

Pacific Heads of Health Meeting

Réunion des directeurs de la santé du Pacifique

REPORT OF THE 9TH PACIFIC HEADS OF HEALTH MEETING

(Virtual meeting, 2 December 2020)

Prepared by the Pacific Community, 2020

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9th PACIFIC HEADS OF HEALTH (PHoH) MEETING

2 December 2020

Virtual meeting hosted by the Pacific Community

Report of meeting

Opening

1. PHoH Chair, Dr Merehau Mervin, Deputy Director, Ministry of Health, French Polynesia, welcomed participants to the 9th PHoH meeting, which was convened virtually with the objective of enabling Pacific Island countries and territories (PICTs) and partners to share information on the status and management of the COVID-19 crisis, specifically readiness for the introduction and management of a vaccine, and to formulate recommendations to put before the Pacific Health Ministers Meeting (PHMM).
2. The Chair acknowledged the work of all those who have contributed to managing the crisis and thanked WHO, SPC and development partners for their continued support.

Participants

3. PHoH was attended by representatives from: Australia, Cooks Islands, Commonwealth of the Northern Mariana Islands (CNMI), Fiji, French Polynesia, Kiribati, Marshall Islands (RMI), Nauru, New Caledonia, New Zealand, Niue, Palau, Samoa, Solomon Islands, Tokelau, Tonga, Tuvalu, United States of America, Vanuatu and Wallis and Futuna. Partner agencies represented included: the Asian Development Bank (ADB), Australian Department of Foreign Affairs and Trade (DFAT), New Zealand Ministry of Foreign Affairs and Trade (MFAT), Pacific Community (SPC), World Bank and World Health Organization (WHO). Observers came from the CDC Department of Health, Japan International Cooperation Agency, Otago University, Pacific Island Health Officers' Association (PIHOA), Pacific Islands Forum Secretariat (PIFS), and United Nations Children's Fund (UNICEF). (Annex 2 provides a list of participants.)

COVID-19 vaccine introduction – key issues

Global overview

4. Dr Angela Merianos, Team Coordinator, Health Security, WHO Division of Pacific Technical Support said over 63.5 million cases of COVID-19, with around 1.5 million deaths, have been reported globally since 1 December 2019. Pacific Island countries and territories have reported 22,123 cases to date, including 198 deaths, with most cases (99%) and deaths (98%) occurring in French Polynesia, Guam and Papua New Guinea.
5. The rapid introduction of COVID-19 vaccines is intended to stop the acute phase of the outbreak. However, protective behaviours, including physical distancing and mask use, will continue to be recommended.

Vaccine readiness assessment

6. There are three main vaccine introduction readiness assessment and planning tools for use by countries to enable their access to the vaccines:
 1. The [COVID-19 Vaccination Program Interim Operational Guidance for Jurisdictions Playbook](#) being used by the US Affiliated Pacific Islands.

2. The [COVID-19 Vaccine Introduction Readiness Assessment Tool \(VIRAT\)](#), a self-assessment tool intended to be used by Ministries of Health with support from WHO and UNICEF Country Offices.
3. The World Bank's [Vaccine Readiness Assessment Framework \(VRAF\)](#). In October 2020, the World Bank's Board of Executive Directors approved an envelope of USD 12 billion for developing countries to procure and deploy COVID-19 vaccines.
7. UNICEF, WHO and the World Bank are coordinating to combine and streamline VIRAT and VRAF readiness assessments under a common Vaccine Introduction Readiness Assessment Framework (VIRAF).

Urgent steps for countries

8. Because there are several time-critical issues for vaccine introduction, the presentation focused on key components that require urgent country attention. COVAX AMC eligible economies have been requested to confirm participation in the AMC by submitting a completed and signed Vaccine Request by 7 December 2020.
9. Two immediate issues will impact country access to COVID vaccines:
 1. Adequately addressing product liability risks associated with COVID-19 vaccines distributed under COVAX.
 2. Exercising necessary product labelling exemptions (labelling that complies with national requirements may not be available when deployment first begins).
10. The COVAX Facility is working to find a practical solution to the issues of liability, noting that manufacturers are reluctant to deliver COVID-19 vaccines to countries unless liability risks are addressed. The solution includes:
 - a requirement that all countries participating in COVAX enter into indemnification agreements with vaccine manufacturers;
 - *AMC-eligible economies only* provide indemnity backstopping guarantees by a third party;
 - establishment of a global no-fault compensation mechanism for individuals suffering serious adverse events associated with COVID-19 vaccines distributed under COVAX.

Vaccine types

11. There are four types of candidate vaccines. The Pfizer/BioNTech and Moderna vaccines are both mRNA vaccines. The AstraZeneca is a viral vector vaccine. The Pfizer/BioNTech vaccine requires an ultracold chain at minus 70 degrees Celsius, while the Moderna vaccine is stable at minus 20 degrees Celsius, but also has to be shipped at that temperature. The two mRNA vaccines have already released final or interim efficacy results (~95%) while the results for AstraZeneca are being reviewed.
12. It is urgent that countries assess their readiness and develop an operational plan for vaccine introduction and roll-out if they have not already done so.

Nomination of national focal point

13. COVAX-eligible countries have recently received letters from the World Bank requesting that they identify a single senior national focal point to coordinate the assessment and development of a single National Deployment and Vaccine Plan to guide the deployment of the COVID-19 vaccine and other tools. Introduction of COVID-19 vaccines is moving rapidly,

and the number of documents being produced by COVAX alone brings the risk of missing critical deadlines. A single, national focal point accountable for COVID vaccine introduction coordination will provide a bridge between the technical work and decision-makers.

Regulatory issues

14. The COVAX facility will only accept vaccines that meet internationally agreed criteria for safety, efficacy and quality. However, not all vaccines available will be suited to Pacific conditions; regulatory engagement in countries is important because World Bank resources for vaccine purchase will require in-country authorisation, based on either WHO prequalification and approval by 1 Stringent Regulatory Authority (SRA) or approval by 3 SRAs in three regions.

Choice of vaccine

15. WHO and UNICEF recommend that PICTs work with the COVAX Facility, donors and partners to select the most suitable vaccine for their conditions to minimise risks and the operational challenges of using more than one vaccine in the same population. Collaboration between Ministries of Health and ministries involved in bilateral relations will be critical to ensure that decisions about accepting or declining vaccine donations consider these issues.

Prioritisation for vaccination

16. COVAX aims to provide all participating economies with enough vaccine to immunise 20% of the population in 2 tranches – 3% then the other 17%. To help countries with prioritisation and targeting risk groups, WHO's Strategic Advisory Group of Experts (SAGE) on Immunisation has developed a Roadmap for Prioritizing Uses of COVID-19 Vaccines. The nine scenarios considered in the 3x3 matrix are community transmission, sporadic cases or clusters, and no cases and very limited vaccine available (up to 10% of the national population), limited vaccine (up to 20%) and moderate vaccine (up to 50%).
17. It is recommended that once prioritisation is completed, countries ensure that individuals in their priority groups are pre-registered so immunisation can proceed as soon as a suitable vaccine is available.

Risk communication and community engagement

18. WHO and UNICEF strongly recommend that countries develop a RCCE plan as soon as possible before vaccine introduction (see paragraph 32 below). The RCCE should explain the different types of vaccine; consider community opposition to vaccines; clarify the reasons for prioritising certain groups; and address adverse events following immunisation (AEFIs).

Health information systems/certification

19. Robust information systems are needed to capture demographic information, vaccine data, and operational data needed for monitoring and evaluation.
20. Proof of vaccination may be a precondition for international travel in future. This will require mutual recognition of vaccine certificates (paper-based or digital) between countries and validation that an individual's vaccination record has been issued by an authorised agency or provider.

21. WHO is ready to work with PICTs to find IT solutions to support COVID-19 vaccine introduction, recognising that their health information systems vary in capacity.

Discussion

Questions from countries

22. **Tonga** requested more time to complete the COVAX Vaccine Request form (required by 7 December), noting that some of the information is not available, e.g. Tonga was unable to access the guidelines and Annex B mentioned in the form.
23. **Marshall Islands** (RMI) also requested further time, noting lack of resources to get all the information together, particularly on liability. Resources are stretched at present with the arrival of a group of repatriated people including some COVID cases. RMI also has access to the US vaccine facility so has to make a decision on which to choose.
24. **Cook Islands** asked if there was a template for the National Deployment and Vaccine Plan (noting that a template would alleviate resource pressure when everyone is tired) and also requested WHO to share the regulatory committee debate on vaccine safety and efficacy to ensure PHoH are informed on the potential for AEFI.
25. **Tuvalu** described Tuvalu's COVID control strategy (Tuvalu is COVID free). Tuvalu is funded through COVAX AMC and is working to complete the AMC vaccine request form, and also with UNICEF to complete the vaccine readiness form.
26. **Kiribati** asked if there would be a central storage facility for the region so that PICTs, especially those with low resources, could request vaccine supplies from the central facility.
27. **Vanuatu** was aiming to submit the request form by 7 December. The nomination of a focal point, as requested by the World Bank, will be discussed at a national meeting. Vanuatu has discussed product preferences with WHO and UNICEF, but asked how preferences will be coordinated (country by country?) and how the vaccine will be supplied. The government also wants to know which vaccine Vanuatu will use.

Responses to country questions

28. WHO responded as follows:
 - a. The due date of 7 December is the ideal time to submit the vaccine request form as a delay may mean a delay in receiving the vaccine. Countries should try to submit the form as soon as possible and should ask the WHO office for assistance if needed.
 - b. The WHO Office can provide any documents that cannot be accessed, including Annex B (mentioned by Tonga).
 - c. WHO can support PICTs on liability issues, including through the regional regulatory network.
 - d. WHO will send PHoH any vaccine information that is received, noting that AEFI are likely and will need to be reported through existing mechanisms. Rare AEFIs can only be detected in post-marketing surveillance. Vaccine safety will be monitored for the long term.

- e. COVAX has designated UNICEF as the procurement authority. rNA vaccines have specific cold chain requirements; the AstraZeneca vaccine does not. There are about 47 vaccines still in clinical trials.
 - f. The decision on the appropriate vaccine for each PICT depends on their context. WHO can support country decision-making on this but recommends that each PICT chooses only one vaccine to reduce the complexity of vaccine management.
 - g. USAPI have been working with CDC to complete a different process. In some situations, the ultracold chain may work in urban areas, with other vaccine types used for remote areas.
 - h. A template is being developed for the National Deployment and Vaccine Plan (NDVP), but much of the information can only be generated in country. VIRAT will provide a large part of the information required.
29. UNICEF Pacific is working with WHO on the NDVP template to provide an example to guide countries and hopes to send it to HOH by the end of the week. It will be Pacific-related so it can be customised to countries' own contexts.
30. Australia (Dept of Health) congratulated HOH for their work to date in controlling the pandemic and stressed the need for everyone in the region to work together to ensure equitable access to vaccines. Australia is developing a comprehensive strategy for vaccine access and will contribute AUD 80 million to Gavi's COVAX AMC. Australia reaffirmed its continued support for PICT efforts to combat the pandemic, including addressing the logistical challenges of distributing some vaccine types, and is in discussion with countries on moving forward.
31. Australia (DFAT) noted Australia is designing practical support for vaccine availability in the Pacific region and thanked PICTs for consultation on this support.

Key operational issues related to COVID-19 vaccine introduction

Risk Communication and Community Engagement (RCCE)

32. Kshitij Joshi, Chief, Communication for Development, UNICEF, presented strategic approaches to RCCE as part of preparing for the introduction of a COVID vaccine. RCCE is highly important for this vaccine because of issues such as prioritisation, vaccine hesitancy, high expectations, supply and demand, and AEFI. Communication will also be important to sustain protective behaviour after vaccines are introduced.
33. RCCE development will need to consider:
- use of social data to inform the design of interventions
 - public knowledge and awareness
 - trust and confidence building
 - community empowerment, particularly for hard-to-reach communities
 - feedback loops to listen to public concerns and correct misinformation
 - consistent messaging between partners
34. Three phases of communication are recommended:
- Pre-rollout phase
 - Initial rollout to priority groups (critical)
 - Wider scale rollout

35. Countries will need to be flexible in terms of choosing the approaches for different groups and be ready to adjust these phases as situations evolve.

Vaccine procurement and cold chain

36. Ignacio Gimenez, Procurement Services Specialist, UNICEF, said UNICEF will lead procurement of the COVID-19 vaccine under COVAX and can support both AMC and self-financing countries.
37. Self-financing countries are encouraged to establish a Procurement Services MOU with UNICEF to facilitate procurement.
38. UNICEF will use pooled procurement. The vaccines will be shipped to Fiji and distributed to PICTs from there. PICTs that are part of the Vaccine Initiative already use this process.
39. In terms of cold chain requirements, all PICTs have replied with inventories of their facilities, which indicate that significant investment will not be required. UNICEF has procured a variety of cold chain equipment and will procure more in 2021. However, requirements cannot be finalised until the type(s) of vaccine is known.
40. PICTs are being asked to submit information on their cold chain capacity. This will be more detailed than the rapid assessment made a few weeks ago. COVAX's supply chain assessment and planning tools will support rehabilitation of national systems and mapping of logistics requirements.

Discussion

Questions

41. PIFS asked if there are measures in place to prevent a recurrence of the problems experienced with the supply of COVID test kits.
42. Niue asked if cut-offs have been established for vaccination of age groups, i.e. the youngest and oldest ages for vaccination.
43. French Polynesia wishes to survey behaviours relating to immunisation, and COVID vaccination specifically, and asked (a) whether there is a model for a suitable questionnaire, and (b) if WHO and UNICEF could assist with analysing the survey results. French Polynesia has a serious outbreak, but communities have responded strongly. There are more than 500 'health guides' on the ground to assist people and this approach could also help with understanding community sentiment and correcting immunisation misinformation. French Polynesia thanked partners for their support.
44. New Caledonia asked if the UNICEF guide on RCCE will include information on how to measure people's willingness to be vaccinated (or inversely their reticence).
45. Vanuatu asked (a) if the target for coverage of the global population was also 20%, and (b) if the results of the rapid assessment of countries' cold chain facilities have been provided to them.

Responses from UNICEF and WHO

46. UNICEF noted that like the supply of test kits, where there were issues with a specific supplier, vaccine supply is complex, especially given different suppliers and products and multiple partners. Politics cannot be removed from the equation, but multi-lateral partners are committed to working together, communicating with countries, and getting vaccines to the countries most in need.
47. WHO said the initial target population for vaccination will be adults, who are more likely to experience severe disease and death, and possibly young adults. A vaccine may be developed for young children (this is being considered in the context of the Janssen vaccine), but the science is evolving. Children are less likely to transmit the virus or suffer severely. The decision to provide vaccine for 20% coverage is based on 3% for health workers and 17% for vulnerable populations. Countries can purchase more vaccine for increased coverage but will have to pay for the extra allocation themselves.
48. UNICEF said the Regional RCCE Group is collectively looking at communication issues across all countries, and across all partners. There will be guidelines, FAQ and model answers, etc. to support country communication, and assistance for analysis and choice of approach.
49. WHO noted that the rapid assessments of cold chains were conducted with the EPI teams in countries.
UNICEF said more detailed cold chain assessments are being conducted now in countries as part of the COVAX submission, which is a rolling submission until March. This assessment will also look at governance of supply chains and cold chains.

Remarks by Dr Takeshi Kasai, WHO Regional Director – Virtual visit with PHoH

50. Dr Kasai noted that health workers have been working around the clock to respond to COVID-19. Many were exhausted and were also having to deal with the economic fallout of the pandemic. Planning for the introduction of COVID-19 vaccines was a significant area of added work.
51. There is cautious optimism about the COVID-19 vaccines in development. They will be an important tool, but demand will exceed supply so people must continue applying measures such as physical distancing, handwashing, and mask use to protect others. These protective behaviours must become the 'new normal', including during the holiday season.
52. Countries are approaching a crucial point in their preparedness and response efforts and must be ready for the introduction – or reintroduction – of COVID-19 to PICTs that are currently COVID-free or COVID-contained before a sufficient proportion of the population is immunised. No country is safe and these efforts must continue. At the same time, the Pacific region can use this opportunity to upgrade their health systems and public health capacities, and protect the vulnerable.
53. Communication will be key in the development of national deployment and vaccination plans for COVID-19 vaccines. Honesty about what is known and not known about the vaccines (effectiveness and AEFI potential) will be critical to establishing and maintaining trust in governments.
54. Countries will have to make pragmatic decisions on prioritisation and targeting to achieve the greatest impact. Efforts also need to be put into developing the systems for delivering

vaccines, and for monitoring their safety and effectiveness. Health information systems to support vaccine introduction are part of this.

55. Together with partners, WHO will work hard to secure vaccines for the Pacific, keep everyone informed of the latest developments, and provide support in the planning and decision-making that lies ahead of PHoH and ministers of health.

56. On behalf of PHoH, the Chair thanked the Regional Director for his remarks.

Decision points

57. The Chair asked the meeting to consider the recommendations contained in the presentation by WHO and UNICEF, 'COVID-19 Vaccine Introduction – Key Issues'.

58. The meeting agreed to adopt the recommendations (see Annex 1). There were no comments.

Closing

59. The Chair thanked the Secretariat and all participants and wished everyone well with the work ahead.

Annex 1: Outcomes of PHoH meeting, 2 December 2020

PHoH agreed to:

- i. note the global developments pertaining to COVID-19 vaccines;
- ii. share readiness assessments and National Deployment and Vaccine Plans;
- iii. note the immediate readiness activities;
- iv. work closely with ministries involved in bilateral relations, and with the authority to accept vaccine donations;
- v. work with UNICEF, WHO and the JIMT development partners to identify and prioritise areas requiring technical and/or operational collaboration;
- vi. establish a Procurement Services MOU with UNICEF;
- vii. complete the supply chain assessment and planning tools developed for the Gavi COVAX application.

Partners agreed to

- i. note priority needs and share information on bilateral and multilateral support for COVID-19 vaccine introduction;
- ii. collaborate on Pacific regional initiatives on vaccine donations;
- iii. support countries to execute the immediate readiness activities, including priority areas for technical assistance, and to explore additional financing sources.

Annex 2: List of participants – PHoH meeting, 2 December 2020

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