

2 September 2021

Scott

By email: fyi-request-16060-3a7c4de1@requests.fyi.org.nz
Ref: H202108483

Tēnā koe Scott

Response to your request for official information

Thank you for your request under the Official Information Act 1982 (the Act) on 13 July 2021 for the following documents:

- “1) COVID-19 vaccine portfolio update - April 2021 (REF 20210533)*
- 2) Copies of all subsequent vaccine portfolio updates*
- 3) COVID-19 Vaccine Portfolio - Management of Novavax Delivery Schedule (REF 20211095)”*

On 10 August 2021 you were notified of the decision to extend time frame to provide a response to your request until 26 August 2021. We apologise for the delay in response. The Ministry has identified three documents within the scope of your request. These documents are outlined in Appendix 1 of this letter with copies enclosed. Where information is withheld, this is noted in the document itself.

I trust this information fulfils your request. Under section 28(3) of the Act you have the right to ask the Ombudsman to review any decisions made under this request. The Ombudsman may be contacted by email at: info@ombudsman.parliament.nz or by calling 0800 802 602.

Please note that this response, with your personal details removed, may be published on the Ministry of Health website at: www.health.govt.nz/about-ministry/information-releases.

Nāku noa, nā



Maree Roberts
Deputy Director-General
System Strategy and Policy

Appendix 1: List of documents for release

#	Date	Document details	Decision on release
1	25 March 2021	COVID-19 Vaccine Portfolio March Update 2021	<p>Released with some information withheld under the following sections of the Act:</p> <ul style="list-style-type: none"> • Section 9(2)(a) – to protect the privacy of natural persons, including that of deceased natural persons. • Section 9(2)(f)(iv) – to maintain the constitutional conventions for the time being which protect the confidentiality of advice tendered by Ministers of the Crown and officials. • Section 9(2)(ba)(ii) to protect information that is subject to an obligation of confidence and making it available would likely damage the public interest. • Section 9(2)(j) to enable a Minister or any public service agency to carry on negotiations without prejudice or disadvantage (including commercial and industrial negotiations). • Section 9(2)(g)(i) to maintain the effective conduct of public affairs through the free and frank expression of opinions by or between or to Ministers and officers and employees of any public service agency.
2	5 May 2021	COVID-19 Vaccine Portfolio April Update 2021	Withheld in full under section 9(2)(f)(iv).
3	17 May 2021	COVID-19 Vaccine Portfolio - Management of Novavax Delivery Schedule	<p>Withheld in full under the following sections of the Act:</p> <ul style="list-style-type: none"> • Section 9(2)(f)(iv). • Section 9(2)(ba)(ii).

Briefing

COVID-19 Vaccine Portfolio – Update March 2021

Date due to MO: 24 March 2021 **Action required by:** 29 March 2021

Security level: Commercially Sensitive **Health Report number:** 20210533

To: Rt Hon Jacinda Ardern, Prime Minister
 Hon Grant Robertson, Minister of Finance
 Hon Dr Megan Woods, Minister of Research, Science and Innovation
 Hon Chris Hipkins, Minister for COVID-19 Response
 Hon Andrew Little, Minister of Health
 Hon Nanaia Mahuta, Minister of Foreign Affairs

Copy to: Hon Dr Ayesha Verrall, Associate Minister of Health

Contact for telephone discussion

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

Minister's office to complete:

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

Comment:

COVID-19 Vaccine Portfolio – Update March 2021

Security level: Commercially Sensitive **Date:** 29 March 2021

To: Rt Hon Jacinda Ardern, Prime Minister
Hon Grant Robertson, Minister of Finance
Hon Dr Megan Woods, Minister of Research, Science and Innovation
Hon Chris Hipkins, Minister for COVID-19 Response
Hon Andrew Little, Minister of Health
Hon Nanaia Mahuta, Minister of Foreign Affairs

Purpose of report

1. This report provides an update on the vaccine portfolio and notes the need to balance maintaining access to vaccines while ensuring that we make full use of the doses available. This is part of the revised approach to managing the vaccine portfolio following the decision to progress with a primarily Pfizer-based immunisation programme. It seeks three specific decisions at this time:
 - a. accepting or declining an additional three million Janssen courses
 - b. reserving 750,000 AstraZeneca courses for Polynesia and Fiji; and
 - c. reserving, in principle, New Zealand's Pfizer COVAX allocation for use in the Cook Islands and Niue.

Summary

2. In May 2020, Cabinet agreed to the COVID-19 Vaccine Strategy [CAB-20-MIN-0382 refers]. The objective is to secure access to sufficient quantities of safe and effective COVID-19 vaccines.
3. A vaccine portfolio approach was taken to manage several dimensions of significant risk, such as possible vaccine failure during development. The vaccine portfolio now consists of up to 20 million courses across four different vaccines, taking into account an option for three million additional courses of the Janssen vaccine.
4. The Ministry of Health updated you on 26 February 2021 on the need to revise the approach to managing the vaccine portfolio [HR 20210291 refers], given that the context in which we are operating has shifted. The revised approach to the vaccine portfolio needs to factor in where we have more certainty, for example around regulatory approval and the decision to use the Pfizer vaccine.
5. A decision is required by 31 March 2021 to accept or decline an option for an additional 3 million Janssen courses.

Managing uncertainty and balancing the vaccine portfolio

6. In the early stages of the Vaccine Strategy, the portfolio was managing significant risks. We are now increasingly confident that the level of risk is decreasing and there is more certainty for our primarily Pfizer-based programme. There is still some risk around supply disruption and the possibility that the Pfizer vaccine may not be suitable for some population groups.
7. Managing any remaining risk by maintaining access to vaccines in our portfolio needs to be considered against ensuring that no vaccines go to waste.
8. Officials are close to providing the pathways for the best use of vaccines in our portfolio (eg, use in New Zealand, donation, or resale) given that we have over 20 million courses likely to be available for use. We will report back to you on pathways for use of vaccines in our portfolio in May 2021.

Decision on the Janssen option for additional vaccine courses

9. We have committed to purchasing two million courses of the Janssen vaccine, s 9(2)(b)(ii).
10. As part of our Advance Purchase Agreement (APA) with Janssen, there is an option to purchase an additional three million courses (five million in total). s 9(2)(b)(ii)
11. Accepting the option would provide access to another full population coverage vaccine, should this be required for 2021 and 2022. However, it is unclear at this stage if the vaccine would continue to be useful beyond the 2021 Immunisation Programme. s 9(2)(g)(i)
12. Declining the option would reduce the number of courses in our portfolio that we would be required to redistribute and reduces the overall cost of the vaccine portfolio. We will still have access to the two million Janssen courses in 2021 if required for specific population groups (including potentially people under 16) or to manage supply disruptions should these be realised.
13. Maintaining access to the two million Janssen courses for s 9(2)(b)(ii) will keep our options open for Polynesia and the wider Pacific, until they are able to make a decision on their vaccination programmes.
14. On balance, our recommendation is to decline the option of the additional three million courses of the Janssen vaccine.

Reserving early access to the AstraZeneca vaccine for Polynesia and the wider Pacific

15. s 9(2)(b)(ii)

16. Note that we have also recommended, in principle, that we reserve the 50,310 courses of the Pfizer vaccine that are expected to be allocated through the COVAX Facility to support the Cook Islands and Niue, should these doses be available.

Fiscal implications

17. s 9(2)(b)(ii)

Next steps

18. We will notify Janssen of the decision on the three million courses and confirm a delivery schedule for the two (or five) million courses, by s 9(2)(b)(ii)
19. We will also provide further advice on the use of our bilateral AstraZeneca doses and the two million Janssen doses and rebalancing the portfolio following regulatory decisions in mid-April 2021 and early May 2021.

Recommendations

We recommend you:

Managing uncertainty and balancing the vaccine portfolio

- a) **Note** that as the COVID-19 Immunisation Programme progresses and we have greater certainty, consideration is required on the balance of the portfolio between maintaining appropriate access and needing to ensure full utilisation of vaccines **Yes/No**
- b) **Note** that we are continuing to see the overall risk profile diminish and have greater certainty in our primarily Pfizer-based programme, with some risk remaining around supply disruption and maintaining options, if required, for specific population groups **Yes/No**

Janssen option for three million courses

- c) **Agree** to either:
- i. accept the option for the additional three million courses of the Janssen vaccine for Q1 2022 **Yes/No**
- or**
- ii. decline the option for the additional three million courses of the Janssen vaccine for Q1 2022 (**recommended option**) **Yes/No**

Timing for future decisions on rebalancing the portfolio

- d) **Note** that we expect the risk profile to further decrease with more certainty in mid-April and early May, following: **Yes/No**
- i. regulation outcomes for the Janssen and AstraZeneca vaccines
 - ii. greater clarity from Polynesia on their preferences and pathways for donation
- e) **Note** officials will provide further advice on the balance of the vaccine portfolio and preferred use for our bilateral AstraZeneca doses and the two million Janssen courses, in mid-April and early May **Yes/No**

Reserving early access to vaccines for Polynesia and the wider Pacific

- f) **Note** that Fiji has also sought at least 250,000 courses from New Zealand **Yes/No**
- g) **Agree** in-principle to allocating courses from our portfolio to Fiji (at least 250,000 courses as requested but with potential to provide more) **Yes/No**
- h) **Agree** to officials starting the conversation with Fiji with appropriate caveats, including around the need for company approval and indemnity **Yes/No**
- i) s 9(2)(b)(ii) **Yes/No**
- j) **Agree**, in principle, that we reserve the 50,310 courses of the Pfizer vaccine that are expected to be allocated through the COVAX Facility to support the Cook Islands and Niue, should these courses be available. **Yes/No**

Rt Hon Jacinda Ardern

Prime Minister

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Hon Grant Robertson

Minister of Finance

...../...../.....

Hon Dr Megan Woods

Minister for Research, Science, Innovation

30/3/21
...../...../.....

Hon Chris Hipkins

Minister for COVID-19 Response

...../...../.....

Hon Andrew Little

Minister of Health

...../...../.....

Dr Ashley Bloomfield

Director-General of Health

24/03/2021

Hon Nanaia Mahuta

Minister of Foreign Affairs

...../...../.....

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COVID-19 Vaccine Portfolio – Update March 2021

Context

1. In May 2020, Cabinet agreed to the COVID-19 Vaccine Strategy [CAB-20-MIN-0382 refers]. The objective is to secure access to sufficient quantities of safe and effective COVID-19 vaccines, in order to implement our preferred COVID-19 Immunisation Programme at the earliest possible time. Cabinet has agreed to New Zealand committing to provide access to the six Polynesian countries (Samoa, Tonga, Tuvalu, Cook Islands, Niue, Tokelau) to our portfolio of vaccines, with an ability to choose which of the four candidates they prefer.
2. Achieving the objectives of the Strategy will contribute to the following outcomes:
 - a. sufficient supply of a safe and effective vaccine to achieve population immunity to COVID-19
 - 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.
3. We are deliberately taking a portfolio approach to manage the risk of vaccine development failure and to support the COVID-19 Immunisation Programme [CAB-20-MIN-0508].

We have up to 20 million courses across four different candidates in our vaccine portfolio

4. Our COVID-19 vaccine portfolio is made up of our advance purchase agreements (APAs) and COVAX options listed below.

Table 1. Vaccine Portfolio

Candidate	Platform	APA	COVAX	Total Courses
Pfizer	mRNA	5 million	50,310	5.05 million
AstraZeneca	Viral vector	3.8 million	834,000	4.634 million
Janssen	Viral vector	2 million 3 million (option)	-	5 million
Novavax	Protein sub-unit	5.36 million	-	5.36 million
Total				20.044 million

Portfolio management

5. In the early stages of the Vaccine Strategy, the portfolio was managing significant risks. We are now increasingly confident that the level of risk is decreasing and there is more certainty for our Pfizer-based programme. There is still some risk around supply disruption and the possibility that the Pfizer vaccine may not be suitable for some population groups.
6. Managing any remaining risk by maintaining access to vaccines in our portfolio needs to be considered against ensuring that no vaccines go to waste.
7. The context in which we are operating has shifted and the vaccine portfolio and approach is now factoring in where we have more certainty, such as around regulatory approval and favourable delivery schedules for Pfizer. As agreed (HR20210291 refers) the approach to managing the vaccine portfolio is to:
 - a. adjust so that decisions on vaccine use reflects where we have greater confidence in vaccine candidate/s
 - b. adjust to increase the success of the COVID-19 Immunisation Programme delivery, in particular to make the planning or logistics simpler by using one or two vaccines; and
 - c. shift the wider portfolio to manage risk downstream or specific risks associated with the use of a vaccine (eg, vaccine failure or delivery risk).
8. There is still some risk around supply disruption and the possibility that the Pfizer vaccine may not be suitable for some population groups. Managing these risks and maintaining access to vaccines in our portfolio needs to be considered against ensuring that we fully utilise vaccines in our portfolio so that no vaccines go to waste.
9. Officials are now considering the pathways and timing for the use of vaccines in our portfolio, given that we have over 20 million courses likely to be available. We will report back to you on pathways for use of vaccines in our portfolio in May 2021.

Decisions are now required on the Janssen vaccine, included in our portfolio

10. We have committed to purchase two million courses of the Janssen vaccine, which are likely to be available for use in s 9(2)(b). As part of our agreement with Janssen we must accept or decline an option for an additional three million courses, which would bring the total number of courses to five million.
11. Accepting or declining the option for three million courses should be considered against the level of risk. The recommendations in this paper are based on our revised approach to managing the portfolio following the decision to progress with a Pfizer based immunisation programme.
12. We also expect the risk profile to continue to decline and will provide further advice on rebalancing the portfolio, following regulatory decisions for Janssen and AstraZeneca, expected in mid-April and early May 2021. See Appendix One for an update on timing for decisions. We expect there will be greater certainty at this time and more information on possible pathways for donation and use.

Janssen Options

Option for three million additional courses

13. We have committed to purchase two million courses of the Janssen vaccine, s 9(2)(b)(ii)
14. As part of our Advance Purchase Agreement (APA) with Janssen, there is an option for an additional three million courses. s 9(2)(b)(ii)
15. The option for three million courses will bring the total available courses of the Janssen vaccine to five million, with two million courses already committed.
16. The Ministry of Health needs to confirm whether we wish to commit to the additional three million courses and negotiate with the supplier on desired delivery dates for both the two million s 9(2)(b)(ii) and three million courses, if opted for.
17. We are seeking your decision on the option for Janssen, taking into account our current portfolio, current risk profile, and our primarily Pfizer based programme.
18. **Accepting** the additional three million courses:
 - a. maintains access to a full population coverage, single dose vaccine, with a two-year shelf life at -20°C, that could be used to support an Immunisation Programme in 2021 and 2022 if required
 - b. increases the overall cost of the portfolio, with the commitment for three million courses s 9(2)(b)(ii)
19. If we don't use the Janssen vaccine officials would need to identify pathways for the full five million courses, if not required for New Zealand. There is also a reputational risk in accepting the courses, given the volume of vaccines already purchased.
20. **Declining (recommended)** the additional three million courses:
 - a. reduces the numbers of courses required to be redistributed, which are unlikely to be required in New Zealand
 - b. reduces the overall fiscal cost of the vaccine portfolio which could be returned to the centre for reprioritisation, or to reduce overall expenditure by the Crown
 - c. reduces the risk of having a vaccine that would not be as effective against variants of concern
 - d. continues to maintain access to two million courses in 2021 that could be used if necessary for specific population groups that are unable to use the Pfizer vaccine, or if we have supply disruptions. It will also provide for at least some coverage in New Zealand, should another vaccine be required alongside Pfizer.
21. The remaining two million Janssen courses available will keep options open for Polynesia and the Pacific, until they are able to make a decision.

22. Declining the option will mean that we do not have enough Janssen doses for full population coverage if required due to vaccine failure or annual vaccination requirements. ^{s 9(2)(g)(i)}
23. On balance, we are recommending that you decline the option for three million courses. The risk profile is continuing to decline, and we continue to have confidence with the Pfizer vaccine.

Reserving early access to the vaccines for Polynesia and the wider Pacific

Bilateral AstraZeneca doses

24. ^{s 9(2)(b)(ii)} This decision is required because we need to finalise delivery schedules with AstraZeneca, prior to decisions being made by Polynesian countries. ^{s 9(2)(b)(ii)}
25. The 750,000 courses are an estimate of the courses required for Polynesia and the potential pathway for donating to Fiji, who have indicated their interest in securing courses of New Zealand's AstraZeneca vaccine.
26. Fiji has previously asked New Zealand for 250,000 vaccine courses (of an unspecified vaccine). It appears that, with the increased confidence in our overall portfolio, we would have enough doses to offer this amount to Fiji in addition to meeting the needs of the Polynesian countries. The exact mechanism for this needs to be worked out. It is not proposed that we would donate these doses via the same mechanism as for the Polynesian countries, as we need to focus resources to support delivery and rollout within the existing Polynesian Health Corridors programme.
27. As with all donations we would need the companies' agreement, including to the terms of indemnity. ^{s 9(2)(f)(iv), s 9(2)(j)}
28. We seek an in-principle agreement in this paper to allocate doses from our portfolio to donate to Fiji (at least 250,000 courses as requested but with the potential to provide more). This decision would allow us to start the conversation with Fiji in the meantime, with appropriate caveats as noted above. We would proceed in close consultation with Australia.
29. The Ministry of Foreign Affairs and Trade advises that donation to Fiji is appropriate for a number of reasons. There has been a direct request from the Government of Fiji; Fiji's health system has greater capacity than others in the Pacific to manage an immunisation programme without direct support from New Zealand, and the impact of ongoing border closures on Fiji's economy is significant.

Pfizer COVAX Allocation

30. As part of our agreement with the COVAX Facility we have the option to purchase enough courses for up to 50 percent of New Zealand and the Realm.

31. We are seeking your decision, in principle, that we reserve our expected allocation of the 50,310 courses of Pfizer vaccine through the COVAX Facility to support the Cook Islands and Niue, should they become available. The allocation of the Pfizer courses is still to be confirmed by the COVAX Facility. Officials will update you as soon as there is more information from the COVAX Facility.

Fiscal Implications

32. Table 2 provides an updated view of the portfolio, including appropriated funding and amounts paid to meet contract requirements.

s 9(2)(b)(ii)

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Fiscal implications of maintaining access or use of vaccines in our portfolio

35. s 9(2)(b)(ii)
36. There will be costs associated with utilisation of vaccines dependent on the pathways available, and further work will be required to identify the costs associated with the donation or resale of up to 15 million courses of vaccines. Dependent on the pathway, costs are likely to be different:
- a. donation will likely incur additional costs associated with meeting indemnity requirements, providing logistical support, consumables or costs associated with using the COVAX Facility as mechanism for donation
 - b. resale might provide a route for reducing the overall cost of the vaccine portfolio, but there are likely to be limited options available
 - c. termination of contracts would be unlikely to incur additional costs other than the full purchase amount agreed for each APA.

Next steps

37. We will notify Janssen of decisions on the three million courses and confirm a delivery schedule for either the two or five million courses.
38. Advice will be provided on the use of the AstraZeneca and Janssen vaccines and rebalancing the portfolio following regulatory decisions expected in Mid-April 2021 and early May 2021.

ENDS.

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s 9(2)(b)(ii)

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