

In Confidence

Office of the Minister of Health

Office of the Minister for COVID-19 Response and Associate Minister of Health

Social Wellbeing Committee

Establishing the strategic priorities for immediate COVID-19 vaccination and governance for the immunisation system

Proposal

- 1 This paper seeks agreement to:
 - 1.1 the strategic priorities for COVID-19 immunisation over the next 12 months;
 - 1.2 the governance and accountability mechanisms for the immunisation system; and
 - 1.3 the roadmap for developing a national immunisation strategy by 2023.

Relation to government priorities

- 2 These proposals support New Zealand's ongoing response to the COVID-19 pandemic. They also relate to the Government's priority of achieving Pae Ora. They align with the health and disability system reforms, the Government's response to the Pharmac review, and the transfer of COVID-19 vaccine purchasing to Pharmac.

Executive Summary

- 3 For New Zealand's immunisation approach to be successful, it needs to be responsive to changes in the pandemic, the population, vaccine-preventable diseases and system capacity. This paper proposes key strategic elements required to underpin an immunisation approach that integrates efforts and builds capability across the new health system for best population health outcomes. It formalises the approach to COVID-19 vaccination as we transition to 'business as usual' with future decisions being part of the broader immunisation strategy.

Continuing to mitigate the impacts of COVID-19 through improving immunisation outcomes

- 4 As part of the National Immunisation Programme established in 2021, it is important that we establish clear strategic priorities and outcomes for COVID-19 immunisation over the next six to twelve months in our ongoing response to the pandemic.
- 5 I recommend the National Immunisation Programme builds on our wide population coverage for immunisation against COVID-19 to focus on:
 - 5.1 protecting those most at risk of the impacts of COVID-19, the people who are likely to require ongoing immunisation to maintain protection; and

- 5.2 addressing current inequity by improving immunisation rates in existing eligible priority population groups (ie, improving health and wellbeing outcomes for Māori, Pacific peoples, disabled people and other groups that have lower coverage rates and worse outcomes, eg, rural and ethnic communities).

Maintaining our ability to support the COVID-19 immunisation programme

- 6 We have a sufficient supply of COVID-19 vaccines at this stage to support our priorities and provide broad population protection against COVID-19 in 2022. To manage risk, support the National Immunisation Programme and to respond quickly to any change in context, we will continue to:
 - 6.1 use our existing Advance Purchase Agreements (APAs), providing a route for additional volumes of vaccines for 2023 and outyears for early access to updated variant vaccines or as eligibility is extended for younger age groups;
 - 6.2 horizon scan and utilise the most up-to-date science and technical advice on COVID-19 risks and vaccine technologies that might afford us better protection, reduce transmission or better match our population needs; and
 - 6.3 consider additional purchasing agreements that will ensure timely access to the most effective vaccines and sufficient supply.
- 7 Officials are progressing with a deep dive into the current landscape of COVID-19 vaccine technology. This will support officials with assessing future purchasing needs in 2023 to ensure we have access to the most effective vaccines.
- 8 The National Immunisation Programme is continuing the work to address non-COVID-19 vaccine related priorities, particularly addressing childhood immunisations. This is critical, as current rates of immunisation across the schedule are not meeting targets, and the reopening of our borders has increased the likelihood of importing vaccine-preventable diseases, including measles.

Providing clear governance to support cross agency collaboration in the new health system

- 9 To achieve strategic priorities and support the National Immunisation Programme, within a new health system, I recommend that Cabinet agree to a governance mechanism for the Immunisation System that will establish:
 - 9.1 an Immunisation Oversight Board that includes membership from the Ministry of Health (including the Public Health Agency and Medsafe), Te Aka Whai Ora, Te Whatu Ora, Whaikaha, and Pharmac; and
 - 9.2 a subcommittee of the Immunisation Oversight Board focused on vaccine supply and distribution.
- 10 This arrangement will be supported by a steering group that will direct the National Immunisation Programme activities and manage programme implementation. An Immunisation Technical Advisory Group will provide independent, evidence-based technical advice to support decision making on immunisation.

- 11 This governance mechanism is indicative and expected to provide the starting point for collective ownership for achieving immunisation outcomes, enabling agencies to collaborate in the new health system. Its establishment will promote joint decisions on all aspects of vaccine and immunisation provision. It will need to evolve as work is progressed to embed and reflect a partnership with Māori, align to the principles of the Pae Ora (Healthy Futures) Act 2022 and meet our responsibilities as Treaty partners.

Once established, the Immunisation Oversight Board will look to broader immunisation priorities and a roadmap towards a National Immunisation Strategy

- 12 It is crucial we continue to mitigate the risk of other vaccine preventable outbreaks in our communities, particularly where immunisation rates are low.
- 13 The Immunisation Oversight Board will be expected to progress work towards system integration and setting immediate strategic priorities for broader immunisation programmes. This is an immediate next step towards developing a long-term national immunisation strategy in partnership with Māori.

Background

- 14 In 2012, Cabinet agreed that responsibility for decisions about vaccine purchasing and eligibility sits with Pharmac, while implementation of the National Immunisation Schedule sits with the Ministry of Health and DHBs.
- 15 In response to the COVID-19 outbreak, the Ministry of Health and Ministry for Business, Innovation and Employment took direct responsibility for purchasing COVID-19 vaccines. Cabinet agreed to a COVID-19 vaccine strategy that has seen New Zealand secure a portfolio of safe and effective COVID-19 vaccines to support the COVID-19 Immunisation Programme. This was the most significant immunisation campaign in the country's history, aiming to vaccinate as many people in New Zealand as possible against COVID-19.
- 16 In February 2022, the independent Pharmac review outlined the need for greater collaboration on immunisation matters, and the Government's response to the review noted that a governance and accountability mechanism is required to ensure responsiveness and achievement of immunisation outcomes across all health sector contributors [SWC-22-MIN-0093 refers].
- 17 Cabinet also agreed to transfer COVID-19 vaccine purchasing and management to Pharmac [SWC-22-MIN-0092 refers]. It was agreed that Pharmac would work collectively with other health agencies as part of the National Immunisation Programme.
- 18 At the start of 2022, what we learnt from the COVID-19 immunisation programme was transitioned into an integrated approach under the National Immunisation Programme that is prevention focused, responsive, easily accessible and equitable in improving health outcomes for all New Zealanders [SWC-21-MIN-0223].
- 19 The achievements and progress made under the COVID-19 vaccination programme are the result of many factors, including strong relationships that have been developed

across local communities, businesses and industry groups, iwi, and providers. Other success factors include increased workforce, supply, logistics, communications, improved approaches to funding community initiatives, scientific evidence, agility, managed incentives, collaboration and kotahitanga.

- 20 Children's immunisation rates have been impacted by the pandemic, leaving an under-vaccinated cohort vulnerable to disease outbreaks.
- 21 For the National Immunisation Programme, the immediate opportunity has been to use the infrastructure that has been established through the COVID-19 vaccination programme and support the delivery of the influenza vaccine and other scheduled vaccinations [SWC-22-MIN-005]. This is important in the context of added pressure on the health system from winter illnesses and the ongoing Omicron outbreak.
- 22 Some examples include:
- 22.1 Providers utilising outreach programmes developed through the COVID-19 immunisation programme, to deliver wide-ranging immunisation to at-risk populations.
 - 22.2 Expanding data-sharing agreement from COVID-19 immunisation programme for all immunisations to support targeted community efforts.
- 23 As progress is made on a National Immunisation Programme, within the new health system, we need to maintain clear strategic priorities and outcomes for the COVID-19 immunisation programme as part of our ongoing response to the pandemic.
- 24 The goal of the national immunisation strategy is to establish clear goals and objectives to direct the National Immunisation Programme. These priorities must reflect and address inequities in our COVID-19 immunisation programme and wider immunisation system and the findings of *Haumaru: The COVID-19 Priority Report*.

COVID-19 vaccination priorities

Continuing to mitigate the impacts of COVID-19 by improving immunisation outcomes

- 25 I recommend the National Immunisation Programme continues to build on our wide population coverage for immunisation against COVID-19 to focus on two strategic priorities:
- 25.1 protecting those most at risk of the impacts of COVID-19, the people who are likely to require ongoing immunisations to maintain protection; and
 - 25.2 addressing current inequity by improving immunisation rates in existing eligible population groups (ie, improving health and wellbeing outcomes for Māori, Pacific peoples, disabled people and other groups that experience health inequities, eg, rural and ethnic communities).
- 26 Current science and technical advice endorses the two strategic priorities noted above, and will continue to inform how they are operationalised if there is change over the course of the pandemic in who is most at risk or where immunisation rates are inequitable. The priorities focus on reducing hospitalisations, deaths, and long-term

health effects (eg, long COVID). This will protect the health system so it can deliver the full range of services that people need.

Priority one: Protecting those most at risk of the impacts of COVID-19

- 27 A programme has already been rolled out to enable the delivery of a second booster dose to those who need it. This is a key action to protect those most at-risk population groups, where hospitalisations and deaths have been high.
- 28 The National Immunisation Programme will continue with an agile approach that will assess and adjust the immunisation programme to ensure that we are enabling people who need additional protection from COVID-19 (ie, people most likely to be severely impacted by COVID-19) have best possible protection available to them through access to immunisation.

Priority two: Improving health and wellbeing outcomes for those who experience health inequities

- 29 Although significant gains have been made in achieving equitable outcomes, with over 90 percent uptake of a primary course of a COVID-19 vaccine for the eligible adult population, there is now lower uptake:
- 29.1 as eligibility for the programme has expanded to younger age groups; and
- 29.2 as booster doses have been required to maintain high levels of protection, due to waning immunity and new variants of concern.
- 30 To ensure high levels of population protection are maintained and improved, the National Immunisation Programme must focus on improving uptake in priority population groups. In particular, Māori, Pacific peoples, disabled people, older people, and other groups that experience inequities in COVID-19 outcomes (eg, rural and ethnic communities).
- 31 To enable priority groups to access COVID-19 vaccinations (and, in time, vaccinations more broadly), the National Immunisation Programme is:
- 31.1 enabling community providers and iwi to determine how to provide services that meet the needs of their communities through appropriate funding that is easy to retrieve;
- 31.2 distributing funding to priority providers and communities in an efficient time sensitive manner;
- 31.3 ensuring that our communications are informed by, targeted towards and representative of our priority populations;
- 31.4 taking a whānau-centred approach and embedding and resourcing successful COVID-19 approaches to ensure whānau access immunisation services;
- 31.5 building an expert, resilient, safe, and responsive workforce that is culturally competent and familiar to whānau, with a particular focus on increasing

representation of Māori, Pacific peoples, disabled people and other groups who experience inequities, as well as workforce serving rural areas;

- 31.6 improving visibility through improved data to identify gaps;
 - 31.7 developing and implementing Māori data sovereignty systems, processes and practices, and considering data sovereignty for other population groups;
 - 31.8 expanding data sharing and data useability to enable better decision-making at a system level through to the community while also increasing partner capacity and capability to receive and analyse data; and
 - 31.9 improving its collection of quantitative and qualitative ethnicity and disability data to strengthen monitoring and reporting.
- 32 This will require all parts of the health system, from the Ministry, Te Whatu Ora and Te Aka Whai Ora through to grassroots community groups and iwi, to work together to design and deliver services and solutions that are responsive to their needs. This means we will be leveraging community delivery models to improve vaccine uptake (ie, those delivered by Māori health providers, supported by new vaccinator roles).

Maintaining our ability to support the COVID-19 immunisation programme needs

- 33 It is important that we continue to access safe and effective vaccines that are responsive to our ongoing immunisation needs and priorities and that we can respond quickly to any change in context.
- 34 We have a sufficient supply at this stage to support our priorities and continue to provide broad population protection against COVID-19 in 2022. However, there will continue to be uncertainty and risk with COVID-19, as well as changes in vaccine technologies. To ensure that we continue to manage risk and are able to best support the National Immunisation Programme, we will:
 - 34.1 use our existing APAs, providing a route for additional volumes of vaccines for 2023 and outyears or as eligibility is extended for younger age groups and early access to updated variant vaccines;
 - 34.2 continue to horizon scan and utilise the up-to-date science and technical advice on COVID-19 risks and vaccine technologies that might award us better protection, reduce transmission or better match our population needs; and
 - 34.3 consider additional APAs or other purchase mechanisms that will ensure timely access to the most effective vaccines and sufficient supply.
- 35 Officials from the Ministry of Health, Pharmac, Te Whatu Ora and Te Aka Whai Ora are working on completing a deep dive into the current landscape of COVID-19 vaccine technology.

- 36 The deep dive considers:
- 36.1 the performance of current vaccine platforms (eg, mRNA and non-mRNA vaccines);
 - 36.2 potential impact and effectiveness of multivalent (designed to immunise against two or more diseases or two or more strains of the same disease), variant specific or other vaccine developments that are on the horizon;
 - 36.3 heterologous and homologous immunisation outcomes (administration of the same vaccine and administration of a different vaccine, respectively); and
 - 36.4 other aspects that may have an impact on vaccine effectiveness, including international surveillance and opportunities.
- 37 This deep dive will support officials with assessing future purchasing needs in 2022 and 2023 to ensure we have access to sufficient and the most effective vaccines or if we need to make additions to our existing COVID-19 vaccine portfolio. The COVID-19 Future Vaccine Technologies Taskforce 2024 (a group of independent experts) will provide input.
- 38 Due to significant upscaling in manufacturing capability during the COVID-19 pandemic, there is unlikely to be a constraint on access, particularly where we have access through our existing APAs or new supply agreements are put in place based on the outcomes of the deep dive noted above. In the longer term, developing onshore capability could provide greater flexibility to secure access when there are significant pressures on supply, and initial investment has already been made to support mRNA manufacturing.

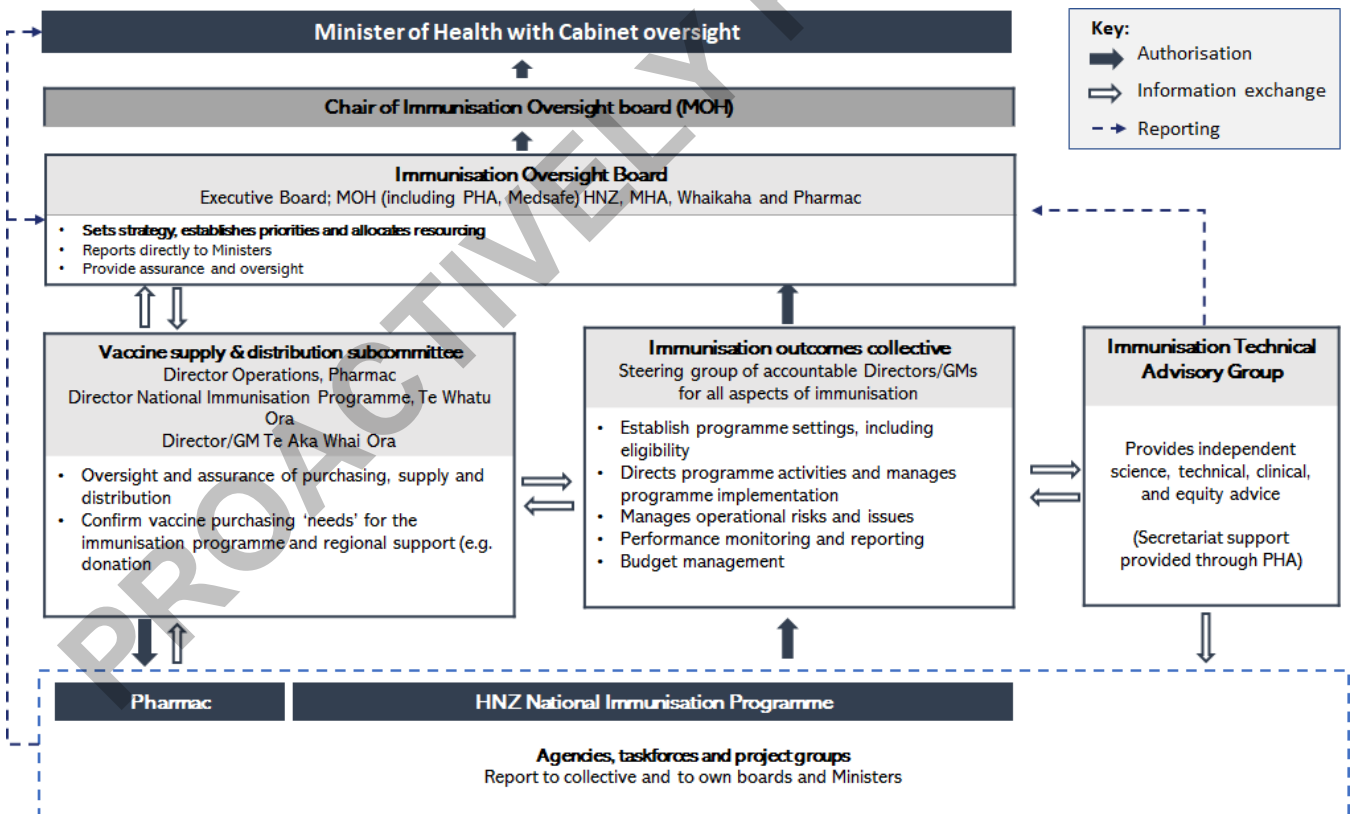
Governance and accountability

Providing clear governance to support cross agency collaboration in the new health system

- 39 The Pae Ora (Healthy Futures) Act 2022 (the Pae Ora Act) will require all health entities, including Pharmac to work in accordance with the principles in the Act that require, among other things:
- 39.1 ensuring Māori and other population groups achieve equitable health outcomes;
 - 39.2 providing opportunities for Māori to exercise decision-making authority on matters of importance to Māori; and
 - 39.3 protecting and promoting health and wellbeing by collaborating with other agencies and organisations to address the determinants of health.
- 40 Immunisation outcomes are one of the many areas where adhering to these principles will require collaboration across health sector entities and in partnership with iwi and Māori. An oversight mechanism for health entities that fosters collaboration on priorities for collective efforts is a positive initiative in keeping with the principles of the Pae Ora Act.

- 41 Pharmac is working collectively with other health agencies, as part of the National Immunisation Programme on:
- 41.1 identifying and agreeing on needs, including establishing the best purchasing approach to support the Strategy and outcomes for the National Immunisation Programme; and
 - 41.2 horizon scanning and identifying and agreeing on purchase options that will best support the purchasing approach, including ensuring the security of supply, flexibility to support immunisation needs and ability to access improvements in vaccine technology.
- 42 To align with these decisions and support the National Immunisation Programme, to achieve the strategic priorities for COVID-19 (as well as wider immunisation goals) within a new health system, I am seeking your agreement to the development of a collective governance mechanism as proposed in figure 1 (proposes an initial overview of the mechanism).
- 43 However, the governance mechanism is intended as a practical first step that will provide the flexibility to be refined as work progresses on the roadmap to the National Immunisation Strategy and as we address gaps in the existing system.

Figure 1. Governance and accountability for immunisation



* Note that the governance mechanism does not replace existing direct accountabilities and reporting lines for agencies, but provides a mechanism to work collectively and manage any trade-offs.

- 44 The governance mechanism and approach will need to evolve as the system embeds its operating model and prioritises work that embeds and reflects partnership with

Māori and enable greater collaboration, co-design and shared ownership across our communities (including Pacific peoples, and other groups who experience inequities in health outcomes).

- 45 There are key differences between COVID-19 vaccines and vaccines more broadly, particularly in relation to funding sources and funding decision processes and accountability, that the Immunisation Oversight Board will be required to navigate.
- 46 An independent Immunisation Technical Advisory Group will provide practical science, technical and clinical advice, as requested. The membership will reflect multi-disciplinary expertise and comprise equitable Māori representation alongside representation from the Pacific and the disability sector. The Technical Advisory Group will be managed and supported through a secretariat function, most likely within the Public Health Agency, and ensures that the programme is able to respond to the latest science and technical information. Subject to Cabinet agreement to the proposed governance structure, officials will progress work to formalise the functions and processes and establish the governance and advisory groups.
- 47 It will be crucial as we progress the development of the National Immunisation Strategy that Māori are partners to ensure we achieve the strategic objectives of the immunisation programme. This will require devolving power and resource to Māori and Te Tiriti partners to have authority over the design and delivery of services and ensure strong Māori leadership at all levels of the system.
- 48 Disabled people will have the opportunity to be actively involved in decision-making processes about policies and programmes, including those directly concerning them as outlined in the United Nations Convention on the Rights of Persons with Disabilities.
- 49 The proposal balances the immediate need for clear governance as we continue to maintain a key focus on managing the impacts of COVID-19. It achieves this while having a future focus as the governance mechanism is set up for immunisation specifically and could be a "test case" or forerunner of further collaborative initiatives over time. If new collaborative approaches are not put in place early in the life of the reformed health system, an opportunity to reset towards the collective impact on equity and health outcomes may be lost, and siloed operating styles may become entrenched.
- 50 The proposed structure will ensure that:
- 50.1 there is clear, collective ownership within the new health system for immunisation outcomes;
 - 50.2 a clear line of sight for Ministers; and
 - 50.3 individual agencies are enabled to maintain necessary reporting, decision-making and accountability lines to their own boards and Ministers.
- 51 Subject to your agreement, I expect officials to progress work on finalising and establishing the Immunisation Oversight Board, to clarify the processes, roles, and responsible parties that will need to be in place to support this integrated process.

We need an immunisation strategy to keep New Zealanders safe

Once established the Immunisation Oversight Board will look to broader immunisation priorities

- 52 Developing immediate strategic priorities for broader immunisation is essential to improve population protection, given the existing equity gaps across funded childhood and adult immunisations.
- 53 The National Immunisation Programme is currently:
- 53.1 running vaccination initiatives across the influenza and MMR programmes include mobile clinics, whānau-focused vaccination events with a holistic approach to wellbeing at vaccination clinics and supported by kai, entertainment, petrol, and supermarket vouchers; and
 - 53.2 building the workforce and growing provider capacity and capability to develop and deliver communications, as well as to recruit local champions. Funding has also been made available to boost uptake of the influenza and MMR vaccines.
- 54 It will be critical that the Immunisation Oversight Board looks to progress work towards system integration and setting immediate strategic priorities for broader immunisation programmes. This is an immediate next step, as part of a roadmap towards developing a long-term national immunisation strategy and action plan within the context of a reformed health system and in partnership with Māori, noted below.
- 55 The National Immunisation Taskforce has been commissioned by the Chief Executive of Te Whatu Ora to support the health system to accelerate efforts to achieve equitable uptake of early childhood immunisations. The Immunisation Taskforce is expected to deliver an interim report by the end of November on actions to be undertaken to improve access and uptake, with a particular focus on the childhood immunisations schedule.

Establishing immediate priorities and governance provide the first towards a National Immunisation Strategy

- 56 To ensure New Zealand has a high and equitable uptake of good vaccines, and continues to manage the impacts of COVID-19, we need an immunisation strategy that:
- 56.1 establishes a shared understanding of what we are trying to achieve through immunisation;
 - 56.2 provides strong governance and clear accountability to enable the Ministry of Health (including the Public Health Agency and Medsafe), Te Whatu Ora, Te Aka Whai Ora, Pharmac and Whaikaha to collectively deliver on shared immunisation goals; and
 - 56.3 provides a clear line of sight to Ministers on the objectives and actions being undertaken by the National Immunisation programme.

- 57 Successes from the COVID-19 Immunisation Programme can help with improving vaccination rates across vaccine preventable diseases as we transition towards an integrated national immunisations programme, consistent with a more integrated health system. Ultimately supporting a health system that is prevention focused, responsive, easily accessible, and equitable and enabling us to meet our Te Tiriti o Waitangi obligations.
- 58 Development of a National Immunisation Strategy will require a considered community engagement plan to ensure that immunisation can be delivered in a way that meets the needs of our communities. This will also support further work to embed true co-design of immunisation services and help the Government to uphold its obligations under Te Tiriti o Waitangi. Community-led responses with a common vision and shared understanding of success were hallmarks of the COVID-19 response and critical to its success.
- 59 It will be a priority for the new governance mechanism to consider how it integrates partnership and co-designs at all levels of the immunisation system (including at a governance level) as work progresses towards a National Immunisation Strategy.
- 60 A critical component of developing the National Immunisation Strategy will be considering any additional funding requirements to empower immunisation providers to meet the needs of their communities, as well as investment in the co-development of outcome indicators at the system, provider and community level for immunisation. It is vital that we continue to fund and support for Māori and Pacific approaches which have been a cornerstone of the National Immunisation Programme's success in promoting equity.

Global leadership and supporting Polynesia with their ongoing COVID-19 immunisation needs

- 61 New Zealand has been a leader in the global COVID-19 response through contributions to the COVAX Facility and our support for vaccine access and delivery in the Pacific, especially Polynesia.
- 62 New Zealand has been the single source of COVID-19 vaccine supply to Cook Islands, Niue and Tokelau. Other Pacific Island countries including Samoa, Tonga, Tuvalu and Fiji, have accessed doses from multiple sources. These include other bilateral partners s 6(b)(i) and COVAX. New Zealand's support for vaccine access and rollout in the wider Pacific has also utilised the third-party mechanisms available, namely COVAX and the Australia-UNICEF partnership.
- 63 s 6(a), s 9(2)(j)
[Redacted text block]

- 64 Officials will continue to engage with global COVID-19 vaccination initiatives (eg, COVAX) and sustain relationships with partners so that we learn from international best practice, keep abreast of research and development, and retain international (non-commercial) channels to support our domestic portfolio management needs.

Financial Implications

- 65 To date, COVID-19 Vaccine Purchasing has been funded through the COVID-19 Response and Recovery Fund, which closed on 11 April 2022. There is approximately s 9(2)(b)(ii) remaining in Minimising the health impacts of COVID-19 – Tagged Operating Contingency. In Budget 2022, Cabinet set aside a 'COVID-19 response operating contingency' for any urgent public health costs that cannot be met within baselines before Budget 2023 [CAB-22-MIN-0129 refers].
- 66 To maintain agility in COVID-19 vaccine purchasing and ensure that we are responsive to the emerging vaccine and immunisation needs, if urgent funding is required to purchase a new vaccine for New Zealand and the six countries of Polynesia beyond what is available in the COVID-19 – Tagged Operating Contingency, officials will seek Cabinet approval to draw down funding from the 'COVID-19 response operating contingency'. We recommend that Cabinet delegates these decisions to the Ministers of Finance, COVID-19 Response and Health jointly.
- 67 In April 2022, Cabinet approved funding for the National Immunisation Programme through to December 2022. As part of a COVID-19 response package, officials will report back to SWC in December 2022 on how the vaccine programme is operating, including vaccine uptake, a breakdown of spending and any funding requirement for 2023 [SWC-22-MIN-0057 refers].

Population Implications

- 68 While we've seen improved access and high rates of COVID-19 vaccination across population groups, COVID-19 immunisation services are not equitably distributed in Aotearoa New Zealand, with priority populations with higher risk and more pressing need having diminished access to immunisation services.
- 69 The proposals in this paper aim to retain the significant gains made throughout the COVID-19 National Immunisation Programme. This acknowledges that while inequities do still exist in immunisation access, the focus on equity and those most at risk for the next 12 months will enable the continued reductions in immunisation inequities and subsequent health outcomes – across all population groups.

Table 1: Population Implications for key groups

Population group	How the proposal may affect this group
Māori/Te tiriti partners	Māori have inequitable COVID-19 immunisation and booster rates. Māori also bear inequitable outcomes of the pandemic, at nearly one quarter of hospitalisations nationally. While inequities persist, considerable lessons have been learned and implemented in the CVIP, improving uptake. The proposals in this paper, such as embedding equity goals across immunisation aim to address the unfair, unjust and persistent health inequities impacting Māori. Embedding system enablers taking learnings from the CVIP, Care in Community, and Omicron Māori responses (including commissioning) will help achieve equity in broader immunisations such as senior-flu and childhood-MMR.
Pacific Peoples	Similarly, Pacific peoples are overrepresented in COVID-19 cases, hospitalisation and deaths. Pacific peoples have inequitable booster-immunisation rates and stand to gain from the strategy proposals laid out in this paper, and the integration of programme gains into broader immunisation programmes. Implementing lessons learnt from the Pacific Covid-19 response will help achieve equity in vaccine preventable diseases such as childhood MMR.
Disabled people	Broadly, disabled people (estimated population 1.2 million) have similar immunisation rates to non-disabled people, however, tāngata whaikaha Māori, Pacific disabled people, and disabled people with more complex needs have lower rates. Disabled people have a greater risk of serious illness and hospitalisation, and significant additional needs. 68 percent report having unmet needs at vaccination centres. The proposals in this paper equip the health system with clear objectives to reduce inequities in immunisation, alongside stipulating resourcing and agile funding mechanisms to enable the responsiveness required to meet the needs of disabled people.
People with pre-existing conditions	Persons with pre-existing conditions have a disproportionately high risk of severe disease and need health interventions for vaccine preventable diseases, including COVID-19. Individuals with pre-existing conditions will benefit from the proposals in this paper, much like that of disabled people.
Older people	Older people (65+), as a high-risk and prioritised population in the COVID-19 pandemic have high immunisation rates. However, elderly-Māori are not equitably immunised. Older people make up over 80 percent of deaths from COVID-19. Proposals in this paper will set equitable outcome objectives and enable healthcare services to be delivered with agility to meet the differing needs among the older population. Furthermore, integration of lessons that enabled the high COVID-19 vaccination rate among older people will be integrated in broader immunisation programmes such as elderly-flu (41.6 percent population coverage) with equitable outcome objectives for high-risk groups such as elderly Māori (32.4 percent) and Pacific peoples (29.1 percent).
Children	Children are at a lower risk of negative health outcomes from COVID-19, but a higher risk of serious illness from most other vaccine-preventable diseases, particularly whooping cough and measles. Māori and Pacific children are at higher risk of negative health outcomes and hospitalisation than nMnP. Children largely bear negative social and cultural impacts of the COVID-19 pandemic, such as loss of education and crucial socialisation, for which widespread and equitable immunisation achieves protection. Children's immunisation rates have been impacted by the pandemic, and delays in shifting workforces back to these services will leave an under vaccinated cohort vulnerable to disease outbreaks until catch up programmes can be implemented. Evidence also suggests that capturing tamariki/children in early milestone immunisations promotes continued schedule adherence. The proposals in this paper, including the embedding of equity and empowering the Māori health sector, will foster greater overall and sustained equitable immunisation outcomes.

- 70 Outside of the groups noted in Table 1, the proposals in this paper that look to address current inequity by improving immunisation rates will have a positive impact for other groups that have lower coverage rates and worse outcomes (eg, rural and ethnic communities).

Human Rights

- 71 The proposals in this paper are consistent with the New Zealand Bill of Rights Act 1990 and the Human Rights Act 1993.

Consultation

- 72 The following agencies have been consulted: Te Whatu Ora, Te Aka Whai Ora, Whaikaha, the Public Health Agency, Ministry of Pacific People, Te Arawhiti, Pharmac, the Ministry of Foreign Affairs and Trade, the Treasury, and the Department of the Prime Minister and Cabinet.

Communications

- 73 The National Immunisation Programme will continue to develop tailored communications on immunisation for different communities. It is important that all communications are culturally appropriate and available in a range of languages and mediums.

Proactive Release

- 74 This Cabinet paper will be released within 30 business days of decisions being confirmed by the Cabinet with redactions as appropriate under the Official Information Act 1982.

Recommendations

The Minister for COVID-19 recommends that the Committee:

- 1 note that National Immunisation Programme within the new health system will require clear strategic priorities and outcomes for the COVID-19 immunisation programme over the next six to twelve months;
- 2 agree that through to June 2023, the National Immunisation Programme will focus on:
 - 2.1 protecting those most at risk of the impacts of COVID-19; and
 - 2.2 immunisation gaps in existing eligible population groups;
- 3 note that we have sufficient COVID-19 vaccine supply at this stage to support our priorities and continue to provide broad population protection against COVID-19 in 2022 and early 2023;
- 4 note that to manage uncertainty and risks with COVID-19 and also potential changes in vaccine technology that may better support the National Immunisation Programme, we will:

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- 4.1 utilise our existing Advance Purchase Agreements, providing a route for additional volumes of vaccines for 2023 and outyears or early access to updated variant vaccines or as eligibility is extended for younger age groups;
- 4.2 continue to horizon scan and utilise the most up-to-date science and technical advice on COVID-19 risks and vaccine technologies that might award us better protection, reduce transmission or better match our population needs; and
- 4.3 consider additional advance purchase arrangements or other purchase mechanisms that will ensure timely access and sufficient supply;
- 5 note that the National Immunisation Programme must focus on improving uptake in priority population groups to ensure high levels of population protection are maintained and improved;
- 6 agree to the governance mechanism for the Immunisation System that will establish:
 - 6.1 an Immunisation Oversight Board that includes membership from the Ministry of Health, Te Aka Whai Ora, Te Whatu Ora, Whaikaha, Pharmac, the Public Health Agency and Medsafe;
 - 6.2 a subcommittee of the Governance Board (membership from Pharmac, Te Aka Whai Ora, Te Whatu Ora) focused on vaccine supply and distribution which will support Pharmac in its new purchasing and management role;
 - 6.3 an Immunisation Outcomes Collective, the steering group that will direct the National Immunisation Programme activities and manage programme implementation; and
 - 6.4 an Immunisation Technical Advisory Group that will provide cohesive and robust advice across all aspects of immunisation and ensure that the programme is able to respond to the latest science and technical information;
- 7 agree that the governance mechanism will need to evolve as the system embeds its operating model and to prioritise work that embeds and reflects partnership with Māori and enable greater collaboration, co-design and shared ownership across our communities;
- 8 agree the Minister of Finance, the Minister for COVID-19 Response, and the Minister of Health manage all future COVID-19 vaccine purchasing decisions;
- 9 agree the Minister of Finance, the Minister for COVID-19 Response, and the Minister of Health jointly draw down funding from the 'Minimising the Health Impacts of COVID-19 - Tagged Operating Contingency', as required to support COVID-19 immunisation objectives;
- 10 agree the Minister for COVID-19 Response and the Minister of Health to manage all wider COVID-19 vaccine portfolio considerations, including decisions to use and management of the portfolio of COVID-19 vaccines;

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- 11 endorse developing the National Immunisation Strategy over the next 12 months with a clear strategy and action plan within the context of a reformed health system and in partnership with Māori.

Authorised for lodgement

Hon Andrew Little

Minister of Health

Hon Dr Ayesha Verrall

Minister for COVID-19 Response

Associate Minister of Health

PROACTIVELY RELEASED