Covid-19 Vaccine Strategy Taskforce

Minutes – Wednesday 19 August

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Meeting Details

Members in Attendance	**MBIE:** Peter Crabtree (chair), Prue Williams	**MFAT:** David Taylor
	MoH: Chris James, John Whaanga, Bronwyn Croxson (stand-in)	**PHARMAC:** Lisa Williams
	Treasury: Jess Hewat (stand-in)	**DPMC:** Philippa Yasbek
	STAG: James Ussher	
Apologies	Ian Town, Maree Roberts (MoH)	
Additional attendees	**MBIE:** Simon Rae, Anthony Bull, Stephanie Symynuk, Zachary Clarke **PHARMAC:** Andrew Oliver **MFAT:** Glenys Karran	

Minutes and Action Points

The APA decision framework

The Taskforce was broadly supportively of the Working Group's proposed decision framework. Joint ministers will be expecting advice on the framework soon, and the framework A3s will need to be developed into a briefing as part of this process. MBIE will hold the pen on the paper, with support from a senior advisor from the Ministry of Health.

Members sought advice from Medsafe on whether it would be able to provide advice on specific portfolio issues. Medsafe advised that there are some areas where it can advise on, such as with established manufacturers, and that it would be happy to provide advice on what potential portfolio prioritisations would mean for Medsafe's validation and approval processes.

Actions:

1. MBIE to report back on the STAG's feedback on the framework
2. MBIE and MOH to write a briefing to joint ministers seeking approval of the framework as soon as possible.

COVAX Facility

MFAT presented a paper on COVAX, which provided an update on progress and next steps for New Zealand's engagement with the Facility. COVAX is an unusual multilateral process, and has largely been iteratively designed by experts as it progresses. MFAT was of the view that while challenges remain, New Zealand should continue to be involved in the process as the Facility is heading in the right direction and provides valuable portfolio insurance and diversification.

Members agreed that agencies will need to answer two key questions that have arisen as the design of the Facility has evolved. Firstly, do we intend to seek options to purchase or to pre-purchase vaccines through the Facility? Secondly, to what extent should we trade off portfolio diversification to pursue individual candidates through the Facility?

The Taskforce agreed to the full list of recommendations in the paper, with a revision to recommendation b. to "access" instead of "recruit" portfolio management expertise to assess how the COVAX Facility could complete other investment decisions. This expertise is likely to come from several different sources, both internal and external.

6(a) These meetings will result in a revised set of principles for the Facility, which will soon be released. Following the release of these principles, member countries will be required to give a non-binding commitment of their intention to participate in the Facility by 31 August.

Action:

1. MFAT to lead development of a paper to joint ministers on providing a Confirmation of Intent to Participate in the COVAX Facility

Vaccine target list

MBIE presented on a draft vaccine candidate priority target list. It is intended to identify which pharmaceutical companies should be engaged with first, and is not intended to reflect a balanced APA portfolio. It will be a living document and will be regularly updated as more information becomes available.

The list is based on narrowing down the WHO's vaccine candidates list to those candidates with sufficient funding to complete phase II and III clinical trials (typically either established pharmaceutical companies or those with CEPI or Operation Warp Speed funding). Candidates on the list were then prioritised based on an initial estimate of their rankings against the two primary criteria in the framework; vaccine performance, and availability and access.

Action:

1. MBIE to report back on the STAG's feedback on the target list

Indemnity issues

Virginia Fenton presented on the initial indemnity paper. The paper noted that it is reasonably common to grant indemnities for pandemic vaccines (as the shorter clinical trials make it impossible to guarantee no adverse effects in the long term), 9(2)(j)

Indemnity issues will be particularly prevalent around domestic clinical trials, which are unlikely to be covered by ACC. As there is a case for clinical trials to be held domestically to meet New Zealand's Treaty obligations, this may form an ongoing policy topic. Medsafe also noted that, while not required, domestic clinical trial data would be helpful for the regulatory approval process.

6(b)(i)

The Taskforce concluded that there were several potential policy areas that could be pursued, and that these would need to be prioritised if additional resources are not available. MBIE's ongoing work on indemnities will identify key questions and answers, and assist in prioritising ongoing policy areas.

Action:

1. MBIE to report back on progress on indemnity issues at the next Taskforce meeting.

Programme Management

MBIE is currently increasing its resourcing for the vaccine strategy to increase the efficiency and effectiveness of this work. MBIE is currently developing a number of project artefacts to ensure

effective programme management, which include a project management plan, risk registers, and a vaccine candidate engagement tracker. The Chair presented a draft paper detailing the proposed programme management structure, which focuses on shifting to a teams based system. The teams are as following:

- Strategy and Policy, Simon Rae (MBIE)
- Vaccine Acquisition, Poppy Haynes (MBIE)
- Communications, Karl Ferguson (MBIE)
- International Engagement, Glenys Karran (MFAT)
- Programme Management, Alastair McKay (MBIE)
- Immunisation Strategy, TBC (MOH)

Actions:

1. Agencies to provide feedback on the proposed programme management structure to Alastair McKay.
2. MBIE to work with agencies to develop and finalise programme management artefacts (such as weekly reports and risk registers)
3. MOH to identify a permanent lead for the Immunisation Strategy workstream