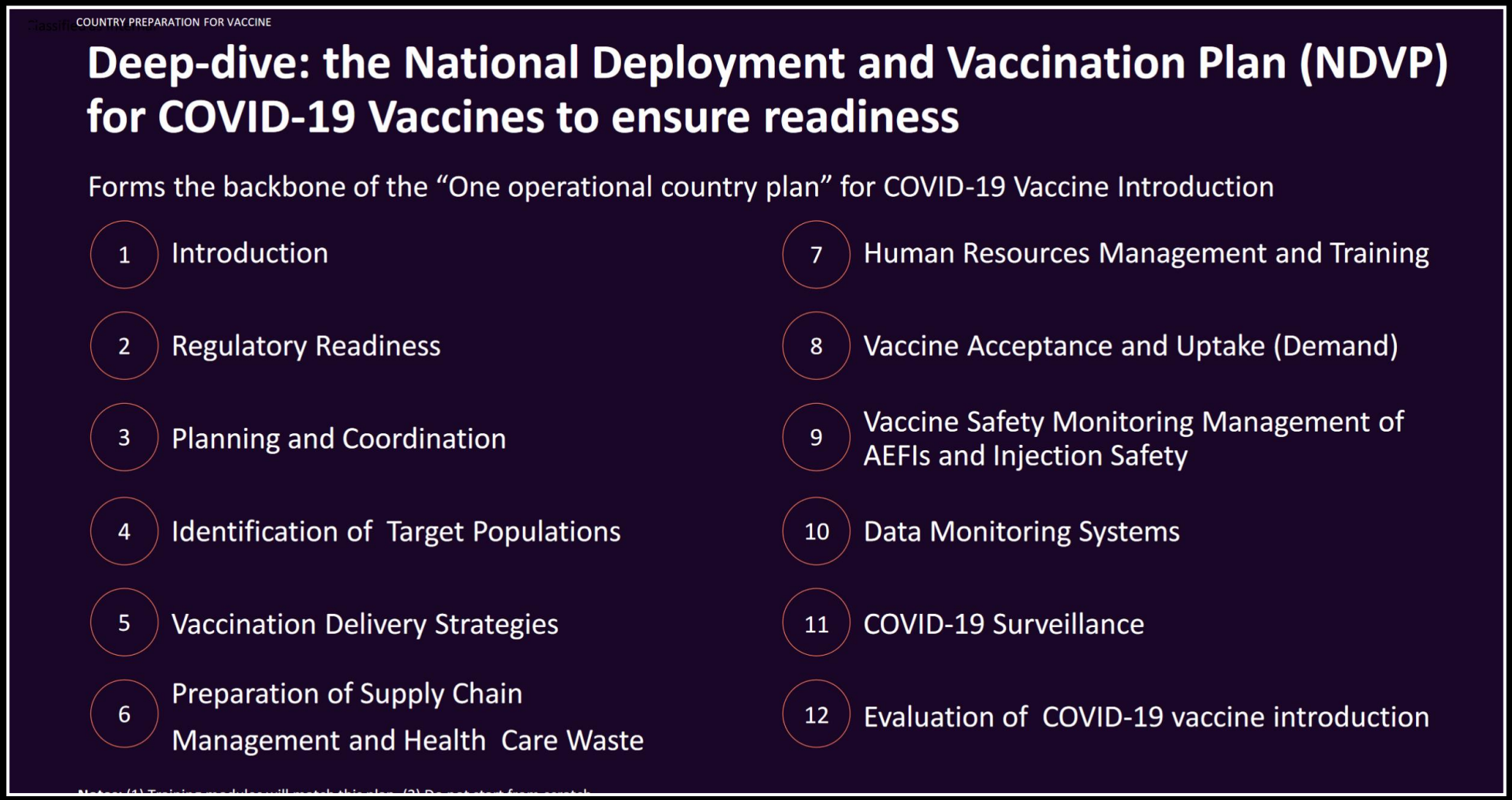
Pacific Heads of Health

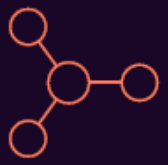
Réunion des directeurs de la santé du Pacifique

COVID-19 Vaccine Introduction – Key Issues



Components of the NDVP (Source: COVAX Facility AMC Engagement Group Meeting 1, 19 Nov 2020

COVID-19 Vx landscape – technologies currently in development

Technology	Description
 Viral vector	**Viruses that have been engineered to carry DNA** – containing the sequence for disease-specific antigen from the target virus – **into human cells**
 Nucleic Acid (DNA and mRNA)	**Genetically engineered plasmid containing the DNA sequence** for disease-specific antigen **Messenger RNA** containing sequence for a disease-specific antigen
 Protein-based	**Purified or recombinant proteinaceous antigens** from a pathogen to elicit immune response
 Inactivated	**Chemically "killed" virus or subunits of the virus** grown under controlled conditions

(Source: COVAX Facility AMC Engagement Group Meeting 1, 19 Nov 2020

Immediate readiness steps

- **COMPLETE** readiness assessments and any outstanding documentation for vaccine acceptance, technical assistance and cold chain requirements
- **ESTABLISH** a national coordination mechanism for COVID-19 vaccine introduction
- **DEVELOP** a National Deployment and Vaccine Plan
- **CONFIRM** to WHO the existence of any expedited regulatory pathway for approval of COVID-19 vaccines
- **COMPLETE** the WHO SAGE prioritisation and targeting matrix and pre-register the individuals prioritised for the first tranches of vaccines

Immediate readiness steps (cont)

- **PREPARE** a RCCE plan for demand generation, to address vaccine hesitancy and reduce outrage in sectors of the population outside the vaccination target groups]
- **REVIEW** health information system capacity to support vaccine introduction and provide documentation of immunisation to those vaccinated
- **COMPLETE** cold chain infrastructure and supply chain assessments and identifying potential logistical constraints to vaccine introduction

Q & A

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Risk Communication and Community Engagement

Why communication about COVID-19 vaccine will be different?

UNCERTAINTY

COMPLEXITY

RISK

Target Population

- Prioritization based on COVID-19 risk factors
- Wide range of age groups
- Health / Vaccine seeking behavior by adults
- Simultaneous communication related to vaccine introduction as well as sustaining preventive behaviours
- Vaccine hesitancy, rumours and misinformation, resentment about vaccine prioritization

Vaccination Services

- High expectations long before its availability: 'Silver Bullet'
- Potentially more than one vaccine types
- Introduction of vaccine along with ongoing control mechanisms
- Possible supply gaps
- Adverse events following immunization (AEFIs)

Strategic Approach for COVID Vaccine Introduction

What?

- collect and **use social data** to inform the design and evaluation of demand-related interventions
- build **public knowledge and awareness (and manage expectations)** by ensuring people have adequate information they need
- **enhance confidence and trust** by addressing misinformation, myths and beliefs
- **reinforce support for routine vaccination,** using COVID vaccine communications as an opportunity to build vaccine literacy and confidence

How?

- **engage with and empower communities**, in particular hard-to-reach populations & those with low routine immunization
- create and use a **feedback loop to "hear" public concerns, rumours or misinformation** so that they can be rapidly corrected
- ensure **consistency between public health recommendations** and other partners

Three phases of communication activity

1: Pre-rollout Phase (Now ->)

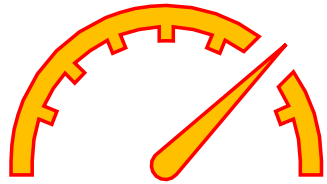
- Understanding people's knowledge, attitude and perceptions
- Informing / educating public about vaccine science
- Managing expectations about efficacy, safety, supply & availability
- Building consensus about initial priority groups
- Social listening – monitoring rumours, misinformation, perceptions
- Reinforcing that the vaccine/s will not be a silver bullet to end the pandemic

#2 Initial rollout to priority groups

- Explaining WHY particular groups prioritized over others - manage expectations about supply and availability
- Rapidly responding to any adverse events, while maintaining public trust and confidence
- Address vaccine hesitancy
- Monitoring and swiftly responding to rumours and misinformation
- Reinforcing that the vaccine/s will not be a silver bullet to end the pandemic

#3 Wider scale rollout

- Building demand for and confidence in wider rollout
- Continuing to manage adverse events, respond to rumours and misinformation
- Reinforcing that the vaccine/s will not be a silver bullet to end the pandemic

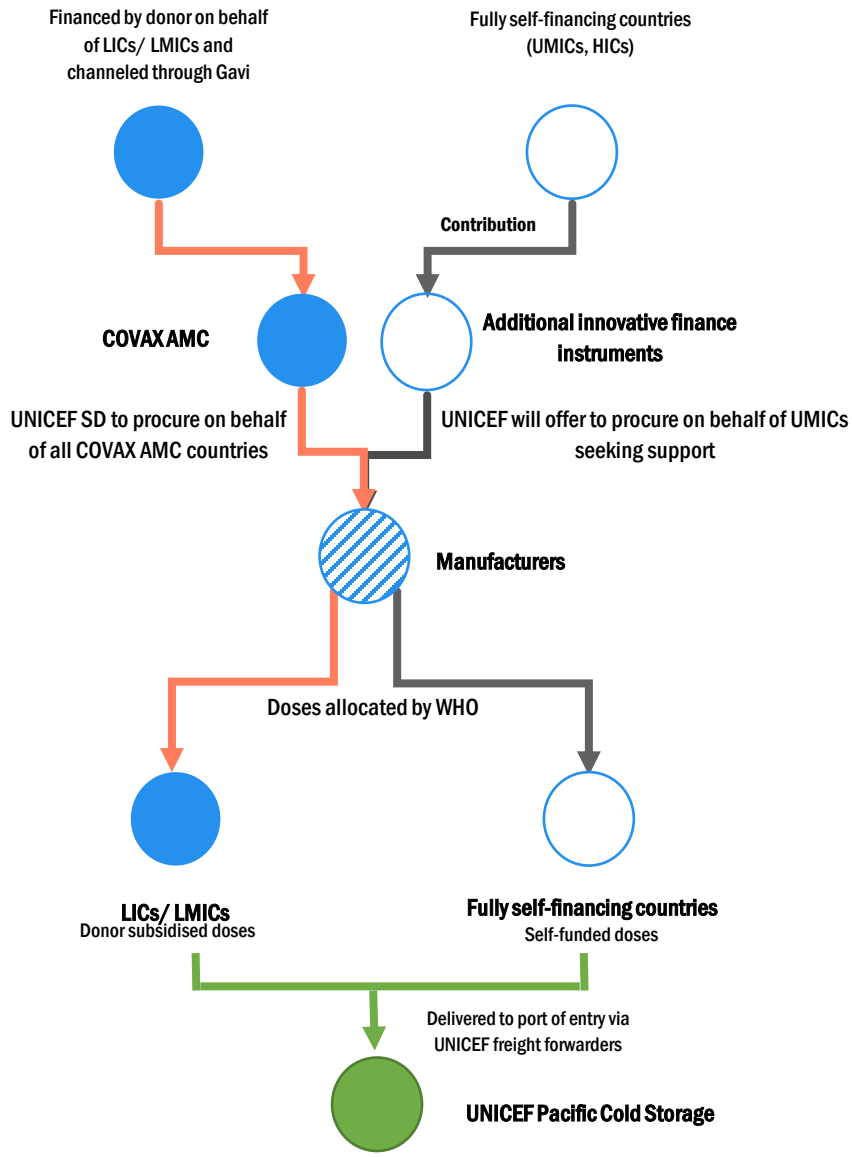


Need to be able to dial communications activity up and down as the situation evolves

Vaccine Procurement and Cold Chain

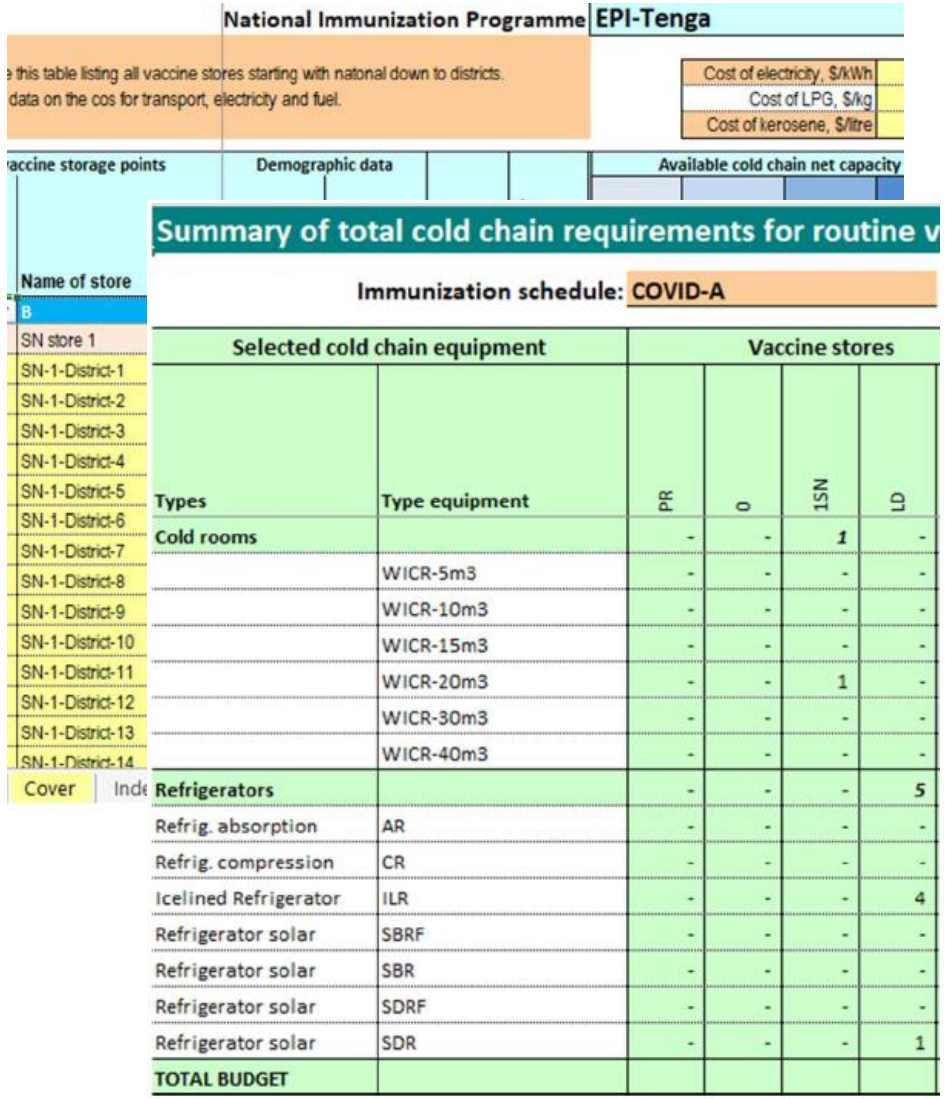
Vaccine Procurement

- UNICEF will lead the procurement of the COVID-19 vaccine under COVAX.
- Countries are classified differently, but UNICEF can support both AMC and self-financing countries.
- Self-financing countries are encouraged to establish a PS MOU with UNICEF to facilitate procurement.
- Effective and efficient logistics expected through pooled procurement and use of UNICEF's regional cold storage.



Cold Chain Requirements

- Preliminary data shows that no significant investment is expected (2-8C cold chain):
  - ✓ Available capacity provided by PICs
  - ✓ 2020/21 CCE procurement (e.g., NVI)
  - ✓ Doubling cold storage capacity at regional cold storage (UNICEF)
- Final presentation, immunization schedule, temperature: Key aspects to determine actual requirements.
- COVAX's supply chain assessment and planning tools will support rehabilitation of national systems and map logistics requirements.



National Immunization Programme EPI-Tenga

this table listing all vaccine stores starting with natonal down to districts.
data on the cos for transport, electricity and fuel.

Cost of electricity, $/kWh	
Cost of LPG, $/kg	
Cost of kerosene, $/litre	

accine storage points | Demographic data | Available cold chain net capacity

Name of store

B
SN store 1
SN-1-District-1
SN-1-District-2
SN-1-District-3
SN-1-District-4
SN-1-District-5
SN-1-District-6
SN-1-District-7
SN-1-District-8
SN-1-District-9
SN-1-District-10
SN-1-District-11
SN-1-District-12
SN-1-District-13
SN-1-District-14

Cover | Inde

Summary of total cold chain requirements for routine v

Immunization schedule: COVID-A

Selected cold chain equipment		Vaccine stores			
Types	Type equipment	PR	0	1SN	LD
Cold rooms		-	-	1	-
	WICR-5m3	-	-	-	-
	WICR-10m3	-	-	-	-
	WICR-15m3	-	-	-	-
	WICR-20m3	-	-	1	-
	WICR-30m3	-	-	-	-
	WICR-40m3	-	-	-	-
Refrigerators		-	-	-	5
Refrig. absorption	AR	-	-	-	-
Refrig. compression	CR	-	-	-	-
Icelined Refrigerator	ILR	-	-	-	4
Refrigerator solar	SBRF	-	-	-	-
Refrigerator solar	SBR	-	-	-	-
Refrigerator solar	SDRF	-	-	-	-
Refrigerator solar	SDR	-	-	-	1
TOTAL BUDGET					

Q & A

Decision Points

HoH are invited to »

1. Note the global developments pertaining to COVID-19 vaccines
2. Share readiness assessments and National Deployment and Vaccine Plans
3. Note the immediate readiness activities
4. Work closely with Ministries involved in bilateral relations, and with the authority to accept vaccine donations

HoH are invited to »

5. Work with UNICEF, WHO and the JIMT development partners to identify and prioritise areas requiring technical and/or operational collaboration

6. Establish a Procurement Services MOU with UNICEF

7. Complete the supply chain assessment and planning tools developed for the Gavi COVAX application

Partners are invited to »

1. Note priority needs and share information on bilateral and multilateral support for COVID-19 vaccine introduction

2. Collaborate on Pacific regional initiatives on vaccine donations

3. Support countries to execute the immediate readiness activities, including priority areas for technical assistance and exploring additional financing sources

JIMT Vaccine Pillar Partners

ADB

ARIA (NCIRS, MCRI)

DFAT

MFAT

NZ MedSafe

PIHOA

SPC

UNICEF

US CDC

WB

WHO