively. • Technology: must ensure all key enablers are in place to support scale. Paper being drafted for Steering Group consideration on this issue.
5b.	**Strategy for Uptake (Fiona Michel)** • Noted 85% vaccination target set having regard to research in New Zealand and international settings. • About 20% of primary care providers are delivering vaccination. Larger practices have been onboarded first. Working to include all primary care providers by end October to give resilience going into the new year. However, this second group comprises smaller practices with a smaller overall population coverage. • All DHB providers have their own uptake strategies through their production plans and equity plans. Performance is actively monitored by the Ministry. • CVIP is aware that other countries variously offer incentives for uptake and is reviewing their approaches. • CVIP national director indicated that the cross-sector perspectives of Group members on the draft strategy for maximising uptake would be beneficial once draft is completed. **Group discussion** • The Governance Group noted that the current response to COVID-19 by "all of Aotearoa New Zealand" leaves a legacy of built social capital and of trust at a government level, at a service provision level, etc. New Zealand's unique situation is a significant 'prize' for all New Zealanders, and adding incentives to inspire individuals to essentially 'save their own lives' seems inconsistent. • We must connect with the right people to promote and enable uptake. The importance of connecting with local leaders to lead local approaches to reach local communities was emphasised. The role of the centre is to support this. *(See also discussion at sections 7 and 8.)*
5c.	**Stakeholder engagement (Caroline Greaney)** • Need to build and maintain the confidence of our key stakeholders. • Effective engagement is key to ongoing success of the programme. • Reviewing and refreshing our stakeholder map, and engagement learnings to date, to identify gaps and opportunities to take forwards into future engagement. • Currently looking at cross-agency relationships that will strengthen work with disability communities.
5d.	**Future State design (Matt Jones)** • Building an assumptions map and a future state operating model for COVID-19 vaccination from 2022. • The aim is to be able to apply the final product to other vaccination programmes. **Group discussion** Noted the challenges of designing this in a changing landscape, where the science is not yet fully understood.

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5e.	**Worker vaccination (Fiona Michel)** *Workplace vaccination* • Both Fonterra and Mainfreight have completed their first round workplace vaccination with very good uptake. • Good response to the request for expressions of interest from other workplaces interested in offering this service to their workers. These are now being assessed. • Next priority will be supermarkets as essential service providers. • As the government's wider vaccination approach is to implement age sequencing, workplace vaccination has been run in parallel. *Mandatory worker vaccination* • Port workers: There have been some pockets of resistance from this worker group. Work going on to support port employers to have port workers vaccinated including establishing port-based clinics (commencing shortly). • Noted that vaccination is now being offered to all port workers whether or not they are covered by a mandatory vaccination order. **Group discussion** • Workplace: Noted that there is a wide group of essential service providers at AL4 (e.g. couriers, power companies, funeral directors) and this group should be assessed to identify those who must be offered vaccination as an absolute priority. • Courier companies and those servicing supermarkets are likely to be of higher priority. Noted that, mindful of the threat posed by the Delta variant, the all-of-government group led by DPMC was doing some work around the scope of essential service providers. • Port workers: Members noted the public reaction to non-vaccinated workers involved in a previous outbreak. Also noted that the requirements for mandatory testing are phased, with the last cohort (including some port workers) not required to have completed mandatory testing until 30 September 2021. In the meantime, members were aware that maritime port employers were looking at how they could reduce risks in their workplaces e.g. through limiting interactions of certain groups. (Note: The Group's discussion on this issue fed into its wider discussion on New Zealand's preparedness for a Delta outbreak – see section 8.)
5f.	**Vaccinator workforce (Fiona Michel)** • Now have 10,800 trained vaccinators. About half used in the programme to date. • COVID-19 vaccinators: NZQA has approved the training programme. Thirteen people have met all requirements and are now in the vaccination workforce. 370 people in training. Initiative positively received by many DHBs/providers. Māori providers were the early adopters. There is a lot of interest in the legacy potential of this role. • Vaccinator authorisation: Initial backlog (380 applications) created by the temporary deferral of authorisation is cleared. *Hands up (surge) database* • Mindful of the undeployed skillset and wider trained capacity in the network. CVIP therefore now has a dedicated sourcing role to work closely with DHBs and link resources to them to address need. • Looking to maximise use of the "Hands up" database by opening up access to providers more broadly than DHBs. Noted this is still subject to discussion with DHBs.

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5f. Cont.	**Group discussion** • The Group noted positively the legacy work associated with the COVID-19 vaccinator role and suggested that consideration by given to micro-credentialing these workers to perform other roles. • In response to a question, the Ministry confirmed that the timeframe to authorise a new COVID-19 vaccinator is about a week, providing all correct information is received with the initial application. ***Action 2: Ministry to consider the following for CVIP legacy activity:*** ***a) Consider what micro-credentialing can be done flowing out of the creation and appointment to the COVID-19 vaccinator role, and*** **b) *Consider how the COVID-19 vaccinator role might endure into the future.***
5g.	**Workforce sustainability (Group-led)** • Group members noted it was important that the programme can demonstrate that it has considered the impacts of both scaling-up and prolonged roll-out on the vaccination workforce, and that it has taken steps to help to DHBs and other health workforce employers to manage this. • Consider actions to keep the essential workforce ahead of the curve, for example, early vaccination of those in essential services not covered by mandatory vaccination. **Ministry comment** • Aware that many employers are working hard to ensure that vaccination staff maintain normal working and leave patterns. The Ministry understood this approach is also applied more broadly across the wider health workforce. Also noted that those in vaccination roles were rotated to other related roles e.g. monitoring those in the waiting room. ***Action 3: Consider if the Ministry should provide 'detailed actions' guidance to support employers to keep their vaccinator workforce fresh. [Fiona Michel]*** (Note: The Group's discussion on this issue fed into its wider discussion on New Zealand's preparedness for a Delta outbreak – see section 8.)
6.	**Reporting against the Success Framework (Luke Fieldes)**
	Paper 7: CVIP Outcome Measures – 13 August 2021 • Tracking well on measures other than efficiency. Reasons for poorer performance in efficiency are that some DHBs have not been able to keep pace with planned capacity increases, and some have not matched demand. (Noted however that the speed of the new age band releases may have had an impact on performance.) • Forward bookings are largely second doses; actual vaccinations are largely first doses. • Noted that the data increasingly provides evidence about gaps in uptake. For example, in group 3 there is a significantly higher uptake by people aged 65+ years with at least one long term condition (LTC) than by those without an LTC. This potentially shows that engagement is having a positive impact for this group. However this is not the case for the 16-64 year age group with LTCs. • Noted that some DHBs have started to run out of people in the released age bands. Vaccine Ministers have agreed to implement 10-year bands in response and this has been well received by DHBs. • Acknowledged that current data is sourced from the booking system and thus excludes primary care. **Group discussion** • The Group noted positively the type of data now able to be provided and the ability to pinpoint gaps.

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	• It was queried how CVIP was 'holding' DHBs to the announced sequencing framework. Some DHBs appeared to apply more flexibility. • Closely informs what is needed from Māori and Pacific engagement. But also shows that some groups will need more than just messaging to prompt action. • In response to a question, the Ministry advised that this data was not yet readily available to DHBs due to the recency of the change to using HSU data as the denominator. The Ministry was working to transfer DHB data over. ***Action 4: Provide the Governance Group with information on the specific actions that CVIP will do differently to address the evident gaps showing up in the data. [Fiona Michel]***
7.	**Māori and Pacific Communications (Rachel Lorimer)**

	Paper 8: Communications approach for Maori, Pacific and Disability – 12 August 2021
	
	The Governance Group noted its desire to understand both the broader strategies and the targeted regional approaches to promote vaccination uptake with an equity focus.
	
	• The Ministry noted that there is no 'one size fits all' approach to engagement. The mainstream campaign and funding activities are enhanced by regional and local communications and engagement activity, led within those communities, and variously targeting Māori, Pacific and Disability communities and those in younger age groups. The Ministry has made funding available for many of these local initiatives.
	• Ministry feels confident that it has strong networks and capability, and is reorientating messaging to support strong uptake.
	• Noted that local iwi groups are very well engaged.
	• Digital campaigns and tools will start to gain more prominence as open age banding commences from 1 September 2021. Confirmed that some of these initiatives will be appropriate for Māori audiences.
	• The Ministry undertakes ongoing work to address misinformation where it arises.
	
	Group discussion
	
	• Members discussed the critical importance to scale-up of matching comms and engagement initiatives to the audiences.
	• They sought assurance that the Ministry felt it had the right communications strategies and tools ready for the 1 September launch.
	• Members noted that positive role models and leadership, coupled with continuous positive promotion, are proving very effective, particularly in smaller communities:
	  ○ Community leadership and community spirit in Wairoa has seen over 70 per cent of the population have their first dose.
	  ○ One member had helped provide confidence to a group of workers in his community simply by being vaccinated in their presence.
	  ○ Tribal events create opportunities to increase uptake by Māori.
	• Members queried CVIP communications preparedness for the changes to the interval between doses, announced the day prior on 12 August. The Ministry advised that it was comfortable that direct engagement had taken place with the Iwi Communications Collective and the Cause Collective to target Māori and Pacific communities. There would also be a strong 'push' through social media.
	• Noted positively the freeing up of age bands from 1 September.
	• As an overview, the Group noted there must be a strong link between 'awareness' and 'action', and there must be agility to respond in areas where resistance is encountered so that effort still translates into uptake. Leading indicators now give a granular view of forward bookings. If the effort does not show through in leading indicators then a significant rethink of engagement will be a priority.
	• (Note: The Group's discussion on this issue fed into its wider discussion on New Zealand's preparedness for a Delta outbreak – see section 8.)

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8.	**Contingency planning for Delta outbreak (Group-led item)**
	• Members expressed the view that arrival of the Delta variant into New Zealand was a 'when' and not an 'if', noting the current situation in NSW. • Considerable discussion took place about the country's preparedness for the Delta variant, including contingency planning measures, and the actions that can be taken now. • Whilst noting the nation's performance to date, the Delta environment was very different to that which existed in early 2020 and it must not be assumed that the mechanism that has reliably delivered to date will remain effective. To what extent does the approach in the future programme still reflect the situation of early 2020. There is now a need to advance thinking against future risks - what will we do significantly differently in order to address Delta? *Vaccination readiness* • Under AL3/4, essential services remain open. Members are strongly of the view that workers in these services, whether or not subject to mandatory testing, should be fully vaccinated well ahead of the current vaccination curve, and should receive their first dose as soon as possible. Members expressed the view that for many, they did not think a second dose would be possible before Delta was detected in New Zealand. • Port workers were of particular interest to the group. However the scope of essential services could usefully be reviewed and broadened from a vaccination perspective. • It was queried if planning allows for vaccination to continue in an area exposed to the virus. One member suggested this was something that the AOG group was already considering. *All-of-government readiness* • The Chair noted that, from an assurance perspective the Governance Group does not have visibility of the intersect between the vaccination programme and the separate testing programme also led by the Ministry. This 'joined up' overview was something the Governance Group indicated it needs to support its wider conversations with and assurances to Ministers. ***Action 5: National Director to link with Carolyn Tremain re the all-of-government interface, and to clarify the vaccination/testing interface within the Ministry, for report back to the Governance Group.***
9.	**Sum-up of Governance Group's focus areas for the programme arising from meeting** • Members of the Governance Group noted their strongest interest area and concern at this point was the whole-of-government response to a Delta variant outbreak, and the actions that can be taken now from the vaccination perspective to help to protect New Zealanders from COVID-19. The implications for New Zealand of another COVID-19 outbreak are now much broader than just having the disease in the community. • Achieving equity remains a focus for the Group. We must trust local approaches in local communities. The most effective actions will be a combination of Ministry-led communications and engagement activities that supplement the actions of local trusted community voices who can push reach and strengthen acceptance.
10.	**Meeting close** The meeting ended at 10.00 a.m. Ngāhiwi Tomoana closed the meeting with a prayer.
11.	**Next Meeting** Friday 27 August 2021, 8.00 a.m. – 10 a.m.

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Minutes

COVID-19 Vaccine and Immunisation Programme Governance Group

Date:	Friday, 27 August 2021
Time:	8:30 a.m. – 9.45 a.m.
Location:	Microsoft Teams video link
Chair:	Dame Karen Poutasi
Members:	Murray Jack, Hon. Steve Maharey, Ngāhiwi Tomoana, John Whaanga, David Taylor (deputising for Chris Seed)
Attendees:	Vince Barry, Allison Bennett, Astrid Koornneef, Michael Dreyer, Jo Gibbs, Caroline Greaney, Dr Tim Hanlon, Matt Jones, Rachel Lorimer, Colin MacDonald, Rachel Mackay, Jason Moses, David Nalder, Maree Roberts (for Dr Ashley Bloomfield), Dr Juliet Rumball-Smith Jess Hewat (Treasury - observer status), Ben McBride (DPMC - observer status)
Apologies:	Members: Chris Seed (CEO MFAT), Carolyn Tremain (CEO MBIE) MoH: Dr Ashley Bloomfield, Dr Caroline McElnay, Dr Ian Town
Format:	To ensure compliance with the Alert Level 4 in place across New Zealand at the time of this meeting, attendees at this meeting joined by Zoom.

Item	Agenda Item
1.	**Introductions and opening** • Dame Karen Poutasi welcomed everyone to the meeting. • Ngāhiwi Tomoana opened with a karakia. • Minutes of meeting held 13 August 2021 were accepted. • It was noted that Dr Ashley Bloomfield was unlikely to attend this meeting due to a prior commitment to meet with the Minister. **Conflicts of interest** • No new conflicts of interest were advised. • No conflicts of interest were declared in relation to the meeting's agenda.
2.	**Top of mind assurance issues (Members)** To help shape discussion, the Chair asked Group members to briefly note their main issues for the meeting. These were (no order implied): • making sure we 'ride the current wave' (i.e. ensuring we can take advantage of the interest created by the current outbreak, in particular from an equity perspective); • ensuring certainty of future vaccine supply; • ensuring that ongoing communications continue a relatable narrative that maintains trust *(the point was made also that the public has strongly positive sentiment towards frontline workers);* • ensuring sustainability of vaccination delivery.

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3.	**COVID-19 Immunisation Programme update (Jo Gibbs)**
	Verbal update • Maintaining very high vaccination volumes – more than 90,000 vaccinations on 26 August 2021. Expecting about 520,000 for the week. • This number appears sustainable during Alert Level 4 at least, noting that primary care consultation is undertaken in a different way under this alert level and that providers can currently deliver more COVID-19 vaccination services. • Onboarding about 50 primary care practices a week. • Drive-through vaccination model proving hugely successful. DHBs of all sizes are using it and are providing positive feedback. Maximum four people per car. Model allows for good utilisation of workforce. • Drive-through model appears more sustainable than the mass events model and will be explored further. • If current vaccination rates are maintained, vaccine supply will come under significant pressure mid/late September 2021. However, Ministers are keen that the current demand from New Zealanders should continue to be met and supplies to providers not restricted. • Distribution network is performing well at this level and can continue to do so. • Over quarter of a million bookings made on 25 August. Expect bookings to surge ahead again with the opening to all age groups on 1 September. Strong demand from essential workers. • The Ministry also advised the Governance Group of the death of a female from myocarditis following COVID-19 vaccination. The CV-ISMB considered that the myocarditis was probably due to vaccination. s 9(2)(a) [redacted] Further details cannot be released while the coroner investigates. • A media announcement, with the agreement of her family, would be made in coming days.
4.	**Vaccine Supply (Jo Gibbs/Allison Bennett)**

	Verbal update
	• Due to the high demand for vaccination during Alert Level 4, New Zealand has an emerging gap in its future supply. We may run out mid/late September 2021 if current (very high) vaccination rates continue. Significant new supply from Pfizer does not arrive until October.
	• Options being considered to secure additional supply for the interim period are:
	  • s 9(2)(g)(i), s 9(2)(b)(ii) [redacted]
	  • ***secure additional supplies of the European manufactured Pfizer*** (with long use-by dates) from other countries with surplus stock. There are some positive indications in response to New Zealand's enquiries, but several processes will need to be worked through if a supply source can be found. *(See discussion below.)*
	  • s 9(2)(g)(i), s 9(2)(b)(ii) [redacted]
	
	Group discussion
	• Members were keen to understand the quantum of future vaccine supply that will be necessary to meet Aotearoa New Zealand's needs. This includes:
	  • what CVIP thinks is sustainable vaccination delivery of the next 2-3 months, and

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	• what CVIP thinks it will need to meet third or booster shot requirements (e.g. of border workers who were vaccinated several months ago). • The Ministry indicated that current demand suggested a 'broad brush' requirement of about 500,000 doses per week but it was very hard to pinpoint what sustainable demand will be. DHBs are currently increasing capacity but demand will start to slow at some point. • s 9(2)(g)(i), s 9(2)(b)(ii) • MFAT noted that several countries have been approached re the possibility of their unrequired supply coming to New Zealand. Some of these countries are those with which New Zealand has previously engaged on COVID-19 related activity, including vaccine donations to Pacific nations. • Noted that countries may not sell vaccine to one another. In response to a question, the Ministry clarified that if sourcing from another country, New Zealand (as sponsor) will need to enter into a tripartite agreement with Pfizer (or the relevant manufacturer) and the donor country to gain approval to the sponsorship and then manage logistics to ship to New Zealand. • Members were keen to ensure that the Ministry is getting good support from across government to address this 'whole of country' issue. The Ministry agreed that connecting with the Ministry of Business, Innovation and Employment will strengthen its efforts to obtain additional vaccine supply. ***Ministry Action 1: Link with the Ministry of Business, Innovation and Employment into the CVIP effort to source additional vaccine supply from overseas. [Allison Bennett]*** s 9(2)(g)(i), s 9(2)(b)(ii)
5.	**Equity (Jason Moses)**
	Verbal update • There has been some improvement in the numbers of Māori being vaccinated. Numbers to date have been at about 8-9 per cent. However, with lockdown and with the age cohorts beginning to move into younger groups, Māori vaccination now stands at 10 per cent. (Noted that on 26 August, 9,000 Māori were vaccinated, and on 25 August, 8,000 Māori were vaccinated.) • DHBs are providing support to providers doing vaccination for Māori and Pacific people. • Biggest challenge area is vaccination for people with disabilities. Nearly all vaccination sites have wheelchair access. Working to ensure that this group has clear communications about how members can be vaccinated. **Group discussion** • Members were keen to know how 'equity' focussed vaccination would proceed, particularly for disability communities, in a lockdown situation. Similarly, what was the likely impact on vaccination for those in rural communities. • Two members noted that Iwi Chairs are all extremely supportive of vaccination and the roll-out drive, but reiterated that regional relationships were a key factor in achieving uptake. Noted also that Māori wardens are playing a key role in engaging and supporting rural communities. • Dealing with misinformation is still an issue. However, the outbreak has provided opportunities in terms of engagement and uptake. • The Group sought assurance about the appropriateness of services and engagement for Māori and Pacific people, and for those with disabilities who wished to access vaccination services. It noted that all of government support for roll-out is critical and asked for some commentary on this wider involvement.

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- In response, the Ministry advised that:
  - DHBs have a central role and take a range of actions, e.g. supporting pop-up sites in rural communities, vaccinating entire communities during a visit;
  - Whanau Ora is transporting people to vaccination sites in some places;
  - DHBs are looking at travel to site to facilitate vaccination for people with disabilities;
  - Te Puni Kōkiri has agreed to provide support for the vaccination programme through communications. This should help to strengthen equity performance.

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<tr><td>6.</td><td>Communications update (Rachel Lorimer)</td></tr>
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Verbal update

- The opening up of the age bands to all over age 12 years on 1 September, and the messaging to all of Aotearoa New Zealand, is the current focus.
- Working closely with Department of Prime Minister and Cabinet to ensure the roles and responsibilities for the Unite Against COVID-19 campaign and the Ministry's CVIP programme are clear.
- Information packs, including bespoke packs, will be sent out to the various networks by the end of the week.
- Will be tracking attitudes and uptake closely through focus groups and other research.
- This is a significant campaign that will need to be sustained for some time. From next week the project will report daily on the planned communications releases and dates. At this stage we anticipate a narrative related to where we have come from with the New Zealand response, that we now have a surge situation, and that we will move down to a more sustainable level over time.

Group discussion

- Members emphasised the importance of 'getting the narrative right' for New Zealanders, noting also that it was important to clearly communicate any changes, and the reasons for those changes (potentially including those relating to vaccine supply) in order to maintain trust. The earlier narrative, including that Pfizer was chosen for New Zealand as it is the best available, sits firmly in people's minds now. It can be changed – but needs careful thinking to do so or the programme could be derailed.
- The equity narrative must be strengthened as sequencing opens up and we reach the age bands where Māori and Pacific are most heavily represented.
- Noted that the narrative must also be able to be readily conveyed to and by Ministers.
- Members noted a caution that not all Māori or Pacific families are enrolled with, or feel able to visit, primary care service providers.
- Members asked whether the Ministry was considering 'catch up vaccination' for 12-15 year olds later in the year, coinciding with the arrival of expected new vaccine supplies. The Ministry advised it has been working with the Ministry of Education. It had been decided that there would not be a schools-based programme in 2021 mainly because of the curriculum requirements on school students at that time. However, CVIP would be driving a primary care response as the sector has good mechanisms to reach its client base.
- Noting the differing types of vaccination that are likely to be required in the future, including booster shots, a schools-based programme is a possibility for 2022.
- Members noted that booster shots will soon become an issue for New Zealand, given some border workers were first vaccinated five or six months ago. They indicated they would like to discuss this matter in more detail at the next meeting.

Ministry Action 3: Include the following as a major agenda item for discussion at the next Governance Group meeting on 10 September - "Booster vaccination and third dose vaccination of those who are immunosuppressed".

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7.	**Format of future meetings**
	• The Chair and members noted their support for the format this meeting, which comprised discussion topics with reduced paperwork. This allowed for a focus on the topics which the Group felt it required to explore further and gain assurance about. • The Chair indicated they would continue with this format for the indefinite future. She also preferred a 1.5 hour meeting to allow time to properly consider items on the agenda. ***Ministry action 4: Note and action the above for future meetings of the Governance Group.***
8.	**Sum-up of Governance Group's focus areas for the programme arising from meeting** • The most effective roll-out – one which ensures no equity gap - must be supported by a 'whole hearted effort' across government agencies. The Ministry of Health must ensure it has effective working relationships with its key stakeholder agencies. • The communications narrative unpinning the public information campaign must be transparent and relatable, so that the credibility of the programme is not undermined.
9.	**Meeting close** The meeting ended at 9.45 a.m. Ngāhiwi Tomoana closed the meeting with a prayer.
10.	**Next Meeting** Friday 10 September 2021, 8.30 a.m. – 10 a.m.

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Minutes

COVID-19 Vaccine and Immunisation Programme Governance Group

Date:	Friday, 10 September 2021
Time:	8:30 a.m. – 10.00 a.m.
Location:	Ministry of Health and Microsoft Teams
Chair:	Dame Karen Poutasi
Members:	Murray Jack, Hon. Steve Maharey, Ngāhiwi Tomoana, John Whaanga, Jo Gibbs
Attendees:	Andrew Bailey, Vince Barry, Astrid Koornneef, Michael Dreyer, Luke Fieldes, Matt Jones, Rachel Lorimer, Colin MacDonald, Fiona Michel, Rachel Mackay, Helen Francis (Secretariat) Juliet Rumball-Smith Jess Hewat (Treasury - observer status), Ben McBride (DPMC - observer status)
Apologies:	Dr Ashley Bloomfield, Carolyn Tremain, Caroline Greaney

Item	Agenda Item
1.	**Introductions and opening** • Dame Karen Poutasi welcomed everyone to the meeting. • Ngāhiwi Tomoana opened with a karakia. • Minutes of meeting held 27 August 2021 were accepted. **Note:** Dame Karen Poutasi had to leave the meeting after the Strategies for Uptake item. Murray Jack continued as Chair in her stead. **Actions** • No change to current actions. All currently in progress. **Conflicts of interest** • No new conflicts of interest were advised. • No conflicts of interest were declared in relation to the meeting's agenda.
2.	**Top of mind issues** The Chair invited the members to state items they would like to highlight. These are in no order: • There is a need to shifting the focus of the current communication campaign to include a focus on those that are more hesitant, and those not engaged with the programme. • Iwi chairs and leaders are continuing to push for Māori to be vaccinated. It is recognised that there is a need for Māori to work to re-energise Māori, especially young Māori. • Incentives were raised as another way to help those not engaged. This was tabled for a further discussion under the strategies for uptake item on the agenda.

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	• The Ministry recognised our strategy is to vaccinate as many people as possible and not set a target percentage. • It is recommended not to leave the hesitant and unengaged part of the community until last and that we should focus communications on these groups specifically. • Ministers are requesting further information, in particular equity data. We are continuing to pull out all the stops to assist our political champions for the programme. • There is concern about younger age groups being vaccinated as the bulk of the population is under 40 and a significant group is under 25. We should be tailoring our communications campaign to these groups. • A more focussed partnership with Iwi chairs and Ministers, who are strongly supportive of our approach and vaccination programme, should be utilised moving forward. • It is acknowledged that there is 6 or 7 workstreams working in this area but that they are not as well connected as they could be. There are also some great methodologies that we could take into the wider vaccination programmes if achieve the legacy. **Action:** Ability to utilise current methodologies and opportunities to create a legacy for the wider vaccination programme moving into the next year. Chair to discuss with the Director-General and add an item for next meeting. (Dame Karen Poutasi)
3.	**Vaccine Supply (Jo Gibbs / Allison Bennett)**
	• The item under Strategies for Uptake on the agenda will capture most of the areas of this item. • Vaccines landing at 11:20am this morning. The logistics and operational plan for this will see customs work and release these by 5pm tonight and then provide additional supply to Auckland arriving Sunday morning. • There is another deal underway from Europe for 500,000 doses. This will be announced next week and will run with the same process as the recent delivery. Batch numbers have been approved by Medsafe and the Bilateral agreement is ready to be signed. • Pfizer has agreed to send 200,000 more doses which will arrive between September and October. • The Ministry would like to note that although numbers of vaccinated people appear to be reducing, 65,000 doses were completed last week, and the data indicates this is due to the reduction on alert levels. • This weekend there is a full communications campaign expected and walk-in clinics will be available. • Technology is working on identifying areas through the book my vaccine app to enable the public to see digital maps of where walk-ins are. • Geospatial data is available now and we see that rural areas have a lower turn out that urban areas. We can see specific small rural areas have done well as these have been targeted, however larger rural areas closer to urban areas have not as there was an expectation, they would travel into urban area clinics, but this has not happened. Strategies to lift uptake will be discussed in the next agenda item. • There was a debrief with the IMT team recently where being clear on urban, rural, younger people, equity, Māori and Pakeha strategies was highlighted. The Chair and the Ministry recognise, and is very grateful, for the effort undertaken by MFAT, MOH and all those working around the clock to complete the policies and logistics required, to produce such an amazing achievement. Congratulations to the team for securing doses and responding so well under the scenario of trying to vaccinate at the same time as an outbreak.
4.	**Strategies for Uptake (Fiona Michel / Jason Moses)** (This item was meant to be presented fifth but was switched during the meeting)
	• This has been reprovisioned as was previously part of Mat Parr's role who is no longer working on the programme.

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	• There has been a new working group created to look at this with the optimisation team looking at the day to day working. • This working group will assist us to see any pain points through great data. We'll be able to understand what is happening in areas, proving expert support when required. • We are actively looking into taking ideas around incentives to the next steps. We're working with the wider vaccination programme to understand how they've used incentives in the past. Currently it looks more like enabling will work better, that's providing transportation and connecting with like-minded groups, including workplaces and a mixture of private and public services to help with delivering vaccinations. • There are lots of workplaces working hard to provide vaccinations for their employees. • Ministers have been advised by the Ministry that an extension to the health order to see how it covers all of New Zealand should be considered along with a more granular personalisation. • Data can be used to see who isn't responding to invites to be vaccinated so we can reach out to these areas. There is a Mr Whippy model being discussed where we show up in the street and work with people locally. • There is an alternative to Pfizer vaccine available as it may be that people want to be vaccinated but not with the Pfizer vaccine. We are considering how best to approach this group of the community to offer an alternative. • We need to stay connected to our communities and Māori health providers as there is a lot of value here, including if we need to move quickly as we saw during the lockdown. • There is a large focus on communications in these areas from Rangatahi and Iwi communications collective and a specific target response for Māori given that's one of the key gaps at the moment. Providers are also looking into incentives and some have already implemented these in their communities. • It is encouraging to see momentum in this space and personalisation of this is likely to have the biggest impact on vaccination rates. Communications need to shift to get that last 20-30%. We need to experiment and be more proactive. Providers will need data to see who hasn't been vaccinated in their areas so they can communicate with them directly. • We suggest that all government agencies, when communicating with people, should be asking, have you had your vaccine yet? Having employers do this would also be helpful. • There are workplace debates starting and we are looking at possible Health & Safety legislation conflicts. • Ministers will be lobbied about workplace vaccination and Health & Safety legislation. • Any assistance we can provide across the government to remove barriers including information sharing and legislation nature should help to ease some of these. • One of our biggest opportunities for equity is in providing walk-in vaccination clinics and next week these will open to everyone. • We have a very good cohort of people for each age group and ethnicity health utilisation database, so we know who hasn't responded. With data we can look at the area, post code, ethnicity and can target our approach. • We have done personal invitations as the different age groups have rolled out and we are supporting different ways of communicating and seeing what people might be more likely to engage with. • Talking to social science experts will identify techniques to better communicate with communities, including through community based discussions to assist in mobilisation. • There are 136,000 out 900,000 Māori not affiliated to an Iwi. We need to look at a personalised approach for this group especially as 8-9000 don't have easy access to a provider. • The Communications Campaign is reorienting themselves to a new phase. Our approach has done well up til now and the next phase is segmentation and specific messages to individual groups, including stakeholders and those on the ground who need to hear from us. • We are reviewing behaviour and interventions also and strengthening our messaging. Information on safety, protecting yourself, whānau and reconnecting with the world are

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	key focus points along with interconnecting sites and moving quickly to utilise touch points. • MSD have fliers going into foodbanks during lockdown. Electoral commission is helping to target small communities. We are continuing a broad approach and also targeting under 30s through more shareable channels to get through to youth, including the radio. We are looking at geographical data to specifically target radio to these areas. • Emotional communications work well. Our previous messaging about recycling rubbish, seatbelts, smoking created huge influences in our children. The children influence adults to make changes. How do we use that influence and the effects of children as we did on earlier campaigns? • There are some negative messages out there, how do we turn these around to positive messages? Iwi chairs and Māori health providers are able to go into Māori communities and partnerships. We should be utilising this much more. Targeting 100% vaccination rates by Christmas for Iwi. Unless we get ambitious, we will be held hostage by the negative messaging. • There is an expectation that DHBs have links to local Iwi, and this should be complimented by nationwide connections with Iwi. **Action:** Next steps of Strategies for Uptake to come to next PLG meeting (Fiona Michel)
5.	**Booster Vaccines (Dr Ian Town)** (This item was meant to be presented fourth but was switched during the meeting)
	• CV-TAG is reviewing. • Third doses and incidents of missed doses our focus at present. • Myocarditis is with the safety board for review. • Janssen as an alternative is being fine-tuned. • Influenza vaccinations are continuing and are being considered as part of the wider integration plan. • Extra vaccines for the immunocompromised, border workers, certificates, and vaccination status for returning New Zealanders as a high proportion have been vaccinated. • Minister Hipkins was advised regarding Pfizer and a science discussion with the Pfizer science advisory board regarding need for boosters and the trials they are currently running. • The Janssen vaccines will be approved for future use but not for booster shots in the first instance although may be something to consider for next year.
6.	**Future Assurance Activities (David Nadler)**
	There are six areas of assurance. • Our intention is to leverage assurance activities already underway. • Utility safety and incident manager. • Tech assurance. • Audit for logistics. • Debrief on IMT group. • OAG come back. • Follow up audit process important, however there is no timing or shape of the exercise yet. • We are signalling to the wider sector for them to self-assure, service standards including performance, and understanding clinic leads have the right oversight in place. A self-assurance confirmation in place. • We have continued to be clear assurance work is required and the expectations of these functions.

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7.	**Risk Updates (David Nadler)**
	There are some key themes: • Risk and opportunity. • Delta is the biggest opportunity to the programme on working with risk, public apathy, scaling quickly, contingency programmes. All these plans have been activated and working well. • IMT sped up our decision making process. The debrief and positive opportunity that could continue, including new delivery models, drive, and approaches. • The challenges identified in the risk paper including sustainability of volumes and enduring over the next few weeks of the programme, as there is an end in sight. • Strategy for Uptake to reach hard to reach people. • Future state looking at 2022 and beyond. Items built out of programme can continue. • Inherent risks in the programme didn't change but prominence was more immediate. • Risk only makes a difference if it feeds into decision making. • Complexity as we have different parts of New Zealand in different alert levels. • Managing this part of the programme has many levels. • Materially increase of scale and wider pressure in health workforce. • Risk of clinical issues emphasis needed for incident identification and escalation so we hear and can respond quickly. • Data quality issues. Providers entering vaccinations into CIR. Data quality around all sorts of things, duplications, names are wrong. Providers have gone to paper instead of CIR. There is work being done on this. As we move into certificates this will become more critical. • Emerging issues with travel and certificates if the data quality issues aren't fixed. • There is a complex piece of work to see the data coming through and can issue letters to confirm vaccinations. If this affects 1% then this will be tens of thousands so need fix as soon as possible. • The technology team will require further support to resolve data quality issues. The Ministry congratulates the team for stepping up and getting numbers through as this has been astonishing. We also recognise the good work on contingency planning and the risk work David has done has created a strong platform. **Action:** Return to PLG at next meeting with resourcing requests. (Michel Dreyer)
8.	**Any other business and close** No other business.
9.	**Meeting close** The meeting ended at 10.00 a.m. Ngāhiwi Tomoana closed the meeting with a prayer.
10.	**Next Meeting** Friday 24th September 2021, 8.30 a.m. – 10:00 a.m.

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Minutes

COVID-19 Vaccine and Immunisation Programme Governance Group

Date:	Friday, 24 September 2021
Time:	8:00am – 9:30am
Location:	Microsoft Teams
Chair:	Dame Karen Poutasi
Members:	Dr Ashley Bloomfield, Murray Jack, Hon. Steve Maharey, John Whaanga, Dr Caroline McElnay, Carolyn Tremain (CE MBIE), Catriona McCloud
Attendees:	Vince Barry, Allison Bennett, Astrid Koornneef, Michael Dreyer, Jo Gibbs, Dr Tim Hanlon, Matt Jones, Rachel Lorimer, Colin MacDonald, Rachel Mackay, Jason Moses, David Nalder, Dr Juliet Rumball-Smith, Ian Costello, Dr Joe Bourne, Matt Jones, Bridget White, Andrew Bailey, Fiona Michel, Nick Wilson Jess Hewat (Treasury - observer status), Ben McBride (DPMC - observer status)
Apologies:	Caroline Greaney, Maree Roberts, Dr Ian Town, Chris Seed (CE MFAT), Ngāhiwi Tomoana

Item	Agenda Item
1.	**Introductions and opening** • Dame Karen Poutasi welcomed everyone to the meeting. • John Whaanga opened with a karakia. • Minutes of meeting held 10 September 2021 were accepted. **Conflicts of interest** • Dame Karen Poutasi informed the members of her new position on the Health NZ board. • No conflicts of interest were advised. **Actions** **Action 210827-02:** Add agenda item for next governance group meeting on the ability to utilise current methodologies and opportunities to create a legacy for the wider vaccination programme moving into the next year. **Update:** This will be covered in the Future State item on today's agenda. This item is Complete. **Action 210910-02:** Further reporting and summaries to be presented at next meeting. **Update:** This will be covered in the Strategies for Uptake item on today's agenda. This item is Complete. **Action 210910-04:** Return to PLG with resourcing requests. **Update:** Scheduled for PLG next week.

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2.	**Top of mind issues** The Chair called for members to briefly note their main issues for the meeting that were at the top of their mind (no order implied): • Volatility of programme: we had an issue of supply and now it's more an issue of demand. Tracking at just under 50,000 doses administered per day. To prevent a long tail to the programme, we need to be more creative and aggressive on outbound strategies, as opposed to awareness. • Equity issues. We need to focus on reaching equity targets. Maori vaccinations and communications campaign for rangatahi. We must mobilise now and take a whanau centred approach. • How do we get to those who don't have the resources to engage with the programme? • How do we address the miss information that is relentless at the moment? • The future has come forward due to the outbreak in Auckland and high vaccination rates. We are looking at quality and not quantity of the plans for uptake. Pressure will mount for vaccination as people will not want to self-isolate for 14 days at home as they've done their bit. How do we bring the programme more into primary care as we move into an integrated health system response? • Targets. Are we working towards a 90% and above target now as this hasn't been something the programme has identified until recently? There is a target to have everyone be vaccinated by the end of the year. • Transitioning the programme. This isn't about an end of year target, but the beginning of November as the programme won't finish on 31 December. What does the programme look like next year, including what we will be building and delivering? • Focus on what's been running well in the programme swim lanes, the configuration, and the drive, and having clear leadership moving into the next year. • Are DHBs using communication campaigns to engage locally? The Chair recognises the great work Jo Gibbs is doing for the programme and acknowledges her effort.
3.	**Strategies for Uptake (Fiona Michel, Nik Wilson)**
	• Library is active. Available to all providers to use library to find solutions that might work in other regions and duplicate. • Volumes have gone down but has stabilised. Second doses expected to raise numbers. • Critical to drive an all of agency and commercial sector response. • Identifying barriers, what we need and what we need to focus on at the moment. • Providers covering funding flows, comms, engagement with commercial sector and employers. • Making sure not just big industries but smaller ones have vaccines available on site. • Partnership approach. Driving money into system so local providers can spend on primary care, local communications, local advertising campaigns, enablers and they can spend the way they see fit. • Using anyone with a profile to assist in countering misinformation. • Continuing to work with DHBs to ensure clinics are accessible. Including managing open hours. • A programme of calls to ask individuals questions as people can be reluctant to tell us why they are not engaging. Passing calls through to clinical teams to answer questions. Working on adding technology to improve this engagement. • Corrections is bringing in experts to answer questions and raise vaccination rates. • Have signed off on a data sharing agreement with all providers to access geospatial data. • Working with homeless networks to assist in reaching hard to reach areas of the population. • Reviewing data daily, discussing data with Auckland every day to review actions and track progress. Revamping these meetings to a supply model. • Whanau approach is working. Strengthening Maori capabilities and collating their insights.

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	• Working through security of provider contracts. **Recommendation:** Review our work with Ministry of Education to assist in working with families going forward.
4.	**Communications (Rachel Lorimer) -** Additional Agenda item added at time of meeting.
	• Collaborating with media agency with strong background in behaviour analysis to encourage change. • Employing someone as a data insights lead. • Collaborating with the group Vodafone used to counter 5G misinformation campaign. • Focussing on those not yet engaged and unlikely to. • Activation and amplification of information campaigns to keep the main awareness on specific messages. • Focussing on emotive and motivating communications campaigns. • Messaging through targeted digital content to paint the future for younger people. • Live nation music touring company doing their own vaccinations for summer concerts. • We're supporting influential musical talent via knowledge as they encourage vaccinations. • Actioning calls through geographically focussed populations. • By labour weekend we will have over 40 businesses nationwide delivering workplace vaccinations. Includes manufacturing, trades, and infrastructure companies. CCDHB will vaccinate Transmission Gully team. We are reviewing the workplace model to ensure it is fit for purpose. **Recommendation:** Review communication messages with Ministry of Education.
5.	**Future State (Matt Jones)**
	COVID-19 Vaccination Immunisation Programme Operating Model for 2022. • Delivery next year will mostly be through primary care providers. • Co-administration to drive a consistent programme. • The programme will have matured. It will need to adapt to the broader national vaccination picture. • Commissioning and sector engagement. • Other functions will be moved to share services in external internal agencies already working in these areas. • Monitoring and surveillance will be key as we move into next phases. • Having a picture of the wider range activities is important. • Three month blocks. First three months focus on everyone getting their two doses. Second block is extending to 5-11 year olds with school based settings playing a role and catching up with other vaccination programmes. Three month block until June is ensuring the third dose is administered, if required, and focussing on the flu vaccination programme. Challenge is forward thinking in rapid pace, continuing to align and not drop between phases. • Ministry looking at establishing a national immunisation unit. • We have recently diverted some key technical resources and launched the national immunisation solution programme which will bring the delivery of all immunisations together into the modern platform by end of March 2022. **Recommendation:** Consider the integration into the wider programme as a matter of urgency, to ensure sustainable readiness for the future. Building on the infrastructure and success of this programme, to build into the national immunisation programme. **Recommendation:** Review all approaches to ensure they are still valid. Assumptions previously made need further examination in a new environment.
6.	**Risk Update (David Nalder)**
	• We inherited some reorientation of risks from supply availability and demand. Important to hold firm while throwing everything at issues. • Now and until the end of the programme we need to maximise uptake and achieve equity.

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	• Provide certainty for large proportion of workforce which is temporary. **Recommendation:** Capture risk in the framework and make sure it can guide us.
7.	**Any other business and close**
	• The Chair requested the Director General consider the role of the Governance Group as we move into this next phase of the programme. The Director General acknowledges the positive impact this group has had on the programme and would like to capture and focus this on the next three months phase. The Chair recognises the good work the Governance Group has done so far with a complex, pivoting programme. The programme is in a good assurance space and has the capacity to drive further. • John Whaanga closed with a karakia. • The meeting closed at 9.30am
8.	**Next Meeting** Friday 8 October 2021 8:00am – 10.00am

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COVID-19 Vaccine and Immunisation Programme Governance Group

Date:	Friday, 8 October 2021
Time:	8:00am – 9:30am
Location:	Microsoft Teams
Chair:	Dame Karen Poutasi
Members:	Murray Jack, Hon. Steve Maharey, John Whaanga, Carolyn Tremain (CEO MBIE), Catriona McCloud, Colin MacDonald, Dr Juliet Rumball-Smith, Astrid Koornneef, Michael Dreyer
Attendees:	Vince Barry, Allison Bennett, Jo Gibbs, Dr Tim Hanlon, Matt Jones, Rachel Lorimer, Rachel Mackay, David Nalder, Ian Costello, Dr Joe Bourne, Matt Jones, Andrew Bailey, Caroline Greaney, Maree Roberts, Dr Ian Town, Tamati Shepard-Wipiiti Jess Hewat (Treasury - observer status), Sacha O'Dea (DPMC - observer status) Helen Francis (Secretariat)
Apologies:	Dr Ashley Bloomfield, Fiona Michel, Chris Seed (CE MFAT), Ngāhiwi Tomoana, Dr Caroline McElnay

Item	Agenda Item
1.	**Introductions and opening** • Dame Karen Poutasi welcomed everyone to the meeting. • Carolyn Tremaine opened with a karakia. • Minutes of meeting held 24 September 2021 were accepted. **Conflicts of interest** • No conflicts of interest were advised. **Matters Arising** A note from the Chair: This is our final meeting, and I want to take the opportunity of thanking you your contribution to our assurance mahi. I do believe we have added value and that has been because the 'effector arm' has been responsive to our assurance perspective. We have come a long way together with the team that has actually made it happen and I want to acknowledge the commitment and success of that team. Tau Ana. We are in a good space to hand over. Dame Karen Poutasi to all members of the Governance forum.
2.	**Top of mind issues** The Chair called for members to briefly note their main issues for the meeting that were at the top of their mind (no order implied): • Transitioning the programme. Progressed within the Ministry and Ministers to get clarity about what the full immunisation and vaccination initiative looks like, not just covid-19.

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	• Opening borders and reconnecting with other countries needs consideration as childhood diseases re-enter the country. • Detecting an over reliance on communications as a critical part of the strategy. Not convinced it's primarily a comms issue, believe it's an engagement issue. Working to not rely on comms and instead supporting an engagement strategy. • Next ten days the drive to have vaccination percentages rising across communities is important. Some of the research is showing complacency. Whenever there's an outbreak engagement levels rise. People tend to act when they feel at risk.
3.	**Reaching the unbooked/unvaccinated – Fiona Michel, Tamati Shepard-Wipiiti, Vince Barry, Rachel Lorimer, Astrid Koornneef**
	The numbers were stunning this week. Nearly 82,000 vaccinations. Fascinating study on human behaviour, some of these numbers come from rangatahi wanting to have a good summer and attend events. Now working towards Super Saturday. • Rangatahi are hearing the urgency of our messaging as they fear they won't be able to attend festivals and events. • Vaccination data is now loaded into the IDI, which means other agencies can now view it. Social services data can be viewed also. Great support from iwi data group to push boundaries. • Started sharing maps in the public domain yesterday. • Good discussions with privacy commissioner, and iwi chairs and the Data Iwi Leaders Group. Working to have geographical data interactive, ensuring data is not identifiable. Currently DHBs not able to access their own data, getting this sorted for DHBs will enable other employers. The Office of the Privacy Commissioner is involved. **Governance Group discussion:** • We need to sort through big policy questions earlier in programmes; the programme would be in a different place if we had. • There are a number of lessons we've learned that we need to transfer to other areas, so we don't make the same mistakes next time around. • The comms campaign seems to have done its job and we're discussing moving to tackling information using people with mana, recognisable to communities, and word of mouth. • Seeing some unusual behaviour in employment sector as vaccination becomes an employment issue. • Some precedent on how to work with someone who isn't vaccinated would be helpful, from the Ministry, as it is hard at the moment. The Chair acknowledges it is great to hear we're making progress in the data space. If there is an inability to share data across the whole network, is an impediment when dealing with the pandemic. **3a) Ramp up of mobile delivery – Tamati Shepard-Wipiiti / Vince Barry** • Tātou Whaikāha has created disability pathway. • There is a feeling within rangatahi, of being told what to do, and of being harassed in the community by messaging campaigns, such as text messaging from the programme. • Māori mental health is an area of concern. • Whānau delivery should be whānau first, not vaccinate first approach. How come I can get vaccinated but not my kids? The narrative is I want to start vaccinating mokopuna before myself. Need for Māori health workers to be available to answer questions. • Pharmacy and GP approach is good for those registered; success is dependent on how much work the provider has done, otherwise it is limiting to encourage engagement. For instance, one doctor rang every single registered member at their practice to discuss concerns and hesitancies people may have to being vaccinated. • Issues in primary care where this is not the trusted provider, iwi working with doctors to bring the community in to their practices.

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	• Ministers have been active, along with the Prime Minister following up with discussions with iwi in lower performing areas. Hon Henare's community visits have been helpful, and there has been an improvement in uptake when he visits. • Comments regarding payments for first and second tranches being discussed with providers. Iwi providers and GPs are not funded in the same way. GPs with high Māori populations need further support. Where iwis are funded by TPK, s 9(2)(g)(i) **3b) Coherent behavioural incentive strategy – Rachel Lorimer** • The Ministry is sharing good regional data with local providers and linking with TPK data. • MSD helping to target sub cohorts and able to target areas at a micro level. • There are some concerns regarding primary care vaccination delivery. Coming in to talk to a nurse before getting vaccinated is not working. Might take 30 minutes to see a doctor. There are also concerns regarding potential for violence in practices. • Commissioning model is to pay per vaccination. Keen to understand the augmented model as there will be extra mahi done in outreach settings. • Policy works ongoing for bulk fund interventions. Instructions have gone out to providers and funding is making a difference for outreach providers. • The strategies for uptake library are active for all DHBs, and we are working to enable GPs to see this also. • Through analysis of the online library, we have highlighted tactics and lessons learned. **3c) Reaching the under 40s – Rachel Lorimer/ Tamati Shepard-Wipiiti** • Still vital to provide structure, messaging is still an emergency and needs to be seen through to the end. DHBs are still central and galvanised and not transferring on. • As we move into a more community led programme, we are seeing a dynamic shift. Ministers are enthusiastic, businesses are testing the structure of the DHBs programmes, working hard with DHBs to ensure they have capacity and flexibility to support their communities. • Asking all providers to open on Super Saturday and there will be additional payments to cover costs. We don't want funding to be a barrier. • There are two things to consider as we target specifics. 1. The expectation is for all DHBs that they set up a war room, they maintain control and are central to everything, including encouraging local businesses, regional commissioners, government, and anyone else who is important to delivering, to participate in that war room. 2. The Prime Minister and Minister Hipkins meeting with SROs next week to thank them for their work and that there is more work to do. These conversations are being had with providers as well. **3d) First dose post 7 November – Astrid Koornneef** • Messaging will change once we reach the first dose deadline, and we have community outbreak issues. Helps us to rapidly move to fully immunised population. • The Ministry has been chasing people for first doses and need to do this for second doses also. We will ensure a process is in place to follow up with those that may have missed their first dose or been missed before their second dose. • Need to ensure we don't have leakage between those who have had their first dose and between bookings before second doses. Need to monitor those few who may drop off. 96% conversion rate from first to second dose.
4.	**Future State (Matt Jones)**
	Planning for next year is underway and is broken into quarters. The current quarter is focussed on the following items. **1. Key Messaging to DHBs:** • The immunisation unit will run the wider immunisation and vaccination programme next year. The flu vaccine is a priority in the quarter before winter next year.

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- Population protection into the next year.
- Reopening borders
- Establishing National Immunisation Unit
- Using existing channels to leverage this year's model.
- Catch up on childhood immunisations.
- More opportunities to use tools next year.
- New service delivery models regarding children and opening borders, using the same tools, people, and processes.
- Director General of Health has signed off on progressing the programme into the next year.

4a) Mop up strategy (Vince Barry)

- Focus is on the next 10 days.
- A new communications campaign in November driving 90% first doses.
- Hearing tiredness in DHBs with those involved in responding to vaccination campaigns. Working to further support DHBs to keep going.
- Refreshment needed in workforces; lot of people seconded into other roles, what does short term and future state staffing look like.

4b) DHB focus

- It is clear DHBs are focussed on day to day, sending each other boasting texts on who is ahead in vaccinations in each region which is driving competition.

4c) DHB COVID workforce

- We have a DHB focussed workforce, 14,000 people. Some workers have finished their contracts and have moved into new areas.
- It would be good to keep some of this workforce, as the sector, community, primary and retirement care, is short of people.
- Raises models of payments going forward.
- There are anecdotes that for some of the workforce the vaccinator role has been the highlight of their lives.
- It would be a shame to lose people, especially if working in this role changes the lives of their family.
- 300 Maori mums employed across Whakarongorau for the first time into the health sector and over one third are able to korero Maori. These are new jobs in Kaikohe, Rotorua and Hastings making a real difference in regional towns.
- Providers are asking for long term sustainable funding to offer people jobs.
- There are challenges in using the vaccinator role in other areas because of institutional arrangement.
- We will also need boosters in 2022 so the cycle of needing this workforce will continue.
- We are working with Whakarongorau to ensure we maintain the capability in this space for a legacy piece.
- There is an opportunity to inject these insights, regarding the DHB covid workforce, into the reconnection of the programme with the DPMC.DPMC is connected to the programme of health readiness work, we could take the points mentioned, lessons learnt from the vaccination programme, and use it to progress work on our future vaccination strategy.
- How are we running the flu programme, especially running into winter and vulnerable people that we need to protect? We need structures in place to support this, an immunisation centre, and a central immunisation unit.
- Carolyn Tremain will be contacted after this meeting to discuss some of the opportunities, further education, and skills we might need to retain those in the workforce.
- Jo Gibbs and Carolyn Tremain will discuss ways we can secure sustainable funding for DHBs to keep the vaccinator workforce and wrap around services going.

2. Second doses:

- DPMC working with modelling imports, what does that look like over time? How do we extrapolate vaccination rates over time? What does next year look like? Percentage of

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	second dose by timeline and reconnecting. Not the full story as there is waning immunity, serious illness, and hospitalisations. • 90% vaccination rate is the number the public thinks is where we will start to open the country. The higher the number the better position we will be in. • How do we keep broader social acceptance for travel if we move the goal posts regarding a vaccination target? • We must be careful we are not creating another level of discrimination between the vaccinated and unvaccinated. • Recent focus groups mention that alert level changes do not motivate people to be vaccinated. The motivation to be vaccinated is doing the things they love and seeing the ones they love. It is also important that mobility and freedom of movement within the country and internationally is possible. • The comms campaign for reconnecting the country will need to consider how young people are feeling. **4d) Minimum level of second dose, Misconception & confusion around second doses** • We need to translate information about second doses into lay language. • Modelling will need to provide an idea of what reconnecting New Zealand looks like as we move from an elimination to control and mitigate strategy. • 90% is the number the public believes we will be reopening the country at. • We need to keep the broader societal acceptance for travel while motivating our vaccine programme. If we change the 90% number to 95% for instance this may not be attainable due to hesitancy and not being able to be vaccinated. s 9(2)(g)(i) • We must focus on making sure no-one is left behind in the programme; this is a different focus than reconnecting the country. We don't want the country to be held hostage by 10% of population being unvaccinated before we reconnect. • Need to focus on the bigger picture and how we can connect the dots and retain societies assistance to get to 90%. • We must aware being vaccinated or not vaccinated can potentially create another level of discrimination. • In recent focus groups there was not a strong motivation to be vaccinated in changing the alert levels. The motivation came from doing the things people love and seeing the people they love. Reconnecting the country was where younger people were focussing also. • The are questions raised regarding freedom of movement and mobility both in NZ and internationally.
5.	**Risk Update (David Nadler)**
	The intention of this paper is to headline risk and to cascade a range of risk items, such as: • risks in the rollout of the programme • risks relating to maximising uptake • risk in effective handing over into 2022 • 12 key areas identified. 12 key areas of major uncertainty • risk approach has been non-traditional over the life of the programme • focussed on presenting risks in terms of uncertainty. • Risk is a matter of nuance, what may be leading today may only need a tweak to rectify, like the workforce itself. • The flavour of the framework comes through loud and clear, there are big ticket risks that we are seeing at the moment, which we expect to see, we are able to capture moving forward. • We can see mitigations are in place and effective as we expect them to be. • Mitigations are unclear regarding transition of the programme into next year. • We would like the programme to have a risk focus for a while so we can understand what is needed for the transition.

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	• Exit criteria should be at the point of handover and with an explicit definition so the work the programme has done, and the institutional knowledge and workforce, goes to the appropriate risk areas. • There should also be a formal close out of the programme and transfer of risks. The programme has two months to run through the risks for refinement, beyond that we need to transfer to a business owner to manage whatever risks remain. • The Ministry is beginning to formulate business owner and risk handover, pulling together a strategy and discuss scope and leadership also. **Noted:** It is noted it would be good to have a close out/handover of any outstanding/on going issues for the Director General to take to National Immunisation Unit in January 2022. It is suggested Murray Jack will be able to will liaise with members and create a handover document reflecting learnings from the forum.
6.	**Any other business and close**
	The Chair is grateful to the Governance Group members for all of their hard work the great team they have been to work with. At each meeting the Chair has worked through, with the Group, assurance tasks and has walked away feeling as though we have contributed to the programme. The team has been very receptive and hugely successful in delivery as a result. The Chair would like to note that fundamentally the Group has developed the programme in a dignified way, and to not underestimate the success that you have had. The Chair thanks Jo Gibbs in particular for leading the programme and notes that assurance only works if there are people willing to work with you, which Jo has been. The members thank the Chair, Dame Karen Poutasi, for her outstanding leadership and guidance through the Governance Groups existence. The Chair requested the Director General consider the role of the Governance in the programme. • John Whaanga closed final Governance Group meeting with a karakia. • The meeting closed at 9.30am

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