

Briefing

Draft Cabinet paper: February 2021 update on the COVID-19 Immunisation Strategy and Programme

Date due to MO: 15 January 2021 **Action required by:** 18 January 2021

Security level: SENSITIVE **Health Report number:** 20202320

To: Hon Chris Hipkins, Minister of COVID-19 Response
 Hon Andrew Little, Minister of Health
 Hon Dr Ayesha Verrall, Associate Minister of Health

Contact for telephone discussion

Name	Position	Telephone
Dr Ashley Bloomfield	Director-General of Health	S9(2)(a)
Caroline Flora	Acting Deputy Director-General, System Strategy and Policy	

Minister's office to complete:

- Approved Decline Noted
 Needs change Seen Overtaken by events
 See Minister's Notes Withdrawn

Comment:

Draft Cabinet paper: February 2021 update on the COVID-19 Immunisation Strategy and Programme

Security level: SENSITIVE **Date:** 15 January 2021

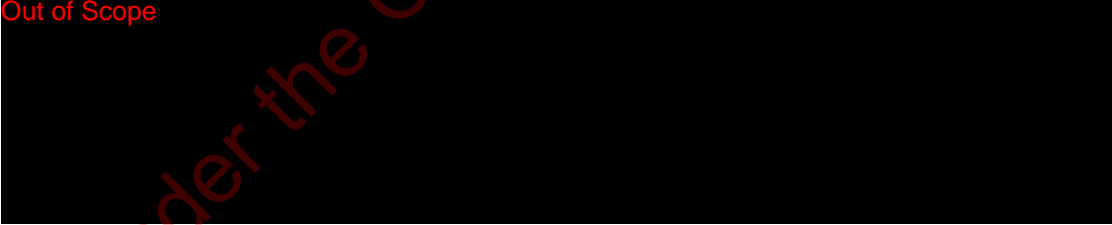

To: Hon Chris Hipkins, Minister of COVID-19 Response
Hon Andrew Little, Minister of Health
Hon Dr Ayesha Verrall, Associate Minister of Health

Purpose of report

1. This report provides you with a draft Cabinet paper *February 2021 update on the COVID-19 Immunisation Strategy and Programme*, for your review and Ministerial consultation, that responds to Cabinet's invitation for a report back on several issues related to the COVID-19 Immunisation Strategy and Programme. It also seeks your agreement to several of the policy issues included in the draft Cabinet paper.

Summary

2. This report attaches a draft Cabinet paper, to update Cabinet on 2 February 2021 on the COVID-19 Immunisation Strategy and Programme, for your review and Ministerial consultation. It includes proposals on a number of outstanding policy issues, including:

- a. **Out of Scope**

- b. 
- c. the proposal to expand eligibility for COVID-19 immunisation to everyone in New Zealand, which would help us to maximise uptake of the vaccine. This would help reduce the risk of harm from COVID-19 and, over time, help us work towards population immunity.

3. Our advice on these issues is outlined in further detail in this report. We seek your decisions on these issues to ensure the draft Cabinet paper accurately reflects your position.

4. **Out of Scope**


5. 

Recommendations

We recommend you:

Hon Chris
Hipkins

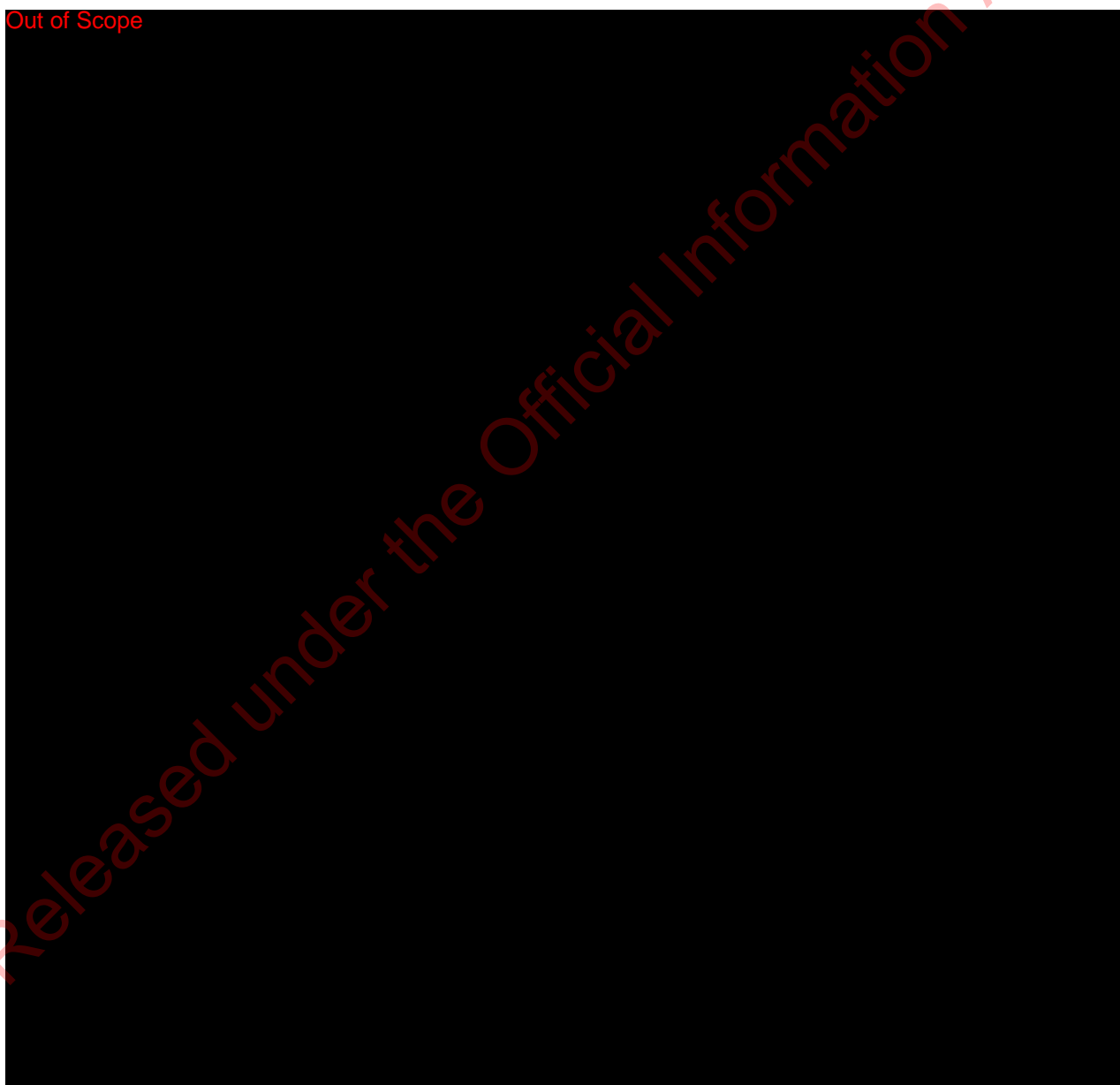
Hon Andrew
Little

Hon Dr Ayesha
Verrall

Cabinet paper process

- | | Yes/No | Yes/No | Yes/No |
|--|--------|--------|--------|
| 1 Note the attached draft Cabinet paper to respond to the request for a report back by 2 February, which includes our recommended advice on a number of outstanding policy issues | Yes/No | Yes/No | Yes/No |
| 2 Agree to provide the draft paper to relevant Ministers for Ministerial consultation, with feedback due by midday 22 January 2021 | Yes/No | Yes/No | Yes/No |

Out of Scope



Released under the Official Information Act 1982

Eligibility to publicly funded COVID-19 immunisation

- | | | | | |
|----|---|---|---|---|
| 10 | Note that enabling everyone in New Zealand, regardless of immigration status, to access to publicly funded COVID-19 immunisation:

10.1 would support our goal of working towards population immunity over time, and

10.2 can be absorbed within existing funding under current border settings | Yes/No | Yes/No | Yes/No |
| 11 | Note that to expand eligibility, the Minister of Health could establish a Ministerial Direction under section 32 of the Public Health and Disability Act 2000 (the Act), which requires consultation with DHBs | | | |
| 12 | Agree in principle , subject to consultation with Cabinet and DHBs, that eligibility to publicly funded COVID-19 immunisation either:

12.1 Option one (not recommended) : aligns with the existing Eligibility Direction 2011

OR

12.2 Option two (recommended) expands to include everyone in New Zealand regardless of immigration status | Yes/No

OR

Yes/No | Yes/No

OR

Yes/No | Yes/No

OR

Yes/No |
| 13 | Agree that, as required under section 32 of the Act, we begin consultation with DHBs in January 2020 on a Direction to expand eligibility to publicly funded COVID-19 immunisation to everyone in New Zealand. | Yes/No | Yes/No | Yes/No |

Dr Ashley Bloomfield
Director-General of Health
Date:

Hon Chris Hipkins
Minister for COVID-19 Response
Date:

Hon Andrew Little
Minister of Health
Date:

Hon Dr Ayesha Verrall
Associate Minister of Health
Date:

Draft Cabinet paper: February 2021 update on the COVID-19 Immunisation Strategy and Programme

The next update to Cabinet on the COVID-19 Immunisation Strategy and Programme is due early February 2021

6. On 7 December 2020, Cabinet considered advice on the COVID-19 Immunisation Strategy and Programme. It agreed that the purpose is to support best use of COVID-19 vaccines, which upholding and honouring Te Tiriti o Waitangi obligations and promoting equity [CAB-20-MIN-0509 refers].
7. The Prime Minister's office has requested that you report back to Cabinet on the COVID-19 Immunisation Strategy and Programme on 2 February 2021.

We have attached the requested draft Cabinet paper for your discussion and feedback, which includes advice on several outstanding policy issues

8. The attached draft Cabinet paper includes advice to respond to the requested report-backs. It includes proposals related to the following outstanding policy issues:
 - a. **Out of Scope**
 - b. **Out of Scope**
 - c. eligibility for COVID-19 immunisation.

Out of Scope

[Pages 5-8 withheld as out of scope]

Expanding eligibility for COVID-19 immunisation to everyone in New Zealand will help us maximise uptake

37. Immunisation is publicly funded for eligible people specified in the Health and Disability Services Eligibility Direction 2011. In general, this would include all:
 - a. children

- b. New Zealand citizens (including people from Cook Islands, Niue and Tokelau) and permanent residents
 - c. refugees and protected persons
 - d. Australian citizens or permanent residents who have lived, or intend to live, in NZ for two years or more
 - e. people with a valid work visa who will be in NZ for at least two years.
38. This means adults on temporary visas or who are Australian citizens that will be in NZ for less than two years, or people who are in NZ unlawfully, would not be eligible for a publicly funded COVID-19 vaccine at present.² Our estimates suggest this could include approximately up to 280,000 people.
39. As was seen with the 2019 Measles Outbreak, community transmission of infectious diseases can occur among groups who are not normally eligible for immunisation, potentially putting the individuals, their whānau and their community at risk. Maximising uptake of the COVID-19 vaccine will be essential if we are to reduce the risk of harm from COVID-19 and, over time, achieve population immunity. It also enables us to contribute to the global effort working to end the pandemic.
40. Given this, we propose that everyone in New Zealand should be able to access free COVID-19 immunisation. This includes people in New Zealand temporarily (for example, Recognised Seasonal Employer (RSE) workers) and people in New Zealand unlawfully. **Appendix Three** includes an options analysis of this proposal against the COVID-19 Immunisation Strategy principles.
41. This option is consistent with the draft advice from the National Ethics Advisory Committee:
- From an epidemiological perspective, all individuals living in a geographic area (such as New Zealand) must be considered as part of the immunisation programme, regardless of their immigration status. This includes all non-residents currently living in, or unable to leave, New Zealand.*³
42. It is also consistent with access to COVID-19-related healthcare, which is available to everyone in New Zealand.
43. We did consider an option to limit the expansion in eligibility to only people “living in New Zealand”, i.e. including people on work visas and student visas (and potentially Australians), but excluding people on visitor visas. We discounted this option for a number of reasons:
- a. It does not align with the COVID-19 Immunisation Strategy principles, in particular equity, regional responsibility and equal concern.

² While there is a clause that enables the diagnosis or treatment of anyone suspected of having a quarantinable disease immunisation is preventative and will generally not be given to a person “who has, or is suspected of having, and infectious disease”.

³ National Ethics Advisory Committee, Ethics and Equity: Resource Allocation and COVID-19: An Ethics Framework to Support Decision Makers (draft version, 2020).

- b. There would need to be a clear threshold for "living in New Zealand", i.e. how long would the individual have to intend to be in New Zealand for, which would be make implementation more complex.
- c. It would be difficult to enforce without requiring some proof of immigration status, which would create a barrier to uptake.
- d. There are still people on visitor visas in New Zealand that are unable to return to their home country at present, who we should encourage to be immunised.
- e. This option would make it difficult to justify including, as eligible, those who are in New Zealand unlawfully. This would be problematic given this group could be especially vulnerable to the risks of COVID-19 and reluctant to engage with the Government.

A new Ministerial Direction could expand eligibility for COVID-19 immunisation to non-residents

- 44. Should Cabinet agree in principle to the policy proposal, we recommend that the Minister of Health pursue a standalone direction on COVID-19 Immunisation Eligibility under section 32 of the New Zealand Public Health and Disability Act 2000. ^{s9(2)(h)}
[REDACTED]
[REDACTED] As well, it makes it clear that the policy change is limited to the COVID-19 immunisation only.
- 45. This process requires consultation with DHBs, which we anticipate would take at least two weeks. Subject to your agreement, this can run in tandem to the Cabinet paper process. We will provide further advice in February 2021 on the DHBs feedback for the Minister of Health's consideration, accompanied by the drafted Ministerial Direction.
- 46. Note that the final decision on the Direction sits with the Minister and not Cabinet, and there needs to genuine consideration of the consultation feedback. While we do not anticipate the need recommend a change to the policy position, the Minister could update Cabinet if any changes are made.

Under current border settings, the fiscal cost can be absorbed within existing funding

- 47. We expect that the cost of expanding access can be absorbed within the existing appropriation while visitor numbers are low. We do not have a robust estimate of the number of people who would take up COVID-19 immunisation that would not have otherwise if they remained ineligible. However, as an indication, it would cost approximately \$17 million to immunise up to 280,000 people.
- 48. We expect that at present the cost could be absorbed because:
 - a. our previous fiscal estimates assumed 100 percent uptake of the vaccine, which is unlikely to occur (either for citizens/residents or non-residents)
 - b. the allocated funding includes a contingency for any unexpected costs.
- 49. Any future policy work to relax border controls would need to consider the impact on COVID-19 immunisation eligibility, given that relaxing the borders would increase the number of people on temporary visas.
- 50. If borders were to open, additional funding may be required if the proposed policy was to continue, given we could expect a significant increase in visitors who may not be

vaccinated.⁴ However, it may not be cost effective for the Government to fund COVID-19 immunisation for large numbers of people on visitor visas who will only be staying in New Zealand for a short time. This is because immunising this group is unlikely to contribute to population immunity.

51. Given this, alternative options or change to the policy may need to be considered when looking at changes to border settings.

Out of Scope

Equity

54. As previously advised, delivering on the COVID-19 Immunisation Strategy may contribute to the full cultural, social and economic recovery from COVID-19, and has potential flow-on implications for specific population groups at increased risk of adverse social, cultural and economic outcomes. In respect of the proposals in this paper, there are a number of key equity implications:

- a. Out of Scope
- b.
- c. Making free COVID-19 immunisation available to everyone in New Zealand promotes equity for anyone regardless of immigration status.

Next steps

55. Officials are working to the condensed timeframe for the Cabinet paper, as set out below. This timeframe aims to maximise time for Ministerial consideration of the draft Cabinet paper.

Timeframe	Milestone
Monday 18 January	Draft Cabinet paper is sent out for Ministerial consultation
Monday 18 – 22 January	Ministerial consultation underway, including Ministers meeting to discuss the proposals on 18 January

⁴ The draft Cabinet paper includes a breakdown of the estimated number of people this policy changes could impact. As at November 2020 there were only approximately 32,000 people on visitor visas in New Zealand.

Wednesday 20 January	Feedback from agency consultation due
Midday on Friday 22 January	Ministerial feedback on Cabinet paper due
Wednesday 27 January	Final Cabinet paper for your approval
Thursday 28 January	The Cabinet paper is lodged by the Minister of Health's office
Monday 2 February	Cabinet meeting

56. In addition to those who will attend the Ministerial meeting on 18 January 2021, we suggest the updated Cabinet paper is provided to other relevant Ministers for their and comment, such as the Minister of Immigration.
57. Given the tight timeframes, we are seeking feedback from Ministerial consultation by midday on Friday 22 January. We will then incorporate any changes before providing you the final Cabinet paper for lodgement on 27 January 2020.

Released under the Official Information Act 1982

[Page 14 and Appendices One & Two withheld as out of scope]

Appendix Three: Options analysis of eligibility settings for publicly funded COVID-19 Immunisation

COVID-19 Immunisation Strategy principles	Option one (status quo) – some groups are not eligible for COVID-19 immunisation based on residency status	Option two – everyone in New Zealand is eligible for free COVID-19 immunisation
Equity	-1 <i>This option would not lead to equitable treatment for non-residents, however it is consistent with their eligibility to other types of immunisation.</i>	2 <i>This option would treat everyone in New Zealand equitably, regardless of their immigration status.</i>
Equal concern	-2 <i>This option would not treat non-residents as of equal concern.</i>	2 <i>This option would treat non-residents as of equal concern.</i>
Minimise the health, social, economic and cultural harm of COVID-19	-1 <i>This option would not directly protect non-residents from the harm of COVID-19. Given undocumented communities may be more reluctant to engage with officials, this is a concern.</i> <i>However, they may still receive some “flow-on” benefits from others being immunised in their community.</i>	2 <i>This option could protect non-residents who are immunised, which over time could contribute to achieving population immunity and minimising the wider economic impact of COVID-19. It would also reduce the risk of social and cultural harm to non-residents.</i>
Regional responsibility	-1 <i>This option may create a discrepancy, where non-residents can get immunised for free in their home country (funded by NZ), but not if they are living in New Zealand.</i>	1 <i>Some non-residents will be citizens of the participant Pacific countries, for example the majority of RSE workers are from the Pacific.</i>
Value	1 <i>This option would lower the cost of the COVID-19 Immunisation Programme.</i> <i>However, non-residents are already eligible for treatment if they have COVID-19 which could be considerably more expensive (on an individual basis) than immunisation.</i>	-1 <i>This option would increase the cost of the COVID-19 Immunisation Programme, as potentially up to 280,000 additional people could be eligible.</i> <i>This group may also only be in New Zealand for a short period of time after immunisation, so New Zealand may receive less benefit.</i>
Legitimacy	-1 <i>This option is not evidence-based. It may erode trust if people become concerned that non-residents are likely to transmit COVID-19.</i>	1 <i>This option is evidence-based and may help build confidence that the COVID-19 Immunisation Programme is doing everything to achieve population immunity.</i>
Average rating	-0.8	1.2

ENDS.