created. Three Pasifika mobile testing units have been established.	
The funding for provision of Pacific services should take into account the nature of Pacific households – funding that anticipates three calls to the household and 4 human contacts, should not be applied to Pacific households which may require many more calls and many more human contacts.	Household based funding models should match Pacific household realities.
Since 90% of Pasifika people are linked to a church, there are opportunities to engage churches in the COVID-19 response and to focus more testing activities on weekends.	Engagement of Pacific churches in the COVID-19 response should be optimised.
Mobile testing units are seen as particularly effective for Pasifika people.	The availability of mobile testing units for Pasifika communities should be optimised.
The response for Pasifika has included a broader approach to health need, including provision of food and utilities to those affected.	The broader approach to health need should be embraced, including diversification of activities across public health interventions.
Many different players have been involved Pacific comms. The government approach is disjointed. Families do not want 3 different types of people ringing them throughout the day.	A more comprehensive integrated approach to communication with Pasifika communities around COVID-19 testing should be established.
At times there have been inadequate staff to address health literacy issues for Pasifika people	Staff involved in contact with Pasifika people should be Pasifika people themselves as much as possible, or be actively consulting Pasifika colleagues.
Much of the work done for the DHBs and Ministry of Health has been unpaid	There should be active review of work done for DHBs and the Ministry of Health to make sure it is appropriately paid for.