



# **Heads of Health Meeting**

## **Réunion des directeurs de la santé**

### **REPORT OF THE 10TH PACIFIC HEADS OF HEALTH MEETING**

(Virtual meeting, 3 February 2021)

Prepared by the Pacific Community, 2021

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# 10th PACIFIC HEADS OF HEALTH (PHoH) MEETING

3 February 2021

Virtual meeting hosted by the Pacific Community (SPC)

## Report of meeting

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### 1. Opening

1. PHoH Chair, Dr Merehau Mervin, Deputy Director, Ministry of Health, French Polynesia, welcomed participants to the 10th PHoH meeting, which was convened virtually to review COVID-19 related issues, particularly vaccine approval, logistics for vaccine distribution, and vaccination procedures.
2. The Chair noted that both Dr Corinne Capuano (WHO) and Dr Paula Vivili (SPC) have moved on to new positions. On behalf of PHoH, she acknowledged their contribution to the leadership of the region's health sector and wished them success in their new roles.
3. The Secretariat advised participants there would be no interpretation of the meeting because SPC's Noumea office was closed due to Cyclone Lucas.
4. Note: The meeting presentations are available at <https://phd.spc.int/events/pacific-heads-of-health-virtual-meeting-0>

### 2. Participants

5. PHoH was attended by representatives from: Australia, Cook Islands, Commonwealth of the Northern Mariana Islands (CNMI), Fiji, Federated States of Micronesia (FSM), French Polynesia, Marshall Islands (RMI), Nauru, New Caledonia, New Zealand, Niue, Palau, Samoa, Solomon Islands, Tonga, Tuvalu, United States of America and Vanuatu. Partner agencies represented included: the Asian Development Bank (ADB), Australian Department of Foreign Affairs and Trade (DFAT), CDC Department of Health, International Federation of Red Cross and Red Crescent Societies, Japan International Cooperation Agency, Otago University, Pacific Community (SPC), Pacific Island Health Officers' Association (PIHOA), United Nations Children's Fund (UNICEF), USAID, World Bank, and World Health Organization (WHO). (Annex 2 provides a list of participants.)

### 3. COVID-19 vaccines — JIMT (Joint Incident Management Team) Vaccine Pillar update (Joint presentation by UNICEF and WHO)

6. Dr Angela Merianos, Team Coordinator, Health Security, WHO Division of Pacific Technical Support, said more than 103 million cases of COVID-19, with around 2.2 million deaths, had been reported globally to 3 February 2021. Pacific Island countries and territories (PICTs) have reported 26,635 cases to date, including 274 deaths.
7. **PICT COVID-19 vaccination update to 3 February 2019** (provisional data only): Vaccination programmes, using either the Pfizer/BioNTech ultracold-chain mRNA vaccine or Moderna mRNA vaccine, were underway in American Samoa, CNMI, Guam, French Polynesia, FSM, New Caledonia, Palau and RMI. To date, the majority of people vaccinated have received only one dose, but the programmes are moving quickly to provide second doses and thus full vaccination.

8. **Vaccine research and development, and approval processes:** As of 5 January 2021, there were 232 candidate COVID-19 vaccines in the R&D pipeline, with 63 in the clinical phase (including 10 with emergency use authorisation from a national regulatory authority) and 172 in the pre-clinical phase. Vaccine manufacturers apply for regulatory use authorisation in the country of manufacture or may also submit their vaccine for review by a stringent regulatory authority. Many also apply for WHO's emergency use listing (EUL) or pre-qualification, based on detailed information on vaccine quality, safety and efficacy. Despite the accelerated development of vaccines, WHO is working with manufacturers to ensure the safety and efficacy of vaccines are maintained and strongly encourages manufacturers to apply for approval. WHO's Strategic Advisory Group of Experts (SAGE) will develop policy positions on the use of approved vaccines.
9. **COVAX Facility vaccines update:** All AMC<sup>1</sup>-eligible PICTs have submitted or are finalising their National Deployment and Vaccination Plans. Each NDVP will be reviewed at a regional level, with a focus on regulatory approval, signed indemnification and liability agreements, and any necessary modification of the NDVP based on the vaccine supplied in relation to target population, supply chain management, costing and funding, vaccine safety and surveillance for adverse events (AEFI).
10. The AstraZeneca viral vector vaccine, which requires a standard cold chain of 2–8°C, will be supplied to PICTs as part of the first allocation towards the 20% COVAX AMC commitment. This allocation will cover 6–30% of the total population. It will be delivered in the first and second quarters of 2021 (25–30% of the allocation initially, and then 65–75%). The AstraZeneca vaccine is currently considered to be 70.4% effective in preventing symptomatic COVID-19 occurring more than 14 days after people receive two doses. No severe infections or hospitalisation have been recorded in the vaccine group. There is some data suggesting a longer interval between doses increases the effectiveness of the vaccine. SAGE will review this data at its next meeting.
11. WHO invited PICT Ministries of Health to review their systems for AEFI surveillance, with a view to establishing a baseline for AEFI following administration of the AstraZeneca vaccine (or other vaccines). It was suggested that one way of collecting baseline data would be to use the first 100 healthcare workers vaccinated as a sample. Partners of the JIMT Vaccine Pillar are ready to assist countries with their databases, if required.
12. **COVAX Facility vaccines — Next steps:** AstraZeneca will present data on the safety and efficacy of its vaccine to SAGE on 8 February for EUL. COVAX will release the vaccine subject to EUL being granted. (The outcomes of all upcoming SAGE meetings on COVID-19 vaccines, and draft agendas, will be available on the WHO website).
13. The AstraZeneca vaccine will be supplied by two manufacturers, and PICTs will need to sign indemnity and liability agreements with both manufacturers. Given the complexity of the requirements, PICTs are requested to involve their Attorney-General's Office in the processes for regulatory approval and liability legislation, if this has not already been done.
14. **Vaccine procurement:** UNICEF will lead the procurement of COVID-19 vaccines under COVAX and will sign procurement agreements with all main manufacturers of approved vaccines. Immunisation devices (auto-disable syringes and safety boxes) will be supplied with the vaccines. UNICEF is formalising agreements with airlines and other logistic providers to ensure efficient and cost-effective shipment of vaccines to countries.

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<sup>1</sup> Advance market commitment.

15. Self-financing countries must establish a Procurement Service MOU with UNICEF to facilitate procurement.
16. **Cold-chain requirements and logistics:** UNICEF is doubling its regional cold-chain storage and has worked with PICTS to assess their in-country storage capacity. Based on the information they have provided, UNICEF does not expect countries will require additional facilities to store their COVID-19 vaccine allocations.
17. COVAX has developed supply chain assessment and planning tools to support rehabilitation of national systems if required, and also to map logistic requirements.
18. **COVID-19 vaccines and health security:** WHO emphasised that while vaccines are needed to end the acute phase of the pandemic, they are only part of the solution and are insufficient alone to prevent the spread of COVID-19. Governments should continue taking a risk-based approach to maintaining border measures and containment strategies, particularly as more transmissible variants of SARS-CoV-2 emerge. Contact tracing and testing, isolation, treatment and quarantine will also need to continue, together with promotion of hygiene practices such as hand washing, mask wearing and social distancing.

## Discussion

19. Tonga asked whether the 10 vaccines mentioned in the presentation have been approved by regulatory bodies in the Pacific. Tuvalu noted that information relating to the 10 approved vaccines dated back to 5 January and asked if more have since been approved.
20. WHO replied that as part of their NDVP, countries need to indicate which vaccines they are willing to accept, e.g. those approved under the WHO EUL procedure or a different procedure. As mentioned, WHO is encouraging manufacturers that are at the clinical stages of vaccine development to send their technical dossiers to WHO/SAGE for review. In exceptional circumstances, a country may choose to accept a vaccine that has been approved by a national regulatory authority. However, WHO strongly recommends that countries also look at the data provided by stringent regulatory authorities.  
SAGE will meet on 8 February 2021 to consider the results of AstraZeneca's clinical trial (phases 1 to 3) of its vaccine, including safety, efficacy and timing between doses.
21. Samoa asked why no PICT was included in the first wave of the Pfizer/BioNTech vaccine.
22. WHO said the decision (which was not made by WHO) was based on several factors including quantities of donated vaccines and country preferences. Vaccines requiring ultracold-chain facilities were low on the list of preferences for most PICTs, except for some North Pacific PICTs that already have ultracold-chain facilities. The logistics required to supply small volumes of vaccines requiring ultracold-chains are complex and it made more sense to offer the AstraZeneca vaccine to the Pacific.
23. Cook Islands asked how WHO is responding to the European Union's stance on export of vaccines outside of Europe. WHO said the EU has indicated this stance does not apply to vaccines being supplied to COVAX.
24. Nauru asked if there is a central place where PICTs can locate tools such as the supply chain assessment and planning tool. UNICEF said it has shared links with PICTs on where they can access assessment tools and can provide further information if required.

25. Nauru also requested information on the Covishield vaccine being produced in India, noting that India is offering to donate this vaccine to some PICTs. Tuvalu has been advised of a similar offer from India.
26. SPC replied that Covishield is the trade name in India for the Oxford–AstraZeneca vaccine. It is being manufactured by the Serum Institute of India. WHO noted that, as yet, it has no information on the vaccine being produced in India, nor if a dossier has been submitted for review.
27. Tonga asked if there is a regional matrix of COVAX applications for PICTs. The US Department of Health & Human Services asked if there will be a website/portal with up-to-date information on when vaccines are expected to be delivered to COVAX countries.
28. UNICEF replied that the latest timeline is the end of February 2021. However, this timing is subject to the completion of WHO EUL procedures and also the signing of agreements between countries and vaccine manufacturers. WHO added that all countries that are COVAX recipients have received letters directly.
29. The Chair thanked the presenters from UNICEF and WHO and asked them to continue providing new information regularly.

#### 4. COVID-19 vaccination implementation in US Affiliated Pacific Islands (USAPI) — experience and lessons learned

(Joint presentation by PIHOA and CDC)

30. PIHOA (Dr Haley Cash) summarised COVID-19 cases in USAPI. Guam has had the highest incidence (7579 cases and 129 deaths) and still has active community transmission, but cases have decreased significantly. CNMI has recorded 132 cases and 2 deaths, and RMI has reported 4 cases. American Samoa, FSM and Palau have remained COVID free.
31. There was extensive preparedness for COVID-19 in USAPI, with a focus on laboratory testing; clinical needs, e.g. ventilators, oxygen supplies and training; support for repatriation, including quarantine facilities; and communication and information dissemination between PIHOA, CDC and each jurisdiction, with the resulting data used to produce a weekly sitrep. The sitrep covered case counts, testing, containment, community mitigation, quarantine, medical preparedness, PPE and vaccine updates.
32. Vaccines are being supplied to USAPI by CDC using the US vaccine strategy, which focuses on rapid and high uptake of complete vaccine series, particularly for high-risk groups. There is emphasis on data collection throughout the process. Each PICT also uses the CDC playbook to tailor its own vaccine strategy. The vaccines being used are Pfizer (American Samoa, CNMI, Guam) and Moderna (all six USAPI).
33. Vaccine allotment is based on population size. Allotments are delivered monthly to USAPI and contain first and second doses. To date, 47,246 first doses have been administered and 9954 second doses; 50% of those over 60 have received their first dose. Some jurisdictions have dipped into their allotted second doses to provide first doses to vulnerable/high-risk individuals, and also to avoid any wastage of vaccines. No major adverse reactions have been reported.
34. **Lessons learned:**

- a. Shipping of vaccines is a logistical challenge — larger, less frequent allocations work better.
  - b. While it is important to deliver vaccines quickly, this must be balanced with prioritisation of certain groups.
  - c. Scheduling of doses helps to streamline vaccine delivery and reduces waiting times.
  - d. Data management is critical (i.e. type of vaccine given and date of vaccination) and must be taken into account in determining how quickly vaccines can be administered.
  - e. Communication needs to be continually updated using numerous channels.
  - f. Marketing is important, e.g. showing political leaders being vaccinated, working with traditional/religious leaders, and running social media campaigns.
  - g. Adverse reactions must be documented. Communication teams should be ready to deal with these situations and also with coincidental deaths.
35. Dr Cash acknowledged CDC and PIHOA colleagues for their contribution to the presentation and thanked USAPI health leaders, staff and community members for their work.

### Discussion

36. Cook Islands asked if there are plans in place to provide evidence of vaccination for people intending to travel at a future date.
37. CDC said that in USAPI, each person vaccinated receives a card that identifies the vaccination date and type of vaccine issued by CDC. It is expected that this card may be used for travel and immigration purposes, if required. In addition, vaccination information is being recorded electronically in the US and the system is accessible across the region.
38. WHO said there was a decision that there should be no global requirement for international travellers to present documentation as proof of vaccination; however, every person vaccinated should be given a card or certificate from an authorised provider.
39. SPC noted that at least one airline has already indicated it will require travellers to provide evidence of COVID-19 vaccination.
40. New Caledonia said its main difficulty in delivering vaccination was a lack of nurses and doctors and the absence of a delivery schedule. CNMI noted it is using pharmacists to deliver vaccines.
41. Australia will use the Pfizer vaccine in heavily populated areas and the AstraZeneca vaccine in more remote areas. A diverse workforce (including GPs, nurses, pharmacists and Aboriginal health workers) will support the roll-out of the vaccination programme, which is expected to start by the end of February. Australia is committed to supporting vaccination in PICTs through both bilateral and multilateral arrangements, and to making representations at international level to ensure vaccine supplies are available to all countries. Australia is working with France, New Zealand and the US, among other countries, to ensure comprehensive vaccine coverage. The Prime Minister was scheduled to provide additional details to the Pacific Islands Forum on Australia's assistance, which includes support for logistics and vaccine safety.
42. Tuvalu asked if other PICTs had information or experiences to share on vaccination of citizens currently residing outside the country.
43. CDC said it would welcome requests from PICTS, or from WHO and UNICEF, to support training based on the experience gained in USAPI; there were USAPI trainers who could assist.

### ***Adverse reactions***

44. Vanuatu said there had been considerable discussion in Vanuatu communities of possible adverse reactions to COVID-19 vaccines and asked how other countries had managed such events.
45. CDC said it is using a national system to evaluate several adverse reactions possibly related to COVID-19 vaccine. For USAPI, there were some initial reports of low-level anaphylactic symptoms in Guam. Other reactions reported included nausea, low grade to mild fever, and sore arms. These reports all related to the Pfizer vaccine. USAPI have no experience with the AstraZeneca vaccine.
46. CNMI (PIHOA) has asked recipients to report reactions (they can email or call) and stressed the need to be honest and open about what people can expect and to inform them how the vaccine works. Patients are observed for 15 minutes following vaccination. To date, no severe reactions have been reported in CNMI.
47. The Chair said French Polynesia used similar procedures for its vaccination programme, including a 15-minute observation period and systems for reporting adverse reactions. The appointment for the second dose is booked when the first dose is administered.
48. New Caledonia said it had understood that a pharmacovigilance database would be set up for PICTs.
49. WHO is currently recruiting expertise to assist countries with setting up a national AEFI database, using either a digital or paper-based system, or a hybrid system. Some countries already have systems that could be adapted. The intention is to provide a system that is simple to use and appropriate to a rapidly changing situation. WHO has a tool to assist in determining if an AEFI is related to a vaccine and will be providing training, including just-in-time training, as COVID-19 vaccines become available. JIMT also has experts in the Vaccine Pillar to support this work. WHO asked countries to get in touch to request support if they haven't already.

### ***Vaccine hesitancy***

50. USAID (Asia Bureau) asked how teams are responding to vaccine hesitancy or misleading information being shared on social media.
51. WHO is recruiting experts to assist in overcoming vaccine hesitancy and invited countries to request support.
52. CDC noted there had been initial anxiety in USAPI about administering the vaccines and logistical aspects such as maintaining the cold chain. However, the performance in USAPI had been exceptional, with very capable processes established for logistics and administration of vaccination.
53. Vanuatu has risk communication teams who are addressing vaccine hesitancy, especially as misinformation on social media is promoting resistance to vaccination. Vanuatu is working on formulating its vaccination plan before accepting various offers of vaccines.



54. PIHOA found risk communication was effective in addressing vaccine hesitancy on the part of frontline healthcare workers. Health leaders focused on the issues and worked through them in detail. Healthcare workers were then able to act as role models for the community and to share their experience. PIHOA also brought in subject matter expertise to support health leadership. Targeted communication in one-on-one interactions with family heads and local leaders, among others, also helped build trust and confidence.
55. UNICEF is using evidence from the national level to guide programming and to pre-empt hesitancy before vaccines are introduced to countries. Material to counteract misinformation is available to countries.
56. The Chair agreed on the importance, and challenges, of setting up efficient systems initially. Approaches to overcoming vaccine hesitancy in French Polynesia included developing a communication plan and working with media and leaders to promote vaccination. There were some protests, but they were short lived.

## 5. Closing

57. The Chair thanked all participants and presenters and said there are plans for more regular meetings of PHoH. PHoH will be advised when the details are available.
58. The Secretariat will continue to liaise with JIMT on providing updates and thanked the Chair, PHoH, country representatives, and CDC, PIHOA, SPC, UNICEF and WHO for their contributions to the meeting.
59. The Chair acknowledged PICTs' efforts to cope with the pandemic and the continued commitment of partners to supporting these efforts.

*The meeting outcomes are summarised in Annex 1.*

## Annex 1: Outcomes of PHoH meeting, 3 February 2021

### 1. PHoH noted:

- i. WHO's procedures for approval of COVID-19 vaccines and its work with developers and manufacturers to maintain vaccine safety and efficacy;
- ii. UNICEF's arrangements for the safe delivery of vaccines to PICTs, including doubling its cold storage facilities at regional level;
- iii. COVAX recipient countries have been advised directly by letter of the schedules for vaccine delivery (the timing is subject to the completion of WHO Emergency Use Listing procedures and the signing of agreements between countries and vaccine manufacturers);
- iv. the progress to date of COVID-19 vaccination programmes in American Samoa, CNMI, Guam, French Polynesia, FSM, New Caledonia, Palau and RMI;
- v. lessons learned from the roll-out of these programmes, including the importance of ensuring efficient systems are in place before vaccination begins; scheduling appointments to streamline delivery and avoid vaccine wastage; data management; communication and marketing; and documenting adverse reactions;
- vi. WHO's request that countries set up a national AEFI database (or adapt an existing database) to record adverse reactions following vaccination. WHO can provide support for establishing a system appropriate to country needs and population size;
- vii. the critical need to provide every person vaccinated with a card or certificate from an authorised provider identifying the vaccination date and type of vaccine administered;
- viii. the importance of addressing vaccine hesitancy, and correcting misinformation being shared on social media, by developing communication strategies, including one-on-one interaction with political, traditional and community leaders;
- ix. plans to hold more frequent meetings of PHoH, with details to be advised.

## Annex 2: List of participants – PHoH meeting, 3 February 2021

	<b>Country</b>	<b>Participant</b>	<b>Job title</b>	<b>Organisation</b>	<b>Email</b>
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