

Briefing

COVID-19 Vaccine Sequencing Framework: District Health Boards' approach to roll out of vaccine for Group 3

Date due to MO: 7 May 2021

Action required by: 12 May 2021

Security level: IN CONFIDENCE

Health Report number: HR20211069

To: Hon Chris Hipkins, Minister for COVID-19 Response

Copy to:
 Hon Andrew Little, Minister of Health
 Hon Dr Ayesha Verrall, Associate Minister of Health
 Hon Peeni Henare, Associate Minister of Health
 Hon Aupito William Sio, Associate Minister of Health

Contact for telephone discussion

Name	Position	Telephone
Joanne Gibbs	National Director Operations, COVID-19 Vaccine and Immunisation Programme	s 9(2)(a)
Maree Roberts	Deputy Director-General, System Strategy and Policy	s 9(2)(a)

Minister's office to complete:

- | | | |
|---|------------------------------------|--|
| <input type="checkbox"/> Approved | <input type="checkbox"/> Decline | <input type="checkbox"/> Noted |
| <input type="checkbox"/> Needs change | <input type="checkbox"/> Seen | <input type="checkbox"/> Overtaken by events |
| <input type="checkbox"/> See Minister's Notes | <input type="checkbox"/> Withdrawn | |

Comment:

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To: Hon Chris Hipkins, Minister for COVID-19 Response

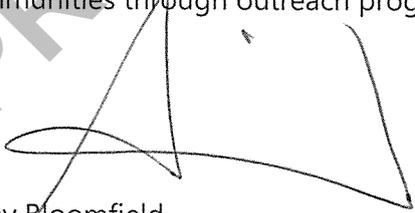
Purpose of report

1. This paper confirms expectations for how District Health Boards (DHBs) should approach the roll out of the vaccine for Group 3 of the COVID-19 Immunisation Sequencing Framework (the Sequencing Framework).

Recommendations

We recommend you:

- a) **Note** that the Ministry has now issued further guidance to District Health Boards to support the delivery of the COVID-19 Immunisation Programme
- b) **Note** that there is another opportunity to clarify expectations for how District Health Boards should approach the roll out of the vaccine to meet the needs of their communities based on the policy intent of the Sequencing Framework
- c) **Note** District Health Boards have broad knowledge about the specific needs and make up of their communities
- d) **Confirm** that District Health Boards should use their discretion to maximise coverage of key groups to improve equitable uptake of the COVID-19 vaccine and minimise wastage, particularly high risk or harder to reach communities, which could include Māori and Pacific People Yes No
- e) **Agree** that the Ministry remind District Health Boards they will need to resource Māori and Pacific health providers to deliver vaccines to their communities through outreach programmes. Yes No


Dr Ashley Bloomfield
Te Tumu Whakarae mō te Hauora
Director-General of Health

Date: 7/5/21


Hon Chris Hipkins
Minister for COVID-19 Response
Date: 10/5/2021

COVID-19 Vaccine Sequencing Framework: District Health Boards' approach to roll out of vaccine for Group 3

Background

2. In March 2021, Cabinet agreed to the Sequencing Framework as a guide for the use of vaccines for the COVID-19 Immunisation Programme (the Programme) while supplies are limited. Group 3 of the Sequencing Framework will be able to access the vaccine from May 2021 onwards and is made up of:
 - people aged 65 years and older
 - disabled people
 - people with relevant underlying health conditions
 - people in custodial settings.
3. On 3 May 2021, the Ministry issued further guidance to DHBs on the Sequencing Framework, the Ministry's expectations and available support to enable delivery of the Programme. However, there is still some ambiguity about how DHBs should approach the roll out of the vaccine to meet the needs of their communities given Cabinet's intentions.
4. Cabinet agreed that providers, while using the Sequencing Framework to guide their delivery focus, have flexibility to adjust their approach as required to maximise uptake and minimise wastage (CAB-21-MIN-0052 refers). This decision does not appear to fully reflect the intentions of Cabinet for DHBs discretion, as canvassed in the *Updated approach to the Sequencing Framework for COVID-19 vaccines* Cabinet paper (the Cabinet paper).
5. We consider that there is an opportunity to clarify expectations for how DHBs should apply discretion to maximise coverage of key groups to improve equity within their communities.

COVID-19 vaccine rollout through District Health Boards

6. DHBs are responsible for implementing the Programme through delivery of COVID-19 vaccines to their communities. This enables DHBs to meet key objectives for their role, which include:
 - improving, promoting and protecting the health of their people and communities in an efficient and effective way
 - reducing health disparities by improving health outcomes for Māori and other population groups.
7. The health and disability system has significant and persistent issues in delivering equity and consistency for all New Zealanders. These issues continue to exist as DHBs work at

pace to make vaccines available, largely due to the varying capability, capacity, infrastructure and other local circumstances across districts.

8. Several DHBs have adapted their approach for rollout of the vaccine primarily to maximise the volume of vaccinations and minimise wastage.
9. It is unclear whether DHBs are consistently using discretion to maximise coverage of key groups to improve equity within their communities. However, we do know there are instances where DHBs are actively looking to meet the needs of their communities. For example, the Bay of Plenty DHB is working with local iwi, Māori physicians and a team to bring COVID-19 vaccinations to Te Kaha, based on the knowledge of their people.

We propose you confirm that DHBs should use discretion to maximise coverage of key groups

10. Cabinet's intent is for all providers, including DHBs who are responsible for delivery of services, to maximise uptake and achieve equitable coverage for Māori and Pacific Peoples. This intent for the Sequencing Framework is further supported by Cabinet's:
 - agreement to direct DHBs and other providers to adopt a whānau-centred approach for Groups 2 and 3
 - noting that the Ministry will partner with Māori and Pacific providers to deliver vaccinations in their communities, who will be provided with ongoing vaccine allocations from Group 2 onwards
 - noting that the Ministry will work with Māori and Pacific providers to support them to meet vaccination demand beyond their enrolled populations, including through targeted investments to build provider infrastructure and workforce capability.
11. We understand that the intent was for DHBs and providers to actively work to ensure equitable uptake for these groups. However, the Cabinet paper does not explicitly state that when DHBs and providers are using their flexibility to maximise uptake, they should ensure that their approach continues to maximise coverage of Māori and Pacific Peoples. This approach will enable more equitable uptake of the COVID-19 vaccine in their communities.
12. Since DHBs are responsible for delivering services that enable better health outcomes for their communities, they continue to have broad knowledge about the specific needs and make up of their communities. This knowledge includes an understanding of how social determinants (e.g. housing, income, transport, employment or other determinants of health) could affect the health outcomes for populations in their areas.
13. We propose you confirm expectations for how DHBs should approach the roll out of the vaccine for Group 3 of the Sequencing Framework, specifically that DHBs should use discretion to maximise coverage of key groups to improve equitable uptake of the COVID-19 vaccine and minimise wastage, particularly high risk or harder to reach communities, which could include Māori and Pacific People.
14. If you agree, we will simultaneously remind DHBs they will need to resource Māori and Pacific health providers to deliver vaccines to their communities through outreach programmes. In terms of an equitable approach, this is in addition to being able to take a whānau-centred approach.

15. Māori and Pacific providers hold trusted relationships with the whānau they serve and are acutely aware of the disparities that communities experience, especially in highly deprived or rural areas. Outreach programmes led by these providers, including door-to-door, mobile, and community-centred clinics, are known to support more equitable outcomes.

Equity

16. There may be additional social determinants that places an individual more at risk of severe health outcomes if they contract COVID-19. Māori, Pacific Peoples and disabled people are likely to disproportionately experience many of these social determinants (for example, living in poor quality or overcrowded housing). This can contribute to, and worsen, underlying health conditions which may be undiagnosed. Likewise, many tāngata whaikaha (disabled Māori) may not self-identify as such.

Next steps

17. Once confirmed by you, we will update DHBs on how to approach the roll out of the vaccine for Group 3 of the Sequencing Framework.

ENDS.

PROACTIVELY RELEASED