

Attachment 1: Our assessment of the progress made with each of our recommendations

Rec.	Description	Status
1.	Continue to be transparent about supply risks and their impact on the programme.	The Ministry and Ministers have communicated with the public about the supply risks and the steps taken to manage those risks – in particular, boosting short-term supply through procurement from other countries and incorporating additional vaccine types into the programme.
2.	Complete contingency plans for major risks.	The Ministry told us that its contingency planning supported accelerated and ongoing vaccine delivery during the Covid-19 Delta outbreak.
3.	Continue to improve guidance to district health boards about use of the sequencing framework.	The Ministry communicated with district health boards in early May 2021, permitting some flexibility in how they applied the sequencing framework. We were told that there was some ambiguity in the advice the Ministry provided and that, to some extent, district health boards and providers made their own choices on how to balance the equity and coverage objectives of the programme in practice. The Ministry has also communicated subsequent changes to the sequencing framework publicly.

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4.	Continue to work with others to ensure equity considerations are fully embedded in delivery plans.	The Ministry appointed Regional Equity Account Managers from June 2021. They have used the Ministry's high-level strategies to regularly engage with district health boards about their plans for vaccinating Māori and Pasifika. These discussions particularly focused on ensuring that an adequate and appropriate workforce is available, such as an appropriate percentage of Māori or Pasifika staff. The Ministry engaged with the disability community early in the programme. It also regularly engaged with the vaccination programme disability leads in each district health board. The Ministry produced guidance and resources for delivering the vaccine in several settings, including mobile van and bus clinics, to provide coverage in more geographically remote areas. Despite these efforts, specific groups (in particular, Māori) have still not achieved the same level of vaccine uptake as the rest of the population. This suggests that there is more work for the Ministry and the wider health sector to do to meet the programme's equity objectives. It is important that the Ministry ensures that the vaccination programme supports, and reduces any barriers to, the use of local initiatives that have been successful in reducing inequalities in vaccination rates. As well as the differences in vaccine uptake in different groups, there are inequalities in Covid-19 hospitalisation rates (in particular, there are high rates for Māori compared with other groups). Early data indicates that there are generally similar, or better, levels of vaccine coverage for disabled people compared to the non-disabled population. However, there is some variation between the diverse groups within the disabled people population.

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5.	Provide more clarity to primary health care providers about their role in the wider roll-out.	At the time of our first audit in May 2021, we were concerned about the lack of clarity about the involvement of primary health care in the programme and the potential for the programme to focus on volume rather than equity. Many general practitioners, pharmacies, Hauora Māori, and Pasifika providers are now part of the programme. A significant number of primary care providers became part of the programme in June, July, and August 2021. In our view, it would have been useful to engage primary care providers earlier so that they could plan ahead better. The Ministry has told us that the sequencing framework, supply constraints, and cold chain and administrative requirements were why vaccination centres run by district health boards rather than primary care providers were used early in the programme. We accept that, but we still consider that communication with these groups could have been better and would have assisted these groups to plan for the wider roll-out. Some general practitioners and pharmacists have found engaging with the programme frustrating. This was because of limited availability of assessors to assess their credentials, different practices at different district health boards, the scale of the compliance work involved, and the length of time before they had enough certainty that they would be involved.
6.	Continue to strengthen efforts to raise public awareness of the programme.	The Ministry has expanded its communications team and programme since we carried out our first audit in May 2021. The Ministry has increasingly tailored its messaging to different demographic groups, introduced a consumer research programme, and regularly published vaccination rates that are disaggregated in several ways. The focus of the communications programme has changed over time from communicating the sequencing framework to encouraging everyone aged 12 and over to get vaccinated. The Ministry has worked closely with some other relevant organisations to support communications with Māori and Pasifika. These include the Iwi Communications Collective, Te Puni Kōkiri, and the Ministry for Pacific Peoples.