

Directors of Clinical Services Meeting

Réunion des directeurs des services cliniques

COVID-19 in the Pacific

As of 25 August 2022, there have been 392,512 COVID-19 cases detected in the Pacific and 2,577 lives lost. COVID-19 will be with us for the foreseeable future and, with each surge in cases, health systems and governments have an opportunity to improve the ability to: detect and manage public health emergencies; develop durable health emergency preparedness and response capacities; and protect the most vulnerable. By leveraging investments in preparedness, laboratories, clinical management and vaccination health systems can maintain capacity to respond to COVID-19 and other emerging infectious diseases.

1. BACKGROUND

Coronavirus disease 2019 (COVID-19) is caused by the severe acute respiratory syndrome coronavirus 2 (SARS-COV-2). It was first detected in China and reported to the World Health Organization (WHO) in December 2019. On 20 January 2020, the WHO Director-General accepted the International Health Regulation (IHR) Emergency Committee's advice, declared the COVID-19 outbreak a Public Health Emergency of International Concern and issued Temporary Recommendations under the IHR. WHO declared COVID-19 a pandemic on 11 March 2020 and COVID-19 has now spread to nearly all countries globally. Tokelau is among the last countries in the world with zero detected cases of COVID-19. The COVID-19 pandemic shows no signs of abating, and countries in the Pacific are transitioning from "COVID-19-free" to "COVID-19-safe" strategies. As of 25 August 2022, there have been 392,512 cases detected in the Pacific along with 2,577 lives lost.

2. PROGRESS AND ACHIEVEMENTS

2.1 Investments in preparedness

Early in the pandemic, preparedness was largely left to the health sector. Emergency preparedness and response evolved to encompass whole-of-government operations. Simulation exercises allowed diverse sectors to work together to improve standard operating procedures, enhance data management systems, engage communities and plan the implementation and phase out of border measures. Emergency Medical Teams trained and equipped for all hazard response assisted in the scale up of vaccination services, managed quarantine at points of entry, provided technical assistance and helped backfill essential health services as the health work force task shifted for COVID-19 response.

2.2 Investments in health systems

The COVID-19 pandemic has led to leaps in laboratory, clinical and vaccination capabilities due to investments in biomedical equipment and upskilling the health workforce. No country in the Pacific was left behind when it comes to COVID-19 testing capacity. All countries in the Pacific have access to rapid antigen tests, 20 countries actively use GeneXpert machines to perform polymerase chain reaction (PCR) tests and all countries are linked to reference laboratories for whole genome sequencing. Health facilities throughout the Pacific now have access to oxygen concentrators and oxygen plants and capacity will continue to increase. COVID-19 vaccination campaigns led to improvements in cold chain from refrigerators to vaccine carriers. Mainstreaming investments in health security will enable

continued use of life-saving resources at the national and subnational level so health systems maintain capacity to respond to COVID-19 and other emerging infectious diseases.

2.3 Achievement in numbers

- 33.7 million COVID-19 critical supplies including personal protective equipment, laboratory supplies, clinical equipment and therapeutics have been delivered by development partners
- In 18 countries, 70% of the eligible population is fully vaccinated against COVID-19
- In 11 countries, 70% of the total population is fully vaccinated against COVID-19
- In 13 countries, over 90% of the elderly populations is fully vaccinated against COVID-19
- In 17 countries, over 90% of the health care workers are fully vaccinated against COVID-19
- 1000 frontline workers have taken an online Basic Psychosocial Skills training course; over 400 frontline workers have been trained in Psychological First Aid

3. CHALLENGES

3.1 Challenges

- The triple burden of communicable disease, non-communicable disease and vulnerability to climate change poses health risks and challenges to livelihoods and wellbeing.
- Many Pacific Island countries are small and have low purchasing power. Some countries will require external partner support to obtain critical supplies including vaccines, therapeutics, tests, medical commodities and personal protective equipment.
- The health work force in the Pacific is small in number and focused in population centres. Health systems were disrupted when the health work force fell ill with COVID-19.

3.2 Lessons Identified

- The impact of the pandemic on the health and well-being of Pacific Island communities is greater than the number of COVID-19 cases and deaths. Renewed focus on essential health services and routine immunisation are needed to avert a secondary health crisis.
- Health emergencies require whole-of-government and whole-of-society approaches to preparedness and response. The health sector can't do it alone, multi-sectoral national and subnational coordination is needed.
- Well-resourced health systems providing essential health services are better equipped at mitigating the impact of COVID-19 as well as health emergencies, climate events and other acute emergencies.

- Investment in health information systems that capture data from multiple sources (such as points of entry, vaccination, surveillance, testing, clinical care, deaths and outreach services) enables timely, informed communication with the public and saves lives.

4. FUTURE DIRECTIONS

1. COVID-19 will be with us for the foreseeable future and, with each surge in cases, health systems and governments have an opportunity to improve the ability to: detect and manage public health emergencies; develop durable health emergency preparedness and response capacities; and protect the most vulnerable.
2. Use available tools including vaccination, testing and treatment to manage COVID-19.
3. Revitalize essential health services including routine immunization. Address the backlog of people who have not accessed necessary health services for two years and counting.
4. Leverage COVID-19 investments in biomedical, supply chain, risk communication, community engagement and data management capacities to address future public health threats.
5. Develop a deep understanding of the national health system capacity and adjust public health and social measures to keep the health system from becoming overwhelmed by surges in cases. Based on public health data, encourage measures like masking or limit public gatherings, as needed. Promote safe schools to prevent schools' closures and further loss of education.
6. Continue communication with communities to bring them with us on the journey to sustain management of COVID-19.