

Pacific Heads of Health

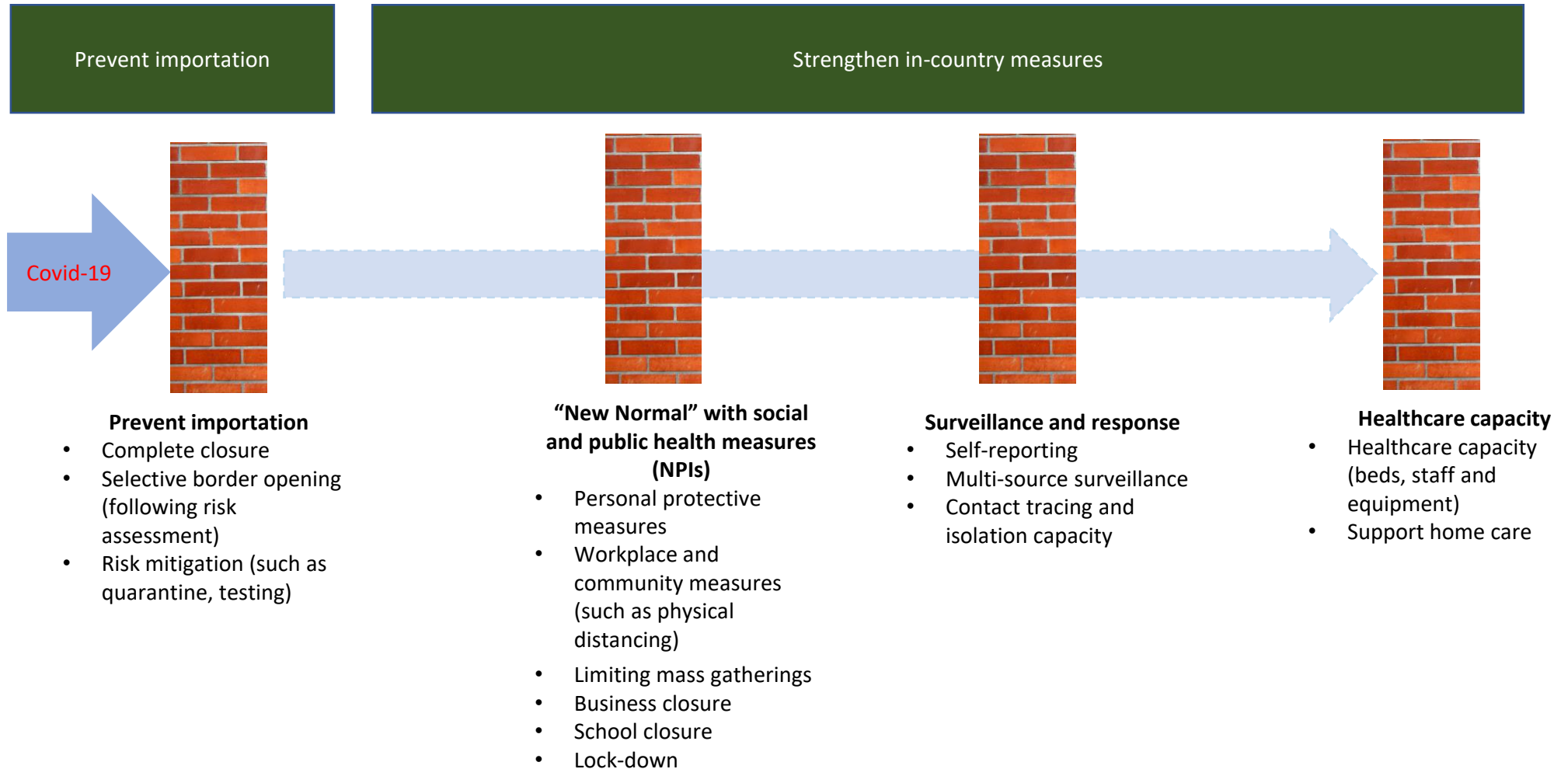
Réunion des directeurs de la santé du Pacifique

Scaling up contract tracing and
preparing for the first and
second wave

Potential Drivers for new waves of COVID-19 cases in PICs

- Repatriation of citizens
- Introduction of “Travel Bubbles”
- Special Cases & Exemptions
- Re-opening of borders
- Limitations of Health System Capacity
- Community acceptance and compliance with personal protective measures and non-pharmaceutical interventions (lockdown)

Increasing Readiness & Scaling-Up



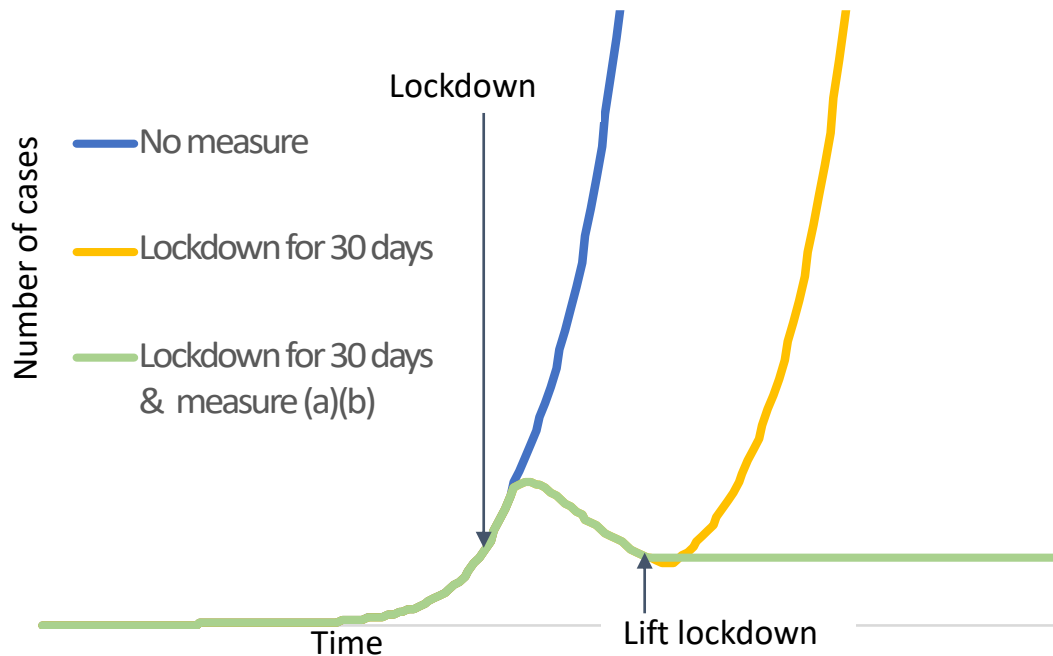
* It is important to establish mitigation measures for critical activities (e.g. cultural and religious activities)

Theoretical Model to Support “New Normal” Strategy

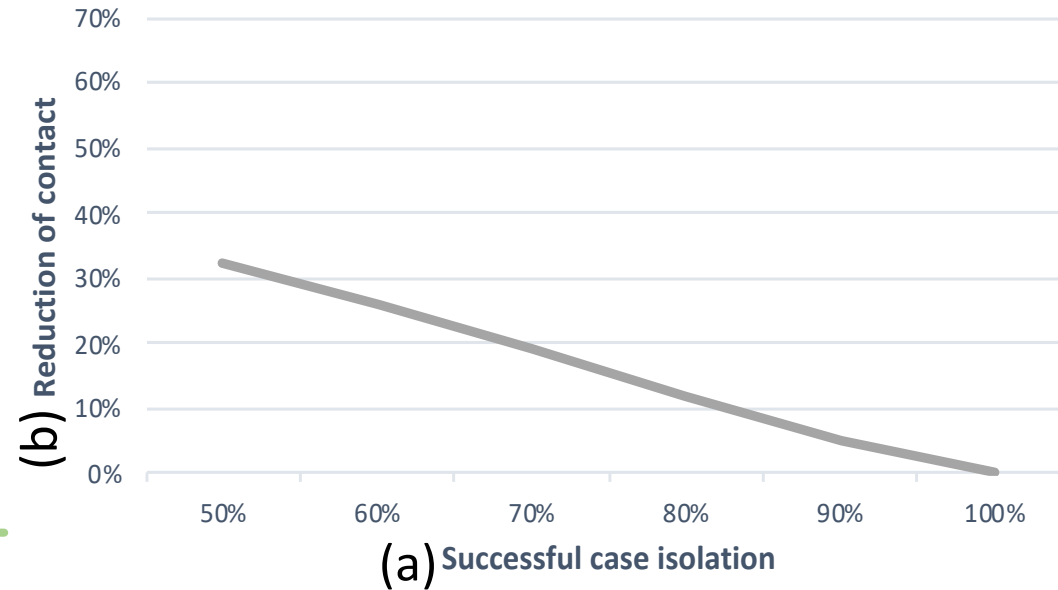
Combination of:

- a) Contact tracing and isolation (e.g. Improved proportion and timeliness of diagnose and isolation)
 - b) People's behavioral change in “New Normal” (e.g. Reduced contact)
- can keep reproductive number less than 1 without lockdown

A. Conceptual figure of epidemic curve



B. Combination of intervention to achieve $R < 1$



Train and deploy non-healthcare staff for contact tracing

- General Community Health Staff
- General Outreach Workers
- General Health Promotion Staff
- Teachers, Librarians, College Students,
- Customer Service- Oriented Professionals such as
Flight Attendants, Receptionists,
Restaurant and Other Service Industry Employees
- Other Government workforce
- Military, Police, and other service personnel

**Test-trace-isolate strategy needs to be done
in conjunction with long-term physical
distancing (at least for now)**

JIMT recommends that:

- **PICs test their public health response capacity through Simulation Exercises that can be supported**
- **Key Staff review JIMT issued guidance and checklists on contact tracing, NPI modification, quarantine and isolation for reference and adaptation**
(<https://drive.google.com/drive/folders/1BVv2pb7r72emUI82Apt-770mSu-w7uel>)
- **Key Staff attend webinars organized by Epidemiology and Surveillance cell for PICs (can review recordings of sessions in May) and next training scheduled for 24th July**
- **Expand capacity to undertake contact tracing, surveillance, and support community engagement activities**
- **Monitor the performance of contact tracing activities**
- **Make requests for tailored technical support to JIMT**

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**Risk Communication and
Community Engagement**

**Transitioning
to the 'new
normal': Risk
Communication and
Community
Engagement
in the next
phase of the
response**





THE NEW NORMAL

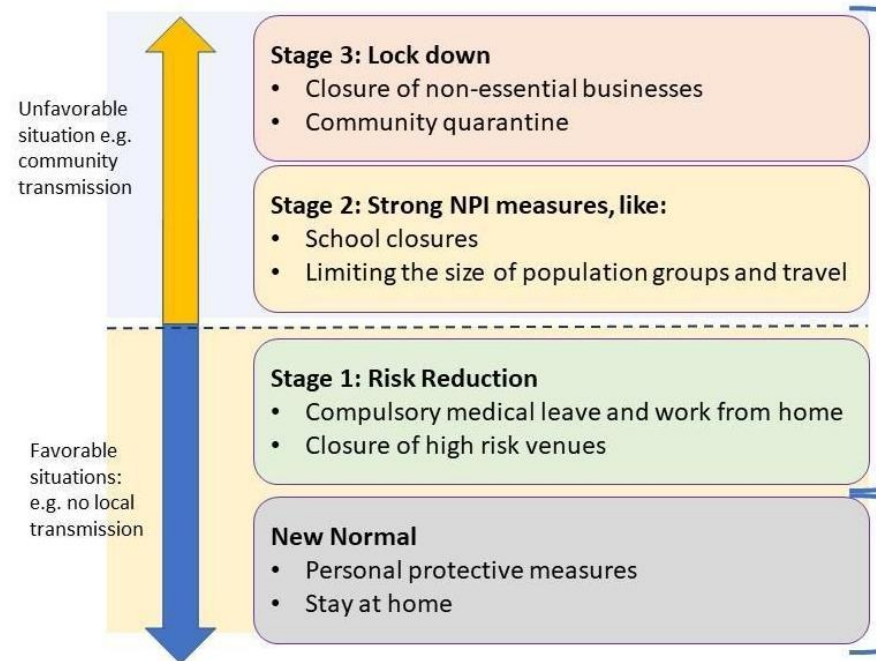
How society will function until an effective vaccine is developed for COVID-19, or the pandemic comes to an end, including:

- **Long-lasting changes to individual personal protective behaviors and environments (e.g. physical distancing, adaptations to different environments and settings)**
- **The lifting and reinstating of various restrictions (non-pharmaceutical interventions or NPIs)**

The new normal also creates an opportunity to avoid some of the potential negative impacts of the pandemic and create a way of living and interacting that is better than the “old normal”.

The new normal in operation...

- **All individuals will need to maintain personal protective measures**, including regular hand washing, covering coughs and sneezes, and physical distancing.
- **Various sectors and environments**, like schools, businesses, workplaces, religious facilities and other venues **will need to adapt and adopt measures** suitable to their contexts.
- Overarching to this there will be a **series of restrictions or non-pharmaceutical interventions (NPIs)** that will be lifted or reinstated based upon the situation at any point of time. This means that people can anticipate living in a state of change, until we have a vaccine or treatment available.



Depending upon the country epidemiological situation, stages of restrictions may be relaxed or imposed. This will likely fluctuate over the long term.

New Normal should be implemented at all times



Fundamental shift needed


Shift in RCCE strategy is needed to empower people to adapt to the new normal.


Finding innovative, localized solutions to how they will manage and adapt, ultimately being more resilient to COVID and its impacts (health, social and economic).


To achieve this shift, people need:


1. A **baseline of knowledge** to make informed decisions on how to protect themselves.
2. To be **empowered to apply this knowledge and identify localized solutions** on how to protect themselves; whilst also re-engage in social and economic activity, e.g. reopening workplaces with safety measures in place.


Baseline of knowledge: eight key protective behaviours


 Washing our hands regularly

 Covering coughs and sneezes


 Maintaining at least 1-meter distance

 Limiting time spent in enclosed or crowded places

 Cleaning frequently touched objects and surfaces

 Avoiding touching our faces

 Protecting vulnerable and marginalized members of our communities

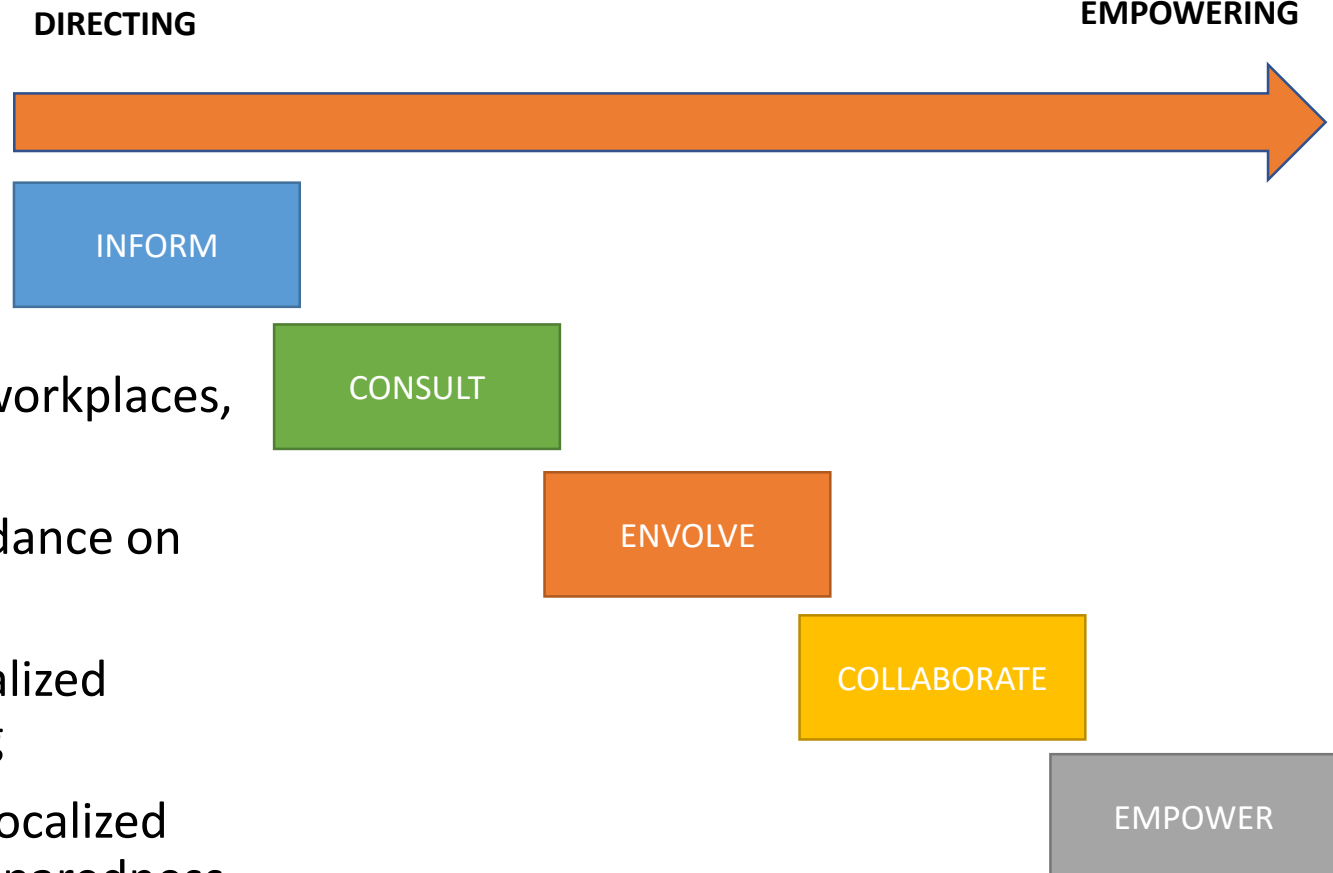
 Isolating when feeling sick and knowing when to seek care

*practicing these behaviours in different settings

Empowered to identify localized solutions

For various sectors, businesses, workplaces, markets and communities:

- Provide them the practical guidance on how they can adapt
- Support communities with localized community pandemic planning
- Allocate resources to support localized planning and decentralized preparedness efforts.



JIMT recommended RCCE approaches to support the transition to new normal

Listening and data collection tools: KAP surveys, qualitative consultation guides.

Short practical guidance: for various sectors and environments on adaption measures.

Community Pandemic Planning tool: simple planning tool to support communities (especially remote communities) to consider localised prevention and response measures; ensuring continuity of essential services and goods (food, water, fuel etc).



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Continuity of essential health services

1



HEALTH FIRST:

Protecting health services
and systems during the crisis

Challenges being seen globally

- Essential health services being jeopardized by
 - Reallocation of health staff to COVID-19
 - Repurposing of health facilities to COVID-19
 - Reduced public uptake of services – reticence, travel issues, economic constraints
 - Supply chain issues for medicines, consumables
- Globally seeing
 - More than half countries surveyed reported disruptions in NCD services
 - Postponements of screening programmes – diabetes, cancer – half of countries
 - Cancellations of treatments – surgical, dental, rehab, palliative
 - Reduced immunization coverage rates

Impacts COVID-19 on mental health

- On top of existing unmet mental health burden

Fear of catching COVID-19

Fear of dying for those with COVID-19

Fear of loved ones dying

Social isolation

Increase of violence in the home

School closures

Stigma

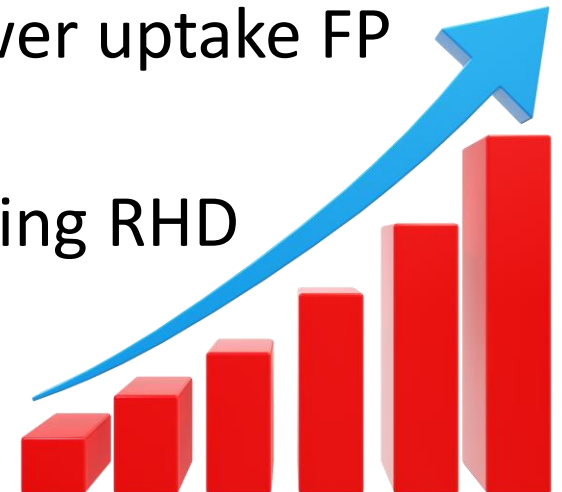
Witnessing death, grief

Loss of livelihoods



Risks for the future

- Losing long term health gains
- Resurgence of communicable diseases
- Increases in NCD-related mortality, morbidity (amputations, late cancer diagnoses, dental issues)
- Increased unwanted pregnancies due to lower uptake FP services
- Increases child morbidity/mortality – including RHD



JIMT recommends that:

- Don't wait for outbreak – prepare now
- Plan for Essential Health Service continuity
- Stockpile key items e.g. medicines
- Establish and agree clear triggers for shift in service delivery
- Prepare for rapid catch-up as needed
- Carefully monitor impacts of COVID-19 response
- Utilize support from JIMT (Essential Health Service Delivery Cell)

Interim guidance on delivery of essential health services during the COVID-19 response

Updated 27 June 2020



JIMT Interim Guidance: Checklist on planning for essential health services during the COVID-19 response

27 June 2020



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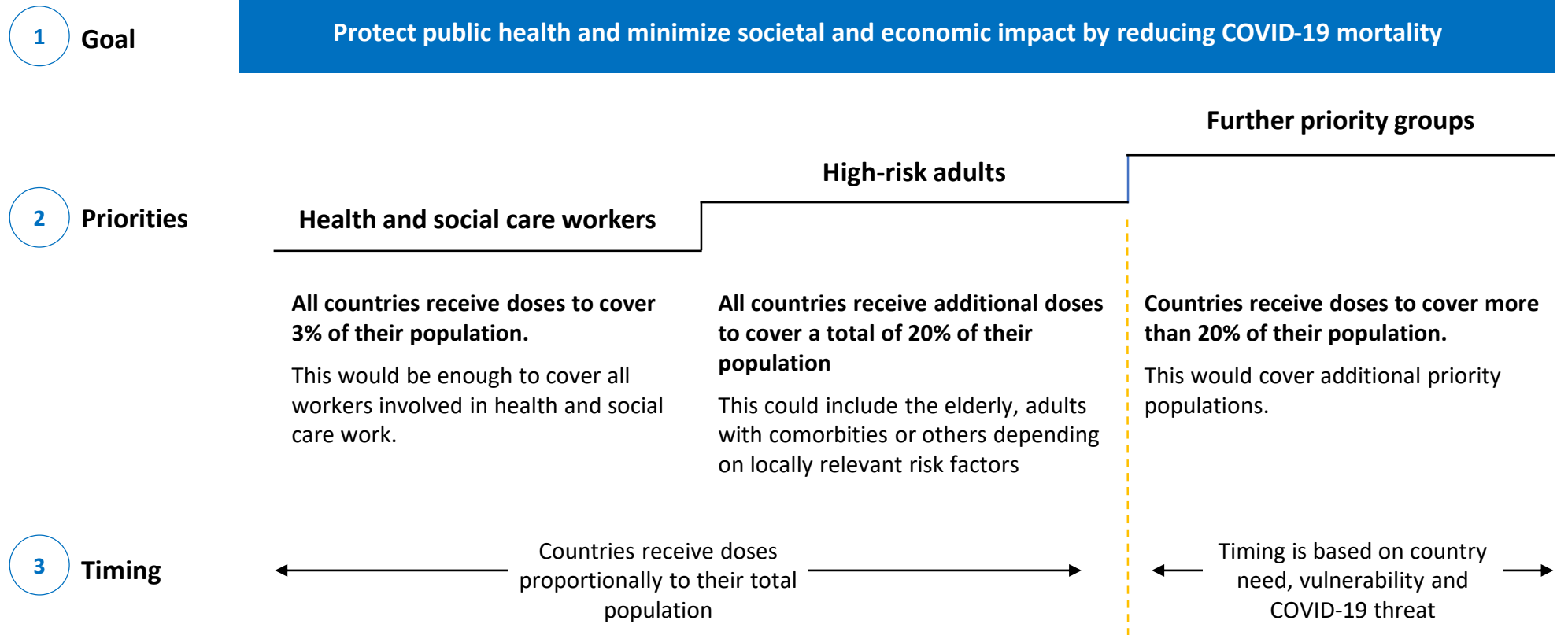
COVID-19 Vaccines

THE COVAX FACILITY AND GAVI Advance Market Commitment (AMC)

PART OF THE ACCESS to COVID-19 Tools (ACT) Accelerator

A GLOBAL FRAMEWORK TO ENSURE EQUITABLE AND FAIR ALLOCATION OF COVID-19 PRODUCTS

Draft Allocation Framework and Allocation Mechanism for Vaccines still under consultation



A buffer will also be set aside for emergency deployment based on immediate needs

COVAX Facility: Key Points (1)

Vaccine Candidates

The vaccine candidates use a range of technology platforms and are being developed in multiple countries, including Australia, China, Europe, and the US. 9 projects in the CEPI vaccine portfolio. 1 from the UK AZ/Oxford in Phase III, 1 in Phase IIa, 4 in Phase I, and 3 in the preclinical phase

General Access

The Facility will have access to doses of vaccine candidates through agreements that Gavi will conclude with vaccine manufacturers on behalf of the Facility. The Facility aims to procure 2 billion doses by the end of 2021

Offer to Countries

Governments are invited to join the COVAX Facility. Countries participating in the Facility will benefit from the assurance that the Facility can supply them with enough vaccine doses to immunize 20% of their country's population

COVAX Facility: Key Points (2)

Supply Chain

Gavi on behalf of the COVAX Facility will provide manufacturer-specific contingent volume guarantees to procure vaccines that meet WHO's Target Product Profile to de-risk and incentivize timely investment in expansion of manufacturing capacity. MoU with AZ potentially for 300M doses

Equitable Supply

As doses from successful candidates become available, they will be allocated to all participating countries at the same rate until all countries have received sufficient doses through the Facility to ensure coverage of 20% of their populations. Countries will have discretion on how to use their allocated doses based upon their own situation and guidance from national bodies

Needs-Based Provision

For countries that wish to procure vaccines for more than 20% of their population, additional doses will be allocated based on expert guidance from WHO, drawing on the latest and best evidence regarding public health need, disease epidemiology, and understanding of transmission and risk until the point in time where the supply of vaccine is adequate to fully meet demand

COVAX FACILITY OPERATIONS

Self-financing

Self-financing governments are requested to submit a non-binding Expression of Interest letter at COVAX@gavi.org by 10 July. Those that have submitted EOIs will be invited to a Country Consultation in mid-July on the design and operating principles governing the Facility

Self-financing governments will then be invited to provide a binding commitment to procure sufficient doses to immunize 20% of their population with successful vaccine candidate(s) through the Facility and make a % upfront payment (TBD) by 31 August

ODA countries supported by GAVI AMC

Potential AMC-supported governments are invited to an initial consultation on 21 or 22 July. These governments are also welcomed to submit a non-binding Expression of Interest letter at COVAX@gavi.org on a voluntary basis

Gavi will convene a follow-up consultation with the governments to discuss details around the AMC and the Facility more broadly

COVID-19 Vaccines: issues for PICs

- Most PICs qualify for GAVI AMC Support
- Territories may require additional arrangements to be put in place
- Small tranches based on proportionate distribution may be costly to distribute
- Unknowns about additional infrastructure and vaccine logistic requirements
- Economic recovery is dependent on open borders in many cases and this will be delayed without access to vaccines
- Important advocacy issues to ensure timely and full coverage in the Pacific