

Briefing

COVID-19 Immunisation: Documents for Publication

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To: Hon Andrew Little, Minister of Health

Copy to: Rt Hon Jacinda Ardern, Prime Minister
Hon Chris Hipkins, Minister for COVID-19 Response
Hon Megan Woods, Minister of Research, Science & Innovation
Hon Dr Ayesha Verrall, Associate Minister of Health

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| <input type="checkbox"/> Needs change | <input type="checkbox"/> Seen | <input type="checkbox"/> Overtaken by events |
| <input type="checkbox"/> See Minister's Notes | <input type="checkbox"/> Withdrawn | |

Comment:

COVID-19 Immunisation: Documents for Publication

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Purpose of report

1. This report provides you with two documents that will be shared with the public after the Prime Minister's COVID-19 vaccine announcements on 17 December 2020.

Summary

2. Officials have prepared two documents with information about the COVID-19 vaccine that will be shared with the public. This will take place after the Prime Minister makes announcements about the COVID-19 vaccine on 17 December 2020.
3. Documents include:
 - a. *COVID-19 Immunisation Plan* which provides a strategic overview of the work underway to prepare for delivery of a COVID-19 vaccine; and
 - b. *Sequencing Framework Summary* which sets out the sequencing framework in a digestible format so the public can identify where they would be eligible for a vaccine under different outbreak scenarios.

Recommendations

We recommend you:

- a) **Note** that on 17 December 2020 two documents will be published on the Ministry of Health website with information on the COVID-19 Vaccine & Immunisation Strategy:
 - COVID-19 Immunisation Plan
 - Sequencing Framework Summary



Sue Gordon
Deputy Chief Executive
Ministry of Health
Date:

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COVID-19 Immunisation: Documents for Publication

Background

1. Clear and transparent communications have been a crucial element of our COVID-19 response to date. The COVID-19 Vaccine and Immunisation Programme intends to continue this approach by sharing information with the public about the COVID-19 vaccine, which includes proactively sharing information prior to Christmas.
2. On 7 December 2020, Cabinet agreed in principle to a draft sequencing framework [Cabinet Minute CAB-20-MIN-0509 refers], which was previously referred to as a prioritisation framework.
3. The Sequencing Framework is yet to be shared with the public. We recommend it is circulated prior to the end of the calendar year to manage expectations about who will receive the vaccine first when it arrives in 2021.

Two documents will be published on the Ministry of Health website

4. Officials intend to publish two documents on the Ministry of Health website after the Prime Minister makes announcements about the COVID-19 vaccine on 17 December. They contain information about the COVID-19 Immunisation Programme and the current plans for rolling out a vaccine in 2021:
 - a. COVID-19 Immunisation Plan; and
 - b. Sequencing Framework Summary.
5. Both documents are positioned at a high level and provide the public with an overarching view of what needs to be achieved before the vaccine can be delivered. They largely collate information that is already in the public domain, but do not specify timeframes for delivery of the vaccine.
6. These documents are intended to be a useful resource for the general public, media organisations, key commentators and other influencers who are speaking publicly about the COVID-19 vaccine.
7. To ensure the public receives up to date information, both documents will be updated on a regular basis to reflect new information that comes to light. This could include changes to the sequencing framework or additional vaccines that have been purchased.
8. Around the world, countries have been releasing guidance about how they will deliver a COVID-19 vaccine and our counterparts in Australia have produced similar documentation. Our approach to proactively share this information is closely aligned to the documents published by the Australian Department of Health. Australia has taken a slightly different approach to their prioritisation and therefore has different content to our publication but follows a similar structure. Their prioritisation framework is also a living document and will be updated as new information comes to light.

COVID-19 Immunisation Plan

9. The COVID-19 Immunisation Plan is attached at **Appendix One** and provides a strategic view of our approach to rolling out COVID-19 vaccines. It includes information on several key elements of the COVID-19 Vaccine and Immunisation Programme, including:
 - a. Preparing for COVID-19 vaccines;
 - b. Our approach for COVID-19 vaccines, including key partners and governance arrangements;
 - c. Vaccines that have been purchased;
 - d. Our Sequencing Framework; and
 - e. Information about our communications approach, including key messages.

Sequencing Framework Visual

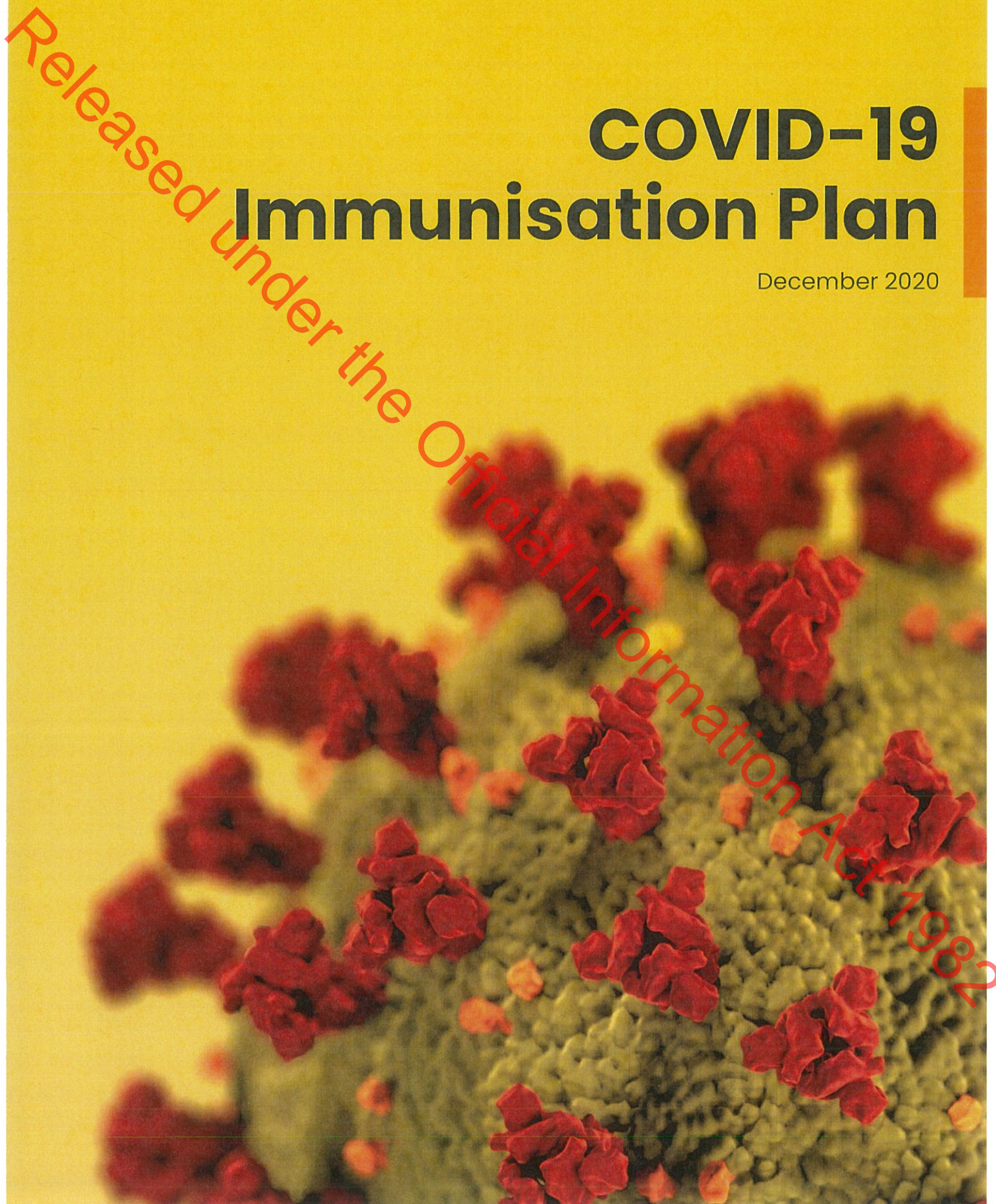
10. It is important to ensure that all members of the public are aware of the sequencing framework so they can determine when they will be eligible to receive a vaccine. This will be the first time the sequencing framework has been shared publicly, and eventually it will be supported by other tools, such as a website, to help people determine their eligibility.
11. Officials have developed a simple visual, attached at **Appendix Two**, that will be shared with the public. It gives a simplified version of the A3 which accompanied the Cabinet Paper.

Next steps

12. The two documents outlined above will be uploaded on the Ministry of Health website following announcements from the Prime Minister on 17 December 2020.
13. Documents uploaded to the Ministry of Health website will be updated on a regular basis as further information comes to light.
14. We will continue to keep you informed about our communications approach and information that is proactively shared with the public.

ENDS.

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COVID-19 Immunisation Plan

December 2020

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This is a living document that will be added to as more information and details are confirmed in this rapidly evolving space. Please check you are reading the latest version available.

Version 1.0

Content accurate as of 17 December 2020

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Introduction

To recover from the COVID-19 pandemic, work is underway so that New Zealand can obtain safe and effective vaccines so that we can implement the most effective immunisation programme at the earliest possible time.

History, science and experience have shown that vaccinations are one of the most effective, and cost-effective medical interventions to prevent disease. Having safe and effective COVID-19 vaccines will not only improve health outcomes and social wellbeing but will also facilitate global economic recovery. Making sure New Zealanders get fair, equal and free access to COVID-19 vaccines is a priority.

New Zealand finds itself in a very different situation from many other countries. In the emergency outbreaks we see around the world, the risks of authorising untested vaccines are outweighed by the need to respond to immediate suffering and loss of life. In those scenarios, emergency authorisations are a valid approach to protecting the population. New Zealand is successfully keeping COVID-19 out of our communities and protecting our people so there is time to properly assess the safety of any vaccine.

New Zealand's Vaccine Strategy

The COVID-19 Vaccine Strategy sets the direction for the COVID-19 Immunisation Programme, which will roll out vaccines when they become available. Strong vaccination uptake is critical to achieve sufficient population immunity, which will help to protect all New Zealanders from COVID-19.

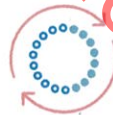
Cabinet has agreed to a COVID-19 Vaccine Strategy, which aims to achieve:



sufficient supply of a safe and effective vaccine to achieve population immunity to COVID-19 in a way that is affordable



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



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



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



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

New Zealand's Immunisation Strategy

The COVID-19 Immunisation Strategy will support the health response to COVID-19 and the Elimination Strategy by enabling the best use of any approved vaccines, while upholding and honouring Te Tiriti o Waitangi obligations.

Drawing on all-of-government expertise, the Immunisation Strategy sets out the steps that New Zealand must take to establish the correct infrastructure, regulations and relationships that will enable us to access sufficient quantities of safe and effective COVID-19 vaccines at the earliest possible time.

Our Elimination Strategy

The Elimination Strategy is the current approach to minimising harm from COVID-19. It aims to eliminate transmission chains of the virus in New Zealand, and to prevent new transmission chains from emerging from cases that arrive from outside the country.

It is too soon to know when other public health measures will be reconfigured until further information about the efficacy of the vaccine is available.

Vaccines will be free

The Government has confirmed that the COVID-19 vaccination will be free of charge. The New Zealand Government strongly supports the vaccination and will run public-facing campaigns to encourage widespread uptake.

The Government will not make the vaccine mandatory

The Government has confirmed it will not make the COVID-19 vaccination mandatory for the New Zealand public. Ultimately individuals may choose not to be vaccinated.

Timing

Our first priority will be to vaccinate border workers and essential staff who are at the greatest risk of getting COVID-19. We expect vaccines to be delivered to our front line workers in the second quarter of 2021.

Our aim is to then commence vaccination of the general public in the second half of the year. This will be dependent on Medsafe approving the vaccines as being safe and effective for use in New Zealand.

Preparing for a COVID-19 vaccine

The Ministry of Health is leading the COVID-19 Immunisation Programme, which will make safe and effective COVID-19 vaccines available to the people of New Zealand and the Pacific region. Vaccines will be free to the public, and accessibility is a key consideration to promote vaccine uptake.

Immunisation in a New Zealand context

A number of vaccines are already offered to the New Zealand population to protect people against serious and preventable diseases.

All vaccines approved for use in New Zealand have a [good safety record](#) and have ongoing safety monitoring. Public uptake of vaccinations in New Zealand is strong, with respected public health campaigns supporting our immunisation programmes. For babies and young children, immunisation rates exceed 90%, while coverage for vaccines funded for older children, teenagers and adults is lower, ranging between 50% and 70%. Coverage rates vary between ethnic groups and DHB regions.

The Ministry of Health has learnt from its experience of rolling out other immunisation programmes and is constantly incorporating lessons from this work to inform how the COVID-19 Immunisation Programme is delivered.

Regulation – Medsafe’s role in approving vaccines

Medsafe evaluates applications for all new medicines, including vaccines, to ensure that they comply with international standards and local requirements for quality, safety and efficacy. Only if the medicine meets these standards will Medsafe recommend approval for their use in New Zealand.

Read more information about [the medicines evaluation and approval process](#).

Due to the urgent clinical need for safe and effective vaccines to protect New Zealanders against COVID-19, Medsafe is streamlining its assessment processes and prioritising the evaluation of COVID-19 vaccines over other medicines so that New Zealand can obtain a vaccine more quickly. At the same time, Medsafe’s focus remains firmly on not compromising the integrity of the process or the safety of the vaccine.

Medsafe is also engaging with regulatory colleagues overseas to share information and guidance on our data requirements for approving a COVID-19 vaccine. That includes requirements about the level of clinical trials and manufacturing data that will demonstrate efficacy and safety. This process has been operating for over 15 years and reduces the time taken to assess new medicines in New Zealand without compromising our standards.

Safety will always be a priority. The pace is moving swiftly but will not be rushed to compromise safety. Any new vaccine needs to meet internationally agreed criteria for safety, efficacy and quality. An important part of meeting these criteria includes having supporting data from well-designed clinical trials. It is important to note that most trials have not yet included children, which means that at least initially, vaccines will not be approved for use in this large population.

Upholding and honouring Te Tiriti o Waitangi obligations

The Government is committed to upholding and honouring Te Tiriti o Waitangi, including obligations towards Māori that flow from the Treaty partnership. These principles are fundamental to the success of the COVID-19 Immunisation Strategy. Te Tiriti principles and the Ministry of Health's Te Tiriti o Waitangi Framework guide both the development of the COVID-19 Immunisation Strategy and how it will be delivered. Principles such as partnership, tino rangatiratanga, options, equity and active protection are a particularly strong focus.

In aiming to meet these obligations, the COVID-19 Immunisation Programme will draw on the updated COVID-19 Māori Health Response Plan and use existing provider networks and communications approaches. Actioning the principles noted above will require a commitment to work with Māori providers and empower them to deliver COVID-19 immunisation to their communities.

To achieve equity, the Ministry of Health is designing a service that provides for groups the system has often failed to reach, such as Māori in remote rural areas. Achieving this design may require new solutions and planning is under way for appropriate service design models. The Ministry is continuously testing its initial thinking with the Immunisation Implementation Advisory Group (IIAG) who is an external advisory group with high Māori and Pacific representation.

Strong community partnerships are crucial to building trust in the COVID-19 vaccine and the approach to immunisation, which we believe will support higher uptake. The Ministry will continue to explore further opportunities for partnership with iwi, hapū and other stakeholders and community groups, including how to best communicate and engage with those that they represent; and supporting administration and distribution of a COVID-19 vaccine.

The approach to a COVID-19 vaccine

The COVID-19 Immunisation Programme will be the largest immunisation programme ever undertaken in New Zealand

It requires significant information technology investment, logistical management and an uplift in the capacity of the health workforce. Robust governance structures are in place, including external advisory groups as well as senior leadership groups within the Ministry of Health, to offer the oversight needed for such an ambitious, complex programme of work.

The aim of the Immunisation Programme is to immunise as many people as possible among the population of over 5 million in New Zealand. A comparison that gives a sense of the scale of this task is that 1.78 million influenza vaccines were distributed to providers in 2020. New Zealand is also supporting access to a COVID-19 vaccine for some Pacific countries which includes the Cook Islands, Niue, Tokelau, Sāmoa, Tonga and Tuvalu.

New Zealand can use lessons learnt and expertise from our strong and well-established immunisation programmes. Building on these successes, while also filling gaps identified in existing programmes, is fundamental to the success of the COVID-19 vaccine roll-out.

The scale of this work means that, along with responding to COVID-19, New Zealand has an opportunity to build a world-leading immunisation system. This will include updated inventory management systems and a more diverse and larger workforce. In turn, this advanced immunisation system will work toward achieving better, more equitable health outcomes in the long term, particularly for Māori and Pacific peoples.

Preparation work

Our preparation work to support the delivery of an effective immunisation programme takes into account:

- workforce considerations
- vaccine delivery and sequencing
- logistics and supply chain management
- technology.

Workforce considerations

Work is under way to ensure a sufficient number of vaccinators are trained and authorised under the Medicines Regulations 1984 for the vaccine roll-out. The workforce will continue to scale up during 2021 in line with vaccine delivery schedules.

The Ministry of Health is planning for an extra 2,000 to 3,000 full-time (or equivalent) vaccinators to be trained and available when needed throughout New Zealand

Vaccine delivery and sequencing

The Ministry of Health is developing a sequenced roll-out plan to make the appropriate quantities of vaccine available to people at the right time as it is expected the vaccines will become available in stages. The approach has been created to allow for three potential scenarios.

No one will miss out on a vaccine. However, the quantities of vaccine available at first will not be enough to protect the whole population at once so the Ministry is thinking about where it should distribute the first doses of vaccine to best protect our communities.

The scenarios that are being planned for include our current situation, where COVID-19 remains outside our borders and our communities, through to more challenging scenarios where the virus is in the community

both in small, local outbreaks or where there is widespread transmission.

Which of these scenarios we find ourselves in will have a huge effect on the strategy the Ministry needs to adopt, and therefore who will have access to the vaccine first. If COVID-19 remains outside our borders, then the best strategy may be to focus our immunisation efforts there, protecting those who are most exposed to potential infection from the virus as a priority. In contrast, if the virus gets into our community and starts to spread, then priorities become very different and the Ministry will need to move quickly to protect those most at risk of catching or spreading the virus and those most vulnerable to its effects.

See the *Roll out of the vaccine on page 13* for more detailed information on the different scenarios for delivery being considered.

Logistics and supply chain management

The Immunisation Programme includes planning for and proactive purchasing of infrastructure that supports the roll-out of the vaccine. This includes cool storage and freezer facilities. Currently there is enough cold chain capacity for delivering the influenza vaccine and other immunisation programmes. Options are being considered for expanding cold chain capacity and a total of \$66 million has been allocated for the equipment and infrastructure that would be required to roll out the vaccine.

The Ministry of Health has purchased nine large minus 80-degree Celsius freezers that can store more than 1.5 million doses of the vaccines that need to be stored at this temperature. These are expected to be delivered in early 2021.

Technology

Alongside the new National Immunisation System, the Ministry of Health is developing an inventory management system for COVID-19 vaccine doses to ensure we have accurate information about where they are located. All storage sites will be secure, and the Ministry will have timely oversight of vaccine volumes and temperature. This system will enable us to track and trace COVID-19 vaccine doses and consumables, and tracking information will include their expiry dates so that we can minimise waste.

Our partners

The Ministry of Health is working closely with a range of partners and stakeholders to consider the widest possible range of needs, perspectives, concerns and advice throughout the planning and delivery of the COVID-19 vaccine. The following are priorities that need to be addressed in this process.

- Upholding Te Tiriti o Waitangi principles and working in partnership with Māori is fundamental to this programme's success and to protecting the unique whakapapa of Aotearoa New Zealand.
- New Zealand has an important role in supporting our Pacific partners to access a COVID-19 vaccine and roll out their own immunisation programmes.
- A key measure of the programme's success is that it achieves equity of outcomes, including by protecting Māori, Pacific peoples and our most vulnerable population groups, such as older people, disabled people, health workers and border staff.

The following partners have key roles and responsibilities for the COVID-19 Immunisation Programme.

Responsibilities of the Government

The New Zealand Government is responsible for:

- selecting and purchasing vaccines
- assessing vaccines from potential suppliers and ensuring they meet the required standards
- developing and implementing the Sequencing Framework
- specifying training requirements for the workforce
- determining vaccine eligibility
- developing and delivering the national immunisation campaign
- developing the new National Immunisation Technology Solution
- engaging with stakeholders and advisory groups.

The Ministry of Health will be working closely with DHBs and providers who will help to deliver the vaccine

The Ministry of Health is establishing a close working relationship with district health boards (DHBs), the primary health care network and others to establish what the roll-out of potential vaccines might look like.

Immunisation Advisory Centre (IMAC)

IMAC holds a nationally focused education and training role for vaccinators in New Zealand. It provides a local source of independent, factual information based on international and New Zealand scientific research on vaccine-preventable diseases and the benefits and risks of immunisation.

It also distributes information and training for health professionals, national immunisation coordination and policy advice and research into many aspects of vaccines and vaccine-preventable diseases.

IMAC will be at the forefront of the COVID-19 vaccines roll-out. It will offer guidance and advice, as well as education, training and information support to the health sector.

We will look to the World Health Organization (WHO) for guidance

The Ministry of Health will continue to be guided by expert advice from the WHO and New Zealand expert groups on all aspects of vaccine and immunisation planning. The Ministry supports the WHO in its efforts to achieve equitable distribution of COVID-19 vaccines globally.

Governance

Strong governance will support the successful delivery of the COVID-19 Immunisation Programme by providing assurance and oversight that gives decision-makers confidence in the programme.

COVID-19 Immunisation Programme Governance Group

The Immunisation Programme Governance Group for the COVID-19 vaccine acts as an oversight and assurance body. The nine-member group will oversee progress on purchasing, sequencing and delivering any successful COVID-19 vaccine. The Chair of this group is former Director-General of Health, Dame Dr Karen Poutasi.

COVID-19 Vaccine and Immunisation Programme Steering Group

This Steering Group supports programme decision-making and provides direction and oversight to the programme team on strategic risks, issues and opportunities. The Chair is the Director-General of Health and members are Ministry of Health Deputy Director-Generals, Group Managers, and DHB representatives.

Immunisation Implementation Advisory Group (IIAG)

The IIAG provides independent, practical advice to the Ministry of Health on how to plan, prepare and implement a COVID-19 immunisation campaign when suitable vaccines become available. This 12-member group has high Māori and Pasifika membership and represents a range of sectors and skills who provide practical advice to support the COVID-19 Immunisation Programme. The group is co-chaired by Te Paea Winiata (Chief Executive of Turuki Health Care) and Rachel Haggerty (Chair of DHB Planning and Funding Managers Group).

The Terms of Reference for the IIAG are underpinned by Te Tiriti, and its membership includes strong Māori and Pacific representation. The Ministry is working with the IIAG to ensure that the design of the COVID-19 Immunisation Strategy, Sequencing Framework and Programme honours Te Tiriti and promotes equitable outcomes for Māori and Pacific peoples, as well as aligning with *Whakamaua: Māori Health Action Plan 2020–2025* and *Ola Manuia: Pacific Health and Wellbeing Action Plan 2020–2025*.

Read more information on the [vaccine planning and delivery groups](#), including the membership of the different groups.

Supporting our Pacific neighbours

Supporting the Pacific region, in particular our six Polynesian Health Corridors partners (the Cook Islands, Niue, Tokelau, Sāmoa, Tonga and Tuvalu), to access and distribute a COVID-19 vaccine is consistent with our historical partnerships with the region and our strong ties with Pacific communities.

It is intended New Zealand will uphold its obligations to the Realm of New Zealand as part of our binding commitment with the COVAX Facility to cover 50 percent of the population of the Realm. We also intend to fulfil our commitments to directly support equitable access and roll-out for the other participating Pacific countries in our Immunisation Programme.

The Ministry of Health will work with the Pacific governments on their immunisation planning, including sequencing and deciding whether to use an available COVID-19 vaccine.

The Pacific governments will make final decisions about how they will roll out their own immunisation programmes. For example, in smaller countries it may make sense to immunise the entire population all at once rather than sequencing access.

In addition, our communications will reach some people in these countries through their transnational networks with New Zealand. We acknowledge that Pacific peoples living in NZ retain strong connections to their Pacific countries and can be a really useful and influential channel for addressing hesitancy in both settings. This will be one channel for responding to vaccine hesitancy in the Pacific.

Investing in our technology

The National Immunisation Register (NIR) is an information system that was developed in 2005 to hold records for all immunisations given to children in New Zealand, as well as for some adult immunisations.

The NIR system helps health professionals identify what vaccines a child has received and helps ensure that children receive their immunisations when they are due. While the NIR has been an incredibly useful source of information, its technology is now over 15 years old and is no longer fit for purpose as it does not allow us to view vaccine uptake. For this reason, since October 2020, the Ministry of Health has been developing a replacement system, the National Immunisation Solution (NIS).

Once the web-based NIS is fully implemented, any health worker will be able to record vaccinations anywhere, any time – and regardless of whether they are publicly funded or self-funded. The NIS will be able to prove vaccination for COVID-19 and confirm vaccination history. Over time this may enable members of the public to digitally access their own immunisation records.

The first iteration of the system will be available to fully support a COVID-19 vaccine roll-out and additional functionality will be added through further iterations. This new system will strive to enhance the delivery of the broader immunisation programme in New Zealand.

Purchasing COVID-19 vaccines for New Zealand

Purchasing the vaccines

The first stage of this programme of work is focused on the purchasing process to secure sufficient quantities of a safe and effective vaccine, which a task force led by the Ministry of Business, Innovation and Employment (MBIE) is coordinating. The next stage of work will focus on the Immunisation Programme and supporting information campaigns, systems and processes once an effective vaccine is available, which the Ministry of Health is coordinating.

Read more information on the [Vaccine Strategy](#).

The Ministry of Health has a comprehensive plan to access a safe and effective vaccine for New Zealanders. They are working to do so both as part of the global COVAX Facility, and through independently negotiating a number of purchase agreements that guarantee supplies of any successful and approved vaccine. Through these combined strategies, they will secure more than enough vaccine for the entire country.

Vaccines we have purchased to date

Securing COVID-19 vaccines through advance purchase agreements (APAs) with pharmaceutical suppliers is an important strand of the COVID-19 Vaccine Strategy. This work has been led by MBIE, with support from the Ministry of Health, the Ministry of Foreign Affairs and Trade, and PHARMAC.

By investing early in the process, the Ministry of Health will be able to access promising vaccine candidates. The four APAs we have made to date are subject to the conditions that the vaccines successfully complete all clinical trials and pass regulatory approvals in New Zealand.

Pfizer and BioNTech

In October 2020, New Zealand signed the first COVID-19 vaccine APA. This arranged for the purchase of 1.5 million doses of the COVID-19 vaccine from Pfizer and BioNTech, which is enough to immunise 750,000 people.

It is expected for a complete vaccination, each person will require two doses, about a month apart.

Read more on this announcement: [first COVID-19 vaccine purchase agreement signed](#).

Janssen Pharmaceutica

In November 2020, the Government signed an in-principle agreement with Janssen Pharmaceutica to purchase up to 5 million COVID-19 doses. A key point of difference for the Janssen vaccine from other options is that it's likely to be a single dose.

Read more on this announcement:

[Agreement advanced to purchase up to 5 million COVID-19 vaccines.](#)

Novavax

In December 2020, the Government signed an agreement with Novavax to purchase 10.72 million doses of a COVID-19 vaccine. This vaccine requires two doses and will therefore be enough for 5.36 million people. New Zealand is not likely to receive this vaccine until later in 2021.

AstraZeneca

A fourth Advance Purchase Agreement was signed in December 2020 with AstraZeneca. This vaccine also requires two vaccines and the Government has purchased 7.6 million doses which is enough for 3.8 million people.

COVAX Facility

New Zealand has committed support and financial assistance to support the COVAX Facility. The COVAX Facility is one of the three pillars of the WHO Access to COVID-19 Tool accelerator. It is led by Gavi, the Coalition for Epidemic Preparedness Innovations and the Vaccine Alliance.

The COVAX Facility aims to accelerate the development and manufacture of COVID-19 vaccines, and to guarantee fair and equitable access for every country in the world. It has access to a broad portfolio of potential vaccine candidates and aims to have an initial 2 billion doses of an effective vaccine available globally by the end of 2021.

Roll out of the vaccine

Sequencing scenarios

As quantities of the vaccine will be limited when it first arrives in New Zealand, the Ministry of Health will need to sequence its delivery so that it goes first to population groups who most need it, depending on the status of New Zealand community transmission at the time. This is to ensure that the best protection to population groups who are at a higher risk of poor outcomes from COVID-19 are considered.

Preparation is underway for three different scenarios for rolling out the vaccine.

The Ministry of Health developed the Sequencing Framework in collaboration with the Immunisation Implementation Advisory Group, and Cabinet has approved it. The sequencing framework will change as new information comes to light and be shared with the public.

Scenario 1: Low/no transmission scenario

In a no/low transmission scenario, the objective is to prevent transmission. Vaccinating those who are at most at risk of exposure to COVID-19 – those working at the border or who would have increased contact with cases – will provide the best protection for the whole population, including Māori, Pacific peoples, disabled people and older people.

Initially, border, managed isolation and quarantine (MIQ) workers, highest-risk front-line health care workers, and their household contacts are expected to be prioritised as a tier one category. Tier two within this group is expected to include the rest of the high-risk health workforce, and high risk people in the public sector and emergency services. Tier three includes people in the community who are most vulnerable to serious illness such as older people, as well as at-risk health and social services workforce.

Once these three tiers are vaccinated, vaccination will roll out to the broader population in line with Medsafe recommendations on the age groups the vaccine is registered for.

Scenario 2: Clusters and controlled outbreaks

Where clusters exist in the community and we have small, local outbreaks, the priority continues to be protecting those who work at the border and highest risk health care workers. However, an added priority would be to protect those in the communities who are affected by the outbreaks.

In this scenario, the Ministry of Health would expect to use the vaccine to protect those in the communities who are affected by the outbreak which will help control it. This means that in scenario 2, in addition to the cohorts that are prioritised in Scenario 1, those who are a close contact of someone that has contracted COVID-19 within the outbreak will have access.

Tier two would seek to protect high-risk and public service and emergency services workers. The third tier would include people in the community who are most vulnerable to serious illness and mortality.

Once these three tiers are vaccinated, vaccination is expected to roll out to the broader population in line with Medsafe recommendations on the age groups the vaccine is registered for.

Scenario 3: Widespread community transmission scenario

Where community transmission is widespread, the objective becomes protecting those most at risk of serious health outcomes as well as the groups that are most likely to infect them.

In this case, tier one would include several groups of people who are exposed, or vulnerable to COVID-19. This includes older people and people with relevant disabilities or health conditions, along with front-line staff in the health sector at highest risk. Tier two would include high-risk health workers and the remaining health workforce, as well as and public sector and emergency services workers. Tier three would include the remaining at-risk health and public sector workforce, as well as other population groups.

COVID-19 Sequencing Framework

It is likely that vaccines will become available in stages, which means we will need to consider the best way to sequence their delivery to provide the best protection for those who are at a higher risk of poor outcomes from COVID-19.

This diagram shows we are preparing for three different scenarios for rolling out the vaccine, based on whether we are able to keep COVID-19 out of our borders or whether we are dealing with community transmission.

	Scenario One Low/no community transmission <i>Aim: Prevent transmission</i>	Scenario Two Clusters and controlled outbreaks <i>Aim: Reduce transmission and protect people in close contact</i>	Scenario Three Widespread community transmission <i>Aim: Protect those most vulnerable to prevent illness and mortality</i>
Group One <i>First group of people to receive the vaccine in each scenario</i>	<ul style="list-style-type: none"> • Border and managed isolation & quarantine workforce • Health workforce at highest risk of exposure to COVID-19 • Household contacts of the above two groups 	<ul style="list-style-type: none"> • Border and managed isolation & quarantine workforce • Health workforce at highest risk of exposure to COVID-19 • Household contacts of the above two groups • Population affected by the outbreak 	<ul style="list-style-type: none"> • Older people (aged care residents, Maori and Pacific people, then others aged over 65 years) • People under 65 with underlying conditions • People living in long-term residential care settings
Group Two <i>Second group of people to receive the vaccine in each scenario</i>	<ul style="list-style-type: none"> • High risk frontline health workforce • High risk frontline public sector and emergency services 	<ul style="list-style-type: none"> • High risk frontline health workforce • High risk frontline public sector and emergency services 	<ul style="list-style-type: none"> • High risk frontline health workforce • High risk frontline public sector and emergency services • Remaining frontline health workforce
Group Three <i>Third group of people to receive the vaccine in each scenario</i>	<ul style="list-style-type: none"> • People in the community, including: <ul style="list-style-type: none"> • Older people • People with underlying conditions • At risk health and social services workforce 	<ul style="list-style-type: none"> • People in the community, including: <ul style="list-style-type: none"> • Older people • People with underlying conditions • At risk health and social services workforce 	<ul style="list-style-type: none"> • Remaining health and public sector workforce • Other population groups

You will be kept informed

The Ministry of Health will be taking the lead on the communications for the COVID-19 Immunisation Programme roll-out. These messages work in conjunction with the core public health COVID-19 messaging including hand washing, staying home when sick, getting tested, mask wearing and good hygiene practices, the Ministry has been promoting to date.

Stakeholder network

The Ministry will be engaging with a wider external stakeholder network on the COVID-19 Immunisation Strategy and Programme before the end of the year, with regular engagement planned for 2021. This engagement will focus on the COVID-19 Immunisation Programme service design, communications campaign and the Sequencing Framework.

Where possible, support will be offered to the needs of these initiatives across a range of sectors to share messages that respond to any areas of concern.

Key messages

The Ministry commits to working with key partners, including news media, to share accurate and timely information so the public remains fully informed of the latest announcements.

Officials have drafted an initial series of key messages to support consistent, clear messaging for the communications campaign. The following draft key messages reflect initial planning and are a high-level representation of the types of messages that the Ministry intends to communicate to the public.

- Our COVID-19 response aims to protect New Zealanders' health and wellbeing from this virus, which is critical to support our economic recovery and enable us to re-open Aotearoa New Zealand's borders.
- Our overarching Elimination Strategy focuses on a range of control measures to stop transmission of COVID-19 in Aotearoa New Zealand, including border controls, robust case detection and surveillance, effective contact tracing and quarantine, and our strong community support for control measures.
- Safe and effective vaccines for COVID-19 are essential for our ability to manage the virus in the long term, though uncertainty remains over when we are going to get a vaccine and its effectiveness.
- Our COVID-19 Vaccine Strategy aims to ensure access to a safe and effective vaccine so we can implement an immunisation programme at the earliest possible time.
- Any vaccine will need to meet internationally accepted criteria for quality, safety and efficacy before Medsafe will approve its use here in Aotearoa New Zealand.

- An interagency COVID-19 Vaccine Strategy Task Force is overseeing implementation of the vaccine strategy. MBE is leading this work in partnership with the Ministry of Health and its regulatory agency Medsafe, PHARMAC and the Ministry of Foreign Affairs and Trade.
- The Ministry of Health is designing a COVID-19 Immunisation Programme for roll-out when safe and effective vaccines become available.
- We're working closely with a range of stakeholders so that we consider the widest possible range of needs, perspectives, concerns and advice throughout the process of planning and delivering the COVID-19 vaccine.
- While vaccination will be voluntary, high uptake is critical to achieve sufficient population immunity. Population immunity will help to protect all New Zealanders from COVID-19.
- A key measure of success is achieving equitable vaccination rates, including protection for Māori, Pacific peoples and our most vulnerable population groups, such as older people, disabled people, health workers, essential workers and border staff.
- Upholding Te Tiriti o Waitangi principles and working in partnership with Māori is fundamental to this programme's success and to protecting the unique whakapapa of Aotearoa New Zealand.
- Aotearoa New Zealand has an important role in supporting our Pacific neighbours to access a COVID-19 vaccine and roll out their own immunisation programmes.
- We are planning a public health campaign to maintain strong community support for a COVID-19 vaccine, which

is vital for a successful immunisation programme.

- While we do not know for certain when a vaccine will become available in New Zealand, the global effort to develop and trial a variety of vaccine candidates is well under way. New Zealand has already agreed to advance purchase agreements with four suppliers.
- New Zealand has invested in vaccine development, manufacture and advance purchasing agreements for vaccines.
- It is likely our immunisation programme will have a sequenced roll-out, depending on a range of factors, including vaccine suitability for different groups.
- We acknowledge there are multiple unknowns, including when a vaccine might be approved for use in New Zealand, who it will protect from the virus and for how long, but we will continue to provide upfront and transparent updates on progress.

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COVID-19 Sequencing Framework

This diagram shows who will receive the vaccine under different scenarios to ensure the right people are vaccinated at the right time, when vaccine supply is constrained.

Scenario	Scenario One Low/no community transmission Aim: Prevent transmission	Scenario Two Clusters and controlled outbreaks Aim: Reduce transmission and protect people in close contact	Scenario Three Widespread community transmission Aim: Protect those most vulnerable to prevent illness and mortality
Group One First group of people to receive the vaccine in each scenario	<ul style="list-style-type: none">  Border and managed isolation & quarantine workforce  Health workforce at highest risk of exposure to COVID-19  Household contacts of the above two groups 	<ul style="list-style-type: none">  Border and managed isolation & quarantine workforce  Health workforce at highest risk of exposure to COVID-19  Household contacts of the above two groups  Population affected by the outbreak 	<ul style="list-style-type: none">  Older people (aged care residents, Maori and Pacific people, then others aged over 65 years)  People under 65 with underlying conditions  People living in long-term residential care settings
Group Two Second group of people to receive the vaccine in each scenario	<ul style="list-style-type: none">  High risk frontline health workforce  High risk frontline public sector and emergency services 	<ul style="list-style-type: none">  High risk frontline health workforce  High risk frontline public sector and emergency services 	<ul style="list-style-type: none">  High risk frontline health workforce  High risk frontline public sector and emergency services  Remaining frontline health workforce
Group Three Third group of people to receive the vaccine in each scenario	<ul style="list-style-type: none">  People in the community, including: <ul style="list-style-type: none"> • Older people • People with underlying conditions  At risk health and social services workforce 	<ul style="list-style-type: none">  People in the community, including: <ul style="list-style-type: none"> • Older people • People with underlying conditions  At risk health and social services workforce 	<ul style="list-style-type: none">  Remaining health and public sector workforce  Other population groups

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