



Heads of Health Meeting

Réunion des directeurs de la santé

REPORT OF THE 11th PACIFIC HEADS OF HEALTH MEETING

(Virtual meeting, 1 July 2021)

Prepared by the Pacific Community, 2021

Contents

| | |
|---|----|
| 1. Opening | 3 |
| 2. Participants..... | 3 |
| 3. COVID-19 update – Preparedness and response | 4 |
| 4. Other business..... | 7 |
| 4.1 PHoH Subcommittee..... | 7 |
| 4.2 14 th Pacific Health Ministers Meeting (PHMM)..... | 7 |
| 5. Key action items | 8 |
| 6. Closing | 8 |
| Annex 1: Outcomes of PHoH meeting, 1 July 2021..... | 9 |
| Annex 2: List of participants – PHoH meeting, 1 July 2021..... | 11 |
| Annex 3: Terms of reference for the PHoH Subcommittee | 16 |

11th PACIFIC HEADS OF HEALTH (PHoH) MEETING

1 July 2021

Virtual meeting hosted by the Pacific Community (SPC)

REPORT OF MEETING

1. Opening

1. The incoming PHoH Chair, Mr Nikolasi Apinelu, Permanent Secretary for Health, Tuvalu, welcomed participants, including recently appointed Heads of Health, to the 11th PHoH Meeting. The meeting was convened to review COVID-19 related matters, make decisions and provide recommendations to the Pacific Health Ministers Meeting (PHMM).
2. Dr Siale Akauola, CEO, Ministry of Health, Tonga, delivered the opening prayer.
3. In his opening remarks, the Chair:
 - acknowledged the work of the previous PHoH Chair, Dr Merehau Mervin, Director of Health, French Polynesia;
 - expressed sympathy at the passing of former PHoH colleagues, Dr Paison Dakulala, Papua New Guinea, and Dr Livingston Taulung, Federated States of Micronesia;
 - acknowledged the lives lost during the COVID-19 pandemic and the severe social and economic impacts that have affected families and communities;
 - paid tribute to the dedication of Pacific health workers during the COVID-19 pandemic, and the governments and organisations that have supported their work;
 - recognised the work of Pacific Leaders through the Pacific Islands Forum Secretariat in establishing the Pacific Humanitarian Pathway for COVID to ensure a coordinated regional response, including development of protocols for immigration, repatriation, biosecurity and transport of medical and humanitarian assistance;
 - acknowledged the Joint Incident Management Team's (JIMT) support for Pacific Island countries and territories;
 - encouraged countries to maintain their progress in vaccinating their populations.
4. Note: The meeting outcomes are summarised in Annex 1. The presentations are available at <https://phd.spc.int/events/pacific-heads-of-health-virtual-meeting-1>

2. Participants

5. PHoH was attended by representatives from: Australia, French Polynesia, New Zealand, Tonga, Tuvalu, United States of America and Vanuatu. Partner agencies represented included: the Asian Development Bank, Australian Department of Foreign Affairs and Trade (DFAT), Fred Hollows Foundation, International Planned Parenthood Federation, Japan International Cooperation Agency, New Zealand Ministry of Foreign Affairs and Trade (MFAT), Otago University, Pacific Community (SPC), Pacific Island Health Officers' Association (PIHOA), Royal Australasian College of Surgeons, United Nations Children's Fund (UNICEF), UN Population Fund (UNFPA), USAID, World Bank and World Health Organization (WHO). (Annex 2 provides a list of participants.)

3. COVID-19 update – Preparedness and response

(Joint presentation by UNICEF and WHO)

Sean Casey, WHO Division of Pacific Technical Support

Epidemiological update

6. Globally, there have been 181 million cases of COVID-19 and 3.9 million deaths. In the Western Pacific region, there have been 3.5 million cases and over 54,000 deaths.
7. There has been large-scale COVID transmission in some Pacific Island countries and territories (PICTs), and localised transmission in several others. Some PICTs are among the few countries in the world that have not detected any cases of COVID-19.
8. There have been three waves of infection in the region. Guam, French Polynesia, Papua New Guinea (PNG) and Fiji have recorded the most cases, with large-scale community transmission currently occurring in Fiji and PNG.
9. Four variants of concern (VOC) have been detected to date in PICTs. These VOC are considered to be more transmissible and more likely to result in hospitalisation or death. Vaccination may also offer less protection against VOC. Fiji, French Polynesia and Guam have reported transmission of the Delta variant.

Vaccination

10. In the Pacific, around 1.2 million doses of vaccine have been delivered. Some countries have achieved 70% coverage of their eligible population while others have much lower levels as yet. Vaccine supply and delivery have been supported by COVAX and through bilateral arrangements with Australia, France, Japan, New Zealand, USA and others.

Ignacio Gimenez, UNICEF (Procurement Services Specialist)

COVAX – Supply and delivery

11. **Key messages:**
 - Vaccine supply cannot match current demand. This situation will continue for some time.
 - Manufacturers of vaccines are increasing their capacity, but this is a long-term solution.
 - Vaccines are being produced in multiple countries – PICTs must ensure they update their regulatory approvals accordingly.
 - Dose sharing (transfer of vaccines from self-financing countries to other countries) is providing additional doses for PICTs.
12. Since March 2021, UNICEF has delivered over a quarter of a million doses through COVAX. Some countries have received their full allocation. For others, further deliveries are expected to arrive in July.

Logistical challenges

13. The limited number of flights to some PICTs is a challenge for vaccine supply. UNICEF is working to identify solutions including using charter/repatriation flights, noting that shipping arrangements can only be made when manufacturers release vaccine doses.

14. UNICEF's COVID-19 vaccine market dashboard (<https://www.unicef.org/supply/covid-19-vaccine-market-dashboard>) is a public resource that provides a wide range of information on the global market for vaccine development and supply, and country-level information on vaccine delivery and expected shipments.

Sean Casey, WHO

Vaccine-related issues for PICTs to consider

15. Clinical trials of vaccine efficacy and real-world application both show vaccines provide a high level of protection against severe disease and hospitalisation, including for VOC. However, they do not provide full immunity or prevent transmission. PICTs must take this into account when considering any relaxation of their current COVID control measures.
16. It is critical that PICTs pay close attention to assessing and reporting adverse events following immunisation (AEFI), such as the rare clotting disorder, thrombosis with thrombocytopenia syndrome (TTS), which has been associated with the AstraZeneca and Johnson and Johnson vaccines.
17. The JIMT Vaccine Pillar has a team available to support assessment of AEFI and is currently procuring supplies for diagnosis and treatment of TTS.
18. Research is ongoing on the potential need for, and safety and effectiveness of booster doses of vaccines in future, including mix and match of different vaccines, which may offer greater protection.

Pacific Joint Incident Management Team (JIMT)

19. JIMT's work has included supporting PICT Ministries of Health (MoH) through:
 - expanding testing using GeneXpert and RT-PCR;
 - distributing PPE, medical and laboratory equipment;
 - advising on waste management;
 - providing capacity building for recognising and managing mental health/psychosocial needs;
 - working with clinicians on AEFI assessment;
 - supporting communication and community engagement in PICTs;
 - supporting implementation of infection prevention and control, WASH guidelines, and standard operating procedures;
 - training on contact tracing.
20. **Key messages for PICTs:**
 - The risk of a resurgence of COVID-19 remains constant. PICTs must be prepared with plans for case management, staffing, adequate medical supplies including oxygen, and financing. WHO recommends that PICTs continue to run simulation/tabletop exercises to test their systems and planning.
 - New variants and changing patterns of transmission will require continuous adaptation.
 - Early lifting of controls and non-adherence to measures may contribute to surges.
 - PICTs must be ready for quarantine leaks, maritime risks and vaccine hesitancy, which could lead to large-scale transmission. Focusing testing only on incoming or outgoing travellers means that local transmission linked to other scenarios, such as quarantine leaks or maritime operations, may be missed.
 - Vaccination is critical for controlling COVID-19, but maintaining and strengthening other public health measures is also important.

- Supply of vaccines through donations or dose sharing requires countries to have regulatory approval, cold-chain readiness and planning in place.
- Economic recovery is not possible without health at the centre.

Meeting of Technical Advisory Group (TAG) on Asia-Pacific Strategy for Emerging Diseases and Public Health Emergencies (APSED III)

21. An APSED TAG meeting will be organised by WHO at the end of July 2021. The meeting will identify priority actions and plans in key areas of health security, including:
- laboratory capacity
 - public health emergency preparedness
 - One Health
 - surveillance, risk assessment and response
 - risk communication and community engagement.

Discussion

22. **Tonga:** In relation to AEFI surveillance, **Dr Akauola** said the TTS side effect has been a trigger for vaccine hesitancy. Tonga is setting up a hotline that people can call if they experience certain symptoms after vaccination. He asked if there was a standard process or guidance on the right way to do this.
23. **Dr Angela Merianos, WHO Division of Pacific Technical Support,** said there are guidelines for investigating TTS and a list of symptoms is available. All clinicians need a low threshold for suspecting TTS, which has a spectrum of symptoms including neurological symptoms, shortness of breath, abdominal pain, etc. Members of the JIMT Vaccine Pillar can have discussions with clinicians, and a panel of experts can be assembled quickly if necessary. Laboratory back-up is also possible. It is important to investigate potential cases of TTS early. The hotline is a good start.
24. **Vanuatu: Dr Russel Taviri Tamata, Director-General of Health,** said Vanuatu is using the AstraZeneca vaccine and had placed an order with COVAX. He asked whether Vanuatu should pursue dose sharing or focus on bilateral support.
25. **Sean Casey, WHO,** said there may be other vaccines available from governments and through COVAX. Johnson and Johnson may be part of dose sharing – more information is expected shortly.
26. **Sheldon Yett, UNICEF,** said New Zealand has already contributed to dose sharing. The dose-sharing mechanism is expected to increase and significant additional supplies of vaccine should be available in future. Details of arrangements are still being finalised.
27. **Australia: Caroline Edwards, Associate Secretary, Dept of Health,** commended PICTs on their response to COVID-19, including their progress on vaccination. To date, Australia has delivered 8 million doses of vaccine to its population. Supply, changing medical advice and the remoteness of some communities are all challenges for vaccination. These challenges are offset by Australia's ability to manufacture the AstraZeneca vaccine.
28. Communication is key to overcoming vaccine hesitancy, particularly communication with women, who are usually the carers. Australia's Therapeutic Goods Administration is looking at the adverse effects of vaccines, including researching early identification of TTS and treatment.

29. Australia supports COVAX and is directing AstraZeneca supplies to countries that are ready. It has also sent medical assistance teams to PNG and Fiji.
30. Australia also supports the work of WHO and its independence and autonomy. While health systems have focused on the pandemic, it is important not to ignore existing issues such as NCD and progress towards universal health coverage.

4. Other business

4.1 PHoH Subcommittee

31. **Sunia Soakai, Deputy Director, Public Health Division, SPC**, asked PHoH for their view of reviving the PHoH Subcommittee, which was established under Section 4 of PHoH's Terms of Reference (last revised in 2018).
32. According to the ToR for the subcommittee (Annex 3), its objectives are to provide leadership, a mechanism to engage PHoH members, and support for Chairs on out-of-session work. The subcommittee will meet at least once a year, potentially at the margins of regional and international forums.
33. Subcommittee membership:
 - a. PHoH Chair and Deputy Chair
 - b. One representative each from Melanesia, Micronesia and Polynesia
 - c. One representative from the Francophone countries
 - d. One representative each from Australia and New Zealand.
34. The Chair asked PHoH to provide nominations to the PHoH Chair or Secretariat, noting that representatives are volunteers.

4.2 14th Pacific Health Ministers Meeting (PHMM)

35. At the 13th PHMM in 2019, Tuvalu volunteered to host the 14th PHMM. Agreed dates for the meeting are 16–18 November 2021.
36. WHO provided input to a cabinet paper being prepared by the Tuvalu MoH regarding hosting arrangements for the 2021 PHMM. The MoH's proposal to the Government of Tuvalu has three options:
 - 1) a fully virtual meeting;
 - 2) a hybrid meeting: face to face in Tuvalu and virtual;
 - 3) a hybrid meeting: face to face in a third country and virtual.

If options 2 and 3 are considered, the meeting may be rescheduled to the first quarter of 2022.

37. The Chair advised PHoH that next week the cabinet of the Government of Tuvalu will consider the proposal for Tuvalu to host PHMM.

PHMM potential agenda items

38. **Dr Akeem Ali, WHO**, highlighted the importance of vaccination in terms of protecting PICT populations against COVID-19, and the need to address concerns/vaccine hesitancy by ensuring arrangements are in place to diagnose and treat AEFI, including making use of the support available from JIMT.
39. While the focus of the past year has been on COVID-19, it is critical that essential health care continues as Australia noted, e.g. for maternal and child health, NCD care and prevention, cancer prevention and control, and mental health and well-being.
40. While COVID-19 has created significant pressure on PICT health systems, it also provides an opportunity to leverage the experience gained to expand the delivery of virtual care through telehealth, and to reinforce mechanisms for regulating new medical products based on the processes developed to approve and administer COVID-19 vaccines.
41. Issues that will be brought to a future PHoH meeting for discussion include a regulatory platform for medicines that the subregion could work together to develop.

Discussion

42. **Lauren O'Connor, WHO, Communications, Resource Mobilisation and External Relations**, said WHO and SPC are working alongside Tuvalu on the meeting papers, session planning and logistical arrangements to prepare for the next PHMM. She thanked those who had provided input to the meeting agenda and said a final agenda will be available from the Minister shortly.

5. Key action items

The following key actions were presented to the meeting based on the presentations and discussion:

1. WHO to re-share the standard guide for detecting and treating AEFI (e.g. TTS) associated with COVID-19 vaccines.
2. WHO and UNICEF to update PICTs on the possibility of expanding the list of vaccines covered by COVAX.
3. PHoH to forward their nominations for the PHoH Subcommittee to the PHoH Chair or PHoH Secretariat.

6. Closing

43. The Chair thanked all participants and presenters for their contribution to the meeting and acknowledged the work of the PHoH Secretariat.
44. He also thanked the numerous countries and organisations that have worked with PICTs during the pandemic, including through the JIMT.

Annex 1: Outcomes of PHoH meeting, 1 July 2021

PHoH:

- i. expressed sincere appreciation for the service of the previous Chair of PHoH, Dr Merehau Mervin, Director of Health, French Polynesia;
- ii. acknowledged the loss of life that has occurred during the COVID-19 pandemic and the social and economic effects of the pandemic on families and communities;
- iii. paid tribute to the dedication of all health workers during the COVID-19 pandemic, and thanked the governments and organisations that have supported their work;
- iv. noted the update on the COVID-19 pandemic, including
 - the large-scale transmission currently occurring in Fiji and Papua New Guinea;
 - the detection in PICTs of variants of concern (VOC), which are considered more transmissible and more likely to result in hospitalisation or death (Fiji, French Polynesia and Guam have reported transmission of the Delta variant);
- v. recognised that while vaccines provide high protection against severe disease and hospitalisation, including for VOC, they do not provide full immunity or prevent transmission and this must be taken into account when PICTs consider relaxing their current COVID control measures. The threat of a resurgence of COVID-19 means PICTs must be able to scale up to trace local transmission, isolate cases and manage severe cases;
- vi. agreed on the critical importance of AEFI surveillance, and early clinical action and reporting, and noted the support available from the JIMT Vaccine Pillar, which includes expert advice, e.g. on TTS symptoms and treatment, laboratory back-up and procurement of medical supplies for diagnosis and treatment;
- vii. noted the need for clear communication to address vaccine hesitancy;
- viii. agreed that as vaccines are being produced in multiple countries and supplied through several mechanisms (e.g. COVAX, bilateral arrangements, dose sharing), PICTs must keep their regulatory approvals updated and ensure cold chains and planning are in place in readiness for delivery of vaccines;
- ix. noted that the limited number of flights to some PICTs is a challenge for vaccine supply, with UNICEF working to identify solutions, including using charter/repatriation flights;
- x. recognised that while health systems have focused on controlling COVID-19, they must continue to maintain public health measures, provision of essential health care (e.g. maternal and child health, NCD care and prevention, cancer prevention and control, and mental health and well-being), and progress towards universal health coverage;
- xi. noted that WHO will organise a meeting of APSED 111 (Technical Advisory Group on the Asia-Pacific Strategy for Emerging Diseases and Public Health Emergencies) at the end of July 2021 to identify measures for ongoing control of COVID-19, health security and preparedness;
- xii. agreed to the establishment of the PHoH Subcommittee as outlined in the PHOH terms of reference (revised in 2018), and further agreed to forward nominations for volunteer

representatives (one each from Melanesia, Micronesia, Polynesia, Francophone countries, Australia and New Zealand) to the PHoH Chair or PHoH Secretariat;

- xiii. noted that Tuvalu volunteered to host the 14th Pacific Health Ministers Meeting (PHMM), and further noted that the cabinet of the Government of Tuvalu will shortly consider its approval of the proposed arrangements, including options for holding a virtual meeting or a combination of face-to-face and virtual attendance. The agreed dates for the meeting are 16–18 November 2021, although it may be moved to the first quarter of 2022 depending on the preferred meeting format;
- xiv. noted that WHO and SPC are working with Tuvalu on the meeting papers, session planning and logistical arrangements for the 14th PHMM and that a final agenda will be available from the Minister shortly;
- xv. recognised that PICTs have an opportunity to leverage the experience gained in addressing COVID-19 to expand the delivery of virtual care through telehealth and to reinforce mechanisms for regulating new medical products based on the processes developed to approve and administer COVID-19 vaccines;
- xvi. noted that the development of a subregional regulatory platform for medicines will be put before a future meeting of PHoH for discussion.

Key actions

1. WHO to re-share the standard guide for detecting and treating AEFI (e.g. TTS) associated with COVID-19 vaccines.
2. WHO and UNICEF to update PICTs on the possibility of expanding the list of vaccines covered by COVAX.
3. PHoH to forward their nominations for the PHoH Subcommittee to the PHoH Chair or PHoH Secretariat.

Annex 2: List of participants – PHoH meeting, 1 July 2021

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Annex 3: Terms of reference for the PHoH Subcommittee

1. Introduction

- i. The Terms of Reference (ToR) set out guiding principles for the establishment of the Pacific Heads of Health (PHoH) Subcommittee.
- ii. The establishment of the subcommittee falls under the PHoH ToR, which were endorsed at the 2nd HoH meeting in April 2014 in Fiji.

2. Objectives of the subcommittee

- i. In line with the recognition that health sector leaders in Pacific Island countries and territories (PICTs) must take a greater role in shaping the regional health agenda and lead its implementation and reporting, it is proposed that a PHoH Subcommittee be established as a mechanism to further engage key PHoH members in this process.
- ii. The subcommittee will:
 - a. review the outcomes of previous PHoH annual meetings;
 - b. provide guidance between the annual HoH meeting and the biennial Pacific Health Ministers Meeting (PHMM);
 - c. provide input to the agenda setting, planning and delivery of the annual HoH meeting and biennial PHMM; and
 - d. monitor and discuss the progress and development of PHoH and PHMM activities.

3. Meetings

- i. The subcommittee will meet at a minimum of once a year via teleconference or face to face. Opportunities such as meeting at the margins of the Regional Committee Meeting or World Health Assembly may be used to decrease the costs of convening meetings.
- ii. The PHoH Secretariat, located in the Public Health Division, Pacific Community (SPC), will provide secretariat support for these meetings.

4. Membership

- i. Membership of the subcommittee will comprise:
 - a. the Co-Chairs of the PHoH (current and next Chair of PHMM);
 - b. four nominated PICT CEOs/Directors of Health/Directors-General of Health/Permanent Secretaries for Health/Secretaries for Health.
- ii. It is recommended that, wherever possible, membership of the subcommittee reflects the following PICT groupings: Melanesia, Micronesia, Polynesia, and the French territories.
- iii. Subcommittee members will serve a two-year term.
- iv. Nominations for the subcommittee will be sought from members well in advance of the annual PHoH meeting.
- v. In the event that a subcommittee member leaves the committee mid-term, the subcommittee is able to appoint a new member for the remainder of the term.