Health Report

COVID – 19 Immunisation Prioritisation and Implementation Approach

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Action for Private Secretaries

Return the signed report to the Ministry of Health. **Date dispatched to MO:**

COVID-19 Immunisation Prioritisation and Implementation Approach

Please note, references to the prioritisation framework has been superseded by the COVID-19 Immunisation Sequencing Framework (The Sequencing Framework).

Purpose of report

This report provides an update on the Ministry of Health's approach to developing advice on the prioritisation of a COVID-19 vaccine and our implementation approach.

Summary

- The type of COVID-19 vaccine purchased and the quantity will impact on the prioritisation and implementation of any New Zealand COVID-19 immunisation programme.
- It is unlikely that New Zealand will be able to initially source enough vaccine to immunise the entire population or fulfil the COVID-19 Vaccine Strategy [CAB–20–MIN–0229.01] agreed to by Cabinet in June 2020.
- The COVID-19 Science and Technical Advisory Group have recommended that a matrix be developed for prioritisation which considers three broad groups: those at risk of spreading COVID-19; those at risk of contracting COVD-19 and those at highest risk of increased morbidity and mortality associated with COVID-19.
- Prioritisation advice and the COVID-19 immunisation implementation plan must be developed with Māori to fulfil the Crown's obligations to Te Tiriti o Waitiangi.
- Once a candidate vaccine becomes available, the Ministry expects approximately 12 weeks would be needed to finalise immunisation programme implementation details. However, most of the planning can be finalised ahead of time and builds on the work currently underway to strengthen our immunisation system.
- The delivery of a COVID-19 immunisation programme will incur substantial costs and we will need to seek funding for Vote Health to cover these costs.
- The Ministry will be establishing a COVID-19 Immunisation Implementation Advisory Group by 25 August 2020. This group will be responsible for providing independent, clinical and implementation advice to support programme development and delivery.
- We will provide your office with fortnightly updates on the COVID-19 immunisation programme through the weekly report and as further information becomes available.

Recommendations

We recommend you:

a) **Note** the COVID-19 Science and Technical Advisory Group's initial advice on COVID-19 vaccine prioritisation.

b) **Note** that work is underway to implement a COVID-19 immunisation programme.

c) **Note** that the Ministry will provide your office with fortnightly updates through the weekly report and as further information becomes available.

Deborah Woodley
Deputy Director-General
Population Health and Prevention

Hon Chris Hipkins
Minister of Health
Date:

COVID-19 Immunisation Prioritisation and Implementation Approach

Context

1. There remains considerable uncertainty about the COVID-19 virus. However, experts agree that unless the virus mutates to become less virulent or effective therapeutics are developed, the pandemic will only be effectively contained internationally when a safe and effective vaccine is deployed.

2. In June 2020, the Government agreed to a COVID-19 Vaccine Strategy [*CAB-20-MIN-0229.01*]. The objective of the Strategy is to secure supply of a safe and effective vaccine against COVID-19 which will protect New Zealanders against COVID-19 and allow New Zealand to consider relaxing border settings, thereby contributing to economic and social recovery.

3. Extensive scientific efforts are underway internationally to develop a safe and effective vaccine. On 10 August 2020, the Cabinet Business Committee considered a Cabinet paper, *COVID-19 Vaccine Strategy – purchasing strategy and funding envelope*. This Cabinet paper sought agreement to establish a tagged contingency fund as a call against the COVID-19 Response and Recovery Fund (CRRF) to support the implementation of the agreed COVID-19 Vaccine Strategy [ref HR20201298].

4. New Zealand needs to be prepared for when we have access to a safe and effective vaccine. The Ministry has commenced work on a COVID-19 immunisation programme which will need to be regularly reviewed and evolve as new, relevant information becomes available about vaccine development and the virus itself.

Cabinet has agreed to a COVID-19 Vaccine Strategy

5. While there are significant unknowns about COVID-19, its impacts and a potential vaccine, Cabinet agreed that the Strategy should contribute to the following outcomes *[CAB-20-MIN-0229.01 refers]*:

    - sufficient supply of a safe and effective vaccine to achieve population immunity to COVID-19, affordably
    - protection for Māori, Pacific peoples and population groups at particular risk from COVID-19
    - full cultural, social and economic recovery from the impacts of COVID-19
    - recognition of New Zealand as a valued contributor to global wellbeing and the COVID-19 response
    - New Zealand, Pacific and global preparedness for response to future disease outbreaks.

COVID-19 Vaccine Taskforce

6. A COVID-19 Vaccine Taskforce has been established to oversee the ongoing development and implementation of the COVID-19 Vaccine Strategy. This cross-agency governance

group is supported by the COVID-19 Science and Technical Advisory Group, (STAG) chaired by Dr Ian Town, the Ministry's Chief Science Advisor.

7. Whilst the focus of vaccine activity is currently on securing access to a safe and effective vaccine work is already underway to consider how a vaccine would be prioritised and deployed. It is critical that our COVID-19 immunisation strategy work is informed by the COVID-19 Vaccine Strategy work as our implementation approach will be affected by the type and quantity of vaccine available.

Work is underway on an approach to vaccine prioritisation

8. There will be unprecedented global pressures on vaccine demand, and supply will be highly constrained. It is unlikely that New Zealand will be able to source enough vaccine initially to immunise the entire population or fulfil the Vaccine Strategy approach provisionally agreed to by Government of ensuring 80 percent of the population will have immunity through a vaccine [*CAB-20-MIN-0229.01*]. This means that prioritisation of vaccine will be required. Since this, the Government has secured enough vaccines for the entire New Zealand population. With regards to the immunisation target of 80% of the population, this was a provisional target

9. In response, the Ministry of Health is developing a prioritisation framework across a range of scenarios. This framework will be informed by:

- advice from experts who are being convened to form a COVID-19 Immunisation Implementation Advisory Group (IIAG)
- international advice on prioritisation that is being developed in other countries (**Appendix One**)
- a framework currently being finalised by the National Ethics Advisory Committee, titled the Ethical Framework for Resource Allocation. The Framework contains four ethical principles and four Te Tiriti o Waitangi principles that in conjunction help to identify ethical tensions when allocating scarce resources
- our obligations under Te Tiriti o Waitangi.

COVID-19 Science and Technical Advisory group advice on prioritisation

10. On 17 July 2020, the Ministry sought early advice from the STAG on a framework for prioritisation of any COVID-19 vaccine.

11. The STAG advised that it would be difficult to confirm priority groups until a valid vaccine candidate is identified and its features are known. For example:

- a vaccine could be effective in preventing COVID-19 or it could be more effective in preventing severe disease in those who are vaccinated, or
- a vaccine may work differently in different age groups.

12. In the interim the STAG recommended that a matrix be developed which considers three broad groups, depending on the features of the vaccine:

a. *Those at risk of spreading COVID-19*. Evidence is still emerging, but overseas evidence suggests that young people are most at risk of spreading COVID-19 due to their social behaviour. Health care workers and those working with vulnerable populations (particularly those in aged residential care) are also groups known to be at risk of being infected and spreading the virus.

b. *Those at risk of contracting COVID-19*. At present in New Zealand those people most likely to be exposed are those working at the border, in managed isolation and quarantine facilities and those health care workers caring for people likely to have COVID-19.

c. *Those at highest risk of increased morbidity and mortality associated with COVID-19*. This group would include a focus on older people and those with underlying chronic conditions. However, the Ministry notes that protecting this group may not equate to initially vaccinating people in this group. For example, if New Zealand has no community transmission at the time a vaccine is available, the best way to protect all New Zealanders may be to vaccinate all those in contact with people returning from international travel.

13. Prioritisation will also depend on the amount of vaccine available. If for example, only one million doses of vaccine are initially available, further prioritisation decisions will be required in addition to the broad categories noted above. For example:

- There are an estimated 1.775 million New Zealanders who are currently eligible to receive a funded influenza vaccine. This includes people who use medications that indicate a condition that would be eligible for an influenza vaccine and the 835,000 people aged 65 years and over.
- There are an estimated 213,000 people working in the health sector including clerical and support staff.

14. The STAG emphasised that actual prioritisation should be based on the most up-to-date epidemiological data – both in the New Zealand context and from overseas. They also advised that prioritisation advice should be developed in partnership with a broad range of community and stakeholder groups but specifically with Māori to fulfil the Crown's obligations to Te Tiriti o Waitangi. The STAG also emphasised that ongoing engagement with the public will be required to ensure buy-in to any prioritisation criteria.

Work is underway to ensure we are in the best position possible to administer a COVID-19 vaccine quickly

15. The type of vaccine/s developed and purchased will impact on the implementation of any COVID-19 immunisation programme. Considerations will include the administration route (oral, intramuscular etc) and the potential need for multiple doses.

16. Once a candidate vaccine becomes available, the Ministry expects approximately 12 weeks would be needed to finalise immunisation programme implementation details. This is based on previous experience with the annual influenza vaccination programme and the implementation of the MeNZ-B immunisation programme in 2004.

17. However, most of the planning can be finalised ahead of time. It builds on the work currently underway to strengthen our immunisation system as well as our previous experience in delivering mass vaccination programmes. Key workstreams include the following.

Logistics and supply chain management

18. Depending on the vaccine purchased and the timing of any programme there will be a wide-range of logistical implications. These include:

- The supply, distribution and storage capacity including fridges for the vaccine. Existing available storage capacity is unlikely to be sufficient especially if a COVID-19 vaccination campaign occurs alongside for example the influenza campaign. A full stocktake of existing storage capacity will be undertaken and a range of scenarios developed to ensure we plan for sufficient capacity.
- The supply of consumables required for administration i.e., needles and sharps disposal units. New Zealand currently has 10.2 million syringe systems available in the national reserve.
- A need to supply personal protective equipment (PPE) to the vaccinating workforce if implementation takes place in the context of ongoing community transmission.
- The development and implementation of tracking and tracing capability of vaccine stock. Currently there is no tracking and tracing system for any of our vaccine programmes. It is not possible to know definitively where vaccine stock is at any point in time to best inform decisions such as moving stock around the country to address shortages.

Vaccinator workforce

19. New Zealand currently has a large number of trained vaccinators who deliver a range of vaccination programmes. However, we currently don't know exactly how many and where they are. We will therefore be developing a vaccinator register to ensure we have a nationally managed understanding of the available vaccinator workforce ahead of any COVID-19 immunisation programme.

20. In addition, we are training more vaccinators. This work was initiated as part of the initial COVID-19 response in March 2020 when the Ministry worked with the Immunisation Advisory Centre (IMAC) to develop a free online accelerated vaccinator training course. The aim of this training programme was to both expand the vaccinator workforce to support a future COVID-19 immunisation programme, as well as broaden workforce options for our existing immunisation programmes. To date, over 1000 registrations have been received. The training course is available to all registered healthcare professionals, including nurses, pharmacists, dentists and physiotherapists as well as medical and nursing students.

National Immunisation Solution

The NIS will replace the NIR, and the COVID-19 Immunisation Register (CIR) is being built for the Programme.

21. Our current National Immunisation Register (NIR) is "end of life" and unable to be updated to support a COVID-19 immunisation programme. As part of the COVID-19 response, Cabinet agreed to fund the development of a new National Immunisation Solution (NIS) to replace the NIR and to support the monitoring of any COVID-19 immunisation programme. A business case is well advanced and due to joint Ministers by 31 August 2020 (subject to support from central agencies). It is expected that the NIS could be ready for deployment for a COVID-19 vaccine as early as February 2021.

Service delivery models

22. Considerable work will need to be undertaken to develop and plan the optimal service delivery models. As part of our response to COVID-19, our work on the National Measles Immunisation Campaign and our work to strengthen the immunisation system, the Ministry has also enabled DHBs to deliver outreach services to a wider age range and removed barriers to offsite vaccination. This includes reducing wait times post vaccination and eliminating the need to carry oxygen. These changes will also support any COVID-19 immunisation campaign.

Communications

23. The COVID-19 immunisation programme implementation will require a significant communications campaign, including a focus on building and maintaining public confidence and explaining any prioritisation decisions.

24. Internationally the anti-vaccination movement is gaining momentum and impact, and commentators note "COVID-19 vaccine hesitancy" in people who usually support vaccination but are worried that a rapidly developed vaccine may not be safe.

25. The Ministry will lead the development of a communications strategy with relevant partners to support the agreed immunisation implementation approach, including proactive communications to support public confidence in the vaccine and immunisation programme.

Funding

26. The delivery of a COVID-19 immunisation programme will incur substantial costs. Depending on the number of doses secured, this is likely to be the largest immunisation programme conducted in New Zealand with considerable costs incurred in distribution and delivery.

27. The Ministry will be seeking Vote Health funding for developing and implementing the programme to cover these costs. This will include funding for a COVID-19 immunisation programme project team that is being established to lead this work with input from internal groups, the COVID-19 IIAG, and agencies involved in the COVID-19 Vaccine Taskforce.

28. We will be working to ensure that costs are considered at each stage in the planning process, particularly if new types of vaccine might have new infrastructure or equipment needs.

Next Steps

29. The Ministry will establish the IIAG by 25 August 2020. This group will be responsible for providing independent, clinical and implementation advice. Membership will be selected to ensure a diverse range of sectors and skills and include Māori health expertise and significant Māori representation. Membership will also be considered with expertise and knowledge of: Pacific health; epidemiology; vaccine safety; ethics; aged care; science communication; disability; public health; infectious disease, primary health; District Health Board Planning and Funding; vaccinator training; and behavioural psychology.

30. We will provide your office with fortnightly updates through the weekly report and as further information becomes available.

31. There is a scheduled report-back to Cabinet in November 2020.

ENDS.

Appendix One – International COVID-19 Immunisation Strategies

This appendix summarises key points from statements and press releases on international COVID-19 immunisation and vaccination strategies. Internationally, there is still very little published material. This is likely to increase as more information and evidence becomes available.

At this stage, the key immunisation themes being discussed are achieving population immunity, reducing the burden of health-care resources and the early identification of priority groups for vaccination. The priority groups commonly identified are:

- people with higher risk of exposure such as frontline health and social care workers
- people at increased risk of serious disease and death such as older people and people with underlying medical conditions.

Other approaches being considered internationally are:

- a transmission-based vaccination strategy such as vaccinating those most likely to spread the virus in the population (United Kingdom)
- a "herd immunity strategy via exposure and recovery" (the Netherlands).

World Health Organization

The World Health Organization (WHO) states that while the COVID-19 virus infects people of all ages, evidence to date suggests that two groups of people are at a higher risk of getting severe COVID-19 disease. These are:

- older people 60 years and over
- those with underlying medical conditions (such as cardiovascular disease, diabetes, chronic respiratory disease, and cancer).

Source: Coronavirus disease 2019 (COVID-19) Situation Report - 51, 11 March 2020
https://www.who.int/docs/default-source/coronaviruse/situation-reports/20200311-sitrep-51-covid-19.pdf?sfvrsn=1ba62e57_10

United Kingdom

The UK Department of Health & Social Care have published an independent report by the Joint Committee on Vaccination and Immunisation (the Committee) on interim advice on priority groups for COVID-19 vaccination. The document forms a preliminary framework for refining future advice for the basis of a national COVID-19 vaccination strategy.

Key strategic principle

The underlying principle of this advice is to save lives and protect the National Health Service (NHS).

Priority groups for vaccination

The Committee advises priority vaccination of the following groups:

1. Highest priority - Frontline health and social care workers
   Frontline health and social care workers are at increased personal risk of exposure to infection with COVID-19 and of transmitting that infection to susceptible and vulnerable patients in health and social care settings. The Committee considered this group to be the highest priority for vaccination.

Vaccination of frontline health and social care workers will also help to maintain resilience in the NHS and for health and social care providers.

2. Next priority - Those at increased risk of serious disease and death from COVID-19 infection stratified according to age and risk factors such as underlying co-morbid conditions
   The Committee advises the prioritisation of vaccination using a mortality risk-based approach. Current evidence strongly indicates that the risk of serious disease and death increases with age and is increased in those with a number of underlying health conditions. The Committee notes that early signals have also been identified of other potential risk factors, including deprivation and ethnicity.

Transmission based strategy

When more data become available, the Committee will consider whether a transmission-based vaccination strategy (vaccinating those most likely to spread the virus in the population) can also play a part in controlling the pandemic.

Further information

This advice will be updated as more information becomes available on:

- vaccine efficacy and/or immunogenicity in different age and risk groups
- the safety of administration in different age and risk groups
- the effect of the vaccine on acquisition of infection and transmission
- the transmission dynamics of the SARS-CoV-2 virus in the UK population, and
- the epidemiological, microbiological, and clinical characteristics of COVID-19.

Source: Department of Health & Social Care, UK. Independent report: Joint Committee on Vaccination and Immunisation: interim advice on priority groups for COVID-19 vaccination. Published 18 June 2020. *https://www.gov.uk/government/publications/priority-groups-for-coronavirus-covid-19-vaccination-advice-from-the-jcvi*

Canada

Goals of pandemic response and role of vaccine

In Canada, the evaluation of how to get maximum benefit for the supplies of vaccine available, based on evidence, is done by the National Advisory Committee on Immunization (NACI). It says it will be is guided by the goals of Canada's pandemic response:

- minimize serious illness and overall deaths (including from causes other than COVID-19)
- minimize societal disruption, including reducing the burden of health-care resources.

The NACI says the vaccine is expected to play an important role in achieving that.

Priority groups for clinical trials

For now, NACI is recommending which groups be targeted for clinical trials.

For early phase (Phase 1 and 2) clinical trials, NACI recommends prioritizing not just healthy adults, who are typically used to test for safety, but also:

- adults 60 years of age and older without underlying health conditions, because of their higher risk of getting severe disease

- children and adolescents, immunocompromised adults and pregnant women "as soon as it is feasible" to add them.

For late phase (Phase 3) clinical trials, when safety has already been established and the focus is on efficacy, NACI recommends prioritizing people:

- with health conditions that are risk factors for severe COVID-19, such as asthma, diabetes, hypertension, chronic lung disease and cardiovascular disease
- whose jobs make them more susceptible, such as other health-care workers, emergency workers, those who have a lot of social contact in their jobs or international business travellers
- whose social conditions make them more susceptible, such as those living in long-term care or crowded or remote locations, people who are homeless and those with tobacco, alcohol or drug use disorders. It may also include certain races or ethnicities or some immigrants or refugees and international travellers.

Source: CBC News article https://www.cbc.ca/news/technology/covid-vaccine-priority-canada-1.5669216

Australia

The Department of Health has stated that Australia's strategic goal was to achieve herd immunity, in order to break the chain of transmission in the community.

The Department of Health said details around establishing priority groups for a vaccination and how the vaccine would be distributed were still underway.

As promising vaccine candidates emerge, decisions around roll-out of a national COVID-19 immunisation programme will be made by National Cabinet, based on the recommendations of the Australian Health Protection Principal Committee.

Decisions will be made using:

- the best available scientific evidence
- an assessment of the relative risk of vulnerable groups
- the stocks of vaccine available at any one time.

Source: ABC news article, 9 June 2020 https://www.abc.net.au/news/2020-06-09/who-will-get-coronavirus-vaccine-first/12316656

European Commission EU Strategy for COVID-19 vaccines

The strategy has the following objectives:

- ensuring the quality, safety and efficacy of vaccines
- securing swift access to vaccines for Member States and their populations while leading the global solidarity effort
- ensuring equitable access to an affordable vaccine as early as possible.

Source: https://ec.europa.eu/commission/presscorner/detail/en/ip_20_1103

COVID-19 Immunisation Implementation Approach

Context: Cabinet has agreed to a COVID-19 Vaccine Strategy

New Zealand's COVID-19 elimination strategy relies on the maintenance of tight border controls. Our Vaccine Strategy approach is that New Zealand will seek **immunity of at least 80 percent of the population**. Securing a supply of a safe and effective vaccine against COVID-19 will contribute to economic and social recovery, while ensuring the health and safety of New Zealanders.

The vaccine strategy must contribute to [CAB-20-MIN-0229.01]:

- sufficient supply of a safe and effective vaccine to achieve population immunity to COVID-19, affordably
- protection for population groups at particular risk from COVID-19
- full cultural, social and economic recovery from the impacts of COVID-19
- recognition of New Zealand as a valued contributor to global wellbeing and the COVID-19 response
- New Zealand, Pacific, and global preparedness for response to future disease outbreaks.

- **The COVID-19 Vaccine Taskforce** has been established to oversee the COVID-19 Vaccine Strategy and its ongoing development and implementation. This cross-agency governance group is supported with expert advice from a Science and Technical Advisory Group (STAG).

COVID-19 Vaccine Strategy – purchasing strategy and funding options [CAB-20-MIN-0382] noted that:

- The Ministry of Health is leading the development of a COVID-19 immunization strategy, considering several scenarios with differing prioritisation frameworks and immunisation delivery modes
- officials are commencing engagements and negotiations with GAVI, the Vaccine Alliance, to formalise New Zealand's participation in the COVAX Facility
- should the COVAX Facility or any advance purchase agreement provide a successful vaccine, additional funding will be required to purchase the vaccine and roll out a nationwide vaccination framework
- the full cost of eventually acquiring a COVID-19 vaccine and using it to achieve full population immunity to COVID-19 is likely to be considerably higher than the costs agreed.

- The Ministry is undertaking broader work to improve the immunisation system to support desired immunisation outcomes [ref HR20200699].

Prioritisation considerations

There are significant unknowns about COVID-19, and any potentially valid COVID-19 vaccine.

There will be **unprecedented global pressures on demand**, and supply will initially be highly constrained. This means that **prioritisation of vaccine will be required.**

- **New Zealand's elimination strategy** – A key assumption underpinning the prioritisation work is that New Zealand will maintain its commitment to the elimination strategy.
- **Development of prioritisation framework** will be informed by:
  - advice from experts from the COVID-19 Immunisation Implementation Advisory Group (IIAG)
  - international advice on prioritisation
  - the Ethical Framework for Resource Allocation, which is currently being finalised by the National Ethics Advisory Committee
  - our obligations under Te Tiriti o Waitangi.
- **Aims of prioritisation** may be to**:**
  - protect those at risk of spreading COVID-19
  - protect those at highest risk of exposure to COVID-19
  - protect those at highest risk of COVID-19 associated mortality and morbidity.
- **Availability -** Prioritisation will also depend on the amount of vaccine available as it is likely that we would initially only have a limited supply.
- **Epidemiology –** Prioritisation will be based on the most up-to-date epidemiological data – both in the New Zealand context and from overseas.

Te Tiriti o Waitangi and Equity
Te Tiriti o Waitangi and equity are central to prioritization, design and implementation of a COVID-19 immunisation plan

Implementation considerations

The type of vaccine developed will impact on the implementation of any COVID-19 immunisation programme.

New Zealand's **approach needs to be flexible** and will depend on the range of feasible options available and trade-offs that are required.

- **Objective** is to ensure access to a safe and effective vaccine in order to implement the preferred immunisation plan at the earliest possible time**.**

Key considerations include

- **Logistics and supply chain -** Depending on the vaccine purchased, a wide-range of logistical implications will be considered. These include safe storage capacity and distribution of any vaccine, as well as the supply of consumables required for administration.
- **Vaccinator workforce capacity and capability –** New Zealand currently has a large number of trained vaccinators who deliver a range of vaccination programmes. The Ministry, with IMAC, will look to expand the free online accelerated vaccinator training course, to both expand the vaccinator workforce, as well as broaden workforce options for existing immunisation programmes. A vaccinator register will also be developed to ensure there is a nationally managed understanding of the available vaccinator workforce ahead of any COVID-19 immunisation programme.
- **Communications –** Implementation of the COVID-19 immunisation programme will require an extensive communications campaign, including a focus on building vaccine confidence.
- **Funding -** There will be substantial costs for the purchase of the vaccine and an immunisation programme, especially distribution and delivery. The Ministry will be seeking funding for developing and implementing the programme to cover these costs.

Ongoing work

This approach is also supported by broader strengthening of the immunisation system.

- **National Immunisation Solution (NIS):** A business case is well advanced for the development of a National Immunisation Solution (NIS) to replace the National Immunisation Register (NIR) and to support the monitoring of any COVID-19 immunisation programme.
- **Service Delivery models:** In response to COVID-19, the Ministry has enabled DHBs to deliver outreach services to a wider age range and removed barriers to offsite vaccination. These changes will also support any COVID-19 immunisation campaign. Work is also being done on the roles and responsibilities within the immunisation system which may contribute to our thinking on the delivery of COVID-19 immunisation.

Governance

A range of structures will inform the Ministry's work on the COVID-19 immunisation plan, to ensure it can take into account any new relevant information.

COVID-19 Vaccine Task force will support the development and implementation of the vaccine strategy and ensure coordination.

COVID-19 immunisation programme project team will be established to lead work, with input from internal groups, specialist groups and the All-of-Government response team.

COVID – 19 Immunisation Implementation Advisory Group (IIAG) will be established to ensure independent, clinical and implementation advice is informing this work.

June 2020: Government agreed to a COVID-19 Vaccine Strategy [CAB-20-MIN-0229.01

August 2020: Cabinet noted the COVID-19 Vaccine Strategy – purchasing strategy and funding options [CAB-20-MIN-0382]

August 2020: Establishment of the IIAG

November 2020: Cabinet report back on COVID-19 Vaccine Strategy - purchasing and development of 'prioritisation framework'