

20 December 2024

File Ref: OIA 50300

Tēnā koe [REDACTED]

Official Information Act request

Thank you for your information request dated 22 October 2024. You asked for the following information:

“Can you please advise me if Te Puni Kōkiri was consulted by the Ministry of Health in regards to their proposed "vaccination certificates (CVC)" to be enacted through the COVID-19 Response (Vaccinations) Legislation Bill? This would be before the 22 November 2021.

Their Departmental Disclosure Statement says that your 'views were sought' in this matter (P3.2) Please provide me with the meeting minutes, memo or other communications”.

On 19 November 2024, following a phone call with a Te Puni Kōkiri official, you confirmed a revised scope for your request:

Prior to 22 November 2021, record that Te Puni Kōkiri was consulted by the relevant agencies (Ministry of Health, Department of Prime Minister and Cabinet, and Ministry of Business, Innovation and Employment), and advice provided by Te Puni Kōkiri on:

- *Implementing the COVID-19 Protection Framework*
- *The use of CVCs in domestic settings*
- *The use of CVCs in high-risk settings*
- *The use of vaccine mandates in the workplace*

On 20 November 2024, you were advised that an extension of the timeframe to 20 December 2024 was necessary, as we identified a number of documents that required consultation with the relevant agencies, and meeting the original time limit would unreasonably interfere with our operations. I am now in a position to respond.

Your request has been considered in accordance with the Official Information Act 1982 (the Act).

Eleven documents, along with their respective attachments, have been identified in scope of your request. The documents and my decisions with regard to the release of the information are set out in the table attached as Appendix A.

Some information has been withheld in accordance with the Act on the following grounds:

- Section 9(2)(g)(i), which applies to maintain the effective conduct of public affairs through the free and frank expression of opinions.
 - Some comments by staff in emails have been withheld. If such information was released, staff may feel inhibited about expressing themselves freely in future. Expressing and testing ideas freely is an important aspect of policy development.
- Section 9(2)(g)(ii) which applies to maintain the effective conduct of public affairs through the protection from improper pressure or harassment
 - Names and contact information have been withheld.
- S9(2)(h) which applies to the maintenance of professional legal privilege.
 - Text has been redacted to be consistent with the redactions applied in the final, proactively released version.
- Section 18(d), which applies if the information requested is or soon will be publicly available.
 - Documents that were commented on in draft have been withheld as the final versions are publicly available:
 - Document 1 – Attachment 1
<https://www.dpmc.govt.nz/sites/default/files/2023-01/Initial-advice-on-the-domestic-use-of-COVID-19-Vaccination-certificates.pdf>
 - Document 3 – Attachment 1
<https://www.dpmc.govt.nz/sites/default/files/2023-01/The-domestic-use-of-COVID-19-Certificates-in-high-risk-settings.pdf>
 - Document 5 – Attachment 1 and Attachment 2
<https://www.dpmc.govt.nz/sites/default/files/2023-01/COVID-19-Vaccine-Certificates-settings-for-domestic-use.pdf>
 - Document 6 – Attachment 1
<https://www.mbie.govt.nz/dmsdocument/19926-supporting-covid-19-vaccination-requirements-in-the-workplace-proactiverelase-pdf>
 - Document 7 – Attachment 1
<https://www.dpmc.govt.nz/sites/default/files/2023-01/COVID-19-Vaccine-Certificates-settings-for-domestic-use.pdf>
 - Document 8 – Attachment 1, and Document 11 – Attachment 1
<https://www.mbie.govt.nz/dmsdocument/19935-requiring-covid-19-vaccination-for-work-through-government-mandates-and-employer-requirements-proactiverelase-pdf>

In your original request of 22 October 2024, you requested information related to the proposed vaccination certificates to be enacted through the COVID-19 Response (Vaccinations) Legislation Bill. While you requested information on whether Te Puni Kōkiri was consulted by the Ministry of Health, our records show that this work was primarily led

by the Ministry of Business, Innovation and Employment, and the Department of Prime Minister and Cabinet. This was discussed in your conversation with a Te Puni Kōkiri official on 18 November 2024, and your request was refined accordingly.

There are no records of Te Puni Kōkiri being consulted on a draft of the COVID-19 Response (Vaccinations) Legislation Bill. However, the information provided within the scope of your Official Information Request shows the record of Te Puni Kōkiri feedback on key policies around vaccination certificates as they were being developed, prior to their enactment under COVID-19 Response (Vaccinations) Legislation Bill. I am confident that Te Puni Kōkiri contributed to the policy development and was engaged in the consultation processes, as described in the Departmental Disclosure Statement.

I trust my response satisfies your request.

You have the right to seek an investigation and review by the Ombudsman of this response. Information about how to make a complaint is available at www.ombudsman.parliament.nz or freephone 0800 802 602.

Please note that Te Puni Kōkiri publishes some of its OIA responses on its website, after the response is sent to the requester. The responses published are those that are considered to have a high level of public interest. We will not publish your name, address or contact details.

If you wish to discuss any aspect of your request with us, including this decision, please feel free to contact us at oiia@tpk.govt.nz.

Ngā mihi



Paula Rawiri
Hautū, Te Puni Kaupapa | Deputy Secretary, Policy

Appendix A – documents OIA request from [REDACTED] dated 20 December 2024

Item	Date	Document description	Decision
1.	16/09/2021	Email - Agency consultation Draft initial advice on the domestic use of COVID-19 vaccination certificates	Released with some information withheld under section 9(2)(g)(ii)
		For reference only - Attachment 1 - 2021 09 16 BP 1509 - Agency consultation Draft on Domestic Certificates - Te Puni Kōkiri comments	Attachment 1 is refused under section 18(d) - and is available at: https://www.dpmc.govt.nz/sites/default/files/2023-01/Initial-advice-on-the-domestic-use-of-COVID-19-Vaccination-certificates.pdf
		Attachment 2 - Extracted Te Puni Kōkiri comments on Initial advice on the domestic use of CVCs	Released with some information withheld under section 9(2)(h)
2.	21/09/2021	Email- Update Agency consultation on second piece of advice on government's role in use of CVCs in high-risk settings	Released with some information withheld under section 9(2)(g)(ii)
3.	23/09/2021	Email - Update on 11am meeting	Released with some information withheld under section 9(2)(g)(ii)
		For reference only - Attachment 1 - V7 Draft Briefing - Public Health Update and Government Position_eds_TPK_2309_Te Puni Kōkiri	Attachment 1 is refused under section 18(d) - and is available at: https://www.dpmc.govt.nz/sites/default/files/2023-01/The-domestic-use-of-COVID-19-Certificates-in-high-risk-settings.pdf

		Attachment 2 - EXTRACTED 2021 09 23 Te Puni Kōkiri comments on THE DOMESTIC USE OF COVID (2)	Released in full
4.	07/10/2021	Email - Advice on domestic CVCs at high-risk events and venues	Released with some information withheld under section 9(2)(g)(ii)
		Attachment 1 - TPK comment Advice on domestic CVCs at high risk events and venues 07.10.2021	Released with some information withheld under section 9(2)(g)(ii)
5.	13/10/2021	Email - TPK comment - DRAFT for comment - Domestic settings for use of CVCs	Released with some information withheld under section 9(2)(g)(ii)
		For reference only - Attachment 1 - DRAFT for comment - Domestic settings for use of CVCs	Attachment 1 is refused under section 18(d) - and is available at: https://www.dpmc.govt.nz/sites/default/files/2023-01/COVID-19-Vaccine-Certificates-settings-for-domestic-use.pdf
		For reference only - Attachment 2 - 2021 10 13 CR RE DRAFT for comment - Domestic settings for use of CVCs - summary of stakeholder views	Attachment 2 is refused under section 18(d) - and is available at: https://www.dpmc.govt.nz/sites/default/files/2023-01/COVID-19-Vaccine-Certificates-settings-for-domestic-use.pdf
6.	20/10/2021	Email - Response from TPK Departmental consultation on proposals to support COVID-19 vaccinations in the workplace	Released with some information withheld under sections 9(2)(g)(i) and 9(2)(g)(ii)

		For reference only - Attachment 1 - TPK feedback Draft Cabinet paper Supporting COVID 19 vacc requirements in the workplace	Attachment 1 is refused under section 18(d) - and is available at: https://www.mbie.govt.nz/dmsdocument/19926-supporting-covid-19-vaccination-requirements-in-the-workplace-proactiverelease-pdf
		Attachment 2 - EXTRACTED 2021 10 21 Te Puni Kōkiri comments on Supporting COVID	Released in full
7.	21/10/2021	Email - Cabinet paper for consultation COVID-19 Vaccine Certificates Implementation in Domestic Settings	Released with some information withheld under section 9(2)(g)(ii)
		For reference only - Attachment 1 – Draft Cabinet paper for consultation COVID-19 Vaccine Certificates Implementation in Domestic Settings	Attachment 1 is refused under section 18(d) - and is available at: https://www.dpmc.govt.nz/sites/default/files/2023-01/COVID-19-Vaccine-Certificates-settings-for-domestic-use.pdf
8.	10/11/2021	Email - For feedback by 12 pm Wed Cab paper on vaccine mandates and employer vaccination assessment tool [REDACTED]	Released with some information withheld under section 9(2)(g)(ii)
		For reference only - Attachment 1 - Draft Cabinet paper - Requiring COVID-19 vaccination for work through Government mandates and employer decisions	Attachment 1 is refused under section 18(d) - and is available at: https://www.mbie.govt.nz/dmsdocument/19935-requiring-covid-19-vaccination-for-work-through-government-mandates-and-employer-requirements-proactiverelease-pdf
		Attachment 2 - EXTRACTED Requiring COVID-19 vaccination for work through Government mandates and employer decisions	Released in full

9.	10/11/2021	Email - For feedback by 12 pm Wed Cab paper on vaccine mandates and employer vaccination assessment tool [REDACTED]	Released with some information withheld under section 9(2)(g)(ii)
		Attachment 1 - TPK feedback - Requiring COVID-19 vaccination for work through Government mandates and employer decisions	Released in full
10.	19/11/2021	Email - TPK Comment on Draft CPF Cab Paper	Released with some information withheld under section 9(2)(g)(ii) The draft Cabinet paper was not included in the email which contained Te Puni Kōkiri feedback. The final version was proactively released, and is available here: https://www.dpmc.govt.nz/sites/default/files/2023-01/COVID-19-Protection-Framework-Settings.pdf
11.	19/11/2021	Email- TPK feedback Cab paper on vaccine mandates and employer vaccination assessment tool	Released with some information withheld under sections 9(2)(g)(i) and 9(2)(g)(ii)
		For reference only - Attachment 1 - Requiring COVID-19 vaccination for work through Government mandates and employer requirements	Attachment 1 is refused under section 18(d) - and is available at: https://www.mbie.govt.nz/dmsdocument/19935-requiring-covid-19-vaccination-for-work-through-government-mandates-and-employer-requirements-proactiverelease-pdf

From: 9(2)(g)(ii)
To: 9(2)(g)(ii)
Cc: 9(2)(g)(ii)
Subject: RE: Agency consultation: Draft initial advice on the domestic use of COVID-19 vaccination certificates
Date: Thursday, 16 September 2021 6:49:06 pm
Attachments: [image001.png](#)
[2021 09 16 BP 1509 - Agency consultation Draft on Domestic Certificates - Te Puni Kōkiri comments.docx](#)

Kia ora 9(2)(g)(ii)

Thanks for your patience for this response – please find attached some comments from Te Puni Kōkiri. Happy to discuss any of these points further.

Ngā mihi



9(2)(g)(ii) (she/her)

Policy Manager

Te Puni Kōkiri, National Office

Tauwaea DDI: 9(2)(g)(ii) | Waea Pūkoro M: 9(2)(g)(ii)
 Waea Whakaahua F: 0800 875 329 | Paetukutuku W: www.tpk.govt.nz

Te Puni Kōkiri, Te Puni Kōkiri House, 143 Lambton Quay, Wellington 6011, New Zealand
 PO Box 3943, Wellington 6140, New Zealand

From: 9(2)(g)(ii) [DPMC]
Sent: Wednesday, 15 September 2021 5:47 PM
To: 9(2)(g)(ii)

[Redacted content]

Cc: 9(2)(g)(ii)

Subject: Agency consultation: Draft initial advice on the domestic use of COVID-19 vaccination certificates

Importance: High

Some people who received this message don't often get email from 9(2)(g)(ii) [Learn why this is important](#)

Kia ora koutou,

As mentioned in Ruth's email, please find attached the draft initial advice on the domestic use of COVID-19 vaccination certificates.

Please send your comments to me by **5pm tomorrow**. Happy to discuss comments over the phone too, if preferred.

Nga mihi,

9(2)(g)(ii)

(she/her)

Senior Policy Advisor

Strategy and Policy | COVID-19 Group

M: 9(2)(a)

E: 9(2)(a)



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Te Puni Kōkiri comments on INITIAL ADVICE ON THE DOMESTIC USE OF COVID-19 VACCINATION CERTIFICATES

Te Puni Kōkiri made the following comments:

Para 5 (Page 2): Te Puni Kōkiri said see comment about engagement, below.

Para 17 (Page 6):

- We would be interested in the additional analysis about this. The balance of the public health imperative with self-determination at individual and collective levels likely has different implications for what the right to self-determine on your own behalf, your whānau, marae, hapū, etc means. The government is able to take action in certain circumstances like emergencies to protect the interests of Māori (and non Māori) as citizens, and there is an obligation to also actively protect the interests of Māori (and be adequately informed of those interests), which may require action on the public health imperatives that enable whānau to be well (particularly where certain cohorts or populations may be at higher risk of adverse effects from infection). Involvement of Māori in this discussion could help us better understand the implications of the proposals, but engagement alone will not mitigate the risk that the approach inconsistent with Treaty principles.

Para 31 (page 9):

- 9(2)(h)

On Table 1: High Level Options – Preliminary Assessment, Para 36 (Page 10):

A – Wide Application, under the Pros and Cons column

- **Impact on equity** – This then also impacts on the availability of some businesses or workplaces – for example, Māori businesses tend to employ greater numbers of Māori, and with lags in vaccination rates, may not be able to function with a requirement around CVCs.

B – Targeted to High Risk Events and Venues –

Under Where would it apply? column the comments were–

- We have thought about how this may apply to marae as both community centres and workplaces.

Throughout the lockdowns in 2020 and 2021, we have seen hapū, iwi, and marae work actively to protect their people, protecting their whānau and their whakapapa. We would recommend that decision making about events at marae that may fall into this category continue to sit with marae, hapū, and iwi. For example, a bottom-up approach where marae may select to hold events in alignment with government regulation, as opposed to a top-down approach with the regulations being imposed upon marae.

- We would also suggest that consideration be given to how to engage with marae and other large Māori venues and employers specifically – given both the lower vaccination rates and the prospective conflict of marae having multiple purposes and expectations as employers, venues, and essential community/cultural centres.

Para 38 (Page 11)

- Would this include engagement with the National Iwi Chairs Forum?

RELEASED UNDER THE
OFFICIAL INFORMATION ACT

From: 9(2)(g)(ii)
 To: 9(2)(g)(ii)
 Cc: 9(2)(g)(ii)
 Subject: Update: Agency consultation on second piece of advice on government's role in use of CVCs in high-risk settings
 Date: Tuesday, 21 September 2021 2:42:03 pm
 Attachments: [image001.png](#)

Kia ora koutou,

Thank you all for your feedback so far on this topic. DPMC and MoH are drafting the second piece of advice seeking a decision on what the role of government should be on the use of COVID-19 Vaccination Certificates (CVCs) in high-risk events and venues.

This will not advise on 'how' the government's role would work in practice, as that would be to work through in engagement with the Treaty Partner and business & community stakeholder consultation to inform follow up implementation advice. The implementation advice will be where we assess how an approach would work considering data and privacy factors, consideration of compliance and enforcement measures, economic impacts, any specific population group impacts, issues of different vaccines overseas and other operational matters raised in the previous agency consultation.

We are currently awaiting public health advice on the use of CVCs at high-risk events and venues, but as we are working on this in a fast-paced timeframe, I am sending out the meeting invite now to provide two options of providing feedback for tomorrow:

- Discuss feedback on a call at **11am** tomorrow (Teams meeting invite to follow)
- Aim to provide comments on the briefing by **1pm** tomorrow, but if there are any key concerns on the content within the briefing, I am happy to work to incorporate these into an updated draft if provided by 5pm.

I will send out a draft of the briefing this evening or tomorrow morning, depending on when we receive public health advice. Please give me a call on any of the above if you'd like to discuss further.

Ngā mihi nui,

9(2)(g)(ii)
 (she/her)

Senior Policy Advisor
 Strategy and Policy | COVID-19 Group

M 9(2)(g)(ii)

E 9(2)(g)(ii)

[cid:image002.png@01D43609.296F69C0](#)



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Kia ora 9(2)(g)(ii)

At a high level, we want to emphasise that the use of CVCs does not replace the urgency of comprehensive vaccination coverage for all population groups and age cohorts. We do have a concern that this measure could be introduced while vaccination rates are not yet optimal, and with the current time lag in vaccination coverage for Māori populations, this initiative may have unintended consequences. For example:

1. people being prevented in attending events having a lowered trust in government, and thus slowing vaccination uptake
2. people choosing not to attend a CVC-mandated event still being at risk from infection from those who do choose to attend.

We otherwise welcome the amended policy options and recommendations to include:

- Decision making on use of CVCs sitting with marae, along with guidance and support from government
- Prohibition on use of CVCs for access to certain businesses
- Support tools and considerations around how to achieve adherence
- Prioritising efforts to address vaccine barriers for all groups prior to any introduction of CVCs.

- Further work to ensure the use of CVCs does not deepen inequitable employment outcomes for Māori employed at high-risk event centres
- Prohibiting use of CVCs for all essential services
- Consideration of requirement for workers at essential services to be vaccinated to protect their health and safety – noting that support will be needed to ensure this does not create inequities for Māori workers

9(2)(g)(ii)

Policy Manager

Tauwaea **DDI**: 9(2)(g)(ii) | *Waea Pūkoro* **M**: 9(2)(g)(ii)
Waea Whakaahua **F**: 0800 875 329 | *Paetukutuku* **W**: www.tpk.govt.nz

Te Puni Kōkiri, Te Puni Kōkiri House, 143 Lambton Quay, Wellington 6011, New Zealand
PO Box 3943, Wellington 6140, New Zealand

Sen : Wednesday, 22 September 2021 4:10 PM

Total

9(2)(g)(ii)

Cc: 9(2)(g)(ii)

Subject: RE: Update on 11am meeting

Many thanks for the meeting this morning. Please see attached the latest draft of the briefing for your review, noting this is still a work-in-progress as we work through the details which are highlighted and have comments

next to them. If there are any material public health changes to note in the time this is out for consultation, I will provide an update.

Please send through your feedback by **COP (5pm) tomorrow.**

Ngā mihi

9(2)(g)(ii)

(she/her)

Senior Policy Advisor

Strategy and Policy | COVID-19 Group

M 9(2)(g)(ii)

E 9(2)(g)(ii)



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From: 9(2)(g)(ii)

Sent: Wednesday, 22 September 2021 10:35 am

To:

[Redacted recipient list]

Subject: Update on 11am meeting

Out of Scope

Kia ora koutou,

As an update on the paper, given the ongoing changes for this paper we may not be able to provide a draft before the meeting.

Our plan is to provide an update on the public health advice we have received so far, our proposals, exemptions and the question that using CVCs at high-risk events raises for employees of those events.

We will share the draft and extend the timeline to provide feedback until at least COP tomorrow, instead of 1pm.

Please forward this onto the relevant person at your agency attending the 11am meeting if they are not on this distribution list.

Ngā mihi

9(2)(g)(ii)

(she/her)

Senior Policy Advisor

Strategy and Policy | COVID-19 Group

M 9(2)(g)(ii)

E 9(2)(g)(ii)



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Te Puni Kōkiri comments on THE DOMESTIC USE OF COVID-19 VACCINATION CERTIFICATES IN HIGH-RISK SETTINGS

Comments on 23/09/2021:

Recommendation 1b (Page 1)

- A CVC is an incentive for vaccination – for rangatahi and others to access the venues and places that are important to them – it deserves a separate recommendation

Recommendation 3a (Page 2)

- Consider here what supports, tools, and other agency presence or input may be required to ensure understanding, acceptance, and adherence to this new expectation. We are especially cognisant of smaller and medium sized businesses who may not have the confidence or infrastructure to support this new expectation (i.e. trained security) alongside community based festivals and events (i.e. on marae) that would be put in the conflictual position of asking their whānau, hapū, and iwi for a CVC.

Recommendation 5 (Page 2)

- We will need to ensure that the use of CVCs does not deepen inequitable employment outcomes for Māori employed at high-risk event centres, given lower vaccination rates among Māori who might therefore be excluded from working there.
- Suggest doing analysis of Māori workforce as part of high risk venues and events, as well as ensuring access to vaccines for employees

Para 5 (Page 5) Comment on the first sentence:

- Reiterate here the different approaches, support, and determination available for Marae – and the expectation of manuhiri versus others.

Table on page 6– Prohibiting use of CVCs, Te Puni Kōkiri comment on the first sentences under the 'Note' column was

- to include all essential services?
- to include requirements and support for workers at essential services to be vaccinated to protect their health and safety?
- In addition, we may want to consider advice around the application of Marae – as providing essential welfare and community services. For instance, Marae will want to create policies that suit their circumstances – perhaps a vaccination support and delivery service first, and then different approaches for manuhiri versus whānau

Para 6 (Page 6)

- As per our comments on the previous version – this would need to be accompanied by easy access to vaccination.

Para 9 (Page 7) for treaty partners,

- Will Te Rōpū Whakakaupapa Urutā be included?

Risk category table – examples

- Consideration needs to be given to Māori-centric venues and events – for instance community events and Marae as venues.

Para 19 (page 9)

- As above - We will need to ensure that the use of CVCs does not deepen inequitable employment outcomes for Māori employed at high-risk event centres, given lower vaccination rates among Māori who might therefore be excluded from working there.

Para 30 (page 11)

- We could specifically mention low vaccine coverage for Māori here.
- Reiterate comments above – specific consideration needs to be given to Māori around both vaccine equity, access and uptake concerns

Para 40 (Page 12), Permitting and monitoring (passive)

- Consideration may need to be given to other supports and tools to help businesses ensure awareness and adherence to this new expectation.

Para 58-62 (Page 14 and 15)

- This could include the iwi chairs forum to help understand and address issues and opportunities for Marae.
- Consider here noting the incentive for communities to take ownership for their approaches and implementation of this new expectation against their capabilities and objectives. Objectives could include enabling larger gatherings and hui, safely and with confidence that the infection risk is reduced.
- Would also include application of the new requirement for CVCs here too – for instance early engagement and consideration of partnership with Māori leaders in how to uphold and support this new expectation where required

From: 9(2)(g)(ii)
To: 9(2)(g)(ii)
Cc: 9(2)(g)(ii)
Subject: RE: Advice on domestic CVCs at high risk events and venues
Date: Thursday, 7 October 2021 2:34:00 pm
Attachments: [TPK comment Advice on domestic CVCs at high risk events and venues 07.10.2021.docx](#)
[image001.png](#)

Tēnā koe 9(2)(g)(ii)

Please find attached our feedback on the use of CVCs from TPK. Our comments relate to:

- Enabling Māori to front communications and implementation of CVCs
- Coupling CVCs with vaccination campaigns
- Accessibility of CVCs

We have also suggested two contacts here at TPK for your work on implementation.

Ngā mihi nui, thank you for the opportunity to comment.

9(2)(g)(ii)

9(2)(g)(ii) (she/her)
Senior Policy Analyst
Te Puni Kōkiri, National Office

Tauwaea DDI: 9(2)(g)(ii) | Waea Pūkoro M: 9(2)(g)(ii)
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PO Box 3943 Wellington 6140, New Zealand

From: 9(2)(g)(ii)
Sent: Wednesday, 29 September 2021 6:16 PM
To: 9(2)(g)(ii)

[REDACTED]

Cc: 9(2)(g)(ii)

Subject: RE: Advice on domestic CVCs at high risk events and venues

[REDACTED]

Kia ora koutou,

The Minister has agreed to all of the recommendations in the advice sent on Friday 24th and we have set out our next steps below.

- This week (27/09) and next week (04/10) agency and external stakeholder consultation
- Early week of 11th October – briefing to Minister on outcomes of the consultation and seeking clear agreement on the use of CVCs, including implementation factors
- Tentative – Lodge a cabinet paper on 21st October for SWC on 27th October and Cabinet on 1st November

I have attached a draft framework on potential settings for the use of CVCs and a draft exemption framework, noting these are not the final proposals and are intended to be used to inform agency discussion on the use of CVCs. We are seeking agency feedback on the use of CVCs by **midday Thursday 7th October** please.

We will be in touch separately with agencies involved in external stakeholder engagement.

Ngā mihi

9(2)(g)(ii)

(she/her)
Senior Policy Advisor
Strategy and Policy | COVID-19 Group

W 9(2)(g)(ii) | M 9(2)(g)(ii)

E 9(2)(g)(ii)



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From: 9(2)(g)(ii)

Sent: Monday 27 September 2021 9:19 am

To: 9(2)(g)(ii)

[Redacted content]

9(2)(g)(ii)

Subject: Advice on domestic CVCs at high risk events and venues

Kia ora tatou,

Thanks for your input to last week's follow up briefing on domestic CVCs at high risk events and venues. The advice that was sent across on Friday night is attached.

We will be back in touch on next steps once we hear from the Minister's office.

On stakeholder engagement – we will discuss this with the Minister's office and come back to the agencies that will be involved in this before starting the engagement.

Thanks,

9(2)(g)(ii)

Principal Policy Advisor
Strategy and Policy
COVID-19 Group
Department of the Prime Minister and Cabinet

M 9(2)(g)(ii)
E 9(2)(g)(ii)



TPK comment – Advice on domestic CVCs at high risk events and venues

Prepared with advice from: Tima Pāpori, Tima Ōhanga, Regional Partnerships and Operations, Whānau Ora Team

Thank you for the opportunity to comment on the use of CVCs.

As per our previous comments we are keen to ensure that the use of CVCs does not deepen inequitable employment outcomes for Māori employed at high-risk event centres, given lower vaccination rates among Māori who might therefore be excluded from working there.

In addition we have the following comments.

Enable Māori to front communications and implementation of CVCs

We cannot emphasise enough how important it is for Māori to lead conversations and pathways to implementing CVCs. Experience with the vaccination rollout clearly shows the importance of both communications and implementation strategy by Māori, for Māori. The initial attempt at a one-size fits all vaccination system and messaging was not found to be effective at engaging Māori.

For CVCs to encourage vaccination rather than dismantle trust we recommend enabling Māori-led and designed campaigns/programmes/kō ero to explain how CVCs will work with their communities, venues, and events.

It is important for Māori venues including marae, events and businesses to be in charge of communications that enable more Māori to access vaccinations and CVCs. As combination cultural, essential services and community centres, marae are essential gateways.

This is crucially important for rangatahi given the low vaccination coverage, and the younger age profile of Māori (one in three Māori in Tāmaki Makaurau are aged 10-29 years). Creative rangatahi orientated campaigns will be key.

As at 5 Whiringa-ā-nuku 2021, 51 percent of Māori in Tāmaki Makaurau aged 20 to 29 years have received at least one dose – compared to 81 percent of non-Māori in the same age bracket.

Coupling CVCs with vaccination campaigns

Given vaccination rates for Māori are much lower than for the general population, there is a need to urgently increase vaccination rates for Māori. Coupling the ability to get a CVC with vaccination opportunities could be effective in encouraging vaccination uptake. Again Māori health providers will need to play a key role here as trusted providers of services and holders of information.

We recommend consideration is given to creative ways to encourage vaccination uptake, e.g. large venues and events hosting pre-CVC vaccination events.

Accessibility of CVCs

To ensure access to CVCs is equitable for Māori there needs to be minimal barriers:

- Make it easy for people to sign up (ie. minimal documentation/verification requirements). Consider the role of Māori health providers here, especially at point of vaccination.
- Digital equity – ensure people can easily get a CVC without access to internet, a device, or a printer
- Proactively address privacy and data sovereignty issues (ie. ensure easy options for getting a CVC without sharing health data with govt agencies)

Likewise, there is a need to ensure Māori health providers are leading the exemption process.

Next steps:

Regional participation is crucial in the implementation of the CVC. Some regions will have high scale events approaching that rely on large attendance numbers where close proximity to others is unavoidable. Ensuring that appropriate support is directed to regions in this respect is vital in ramping up vaccination rates of Māori by Hakihea 2021. Regions are currently developing their respective rollout plans for the Accelerated Māori Vaccination Programme (AMVP) which will now include how to best incorporate the CVC.

- TPK Regional Partnerships and Operations should be included in any and all discussions regarding the implementation of the CVC. The contact is [REDACTED] 9(2)(g)(ii)
- Please keep the TPK Whānau Ora team informed of your engagement with the Commissioning Agencies. The contact is 9(2)(g)(ii) [REDACTED] 9(2)(g)(ii)

From: 9(2)(g)(ii)
To: 9(2)(g)(ii)
Cc: 9(2)(g)(ii)
Subject: RE: DRAFT for comment - Domestic settings for use of CVCs
Date: Wednesday, 13 October 2021 2:40:00 pm
Attachments: [image001.png](#)

Tēnā koe 9(2)(g)(ii)

Thank you for the opportunity to provide feedback at this next stage of advice development on CVCs.

We have the following feedback.

Engagement with Māori

- In general, we continue to stress the importance of developing this advice together with Māori. You note in the paper that there has been limited engagement with Māori. We recommend you continue to put effort into engaging with the Treaty Partner on this work specifically (not just in relation to COVID generally). As you note the social licence of CVCs could go either way, and it is crucial Māori views are a strong factor informing decision making.
- We note the paper recommends changes to the CVC framework based on discussions with stakeholders. In particular, the recommendation to change from an “optional” category for smaller high risk events like hospitality venues, to mandating CVCs in these at higher alert levels. This is a significant change and further engagement with Māori is needed on this shift in direction.
- We suggest that the proposed settings for Māori-organised events, based on the feedback received from NICF and DPMC community panel, are more clearly communicated and in the paper. This includes:
 - An agree recommendation for the CVC settings for these types of events
 - Making the proposed settings for these events clear in Table 1, in the same way that other types of events are.
- We recommend the Appendix collates and sets out any feedback from Māori, alongside the feedback from stakeholders.

Prohibition of CVCs

- We note that advice on settings where CVCs will be prohibited is still being developed, but that this paper proposes an initial list.
- We suggest that courts and judicial services need to be included as settings where CVCs cannot be used, as this would otherwise impact on people’s rights to access justice. Given the disproportionate representation of Māori in the justice system this is particularly important for Māori.
- Consideration should also be made for services which sit outside health services, but which are necessary for life e.g. family violence and sexual violence response services.

Please feel free to get in touch if you have any questions or want to discuss.

Ngā mihi

9(2)(g)(ii)

9(2)(g)(ii) (she/her)
 Senior Policy Analyst
 Te Puni Kōkiri, National Office

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 PO Box 3943, Wellington 6140, New Zealand

From: 9(2)(g)(ii)
Sent: Tuesday, 12 October 2021 7:17 pm
To: 9(2)(g)(ii)

9(2)(g)(ii)

Subject: DRAFT for comment - Domestic settings for use of CVCs

Kia ora koutou,

Thank you for all the comments and support during stakeholder consultation. We've taken the comments both from you as agencies and from stakeholders on board in developing this briefing. To reflect these inputs, we have focused less on the 'optional' side of things and tried to identify settings where government could mandate CVCs. We have not attempted to list all settings that would fall into these settings in this advice, but welcome any comment on the characteristics and categorisations.

Please see attached a draft briefing for comment on the use of CVCs in domestic settings. I'm aware this is a draft in the truest sense – it needs a good edit and refinement, but we are keen to get comments on the content.

Can I ask that all comments be provided **by 1pm Wednesday 13 October (tomorrow)**. We hope to have a version with the Minister on Thursday.

Happy to take any questions – please get in touch with myself or 9(2)(g)(ii)

Thanks,

9(2)(g)(ii)

9(2)(g)(ii)

Senior Policy Advisor, Strategy and Policy | COVID-19 Group

E: 9(2)(g)(ii)

P: 9(2)(g)(ii)



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OFFICIAL INFORMATION ACT

From: 9(2)(g)(ii)
To: 9(2)(g)(ii)
Cc: 9(2)(g)(ii)
Subject: REPOSE from TPK: Departmental consultation on proposals to support COVID-19 vaccinations in the workplace (for action by 5pm today)
Date: Wednesday, 20 October 2021 9:47:00 pm
Attachments: [image007.png](#)
[image008.png](#)
[Draft Cabinet paper - Supporting COVID-19 vaccination requirements in the workplace \(for agency consultation\).TPK_sg.docx](#)
[image001.png](#)
[image002.png](#)
[image003.png](#)
[image004.png](#)

Kia ora koutou

Thanks 9(2)(g)(ii) and 9(2)(g)(ii) for sending this out and pulling together so quickly.

What's key – our comments and response – also in attachment

- Limited Māori business connections and visibility – this needs to be augmented, and we've made some suggested in the attached, and below
- Where is the pre-mandate communication campaign? > How can we find ways to front-foot this direction of travel with proactive comms, utilising a community of care approach and culture
- We're wondering how we can build positive, inclusive, and shared consensus towards vaccinations – and want to encourage seeding conversations and campaigns that emphasise these values and seek to share the import of vaccinations as a shared community of care – to our economies wellbeing, capacity for recovery and shared resiliency > thus what consideration is being given to communication/marketing campaigns, localised leadership and access to information?
- Why aren't they connecting too with Māori business networks and leaders for insights – from [EQMA](#) to <https://www.whariki.co.nz/> - and Amotai could also provide guidance – 9(2)(f)(iv)

Thanks again for your mahi in this space – we can see that it's a vast and swift moving space – hence our encouragement to get some good comms delivered in partnership and ideally prior to additional mandates. We think this is critical for cohesion, inclusivity and shared commitments to communities who care.

Ngā mihi

9(2)(g)(ii)

9(2)(g)(ii)

Principal Analyst | Aporei Mātiri

Te Puni Kōkiri, Te Tari Matua

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From: 9(2)(g)(ii)

Sent: Wednesday, 20 October 2021 12:07 pm

To:

[REDACTED]

Subject: Departmental consultation on proposals to support COVID-19 vaccinations in the workplace (for action by 5pm today)

Importance: High

Some people who received this message don't often get email from 9(2)(g)(ii)

[Learn why this is important](#)

Kia ora koutou,

Please find attached our draft cabinet paper on proposals to support COVID-19 vaccinations in the workplace.

Thank you to those agencies who have contributed content to date, please let us know if any of this has changed or should be amended for any reason. We have also asked specific questions of particular agencies either in the text or by comment box – we'd appreciate if these can be responded to.

More broadly, you will see that some aspects of the paper look different to our previous briefings and other advice you may have seen, which reflect advances in our thinking as we have incorporated other information/advice we've received along the way.

Ministerial consultation will occur simultaneously, with a draft heading over to our Minister's office shortly as well.

In terms of timing, we'd greatly appreciate a response by **5pm today**. Track changes to the attached would be ideal so we can immediately identify and address your feedback.

Please address feedback to both me and 9(2)(g)(ii) and if you have any queries in the meantime, please feel free to contact either of us.

Ngā mihi,

(she/her*)
SENIOR POLICY ADVISOR

Ministry of Business, Innovation & Employment

9(2)(g)(ii)

Waea/Telephone: 9(2)(g)(ii)

Level 5, 145-163 Cashel Street, Grand Central, Christchurch



*you can find more information about how sharing pronouns can help to create a sense of belonging and respect [here](#)

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Te Puni Kōkiri comments on Supporting COVID-19 vaccination requirements in the workplace

Comments on 20/10/2021:

Para 1.2 –

- Culture of Care - how are we combining this with a culture of care? Care for employees, their well-being and the survivability of businesses and supply chains across New Zealand.

Para 1.3 –

- Leading in partnership with business
 - *Vaccination wage bonuses*
 - *Vaccination Brands*
 - *Business Leaders, incl. Maori businesses sharing in campaigns to vaccinate > to protect and enhance business operations across NZ*
- how businesses can be a part of/leading this process?
- There will be Māori Businesses interested in considering how to support - from vaccination wages (bonuses for vaccinated employers - especially those in contact with the public - from hospitality to construction) how can we campaign in partnership with them - and create new types of incentives > from supplementary vaccination wages to business-led vaccination brands.
- In addition - how do we better market and communicate via leaders and from a Māori perspective - and include leaders from FOMA and more to help progress?

Para 3 – last sentence –

- What do you mean by tools? Communication and leadership needs to profile here too - a community and perspective of care - in protecting business, giving them the capability to operate - and the opening needed and closed domestic supply chains.

Para 4.1 - *Communication/campaigns first, then mandates*

- Again prior to leaping to mandates - what leaders with rational and marketing nuance could be part of the campaign to vaccinate for Business and Economic survivability, resiliency, futures, and care of the community?

Para 9 - NZ Inc + Vaccination - a new global branding edge - and incentive for business to be a part of

- What about leveraging and extending NZ Inc - and the New Zealand brand - we're globally known for our phytosanitary regulations and capabilities. How do we convert this into a global edge - so that we can say with confidence and credibility how our products and services are created in a nation committed to community and leadership - thus created by vaccinated companies and businesses?

Para 71 –

- Hence, how do we better front-foot this via a communication campaign that highlights and includes the community of care approach favoured by many Māori businesses to support their employees getting vaccinated because they want them

to be safe, employed, and able to see the connections between getting vaccinated and caring for their business community and capabilities to operate.

Para 97 –

- See comments above - what's critical here is the utilisation of Māori business and commercial leaders in leading a campaign first to encourage and make the connections between care, community and business continuity (this food on plates).

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From: 9(2)(g)(ii)
To: 9(2)(g)(ii)
Cc: 9(2)(g)(ii)
Subject: RE: Cabinet paper for consultation: COVID-19 Vaccine Certificates: Implementation in Domestic Settings
Date: Thursday, 21 October 2021 11:54:00 am
Attachments: [image001.png](#)

Tēnā koe 9(2)(g)(ii)

Please find below Te Puni Kōkiri's comments on the Cabinet paper.

If there is anything in here that needs discussion please do not hesitate to call.

Ngā mihi,

9(2)(g)(ii)

Text in Cab paper	TPK comment
<p>53. It is preferable that all eligible people in New Zealand would have sufficient opportunity to be vaccinated before a CVC requirement is introduced, to avoid inequitable prevention of access to events to those who have not had the opportunity to be vaccinated due to the staged eligibility of the roll out. Given the progress of the vaccination programme to date, there has been sufficiently reasonable time from when the eligibility of vaccines was broadened to when the measures proposed in this paper would be implemented.</p> <p>Rec 10 note that the Ministry of Health advice is that the earliest date for wide introduction of CVCs is mid-December;</p>	<p>Add a caveat at para 53: While there has been a considerable lift in weekly vaccinations for Māori, there is significant concern over the remaining number of vaccinations needed in the 12-40 year old age groups to achieve equity. TPK modelling has indicated that there may be a three month delay between non-Māori and Māori 90% vaccination rates being achieved (eligibility for more than 50% of the Māori population to access vaccinations did not occur until 1 September 2021). A delegated group of Ministers* are currently considering options to establish a rapid vaccine acceleration programme for Māori communities.</p> <p>We also recommend adding a noting rec to this effect, to make the dependency on rapid vaccine acceleration programme for Māori communities clear.</p> <p>*The Minister of Finance, Minister for Māori Crown Relations – Te Arawhiti, the Associate Minister of Health (Māori Health), te Minita mō Whānau Ora and Te Minita Whanaketanga Māori have received delegated power to act to establish and make decisions on a fund to support Māori vaccination uptake and transition to the new framework (the Ministerial Oversight Group)</p>
<p>Population impacts</p> <p>67 ... Transparent and outward facing engagement is likely to be critical to successful adoption of CVCs.</p>	<p>This para should note the crucial importance of tailored Māori-led communication strategies. Experience to date shows that one size fits all communications do not work.</p>
<p>68 The measures in this paper centre on the vaccination status of an individual. This could exacerbate existing inequities in the vaccination coverage among different groups. Māori, and younger age groups of Pacific peoples currently have low rates of vaccination compared with the wider population and could be disproportionately impacted by the new framework.</p>	<p>This para should include what actions are being taken to mitigate the risk of exacerbated inequalities (ie. the rapid vaccine acceleration programme for Māori communities mentioned above).</p>
<p>Risks related to social cohesion</p> <p>71 Dependent on the settings captured by any</p>	<p>Note that to be effective, there needs to be a key role for Māori in targeted funding, programmes,</p>

<p>requirements, the introduction of CVCs will have an impact on social cohesion that will need mitigation. There is also a risk that restrictions on where unvaccinated people may go could negatively impact the trust that has been built around the COVID-19 vaccination rollout and to address vaccine hesitancy that is linked to a wider mistrust of the health system. Targeted funding, programmes, communication and education could be important in mitigating this risk,</p>	<p>communication and education (as noted in our comments at para 67 above).</p> <p>This includes continued focus on, and increased resourcing to support, initiatives led by iwi/hapū, urban Māori, and Māori organisations involved in the communication design and delivery of approaches – there is evidence that Māori led communication campaigns to reach unvaccinated communities is an ongoing opportunity.</p> <p>Māori and iwi leadership have clearly stated these needs during the development of the new framework, with strong involvement by rangatahi in the messaging.</p>
<p>Te Tiriti o Waitangi implications</p> <p>72 In developing approaches to CVCs, we have considered the distinct rights and interests of Māori to understand Te Tiriti o Waitangi considerations. We have informed where distinct Māori interests arise from through feedback from Te Arawhiti, Te Puni Kōkiri, DPMC's Community Panel and at a ministerial level, the National Iwi Chairs Forum (NICF). These interests include the Crown's duty to protect Māori health equitably and actively, protect Māori cultural activities and the Crown's responsibility to address the disproportionately low vaccine uptake by Māori.</p>	<p>The paper needs to consider how it is protecting Māori rights to be part of decision making and action on matters affecting them, in relation to CVCs (participation).</p> <p>As part of our advice on the new alert level framework we have noted our concern that the Government faces risks arising from the potential to breach Treaty obligations. At several points, the Waitangi Tribunal has recognised the requirement for government to balance its responsibilities to New Zealand citizens and national matters generally, with its specific obligations to Māori populations as Treaty partners. In this current context, this means balancing significant public health needs with the unique position Māori hold in our constitutional arrangements as tangata whenua. It may be useful, therefore, to consider a Treaty framework against these proposals – with active protection, participation and equity of outcomes standing out as particular areas for focus.</p>
<p>76 The use of CVC requirements in a broader set of high-risk indoor settings (e.g., hospitality) would support reducing the risk of COVID-19 transmission alongside other public health measures but has even greater restrictions on Māori in their ability to access venues and events. This could negatively impact the trust that has been built for the COVID-19 vaccination rollout and could enhance vaccine hesitancy. To reduce the impact of this, a communication strategy could be developed to work with Māori to support the use of CVCs. Māori-led communications could better support trust and ability to build understanding about using CVC as a public health tool against COVID-19.</p>	<p>We strongly suggest adding an agree recommendation for a Māori-led communication strategy to ensure this is part of the next steps.</p>
<p>Consultation</p> <p>80 Officials have undertaken targeted consultation on the use of CVCs with business and community representatives. During this process, feedback was also received from sectors on more</p>	<p>Add information on engagement with Māori: limited engagement with the National Iwi Chairs Forum</p>

detailed elements of CVCs.

9(2)(g)(ii) (she/her)

Senior Policy Analyst

Te Puni Kōkiri, National Office

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PO Box 3943, Wellington 6140, New Zealand

From: 9(2)(g)(ii)

Sent: Wednesday, 20 October 2021 6:54 PM

To: 9(2)(g)(ii)

Subject: Cabinet paper for consultation: COVID-19 Vaccine Certificates: Implementation in Domestic Settings

Kia ora koutou

Thanks for your input into the draft Cabinet paper so far. Please find attached: *COVID-19 Vaccine Certificates: Implementation in Domestic Settings*

- The draft paper for your review – can you please send through any showstoppers to 9(2)(g)(ii) and myself by **10am tomorrow**. Any further comments would be gratefully received by **12noon tomorrow**.
- We acknowledge that these turnaround timeframes are tight, however are running to strict deadlines on this work, and thank you in advance for your prompt engagement on the paper.
- Note that we haven't attached Appendix 1 to this version of the cabinet paper, but will endeavour to circulate it tomorrow morning
- Also noting that the paper attempts to only cover new ground for CVCs (i.e. does not include detail relating to previous decisions taken).

Feel free to give 9(2)(g)(ii) or myself a ring if you would like to chat about the paper.

Thanks

9(2)(g)(ii)

Senior Policy Advisor | Strategy and Policy
COVID 19 Group

9(2)(g)(ii)



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From: 9(2)(g)(ii)
To: 9(2)(g)(ii)
Cc: 9(2)(g)(ii)
Subject: RE: For feedback by 12 pm Wed: Cab paper on vaccine mandates and employer vaccination assessment tool [IN-CONFIDENCE]
Date: Wednesday, 10 November 2021 1:33:00 pm
Attachments: [Draft Cabinet paper - Requiring COVID-19 vaccination for work through Government mandates and employer decisions - TPK comment.docx](#)

Kia ora anō 9(2)(g)(ii), please find attached our more detailed minor comments and suggestions.

Ngā mihi
 Juliana

9(2)(g)(ii) (she/her)
 Senior Policy Analyst
 Te Puni Kōkiri, National Office

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From: 9(2)(g)(ii)
Sent: Wednesday, 10 November 2021 12:19 pm
To: 9(2)(g)(ii)
Cc: 9(2)(g)(ii)

Subject: RE: For feedback by 12 pm Wed: Cab paper on vaccine mandates and employer vaccination assessment tool

Kia ora 9(2)(g)(ii)

Please find attached high level comments from Te Puni Kōkiri. We have also sought input from our regional directors which may come through later this afternoon.

We will also send through a number of minor comments and suggestions tracked in the Cabinet paper.

Ngā mihi nui,

9(2)(g)(ii)

9(2)(g)(ii) (she/her)
 Senior Policy Analyst
 Te Puni Kōkiri, National Office

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 PO Box 3943, Wellington 6140, New Zealand

From: 9(2)(g)(ii)
Sent: Tuesday, 9 November 2021 2:07 pm
To: 9(2)(g)(ii)

9(2)(g)(ii)

Cc: 9(2)(g)(ii)

Subject: For feedback by 12 pm Wed: Cab paper on vaccine mandates and employer vaccination assessment tool

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Kia ora koutou,

Please find attached, for feedback by **12 pm tomorrow (Wednesday)**, a Cabinet paper seeking agreement to:

- Mandate vaccination for work in the following:
 - Social and community services, Police, emergency services
 - Places where CVCs are prohibited (supermarkets, dairies, petrol stations, public transport)
 - Utilities, transport, freight and construction sectors
- Prescribe a vaccination assessment tool for employers to use when deciding whether any other work requires vaccination.

We are still working on some bits of the paper – I've tried to indicate all the gaps we're still filling in. Comments in the form of tracked changes would be much appreciated.

A note for agencies who have sent us feedback about mandates in their sectors:

- Social and community services: we haven't integrated all your information into the paper yet, but will do so for the version that goes to Ministers in a few hours. Please see attached what we're received from 9(2)(g)(ii) at MSD (thanks for your coordination assistance ☺).
- Everyone else: we're still working through your feedback, but have attempted to capture your points at a high level for this version at least.

Also: let me know if you no longer need to receive these emails, and we'll take you off our distribution list.

Nāku, nā 9(2)(g)(ii) i

9(2)(g)(ii) (she/her)
Principal Policy Advisor

Employment Relations Policy | Labour, Science and Enterprise
Hikina Whakatutuki | Ministry of Business, Innovation & Employment

Īmera: 9(2)(g)(ii) z | Waea tōtika: 9(2)(g)(ii) | Waea pūkoro: 9(2)(g)(ii)

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Extracted Te Puni Kōkiri minor and detailed comments on *Requiring COVID-19 vaccination for work through Government mandates and employer decisions*

Please note that feedback on this Cabinet paper was provided in three separate documents. These have all been included in the scope of the OIA request, and references to the corresponding documents are noted below.

1. This document (**Document 8 – Attachment 2**) outlines the “minor and technical” comments provided on 10 October 2021.
2. High-level comments (**Document 9 – Attachment 1**) were also provided on this draft Cabinet paper on 10 October 2021.
3. Further advice was provided (**Document 11**) on a subsequent draft version of this Cabinet paper on 19 November 2021, prior to its finalisation.

The final version of the Cabinet paper has been proactively released, and is available here:

<https://www.mbie.govt.nz/dmsdocument/19935-requiring-covid-19-vaccination-for-work-through-government-mandates-and-employer-requirements-proactiverelease-pdf>

Please note that paragraph numbers refer to the draft versions, as there were significant changes between each version. We were unable to track all comments made directly to the final version.

Minor and technical comments provided on 10 October 2021:

Para 5 –

- Strongly recommend bringing the definition of vulnerable workers upfront (currently in para 22.1)
- Para 5.1 The draft definition notes that this is intended to include volunteers. The paper needs to include analysis of how a mandate would apply to volunteers and/or volunteer workers.

Para 7 –

- We should be clear the Building and construction proposal goes further than that to include the whole sector.
- Note also the role of social and community services as essential services and lifeline utilities (e.g. provision of food, access to family violence and sexual violence services).
- Consideration should be given to an exemption process for all sectors where a vaccine mandate would mean an essential service would be immediately compromised and would be intolerable in the short term to manage resourcing implications.

Para 10 –

- May wish to note here the decision not to include 'vulnerable people' as a factor (currently in para 72).

Para 26, last sentence –

- Suggest we just say "vulnerable people" to avoid introducing confusion (definition already includes those more likely to be unvaccinated)

Para 32, first sentence –

- What do we mean by this? Vulnerability increasing over time? Or that there will still be vulnerable people in these places (while there won't in others)

Para 41 –

- Consideration and decision on the scope of building and construction needs to be explicit - it is a different rationale to the rest of the sectors/types of work and introduces a much broader application of vaccine mandates.
- B&C has large Māori workforce and potential widespread implications if workers not comfortable getting vaccinated - could lead to broad economic impacts on workers & their whānau as well as industry shortages

Title – A tool to guide employer decision about vaccination –

- Tool will need to clarify how volunteers fit in.

Para 94 –

- Māori leaders continue to state they want to be part of decisions and implementation of COVID decisions generally. Given the impact on Māori businesses, workforce and people accessing services this is a key area for Māori leadership.

Para 105 –

- How can we design to ensure this happens? See para 114

Para 106 –

- And Māori social and community-based services sector
- What do we mean by this - For those in the affected sectors who choose not to get vaccinated despite a mandate?
- Māori organisations and collectives

Para 109 - Bring in wording on exemptions on medical grounds - p.37, para 24**Para 114 –**

- This support may be contingent on Māori communities' involvement in decision-making on mandates.

Para 115 –

- Consider additional support options e.g. workplace vaccination drive

Appendix 1 - Additional information about proposed vaccination mandates

In the Social and community services table, under *Unique exemptions needs, if any*:

- As an essential service: consider the same process as utilities
"Exemptions if an essential service would be immediately compromised and would be intolerable in the short term to manage resourcing implications."

Para 28 - Who would this be for social and community services?

From: 9(2)(g)(ii)
To: 9(2)(g)(ii)
Cc: 9(2)(g)(ii)
Subject: RE: For feedback by 12 pm Wed: Cab paper on vaccine mandates and employer vaccination assessment tool
Date: Wednesday, 10 November 2021 12:18:00 pm
Attachments: [TPK feedback - Requiring COVID-19 vaccination for work through Government mandates and employer decisions.docx](#)

Kia ora 9(2)(g)(ii),

Please find attached high level comments from Te Puni Kōkiri. We have also sought input from our regional directors which may come through later this afternoon.

We will also send through a number of minor comments and suggestions tracked in the Cabinet paper.

Ngā mihi nui,

9(2)(g)(ii)

9(2)(g)(ii) (she/her)
Senior Policy Analyst
Te Puni Kōkiri, National Office

Tauwaea DDI : 9(2)(g)(ii) | Waea Pūkoro M : 9(2)(g)(ii)
Waea Whakaahua F : 0800 875 329 | Paetukutuku W : www.tpk.govt.nz
Te Puni Kōkiri, Te Puni Kōkiri House, 143 Lambton Quay, Wellington 6011
PO Box 3943, Wellington 6140, New Zealand

From: 9(2)(g)(ii)
Sent: Tuesday, 9 November 2021 2:07 pm
To: 9(2)(g)(ii)

[REDACTED]

9(2)(g)(ii)

Cc: 9(2)(g)(ii)

Subject: For feedback by 12 pm Wed: Cab paper on vaccine mandates and employer vaccination assessment tool

Some people who received this message don't often get email from 9(2)(g)(ii). [Learn why this is important](#)

Kia ora koutou,

Please find attached, for feedback by **12 pm tomorrow (Wednesday)**, a Cabinet paper seeking agreement to:

- Mandate vaccination for work in the following:
 - Social and community services, Police, emergency services
 - Places where CVCs are prohibited (supermarkets, dairies, petrol stations, public transport)
 - Utilities, transport, freight and construction sectors
- Prescribe a vaccination assessment tool for employers to use when deciding whether any other work requires vaccination.

We are still working on some bits of the paper – I've tried to indicate all the gaps we're still filling in. Comments in the form of tracked changes would be much appreciated.

A note for agencies who have sent us feedback about mandates in their sectors:

- Social and community services: we haven't integrated all your information into the paper yet, but will do so for the version that goes to Ministers in a few hours. Please see attached what we've received from 9(2)(g)(ii) at MSD (thanks for your coordination assistance ☺).
- Everyone else: we're still working through your feedback, but have attempted to capture your points at a high level for this version at least.

Also: let me know if you no longer need to receive these emails, and we'll take you off our distribution list.

Nāku, nā 9(2)(g)(ii)

9(2)(g)(ii) (she/her)

Principal Policy Advisor

Employment Relations Policy | Labour, Science and Enterprise
Hikina Whakatutuki | Ministry of Business, Innovation & Employment

Īmēra: 9(2)(g)(ii) | Waea tōtika: 9(2)(g)(ii) | Waea pūkoro: 9(2)(g)(ii)

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RELEASED UNDER THE
OFFICIAL INFORMATION ACT

TPK feedback – Agency consultation 10 Whiringa-ā-Rangi 2021

Draft Cabinet paper: Requiring COVID-19 vaccination for work through Government mandates and employer decisions

1. A mandate would support health outcomes for Māori as both a large proportion of the social and community based service workforce, and people accessing those services.

This should be accompanied by support for staff to get vaccinated.

Empowering staff in this sector to ensure they are vaccinated will reduce the risk to people accessing social and community based services who may be vulnerable to adverse outcomes from COVID 19, as well as staff.

Support for Māori workers to be vaccinated needs to be considered, well before looking at support for Māori and younger Pacific workers to transition (to other roles/sectors?? Para 106).

We welcome the statement that the Māori vaccination campaign must reach these groups in time for any implementation of wider vaccine mandates.

2. We strongly recommend including the Māori social and community based services sector in decision making and implementation

This is especially important given the leadership that Māori organisations play in communities, managing the interests of their whānau and managing the spaces where government interests end and Māori should lead

3. Engagement is also recommended with businesses and unions who have a strong Māori workforce for the other sectors being considered.

Experience to date with vaccination coverage has highlighted the importance of by Māori for Māori approaches.

Developing a mandate without genuine engagement risks Māori providers and people accessing their services feeling disempowered and may reduce trust in the government's COVID response.

Māori-led communication and engagement strategies will also be important to support uptake and avoid losing the trust built to date in the government response to COVID.

4. We need to find ways to ensure continued access to services for whānau Māori.

It is important that all efforts are taken to ensure that services to those who need them are not disrupted. Given the higher incidences of COVID risk factors in Māori populations, continued access to services will help prevent compounding stressors upon whānau as we transition to the new protection framework and COVID endemic environment over the coming months.

We should consider the potential need for an exemption process for social and community based service organisations, similar to the process proposed for Utilities, ie. Exemptions if an essential service would be immediately compromised, and would be intolerable in the short term to manage resourcing implications.

The ability for people to continue accessing services needs to be a key feature of communications and messaging.

5. Provide tailored resources and guidance to Māori businesses and organisations which fall outside of this mandate – drawing on and connecting to Māori led campaigns e.g. <https://www.fightforyourwhakapapa.co.nz/>. Likewise it will be critical that WorkSafe has an appropriate/equitable number of Māori staff to engage with Māori businesses and within broader business/industry settings where Māori are more highly represented.

6. We recommend work is undertaken now to set up a forum for ongoing Māori participation in decisions on vaccine mandates and related matters, recognising that further decisions will likely be sought from Ministers. As mentioned above Māori involvement in decision making is crucial not just to meet our obligations under Te Tiriti, but to continue to build trust in the government's COVID 19 response.

--

Additional minor comments and suggestions are provided in tracked changes in the draft Cabinet paper.

From: 9(2)(g)(ii)
To: 9(2)(g)(ii)
Subject: FW: TPK Comment on Draft CPF Cab Paper
Date: Friday, 19 November 2021 3:56:33 pm
Attachments: [image001.png](#)
[image002.png](#)
[image003.png](#)
[image004.png](#)

Ānei!

9(2)(g)(ii) (she/her)

Policy Manager

Te Puni Kōkiri, National Office

Tauwaea DDI: 9(2)(g)(ii) | Waea Pūkoro M: 9(2)(g)(ii)
 Waea Whakaahua F: 0800 875 329 | Paetukutuku W: www.tpk.govt.nz

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 PO Box 3943, Wellington 6140, New Zealand

From: 9(2)(g)(ii)

Sent: Friday, 19 November 2021 12:11 PM

To: 9(2)(g)(ii)

Subject: TPK Comment on Draft CPF Cab Paper

Kia ora 9(2)(g)(ii), et al

Please find below Te Puni Kōkiri feedback on the draft CPF Cab Paper. Feel free to call, email if you wish to discuss our feedback or need any further information. We look forward to seeing the next iteration.

TPK feedback – Agency consultation 91 Whi inga-ā-Rangi 2021

COVID-19: IMPLEMENTING THE COVID-19 PROTECTION FRAMEWORK

Thank you for the opportunity to provide feedback on this paper. We hope you find the comments and questions below useful to inform the development of your advice.

Overall we anticipate the impact on Māori from implementing the COVID-19 Protection Framework on the date proposed to be significant, both in terms of health impacts and non-health effects. While the paper acknowledges the Crown's key duty under Te Tiriti o Waitangi is to protect Māori health equitably (including through vaccine coverage) the paper does not contain enough detail at this stage to provide reassurances that this will be achieved. In addition we note the Crown's duty to enable partnership and participation by Māori in decision making.

We are, therefore, concerned about the lack of Māori perspective in the paper, and the minimal discussion of the impact on Māori from implementing the COVID-19 Protection Framework.

We have included specific suggestions and questions below on key issues in the paper for Māori.

1. Recognising you are awaiting comments from Iwi Chairs Forum, we recommend engaging with other Māori groups to strengthen the Māori perspectives reflected in the paper including the New Zealand Māori Council, the Māori Monitoring Group (established in June 2020 to enable Māori leadership from across different sectors and communities to provide independent, timely and practical insights and advice to the Deputy Director-General Māori Health and Ministry on COVID-19), and others.
2. We note that the application to the Waitangi Tribunal for an urgent inquiry into the government's pandemic response for Māori by the Māori Council and other Māori leaders signals that the government does not at this stage have broad acceptance for the measures we are using and our overall response (para 54). It is crucially important for social licence that Māori are at the forefront of

communicating the operation of the Framework to Māori. For this reason we recommend working closely with Māori to ensure that we only move when Māori leaders are comfortable and confident communicating the changes.

3. We note the paper states that there will be pockets with communities of people with low vaccination rates. However Māori vaccination rates are still lower across the board. How will the risk of inequity in Māori health outcomes be mitigated if Māori vaccination rates are not equitable at the time the Framework is implemented?
4. The proposed questions to inform Framework levels for each region are based on a likely level of fatalities over the next two weeks for Red (rapid growth in hospitalisations or fatalities) and Lockdown (ICU admissions/deaths predicted to increase substantially). This could potentially be a high threshold and we recommend consideration is given to lowering it to reduce the acceptability of deaths under the Framework.
5. The paper notes that Regional Leadership Groups include mana whenua in some cases. To provide an equitable response, all RLGs need to include Māori, and ensure consideration of the interests across those Māori populations, for example, iwi/hapū, urban populations, rangatahi, hard to reach whānau, etc etc. Te Puni Kōkiri regional directors can assist this.
6. We assume most regions which are predominantly Māori will move into Red, on the basis of lower vaccination rates and limited health system infrastructure/capacity. While the paper notes the Māori Community COVID-19 Fund will provide some support, we recommend the paper flag that specific consideration is needed of how to support regions with higher Māori populations in the event they move to and remain Red for some time.
7. Intelligence from our regional reporting indicates that the Māori workforce (who are currently focusing heavily on vaccination) will still be putting all efforts into vaccinating at the time proposed, and are unlikely have capacity to provide the additional support needed under the new framework for some time. We consider the assessment of health system readiness needs to include holistic provider readiness, not just primary care, hospital and ICU capacity.
8. Movement in and out of Red areas – what public health advice do we have to support the decision not to impose the requirement to limit movement in and out of Red areas to people who are fully vaccinated or have evidence of a negative test?
9. Based on the draft paper on health system readiness, we note that the contact tracing system will not be able to be maintained as described in para 45.

Nāku iti nei, nā

9(2)(g)(ii)

Policy Director | Taituarā

Wellbeing Directorate | Te Puna Oranga

Policy Partnerships | Te Puni Hononga Kaupapa-ere

Te Tari Matua | Head Office

Tauwaea DDI : 9(2)(g)(ii) | Waea Pūkoro M : 9(2)(g)(ii)

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PO Box 3943, Wellington 6140, New Zealand



[Te Puni Kōkiri Website](#)



[Kōkiri Magazine](#)



[Facebook](#)

From: 9(2)(g)(ii)
To: 9(2)(g)(ii)
Cc: 9(2)(g)(ii)
Subject: FW: FEEDBACK from TPK: Cab paper on vaccine mandates and employer vaccination assessment tool [IN-CONFIDENCE]
Date: Friday, 19 November 2021 1:52:00 pm
Attachments: [image001.png](#)
[image002.png](#)
[Draft Cabinet paper \(22 Nov\) - Requiring COVID-19 vaccination for work through Government mandates and employer requirements.docx](#)
[image003.png](#)
[image004.png](#)
[image005.png](#)
[image006.png](#)

Kia ora 9(2)(g)(ii)

Please accept our apologies for the delay in getting this to you – but below is our advice and feedback the COVID-19 vaccination mandate/employer requirements.

Overall Comments ? > anxiety and operational concerns

There is significant anxiety amongst some employers around the application of this tool, how to apply it and support employees' mana and ability to provide for their whanau if they choose not to get vaccinated. Our recommendation is to ensure this tool has appropriate and adaptive Maori-centric messaging, including bilingual information to support Maori employers to support their employees to get vaccinated.

Evidence of vaccination resistance/disinformation amongst younger 45< Maori employers and business owners

There is evidence of vaccination hesitation and misinformation amongst younger Maori business owners and employers. To address this, we suggest utilizing and showcasing how Maori business leaders and employers are applying the tool and supporting vaccination campaigns in support of protecting communities, whanau, and mana.

Augment Clarity

We are concerned about the clarity and how employers can confidently use this tool, and still have vaccination positive conversations with their employees. We query how the communication and information around this tool can be delivered clearly, easily, and accessibly?

Specifically: Para 102 – there is an expectation the assessment tool will be used by smaller businesses, so we would note the need that culturally appropriate guidance will be developed to sit alongside the tool (given the large number of Māori SMEs)

Para 139 – what are these alternative methods of assessment that might trump the proposed assessment tool? When should businesses consider them (i.e. at what level of uncertainty should businesses turn to more robust methods)?

Enforcement- what assurances and provisions?

What provision/supports are being made to assure business and employers about the support / guidance and provisions to help implement? We are concerned employers will be left without holistic supports and tools to implement vaccination expectations.

Communication

We wonder how this mandate can be better positioned from a presentation and communication perspective to be better accepted and utilized by Maori employers and businesses.

Addressing Vaccination Hesitation – cohesive communications- a “Mandate of Responsibility”

We suggest more culturally adaptive messaging better suited to Maori employers are delivered in tandem with the mandate. 9(2)(g)(i)

Key Details > more frequent testing, other safety measures

Para 89, 101, 161 – Support a simple tool, but it needs to point to additional safety measures beyond a vaccination mandate (this would increase the rigour whilst remaining simple). While vaccination is the best line of defence, vaccinated people can still carry the virus, so introducing (i.e. mandating) other safety measures such as masks and regular testing (e.g. daily not weekly) need to be part of the assessment tool's considerations. These requirements need considered together, rather than as alternatives which could mean there is an option to avoid vaccination. Weekly testing is too infrequent because of how infectious the delta strain of the virus is.

Nga mihi

9(2)(g)(ii)

9(2)(g)(ii)

Principal Analyst | Aporei Mātai

Te Puni Kōkiri, Te Tari Matua



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From: 9(2)(g)(ii)

Sent: Thursday, 18 November 2021 8:40 AM

To: 9(2)(g)(ii)

[REDACTED]

9(2)(g)(ii)

Subject: RE: For feedback: Cab paper on vaccine mandates and employer vaccination assessment tool [IN-CONFIDENCE]

Importance: High

Some people who received this message don't often get email from 9(2)(g)(ii). [Learn why this is important](#)

Morena 9(2)(g)(ii)

We'd appreciate if you are able to confirm your timeframes to Cabinet, and whether you have late lodgement as our preference is more time to review and provide feedback, even **by COP today or 9am tomorrow (preferred)**.

We note, most CPF papers are being given leeway for late lodgement (including the night before Cabinet) so would appreciate factoring more time for departmental feedback, particularly as we need to see where our concerns have been addressed and if not, time to produce our agency comment for the paper as you suggested. This also best aligns with the length of the paper and its substantive content. We are a comparatively small department and the additional pressure arising from the suite of CPF papers is very challenging.

We would appreciate confirmation as soon as possible. We've commenced our review now and aim to return comments in a reasonable timeframe.

Ōtira 'ua

9(2)(g)(ii)

(She / her)

Nō Ngātangiia, ē Ngāti Uirangi, ē Ngāti Tinomana

Manager, Influence and Advice Policy

M 9(2)(g)(ii)

Level 1, 101-103 The Terrace, Wellington

PO Box 833, Wellington 6140

www.mpp.govt.nz |



From: 9(2)(g)(ii)

Sent: Wednesday, 17 November 2021 8:41 pm

To:

[REDACTED]

9(2)(g)(ii)

[REDACTED]

[REDACTED]

Subject: For feedback: Cab paper on vaccine mandates and employer vaccination assessment tool [IN-CONFIDENCE]

Kia ora koutou,

Please find attached a draft Cabinet paper seeking approval:

- To mandate vaccination for sworn Police and uniformed NZDF personnel, and
- To prescribe an assessment tool in regulations to guide employers' decisions about when it is reasonable

to require vaccination for work. This tool can be used for any work not covered by an order mandating vaccination.

This paper is due to go to Cabinet next Monday, and decisions will enable drafting of an order and regulations. These instruments can be enacted after the COVID-19 Response (Vaccinations) Legislation Bill is passed, likely in the middle of next week.

Given most of you have already provided fulsome comments on the last version of this paper, can I please ask that any feedback be in the form of tracked changes (over comments) about any showstoppers or factually incorrect information. If need be, an agency comment can be included.

We will need this feedback by **1 pm tomorrow**.

OPC and PSC: you may want to confirm wording of the comments you provided on the last draft.

Nāku, nā **9(2)(g)(ii)**

From: **9(2)(g)(ii)**

Sent: Friday, 12 November 2021 4:37 PM

To: **9(2)(g)(ii)**

[REDACTED]

9(2)(g)(ii)

Cc: 9(2)(g)(ii)

Subject: Update on Cab paper on vaccine mandates and employer vaccination assessment tool [IN-CONFIDENCE]

Kia ora koutou,

We have an update: this paper has been deferred to Cabinet on **22 November**. Our Minister will instead be taking an oral item (on 15 November) summarising the decisions he may seek on additional workforce mandates and the vaccination assessment tool.

Nāku, nā 9(2)(g)(ii)

From: 9(2)(g)(ii)

Sent: Tuesday, 9 November 2021 2:07 PM

To: 9(2)(g)(ii)

[REDACTED]

9(2)(g)(ii)

Cc: 9(2)(g)(ii)

Subject: For feedback by 12 pm Wed: Cab paper on vaccine mandates and employer vaccination assessment too

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- Everyone else: we're still working through your feedback, but have attempted to capture your points at a high level for this version at least.

Also: let me know if you no longer need to receive these emails, and we'll take you off our distribution list.

Nāku, nā 9(2)(g)(ii)

9(2)(g)(ii) (she/her)

Principal Policy Advisor

Employment Relations Policy | Labour, Science and Enterprise
Hikina Whakatutuki | Ministry of Business, Innovation & Employment

Īmera: 9(2)(g)(ii) | Waea tōtika: 9(2)(g)(ii) | Waea pūkoro: 9(2)(g)(ii)

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