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



MANATŪ HAUORA



BORDER EXECUTIVE BOARD



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



COVID-19 Response Weekly Report

25 March 2022

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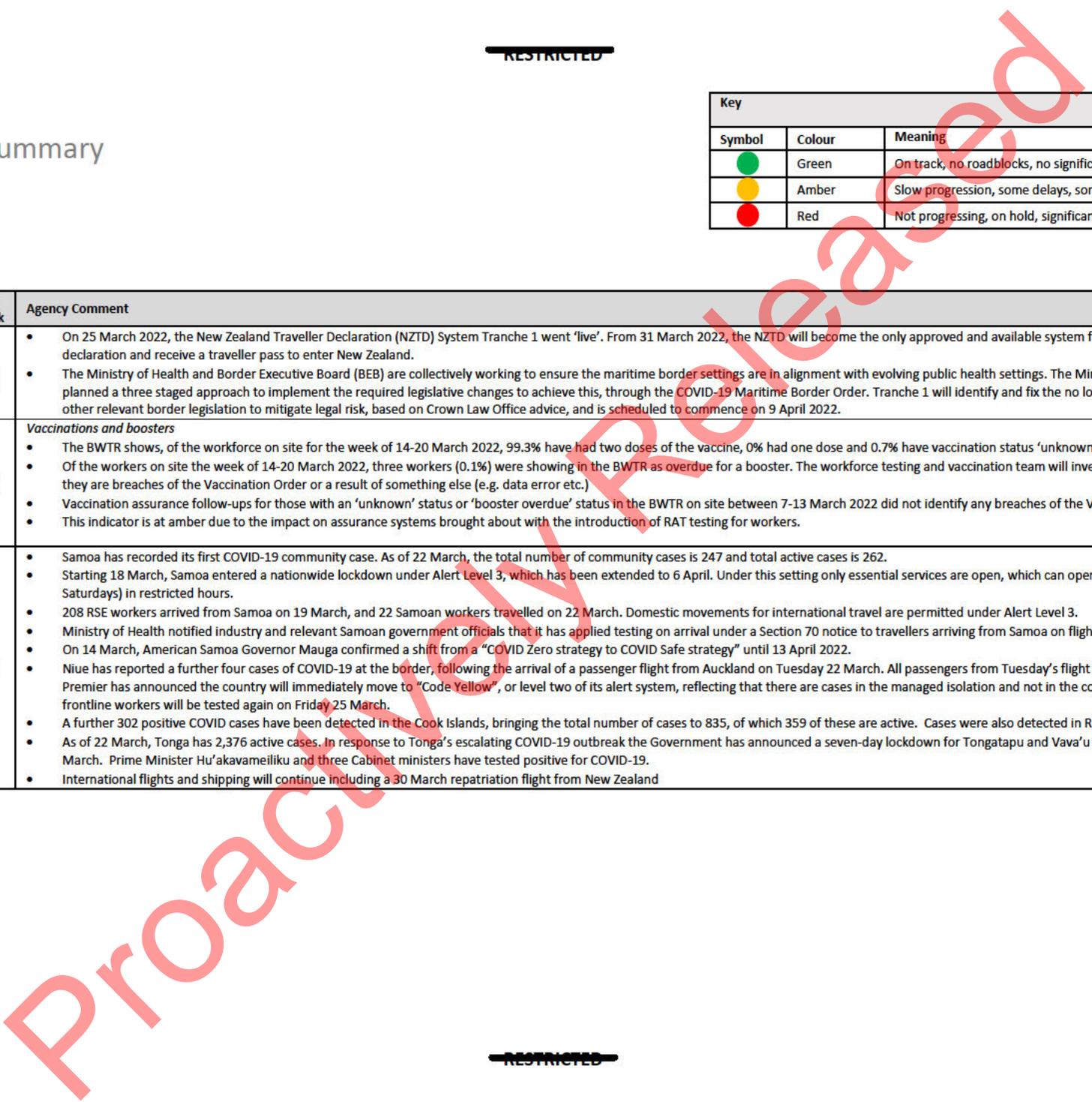
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1. Status Summary

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

Border

	Agency	Last Week	This Week	Agency Comment
Border measures	MoH	●	●	<ul style="list-style-type: none"> On 25 March 2022, the New Zealand Traveller Declaration (NZTD) System Tranche 1 went 'live'. From 31 March 2022, the NZTD will become the only approved and available system for travellers arriving by air to make a declaration and receive a traveller pass to enter New Zealand. The Ministry of Health and Border Executive Board (BEB) are collectively working to ensure the maritime border settings are in alignment with evolving public health settings. The Ministry of Health and BEB have planned a three staged approach to implement the required legislative changes to achieve this, through the COVID-19 Maritime Border Order. Tranche 1 will identify and fix the no longer aligned public health settings in other relevant border legislation to mitigate legal risk, based on Crown Law Office advice, and is scheduled to commence on 9 April 2022.
Testing and vaccination of border workforce	MBIE	●	●	<p><i>Vaccinations and boosters</i></p> <ul style="list-style-type: none"> The BWTR shows, of the workforce on site for the week of 14-20 March 2022, 99.3% have had two doses of the vaccine, 0% had one dose and 0.7% have vaccination status 'unknown'. Of the workers on site the week of 14-20 March 2022, three workers (0.1%) were showing in the BWTR as overdue for a booster. The workforce testing and vaccination team will investigate those to identify whether they are breaches of the Vaccination Order or a result of something else (e.g. data error etc.) Vaccination assurance follow-ups for those with an 'unknown' status or 'booster overdue' status in the BWTR on site between 7-13 March 2022 did not identify any breaches of the Vaccination Order. This indicator is at amber due to the impact on assurance systems brought about with the introduction of RAT testing for workers.
Reopening new travel pathways - Pacific Islands	MFAT	●	●	<ul style="list-style-type: none"> Samoa has recorded its first COVID-19 community case. As of 22 March, the total number of community cases is 247 and total active cases is 262. Starting 18 March, Samoa entered a nationwide lockdown under Alert Level 3, which has been extended to 6 April. Under this setting only essential services are open, which can open only two days (Tuesdays and Saturdays) in restricted hours. 208 RSE workers arrived from Samoa on 19 March, and 22 Samoan workers travelled on 22 March. Domestic movements for international travel are permitted under Alert Level 3. Ministry of Health notified industry and relevant Samoan government officials that it has applied testing on arrival under a Section 70 notice to travellers arriving from Samoa on flights from 19 March to 10 April 2022. On 14 March, American Samoa Governor Mauga confirmed a shift from a "COVID Zero strategy to COVID Safe strategy" until 13 April 2022. Niue has reported a further four cases of COVID-19 at the border, following the arrival of a passenger flight from Auckland on Tuesday 22 March. All passengers from Tuesday's flight are in managed isolation. Niue's Premier has announced the country will immediately move to "Code Yellow", or level two of its alert system, reflecting that there are cases in the managed isolation and not in the community. All passengers and frontline workers will be tested again on Friday 25 March. A further 302 positive COVID cases have been detected in the Cook Islands, bringing the total number of cases to 835, of which 359 of these are active. Cases were also detected in Rarotonga prison. As of 22 March, Tonga has 2,376 active cases. In response to Tonga's escalating COVID-19 outbreak the Government has announced a seven-day lockdown for Tongatapu and Vava'u from 20 March until 26 March. Prime Minister Hu'akavameiliku and three Cabinet ministers have tested positive for COVID-19. International flights and shipping will continue including a 30 March repatriation flight from New Zealand



Managed Isolation and Quarantine and Return to the Community

Place and conditions of stay	Agency	Last Week	→ This Week	Agency Comment
	MBIE	●	●	<p>Decommissioning Planning</p> <ul style="list-style-type: none">All tranche one facilities (20 in total) have received notification of termination. Planning has been completed and the emptying process is commencing, with initial dates for decommissioning decided.Tranche two and three planning is underway with tranche two's commercial negotiations being progressed.The decommissioning programme schedule is on track, s9(2)(b)(ii)
MBIE	●	●	s9(2)(f)(iv)	

Community Protection

Case investigation, surveillance and testing	Agency	Last Week	→ This Week	Agency Comment
	MoH	●	●	<ul style="list-style-type: none">The Ministry of Health is revising its Testing Strategy and Testing Plan in preparation for the post-peak Omicron response. The Ministry of Health is due to report back to Cabinet on the revised Testing Strategy and Testing Plan in early April 2022.Protecting older New Zealanders, particularly those in aged residential care (ARC), is a priority. The Ministry of Health is providing guidance to ARC facilities about the use of rapid antigen tests (RATs) at individual facilities. The Ministry of Health also continues to supply ARC facilities with RATs and to prioritise PCR testing for ARC residents. A special surveillance regime for staff in ARCs is also in place.The process for a targeted rural service for RATs access points has been developed, and implementation of associated IT and operational actions are being progressed.The Ministry of Health has sent out communications to disability providers that supports them handing out RATs to their clients who meet eligibility criteria and cannot get to a collection site. The Ministry of Health are also progressing delivery to the disability sector through community providers.The Ministry of Health has also been putting large quantities of RATs with other locations that can provide local distribution, including iwi and primary health organisations (PHOs) as a short-term solution to create more channels for RATs to be distributed into the network.There continue to be some delays in delivering orders due to ongoing constraints in the domestic freight and courier networks affecting some GPs, pharmacies, community providers, and aged residential care facilities. However, RATs are flowing into the system through the courier channel, with fewer requests needing to be supported locally by the district health boards (DHBs).In terms of RAT supply, the Ministry of Health is starting to look at what future demand might look like, and whether further orders can be pushed out or potentially cancelled.

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Vaccination

Implementation and operation

Agency	Last Week	This Week	
MoH	●	●	<p>Vaccinations</p> <ul style="list-style-type: none"> As at 11.59 pm on 22 March 2022: <ul style="list-style-type: none"> 10,898,132 vaccinations have been delivered. 3,972,660 people are fully vaccinated. 2,560,822 booster doses have been administered. 73 percent of people eligible for a booster have received a booster. 96 percent of the eligible 12+ population has now received at least one dose, and 95 percent is now fully vaccinated. 257,404 Pfizer Paediatric first doses have been administered, with 54 percent of children aged 5-to-11-years having either booked or received their first dose of vaccine. 48,185 Paediatric second doses have been administered. Nineteen DHBs have reached 90 percent fully vaccinated. Seven DHBs (Auckland, MidCentral, Wairarapa, Capital & Coast, Hutt Valley, Canterbury, and Southern) have also achieved 90 percent fully vaccinated for Māori. Events for Māori health providers to run targeted vaccination clinics with Kura Kaupapa have commenced. The Programme is on-track with implementation for the 2022 Influenza Immunisation Programme, due to commence on 1 April 2022. <p><i>Note: The removal of deceased persons from the count of people vaccinated has resulted in slight changes to vaccination numbers, for example decreasing the total number of vaccinated people in a particular demographic or increasing the number of doses remaining to reach a milestone. 18,253 partially vaccinated, 15,388 fully vaccinated and 2,334 boosted records have been removed from the vaccination counts.</i></p> <p>Booster uptake and achieving equity</p> <ul style="list-style-type: none"> Sixteen sprint activities have now taken place to promote uptake of boosters and tamariki vaccinations. To maintain the momentum developed across the motu through the Sprints, a playbook of key strategies is being developed by the programme for DHBs, Māori Health Providers and Pacific providers to continue this work. DHBs have begun to signal a reduction in community vaccination clinic capacity, to redeploy staff into outreach clinics and support primary care, pharmacy, Māori Health and Pacific providers. <p>5-11-year-olds</p> <ul style="list-style-type: none"> The Ministry of Health has engaged with Te Puni Kokiri, Ministry of Social Development, Oranga Tamariki and Te Arawhiti to pull together and align strategies for raising Māori vaccination uptake, with an increased focus on 5–11-year-olds. Planned vaccination events in collaboration with kura and hauora providers have commenced, enabling the providers to reach tamariki and whānau through an organisation and environment that is familiar and safe to them and helps to support tamariki, whānau and communities to be vaccinated together. <p>Novavax Implementation</p> <ul style="list-style-type: none"> There are now one or more sites offering Novavax vaccines for each DHB, with a total of 37 sites across the motu. Initial demand in some main centres exceeded the appointments available, generating a degree of consumer feedback. Additional capacity is being created as additional sites are brought online, or existing sites increase their trained workforce. The Ministry of Health expect that the capacity will continue to grow to meet demand.

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Resurgence Planning and Response

COVID-19
Management Planning
and Response

Readiness Planning

Agency	Last Week	This Week	Agency Comment on Status of Focus Area
DPMC	●	●	<ul style="list-style-type: none">• Cross-agency urgent issue mitigation has been occurring tri-weekly through the AoG Ops Forum and bi-weekly in the AoG Supply Chains Forum to keep New Zealand moving. Key updates from these meetings are distributed to sector agencies and Minister's offices.• The fourth of the winter planning sessions was held this week using a scenario of what does a continuous improvement and lesson management process look like and how to achieve this within agencies to feed into a system process during winter.
MoH	●	●	<ul style="list-style-type: none">• The COVID-19 Assessment Committee will next meet on 29 March 2022 and will provide advice, via the Director-General on whether a shift in traffic light settings is appropriate. Following this, on 4 April 2022, Cabinet will review the COVID-19 Protection Framework (CPF) settings and assess whether New Zealand is ready to shift from the Red setting.• On 23 March 2022 the Government announced changes to the Red setting of the CPF, removing gathering limits on outdoor events and doubling indoor capacity limits. Additionally, all capacity limits for indoor and outdoor settings were removed for both the Orange and Green settings of the CPF. The isolation period for household contacts remains at seven days and will be regularly reviewed.• Further to the Government's announcement, under the Orange setting, the use of face masks will still be required in most indoor places, while a shift to Green will encourage the use of face masks.
MBIE		●	<p><i>MIQ Reactivation Plan</i></p> <ul style="list-style-type: none">• A team has been established and planning is underway. MBIE will continue to report on progress via the Weekly Report.

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2. COVID-19 Insights

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

2.1.1 Comparisons between the Canadian Freedom Convoy and New Zealand Protest Convoy, and Longer-Term Implications

Introduction

The Insights and Reporting Team in DPMC's COVID-19 Group have analysed the drivers of the recent Wellington Convoy Protest and its parallels with the Freedom Convoy Protest in Canada.¹ This report will look at drivers of the protest, funding of the protest, the responses so far, and finally what this all means for social cohesion.

The main conclusions from the analysis below are that long-term social issues, such as inequality, feelings of disenfranchisement, and mistrust of the government, have been exacerbated by COVID-19, which analysts have perceived to have led to an erosion in social cohesion. This has created space for mis/disinformation to further spread, and extreme ideologies to become more mainstream. This was evidenced by the recent protests in Wellington and reflected in similar protests in Canada, which are thought to be a symptom of this decline in social cohesion.

Freedom Convoy Canada Overview

The protest in Canada, dubbed the 'Freedom Convoy' began as a protest against vaccine mandates for truck drivers crossing the United States-Canada border, which came into force in January 2022. The mandate required unvaccinated Canadian truck drivers returning from cross border journeys to quarantine upon returning home. The convoy initially consisted of truck drivers and conservative groups and headed east towards the capital Ottawa, before becoming an ongoing occupation of the city centre. Similar protests occurred elsewhere in Canada, including the Ambassador Bridge, which handles 27% of trade between the United States and Canada.¹ The scale of the disruption in Ottawa, which included constant blaring of horns eventually led to the city's mayor declaring a state of emergency. Despite being associated with truck drivers, the Canadian Trucking Alliance estimates that 85-90% of cross-border truckers are vaccinated. The Alliance did not support the convoy and suggested that many protestors in Ottawa had no connection to the industry.^{2 3} ⁴ After around three weeks of the Ottawa occupation, a period of time similar to the duration of the Wellington Convoy Protest, Prime Minister Trudeau invoked never before used emergency measures which gave police powers to arrest and disperse participants.⁵

Wellington Convoy Protest Overview

The recent protests in Wellington had a number of similarities to the Freedom Convoy protests in Canada. As in Canada, the protests in Wellington were initially directed against vaccine mandates but quickly transformed into a less defined protest under the theme of "Freedom". The protest was also similar in its methods, with an initial convoy of protestors beginning an occupation of the city centre in order to cause disruption. The protests in Wellington also ended in a similar fashion with New Zealand Police removing demonstrators after around three weeks.^{6 7}

Comparisons Between the New Zealand and Canadian Situations

There are commonalities between the recent protests in Canada, and New Zealand. Analysis of the drivers of the protest, funding, responses so far, and longer-term impacts for social cohesion in both Canada, and New Zealand, are set out below.

¹ All of the information and analysis related to the Canadian Freedom Convoy was taken from open-source material and the Canadian government were not involved.

Drivers of the Protest: In Canada, and New Zealand, it appears that COVID-19 restrictions such as vaccine mandates have led to frustration and discontent for some. This has allowed mis/disinformation to further spread, and more extreme ideologies to become more mainstream.⁸

Although the Freedom Convoy began as a protest about a specific aspect of Canada's public health response to COVID-19, the protest quickly expanded beyond this, becoming a focal point for protest against the Trudeau government and for far-right extremists.^{9 10} As with other protest movements associated with COVID-19 public health measures, protestors appeared to espouse conspiracy theories driven by mis/disinformation. One group connected to the Canada Freedom Convoy protest was the group Canada Unity, founded by a far-right activist and QAnon conspiracy theorist, which acted as an early organiser of the protest. News spread through a web of Facebook groups and Telegram Channels, before being amplified through more mainstream right-wing commentators.^{11 12} A spokesperson for Facebook's parent company Meta, also reported that so called 'content farms' were producing memes in support of the protests in Bangladesh and Vietnam.^{13 14 15}

The protests in Wellington had parallels with the protests in Canada, with protestors expressing feelings of disenfranchisement and frustration. A recent report by New Zealand Police noted that frustration with lockdowns, pressure to get vaccinated, and fatigue were leading to growing discontent and to an erosion of social cohesion.¹⁶ Representatives of the Human Rights Commission also reported that during consultation with protestors, many at the Wellington protest claimed to have lost jobs or suffered side-effects of vaccination.¹⁷ The chair of Taranaki Whānui also commented that there were many Māori protestors, which he attributed to a long history of grievances against the Crown and deep-rooted mistrust of government.¹⁸ In contrast the Canadian Freedom Convoy Protest did not appear to have significant numbers of indigenous peoples. The Canadian protest was, however, condemned by First Nations leaders, which mirrors the responses from Iwi leaders during the protest in New Zealand.¹⁹

Other researchers commenting directly on the Wellington protest also indicated that economic and ethnic inequalities exacerbated by the COVID-19 pandemic may have contributed to the anger among some at the protest, whilst also possibly making them more susceptible to mis/disinformation.²⁰ A number of protestors in Wellington were reportedly observed repeating conspiracy theories found online, including theories that the vaccine is unsafe, contains metals and is even linked to HIV.²¹ Many of the theories online are spread through Telegram, via groups such as Voices for Freedom and Counterspin Media.²² Groups such as Counterspin media also use their platform to sow mistrust of mainstream media outlets and other parts of society with calls for journalists, politicians, academics and the police to be arrested for supposed crimes against humanity.²³ Research from Te Pūnaha Matatini reported in 2021, noted that mis/disinformation was being used as a tool to bring New Zealanders who were vaccine hesitant to a more vaccine resistant position, before encouraging them to embrace right wing ideologies.^{24 25} The report noted the sharp increase in popularity and intensity of mis/disinformation since the August COVID-19 outbreak, and that much of the content originates in Australia and the United States.²⁶

The protest also appears to have become a rallying point for more extreme groups.^{27 28} The Police report mentioned above also noted that conditions created by discontent have allowed divisive narratives and extreme ideologies to spread.²⁹ This was borne out during the protests as evidenced by the drawing of swastikas, equating the New Zealand government with Nazi and fascist regimes, and violent slogans on buildings and statues near parliament.³⁰ Messaging related to the conspiracy theory group QAnon was also observed at the Wellington protest.³¹ This rhetoric was also echoed in some of the reports to the media from protestors themselves. In a recent article, one protestor mentioned that the violence on the final day of the protest was not carried out by protestors at the site to demonstrate against mandates, but was being carried out by groups of extremists. It is still too early to conclude who was behind the violence and what their exact motivations were.³²

Funding: In both Canada and New Zealand, reporting in the media suggests that funding came from numerous small donations. Media reports also suggest larger donations were made by individuals in Canada, and to a smaller extent in New Zealand. Investigations remain underway regarding the funding of the Wellington Convoy protest.

A large portion of funding for the Canadian Freedom Convoy came through crowd funding websites including GoFundMe and later GiveSendGo.³³ The GiveSendGo page quickly raised CAD9 million (NZD10.4 million) from around 100,000 donors. The largest donation was \$215,000, whilst an American software billionaire donated \$90,000.³⁴

The means of funding the protests in Wellington has drawn some parallels with the protests in Canada. Media reporting suggests that funding for the Wellington Convoy protest came mostly from small donations, with only a few reports of larger donations from some businesses within New Zealand.^{35 36} There have been suggestions in the media that some of the money used to fund the protest originated offshore, although this has not yet been substantiated. Police are looking into funding streams as part of their investigation. Concerns were also voiced by groups including the National Māori Authority, who have suggested that some groups linked to the protests have been taking advantage of disaffected and vulnerable people as a source of donations. Funds were reportedly used to pay for parking fines, food, and equipment.^{37 38 39}

Responses So Far: In both Canada, and New Zealand, steps were taken to end the protest. In the longer-term, government, and non-government, organisations have been looking at ways to address some of the causes.

In Canada, steps were taken during the Freedom Convoy occupation to remove the protesters, such as the introduction of emergency powers. Another tactic used by the government as well as by private companies was to prevent finances from reaching the convoy protestors. GoFundMe seized donations after police reports of violence, and after crowdfunding activities migrated to GiveSendGo. Canada has funded long term initiatives to combat mis/disinformation, whilst work is ongoing at the University of Ottawa to better understand the issue.^{40 41 42 43 44 45}

The response to the immediate issue of the occupation in Wellington, bore some resemblance to the response in Ottawa, but also differed significantly in scale. Initially police patrolling the Wellington protest followed a tactic of de-escalation, similar to that initially used in Canada, to prevent major unrest from breaking out. Unlike in Canada, no temporary laws were invoked to bring the protest to an end, but, as in Canada, intervention from the police was required to finally disperse the occupation.⁴⁶ Although there were no reports of funding for the Wellington protest being blocked, the police are looking into funding streams as part of their investigation into the protest.⁴⁷ The government, and others such as the Disinformation Project led by Te Pūnaha Matatini, the Brainbox Institute, and Toha Toha are looking at ways to better understand, and combat mis/disinformation. Government agencies such as the Department of the Prime Minister and Cabinet and the Ministry of Health have also been working to understand COVID-19 related mis/disinformation with groups such as the Disinformation Assessment and Response Team (DART), set up for this reason. DART has been tasked by the Ministry of Health to outline actions that can be implemented to combat health related mis/disinformation including referral to other agencies or legal actions against groups which create and distribute mis/disinformation.^{48 49 50}

Implications for Long Term Social Cohesion: Experts and commentators see the protests in Canada, New Zealand, and elsewhere as a symptom of a decline in social cohesion linked to COVID-19 and wider long-term issues of inequality. This has created space for mis/disinformation to further spread, and more extreme ideologies to become mainstream.

In a recent interview with news broadcaster Al Jazeera, a member of the Disinformation Project at Simon Fraser University, British Columbia Canada, pointed to the long-term issues of social cohesion which will continue after the Freedom Convoy. Their analysis identified that online conspiracy theorists had been recruited by right wing organisations to spread their ideology within protest related groups. People within the groups feel ignored and marginalised in part due to the lack of any attempt to engage with them. The feeling of alienation felt by some protestors was then amplified by mainstream, but still fringe, political organisations, such as right-wing parties, who are attempting to build upon the notoriety of the protest for future elections. The project spokesperson commented that regardless of whether mandates remain or go, the feeling of disenfranchisement will remain and that there may be an increase in the popularity of nationalism and populism.⁵¹ This aligns with the New Zealand Police analysis that the decline of social cohesion linked to COVID-

19 has made some people more susceptible to mis/disinformation and more extreme ideologies, and also more likely to participate in protest activity.⁵²

Experts in this field have mentioned similar drivers in the New Zealand protests. A prominent psychologist in a recent article in the Guardian newspaper, pointed to the fact that many of the protestors were people who have experienced marginalisation, which has potentially increased due to public health measures. This has made some protestors inclined to look for a sense of physical community that protests can provide, whilst also bringing them into contact with others looking to spread more extreme messaging. As well as groups pushing extreme views to people who feel marginalised, recent reports have also noted the presence of “influencers” on social media, using language such as “choice” and “freedom” as a means of building trust with people and distancing them from their other networks. Some of these influencers use this trust as a means of selling products, such as herbal remedies, whilst simultaneous breaking down trust in traditional sources of information such as the mainstream media and medical professionals,^{53 54} further undermining social cohesion.

Thank you to the following teams that assisted with this report: The Disinformation Assessment and Response Team (DART), National Immunisation Programme, at the Ministry of Health; the National Assessments Bureau; the Combined Threat Assessment Group; the New Zealand Police; the Department of Internal Affairs; and the Ministry of Foreign Affairs and Trade.

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3. Ministry of Health



3.1 Policy/Programme Updates

3.1.1 Health system preparedness programme: update

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

COVID-19 Care in the Community

Changes to the COVID-19 welfare referral process

The majority of people who need access to welfare support while isolating are calling the COVID-19 Welfare line or are completing the Ministry of Social Development (MSD) form linked to the positive test result text message. This has largely been working well and MSD either helps directly or connects people to a community provider.

Until recently, people could ask for welfare support through the National Contact Tracing System (NCTS) which linked directly into MSD's welfare support system. As case numbers have increased, this system's electronic referral process was not performing consistently, or fast enough for those needing urgent welfare support. It was turned off on 14 March 2022.

Requests for welfare support can now be made through the following channels:

- completion of the MSD welfare form (that is linked through the online contact tracing form sent with a positive test result text message);
- calling the Welfare line;
- general practitioners (GPs), other primary health care providers and other associated providers can flag a welfare need through the COVID-19 Clinical Care module platform;
- GPs, primary health care providers and contact tracers who do not use, or do not have access to the COVID-19 Clinical Care module can advise people to contact the COVID-19 Welfare line directly, or to complete the MSD welfare form.

Data and Digital

The Data and Digital team has held review sessions on the COVID-19 Clinical Care module and have been supporting Care Coordination Hubs (Hubs) on how to use the localised reporting and dashboarding tools to optimise technology solutions. In the week of 16 March 2022 sessions were held with South Rangitikei, West Coast, Wellington and Wairarapa Hubs. Further sessions will be held over the next two weeks for South Canterbury, Hutt Valley and Capital and Coast (2DHB) Care Hubs, Te Manawa Taki (collective group session), Taranaki, Hawke's Bay, and Northland Hubs.

Implementation of Risk Stratification Model and Risk Score

The risk score for the call prioritisation tool, (the tool) for the COVID-19 clinical care module and National Contact Tracing System was deployed on 10 March 2022. The Ministry of Health are developing a rapid assessment of the tool by looking at the score of those who are hospitalised and determining whether the score was correct. Sector-wide training sessions on the tool are on-going. The Ministry of Health are asking for feedback from users to check it is working in the way it is intended and areas for improvement are identified.

Advanced care planning resources for COVID-19 patients and whānau

It is important that those who are at a higher risk of becoming seriously unwell with COVID-19 are prepared and think about what they may want if their health declines. Existing health quality safety commission advanced care planning resources developed by the Health Quality and Safety Commission (HQSC) have been adapted to suit the COVID-19 context and are designed to help health professionals have conversations about what matters most to patients and their whānau. The Shared Goals of Care documents, and the Serious Illness Conversation Guide, are available to support clinicians for use across the health sector. The resource COVID-

19: *Being prepared – what is most important to you if you become unwell with COVID-19* has also been developed for patients.

Communication

The Ministry of Health is working with DHBs, MSD, and the Department of Prime Minister and Cabinet (DPMC) to produce information to support people isolating at home. This includes an updated video, social media communications, and a series of webinars for welfare and primary care providers.

Workforce

On 10 March 2022 the Ministry launched the COVID-19 Surging the Health Workforce campaign. This campaign has been developed in response to the urgent need for workers on the ground to help care for whānau who are isolating at home.

The Ministry of Health is distributing campaign material across the sector and community through newsletters, emails, and social media platforms. A range of options are available to support Care in the Community providers to advertise job listings, and for workers to put themselves forward to support the Omicron response in a range of different services across the sector.

3.1.2 Aged Residential Care sector COVID-19 Response: update

This item is to provide you with information about progress on the COVID-19 response in the aged residential care (ARC) sector. This updates advice provided on 10 March 2022.

In recent discussions with sector stakeholders, the Ministry of Health understands that ARC facilities are currently managing well in supporting residents who are testing positive. However, most regions are struggling with staffing issues. Several are reporting significant staffing issues, specifically Tairāwhiti, Hutt Valley and Southern.

The Ministry of Health has provided all DHBs with a range of options to source additional staffing. These include options such as the Hands Up database and student job search. In addition, some DHBs have been able to put extra staff into facilities to provide some relief.

Case numbers in ARC facilities are now being captured daily in the Sitrep. Most recent numbers (as at 21 March 2022) indicate that 30 percent of ARC facilities (there are currently 656 facilities nationally), have at least one resident with COVID-19. The highest percentages of ARC facilities impacted are in Counties Manukau (50 percent), Lakes (42 percent), Wairarapa (38 percent) and Waikato (36 percent).

Total case numbers reported currently for ARC residents is 412 across the country (there are nearly 40,000 ARC residents in New Zealand). Facilities with high numbers of COVID-19 positive, or household contact staff, continue to keep residents safe from infection. This is a result of the infection prevention and control, and public health measures that facilities have in place. In addition, ARC providers are reporting that to date, most COVID-19 positive residents are displaying mild symptoms and are recovering well.

ARC facilities are still having issues when reporting positive cases from a RAT test, as this is mostly done through ringing the 0800 number (for people without internet access). The Ministry of Health made progress over the past week in developing a process for bulk uploads of test results for ARC facilities (and other industries impacted in a similar way, such as Recognised Seasonal Employer workers). The Ministry of Health plan to have a bulk upload option available by 25 March 2022.

As the pressure from COVID-19 moves down the country, more DHB regions are feeling pressured as the current COVID-19 outbreak continues to spread. The Ministry of Health is contacting facilities, especially some of the smaller facilities, to ensure they are managing and are feeling supported.

Next steps

The Ministry of Health will provide your office with further updates on the ARC sector response in a fortnight through the Weekly Report, as the current COVID-19 situation evolves.

3.1.3 Contact tracing in the Omicron post-peak phase

The continuation of existing case investigation and contact tracing systems, as part of the Omicron Response Strategy, continues to be an important element of the health system's response to COVID-19.

The existing case investigation and contact tracing capability, systems and processes are being used to manage the existing outbreak. The Ministry of Health expect ongoing continued transmission and a need to manage potential new variants of COVID-19.

Cases and household contacts are currently required to isolate for seven days. This is expected to continue through to the end of winter 2022 to slow onward transmission, manage pressures on the health system, and to moderate the wider societal impacts of increased cases. Isolation and testing requirements will be regularly reviewed to ensure public health requirements are appropriate.

Case investigation is primarily provided by the National Case Investigation Service, through the National Investigation and Tracing Centre's contracted telehealth providers. The service follows up priority cases that have not engaged with the digital tools available that ensure access is not a barrier to individuals receiving appropriate testing and isolation advice, and welfare support if needed.

Information provided through the case investigation and contact tracing process informs the clinical assessment needed to identify individuals and whānau at risk, determine their health and social needs, assess eligibility for the use of therapeutics, and ensure they receive appropriate care.

Since Phase 3 of the Response to Omicron, the case investigation process proactively identifies potential exposures in high-risk settings, which include:

- temporary housing arrangements (transitional housing, boarding houses, soup kitchens, homeless shelters)
- faith-based places of worship
- aged residential care
- marae/tangihanga.

These settings have now all had cases or outbreaks. They are being managed using established communication channels and relationships between the Ministry of Health, Public Health Units (PHUs), Māori and Pacific providers, and those responsible for the different settings.

The operating model for the contact tracing system has been designed so that the contracted workforce can quickly surge and respond to new variants of concern and emerging outbreaks. This enables a baseline level of capacity which can be scaled quickly as required.

Next steps

The National Investigation and Tracing Centre continue to oversee delivery of the national case investigation service and work closely with PHUs to contact trace high priority population groups and settings, where case investigations will focus on identification of prioritised exposure events.

A review of the isolation periods for cases and household contacts will be undertaken regularly.

3.1.4 COVID-19 Vaccine and Immunisation Programme

COVID-19 Vaccinations

As at 11.59 pm on 22 March 2022:

- 10,898,132 vaccinations have been delivered, including 4,024,862 first doses, 3,972,660 second doses, 34,199 third primary doses, and 2,560,822 booster doses.
- 257,404 paediatric first doses have been administered to 5-to-11-year-old children, with 54 percent of this population now having received their first dose. 48,185 paediatric second doses have been administered.
- 73 percent of people eligible for a booster dose have received their booster. This is equal to last week.

- 86 percent of the eligible population five years and older have now received at least one dose. 81 percent of this population are fully vaccinated.
- 697 vaccination sites were active since 15 March 2022.

Note: The removal of deceased persons from the count of people vaccinated has resulted in slight changes to vaccination numbers, for example decreasing the total number of vaccinated people in a particular demographic or increasing the number of doses remaining to reach a milestone. 18,253 partially vaccinated, 15,388 fully vaccinated and 2,334 boosted records have been removed from the vaccination counts.

Driving uptake

Seven DHBs have reached 90 percent fully vaccinated for Māori, with several more DHBs very close to achieving this milestone. All DHBs have achieved at least 90 percent first doses and nineteen DHBs have achieved at least 90 percent fully vaccinated for their 12+ populations. Northland DHB is 3,357 doses from reaching the 90 percent fully vaccinated milestone as at 11.59pm 22 March 2022.

DHBs have begun signalling a reduction in community vaccination clinic capacity, to redeploy staff into outreach clinics and support primary care. DHBs are providing support across regions to maintain services where possible and provide opportunities for vaccination outside normal working hours. Pharmacy, Māori health and Pacific providers, the number of sites open for boosters, and tamariki vaccinations remain stable.

Sprint strategies across the motu continue to demonstrate the need to take innovative approaches to reach equitable health outcomes. Sixteen sprint strategies have been completed. To maintain the momentum developed across the motu through the Sprints, a playbook of key strategies is being developed by the Programme for DHBs, Māori health providers and Pacific providers to continue this work. The Ministry of Health is supporting DHBs and providers to implement and maintain locally developed sprint initiatives with the support of the programme.

Boosters

As at 22 March 2022, 2,560,822 people have received a booster dose. This represents 73 percent of the 3,518,378 people who are currently eligible for a booster, which is equal to last week.

Work with DHBs continues with a strong focus on promoting booster uptake across the eligible population. Since 17 January 2022, an estimated 2.9 million eligible individuals have been sent a booster reminder message, up from 2.51 million the previous week. National phone campaigns continue to support population uptake on boosters.

5-to-11-year-olds

54 percent of children aged 5-to-11 years-old have either booked or received their first dose as at 11.59pm on 22 March 2022.

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

All DHBs are working closely with Māori Health Providers, Iwi collectives and Pacific Island community connectors to develop further strategies for improving participation of schools and whānau to increase the uptake of 5-to-11-year-olds. Planned vaccination events in collaboration with kura have commenced, enabling providers to reach tamariki and whānau through an organisation and environment that is familiar and safe to them, and that helps to support tamariki, whānau and communities to be vaccinated together.

The programme has sought feedback and insights from the President of the New Zealand Pacific Principals to engage more effectively with Pacific aiga for 5-to-11-year-old vaccinations. Practical advice includes the use of short, simple, clear communications and links for translations to share with Pacific families, including the use of social media channels such as Tik Tok for young people.

The Ministry of Health has engaged with DHBs to better understand vaccination engagement with schools. DHBs are sharing resources and learnings with each other to increase uptake of 5-to-11-year-olds and particularly the work they are doing with and near schools. In addition to working with schools to provide access to vaccination, DHBs are utilising opportunities created by other community sites such as sporting events, churches, and marae to run tamariki-focused vaccination events.

Vaccination Order

On 11 March 2022, changes to the temporary medical exemption process for COVID-19 illness (category 1A of the temporary medical exemption criteria) were implemented. Key changes include a new group application process and form for applications by PCBUs (employers); and the acceptance of Rapid Antigen Tests (RATs) as proof of a positive COVID-19 illness in addition to PCR test results.

Equity

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

Pacific People

The Ministry of Health is supporting public health units with key Pacific translated communications of COVID-19 resources to assist with regions experiencing high numbers of COVID-19 cases among their Pacific communities. This includes sharing key links for promoting vaccinations and Pacific vaccination events.

Several Pacific community groups are available and willing to host and support vaccination events, especially across Auckland. However, many Pacific health providers are experiencing a shortage of staff, with staff self-isolating. Pacific providers are working within their existing capacity and attempting to book events across March 2022 where possible.

Disabled people

Vaccination rates for disabled people supported by Disability Support Services (DSS) and ACC continue to track well. For children aged 5-to-11-years receiving DSS, first dose rate is 53.7 percent. The booster rate uptake for the ACC and DSS cohort is at 82.1 percent as at 13 March 2022.

The disability team at Whakarongorau continues to receive steady call volumes. Key vaccination themes for these calls include managing booking post COVID-19 recovery and facilitating home vaccination bookings.

Novavax

From 14 March 2022 the Novavax COVID-19 vaccine became available to consumers as a two-dose primary course. Approval has not yet been given to use this vaccine as a booster. 1,004 doses of Novavax have been administered as at 11.59pm 22 March 2022.

The rollout began with a small number of sites as the start date was brought forward to help protect as many people as possible from the Omicron outbreak. There are now one or more vaccination sites offering Novavax for each DHB, with a total of 37 sites available across the motu. The programme continues to monitor the status of the vaccine's use as a booster, as this would materially increase demand for the vaccine.

2022 Influenza vaccine rollout

The Programme is working with the sector to continue to prepare for the Influenza Immunisation Programme due to start on 1 April 2022. Implementation is on-track and engagement with key stakeholder groups is ongoing. Pharmac is currently considering an expansion of the eligibility criteria to include 55-to-60-year-old Māori and Pacific peoples, with a decision due towards the end of the week starting 21 March 2022. The programme is actively engaged with Pharmac and the sector to mitigate any impact on communications and collateral from the short timeframe between Pharmac's decision and commencement of the vaccine rollout.

3.1.5 Technical Advisory Group: update

COVID-19 TAG

The next COVID-19 Technical Advisory Group (COVID-19 TAG) meeting is scheduled for 25 March 2022.

CV TAG

The next COVID-19 Vaccine Technical Advisory Group (CV TAG) meeting is scheduled for 22 March 2022.

Therapeutics TAG

The did not meet. The next COVID-19 Therapeutics Technical Advisory Group (Therapeutics TAG) meeting is scheduled for 25 March 2022.

3.1.6 Upcoming communications issues and activities

As at 22 March 2022

Date	Activity	Lead agency	Communications material	Ministerial Involvement
16/03/22 ongoing	Increased access to rapid antigen tests (RATs).	MoH	Press release	Yes
22/03/22	Reconnecting New Zealand – communications re changes to entry pathways, New Zealand Traveller Declaration (NZTD).	MoH/DPMC/ Customs	Stakeholder engagement, website updates, NZTD content, supporting templates	Optional
22/03/22 ongoing	Access to RATs issues – who to test / where to test / record results on My Covid Record messaging.	MoH/DPMC/ MBIE	Key messages, website, stakeholder comms	No
22/03/22 ongoing	Omicron community outbreak – daily communications and support for the health sector and public, including cases in several regions across the country. Updated health advice, rollout of RATs as main diagnostic tool.	MoH/DPMC	Talking points, key messages, communications, website, stakeholder communications	Optional
23/03/22	Post-peak announcement – changes to the COVID-19 protection framework (CPF).	MoH/DPMC	Q&As, talking points, reactive communications	Yes
23/03/22 ongoing	Health System Preparedness: Webinar hosted by Director-General explaining post-peak announcement with Health and Disability Services Sector.	MoH	Website, health stakeholder engagement	No

3.2 Upcoming Publications

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

4. Managed Isolation and Quarantine Weekly Report

4.1 Items to Note/Updates

4.1.1 Decommissioning Planning

The table below provides an overview of facility decommissioning.

Facility (by region)	Tranche	Current occupancy (pax as at 24 March)	Current phase	Staff on site within last 7 days (as at 21 March)	Whakawatea (blessing) event date (TBC)	Hand-back date	Facility RAG status
Auckland							
Crowne Plaza	One	Empty	Decommissioning			29/4/22	
Four Points	One	Empty	Decommissioning			14/4/22	
Grand Mercure	One	Empty	Decommissioning			29/4/22	
Grand Millennium	One	Empty	Decommissioning			14/4/22	
Novotel/Ibis Ellerslie	One	Empty	Decommissioning			29/4/22	
Sebel	One	Empty	Decommissioning			29/4/22	
SO/	One	Empty	Decommissioning			29/4/22	
Stamford	One	Empty	Decommissioning			29/4/22	
Pullman	One	Empty	Decommissioning			29/4/22	
Sudima Airport	One	Empty	Decommissioning			29/4/22	
Rydges	One	Empty	Decommissioning			31/3/22	
Naumi (Afghan/refugees)	Two	Occupied (110 pax)	Active	151		13/5/22	
M Social (aircrew)	Two	Occupied (81 pax)	Active	146		25/4/22	
Novotel Airport (mariners)	Two	Occupied (4 pax)	Active	175		13/5/22	
Ramada (deportees)	Two	Empty	Decommissioning			1/5/22	
Jet Park	Core facility	Occupied (23 pax)	N/A core facility	198	N/A	N/A	N/A
Holiday Inn	Core facility	Occupied (32 pax)	N/A core facility	217	N/A	N/A	N/A
Waipuna Auckland	Core facility	Occupied (0 pax)	N/A core facility	134	N/A	N/A	N/A
Hamilton							
Distinction	One	Empty	Decommissioning			29/4/22	
Ibis Tainui	One	Empty	Decommissioning			29/4/22	
Amohia (Jet Park)	Three	Occupied (13 pax)	Active	126		30/6/22	
Rotorua							
Sudima	Three	Empty but likely community cases arriving later this week	Active	144		30/6/22	
Rydges	One	Empty	Decommissioning			29/4/22	
Ibis	One	Empty	Decommissioning			29/4/22	
Wellington							
Grand Mercure	Three	Occupied (0 pax)	Active	82		30/6/22	
Christchurch							
Chateau on the Park	One	Empty	Decommissioning			29/4/22	
Crowne Plaza	One	Empty	Decommissioning			29/4/22	
Distinction	One	Empty	Decommissioning			29/4/22	
Sudima Airport	One	Empty	Decommissioning			29/4/22	
Novotel Airport	One	Empty	Decommissioning			29/4/22	
The Elms	Two	Empty	Decommissioning	58		13/5/22	
Commodore	Core facility	Occupied (1 pax)	N/A core facility	174	N/A	N/A	N/A

Workforce:

223 MBIE staff* were assigned to work across the 21 de-designated facilities in support of the decommissioning process. As staff continue to transition to the remaining 11 sites, this number has reduced further in recent days to approximately 160 MBIE staff currently working in the de-designated facilities.

Where possible, staff who may no longer be required at the decommissioned facilities will return to their home agency, be moved to the 11 facilities which are still in operation or be provided work elsewhere by their employer. Of the personnel from our partner agencies who have returned to their core roles, this includes 300 healthcare workers and nurses, and over 700 New Zealand Defence Force personnel involved in the MIQ response. Over 200 police have also left the MIQ network across the country.

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

4.1.2 Removing public access to the Managed Isolation Allocation System Website

Given the recent changes to allow unvaccinated people to enter New Zealand without needing to go through MIQ, there is no longer a need for public access to the Managed Isolation Allocation System website (MIAS) <https://allocation.miq.govt.nz/portal/>. MBIE intends to remove public access to MIAS on Friday 25 March, at the same time as time-sensitive travel and emergency allocations are ended [2122-3075 refers], so that no one from the public will be able to book a MIQ voucher online. This change is planned to be communicated publicly on Thursday 24 March.

Since Saturday 19 March, 370 users have accessed MIAS, with 30 vouchers booked. These voucher holders will be contacted, and their vouchers will be cancelled. Communications have been updated to remove reference to MIAS. People trying to access MIAS will instead be redirected to the MIQ website.

MIAS will still be available for back-end functions to assist with reporting. Group offline allocations will remain until 30 June, as agreed by you previously, to allow specific groups to enter MIQ on a short-term basis [2122-3075 refers]. An operational decision will be made about the need for MIAS longer-term in due course.

There are legislative references to MIAS in the COVID-19 Public Health Response (Air Border) Order 2021, the COVID-19 Public Health Response (Isolation and Quarantine) Order 2020, the COVID-19 Public Health Response (Managed Isolation and Quarantine Charges) Regulations 2020 and sections 32L and 32M of the COVID-19 Public Health Response Act 2020. MBIE will be reviewing these references, as there are no practical uses for them under current settings. s9(2)(g)(i)

4.2 Operational Update

4.2.1 Omicron Outbreak – Ongoing Support

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

4.2.2 Current Capacity

As at 24 March 2022 there were 264 people remaining in Managed Isolation and Quarantine.

Of the 32 facilities, 25 are currently empty.

Total PAX in MIQ:	Community cases:	Mariners/Air Crew:	Evacuees/Refugees:
264	69	85	110

4.2.3 Vaccination of Frontline Staff (including booster information)

For workers on site for the week 14-20 March 2022, the BWTR shows that 99.3% had two doses of the vaccine, 0% had one dose and the remaining 0.7% (18 workers) had vaccine status 'unknown'.

Of the 18 workers with an 'unknown' vaccination status, seven still require an NHI match. The Workforce Testing Team is investigating the remaining 11 workers, to confirm vaccination status.

Vaccination assurance follow-ups for those with an 'unknown' status in the BWTR did not identify any breaches of the Vaccination Order.

Of the 14 workers between 7-13 March 2022 who were NHI-matched but showing vaccination status 'unknown', all workers have been confirmed as being compliant with the Vaccination Order.

For workers on site for the week 14-21 March 2022 with regards to booster shots:

Workers on site	Has received a booster	Overdue for booster	Eligible in coming months	Under 18	Unknown*	Total
14-21 March	2,299 (94.7%)	3 (0.1%)	110 (4.5%)	9 (0.4%)	7 (0.3%)	2,428

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

Of the five workers who were on site between 7-13 March who appeared to be overdue for a booster (in breach of the Vaccination Order), follow ups have not identified any breaches of the Vaccination Order. The workers were primarily data errors in BWTR which MBIE are working with MOH to rectify or were due for a booster that week but have not come on site past their booster due date.

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

4.3 Judicial Reviews, Dispute Resolution, Ombudsman and OPCAT

4.3.1 Ombudsman Complaints

MBIE are currently managing 82 cases, with 66 of these being preliminary enquiries.

Of the 16 active requests:

- one is the Chief Ombudsman's self-initiated investigation;
- one is on MIAS;
- four are on emergency allocations;
- three are on exemptions from managed isolation;
- two are on undue financial hardship;
- one is on access to fresh air in a facility;
- one is on the legal basis of a stay in MIQ and;
- three are on MIQ facilities.

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

4.3.2 OPCAT

MBIE have received unannounced OPCAT inspections for the Waipuna Hotel (a core facility) on Thursday 17 March and for the Novotel Auckland Airport (currently active, due for hand-back 15/5) on Monday 21 March. MBIE responses to the Chateau on the Park Christchurch and Holiday Inn Auckland Airport provisional reports are due COB Thursday 24 March. MBIE responses to the Grand Millennium Auckland and Pullman Auckland provisional reports are due COB Friday 25 March.

4.3.3 Disputes Tribunal

MBIE have received a submission from the Disputes Tribunal where the applicant does not believe they should have to pay their fees. This is similar to a previous case where the Tribunal ruled that they do not have jurisdiction over MIQ fees as they are money due under an enactment (refer S11(7) & (8) Disputes Tribunal Act 1988). MBIE will write to the Tribunal to convey the outcome of the previous submission and write to the applicant to make them aware of our fee waiver and resolution process within MIQ.

4.4 Upcoming Communications Issues and Activities

4.4.1 As of 22 March 2022:

Date	Activity	Lead agency	Comms material	Ministerial Involvement Y/N
24/25 March	Emergency Allocation/TST/self-service lobby suspended	MIQ	Statement/PR	N
Mid-April	Rydges Auckland, which is the first MIF to leave the network	MIQ	Tikanga and acknowledgement of frontline staff	N

4.5 Invoicing

The table below shows the number of invoices issued up to 20 March 2022.

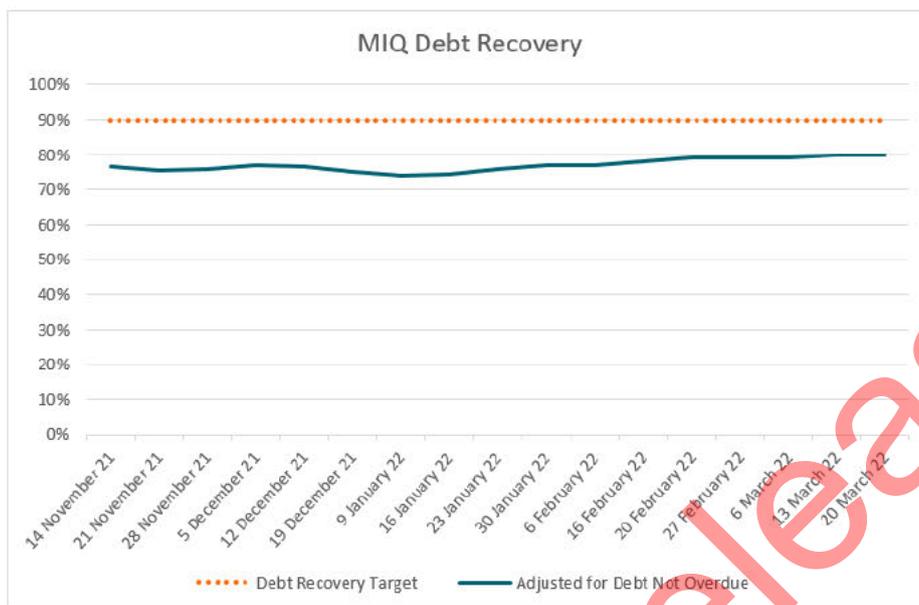
Grouping	Invoices issued (net of credit notes)	Paid	Issued not due	Issued over due	Invoices issued (\$)	Paid (\$)	Issued not due (\$)	Issued overdue (\$)	90+ days over due	90+ days overdue (\$)
Groups /Temp Visa	8,564	5,700	1,015	1,849	\$71,194,423	\$59,215,189	\$2,896,159	\$9,083,075	1,270	\$6,927,047
Maritime	729	561	73	95	\$3,439,351	\$3,002,220	\$145,277	\$291,854	29	\$120,558
Aircrew	280	235	24	21	\$3,705,480	\$2,255,112	\$560,595	\$889,772	10	\$116,494
Other	36,771	23,191	5,014	8,566	\$115,435,399	\$80,947,168	\$8,642,525	\$25,845,706	5,714	\$18,583,493
Total	46,344	29,687	6,126	10,531	\$193,774,653	\$145,419,690	\$12,244,555	\$36,110,408	7,023	\$25,747,592
Percentage	100%	64%	13%	23%	100%	75%	6%	19%	15% of invoices issued	13% of \$ value of invoices

4.5.1 Fees Collection

Invoicing is up to the point where returnees left MIQ on 26 - 29 December 2021. MBIE are currently around eight weeks behind our normal processing timeframes batches after moving from 14 day stays to seven and 10 day stays in MIQ, which resulted in more people going through MIQ. The increased workload is expected to continue until MBIE reach the end of February invoices, where self-isolation reduces the number of returnees requiring an invoice.

4.5.2 Debt Recovery

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



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

- \$2.057m has been paid (or is being paid through instalment);
- \$1.354m is currently awaiting information from customers or has been credited due to an error;
- A further \$2.848m (this includes the no address/gone overseas category and passive collection) requires more detailed tracing;
- \$536k currently have waiver applications under assessment;
- The remaining \$723k of debt continues to be a work in progress.

4.5.3 Fee Waivers

All Waiver Applications Received	Received and not progressed	Total Completed	Approved Waiver Applications			Declined Waiver Applications		
			Financial Hardship	Special Circumstances	BOTH	Financial Hardship	Special Circumstances	BOTH
16,333	2,310	10,367	90	6,930	56	1,464	1,650	267

4.5.4 Fee Waiver backlog

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

- The total new applications received from 14 March to 20 March 2022 is 200.
- The total net reduction of applications from 13 December 2021 to 20 March 2022 is 1,431.
- The total net decrease (weekly) from 14 March to 20 March 2022 is 97.

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

Status	Backlog at 13 Dec 2021	New Applications Received since 13 Dec 2021	Backlog at 20 March 2022
Processing or to be processed	3,979	3,050	2,973
Waiting for Customer	1,108	-	683
Total	5,087	3,050	3,656

4.6 Group Arrivals

Summary of approved group arrivals as of 22 March 2022 (to end of June 2022).

Group	Date of Arrival	Allocation Approved	Final number of rooms allocated	Comments
Refugee Quota	21 – 27 Mar	25	14 (25 pax)	The Refugee Centre is forecasting arrivals of 45 pax (30 rooms) per fortnight until end of June 2022. They are confident they will meet their target of 800 refugees for the fiscal year 21/22.
	28 Mar – 3 Apr	26	15 (26 pax)	
	4 – 10 Apr	13	5 (13 pax)	
	11 – 17 Apr	7	3 (7 pax)	
	18 – 24 Apr	8	3 (8 pax)	
	Apr tbc	69	31 (69 pax)	
	May tbc	90	45 (90 pax)	
	June tbc	90	45 (90 pax)	
Afghanistan Arrivals	21-27 Mar	0	0	No movement will occur in the week beginning 21 March due to the Nowruz holiday in Afghanistan. This leads to the higher forecasted numbers shifting to the beginning of April.
	28 Mar – 3 Apr	122	54 (122 pax)	
	4 -10 Apr tbc	49	22 (49 pax) tbc	
	11-17 Apr tbc	15	7 (15 pax) tbc	MFAT estimates that there are 302 pax left to move out of Afghanistan. 166 pax will travel by 27 March, and 244 pax will travel by 30 April. From 1 May an estimated 58 pax will remain in Afghanistan who MFAT will struggle to move out due to the complexity of their cases.
	18-24 Apr tbc	41	19 (41 pax) tbc	
	25-30 Apr tbc	27	12 (27 pax) tbc	

4.7 Emergency Allocations and Exemptions

One Emergency Allocation application was submitted in the week ending 20 March 2022, which was not progressed.

Type of Application	Total	Approved	Declined	Withdrawn/not progressed	In progress
Joining someone in MIF	1322	891	79	352	0
Transit Passengers	262	95	8	159	0
Medical Exemption	1017	48	579	388	2
Exceptional Circumstances	6362	231	3748	2381	2
Total received YTD	8963	1265	4414	3280	4

5. Border Executive Board Report



5.1 Key Issues Being Considered

5.1.1 Border Executive Board Meeting

18 March 2022 Meeting

The Board discussed the new piece of work, led by the Ministry of Health, relating to managing future health risks at the border that includes surveillance options. The Board noted that Health has an existing plan to identify risks from COVID-19 that includes monitoring test results to identify any change in variant.

The medium-to-longer term part is being scoped including engagement with industry. The Board agreed that surveillance at the border is too late to proactively manage health risks and that risk needs to be identified off-shore. There was support for generating a regular report on international health risks (beyond COVID-19), similar to the approach MPI takes with biosecurity that enables early action. The inclusion of Health within ITOC will strengthen an intelligence led approach and enable information to be gathered into one place.

The Ministry of Health are in the process of establishing a formal project team and structure to progress the work. The Board will continue to receive regular progress updates.

23 March 2022 Meeting

New Zealand Traveller Declaration

The Board approved the Comptroller of Customs to make the final decision for the New Zealand Traveller Declaration go-live. The decision will be made on 23 March 2022 to support a staggered go-live from 25 March 2022. The key steps are:

- New Zealand Traveller Declaration is mandatory at 11.59 pm – 31 March 2022 (cutover) as per the planned Air Border Order and Ministry of Health Director General Notice
- New Zealand Traveller Declaration will go-live at 11.00 am on 25 March 2022, such that travellers are able to make their declarations in time for flights from the cut over date
- Nau Mai Rā will remain the primary declaration system until cutover where it will be switched off and online traffic directed to New Zealand Traveller Declaration
- Nau Mai Rā will not be available from 11.59 pm on 31 March 2022 for new declarations to be started, but Nau Mai Rā declarations will be accepted until 14 April 2022
- from 14 April 2022, Nau Mai Rā declarations will no longer be accepted, unless the New Zealand Traveller Declaration Steering Committee decides to extend the acceptance period based on performance data indicating that travellers have not completed the New Zealand Traveller Declaration.

Airport Infrastructure Engagement

The Board approved the approach and indicative schedule of engagement with six airports to ensure border agencies regulatory requirements and delivery needs are included within airports master infrastructure planning. The six airports are: Auckland, Christchurch, Wellington, Dunedin, Queenstown, and Invercargill. The airports support the engagement and this way of working with agencies. A progress update will come to the Board at the end of July 2022.

s9(2)(f)(iv)

[Redacted content]

s9(2)(f)(iv)

The next BEB meeting is expected to be on 6 April 2022.

5.1.2 Maritime – Maritime Border Programme

The Maritime Border Programme provided an update to Reconnecting Ministers this week [23rd March 2022], supported by additional information from Health, addressing urgent changes to the Maritime Border Order and timeframes for future advice. s9(2)(f)(iv)

The three phases of work are outlined below.

- Tranche 1: 23 March-9 April 2022. Urgent amendments to address legal risks – testing and isolation requirements that are no longer aligned with domestic and aviation settings: crew changes, on board vessels, and arriving citizens and residents.
- Tranche 2: April-June 2022. Advice on reopening maritime passenger pathway – seeking a policy decision from Ministers in April 2022 to reopen the passenger pathway in the maritime space from later in the year, and give a signal to industry (particularly cruise ship operators), supported by public health advice.
- s9(2)(f)(iv)

6. New Zealand Customs Service Weekly Report



6.1 Items to Note/Updates

6.1.1 Reconnecting New Zealanders

From 11.59pm on 18 March 2022, unvaccinated New Zealanders were no longer required to enter Managed Isolation and Quarantine on arrival into New Zealand. Instead, these travellers must go through the same process as vaccinated travellers, which involves taking a Rapid Antigen Test on Day 0/1 and Day 5/6.

Customs only had two working days to implement this change, meaning that staff guidance was not able to be completed before 11.59pm on 18 March 2022. Customs managed to complete guidance for staff over the weekend, however, this does demonstrate the importance of having at least five working days lead-in time for any changes to settings at the border.

The change in treatment for unvaccinated New Zealanders, and the simplified vaccine requirements to enter New Zealand, have reduced some of the complexity at the border. Customs continues to prepare for the introduction of the New Zealand Traveller Declaration at 11.59pm on 31 March 2022.

The BEB will continue to provide updates on progress with the roll-out of the New Zealand Traveller Declaration, and the Reconnecting New Zealanders Strategy.

6.1.2 New Zealand Traveller Declaration System

The New Zealand Traveller Declaration is scheduled to be available for use from 11.00am on 25 March 2022. Customs is delivering a staggered go-live launch of the system to manage the flow and volume of travellers visiting the New Zealand Traveller Declaration website or contacting the Customs call centre over the first few weeks. Several communication and stakeholder engagement activities are being delivered to help stakeholders, partners, sector organisations and travellers understand that a Travel Pass must be obtained through the New Zealand Traveller Declaration system for all flights into New Zealand after 11.59pm on 31 March 2022. The key dates are shown below.

- On 23 March 2022, an email was sent to government agencies, aviation partners, travel and tourism organisations informing them about the staggered go-live launch and providing them with access to the New Zealand Traveller Declaration Communications Toolkit, which contains downloadable PDF's and links to relevant video content supporting travellers to meet the New Zealand Traveller Declaration requirements before they fly.
- From 25 March 2022, Customs will be working with Air New Zealand, Emirates and Qantas to approach travellers flying into New Zealand on 28 and 29 March 2022, encouraging them to volunteer to complete their traveller declaration through the New Zealand Traveller Declaration system.
- On 28 March 2022, Customs' stakeholder and partners will be sent the official website link to the New Zealand Traveller Declaration website with a prompt to update their online presence to support the Customs awareness raising campaign that commences on 29 March 2022, in New Zealand and overseas.
- On 29 March 2022, the public communications campaign goes live to raise awareness that all travellers into New Zealand after 11.59pm on 31 March 2022 must complete a New Zealand Traveller Declaration.

All travellers will be directed to submit their traveller declaration and appropriate supporting documents (vaccination certificate and pre-departure testing) to be issued with a traveller pass, from the New Zealand Traveller Declaration through its digital platform. However, Customs will have two other options available to assist eligible travellers who have not been able to fully complete the on-line option and have a traveller pass issued, including a New Zealand Traveller Declaration 'conditional traveller pass' with manual verification of health documentation required, or a paper-based declaration.

6.1.3 Vaccination requirements for non-New Zealand citizens arriving by air

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

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

6.1.4 Non-compliance Statistics

For the period 15 to 21 March 2022 (both dates inclusive), a total of 16,937 passengers travelled to New Zealand. Of this number, 37 were considered to not meet the requirements for air travel to New Zealand:

- six travellers were issued warning letters, and 26 travellers have been issued with an infringement offence fee for not meeting pre-departure testing requirements.
- four travellers have been issued with an infringement offence fee for not meeting vaccination verification requirements, and one traveller has been referred to Ministry of Health for further intervention.

7. COVID-19 Chief Executives Board

7.1 Items to Note/Updates

The COVID-19 Chief Executives Board held its most recent meeting on Tuesday 22 March 2022. Discussions encompassed the latest developments in COVID-19 programming, updates from independent chairs, future steady state considerations, regional responses to Omicron, revisions to policy settings building on Cabinet discussions and next steps, the progress of Reconnecting New Zealanders and key insights emerging from the latest Recommendations Tracker.

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

8.1 Items to Note/Updates

The COVID-19 Independent Continuous Review, Improvement and Advice Group met on Tuesday 22 March 2022. The Associate Minister for COVID-19 Response participated in the first part of the meeting. Discussion focussed on the testing and surveillance regime post the Omicron wave and how lessons from recent experience can be applied. There was also discussion on the opportunities to apply lessons from the COVID-19 response to the health system reform.

Given the focus on the testing and surveillance regime and the health system reforms, the Group's weekly advice note has been addressed to the Associate Minister for COVID-19 Response and copied to you and the Minister of Health. The Group are meeting with the Minister of Health next Wednesday 30 March 2022.

9. Strategic COVID-19 Public Health Advisory Group

9.1 Items to Note/Updates

The Strategic COVID-19 Public Health Advisory Group held its most recent discussion on Wednesday 23 March 2022. Members focussed their attention on the management of COVID-19 impacts after the Omicron peak, with a particular focus on which public health measures should remain and which can be safely lifted. The latest advice from the Group, which concerns employee vaccine mandates, was released following the Prime Minister's announcement yesterday.

10. Business Leaders Forum

10.1 Items to Note/Updates

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

11. Community Panel

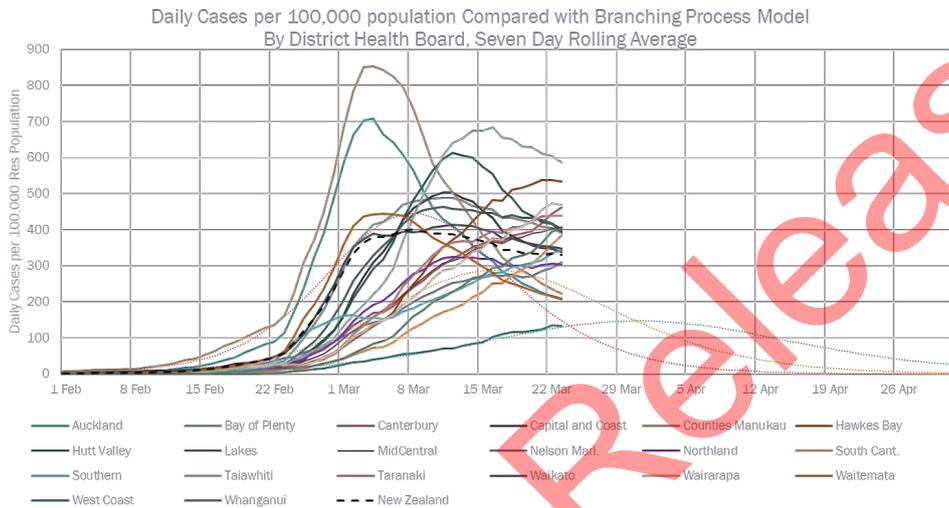
11.1 Items to Note/Updates

The Community Panel will next meet on Wednesday 6 April 2022.

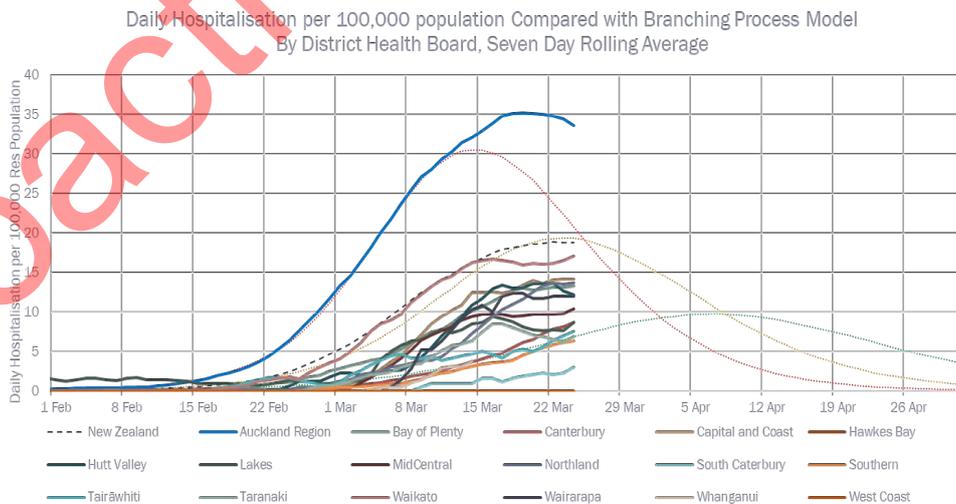
12. Government Modelling Group

12.1 Items to Note/Updates

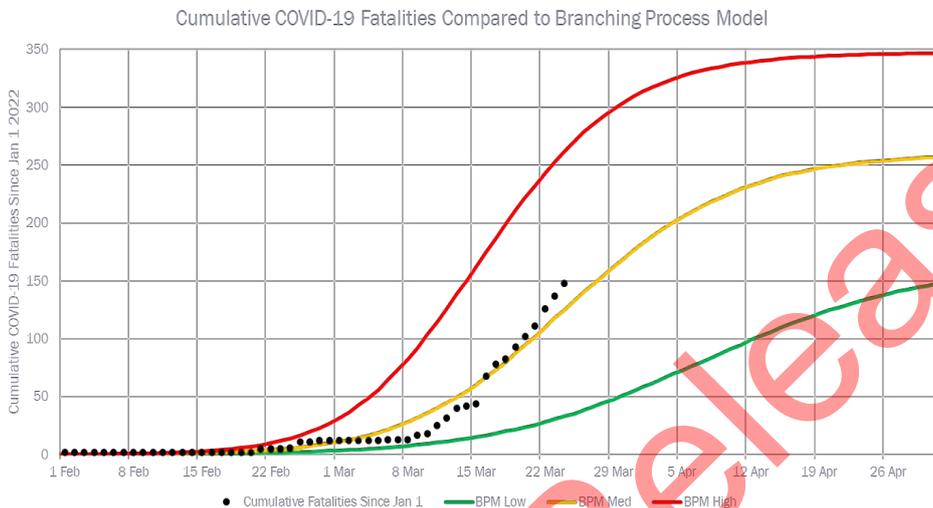
There is now clear evidence that the Auckland region has experienced a significant peak in COVID-19 case numbers and is now declining. In addition, Capital and Coast and Hutt Valley DHBs have also likely peaked in terms of case numbers, with Bay of Plenty, Waikato, Tairāwhiti, and Northland DHBs now showing indications that they are nearing a COVID-19 case peak. In contrast, the South Island DHBs (among others) are still increasing in terms of daily case numbers.



Hospital bed occupation is tracking steadily between COVID Modelling Aotearoa’s high and medium transmission scenarios and hospital bed occupation is not expected to peak until mid to late March. There is variation at the regional level, with the Auckland region tracking above the high transmission scenario, Waikato tracking between the high and medium scenarios, and all other DHBs tracking below the medium scenario. We are undertaking work now to assess how much excess mortality, i.e. the numbers of deaths above the normal expected level, each DHB is experiencing, as some appear to be under capacity for hospital beds and facilities but in reality are not (i.e. Canterbury). Reports from Northern Region also suggest that the average hospital stay for COVID-19 in-patients is now eight days, which will have an impact on bed occupation.



Fatalities are currently tracking between the low and medium scenarios, but fatalities are a lag indicator of cases; it is anticipated cumulative fatalities will continue to increase for some time, including in regions that have already peaked in case numbers. Comparisons with Australian states also suggest that while New Zealand remains at an earlier stage of its Omicron wave at this point in the pandemic, fatalities are also likely to continue even after the Omicron wave has passed.



Proactively Released

13. Upcoming Cabinet Papers

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Proactively Released

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