

[In Confidence]

Office of the Minister of Foreign Affairs

Office of the Minister of Research, Science and Innovation

Office of the Minister of Health

Chair, Cabinet Social Wellbeing Committee

COVID-19 Vaccine Strategy

Proposal

- 1 We seek Cabinet agreement to investment in New Zealand and international research and development and manufacturing capability related to potential COVID-19 vaccines, as part of a broader and developing vaccine strategy.

Executive Summary

- 2 For New Zealand to move into recovery from the COVID-19 epidemic, and especially if we are to fully re-open borders, we will need sufficient population immunity to prevent and control future outbreaks. This is heavily reliant on availability of a safe and effective vaccine.
- 3 Much international research is underway on over a hundred potential vaccine candidates. New Zealand research groups can contribute to these international research efforts and there is potential for New Zealand vaccine manufacturers to develop capability and assist with production. It will also be important that New Zealand contributes to global efforts from which we are likely to benefit.
- 4 The paper proposes a framework for an evolving vaccine strategy together with oversight and advisory groups to coordinate all efforts towards New Zealand's earliest effective access to immunity and recovery. The strategy framework ensures that global connections and contributions continue to drive our vaccine research, manufacture, regulation and procurement so as to allow maximum flexibility and choice as vaccine development and testing progresses world-wide.
- 5 We seek an initial investment of \$30 million in domestic and international vaccine research and future manufacturing capacity as part of the near term COVID-19 response through Vote Business, Science and Innovation.
- 6 We propose to report back to Cabinet quarterly on vaccine strategy progress, and expect the first report, in June, to discuss more fully options to build New Zealand manufacturing capacity along with bi- or multi-lateral manufacturing proposals that may provide advance capacity before a safe and effective vaccine is developed. This will include exploring an Australia-New Zealand approach that is also 6(a) Pacific island nations.

Background

7 New Zealand is currently employing an elimination strategy for COVID-19. The aims of this strategy are:

- To prevent the importation of new cases through strict border and quarantine measures (“keep it out”)
- To stop community transmission in New Zealand (“stamp it out”)

This strong public health response will need to remain in place over the medium term until a vaccine and/or effective treatment becomes available.

8 In order to be able to move down the Alert Levels and into recovery mode our current long-term strategy is reliant on the development and availability of an effective vaccine. This is especially critical in order to move out of Level 1 into ‘normal life’ where we are able to fully re-open borders.

9 Since the emergence of the COVID-19 epidemic there has been considerable discussion about whether a safe and effective vaccine can be developed, and if a vaccine is developed, how long it might take to manufacture it at scale and distribute it equitably (from a global perspective).

10 In addition to the uncertainty about development and manufacturing pathways for a vaccine, our past experience with access to vaccines for the H1N1 influenza epidemic in 2009, and countries’ experience with obtaining PPE during the COVID-19 pandemic to date, suggest that there will be strong incentives on manufacturing countries to restrict the export of vaccines until they have ensured sufficient supply for their own needs. s 9(2)(g)(i)

[Redacted]

11 Because of this uncertainty, New Zealand will need to be prepared for a range of possible scenarios if we want to move out of level 1 and fully re-open New Zealand’s borders in a timely way. This requires a coordinated and integrated approach, and is why we are proposing a comprehensive vaccine strategy.

12 The overarching objective for this strategy is to ensure access for New Zealand to a safe and effective vaccine in order to implement our preferred immunisation strategy at the earliest possible time. Flexibility to make choices in future, given the many variables in play, requires multiple concurrent approaches as the science and global situation develop.

13 6(a) [Redacted]

Timely access to a vaccine is critical to meeting the ongoing challenge posed by COVID-19

- 14 The specific approach to a COVID-19 immunisation strategy for New Zealand will require careful planning over several months once we know the type(s) of vaccine, the number of doses required to achieve population immunity and the immediate target populations (eg older people, people with underlying medical conditions).
- 15 A joint approach with neighbouring countries with a similar Keep it out, Stamp it out approach may support further social and economic cooperation even while low or limited vaccine supplies constrain wider border opening. Discussions with Australia, for example, are progressing, 6(a) [REDACTED]
[REDACTED]
[REDACTED]

The health challenge has significant economic consequences

- 16 All of government work on potential forward scenarios, combined with Treasury modelling of the economic impact of COVID-19 is able to provide a sense of the scale of economic benefit of early access to a vaccine.
- 17 Under the all of government best case scenario, we move rapidly through alert levels 3 and 2, and remain in level 1 with no further outbreaks until we are able to obtain a vaccine. Treasury's modelling worked on the assumption that level 1 reduced output by 5-10% from normal. On the basis of this assumption the value to the economy of exiting from level 1 just three months earlier is between \$3 and \$6 billion.
- 18 All of government scenarios also envisage situations where we move in and out of level 1 and 2, and scenarios where we have another major outbreak that requires a return to level 4. Based on some rough calculations on top of Treasury modelling in order to provide a sense of scale, the value of access to a vaccine scales around a further \$5 billion for the avoidance of each scenario, providing a range of values between \$3 and \$15 billion. That is before we even consider the serious loss of life that would occur in a further major outbreak.
- 19 While the calculations undertaken to arrive at these values are rough, it is clear that early access to a vaccine is extremely valuable to New Zealand, and we should be prepared to invest significantly in order to achieve it. Further, the figures derived above are based on a delay of only three months. A realistic delay could easily be double that, and longer delays are certainly possible.

The global environment is complex and uncertain, impacting on vaccine development and future availability

- 20 The environment in which we find ourselves is already complex and uncertain. Research on vaccines is proceeding apace, and there is a rapidly evolving global discussion about cooperation on vaccines. It will be important that

New Zealand is seen to be making a worthwhile contribution to these global research efforts, including through a financial contribution.

- 21 The international community shares the same problem as New Zealand with regard to access to vaccines, both as individual countries and as a whole. Experience with access to testing kits and other essential medical supplies has shown that governments have not hesitated to restrict exports to maximise supply for domestic populations. 6(a)

The global environment is likely to change further between now and the time a vaccine becomes available. The deep and wide-ranging economic effects of the pandemic on the global economy could well flow on to more significant political and economic shifts that would affect access to a vaccine. Our approach needs to be able to manage this complexity and uncertainty.

New Zealand has an established base of agreements and collaborations that will help

- 22 New Zealand has experience with vaccine development to manage disease outbreaks, such as with the meningococcal B vaccine (MeNZB) for a novel strain affecting New Zealanders. The cost for development and immunisation for children and young people under 20 years in 2004 to 2005 was around \$200 million. We expect that costs for development, manufacture and an immunisation programme for a COVID-19 vaccine could be considerably higher, even with collaborative global development.

- 23 As part of our pandemic readiness, the Ministry of Health has maintained an advance purchase agreement (APA) with vaccine manufacturers since 2005. It ensures New Zealand is prioritised as a recipient of the supply of pandemic influenza vaccine, s 9(2)(j)

Advance purchase agreements provide for priority access to supply, they do not address costs of supply.

- 24 In addition, our recent experience with last year's measles outbreak both here and in Samoa, and with seasonal flu vaccine uptake, will help us to optimise the supply and distribution chain for vaccines in readiness for a COVID-19 vaccine when it becomes available. Flexibility in immunisation strategy and ability to ensure effective and potentially targeted distribution are increasingly needed as both global demand for vaccines and knowledge of priorities for maximum benefit from immunisation grow.

- 25 New Zealand's ongoing contributions to the World Health Organization, including its regional offices, expert and commissioned panels and other global leadership efforts, provide for influence on our own behalf and, more importantly, for global recovery including in nations with lower resources such as Pacific nations.

- 26 The Ministry of Health and the Ministry of Foreign Affairs and Trade maintain New Zealand's contributions to these global efforts as well as relations with nearer neighbours and trading partners, their ministries of health, vaccine

purchasers and trusted vaccine regulators including through the Official Development Assistance (ODA) programme. These contributions can be further supplemented by MBIE's network of connections to international research and development organisations.

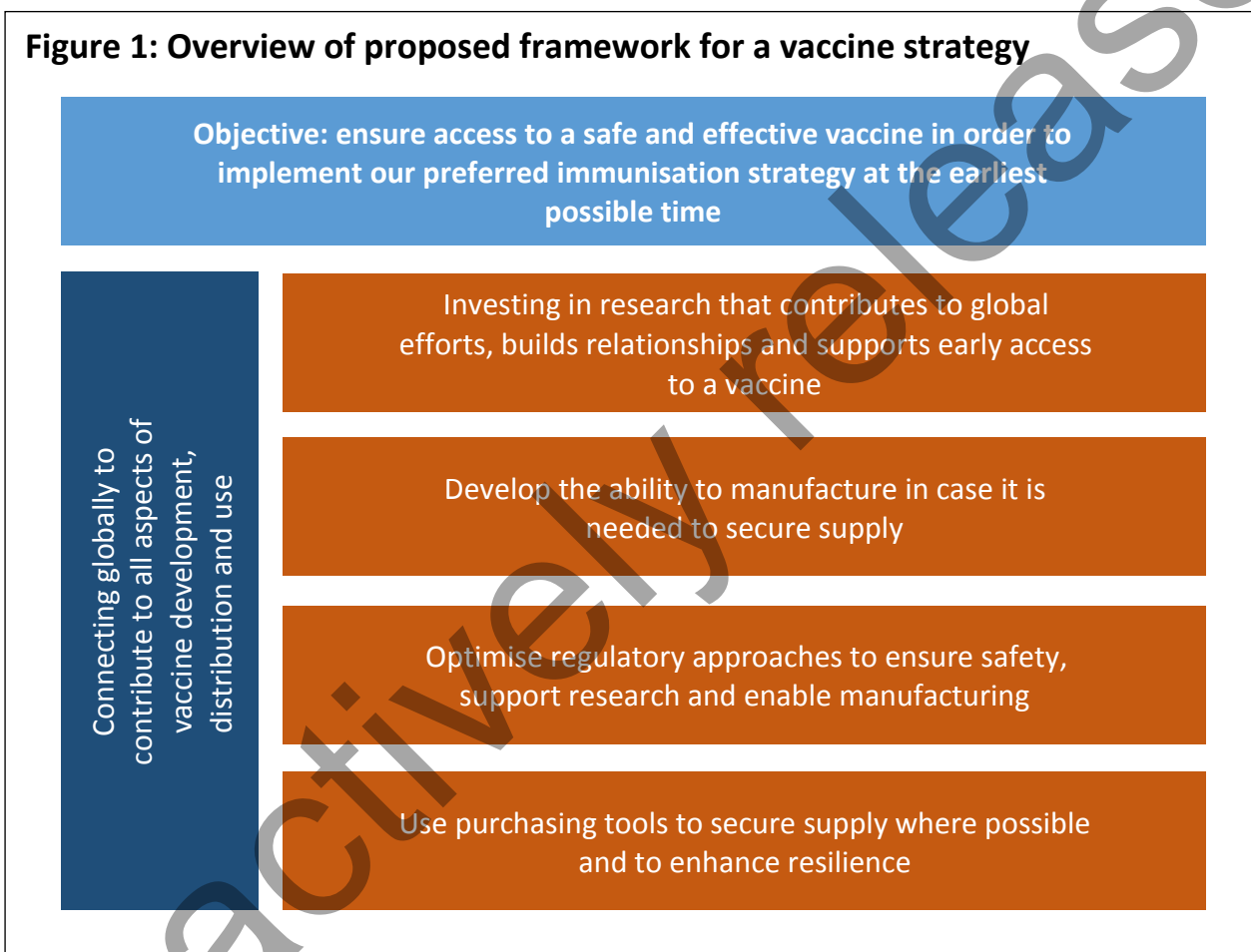
There are some overarching principles that can guide our vaccine strategy

- 27 Given the scale of benefits we can expect to obtain from early access to a vaccine, and the complexity and uncertainty we face, there are some principles that we can identify to guide a strategy:
- The strategy should be flexible enough to allow for changes of course as international vaccine development programmes progress, and to cope with shifts in the global context
 - The approach needs to hedge against a range of possible outcomes, and the size of the benefit justifies the investment in cost and effort to do this effectively
 - We need to integrate and coordinate multiple approaches to make the best use of the tools we have available, including capacity and expertise outside of government
 - We need to engage actively in shaping the global context and contributing to collective efforts, as well as seeking out partnerships in support of the strategy
 - We need to contribute to the global effort.

The strategy can be structured around five pillars and should be seen as part of a wider immunisation strategy

- 28 The objective of the vaccine strategy must support the goals of our COVID response strategy, and our intended approach to immunisation. Our proposed objective is to ensure access to a safe and effective vaccine in order to implement our preferred immunisation strategy at the earliest possible time.
- 29 Partial achievement of the objective is likely to still be useful – that is, a safe but partially effective vaccine (for instance because it provides immunity only for a limited period of time) may still have value. Similarly, obtaining enough vaccine to only vaccinate those who are particularly vulnerable and the front line health workforce may provide us with enough confidence to open borders if that is supported by the availability of reliable and rapid diagnostics and key public health measures. The closer we get to the objective, the more choices we will have.
- 30 Achieving the objective of the vaccine strategy will contribute to the following outcomes:
- Sufficient supply of a safe and effective vaccine to achieve population immunity to COVID-19, affordably

- 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.



31 We propose structuring the strategy around five pillars based around the main tools we have available to achieve our objective. The five pillars are:

- Connecting globally to contribute to all aspects of vaccine development, distribution and use
- Investing in research that contributes to global efforts, builds relationships and supports early access to a vaccine
- Developing the ability to manufacture in case it is needed to secure supply

- Optimise regulatory approaches to ensure safety, support research and enable manufacturing
- Use purchasing tools to secure supply where possible and to enhance resilience

32 In accordance with the principles outlined above, each of the pillars needs to be managed dynamically as the external environment changes, and in relation to the others. 6(a), s 9(2)(j)

[REDACTED]

Purchasing is our usual method of acquiring vaccines and will continue to play a key role

33 PHARMAC is highly experienced in economic and clinical assessment of vaccines and their procurement, and has established commercial relationships which can be used to support acquisition of COVID-19 vaccine stocks. It is already considering how it might use its existing purchasing arrangements to secure supplies of a COVID-19 vaccine if one becomes available.

34 Much of the underpinning of this strategy is based on the likelihood that vaccine supply for a COVID-19 vaccine will be insufficient to fully meet global demand in a timely fashion. In this scenario our normal purchasing processes alone are likely to prove insufficient to implement our preferred immunisation strategy.

35 Even where standard purchasing approaches fail, however, PHARMAC will still have a critical role to play. PHARMAC's international connections and commercial expertise would contribute influence in such scenarios as potential manufacturing license arrangements for New Zealand manufacturers, access to key materials such as proprietary adjuvants (chemicals used with vaccines to support the body's immune response), or to support agreements that seek to share risk between New Zealand and bilateral partners (such as a combined Australia-New Zealand approach).

An ability to manufacture can provide some insurance against limited supply

36 Current evidence suggests that global manufacturing capacity for any new vaccine is likely to be constrained. The dynamics underlying this are complex, but fundamentally come down to the fact that it takes time to build manufacturing capacity and scale up production. Collectively, manufacturers will not want to invest in capacity that is only going to be used for a short period of time and that will likely then sit idle. Even with government support, large scale manufacturing will have to balance the urgency of vaccine supply with the costs of long-term manufacturing overcapacity.

37 In these circumstances there is a significant risk is that countries that control manufacturing will seek to ensure their own supply first before releasing vaccine to the global market. This would be consistent with how countries have controlled exports of PPE to date, and also with actions taken to manage vaccine supplies during the H1N1 influenza epidemic in 2009.

38 The best insurance against this likely global supply constraint is the ability to manufacture in New Zealand. We have already identified at least two companies that appear to have the capability to produce some of the likely vaccine candidates. These companies have expressed a willingness to support the New Zealand government's response to COVID-19, and have sufficiently large capacity, assuming that regulatory requirements for human vaccine production can be met.

39 There are several actions we could consider in support of vaccine manufacturing. These include:

- Supporting manufacturers to pre-prepare parts of the production chain and have it licensed with Medsafe's expedited assistance to enable rapid scale-up of production
- Make use of our international connections to gain access to key manufacturing material, and processes, including under license, to allow for early manufacturing, and to source essential equipment and other inputs where these become scarce
- Underwrite capital investments required to provide a more flexible or capable vaccine manufacturing capability.

40 6(a) [Redacted]

41 We need to fully canvass vaccine production capability in New Zealand and how this fits with international producers, including possibilities of diverting production of current vaccines to support devoted capacity for COVID-19 vaccine production elsewhere. We then need to engage in a more structured conversation with potential manufacturers about what options are available and come to some recommendations about what initial investments might look like. We propose to report back to Cabinet by the end of June on an investment plan for both local and global manufacturing that addresses these issues in more detail.

Vaccine research provides key knowledge to support manufacturing and purchasing and a seat at the table in technical discussions

42 Vaccine research needs to be a key part of the strategy. It is unlikely that a wholly indigenous New Zealand vaccine will provide our quickest and most reliable route to a supply of vaccine. We therefore need to ensure we make

6(a) [REDACTED] a meaningful contribution to global research efforts both financially and in kind. This will also be important for our credibility in arguing for equitable access to vaccines for all, including New Zealand. There is also scope to supplement our research funding through support and cooperation targeted to developing countries through our Official Development Assistance (ODA) programme. MFAT will provide advice to the Minister of Foreign Affairs on these options.

43 A distinctly New Zealand contribution to global research efforts provides us with:

- An opportunity to contribute specialist New Zealand knowledge and capability to global vaccine development efforts, accelerating global progress
- Detailed knowledge of key international research efforts and an ability to assess promising vaccine candidates as they emerge
- Access to other research internationally, that can then be used to obtain early access to the key information and resources required to manufacture a vaccine or to prepare manufacturing capability in New Zealand
- An opportunity to be recognised as contributing through research in addition to our global leadership and diplomatic efforts in support of international efforts to produce a vaccine.

44 A key role of a research programme would be to connect New Zealand to multilateral research, including as a part of the ACT Accelerator initiative, as well as research being undertaken independently in countries outside of the multilateral umbrella. 6(a) [REDACTED]

45 Four research teams have requested just under \$20m between them from MBIE's COVID-19 Innovation Fund to support vaccine research. The research proposals are beyond the scope of that fund the support, but we are assessing the proposals with the aim of supporting promising research on an interim basis to maintain momentum pending consideration of this paper.

46 On the basis of the bids we have received to date, we consider that \$10m would be sufficient to support a credible programme of vaccine research in New Zealand, although we will also want to make an additional contribution to international efforts to ensure we are seen as paying a fair share of global research costs. Our intention would be to fund a flexible and globally connected research programme that remained closely tied to the strategy, and in particular supported our ability to identify early vaccine candidates and obtaining the means to manufacture them. This would be an early first step following agreement to this Cabinet paper.

47 One opportunity that requires further exploration is the potential to use New Zealand's strong clinical trials infrastructure and high quality regulatory environment to support connections to international COVID-19 vaccine research programmes. New Zealand has an excellent reputation for early stage clinical trials, and our current low rate of COVID-19 infection is an advantage. s 9(2)(j), s 9(2)(g)(i)

Ensuring that any vaccine is safe is critical, and expedited regulatory approaches may be possible

48 It is critical that any vaccine used is safe and effective, and this can only be assured through large well-designed studies that follow recipients of a vaccine for a period of time. Use of an unsafe vaccine will undermine New Zealanders' willingness to be vaccinated for several years to come, and across a wider range of diseases than COVID-19, leading to a perverse outcome if we rush too quickly to adopt a new vaccine without undertaking proper regulatory processes.

49 Assessment of safety and effectiveness of vaccines is a complex process. The entire manufacturing process needs to be validated in addition to clinical trial data demonstrating safety and effectiveness. This is necessary to ensure that the benefits of the vaccine outweigh any risks, such as unexpected side effects or complications. Differential safety and effectiveness for different population groups may also be an issue, especially given protection requirements for older age groups and those with underlying health conditions.

50 Medsafe assesses vaccines against internationally agreed standards for quality (manufacture), safety and efficacy. Medsafe is part of a global network of regulators and is actively engaged in an international collaboration to consider what data is required before approval. This network will also consider the opportunities to accelerate or modify the regulatory process without compromising patient safety. For instance the Ministry of Health has already developed and published an expedited ethics framework which can speed up approval of clinical trials, and early evidence suggests this is working well.

51 New Zealand has well-established systems in place to monitor the safety of medicines (including vaccines) being used in New Zealand. This system assists in maintaining the public's trust in New Zealand's National Immunisation Programme; if undermined, a drop in immunisation coverage and future outbreaks of diseases such as whooping cough and measles could result.

52 Any new vaccine will require active surveillance to ensure safety is monitored. This is particularly important when vaccines are developed and tested in an expedited way.

53 Other opportunities that would support early access to a vaccine might include assistance for potential manufacturers to meet manufacturing and licensing requirements, joint or accelerated approval processes, or alternative risk management approaches usually considered too costly or impractical. A more labour intensive or costly approach to assuring safety would be considered as part of the full vaccine implementation and delivery chain.

Global challenge, global response

54 6(a) [Redacted]

- [Redacted]

- [Redacted]

55 Ownership of intellectual property in a vaccine is an issue that will require our attention in the global environment. The international community is reliant on the research infrastructure and manufacturing capability of the global pharmaceutical industry to rapidly develop, test and manufacture a vaccine. At the same time restrictive approaches to intellectual property could prevent the global roll-out of a vaccine. We will want to advocate for open approaches that support widespread manufacturing and distribution of a vaccine at a reasonable price, as this will support New Zealand and global interests at the same time.

56 We are likely to also want to work directly with close partners on ensuring vaccine supply, particularly Australia. 6(a) [Redacted]

57 Many existing memberships and collaborations provide vehicles for enhanced cooperation (examples range from the Australia and New Zealand Health Procurement Roundtable to Gavi, the Vaccine Alliance to increase access to vaccines in poor countries) and a mapping of collaborations with New Zealand

members and potential expert contributors is an early action under the proposed strategy.

- 58 There may also be opportunities to make use of our wider set of political relationships with other countries to support early access to a vaccine. 6(a)

[REDACTED]

- 59 We should use our full range of diplomatic tools and relationships to advance New Zealand's interests in access to a safe and effective vaccine. In addition to our connections to multilateral organisations, we will also want to make use of our connections to governments, businesses, and research organisations, and the international networks of MBIE and the Ministry of Health in addition to those of MFAT.

- 60 We will report back in June on our progress with international engagement in support of the vaccine strategy.

Implementation

- 61 The international environment for vaccine development is evolving rapidly, and the window is starting to close on a number of early opportunities. In addition to those steps the Ministry of Health has already taken in the context of its existing mandate, there are a number of further practical steps we can and should take immediately.

- 62 By the end of June we would propose to report back to Cabinet on:

- An agreed and funded programme of vaccine research in support of the vaccine strategy
- An investment case outlining actions that might be taken to support the development of a manufacturing capability in New Zealand. We have already identified some relatively low-cost steps that can be taken with firms' existing infrastructure but it would be useful to explore these further and identify more specific costs
- Progress with New Zealand's international engagement on and contributions to vaccine development and plans for manufacturing, regulatory, purchase and distribution approaches, including the promotion of equitable access
- A mapping of key New Zealand involvement and timeframes for collaborations supporting aspects of the vaccine strategy.

- 63 This report back will also provide us with an opportunity to define more clearly a concrete set of next steps.

64 In order to support the further development and implementation of the vaccine strategy we propose the establishment of a task force to ensure coordination and full use of opportunities in support of the strategy. The committee would include senior representatives from the Ministries of Health, Business Innovation and Employment and Foreign Affairs and Trade, Medsafe and PHARMAC. The task force will be supported by a science and technical advisory group that would itself be represented on the task force by its chair and vice-chair. This model would ensure an ability to draw on a range of scientific and technical knowledge, while keeping the task force focussed on delivery of the strategy.

Financial Implications

65 Implementation of the strategy will require new funding. We are seeking \$30 million to support research into vaccines and initial steps to support the development of manufacturing capability. These funds would be allocated as follows:

- \$10m dedicated to domestic research to support the key science to assess a range of vaccine candidates, and fund some additional direct contributions to international efforts
- A further \$15m to support international research efforts through joint funding mechanisms, most like the Coalition on Epidemic Preparedness Initiative (CEPI)
- \$4.75m to support initial steps to support manufacturing capability
- \$0.25m of departmental expenditure to support operational delivery.

66 The figure of \$10m dedicated to domestic research is based on the scale of existing proposals MBIE has received to conduct vaccine research in New Zealand, and initial discussions with manufacturers on potential approaches using their existing capabilities.

67 With \$10m we believe we would have sufficient funds to support the key science that would be required to assess a range of vaccine candidates, and to fund some additional direct contributions to international efforts. While the COVID-19 Innovation Fund received four bids totalling some \$20m for vaccine research, not all of these bids are well-aligned to the goal of the vaccine strategy.

68 We would propose to use MBIE’s existing science investment system to deliver this funding. The investment design for this funding will need to be tailored to support the strategy and to ensure timely support to vaccine projects that are already underway.

69 We have requested a further \$15m to contribute to global efforts to develop a vaccine. This contribution reflects the importance of New Zealand being seen to pay its share of global efforts to find a vaccine for COVID-19. 6(a)

6(a)

70 Our current understanding is that we will also be able to include directly funded research as part of our pledged international commitment, which will bring our total to \$25m. There is also scope to increase the amount we invest directly in domestic research if the investment process produces more high quality demand for funds than we expect.

71 We have arrived at the figure of \$25m based on a review of pledges made to various international organisations as part of the EU/WHO pledging conference held on 4 May. 6(a)

Our expectation, however, is that a full pledge from New Zealand is also likely to include some ODA funds, and will have a relatively high proportion of new funding.

72 We believe that with a further \$4.75m allocated to manufacturing immediately, we will be able to engage potential domestic vaccine manufacturers with some confidence that we will be able undertake at least a minimal programme of pre-preparing production capability. Following discussion with potential manufacturers, we expect to identify options that could be pursued with additional funding and the circumstances in which we would choose to do that. If the investment case for manufacturing reveals that we need to invest more deeply in developing our manufacturing capability, there will likely be a need for further funding. This may be considered through the first report back in June.

73 This paper does not seek funds for purchase of vaccine or delivery of an immunisation programme. That will be the subject for a separate decision at an appropriate time.

Legislative Implications

74 There are no legislative implications arising from this Cabinet paper. It is conceivable that legislative change could be required as part of the process, but that would be subject to its own approval process.

Population Implications

75 In itself this proposal is not expected to have impacts on specific population groups. Instead these issues would be addressed by a broader immunisation strategy that this strategy is intended to support. Failure to achieve the objectives of this strategy would be likely to require changes to that immunisation strategy, which would likely have flow-on implications for particular population groups.

Consultation

- 76 The Treasury, Medsafe, and PHARMAC have been consulted in the preparation of this Cabinet paper. The Department of Prime Minister and Cabinet has been informed.

Communications

- 77 It is proposed that the Minister of Foreign Affairs, Minister of Health and the Minister of Research, Science and Innovation issue a joint press release to announce the strategy, and in particular the intention to support vaccine research and potential manufacturing in New Zealand.

Proactive Release

- 78 We intend to release this Cabinet paper in accordance with the agreed approach to proactive release. Parts of the Cabinet paper will need to be redacted to protect our foreign policy interests in particular.

Recommendations

The Minister of Foreign Affairs, Minister for Research, Science and Innovation, and the Minister of Health recommend that the Committee:

- 1 **note** that COVID-19 vaccination is currently viewed as a crucial platform to allow New Zealand to fully re-open its borders and to step down from Alert Level 1 to Alert Level 0
- 2 **note** that the Ministry of Health will undertake immunisation strategy work as vaccine development and testing progresses, and that a working assumption is that New Zealand will seek immunity of at least 80% of the population, with an initial focus on vulnerable groups
- 3 **agree** that the government should put in place a COVID-19 vaccine strategy to promote access to a sufficient quantity of a safe and effective vaccine in order to implement our preferred immunisation strategy at the earliest possible time
- 4 agree that the strategy should contribute to the following outcomes:
 - 4.1 Sufficient supply of a safe and effective vaccine to achieve population immunity to COVID-19, affordably
 - 4.2 Protection for Māori, Pacific peoples and population groups at particular risk from COVID-19
 - 4.3 Full cultural, social and economic recovery from the impacts of COVID-19
 - 4.4 Recognition of New Zealand as a valued contributor to global wellbeing and the COVID-19 response
 - 4.5 New Zealand, Pacific and global preparedness for response to future disease outbreaks

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5 **agree** that the vaccine strategy should be guided by the following principles:

5.1 The strategy should be flexible enough to allow for changes of course as international vaccine development programmes progress, and to cope with shifts in the global context

5.2 The approach needs to hedge against a range of possible outcomes, and the size of the benefit justifies the investment in cost and effort to do this effectively

5.3 The strategy should integrate and coordinate multiple approaches to make the best use of the tools we have available, including capacity and expertise outside of government

5.4 We need to engage actively in shaping the global context and contributing to collective efforts, as well as seeking out partnerships in support of the strategy

5.5 New Zealand needs to contribute to the global effort

6 **agree** that the strategy should be structured around five inter-related pillars:

6.1 Connecting globally to contribute to all aspects of vaccine development, distribution and use

6.2 Supporting vaccine research that contributes to global efforts, builds relationships and supports early access to a vaccine

6.3 Developing manufacturing capability in case it is needed to promote supply

6.4 Optimising regulatory approaches to ensure safety, support research and enable manufacturing

6.5 Using purchasing tools to secure supply where possible and to enhance resilience

7 **note** that some early first steps have already been taken and others can be taken early to forward the strategy

8 **note** that we should use our full range of diplomatic tools and relationships to advance New Zealand's interests in access to a safe and effective vaccine

9 **direct** the Minister of Foreign Affairs, Minister of Research Science and Innovation and the Minister of Health to report back to Cabinet during June, and then at least quarterly, on:

9.1 An agreed and funded programme of vaccine research in support of the vaccine strategy

9.2 Actions to support the development of a manufacturing capability in New Zealand and/or contribute to other developments

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- 9.3 Progress with international engagement on and contributions to vaccine development, manufacturing, regulatory, purchase and distribution, including equitable access
- 9.4 Next steps for the strategy
- 10 **note** that the Ministry of Foreign Affairs and Trade, Ministry of Business Innovation and Employment and the Ministry of Health will set up a task force to direct implementation of the strategy
- 11 **note** that the task force will be advised by a scientific and technical advisory group in order to ensure access to a range of views from the scientific community and potential vaccine manufacturers
- 12 **agree** to provide \$30m to support domestic and international research on, and the potential for domestic manufacturing of, a COVID-19 vaccine
- 13 **agree** the following changes to appropriations to give effect to the policy decision in recommendation 12 above with a corresponding impact on the operating balance and net core Crown debt:

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	\$ million – increase / (decrease)				
	2019/20	2020/21	2021/22	2022/23	2023/24 & Outyears
Vote Business, Science and Innovation Minister of Research, Science and Innovation					
Multi-Category Expenses and Capital Expenditure: Research, Science and Innovation: Contract Management MCA Departmental Output Expenses: Science and Innovation Contract Management (funded by revenue Crown)	-	0.250	-	-	-
Total Multi-Category Expenses and Capital Expenditure: Research, Science and Innovation: Contract Management MCA	-	0.250	-	-	-
Multi-Category Expenses and Capital Expenditure: Research, Science and Innovation: Strategic Science Investment Fund MCA Non-Departmental Output Expenses: Strategic Science Investment Fund - Programmes	-	29.750			
Total Multi-Category Expenses and Capital Expenditure: Research, Science and Innovation: Strategic Science Investment Fund MCA		29.750			
Total Operating	-	30.000	-	-	-

14 **agree** that the proposed changes to appropriation for 2020/21 above be included in the 2020/21 Supplementary Estimates, and, in the interim, the increases be met from Imprest Supply

15 **agree** that the expenses incurred under recommendation 12 above be charged against the COVID-19 Response and Recovery Fund established as part of Budget 2020.

Authorised for lodgement

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Rt Hon Winston Peters
Minister of Foreign Affairs

Hon Dr Megan Woods
Minister for Research, Science and
Innovation

Hon Dr David Clark
Minister of Health

Proactively released