

# Briefing

## COVID-19 Vaccine Strategy – Janssen and AstraZeneca in 2022

**Date due to MO:** 29 November 2021 **Action required by:** 1 December 2021

**Security level:** Commercially Sensitive **Health Report number:** HR20212485

**To:**

- Rt Hon Jacinda Ardern, Prime Minister
- Hon Grant Robertson, Minister of Finance
- Hon Chris Hipkins, Minister for COVID-19 Response
- Hon Andrew Little, Minister of Health
- Hon Nanaia Mahuta, Minister of Foreign Affairs
- Hon Dr Megan Woods, Minister of Research, Science and Innovation
- Hon Aupito William Sio, Minister for Pacific Peoples
- Hon Dr Ayesha Verrall, Associate Minister of Health
- Hon Peeni Henare, Associate Minister of Health

### Contact for telephone discussion

Name	Position	Telephone
<b>Dr Ashley Bloomfield</b>	Director-General of Health	s 9(2)(a)
<b>Maree Roberts</b>	Deputy Director-General, System Strategy and Policy	s 9(2)(a)

### Minister's office to complete:

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|---|------------------------------------|--|
| <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 Withdrawn |  |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:

# COVID-19 Vaccine Strategy – Janssen and AstraZeneca in 2022

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## Purpose of report

1. This paper provides an update on the COVID-19 vaccine portfolio and seeks your agreement to:
  - a. negotiate retaining access to 1 million of the 6.8 million doses of AstraZeneca's vaccine remaining under our advance purchase agreement to be reserved for potential future utilisation
  - b. donate the other 5.8 million doses of AstraZeneca's vaccine through the COVAX Facility in Q1 2022 (subject to confirmation by COVAX of absorptive capacity) to support the global response to the COVID-19 pandemic
  - c. take receipt of up to 500,000 doses of Janssen's vaccine as a contingency, as per the Cabinet Social Wellbeing Committee's (SWC) original recommendation, but not to implement the use of Janssen's vaccine within the COVID Immunisation Programme (CVIP) at this stage
  - d. progress discussions with Janssen and the COVAX Facility to enable the donation of the remaining 1.5 million doses of Janssen's vaccine as previously agreed by the SWC.

## Summary

2. The focus of the CVIP is now shifting to further immunisation needs in late 2021 and early 2022, and the role of the vaccine portfolio is to support those needs and manage any risk for our primary Pfizer based programme or longer-term uncertainty.
3. The SWC has previously agreed to take receipt of up to 500,000 doses of Janssen's COVID-19 vaccine and to donate the remaining 1.5 million doses to the COVAX Facility.

4. s 9(2)(j) our 2 million dose allocation of Janssen's vaccine was delayed to s 9(2)(b)(ii) and officials instead secured access to 100,000 doses of AstraZeneca's vaccine to enable the supply of an alternative option to Pfizer's vaccine.,
5. As a result, this paper seeks your agreement to managing the delivery of Janssen and AstraZeneca's vaccines in this updated context.
6. It is not yet known what impact the 100,000 doses of AstraZeneca will have on overall uptake; however this will likely mean ongoing access to small volumes of AstraZeneca's vaccine may be required, and there is less of a need for Janssen's vaccine in the short term.
7. With 6.8 million doses of AstraZeneca's vaccine still available under our APA, we propose:
  - a. that 5.8 million be donated (un-earmarked) to the COVAX Facility; and
  - b. negotiate retaining 1 million for potential future use (to be accessed either from alternative allocations from AstraZeneca, or through redirection from Australia).
8. With no urgent need to implement a rollout of Janssen's vaccine, we propose:
  - a. that we take receipt of up to 500,000 doses as a contingency; and
  - b. to donate the remaining 1.5 million doses to the COVAX Facility, with a portion earmarked to the Pacific.
9. This approach allows us to maintain access to small volumes of Janssen and AstraZeneca to support the programme and as contingencies. As agreed by Ministers, we are working with Novavax to secure a small volume for delivery s 9(2)(b)(ii) Novavax's vaccine also provides supply options longer-term through 2022 and 2023, and may provide an alternative to Pfizer's mRNA vaccine if this is required. Officials are continuing to review potential future vaccine needs and emerging risks.

## Recommendations

We recommend you:

- a) **Note** that the focus of the COVID-19 Immunisation Programme is now shifting to COVID-19 immunisation needs in late 2021 and early 2022, and the role of the vaccine portfolio is to support those needs. Key areas of focus include:
  - i. ongoing improvements in COVID-19 vaccination uptake across New Zealand
  - ii. booster doses for eligible groups of people (aged 18 and above)
  - iii. paediatric doses for eligible groups (aged 5-11), subject to Medsafe approval and clinical advice
  - iv. providing vaccines to Realm countries (Cook Islands, Niue, Tokelau) to meet their ongoing immunisation needs in 2022 (likely to include booster doses and paediatric vaccines)
  - v. possible further dose donation, coordinated with other donors, to wider Polynesia (Samoa, Tonga, Tuvalu) and Fiji to meet their ongoing

immunisation needs in 2022 (likely to include boosters and paediatric vaccines).

- b) **Note** that while the COVID-19 Immunisation Programme has been based primarily around Pfizer's vaccine, the vaccine portfolio continues to play a significant role in managing risk, and potentially increasing rates of overall vaccine uptake.
- c) **Note** decisions are required at this point in time with regards to Janssen and AstraZeneca's vaccines to manage delivery across the portfolio to support potential utilisation in New Zealand and through donation.

*Decisions relating to AstraZeneca's vaccine*

- d) **Note** that 100,000 doses have been made available for New Zealanders and it's not yet known what impact this will have on overall uptake. However, this will likely mean ongoing access to AstraZeneca's vaccine will be required:
  - i. to continue to support ongoing improvements in uptake of COVID-19 vaccinations
  - ii. to ensure second doses are available for anyone who has received their first dose of AstraZeneca's vaccine
  - iii. to provide access to booster doses (if approved by Medsafe and if clinical advice supports this).
- e) **Note** that we still have access to a further 6.8 million doses of AstraZeneca's vaccine, which have been scheduled for delivery s 9(2)(b)(ii) following a decision from Vaccine Ministers on 1 October 2021.
- f) **Agree** that 1 million of these doses should be reserved for potential future use **Yes/No**
- g) **Note** that these doses may be secured directly from AstraZeneca or through redirection of doses from Australia throughout 2022.
- h) **Agree** that, subject to confirmation of absorptive capacity by COVAX, the remaining 5.8 million doses should be donated to the COVAX Facility for un-earmarked distribution s 9(2)(b)(ii) **Yes/No**

*Decisions relating to Janssen's vaccine*

- i) **Note** the Cabinet Social Wellbeing Committee's previous decision to:
  - i. take receipt of up to 500,000 doses of Janssen's COVID-19 vaccine s 9(2)(b)(ii) as a contingency, and for individuals unable or hesitant to receive Pfizer's mRNA COVID-19 vaccine [SWC-21-MIN-0138 refers]; and
  - ii. donate the remaining 1.5 million doses of Janssen's vaccine to the COVAX Facility to support the global response to the COVID-19 pandemic.
- j) **Note** that, s 9(2)(j) our 2 million dose allocation of Janssen's vaccine was delayed and is now expected s 9(2)(b)(ii) at the earliest.



- k) **Note** that there are still a number of benefits to receiving Janssen's vaccine **s 9(2)(b)(ii)**
- i. Janssen's vaccine has a 24-month shelf life when stored at -20°C, so it has value as a long-standing contingency vaccine
  - ii. Janssen's vaccine provides high levels of protection from severe health outcomes from COVID-19 and may offer benefit as a single dose vaccine, for example to enable vaccination of shipping crew who enter New Zealand for a brief period of time.
  - iii. Janssen's vaccine may still play a key role for those unable to receive Pfizer's mRNA vaccine or AstraZeneca's vaccine, particularly those impacted by Vaccine Orders.
- l) **Note** that incorporating Janssen's vaccine in the COVID-19 Vaccine Immunisation Programme may increase operational complexity in managing the delivery of an additional vaccine.
- m) **Agree**, given the updated context, to take receipt of 500,000 doses of Janssen's vaccine as a contingency, as per the Cabinet Social Wellbeing Committee's original recommendation, but not to implement the use of Janssen's vaccine at this stage. **Yes/No**
- n) **Note** that further advice will be provided at a later date regarding the potential utilisation of these doses.
- o) **Agree** to donate the remaining 1.5 million doses of Janssen's vaccine through the COVAX Facility, and to seek Gavi's agreement to earmark a portion of this supply to the Pacific region. **Yes/No**
- p) **Note** that ancillary costs associated with the donations to COVAX (to cover the cost of safe injection equipment, no-fault compensation levy and transport logistics) will be covered by Vote Foreign Affairs Official Development Assistance.
- q) **Note** that officials recommend a phased approach to communications regarding the receipt and donation of these doses, and advice will continue to be provided to support announcements regarding the decisions in this paper.

Rt Hon Jacinda Ardern  
**Prime Minister**

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Hon Grant Robertson  
**Minister of Finance**

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Hon Chris Hipkins  
**Minister for COVID-19 Response**

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Dr Ashley Bloomfield

**Director-General of Health**

29/11/21  
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## COVID-19 Vaccine Strategy – Janssen and AstraZeneca in 2022

### Background


10. To date, COVID-19 vaccine purchasing decisions have been made under the COVID-19 Vaccine Strategy (Vaccine Strategy) agreed by Cabinet in May 2020. The objective of the Vaccine Strategy is to secure access to sufficient quantities of safe and effective COVID-19 vaccines, in order to implement a preferred immunisation programme at the earliest possible time [CAB-20-MIN-0229 refers].

#### *Current Portfolio Situation*

11. New Zealand purchased a portfolio of vaccines to manage the risk of vaccine development or supply failure. To date the COVID-19 Immunisation Programme (the Programme) has been based primarily around Pfizer's vaccine, however the portfolio continues to play a significant role in managing risk, and potentially increasing rates of overall vaccine uptake.
12. AstraZeneca's vaccine is being used as of 29 November 2021 to support ongoing improved uptake in New Zealand, and Janssen's vaccine may be utilised similarly in Q1 2022 or as a contingency to manage downstream risks.
13. The current expected delivery schedules across the portfolio are outlined in Table 1 below.

*Table 1. Current expected vaccine portfolio delivery schedule (in doses)*

s 9(2)(b)(ii)



14. As at 23 November 2021, 92% of eligible New Zealanders (aged 12 and up) have received a single dose of Pfizer's vaccine and 84% are fully vaccinated.
15. The focus of the Programme is now shifting to further immunisation needs in late 2021 and early 2022, and the role of the vaccine portfolio is to support those needs. Key areas of focus include:
  - a. ongoing improvements in COVID-19 vaccine uptake across New Zealand
  - b. booster doses for eligible groups people (aged 18 and above)

- c. paediatric doses for eligible groups (aged 5-11), subject to Medsafe approval and clinical advice
  - d. providing vaccines to Realm countries (Cook Islands, Niue, Tokelau) to meet their ongoing immunisation needs in 2022 (likely to include booster doses and paediatric vaccines)
  - e. possible further dose donation, coordinated with other donors, s 6(a) [REDACTED] to meet their ongoing immunisation needs in 2022 (likely to include boosters and paediatric vaccines).
16. Alongside utilising vaccines in our portfolio to support immunisation needs in late 2021 and early 2022, we are also considering how the portfolio can be used to manage any risk for our primary Pfizer based programme or longer-term uncertainty.

#### *Potential utility of AstraZeneca and Janssen's vaccines*

- 17. There may be additional utility of AstraZeneca's vaccine to support ongoing uptake in New Zealand. This paper seeks your agreement to managing the contract and delivery schedules of AstraZeneca's vaccine for the remaining 6.8 million doses available under our advance purchase agreement (APA).
- 18. In August 2021, the Cabinet Social Wellbeing Committee (SWC) agreed to take receipt of up to 500,000 doses of Janssen's COVID-19 vaccine s 9(2)(b)(ii) [REDACTED] as a contingency, and for individuals unable or hesitant to receive Pfizer's mRNA COVID-19 vaccine [SWC-21-MIN-0138 refers].
- 19. The SWC also agreed to donate the remaining 1.5 million doses of Janssen's vaccine to the COVAX Facility to support the global response to the COVID-19 pandemic.
- 20. However, s 9(2)(j) [REDACTED], our 2 million dose allocation of Janssen's vaccine was delayed and is now expected s 9(2)(b)(ii) [REDACTED] at the earliest.
- 21. Officials worked closely with AstraZeneca and the Australian government to redirect 100,000 doses of AstraZeneca's COVID-19 vaccine to New Zealand to enable the supply of an alternative vaccine option, particularly for those impacted by Vaccination Orders.
- 22. As a result, this paper seeks your agreement to managing the delivery of Janssen's vaccine in the updated context of delayed delivery and utilisation of AstraZeneca's vaccine as an mRNA alternative.

#### **Ongoing use of AstraZeneca's vaccine**

- 23. In July 2021, Medsafe granted provisional consent for AstraZeneca's single dose COVID-19 vaccine for people 18 years and over.
- 24. Officials have sourced 100,000 doses of AstraZeneca's vaccine from Australia as an alternative option to Pfizer's vaccine following the delays to delivery of Janssen's vaccine.
- 25. Ministers also agreed to donation of over 700,000 AstraZeneca doses available under our APA to the COVAX Facility, which were delivered to Samoa and Indonesia in October.
- 26. The COVID-19 Vaccine Technical Advisory Group (CV TAG) has advised that there is no current indication for widespread use of AstraZeneca's vaccine within the current immunisation strategy, but noted that it could be used as a second-line vaccine (with Pfizer the preferred vaccine), restricted to:



- i. people aged 60 years and over without contraindications, and
  - ii. people aged 18 to 59 without contraindications and who prefer to receive the AstraZeneca vaccine after discussion with a qualified health professional.
27. It is not yet known what impact the 100,000 doses of AstraZeneca will have on overall uptake, however this will likely mean ongoing access to AstraZeneca's vaccine will be required:
  - a. to continue to support ongoing improvements in uptake of COVID-19 vaccinations
  - b. to ensure second doses are available for anyone who has received their first dose of AstraZeneca's vaccine
  - c. to provide access to booster doses (if approved by Medsafe and if clinical advice supports this).
28. AstraZeneca's vaccine is unlikely to be used in people under 18 in the near future, though AstraZeneca has confirmed it expects to submit data on booster doses in the first quarter of 2022 (both as a third dose following two prior doses of AstraZeneca's vaccine and as a heterologous booster following two doses of another vaccine such as Pfizer's vaccine).
29. We still have access to a further 6.8 million doses of AstraZeneca's vaccine, which have been scheduled for delivery s 9(2)(b)(ii) following a decision from Vaccine Ministers on 1 October 2021. However, we are seeking your agreement to negotiate the delivery of some of these 6.8 million doses can be deferred, with the doses kept in reserve for potential future use.
30. As potential domestic demand is not yet known, we are proposing that a million doses be reserved for future use. If all these doses are not required domestically, officials will investigate alternative options for utilisation such as donation bilaterally or through the COVAX Facility.
31. s 6(a) and the COVAX Facility may not accept these doses at a later date, depending on absorption capacity of recipient countries. Alternatives to donation are also available s 9(2)(b)(ii)
32. The 1 million doses reserved for potential future use would not necessarily come from the allocation s 9(2)(b)(ii). It may be possible to access these doses through alternative allocations or through further redirection of doses from Australia. The benefit of accessing doses through Australia is the improved flexibility of supply timing and order size. The doses received through Australia are identical except for the need for a labelling exemption as the labelling is designed for the Australian market and its regulations.
33. s 9(2)(b)(ii)

## Donation of AstraZeneca's vaccine through the COVAX Facility

34. Dose donation is an effective way for New Zealand to support the global response to the COVID-19 pandemic in line with our commitment to global equitable access and our interest in bringing the pandemic to an end, everywhere.
35. In October, New Zealand donated 684,000 doses of AstraZeneca's vaccine to Indonesia, and 25,400 doses to Samoa. These doses were secured through our APA and donated through the COVAX Facility.
36. This was in addition to 1.668 million doses of AstraZeneca's vaccine secured through our self-financing participation in the COVAX Facility, which were subsequently donated to the COVAX AMC. Of these, approximately 1.4 million doses are still to be delivered.
37. With a framework tripartite contract already in place between New Zealand, Gavi and AstraZeneca, donation of AstraZeneca's vaccine through the COVAX Facility is relatively straight forward. While dose donations are still a critical supply source for COVAX deliveries to developing countries, supply is forecast to increase significantly in Q1 2022 and COVAX advises that absorptive capacity limits are being reached in some developing countries. Officials are therefore awaiting confirmation from COVAX that they can accept the proposed donation. In the potential event these doses are not able to be accepted at this time, officials will provide advice to Ministers on other utilisation options.
38. With no expected need for the total volume of AstraZeneca's vaccine in New Zealand, there is little risk to our portfolio from donation of the doses that are not being reserved. Janssen and Novavax's vaccine will still be available as contingencies and to manage future risks. It is therefore proposed that of the 6.8 million doses remaining under our APA with AstraZeneca, 5.8 million should be donated through the COVAX Facility <sup>s 9(2)(b)(ii)</sup> (with the remaining doses reserved for domestic use or donation to the Pacific).
39. We are seeking your agreement to progress the donation process in collaboration with AstraZeneca and the COVAX Facility.
40. As with previous dose donations to the COVAX Facility, New Zealand would also fund the associated ancillary costs (covering freight, safe injection equipment and a no-fault compensation levy) for these doses. This ensures COVAX does not need to draw down on funds intended for the purchase of vaccines for developing countries in order to facilitate New Zealand's donation. These costs would be met by Vote Foreign Affairs Official Development Assistance. As has been the case for all previous donations through COVAX, payment of ancillary costs would be subject to agreement by the Minister of Finance to an indemnity in favour of Gavi.

### Earmarking

41. <sup>s 6(a)</sup> as their needs are already largely met via supply from New Zealand, Australia, COVAX, Japan and the United States. <sup>s 9(2)(b)(ii)</sup>
42. Donation of the 5.8 million doses of AstraZeneca's vaccine to COVAX, un-earmarked, would meet New Zealand's international objectives of acting in a manner consistent with our values, supporting multilateral approaches to global problems and being seen to do our part to bring the pandemic to an end worldwide.



43. COVAX strongly prefers un-earmarked donations, as this enables COVAX to direct doses to where they are needed most globally. Providing maximum coverage to areas of greatest need also reduces the likelihood of wastage, and contributes to decreasing the risk of new variants emerging.

### **Taking receipt of Janssen's vaccine as a contingency**

44. In July 2021, Medsafe granted provisional consent for Janssen's single dose COVID-19 vaccine for people 18 years and over.
45. The COVID-19 Vaccine Technical Advisory Group (CV TAG) has previously advised that there is no current indication for the widespread use of the Janssen vaccine within the current immunisation strategy, but did note the potential case for using Janssen's vaccine as an alternative option and as a contingency measure should Pfizer deliveries be delayed, or should an outbreak occur.
46. In August 2021, the SWC agreed to take receipt of up to 500,000 doses of Janssen's COVID-19 vaccine s 9(2)(b)(ii) as a contingency, and for individuals unable or hesitant to receive Pfizer's mRNA COVID-19 vaccine [SWC-21-MIN-0138 refers].
47. The SWC also agreed to donate the remaining 1.5 million doses of Janssen's vaccine to the COVAX Facility to support the global response to the COVID-19 pandemic.
48. However, s 9(2)(j) our 2 million dose allocation of Janssen's vaccine was delayed and is now expected s 9(2)(b)(ii) at the earliest.
49. This meant we did not have an alternative vaccine available in 2021 for those unable or hesitant to receive Pfizer's mRNA COVID-19 vaccine, which led to officials working closely with AstraZeneca and the Australian government to redirect 100,000 doses of AstraZeneca's COVID-19 vaccine to New Zealand in late November.
50. This manufacturing delay and the utilisation of AstraZeneca's vaccine impacts on the SWC's previous decision to make Janssen's vaccine available for individuals unable or hesitant to receive Pfizer's mRNA COVID-19 vaccine.
51. There are still a number of benefits to receiving Janssen's vaccine s 9(2)(b)(ii)
- a. Janssen's vaccine has a 24-month shelf life when stored at -20°C, so has value as a long-standing contingency vaccine
  - b. Janssen's vaccine provides high levels of protection from severe health outcomes from COVID-19 and may offer benefit as a single dose vaccine, for example to enable vaccination of international shipping crew who enter New Zealand for a brief period of time.
  - c. The Janssen vaccine may still play a key role for those unable to receive Pfizer's mRNA vaccine or AstraZeneca's vaccine, particularly those impacted by Vaccine Orders.
52. However, incorporating Janssen's vaccine in the COVID-19 Vaccine Immunisation Programme (CVIP) may increase operational complexity in managing the delivery of an additional vaccine.
53. At this stage, there is no urgent need to implement a rollout of Janssen's vaccine as part of the CVIP. Due to its long shelf-life, a decision can be made at a later date on how to

utilise these doses (either for domestic use or donation), while reserving doses as a contingency.

54. Officials are working with Janssen to understand how donation could work once doses have been received in New Zealand, and whether donation through the COVAX Facility would be possible. s 9(2)(b)(ii)
55. The long shelf life of Janssen's vaccine also supports any changes to the recommended dosing regimen, such as a second dose (as a booster), as has been recommended in other countries such as the United States. It allows us to manage the uncertainty around utilisation without requiring continued delivery.
56. As a result, this paper seeks your agreement to take receipt of up to 500,000 doses of Janssen's vaccine as a contingency, as per the SWC's original recommendation, but not to implement the use of Janssen's vaccine at this stage.
57. s 9(2)(b)(ii)
58. Further advice will be provided at a later date regarding the potential utilisation of these doses.

## Janssen Donation

59. As noted above, the SWC agreed to donate the remaining 1.5 million doses of Janssen's vaccine expected to be available s 9(2)(b)(ii) to support the global response to the COVID-19 pandemic.
60. These 1.5 million doses would be donated through the COVAX Facility, with the doses being shipped direct from the manufacturing site to recipient countries. COVAX has confirmed they can accept this donation.
61. There is unlikely to be any other utility for these doses, as Janssen has not been identified for use in the general population in New Zealand, and Janssen's development programme does not support timely access to paediatric doses.
62. Taking receipt of these additional doses would increase the complexity of future donation and could create unnecessary wastage. Delaying any donation would reduce the value of those donations. This is because there is significant demand for donated vaccine now while access for developing countries remains constrained. This demand is expected to wane over time as supply improves from next year.

### Earmarking

63. As Janssen's vaccine is a single shot vaccine with a longer expiry (up to two years if frozen), it is well suited to countries with geographic constraints and those facing challenges rolling out immunisation programmes quickly. s 6(b)(i)
64. In line with the SWC's previous decision, this paper seeks your agreement for officials to progress discussions with Janssen and the COVAX Facility to enable the donation of



Janssen's vaccine with a portion earmarked to the Pacific to meet needs and absorptive capacity and the rest un-earmarked.

65. As with the proposed donation of AstraZeneca's vaccine, subject to the agreement to the necessary indemnity by the Minister of Finance, New Zealand would also fund the associated ancillary costs (covering freight, safe injection equipment and a no-fault compensation levy) for these doses. These costs would be met by Vote Foreign Affairs Official Development Assistance.

## **Impact on the overall COVID-19 vaccine portfolio**

66. The context and uncertainty in which we are managing the vaccine portfolio is shifting as we move towards high levels of vaccination in the population.
67. Our Immunisation Programme vaccine needs are changing, focused on providing a booster dose, extending eligibility and providing alternative options for people unable or hesitant to receive an mRNA vaccine.
68. Donation of the AstraZeneca and Janssen vaccine will result in a reduced portfolio of vaccines which is commensurate with the reduced level of uncertainty and risk in late 2021 and early 2022.
69. We continue to focus on a primarily Pfizer based programme and our purchasing and utilisation of vaccines reflects that we have more certainty around Pfizer regulatory timeframes, delivery schedules and availability to suit our Immunisation Programme needs.
70. We continue to maintain access to small volumes of Janssen and AstraZeneca to support the programme and as a contingency. This approach allows us to maintain access to small volumes of Janssen and AstraZeneca to support the programme and as contingencies. As agreed by Ministers, we are working with Novavax to secure a small volume for delivery s 9(2)(b)(ii) Novavax's vaccine also provides supply options longer-term through 2022 and 2023, and may provide an alternative to Pfizer's mRNA vaccine if this is required. Officials are continuing to review potential future vaccine needs and emerging risks.
71. Further advice will be provided to you this week regarding the impact of the Omicron variant on the vaccine portfolio and future purchasing decisions.

## **Equity**

72. Ongoing access to COVID-19 vaccines is essential to maximise uptake, and alternative options may support further uptake, particularly in groups hesitant to receive an mRNA vaccine.
73. To date, vaccine uptake has been lowest in Māori, who are expected to be at higher risk of severe disease and hospitalisation, than non-Māori. Any options that support improved uptake for Māori are essential for ensuring equity and supporting the principles of Te Tiriti o Waitangi.
74. Receiving these doses of AstraZeneca and Janssen's vaccines enables alternatives and a contingency to ensure the continuation of our domestic CVIP, but also provides greater certainty of supply to enable earlier donation of doses to Realm countries and the wider Pacific.

75. Donation through the COVAX Facility is an effective way for New Zealand to support the global response to the COVID-19 pandemic in line with our commitment to global equitable access and our interest in bringing the pandemic to an end, everywhere. Higher global levels of uptake are in New Zealand's best interests as it supports a faster recovery from the pandemic.

## **Communications**

76. Officials recommend a phased approach to communications regarding the receipt of these doses. The utilisation of the current 100,000 doses of AstraZeneca's vaccine being made available will influence the ongoing demand domestically.
77. Taking receipt of Janssen's doses of vaccines may be perceived by the public as 'dose-hoarding' and withholding doses to enable public choice, or preventing equitable access by other countries. Clear communication will be required to emphasise the value of these doses as a contingency and that ongoing consideration of their utilisation is being carried out.
78. Announcements around donations can be made once delivery schedules are confirmed with the suppliers, however this will need to be done in collaboration with the COVAX Facility.
79. Advice will continue to be provided to support announcements regarding the decisions in this paper.

## **Next steps**

80. If you agree to the recommendations in this paper in relation to AstraZeneca's vaccine:
- officials will work with AstraZeneca to reserve 1 million of the 6.8 million doses of AstraZeneca's vaccine remaining under our advance purchase agreement for potential future use; and
  - confirm delivery schedule options for these doses with AstraZeneca, which may incorporate redirection of Australian-manufactured doses to meet demand
  - officials will work with AstraZeneca and the COVAX Facility to progress the donation of the other 5.8 million doses of AstraZeneca's vaccine, un-earmarked, to support the global response to the COVID-19 pandemic
81. If you agree to the recommendations in this paper in relation to Janssen's vaccine:
- officials will work with Janssen to coordinate the receipt of 500,000 doses of Janssen's vaccine as a contingency, as per the SWC's original recommendation
  - officials will progress donation of the remaining 1.5 million doses of Janssen's vaccine through the COVAX Facility, earmarked to the Pacific, to support the global response to the COVID-19 pandemic
82. Officials will provide ongoing advice to support communications and announcements of these decisions.

**ENDS.**