MINISTRY OF HEALTH
MANATŪ HAUORA

Briefing

Draft Cabinet paper: Update on COVID-19 Immunisation Strategy and Programme

Date due to MO:	12 November 2020	**Action required by:**	16 November 2020
Security level:	IN CONFIDENCE	**Health Report number:**	20201926
To:	Hon Chris Hipkins, Minister of COVID-19 Response Hon Andrew Little, Minister of Health Hon Ayesha Verrall, Associate Minister of Health		
Copy to:	Hon Peeni Henare, Associate Minister of Health Hon Aupito William Sio, Associate Minister of Health		

Contact for telephone discussion

Name	Position	Telephone
Dr Ashley Bloomfield	Director-General of Health	s 9(2)(a) [redacted]
Maree Roberts	Acting Director-General of Health Deputy Director-General, System Strategy and Policy	s 9(2)(a) [redacted]

Minister's office to complete:

☐ Approved ☐ Decline ☐ Noted

☐ Needs change ☐ Seen ☐ Overtaken by events

☐ See Minister's Notes ☐ Withdrawn

Comment:

MINISTRY OF HEALTH
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Draft Cabinet paper: Update on COVID-19 Immunisation Strategy and Programme

Security level:	IN CONFIDENCE	**Date:**	12 November 2020
To:	Hon Chris Hipkins, Minister of COVID-19 Response		
	Hon Andrew Little, Minister of Health		
	Hon Ayesha Verrall, Associate Minister of Health		
Copy to:	Hon Peeni Henare, Associate Minister of Health		
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Purpose of report

1. This report provides you with a draft Cabinet Paper for your review and comment *Update on the COVID-19 Immunisation Strategy and Programme*. It also seeks your agreement to:
   - the purpose of the COVID-19 Immunisation Strategy
   - development of a Decision to Use Framework
   - the Sequencing Framework (previously referred to as the 'prioritisation framework'), and
   - officials providing an updated Cabinet paper for Ministerial consultation by 18 November 2020.

Summary

2. The COVID-19 Immunisation Strategy (the Immunisation Strategy) and Programme will contribute to longer-term outcomes agreed by Cabinet as part of the Vaccine Strategy [CAB-20-MIN-0229.01 refers]. The COVID-19 Immunisation Programme is a key part of the immediate health response and longer-term economic response. It will be the biggest immunisation programme undertaken in New Zealand, the Realm and participating Polynesian countries. It is a highly complex and challenging initiative and work is underway to ensure the COVID-19 Immunisation Programme is successful.

3. In August 2020, Cabinet invited a report back in November 2020 on progress with developing the Strategy, including a 'prioritisation framework' and consideration of access for Pacific countries [CAB-20-MIN-0382 refers].

4. This report attaches a draft Cabinet paper *Update on the Immunisation Strategy and Programme* for your consideration and feedback by 16 November. A Cabinet paper on COVID-19 Vaccine Purchasing is currently being drafted. The intention is for Cabinet to consider the papers on the COVID-19 Immunisation Strategy and Programme, and COVID-19 Vaccine Purchasing together.

5. The purpose of the Immunisation Strategy is to support "best use" of the vaccines while upholding and honouring Te Tiriti o Waitangi and promoting equitable outcomes.

6. The Immunisation Strategy will include a Decision To Use Framework and a Sequencing Framework:

   - The Decision To Use Framework assesses the best use of each vaccine, and is expected to consider the costs, benefits and risks associated with the use of a vaccine, as well as the impacts on application of the Sequencing Framework, and impacts on our Polynesian partners. It is under development.
   - The Sequencing Framework aims to protect vulnerable people by reducing the risk of infection, transmission, serious illness or death, and the adverse cultural, social and economic impacts from the pandemic. It sets out a methodology to achieve these goals.

7. To deliver the Immunisation Strategy, early and detailed planning for all elements of the immunisation system response is underway. The context is evolving rapidly. There is uncertainty about vaccine supply, timeframes and characteristics.

8. The Immunisation Strategy and Programme, and the current Sequencing Framework will be progressively updated to reflect emerging guidance, advice, analysis and evidence.

9. A proactive communications strategy is being developed and will be a critical component of the Immunisation Strategy. Further engagement with Māori is planned to uphold a partnership approach and to ensure the Sequencing Framework is effective for Māori.

10. Work is underway to ensure the Pacific Realm (Tokelau, the Cook Islands and Niue) has access to a vaccine, and to support other Polynesian nations (Samoa, Tonga and Tuvalu) where possible by sequencing access to a vaccine, within an immunisation programme.

11. Note that our current estimates indicate that the COVID-19 Immunisation Programme costs will be $376.9m (up to December 2021).

12. We seek your agreement to the purpose of the COVID-19 Immunisation Strategy, the Sequencing Framework (previously referred to as the 'prioritisation framework'), engagement and the financial implications of the COVID-19 Immunisation Programme to ensure we can accurately reflect your decisions in the Cabinet paper.

Recommendations

We recommend you:	Hon Chris Hipkins	Hon Andrew Little	Hon Ayesha Verrall
b) **Agree** that the purpose of the COVID-19 Immunisation Strategy is to support the "best use" of COVID-19 vaccines, while upholding and honouring Te Tiriti o Waitangi obligations and promoting equity.	**Yes/No**	**Yes/No**	**Yes/No**
c) **Agree** that officials develop a Decision to Use Framework for the purpose of determining whether a vaccine should be used once it becomes available and is approved by Medsafe.	**Yes/No**	**Yes/No**	**Yes/No**

d)	**Agree** that the purpose of the Sequencing Framework is to ensure the right people are vaccinated at the right time with the right vaccine while upholding and honouring Te Tiriti o Waitangi, and a summary of the Sequencing Framework is attached at Appendix 2.	**Yes/No**	**Yes/No**	**Yes/No**
e)	**Agree** that the Sequencing Framework applies the elimination strategy principles, plans for three possible transmission scenarios, and aims to reduce the risk of infection, transmission, serious illness or death, and longer term adverse cultural, social and economic impacts.	**Yes/No**	**Yes/No**	**Yes/No**
f)	**Note** that the Ministry of Health is developing a communication strategy, and will continue to engage with key stakeholders, including Māori and Pacific health sector leaders on the COVID-19 Immunisation Strategy including the Sequencing Framework, in December 2020.			
g)	**Note** that updated estimates indicate that the COVID-19 Immunisation Programme costs are currently estimated at $376.9m (up to December 2021), of which $66.3m has been drawn down from the tagged operating contingency.			
h)	**Note** that the Cabinet paper seeks to draw down additional funding to support the COVID-19 Immunisation Programme through the Cabinet paper.			
j)	**Provide feedback** on the attached draft Cabinet paper by 16 November.	**Yes/No**	**Yes/No**	**Yes/No**
k)	**Agree** officials will provide an updated Cabinet paper for Ministerial consultation by 18 November, that will be considered alongside the *Vaccine Purchasing* Cabinet paper.	**Yes/No**	**Yes/No**	**Yes/No**

Maree Roberts
Acting Director-General of Health
Date:

Hon Chris Hipkins
Minister for COVID-19 Response
Date:

Hon Andrew Little
Minister of Health
Date:

Hon Ayesha Verrall
Associate Minister of Health
Date:

Draft Cabinet paper: Update on COVID-19 Immunisation Strategy and Programme

Background

The COVID-19 Vaccine Strategy

1 Accessing an effective COVID-19 vaccine and immunising New Zealanders against this novel disease is a high priority because of the impact that increased immunity will have on our social, economic and cultural health and wellbeing, and ability to recover from the effects of the pandemic.

2 We are taking a portfolio approach to the procurement of COVID-19 vaccines for New Zealand, the Realm, and other Polynesian countries (the Cook Islands, Niue, Tokelau, Tonga, Samoa and Tuvalu). This approach seeks to purchase vaccines with different characteristics, to spread our risk and maximise opportunities to purchase a vaccine. Planning for immunisation has necessarily been undertaken alongside the work to procure vaccines.

3 Funding for both vaccine procurement and the COVID-19 Immunisation Programme is from the Minimising the health impacts of COVID-19 – Tagged Operating Contingency of $600m that Cabinet agreed to establish under Vote Health for "potential or proven vaccines and therapeutics and to administer approved vaccines" [CAB-20-MIN-0382 refers].

Cabinet requested a report-back on the COVID-19 Immunisation Strategy

4 The COVID-19 Immunisation Programme will help support the longer-term outcomes Cabinet has agreed to for the COVID-19 Vaccine Strategy [CAB-20-MIN-0229.01 refers]:

a. sufficient supply of a safe and effective vaccine to achieve population immunity to COVID-19, affordably

b. protection for Māori, Pacific peoples and population groups at particular risk from COVID-19

c. full cultural, social and economic recovery from the impacts of COVID-19

d. recognition of New Zealand as a valued contributor to global wellbeing and the COVID-19 response

e. New Zealand, Pacific and global preparedness for response to future disease outbreaks.

5 In August 2020, Cabinet invited a report back in November 2020 on progress with developing the Strategy, including a 'prioritisation framework' and consideration of access for Pacific countries [CAB-20-MIN-0382 refers].

6 This paper provides you with an update and seeks decisions on the purpose of the COVID-19 Immunisation Strategy and Programme, development of a Decision to Use Framework, the Sequencing Framework (previously referred to as the 'prioritisation

framework'), further engagement with Māori and Pacific sector leaders, and an updated Cabinet paper for Ministerial consultation by 18 November.

7 This Health Report attaches a draft Cabinet paper *Update on the Immunisation Strategy and Programme* for your consideration.

8 A Cabinet paper on Vaccine Purchasing is also being developed. The intention is that both Cabinet papers will be considered together at Cabinet. Officials are working to ensure that the Cabinet papers are aligned and avoid duplication of content wherever possible.

9 Ministerial consultation on both the Vaccine Purchasing, and the Immunisation Strategy and Programme Cabinet papers is expected to occur from 18 November. The timing of both Cabinet papers for the Cabinet Business Committee agenda is to be confirmed.

The COVID-19 Immunisation Strategy must respond to the Vaccine Purchasing Strategy

10 New Zealand is purchasing a portfolio of vaccines that are expected to start arriving in the first quarter of 2021. The Immunisation Strategy must align with the Vaccine Purchasing Strategy.

11 Currently, there is uncertainty about vaccine supply and arrival timeframes. The vaccines will have different characteristics, including different levels of effectiveness, and suitability for different populations.

12 All vaccines will provide individual protection and may prevent transmission to some extent – this will depend on vaccine effectiveness, the nature and duration of protection, and uptake. Population immunity will require a certain level of vaccine coverage, however we will not know until the impact of the vaccine becomes apparent in the community.

13 Public health measures, including border controls, will likely need to remain in place until sufficient population immunity is established. The Immunisation Strategy must therefore be able to respond to a range of transmission scenarios.

14 The Immunisation Strategy will aim to increase the number of people within New Zealand and our Pacific partners with some immunity to COVID-19, subject to enough safe and effective vaccines being made available to New Zealand. This would reduce the risk of harm to these individuals and potentially lower the risk of community transmission.

Purpose of the COVID-19 Immunisation Strategy is to enable "best use" of the vaccines

15 We propose that the purpose of the Immunisation Strategy is to make "best use" of any vaccines, to support the immediate health and longer-term economic response, while upholding and honouring Te Tiriti o Waitangi.

16 To help achieve this, the Immunisation Strategy will include:

a. A COVID-19 Immunisation Programme (the Programme) that provides an 'operational blueprint' for rolling out the vaccine, while also providing tools to support higher uptake of immunisation more broadly over the longer term;

b. Strategic Frameworks for making decisions on whether to use any vaccine approved by Medsafe, and how to sequence the roll out of a vaccine if stock is limited;

c. Immunisation planning for our Pacific partners, including the Pacific Realm (Tokelau, the Cook Islands, and Niue) and other Polynesian nations (Samoa, Tonga and Tuvalu)

d. A comprehensive engagement and communications plan with draft key messages to support stakeholder and public understanding of the programme.

17 In effect, the Immunisation Strategy would comprise:

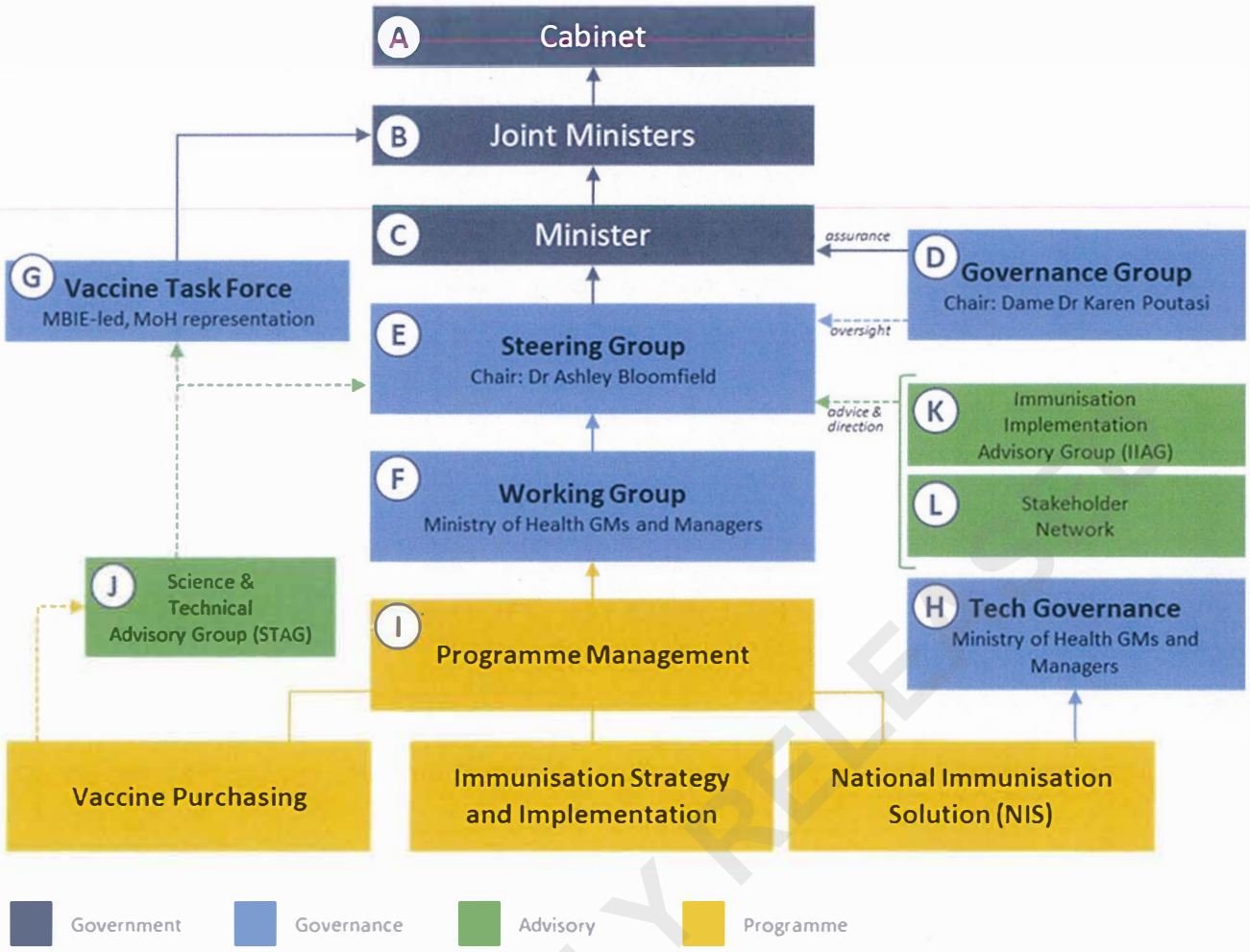
Frameworks to support decision-making	Framework on *whether to use* any vaccine once Medsafe (and EPA, where relevant) approval is given.
	Framework on *sequencing* the roll out of a vaccine if stock is limited.
Delivery	A COVID-19 Immunisation Programme to roll out the vaccine (including all elements from workforce to consumables), while also providing tools to support higher uptake of immunisation more broadly in the long-term.
	IT systems to support the Immunisation Programme and the immunisation system more broadly
	Post market monitoring for effectiveness and safety that enables quick change if required.

18 The Programme will be the biggest immunisation programme undertaken in New Zealand as it seeks to immunise as many people as possible. It is a highly complex and challenging initiative that is at a much larger scale compared with other immunisation programmes, such as measles or influenza. Early and detailed planning for all elements of the programme is underway, and is progressing at pace, with a number of workstreams running in parallel.

19 **Appendix One** provides an overview of the Immunisation Programme to deliver on the COVID-19 Immunisation Strategy.

Given the size and complexity of the programme, a robust governance structure is in place

20 Governance for the Immunisation Strategy has been established. It includes a Governance Group chaired by Dame Dr Karen Poutasi with representation from within and outside the Ministry of Health. An internal Ministry of Health Steering Group is chaired by the Director General of Health and includes senior leadership from across the Ministry of Health. The Steering Group is supported by a Science and Technical Advisory Group, an Immunisation Implementation Advisory Group (IIAG), and a wider Stakeholder Network. The structure is set out on the next page.



The key decision frameworks will support the Government to make the best use of any vaccines

There needs to be a decision to use any vaccine...

21 We recommend that we develop a framework to guide decisions on whether to use an approved COVID-19 vaccine.

22 Even if a Medsafe (and where, applicable Environmental Protection Agency) approved vaccine becomes available, there needs to be a decision to use it. This decision will need to weigh up the costs, benefits and risks of using a particular vaccine.

23 The decision to use a vaccine would also need to take into account when the rest of the vaccine portfolio is likely to be available. For example, it may be better not to use a vaccine if it is likely that another, more effective, vaccine will be available soon.

...and immunisation may need to be sequenced initially

24 Cabinet has directed us to develop a "prioritisation framework" for the equitable allocation of limited vaccine supply to protect New Zealanders (and those in the Realm and agreed Pacific countries), including Māori, Pacific people, and other vulnerable people.

25 We have developed a "Sequencing Framework" – a term which accurately reflects its use and is consistent with key messages for stakeholders.

26 The allocation and delivery sequence for each vaccine will need to ensure that the right people are vaccinated at the right time with the right vaccine. Over time there will be enough vaccine for all who want it. Initially however, supply will be limited, and demand is likely to outstrip supply.

The Sequencing Framework provides guidance on sequencing access to immunisation for at-risk groups, including a step-by-step methodology

27 We have developed a Sequencing Framework to determine the sequence of immunisation to population cohorts who are at risk of:

a. infection, or contracting COVID-19

b. transmission, or spreading COVID-19

c. serious illness or death if they contract COVID-19

d. adverse cultural, social and economic impacts from the pandemic.

28 Upholding and honouring Te Tiriti and promoting equity will be embedded throughout the Framework. Accordingly, there is a clear focus on protecting Māori, Pacific peoples, critical workforces, and those who are more vulnerable.

- The Sequencing Framework is structured in two parts. The key strategic elements (Part A) and methodology for applying the Framework (Part B) are summarised in Appendix Two. **Part A** sets out the strategic context and an overview of the approach. It describes the problem, principles, considerations and assumptions, and objectives for three scenarios.
- **Part B** sets out the methodology, including key steps, tools and criteria for making sequencing and allocation decisions when a more fine-grained approach is required.

Part A: Strategic context and an overview of the approach

29 Upholding and honouring Te Tiriti is an overarching principle that applies across the Framework. The principles (and the immunisation programme more broadly) will guide the approach to sequencing and are the basis of the sequencing criteria.

30 The Immunisation Strategy principles (as set out in Table 1) provide the foundation for the Sequencing Framework. These principles align with the National Ethics Advisory Committee's draft document "Ethics and Equity: Resource Allocation and COVID-19".

Table 1: COVID-19 Immunisation Strategy Principles

Overarching principles		COVID-19 Immunisation Strategy principles	What this means for the design of the Immunisation Programme	What this means for how we will sequence immunisation
Uphold and honour Te Tiriti o Waitangi	Equity *(Elimination Strategy decision-making principle)*	Equity	Promote equitable outcomes, particularly for Māori, Pacific peoples and disabled people	
		Equal concern	Encourage and enable uptake of safe COVID-19 vaccine/s	All people are equally deserving of care.
	Wellbeing *(Elimination Strategy decision-making principle)*	Minimise the health, social, economic and cultural harm of COVID-19	Make the immunisation process easy for the New Zealand population	Minimising harm, including seeking to achieve evidence-based public health benefits from immunisation
		Regional responsibility	Recognise and respond to the unique circumstances of the Realm countries (Tokelau, the Cook Islands, and Niue) and other Polynesian nations (Samoa, Tonga and Tuvalu), which are included in New Zealand's Vaccine Strategy	
	Legacy	Value	Maximise value, by getting the most from the resources available and minimising wastage	Maximise value, by getting the most from the resources available
		Legitimacy	Improve the wider immunisation system and public perceptions of immunisation, and call on appropriate expertise	We always act in the best interests of our populations, we make trade-offs clear, we use robust frameworks and evidence, and call on appropriate expertise

31 The Sequencing Framework assumes that the vaccines may have different levels of effectiveness and that a significant improvement in treatment is unlikely in the short term. It also assumes that all COVID-19 vaccines will be publicly funded and will need Medsafe approval, and when required, Environmental Protection Agency approval; and that vaccination will be voluntary and will require informed consent.

32 Early advice from the WHO indicates that sequencing plans should focus on transmission scenarios.[1] Accordingly, the Framework applies three scenarios with relevant objectives:

Scenario	Objective
Low/no community transmission	→ Prevent transmission
Controlled outbreaks	→ Reduce transmission and protect people in close contact
Widespread community transmission	→ Protect the most vulnerable to prevent serious illness and mortality.

33 Each scenario sets out three tiers with broad, indicative population categories. These populations will be revised to reflect the most up to date evidence on at-risk groups. In the low/no transmission scenario illustrated below, tier one includes those closest to the border and is the first line of defence. Tier one would have access to the vaccine first, followed by tier two and tier three. (Note that the number of "close contacts" of borders workers has been estimated at 37,500, based on five contacts per worker on average. Work is underway to improve the accuracy of this estimate.)

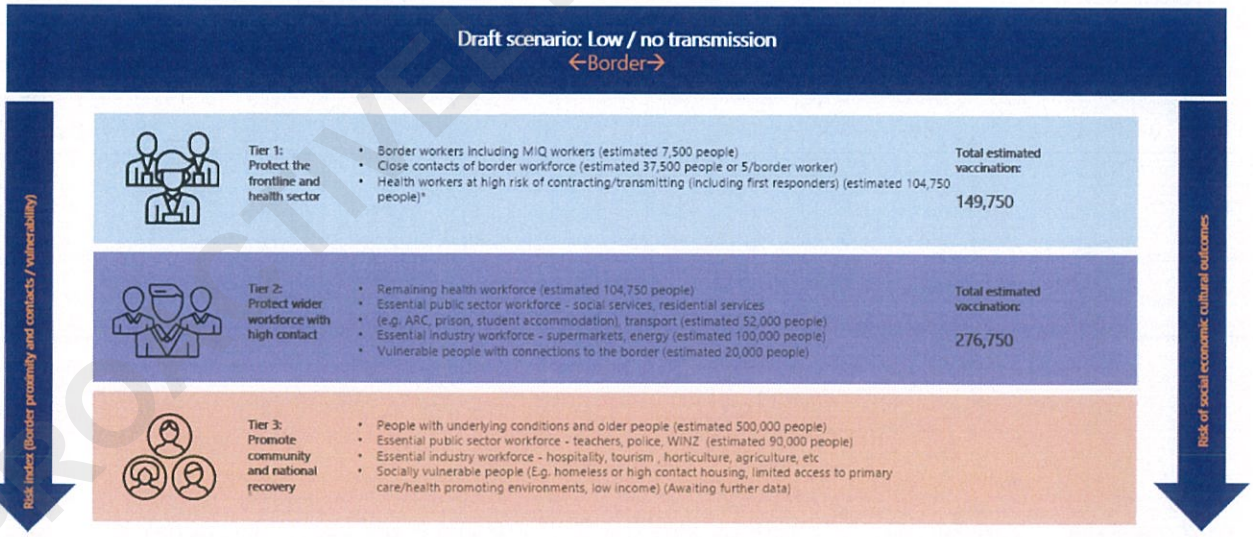
Please note, this was early thinking and has been subject to refinements. The term 'close contacts' has been superseded by 'household contacts'

Figure 1: Draft Scenario: low/no transmission, including tiers for allocation

Figure One: Scenario 1 - Low/no transmission

Objective: To reduce transmission, by vaccinating those most at risk of contracting and transmitting.

Note: All numbers provided in this scenario are based on best estimates from available data at the time and used for illustrative purposes only. **There are approximately 209,500 health workers and 10,000 first responders nationally. Our scenario plays on a working assumption that 50% of the total are high-risk for Tier 1 and the remaining are Tier 2 or low-risk.*

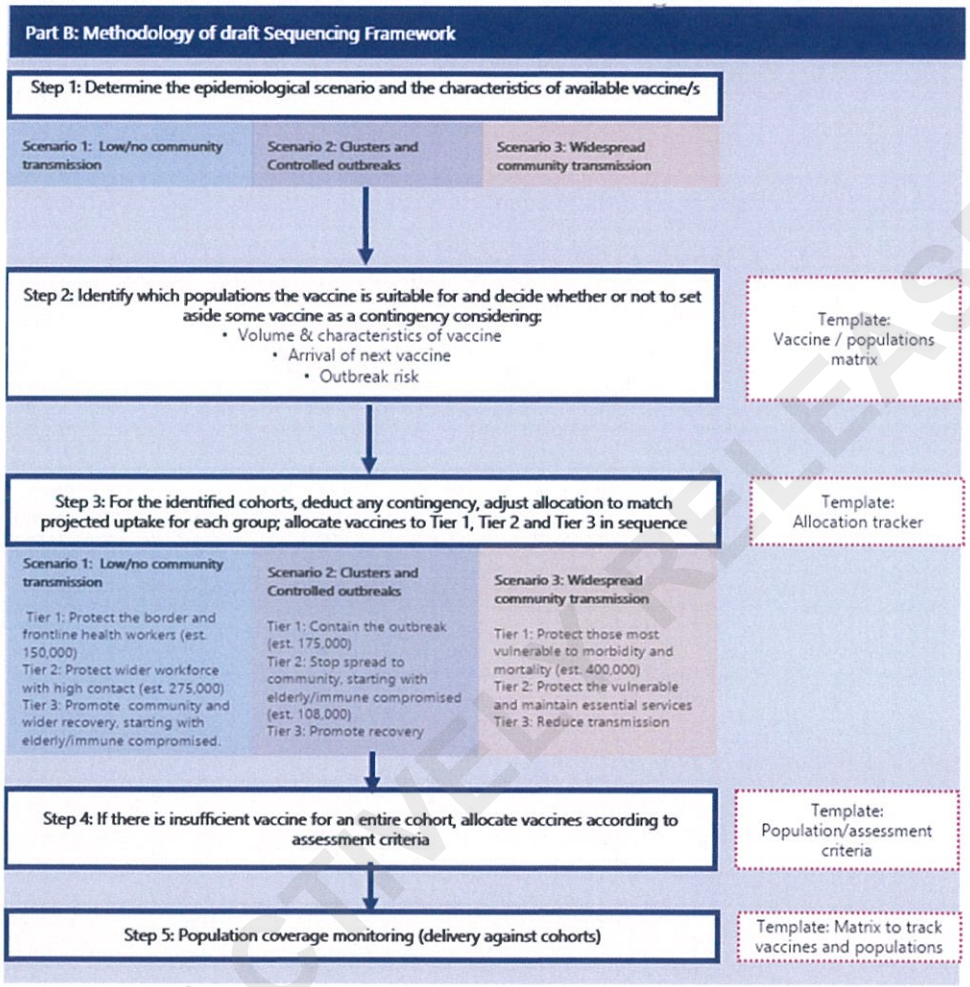


[1] DRAFT World Health Organisation SAGE advice on *Roadmap for Prioritizing Uses of COVID-19*

Part B sets out the methodology, including key steps, tools and criteria for making sequencing and allocation decisions.

34 The Sequencing Framework will be applied when (nearly) complete information about each vaccine candidate is available, and a decision to use has been taken. For each vaccine there are five steps in the sequencing process as set out in Figure 2.

Figure 2: Draft Sequencing Framework Methodology



Note, this is an early draft and is superseded by a newer, published version.

35 The methodology takes account of the vaccine characteristics and suitability. It allows for a portion to be set aside as a contingency (if required), allocates vaccine to suitable groups, and adjusts for projected vaccine uptake.

36 Where there is insufficient volume of vaccine to cover all populations within a tier, a more fine-grained sequencing approach would be required. Smaller populations groups would be assessed against a set of principle-based criteria. A hypothetical example of applying the Sequencing Framework to Vaccine A is included in Appendix Two. (Note that this example includes estimates, e.g. five close contacts per border worker, which are likely to be refined as further evidence becomes available.)

The current Sequencing Framework will be progressively updated to reflect emerging guidance, advice, analysis and evidence from international and New Zealand experiences.

37 The Sequencing Framework is based on the most up-to-date information available. We will continue to update the Framework as emerging guidance and evidence is reviewed.

38 Further analysis is underway to inform the Framework. This includes updating the evidence on the at-risk populations, modelling for contingency planning and projected vaccine uptake, and refining the at-risk population cohort data (particularly in relation to those with underlying conditions). The National Ethics Advisory Committee's report Ethics and Equity Resource Allocation and COVID-19 is also being finalised. Updates will be shared with the IIAG, and their advice sought on the implications for New Zealand's approach. The Framework may continue to be used when there is sufficient supply, but other system constraints (such as workforce capacity) require a sequenced approach.

Engagement and communication will be fundamental to the success of the Immunisation Strategy

39 Effective communication with stakeholders and communities will be a critical component of delivering the Immunisation Strategy and Programme and encouraging uptake. Clear messaging and transparency will build understanding and trust in the immunisation system, and any COVID-19 vaccines.

40 A communications and engagement strategy has been jointly developed between the Ministry of Health and the Ministry of Business, Innovation and employment (MBIE – the lead agency for the Vaccine Strategy) to reflect the goals of the Vaccine Strategy and Immunisation Strategy. Working closely together on the communications and engagement approach will ensure seamless transition for the eventual COVID-19 immunisation campaign.

41 We have already started engaging with key stakeholders on our approach to immunisation. This includes regular discussions with the IIAG who are actively contributing to the design and delivery of the Immunisation Strategy, and to the planning for the COVID-19 Immunisation public information campaign.

42 Honouring Te Tiriti is critical. On 30 October 2020, members of the IIAG expressed support for the Sequencing Framework and made it clear that more time would be required to strengthen the approach to ensure it worked effectively for Māori. The IIAG signalled more work is required in partnership with Māori leaders, to determine decision-making, allocation and distribution for Māori and this must be built into the ongoing work programme. This is in line with the Science and Technical Advisory Group's earlier advice to develop the Framework with Māori to fulfil the Crown's obligations to Te Tiriti o Waitangi. Further engagement with Pacific health leaders and the disability sector will also be undertaken to ensure the needs of these communities are accounted for as the programme progresses.

43 Work is underway to establish a wider stakeholder network to ensure that we receive input from a wide range of representative voices. We intend to engage with this network at least once prior to the end of 2020, with regular engagement to continue throughout the new year.

44 While there is uncertainty about the vaccine portfolio, there is an increasing risk of contradictory or misleading information being shared in the public domain. We have drafted key messages on the COVID-19 Vaccine and Immunisation Strategy and are currently drafting a comprehensive stakeholder engagement plan to mitigate this risk and deliver clear public messaging. This will enable us to manage public misinformation if it arises.

45 Targeted immunisation campaigns will be developed and implemented before, and during implementation of the programme to encourage uptake. The campaign approach is being developed and is expected to include several strands of activity that cover mainstream channels for the general public. It will also include approaches targeted to Māori and Pacific audiences by partnering with existing iwi and Pacific networks who are best placed to share this information. This includes making information accessible to a range of audiences with translation and accessible formats.

We are working with health leaders of the Polynesian countries to ensure our planning supports immunisation in these countries

46 Supporting countries in Polynesia to access and distribute a COVID-19 vaccine is consistent with our historic partnerships with the region and our strong ties with Pasifika communities. New Zealand will ensure the Pacific Realm (Tokelau, the Cook Islands, and Niue) has access to a vaccine, and will support other Polynesian nations (Samoa, Tonga and Tuvalu) where possible by securing access to a vaccine, and with an immunisation programme.

47 Support will be offered through the Polynesian Health Corridors programme. This programme is managed by the Ministry of Health and will develop and supplement links between the New Zealand health system and health systems in Polynesia. [redacted]

48 s 9(2)(f)(iv) [redacted]

49 The Minister of Foreign Affairs has approved in principal the use of Official Development Assistance to support the purchase of vaccines for Polynesia (including the Realm) through New Zealand's domestic purchasing agreements.

Equity considerations

50 The COVID-19 Immunisation Strategy acknowledges that all individuals are equally deserving of care and vaccination will be voluntary. It is important to note that depending on the vaccine characteristics, some groups may not be able to be vaccinated if there is no evidence to support that it is safe for them.

51 Where sequencing of immunisation is required, COVID-19 vaccine allocation will be guided by the Sequencing Framework that aims to best protect all New Zealanders from the potential harm of COVID-19, while promoting equitable outcomes.

52 Vaccines may be made available earlier to certain persons or groups of persons if supplies are limited. This is based on reducing public health risks (at either an individual or community level). Access to a vaccine sooner would be on the basis that they are more at risk of contracting and/or transmitting COVID-19, or more severe health outcomes if they contract COVID-19; or more adverse cultural, social and economic impacts from the pandemic.

53 The need to sequence vaccines means that they may be available earlier to some populations if supplies are limited. This may be on the basis of disability, age, sex, ethnicity, employment status or family status.

54 While this raises possible issues about discrimination under section 19 of the New Zealand Bill of Rights Act 1993 by potentially prioritising access to specified groups, such discrimination in favour of people at greater risk is demonstrably justified in a free and democratic society in accordance with section 5 of that Act.

55 These issues will be further considered through the Sequencing Framework.

Financial Implications

56 Officials have been refining the cost estimates of COVID-19 vaccine purchasing and the COVID-19 Immunisation Programme.

57 The cost of the Programme depends on when approved vaccines become available, their characteristics and uptake. There is still uncertainty around these factors, but current estimates (refer to the table below) are that, as expected, the cost of purchasing and rolling out vaccines will exceed the $600.0 million set aside by Cabinet in the Minimising the Health Impacts of COVID-19 – Tagged Operating Contingency [CAB-20-MIN-0382].

58 This reflects that COVID-19 immunisation would be the largest immunisation campaign to date and would be at no cost to the public. Cabinet previously noted that the full cost of COVID-19 immunisation was likely to be higher than the tagged contingency once fully costed; and agreed in principle that additional costs be provided from the COVID-19 Response and Recovery Fund [CAB-20-MIN-0382].

59 The table below outlines the revised cost estimates, calculated through to December 2021:

	$m – increase/(decrease)					
Vote Health	**2020/21**	**2021/22**	**2022/23**	**2023/24 & outyears**	**Estimated total cost**	***Total drawn down to date***
Initiatives funded through "Minimising the health impacts of COVID-19 tagged contingency"						
Vaccine Purchasing	422.5	473.3	Costings are still being refined for these periods.		**895.8**	*35.0*
Immunisation Programme	209.0	167.9			**376.9**	*66.3*
Initiative funded through the National Immunisation Solution (NIS) tagged contingency						
National Immunisation Solution (NIS)	11.0	6.9			**17.9**	*11.9*
Total	642.4	648.1			**1,290.5**	

60 The Vaccine Purchasing Strategy Cabinet Paper will provide the full estimated fiscal implications across the COVID-19 Vaccine Purchasing and Immunisation Programmes; seek an increase to the Minimising the health impacts of COVID-19 tagged contingency"; and will seek to draw down funding for the Immunisation and Vaccine programmes from that tagged contingency.

Next Steps

61 Officials are working to the condensed timeframe for the Cabinet paper, as set out below. This Health Report provides an opportunity for you to provide feedback on the attached draft Cabinet paper by 16 November. This timeframe maximises time for external consultation and Ministerial consideration of the draft Cabinet paper.

62 Officials are currently working to the following timelines for this Cabinet paper.

Thursday 12 November	You will receive a draft Cabinet paper
Monday 16 November	Provide feedback on the draft Cabinet paper
Wednesday 18 November	Draft Cabinet paper to you for ministerial consultation
Wednesday 25 November	You will receive the final Cabinet paper for approval
Thursday 26 November	The Cabinet paper is lodged
Wednesday	Cabinet Business Committee meeting

ENDS.

Appendix One: Overview of the COVID-19 Immunisation Programme

Immunisation Programme: End to End

This visual outlines the end to end process of delivering the Immunisation Programme, providing a view of the pillars we will base our approach on, and our core enabling factors.

Please note, this is an eary version this has since been superseded.

Appendix Two: COVID-19 Vaccine Sequencing Framework (as at 12/11/2020)

The purpose of the overarching COVID-19 Immunisation Strategy is to support "best use" of the vaccines while upholding Te Tiriti o Waitangi and promoting equity

Part A: Context and approach of draft Sequencing Framework

The purpose of the draft Sequencing Framework is...
...to ensure the right people are vaccinated at the right time with the right vaccine and that the principles of Te Tiriti o Waitangi are upheld.

The draft Sequencing Framework is built on foundational principles linked to the COVID-19 Elimination and Immunisation Strategies

Overarching principles		COVID-19 Immunisation Strategy principles	Sequencing criteria
Uphold and honour Te Tiriti o Waitangi	Equity	Equity	Promote partnership with Māori, self-determination, and equitable outcomes
		Equal concern	Promote health equity; address historical inequity
	Wellbeing	Minimise the health, social, economic, cultural harm of COVID-19	Reduce infection, transmission, morbidity, mortality, and social, economic or cultural harm
		Regional responsibility	Reduce harm to the Pacific; promote the Pacific's ability to recover
	Legacy	Value	Cost effectiveness; support recovery
		Legitimacy	Promote trust in government and in immunisation more broadly

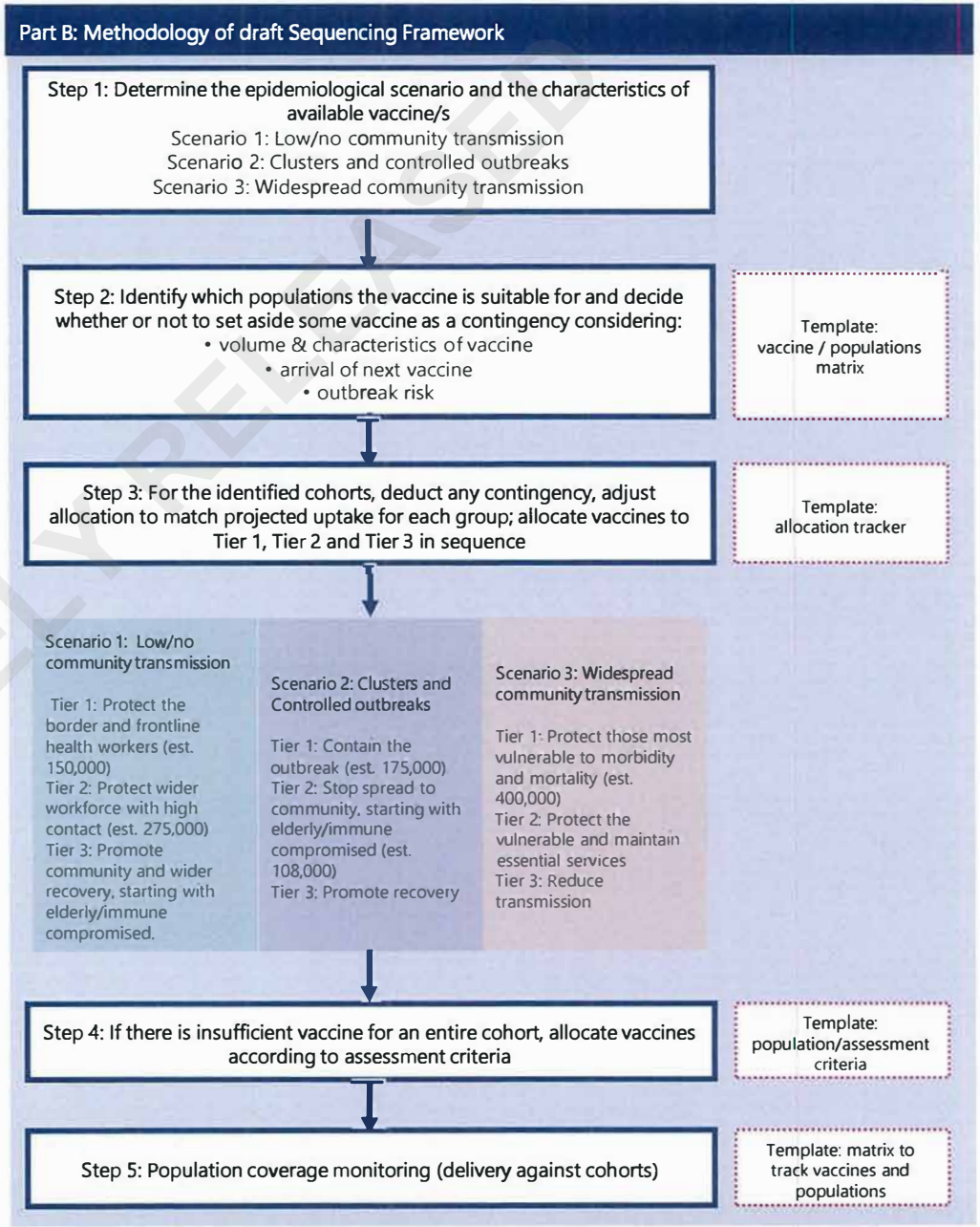
The key assumptions and considerations underpinning the draft Sequencing Framework include:
- vaccines may have different effectiveness, for different populations
- they will protect individuals, and may prevent transmission to some extent
- public health measures will continue until population immunity is established
- improved treatment is unlikely in the short term
- vaccines will be publicly funded, approved by Medsafe, and voluntary

We are planning for three epidemiological scenarios with aligned objectives
- low/no community transmission --> Prevent transmission
- clusters and controlled outbreaks --> Reduce transmission and protect people in close contact
- widespread outbreaks and community transmission --> To protect the most vulnerable to prevent serious illness and mortality.

Vulnerable communities - we have identified four (overlapping) groups at more risk of...
- infection, or contracting COVID-19
- transmission, or spreading COVID-19

Māori and Pacific people are likely to be over-represented in these groups:
- serious illness or death if they contract COVID-19
- negative cultural, social and economic impacts from the pandemic

Part B: Methodology of draft Sequencing Framework



Appendix Two continued...

s 9(2)(g)(i)