TWELFTH PACIFIC IMMUNIZATION PROGRAMME MANAGERS MEETING

30 November – 2 December 2022
Nadi, Fiji • Hybrid
Twelfth Pacific Immunization Programme Managers Meeting

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MEETING REPORT

Twelfth Pacific Immunization Programme Managers Meeting

Convened by:

WORLD HEALTH ORGANIZATION
REGIONAL OFFICE FOR THE WESTERN PACIFIC

AND

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NOTE

The views expressed in this report are those of the participants of the Twelfth Pacific Immunization Programme Managers Meeting and do not necessarily reflect the policies of the conveners.

This report has been prepared by the World Health Organization Regional Office for the Western Pacific for Member States in the Region and for those who participated in the Twelfth Pacific Immunization Programme Managers Meeting in Nadi, Fiji from 30 November to 2 December 2022.
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SUMMARY

The Twelfth Pacific Immunization Programme Managers Meeting was jointly convened by the World Health Organization (WHO) Regional Office for the Western Pacific and the United Nations Children’s Fund (UNICEF) Pacific Office as a hybrid meeting from 30 November to 2 December 2022. The meeting participants included representatives from 17 Pacific island countries and areas (PICs), 12 observers and nine temporary advisers, apart from the WHO and UNICEF Secretariat.

The Pacific Immunization Programme Strengthening (PIPS) initiative was established in 2004 to coordinate and mobilize technical and financial support from immunization partners to the national immunization programmes of PICs. To monitor progress and provide recommendations, regular meetings for Pacific immunization programme managers are held every one to two years.

In 2020-2021, the PICs were able to deliver essential health services during the coronavirus disease (COVID-19) pandemic and successfully maintained polio-free status. Available evidence suggests no ongoing endemic measles transmission since 2019 and rubella since 2012 in the PICs. However, the COVID-19 pandemic, including the vaccination response, continues to adversely affect the performance of national immunization programmes of the PICs by widening population immunity gaps and reducing the sensitivity of surveillance systems for vaccine-preventable diseases (e.g. poliomyelitis, measles, rubella).

In 2021-2022, the regional and subregional advisory groups recommended that PICs consider the following:

- Continue efforts to mitigate the negative impact of the COVID-19 pandemic on the performance of routine immunization and vaccine-preventable disease (VPD) surveillance programmes.
- Implement supplementary immunization activities to fill immunity gaps once the epidemiological situation related to the COVID-19 pandemic permits, and regularly assess the risk of outbreaks due to VPDs.
- Continue advocacy efforts with their respective governments to raise awareness of the importance of routine immunization and VPD surveillance.
- Establish a working group of key stakeholders and develop a Pacific plan of action for achieving and sustaining measles and rubella elimination with support from WHO and other partners.

1. INTRODUCTION

1.1 Meeting organization

The Twelfth Pacific Immunization Programme Managers Meeting was convened by the World Health Organization (WHO) Regional Office for the Western Pacific and the United Nations Children’s Fund (UNICEF) Pacific Office as a hybrid meeting from 30 November to 2 December 2022.

There were participants from 17 Pacific island countries and areas (PICs), 12 observers and nine temporary advisers, apart from the WHO and UNICEF Secretariat.
The topics were finalized in consultation by WHO, UNICEF and Pacific Immunization Programme Strengthening (PIPS) partners.

1.2 Meeting objectives

The objectives of the meeting were:

(1) to discuss and determine the impact of the coronavirus disease (COVID-19) pandemic on national immunization programmes, including surveillance, and the risk of vaccine-preventable disease (VPD) outbreaks at subnational and national levels in PICs;

(2) to share experiences and lessons among countries and areas on the vaccination response to the COVID-19 pandemic and the opportunities for integration of COVID-19 vaccination into regular immunization programmes;

(3) to identify progress in implementing the recommendations of regional and subregional advisory bodies on sustaining the performance of national immunization programmes, maintaining polio-free status and achieving measles and rubella elimination at subnational and national levels in PICs; and

(4) to stimulate discussions and agree on actions for PICs to address the current and anticipated challenges and risks, as guided by the Regional Strategic Framework for Vaccine-Preventable Diseases and Immunization in the Western Pacific 2021–2030.

2. PROCEEDINGS

2.1 Opening session

Dr Yoshihiro Takashima, Coordinator, Vaccine-Preventable Diseases and Immunization Unit, WHO Regional Office for the Western Pacific, welcomed the meeting participants and invited representatives of the Ministry of Health and Medical Services of Fiji, UNICEF Pacific and WHO South Pacific to deliver their opening remarks.

Sr Litiana Volavola, National EPI Coordinator of the Ministry of Health and Medical Services of Fiji, welcomed meeting participants on behalf of Dr James Fong, Permanent Secretary.

Dr Nuha Mahmoud, Public Health Security and Communicable Disease Coordinator, delivered opening remarks on behalf of Dr Mark Jacobs, Director of the Division of Pacific Technical Support/Representative for the South Pacific, and welcomed the participants. Highlighting the COVID-19 pandemic situation, she thanked and congratulated the Pacific countries for carrying out successful COVID-19 vaccination programmes, noting that 12 countries and areas met the global vaccination target of at least 70% coverage with all recommended doses for the entire population, and six countries achieved 60–69% coverage. In 2022, countries continued efforts to mitigate the negative impact of the COVID-19 pandemic on the performance of routine immunization and VPD surveillance programmes. While the COVID-19 pandemic and vaccination response has strained routine immunization and other national programmes, it has also attracted new approaches, insights, innovations and investment that can further benefit health systems in the long term.
2.1.2 Objectives and agenda of the meeting

Dr Shafiqul Hossain, Technical Officer, WHO South Pacific, presented the following objectives of the meeting:

- To discuss and determine the impact of the COVID-19 pandemic on national immunization programmes, including surveillance, and the risks of vaccine-preventable disease outbreaks at subnational and national levels in Pacific island countries and areas;
- To share experiences and lessons among countries and areas on the vaccination response to the COVID-19 pandemic and the opportunities for integration of COVID-19 vaccination into regular immunization programmes;
- To identify the progress in implementing the recommendations of regional and subregional advisory bodies on sustaining the performance of national immunization programmes, maintaining polio-free status and achieving measles and rubella elimination at subnational and national levels in Pacific island countries and areas; and
- To stimulate discussions and agree on actions for Pacific island countries and areas to address the current and anticipated challenges and risks, as guided by the Regional Strategic Framework for Vaccine-Preventable Diseases and Immunization in the Western Pacific 2021–2030.

Dr Hossain further presented the agenda of three day-long meeting to the participants attended in person and virtually.

2.2 Updates

2.2.1 Conclusions and recommendations from the Eleventh Pacific Islands Meeting on Immunization

The Twelfth Pacific Islands Meeting on Immunization (PIMM) began with a review of the conclusions and action points from the previous PIMM. The Pacific Strategy for Immunization 2030 (PSFI 2030) is aligned with the Regional Strategic Framework for Vaccine-Preventable Diseases and Immunization in the Western Pacific 2021–2030. However, due to the COVID-19 pandemic, some actions have been delayed, such as the implementation of a Technical Advisory Group on Immunization in the Pacific and efforts to prevent outbreaks of measles or VPDs. Other actions are currently in progress, including the improvement of immunization safety and vaccine regulatory functions, the development of a guide for programme managers in the Western Pacific Region on addressing vaccine hesitancy and promoting vaccine uptake, and the intensification of surveillance programmes and preparedness plans to better manage VPD outbreaks.

2.2.2 Implementation of the Regional Strategic Framework for Vaccine-Preventable Diseases and Immunization in the Western Pacific 2021–2030 amid the COVID-19 pandemic

WHO launched an immunization programme and several initiatives to control and eliminate VPDs in the Western Pacific Region in 1960s as part of an intensified programme for the global eradication of smallpox. Many initiatives were successful and resulted in significant achievements, including regional polio eradication and verification of measles elimination in several countries. However, along with achievements, several challenges continued, and new ones emerged in recent years. Considering the progress and anticipated future challenges, the Regional Committee in 2020 adopted the Regional Strategic Framework for Vaccine-Preventable Diseases and Immunization in the Western Pacific 2021–2030 to guide Member States. The Framework comprises three strategic objectives and 18 strategies to strengthen national immunization programmes and combat VPDs. The Framework proved its timeliness and effectiveness when widely applied to support the response to the COVID-19 pandemic. The pandemic led to significant interruptions of national immunization programmes in many countries and areas and rapid accumulation of susceptible children, increasing the risk of outbreaks of VPDs. Despite this impact, several countries interrupted the transmission of vaccine-derived poliovirus, conducted preventive vaccination campaigns and sustained measles
elimination (eight out of 17 countries and areas). The Pacific subregion reported historically low measles incidence in 2021.

2.2.3 Update from the Technical Advisory Group on Immunization and Vaccine-Preventable Diseases

The 31st Meeting of the Technical Advisory Group (TAG) on Immunization and Vaccine-Preventable Diseases in the Western Pacific Region was convened on 21–24 June 2022. The TAG reviewed progress in COVID-19 vaccination, including a broader immunization programme perspective, measles and rubella elimination, polio eradication, surveillance for VPDs including laboratory networks, and data and intelligence for immunization. The TAG commended Member States’ efforts and achievements in responding to the COVID-19 pandemic and sustaining the performance of national immunization programmes. The TAG noted with concern the significant impact of the COVID-19 pandemic on national immunization programmes and widening immunity gaps as a result of this impact. The TAG developed recommendations for Member States and the WHO Secretariat to address existing challenges and mitigate emerging risks.

2.2.4 Global, regional and Pacific overview of the COVID-19 pandemic

Globally, more than 634 million COVID-19 cases and 6.5 million deaths were reported as of 20 November 2022. In the same period, almost 97 million cases and more than 280 000 deaths were recorded in the Western Pacific Region. PICs observed the largest wave in 2022, with 67% of cases and more than 2600 deaths reported. In the last 30 days, community transmission has been reported from Tuvalu, Temotu province in Solomon Islands, Niue and the Federated States of Micronesia. Hospitalizations continue to follow the epidemiological trend, with an average of 3.4 patients hospitalized daily as of 29 November 2022. COVID-19 ICU admissions and deaths remain low, averaging less than one case per week. 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 and protect the most vulnerable.

2.3 Immunization system and programme

2.3.1 Routine immunization performances in the Pacific and recommendations from the Pacific Health Ministers Meeting

The ongoing protracted COVID-19 pandemic has impacted routine immunization programmes in PICs. In 2021, 13 out of 18 PICs missed the 95% target for the first dose of the measles-containing vaccine. Most countries did not submit subnational data to WHO and UNICEF for that same year. Furthermore, many issues and challenges were identified, including immunity gaps in several PICs, data management, accessibility to the outer Islands for vaccine transportation and supervision, human resource gaps/lack of staff, and inadequacy of defaulter follow-up on routine immunization services in ensuring high coverage rates. According to 2021 administrative data, six low-performing countries conducted or have been conducting catch-up/integrated vaccination campaigns to improve coverage.

The immunization schedule of measles-containing vaccine (MCV) varied in the Pacific and was made difficult in many ways. Pacific Health Ministers, at their 13th meeting, recommended WHO and UNICEF support the harmonization of child immunization schedules (including MCV and HPV) in the Pacific, and tasked them with developing a business case and road map. This recommendation and others from the 13th Pacific Health Ministers Meeting were discussed and agreed on by the Pacific immunization managers in this meeting.

2.3.2 Strengthening the immunization system as part of the primary health-care system

Immunization programmes in the Pacific achieved many successes, but challenges remain. The COVID-19 pandemic revealed vulnerabilities in national immunization programmes as well. New delivery models align with the life-course vaccination approach. In comparison, routine immunization programmes primarily focus on children, adolescents and women of reproductive age.
The COVID-19 pandemic response and vaccination significantly increased political commitment to immunization across all countries. Innovations, technologies and digital tools were successfully implemented as part of the pandemic response.

Considering the new coverage population, new service model and new approaches in immunization, it is agreed globally and regionally that alignment of primary health care and immunization programmes could lead to more efficiency, equity, effectiveness and quality of services.

Improving joint planning, empowering primary health-care managers, involving immunization health workers and communities in service planning, investing in primary health-care and immunization programmes using comprehensive service approaches, improving the capacity of health workers, maximizing innovation approaches in real practice, and adopting learning and sharing for continue development could benefit the primary health care and immunization model of development in countries.

2.3.3 Lessons learnt and experience of leveraging resources in systems strengthening in the Pacific

UNICEF presented lessons learnt and experiences of leveraging resources in systems strengthening in the Pacific. Under the robust leadership and coordination of Joint Incident Management Teams in the Pacific (partner, vaccine, laboratory, risk communication and community engagement, and supply and logistics pillars) and generous donor funds, UNICEF contributed to systems strengthening in the 14 PICs. The support includes cold chain infrastructure, strengthening logistics, supply and warehousing, WASH in health facilities, capacity-building of health-care workers, data managers, logistics officers, risk communication and community engagement (RCCE) and social behaviour change for COVID-19, as well as routine immunization and nutrition. Substantial improvement in cold chain capacity took place across all 14 PICs. Vehicles such as cars, refrigerated vans, motorbikes and boats were made available to countries for vaccine delivery and outreach services.

Other technical agencies contributed to strengthening laboratory capacity, VPD and communicable disease surveillance and AEFI reporting, and management information systems for COVID-19, which will be expanded for routine immunization programmes.

2.3.4 COVID-19 vaccination services in the Pacific

Pacific island countries and areas started COVID-19 vaccination services in early 2021, and over time, there has been great progress. Twelve countries and areas achieved vaccination coverage of at least 70% (global target) with all recommended doses for the entire population. Nineteen countries and areas achieved vaccination coverage of at least 70% (global target) with all recommended doses for the eligible population. Sixteen and 12 countries and areas achieved vaccination coverage of at least 90% with all recommended doses for health-care workers and elderly adults, respectively.

All countries and areas introduced booster dose vaccinations. Vaccination for adolescents and children has progressed well. Most countries and areas have taken innovative approaches, such as establishing a digital platform for vaccination services, and a few countries have started/planned integrating the COVID-19 platform into routine immunization systems.

With support from the ministry of health, lessons identified from COVID-19 vaccine deployment and vaccination can be used for systems strengthening. Successful COVID-19 vaccination in PICs contributed to systems strengthening and also decreased the case fatality rate after achieving high vaccination coverage among the entire population and elderly adults. However, after almost two years of COVID-19 vaccination services, there are some remaining challenges and issues that need to be addressed for reaching the unreached and system improvement.
2.3.5 COVID-19 vaccine integration into routine immunization programmes and vaccination through the life-course (Western Pacific Regional Road Map for COVID-19 Vaccination Response 2022-2023)

Guided by the WHO-UNICEF considerations for integrating COVID-19 vaccination into routine immunization and primary health care, integration (defined as the partial or full adoption of COVID-19 vaccination) can happen at the service delivery level (co-delivery with other health interventions and co-administration with other vaccines, e.g. seasonal influenza vaccines for adults) and beyond service delivery – at the health system (supply and cold chain capacity, data systems and monitoring, demand and community engagement). In line with the TAG recommendation that urges Member States to develop and implement targeted, country-specific strategies to ensure long-term routine immunization delivery along with the integration of COVID-19 vaccination and expansion of immunization across the life course, the Western Pacific Regional Road Map for COVID-19 Vaccination Response 2022-2023 outlined strategies to integrate COVID-19 vaccination into overall routine immunization, by enhancing monitoring, vaccine confidence, demand and uptake, as well as utilizing COVID-19 surveillance to evaluate vaccine effectiveness and impact of COVID-19 vaccination response for evidence-based decision-making.

2.3.6 Country experiences: routine immunization programmes and systems strengthening – progress, challenges, COVID-19 impact and way forward

2.3.6.1 Tonga

Tonga enjoyed some of the highest overall health standards, implementing a combination of preventative and immediate strategies to curb rates of communicable disease, child mortality and overall life expectancy.

Tonga gained remarkable achievements in COVID-19 response and vaccination, reaching more than 90% of children aged 12 years and older with the primary series. Similarly, routine immunization coverage reached almost all children in Tonga. Tonga maintained immunization and essential health services; however, the presenter highlighted some hesitancy in routine immunization (carried over from hesitancy in COVID-19 vaccination), logistics challenges to reach outer islands, paper-based data management at health facilities, and the need for capacity-building of newly recruited service providers. SWOT analysis was presented.

Tonga’s Ministry of Health plays a critical role in leadership in the national immunization programme and COVID-19 response. Tonga’s well trained and committed staff, strong partnerships with communities and churches, and collaboration and teamwork of different ministries, donors, partners and foreign aids contributed to the programme’s success.

2.3.6.2 Marshall Islands

The national immunization programme was at its busiest during the COVID-19 pandemic. It strengthened its vaccine cold chain and storage capacity through donations and funding from the United States Centers for Disease Control and Prevention (CDC), WHO, the Japanese Government and UNICEF. It has the equipment to meet the requirement of ultra-cold storage for vaccines, and it has built staff capacity to conduct mass vaccination from the urban atolls of Majuro and Ebeye to the 25 neighbouring islands. It has provided 108 277 doses of COVID-19 vaccine since 29 December 2020 through new points of distribution, mobile visits to neighbouring islands, house-to-house visits, test-to-treat sites and regular clinic locations. The focus on COVID-19 vaccination affected routine immunization. Staff were pulled from routine immunization to provide mobile/outreach visits for COVID-19. Moving forward, the national immunizations programme strives to provide routine vaccination services to those who were missed and hard-to-reach populations to improve the completion rate. The presenter thanked the organizations that provided assistance, donations and funding and the staff and volunteers for their dedication and hard work.
2.3.7 Country experiences: COVID-19 vaccine deployment and vaccination services – progress including coverage, challenges and lessons learnt

2.3.7.1 Samoa

The Samoa representative detailed the challenges of dealing with the COVID-19 pandemic after a measles outbreak. A state of emergency was declared in March 2020, followed by border closures. COVID-19 vaccination was initiated in April 2021, and Samoa encountered community transmission in March 2022. The roll-out of paediatric COVID-19 vaccines for children 5–11 years commenced in March 2022, and the second dose in April 2022.

In addition to addressing the COVID-19 pandemic, Samoa had to address ADB’s new vaccine project (introduction of pneumococcal conjugate vaccine [PCV], rotavirus vaccine and human papillomavirus vaccine [HPV]) and a typhoid project. To achieve this, the national immunization programme strengthened the cold chain, vaccines and logistics, built the capacity of health staff on COVID-19 vaccines, improved AEFI reporting, standardized the data collection system, and enhanced risk communication and community engagement. Other endeavours included policy revision, preparation of job aids and information, education and communication (IEC) materials and implementation of a post measles outbreak recovery plan. Establishment of a national electronic database (Tamanu) and a 24-hour call centre was noteworthy.

High vaccination coverage resulted from strong government leadership and support, planning, coordination among donors and partners, and collaboration within the ministry of health and with other ministries.

2.3.7.2 Palau

The Palau Ministry of Health & Human Services reported 66,613 COVID-19 tests had been conducted since April 2022. A total of 5,684 individuals tested positive, with 5,576 now recovered, 108 active and seven deaths. The population 6 months and older fully vaccinated is 18,218, while the population 5 years and older up to date with their COVID-19 vaccines is 12,883. Routine immunization clinics were affected by COVID-19 as all providers were assigned to the pandemic response. Challenges identified in this response included difficulty with developing cold chain and vaccine management policies and procedures prior to vaccination, logistical issues, and data recording and reporting, including data analysis. Vaccine hesitancy was also identified and is still a significant challenge for parents with children 6 months to 10 years old. Palau has identified activities to increase vaccination coverage in this age group. It will seek assistance from partner agencies to develop these tasks/plans to be implemented during this operational period.

2.3.8 Country experience: integrating COVID-19 vaccine into routine immunization (supplemental immunization activities and catch-up vaccination)

2.3.8.1 Solomon Islands

Solomon Islands has a decentralized provincial health system. Nurses deliver immunization services through fixed and outreach sites. The national immunization programme is led by the Ministry of Health and Medical Services. The COVID-19 response and vaccination activities took centre stage during the pandemic, negatively impacting routine immunization services and finances, including outreach activities. The programme tactfully updated the National Deployment and Vaccination Plan to integrate routine immunization with COVID-19 vaccination with support from UNICEF and WHO.

Integration was carried out in micro-planning and training, monitoring and supervision, service delivery, HPV and school vaccination, and social behaviour change and RCCE activities. The challenges of COVID-19 vaccination included vaccine refusals, outstanding financial issues and limited availability of resources, lack of human resources at the subnational level, limited knowledge of volunteers, and early lifting of restrictions that created a perception that COVID-19 was no longer an issue.
Going forward, Solomon Islands will expand and rehabilitate the cold chain, strengthen DHIS2 and establish an electronic immunization registry, analyse COVID-19 data to map out areas of low coverage and high-risk populations, conduct regular outreach activities including high-impact health interventions, continue to integrate routine immunization and COVID-19 vaccination, provide supportive supervision and integrate demand creation.

2.4 Vaccine-preventable disease surveillance

2.4.1 Vaccine-preventable disease surveillance systems and performance in the Pacific

In 2021, 262 acute fever and rash (AFR) cases were reported through the syndromic surveillance system by 18 out of 21 countries and areas (including Pitcairn); reports were far greater in the first half of 2022. For example, Fiji reported 95 and 489 AFR/suspected measles cases in 2021 and 2022 (until October), respectively. Samples were collected and tested at the Fiji national measles laboratory, and all were found negative. Kiribati reported two suspected measles cases in early 2022, which found negative IgM for measles and rubella.

In Fiji in 2021, the national reporting rate of discarded non-measles non-rubella cases was 2.5 cases per 100,000 population, the proportion of suspected cases with adequate investigation was 46%, and the proportion of specimens with results within four days of receipt at the lab was 96%. Measles-rubella surveillance performance indicators in PICs in 2022 (October) found an improving trend.

The detection and reporting of acute flaccid paralysis (AFP) cases were consistent in 2021 and 2020 in the Pacific, and only three out of 20 countries and areas reported 16 AFP cases in 2021 (Fiji: 10, Solomon Islands: 4, Tonga: 2). The non-polio AFP rate increased to 1.4 in 2021 compared to 1.2 in 2020. In 2021, the stool adequacy rate in the Pacific was 50%, stool specimens arriving at the lab within 3 days of shipment was 63%, and AFP cases with specimens arriving at the lab in good condition was 94%.

Diphtheria was reported in two countries, whooping cough in one country and rotavirus in one country. Issues and challenges in the VPD surveillance programme still exist and need to be addressed, especially for preventing potential measles outbreaks and planned measles and rubella elimination verification in 2025. The discussion emphasized the timely investigation of VPD cases, including adequate response activities.

2.4.2 VPD laboratory surveillance and way forward (focus on measles and rubella)

Strategic Objective 2 of the Regional Strategic Framework for Vaccine-Preventable Diseases and Immunization in the Western Pacific 2021–2030 includes two strategies: prompt and accurate diagnosis of VPDs and generation of quality data to improve immunization programmes, strengthening the overall health system. The key to integrated surveillance is the unification of epidemiological intelligence and laboratory data within a data management system.

Obtaining all epidemiological data and collecting blood and respiratory samples will allow for an accurate interpretation of results, maximize the potential for early diagnosis and identify chains of transmission within the outbreak context. A rapid diagnosis within the PIC's is hindered by the lack of testing laboratories and the slow referral of samples that can take up to two weeks for results. However, the COVID-19 pandemic has led to the expansion of laboratory networks within the PICs. These laboratories can be developed to test for VPDs using new technologies, such as rapid diagnostic tests (RDTs), which produce results at the source within 15 minutes. However, in areas of low incidence, the positive predictive value of such tests decreases significantly, requiring confirmatory testing. Within the context of the PICs, it will be important to first establish national laboratories, then use these as the hub for the smaller laboratories and health clinics. Health-care workers in remote areas will use the RDTs and confirm their results when referred to the national laboratory.
This approach will expand the VPD laboratory network within the PICs extensively and bring health care closer to these hard-to-reach communities.

2.5 Pacific advisory committees' report (measles, rubella and polio)

2.5.1 Conclusions and recommendations from 10th SRVC and SRCC meeting

The Tenth Meeting of the Combined Subregional Committees for the Certification of Poliomyelitis Eradication and Verification of Measles Elimination (SRCC/SRVC) was convened remotely in May 2022. The SRCC/SRVC concluded that the COVID-19 pandemic is adversely affecting routine immunization programmes and commended countries on their timely submission of containment reports. The SRCC noted progress in developing polio outbreak preparedness and response plans for Fiji, Samoa, Solomon Islands and Vanuatu, cited long delays in the shipment of stool specimens and concluded that AFP surveillance performance indicators decreased in 2021. The SRVC noted no evidence of ongoing endemic transmission of measles since 2019 and rubella since 2012, recommended that PICs aim to be verified for measles and rubella elimination by 2025 and noted that Vanuatu plans to introduce MRCV2 in the routine schedule in 2023. The SRCC/SRVC recommended that PICs may consider implementing supplemental immunization activities (SIAs) to fill immunity gaps, assessing the risk of VPD outbreaks, improving the timeliness of stool sample shipments, and introducing a second dose of inactivated polio vaccine (IPV) in the routine schedule if not yet done. The SRCC/SRVC also requested the WHO Secretariat to support PICs in implementing these mitigating activities.

2.6 Measles and rubella elimination in the Pacific

2.6.1 Regional updates on measles and rubella elimination

The Western Pacific Region made significant progress against its 2020 operational targets for measles and rubella elimination. As of September 2022, eight countries and areas in the Region have been verified as having sustained measles elimination, and seven countries and areas as having achieved and sustained rubella elimination. Since mid-2020, most Member States in the Region reported very low levels of measles and rubella cases, with declined measles incidence in all endemic countries. No large importation-related measles outbreaks were reported during the same period. Measles virus genotypes D9 and H1, previously endemic in the Region, have not been reported since 2017 and 2019, respectively. However, a significant decline in measles-rubella surveillance performance and routine immunization coverage was observed in several Member States in 2021. To help overcome the challenges and accelerate efforts toward measles and rubella elimination, new operational targets to be achieved by 2025 were presented.

2.6.2 Conclusions and recommendations from the Tenth Annual Meeting of the Regional Verification Commission for Measles and Rubella Elimination in the Western Pacific

The Regional Verification Commission (RVC) held its 10th annual meeting in September 2022 and noted the lowest level of measles and rubella activity ever reported in the Region. While recognizing the pandemic-related diversion of public health resources, the RVC noted with concern declined surveillance performance, and noted with grave concern the significantly declined measles-rubella vaccination coverage in several countries. The RVC agreed with the SRVC that there has been no evidence of ongoing endemic transmission of measles since 2019 and rubella since 2012 in PICs. Discrete immunity gaps persist in some countries and areas, and outbreaks in PICs could be devastating, especially if outbreak responses are delayed. The RVC strongly endorsed the plans of low-performing countries to conduct MRCV catch-up vaccination. The RVC supported the SRVC’s recommendations for PICs to aim for verification of measles and rubella elimination by 2025, strongly urged the full support of PIC governments and encouraged active implementation of the Pacific plan of action.
2.6.3 Country experiences: measles-rubella surveillance

2.6.3.1 French Polynesia

French Polynesia has a high rate of measles-containing vaccine coverage, with 99.3% coverage for MCV1 (first dose) and 98.4% coverage for MCV2 (second dose). The WHO outbreak management method was used to discuss the strengths and weaknesses of the programme. Health-care professionals have been trained to recognize and manage the disease, including the use of accurate infection prevention and control measures against airborne transmission. The use of a new digital tool named VAXI FENUA has improved data collection and monitoring. The collaboration with the Institut Malardé allows for screening diagnosis and systematic monitoring of pregnant women. Incentives such as mandatory immunization to attend school and a monthly allowance for proof of immunization have contributed to the high vaccine coverage. The Disease Control Team uses a "To Do List" in case of suspicion of measles, and to date, there have been no findings of the disease in the country. Vaccine data are input into VAXI FENUA software in compliance with the European Union’s General Data Protection Regulation (GDPR), and in the future, the reporting and surveillance system will be upgraded to prepare the country plan for the regional verification of measles and rubella elimination.

2.6.4 Pacific strategy and plan of action for measles and rubella elimination 2023–2025

The Pacific subregion, covering 21 PICs with 3.5 million population, is treated as one epidemiological block for measles and rubella elimination. Only 10 countries have more than 100 000 population and two countries have more than 500 000. Considering the population size and programmatic situation, the regional verification requirement might be difficult to achieve. There were measles outbreaks in 2014 and 2019. The affected PICs demonstrated the capacity to detect and respond effectively to outbreaks and to close immunity gaps in other countries.

WHO supported preparing the draft strategy and plan of action for measles and rubella elimination in the Pacific 2023–2025. The plan of action outlines progress and achievements, issues and challenges, and action to be addressed in each of the five lines of evidence for getting practical and realistic feedback. Participants were fully engaged, provided comments and asked for clarification. The draft strategy and plan of action will be further refined and discussed with ministries, SRVC and SRCC.

2.7 Polio eradication in the Pacific

2.7.1 Global and regional update on polio eradication

There is intense ongoing wild poliovirus type 1 (WPV1) transmission in Southern Pakistan. In Afghanistan, WPV1 transmission continues mainly in the eastern part of the country. An outbreak of WPV1 in south-eastern Africa was detected in Malawi in November 2021, followed by eight cases in Mozambique from March 2022 onwards. In 2022, vaccine-derived poliovirus type 2 (VDPV2) was detected from environmental samples in New York, London and Jerusalem, and they were genetically linked. The United States Centers for Disease Control and Prevention confirmed a case of circulating vaccine-derived poliovirus type 2 (cVDPV2) with onset in July 2022 in an unvaccinated individual in Rockland County, New York.

An updated regional risk assessment in 2021 categorized three countries as high risk for poliovirus transmission: the Lao People’s Democratic Republic, Papua New Guinea and the Philippines. Despite the challenges of the COVID-19 pandemic, most Member States were able to maintain more than 90% coverage with three doses of polio vaccine in routine immunization at the national level and the key AFP surveillance indicators at the required benchmark level. However, gaps in population immunity and AFP surveillance at subnational levels persist and have widened in several countries. Introduction of a second dose of IPV was slow in 2022 and needs to be accelerated in 2023. Considering the recent multiple outbreaks due to VDPV in the Region, it is time to consider cessation of oral polio vaccine (OPV) use in advance of global certification of WPV eradication.
2.7.2 Conclusions and recommendations from the GCC and RCC meetings

At its 22nd meeting for certification of eradication of endemic transmission of wild poliovirus, the Global Commission for Certification of Poliomyelitis Eradication (GCC) recommended a flexible period but not less than two years of non-detection. It further recommended the GCC, the Regional Commission for Certification (RCC) and national certification committees (NCCs) review their terms of reference to include validation of the absence of cVDPV2 based on criteria and methodology to be developed by the GCC. At its 28th meeting, the RCC concluded that the Western Pacific Region remains free of indigenous and imported wild poliovirus transmission, based on the information submitted by the NCCs. The RCC noted the apparent absence of cVDPV transmission in the Region. The RCC noted with concern the continuous challenge of the COVID-19 pandemic for the performance of routine immunization and poliovirus surveillance and commended the efforts of all Member States in mitigating this impact. The RCC recommended the PICs continue efforts to achieve/maintain high routine vaccination rates and high-quality AFP surveillance and introduce the IPV second dose as soon as possible.

2.7.3 Roll-out of IPV in PICs: options and challenges

During 2015–2019, following the WHO SAGE recommendation, 17 Member States in the Western Pacific Region using an all-OPV schedule introduced at least one dose of IPV in their routine immunization schedule. As of November 2022, only four countries in the Western Pacific Region have introduced the second dose of IPV. All eight eligible PICs are still using a one-dose IPV schedule with no specific plan to introduce the second dose of IPV. Currently, there is no global shortage of IPV, and supply is sufficient for all countries to move to a two-dose schedule. In 2021, due to the impact of the COVID-19 pandemic, the reported coverage with one dose of IPV significantly decreased, widening the immunity gap against type 2 poliovirus. Considering the Western Pacific Region has been free from wild poliovirus for more than 20 years and recent multiple outbreaks due to cVDPV, it is critical for the Region to consider initiation of OPV use cessation in advance of global certification of wild poliovirus, as currently recommended. If properly done, this will prevent future emergence and outbreaks due to cVDPV in the Region.

2.8 Introduction of new vaccines

2.8.1 Update on new vaccine introduction in the Pacific

Under the stewardship of the national immunization programmes, in partnership with ADB and Rotary International, UNICEF supported the introduction of three new vaccines (PCV, RV vaccine and HPV vaccine) in nine countries and systems strengthening for effective coverage of new vaccines as part of a comprehensive package to improve child survival and well-being.

The introduction of PCV and rotavirus vaccine began in the second half of 2021. The Cook Islands and Tokelau introduced PCV and rotavirus vaccine in 2022. The HPV vaccine was rolled out in Nauru and Tuvalu in late 2021 and in Samoa, Tokelau and Tonga in 2022; the Cook Islands and Niue introduced the HPV vaccine earlier.

Operationalization of the vaccination roll-out involved technical assistance in policy revision (schedule, age, delivery strategies), development of guidelines and training packages, capacity-building of health workers, vaccine planning, forecasting and procurement, strengthening cold chain system, development of communication strategies, social mobilization, and community engagement.

Countries encountered some delays in vaccine introduction as they prioritized COVID-19 response and vaccination. Going forward, countries are advised to conduct a post-introduction review and impact studies, adapt the SAGE-recommended HPV single-dose schedule and, most importantly, revitalize routine immunization and integrate COVID-19 vaccination into routine immunization and primary health care.
2.8.2 Country experiences: new vaccine introduction

2.8.2.1 Tuvalu

Tuvalu’s national immunization programme ensures delivery of comprehensive antigens, including the hepatitis B birth dose, four doses of IPV, two doses of MCV, a DTP booster dose at school age and HPV vaccine at 10 years. The national immunization programme introduced PCV, rotavirus vaccine and HPV vaccine in 2021 and conducted catch-up vaccination of HPV to children 11–15 years and PCV to children 2–5 years in 2022 to provide immunity to a larger age group of children.

Despite the pandemic, Tuvalu continued to achieve high routine immunization coverage, with 95% DPT3 and 94.5% MR1 coverage (2021 administrative data). Due to completing priorities, catch-up vaccination of PCV and HPV were done a year after their introduction.

In the process of new vaccines introduction, activities included the development of operational guidelines, capacity-building, behavioural change communication, coordination, vaccine and supplies distribution, and coordination with the Ministry of Education, nongovernmental organizations (TuFHA and Red Cross), schools and parents, health promotion units and baby clinics of maternal and child health units within the Ministry of Health.

Moving forward, activities will include endorsing immunization and cold chain policy, printing immunization handbook, reviewing the Expanded Programme on Immunization (EPI), integrating COVID-19 vaccination with routine immunization, supportive supervision visits to outer islands, inputting immunization data into TAMANU software, strengthening AEFI surveillance and establishing outreach immunization in Funafuti.

2.9 Data management

2.9.1 COVID-19 vaccination electronic data platform and how can we transform it for routine immunization

Across the Pacific, new electronic health information systems (HISs) were introduced to monitor and facilitate COVID-19 vaccine implementation. Timely and high-quality data from these electronic HISs informed the development of tailored vaccination strategies for hard-to-reach populations, efficient supplies and logistic planning, and monitoring of vaccine safety. The integration or expansion of these new electronic HISs would enable new methods of data management and greater data use, potentially transforming routine immunization for decision-makers, health providers and patients.

As PICs proceed with integrating or adopting electronic HISs for immunization, it is critical to plan for this long and phased process. First, understand the unique country context and immunization programme needs. Next, assess the HIS deployed for COVID-19 vaccination to determine its sustainability and viability. Lastly, establish an enabling environment (e.g. infrastructure, change management, human resources) for successful HIS integration or implementation.

2.9.2 Country report on the integration of the COVID-19 vaccine data platform into the routine immunization registry

2.9.2.1 Fiji

Fiji adopted a person-centred approach. The challenges relate to global health, primary health care, immunization and digital health barriers. Digital health design principles are person-centred, privacy, integration and sustainability. Initial building blocks include master person index (MPI) / client registry and immunization information system (IIS). An IIS enables evidence-driven continuous improvement.
2.9.3 Overview of Joint Reporting Form submissions by PICs

The WHO/UNICEF Joint Reporting Form (JRF) for Immunization is a standard questionnaire sent to all Member States and reporting entities. It started in 1997 as a paper-based form and eventually turned into a complex Excel-based system with over 13 worksheets and over 1400 data elements. In 2021, the JRF was upgraded to the “eJRF”, following suggestions from Member States and with the support of various partners. This new system has various advantages: built-in validation rules, faster completion times, pre-populated historical data, built-in training and support, etc. Extensive analysis is performed with data reported through the eJRF, and it is made available through various dissemination platforms. It is also used to track progress towards global and regional indicators (e.g. Sustainable Development Goals, Immunization Agenda 2030, Regional Strategic Framework).

In 2020, during the first year of the eJRF, 13 out of 20 PICs submitted data; 15 submitted data in 2021. Several reporting issues have been observed: technical issues (pertaining to Azure registration and firewall), unfamiliarity with the eJRF interface, workflow and roles, and competing priorities due to the COVID-19 pandemic. Participants were informed that all issues could be fixed via available tools in the eJRF portal, as well as via direct technical support from the WHO Regional Office for the Western Pacific and headquarters.

2.10 Risk communication and community engagement for vaccine demand

2.10.1 RCCE for COVID-19 and vaccine demand for routine immunization: achievements, challenges and way forward

UNICEF, as co-chair of the Pacific Regional Communication and Community Engagement (RCCE) Working Group, presented the overall achievements of the governments and partners on the COVID-19 RCCE response. Across countries, the working group provided technical and operational support to the country teams in rolling out effective RCCE interventions focused on preventive behaviours and promoting COVID-19 vaccine demand. Each country was provided with a standardized but adaptable messaging framework and IEC materials, standard operating procedures on coordination with other pillars, monitoring and evaluation support and capacity strengthening through regular webinars and deployment of social and behaviour change (SBC) specialists.

Real-time social listening mechanisms ensured that countries could counter and manage misinformation and rumours effectively. While these efforts will continue, the health promotion teams will now transition into strengthening the demand for routine vaccination. Five strategic SBC approaches have been identified: applied behavioural sciences, systems strengthening, community engagement for accountability, strategic communications and capacity strengthening. The first-ever Pacific SBC workshop with participants from nine countries has been conducted to take this vision forward.

2.10.2 Country experiences: risk communication and community engagement

2.10.2.1 COVID-19 vaccination: Fiji

Fiji conducted a preliminary analysis of perceptions of the booster dose among the eligible population. The objectives of the analysis were:

- to share knowledge and information on booster doses and children’s vaccination with community health workers;
- to help them understand the importance of the booster doses;
- to address their questions on booster doses;
- to help them overcome challenges in getting people boosted; and
- to provide them with IEC materials to conduct information sessions with their communities to promote booster doses and get people boosted.
Summary: The analysis revealed that listening to and engaging with the community is essential to address vaccine hesitancy, refusal and side effects. Not communicating timely and properly can aggravate vaccine hesitancy and reduce coverage.

2.10.2.2 Routine immunization: Solomon Islands

Routine immunization coverage decreased in 2021 for all antigens due to reduced demand. To address this challenge, demand generation was integrated into COVID-19 vaccination and routine immunization. Routine immunization coverages improved in 2022.

2.11 Vaccine safety, security and effective vaccine management

2.11.1 Overview of vaccine independence and supply management tools and developments

Governments can access quality and cost-effective essential supplies and services via UNICEF Procurement Services while transitioning and building their capacity. The Vaccine Independent Initiative (VII) offers a vaccine procurement service mechanism for countries capable of financing their own needs; however, it may require certain support services to obtain value for money.

Thirteen PICs procure their vaccines and other immunization supplies through the VII mechanism. It provides bridge-financing support, allowing governments to pay for vaccines 90 days after receipt of the Statement of Account (or final invoice), which is issued after the delivery of vaccines, and it pools procurement, reducing operational and transportation costs.

Along with the VII, UNICEF offers the following systems strengthening and supply financing tools that allow countries to benefit from UNICEF’s expertise in efficient procurement and supply chain management:

- MICs Financing Facility (MFF)
- ACT-A Supplies Financing Facility (SFF)
- Nutrition Match Fund (NMF)
- Electronic Stock Management Tool (eSMT)
- Visibility for Vaccines (ViVa).

2.11.2 Strengthening the immunization supply chain system in PICs

By building on the Gavi Immunisation Supply Chain Strategy (2021–2025), UNICEF Pacific aims to address the challenges of inconsistent availability of high-quality vaccines and limited reach of vaccine supply chains in underserved populations that threaten access as well as immunization coverage and equity outcomes and put vaccine investments at risk.

We will achieve our impact goals through targeted investments in six priority areas:

1) data visibility and use – to make real-time data available at all levels of the supply chain (SC) and encourage data use by decision-makers to improve SC performance;
2) strategic planning – to design a country-led strategy informed by people's needs that is adequately financed;
3) system optimization and segmentation – to design and optimize supply chains that reach everyone and minimize cost and waste;
4) capacity development and professionalization – to adequately staff all levels of iSC with a motivated and competent workforce;
5) fundamental infrastructure – to ensure vaccines are stored and transported in well functioning equipment to ensure quality; and
6) smart harmonization – to integrate and harmonize iSCs with other public health supply chains, programme functions and overall health system to maximize resources.

Enablers (Country Leadership, Governance, & Stewardship, Domestic & International Funding, Partner Alignment & Coordination, Innovation, and Private Sector Engagement) are critical elements that help countries develop the chosen priorities that will lead to the achievement of the impact goals.

2.11.3 Country experiences: immunization supply chain

2.11.3.1 Vanuatu

Three supply chain levels are used in the country: primary (national), subnational (province) and lower distribution levels (service delivery, health centres, hospitals and dispensaries). The National vaccine store receives its vaccines and immunization supplies from Nadi, Fiji once a year or when there is an urgent need. The supplies are distributed from the national vaccine store (NVS) through six provincial vaccine stores to a network of service delivery facilities. Different types of equipment are in use for cold chain management. The differences range from energy use and capacity. At the national level, the country has two walk-in cold rooms, six chest freezers and five ice-lined refrigerators for storing vaccines and freezing ice packs. The EPI has 10 routine vaccines, with the HPV vaccine being the latest introduced. Cold chain capacity in Vanuatu has greatly improved due to the support provided by UNICEF and other donor partners in procuring and installing WHO-prequalified cold chain equipment and providing technical assistance in building the capacity of health workers on vaccine management.

2.11.4 Immunization safety in PICs – progress, challenges and way forward

Overall, vaccine safety surveillance in PICs improved in 2021 compared to 2019, although with varying degrees of capacity. The robust AEFI surveillance is also well reflected in the high volume of AEFI reports for the past two years as part of the COVID-19 vaccination response. More than 3000 reports from PICs followed immunization with COVID-19 vaccines, including five different vaccines used in PICs. However, underreporting of adverse events of special interest (AESI), including anaphylaxis, was observed. Underreporting of rare but serious AESIs may be attributed to the inadequate capacity of diagnostic testing or imaging for detection as well as limited availability of clinical specialists in PICs. Also, more than 40% of PICs still have low to moderate capacity in AEFI investigation and causality assessment. To address these challenges, PICs can leverage the COVID-19 vaccine-related AEFI surveillance system for all vaccines with sustainable reporting and data management system as well as routine and consistent data analysis.

2.12 Pacific Strategic Framework for Immunization 2030 (PSFI 2030)

2.12.1 Pacific Strategic Framework for Immunization 2030 (PSF2030), next steps

In 2021, WHO and UNICEF recorded the largest sustained decline in childhood vaccination in approximately 30 years. This global trend was also seen in the Pacific. The need for comprehensive and sustainable vaccination plans for the next decade was already identified in the 13th Pacific Health Ministers Meeting in 2019.

Considering the devastating measles outbreak in a few countries in the Pacific in 2019 and the ongoing COVID-19 pandemic, outbreaks of any VPDs could be dreadful for a health system that is already battling the impacts of COVID-19. Therefore, in the rapidly changing environment of the immunization programme globally and in the Pacific, the Pacific Strategic Framework for Immunization 2030 (PSFI 2030) was developed with comprehensive analysis and consultations and built on many achievements gained in the Pacific. PSFI 2030 prioritizes and tailors strategies with innovative approaches.
The vision of PSFI 2030 is “everyone, everywhere, at every age, fully benefiting from vaccines for good health and well-being” with eight strategic priorities informed by eight core principles. PSFI 2030 has three impact goals fit for the Pacific and set indicators for monitoring. The implementation of the national immunization strategies and PSFI 2030, which is a core action toward achieving the Sustainable Development Goals (SDGs) of PICs, should be monitored regularly by the Pacific heads of health and health ministers in their annual and biannual meetings, respectively.

3. CONCLUSIONS AND ACTION POINTS

3.1 Conclusions

Regional Strategic Framework for Vaccine-preventable Diseases and Immunization in the Western Pacific 2021–2030

• Participants appreciated the WHO Secretariat’s completion, publication and distribution of the Regional Strategic Framework for Vaccine-Preventable Diseases and Immunization in the Western Pacific 2021–2030, endorsed by the WHO Regional Committee for the Western Pacific in October 2020 (WPR/RC71.R1).

• Participants supported and agreed on the conclusions and recommendations from the 2022 Meeting of the Technical Advisory Group (TAG) on Immunization and Vaccine-Preventable Diseases for the Western Pacific Region.

Immunization system and programme

• The COVID-19 pandemic affected routine immunization in many countries, with coverage declining in 2021 and 2022. Six countries identified as having low coverage in 2021 conducted or are conducting catch-up vaccination and integrated supplementary immunization activities (SIAs).

• Immunization data management remains an issue in some Pacific island countries and areas (PICs); subnational (district) data are not available in many PICs in 2022. Participants agreed that despite many issues and challenges with routine immunization, low-performing countries would continue efforts to improve coverage for all the vaccines in the national schedule. However, most PICs have made significant investments in developing electronic registries for COVID-19 vaccination, including information systems for monitoring supply, logistics, adverse events following immunization (AEFIs) and adverse events of special interest (AESIs). Participants also suggested that partner support is needed to sustain and improve immunization coverage.

• The COVID-19 pandemic is not over, and countries must continue their efforts to maintain high COVID-19 vaccination coverage.

  o Twelve PICs achieved the global target of vaccinating at least 70% of the entire population with the last dose of the primary series, and 19 achieved at least 70% coverage of the global target with the last dose of the primary series for the eligible population.

  o Sixteen and 12 PICs achieved vaccination coverage of at least 90% with the last dose of the primary series for their health-care workers and elderly adults, respectively.

  o High vaccination coverage (i.e. at least 70%) contributed to decreased case fatality rates among the entire population of some PICs.

  o However, a few countries still have low primary series and booster-dose coverage.

• COVID-19 vaccine hesitancy is high among certain groups due to the low-risk perception and COVID-19 fatigue, with the threat of a spillover of hesitancy into the routine immunization programme.

• Participants agreed that the COVID-19 vaccination platform must be used to strengthen the routine immunization programme and system under the wider health system.
Vaccine-preventable disease surveillance

- PICs have two types of surveillance: hospital-based active surveillance (HBAS) and the Pacific Syndromic Surveillance System (PSSS). Timeliness and completeness of HBAS reporting fluctuated over the years, and only two countries are regularly reporting. PSSS was established in 2010, and 18 countries and areas are reporting. However, detailed information is not available. For vaccine-preventable diseases (VPDs), acute fever and rash (AFR) has been included in PSSS since 2010.
- The VPD surveillance system is weak in many countries, with many challenges and issues, and it was further impacted by the COVID-19 pandemic, especially in the detection and reporting of VPD cases. Participants agreed it is important to review the surveillance systems in PICs and move toward an integrated VPD surveillance system including a guidance document. Participants noted the need to work closely with surveillance focal points at the ministry of health and to strengthen the surveillance system.
- Participants recognized the need for timely referral of samples for confirmatory testing. WHO recommends the measles and rubella laboratory at the Victorian Infectious Diseases Reference Laboratory (VIDRL) in Melbourne, Australia as the regional reference laboratory for PICs to refer samples for case investigation and confirmatory testing.
- A hub-and-spoke mechanism for expanding national laboratory capacity was presented. Measles immunoglobulin (IgM) rapid diagnostic testing will begin in the first quarter of 2023, with the implementation of rapid diagnostic testing by a rolling programme indicated from the second or third quarters of 2023.

Report from the Pacific Immunization Advisory Committee

- Participants supported and agreed on the conclusions and recommendations from the 2022 Meeting of the Combined Subregional Committees for the Certification of Poliomyelitis Eradication and Verification of Measles and Rubella Elimination in Pacific Island Countries and Areas (SRCC/SRVC).

Measles and rubella elimination in the Pacific

- Participants acknowledged the detrimental impact of the COVID-19 pandemic on measles-containing vaccine first dose (MCV1) and second dose (MCV2) vaccination coverage and measles-rubella surveillance, and the need to rapidly boost population immunity and measles-rubella surveillance to prevent and promptly control outbreaks.
- Participants supported and agreed on the conclusions and recommendations from the 2022 Meeting of the Regional Verification Commission on Measles and Rubella Elimination in the Western Pacific (RVC).
- Participants appreciated the WHO Secretariat’s efforts in preparing a draft Pacific Strategy and Plan of Action for Measles and Rubella Elimination 2023–2025.

Polio eradication in the Pacific

- Participants supported and agreed on the conclusions of the 28th Meeting of the Regional Commission for Certification of Poliomyelitis Eradication in the Western Pacific:
  - PICs have maintained wild poliovirus-free status.
  - In 2021, the acute flaccid paralysis (AFP) surveillance performance core indicators, except for the non-polio AFP rate, decreased compared to 2020 and did not reach the target levels.
  - The risk of a polio outbreak in the subregion remains low.
- Participants acknowledged the following:
  - The risk of the international spread of poliovirus remains.
Maintaining high coverage with polio vaccines and strong polio surveillance will be critical for the Western Pacific Region to achieve goal 2 of the new Global Polio Eradication Initiative (GPEI) Polio Eradication Strategy 2022–2026.

**Introduction of new vaccines**

- The introduction of new vaccines has enhanced systems strengthening for effective coverage of national immunization programmes in the Pacific.
- In partnership with the Asian Development Bank, the Department of Foreign Affairs and Trade - Australia and Rotary International, nine countries and areas (Cook Islands, Kiribati, Nauru, Niue, Samoa, Tokelau, Tonga, Tuvalu and Vanuatu) have started introducing pneumococcal and conjugate vaccine (PCV), rotavirus vaccine and human papillomavirus (HPV) vaccine into the national immunization schedules. HPV vaccine introduction in Kiribati is scheduled for 2023.
- PCV and rotavirus vaccines were introduced in most countries in the second half of 2021. Cook Islands and Tokelau introduced PCV and rotavirus vaccines in 2022, and Kiribati and Niue before 2021. HPV vaccination was rolled out in Nauru and Tuvalu in late 2021, in Samoa, Tokelau and Tonga in 2022, and in Cook Islands and Niue before 2021.
- Operationalization of the new vaccines roll-out involved a series of endeavours in technical support, development of guidelines and training packages, capacity-building of health workers, vaccine procurement, strengthening cold chain systems, programmatic readiness for the introduction of HPV vaccine, development of communication strategies including social mobilization and community engagement.

**Data management**

- Participants acknowledged the efforts of WHO, UNICEF and other partners in developing the WHO/UNICEF Electronic Joint Reporting Form (eJRF) for Immunization as an innovation necessary to provide greater flexibility in supporting monitoring and planning efforts, as well as improving data dissemination and visualization.

**Risk communication and community engagement for vaccine demand**

- Participants recognized the support provided by the Pacific Regional Risk Communication and Community Engagement (RCCE) Working Group and the national RCCE teams in ensuring communities are protected against COVID-19.
- Participants acknowledged the importance of and need for comprehensive social and behavioural change approaches in creating and sustaining demand for routine immunization.

**Vaccine safety, security and effective vaccine management**

- The AEFI surveillance system, particularly reporting, was strengthened in PICs through the COVID-19 vaccination response.
- Some challenges remain, including underreporting of serious AEFIs/AESIs and inadequate capacity for case management, investigation and causality assessment of serious AEFIs/AESIs.
- A Vaccine Independence Initiative (VII) mechanism ensures uninterrupted access to quality and cost-effective vaccines in PICs. However, the recent increase in repayment delays must be addressed to ensure continued access to the VII credit ceiling.
- Significant progress has been made in cold chain storage capacity; however, areas such as information systems lagged.

**Pacific Strategic Framework for Immunization 2030 (PSFI 2030)**

- PSFI 2030 was developed at the request of the 13th Pacific Health Ministers Meeting (PHMM) in 2019 to "coordinate support to and ensure alignment with PIC efforts to develop comprehensive
and sustainable vaccination plans for the next decade through a consultative process that addresses overall health systems strengthening, new vaccine introductions, vaccine hesitancy, effective vaccine management, cold chain infrastructures, demand planning and supply security”.

- PSFI 2030 aims to operationalize the *Regional Strategic Framework for Vaccine-Preventable Diseases and Immunization in the Western Pacific 2021–2030* and Global Immunization Agenda 2030. PSFI 2030 was drafted with comprehensive situation analysis and extensive consultations. PSFI 2030 is a continuation of unfinished work in the last decade and builds on the achievements gained and lessons learnt from the Pacific immunization programmes.

3.2 Action points

3.2.1 Action points for Member States

Participants encouraged Member States to consider the following action points:

**Regional Strategic Framework for Vaccine-Preventable Diseases and Immunization in the Western Pacific 2021–2030**

1) Implement the 2020 Regional Committee’s resolution (WPR/RC71.R1) (i.e. “to develop or update national policies, strategies and plans for immunization and vaccine-preventable disease control and elimination, guided by the Regional Strategic Framework”) through finalizing and carrying out PSFI 2030 at national and subnational levels of the Pacific.

2) Request the WHO Secretariat to finalize and share the 2022 TAG conclusions and recommendations with Pacific immunization programme managers.

3) Implement the 2022 TAG recommendations in the context of PICs.

**Immunization system and programme**

4) Prioritize efforts to achieve the routine vaccination coverage target of 95% for all vaccines in the national immunization schedule.

5) In low-performing PICs for COVID-19 vaccination, implement targeted and country-specific strategies to vaccinate priority population groups. Leverage the investments from the COVID-19 response to improve coverage of routine immunization and COVID-19 vaccination.

6) Improve monitoring of and data collection on vaccine hesitancy and implement evidence-based interventions to overcome the uncertainty causing this hesitancy in both routine immunization and COVID-19 vaccination through culture-specific messaging, using multidisciplinary approaches and channels to reach those target audiences.

7) Explore and integrate, where possible, the COVID-19 vaccination platform to strengthen the routine immunization system as a part of the wider health system.

8) Review the national immunization schedule and harmonize childhood immunization schedules across the Pacific to improve vaccination coverage.

9) Update the national immunization schedule as per the revised Expanded Programme on Immunization (EPI) policy.

**Vaccine-preventable disease surveillance**

10) Maintain and strengthen the VPD surveillance using the COVID-19 platform to enable the early detection and management of VPD cases.

11) Review the surveillance system (epidemiology and laboratory) and consider exploring/establishing integrated surveillance and sharing published and available VPD surveillance data including zero reporting of AFP, measles and rubella cases with WHO.

12) Send samples for confirmatory testing to the WHO regional reference laboratory in a timely manner.
Report from the Pacific Immunization Advisory Committee (SRCC/SRVC)

13) Implement the 2022 SRCC/SRVC recommendations.

Measles and rubella elimination in the Pacific

14) Implement the 2022 RVC and SRVC recommendations to the Pacific (SRVC10 report link: https://apps.who.int/iris/handle/10665/361619).
15) Help finalize the draft Pacific Strategy and Plan of Action for Measles and Rubella Elimination 2023–2025 before the end of February 2023 with support from the WHO Secretariat and in consultation and collaboration with partners.

Polio eradication in the Pacific

17) Continue efforts to maintain/strengthen the performance of AFP surveillance, including regular zero-reporting for AFP cases.
18) Update national inventories for potentially infectious poliovirus materials.
19) Continue advocacy efforts with their respective governments to raise awareness of the importance of routine immunization and VPD surveillance.
20) PICs using oral poliovirus vaccine to consider introducing the second dose of inactivated polio vaccine into the routine immunization schedule as soon as possible.

Introduction of new vaccines

21) Continue efforts to complete the roll-out of new vaccines for equitable access and to achieve high coverage and reach every child.
22) Review the HPV vaccination schedule and consider adapting the single-dose option, recommended by WHO SAGE based on cost-effectiveness, efficiency and programmatic flexibility.

Data management

23) Use the eJRF to submit 2022 annual immunization data during the next data collection cycle in 2023, with the deadline of 30 April 2023. Countries interested in using the eJRF to submit monthly COVID-19 vaccination data are encouraged to do so, too.
24) Provide an updated list of users (country focal points and data entry users) in February 2023 and report any technical issues in accessing the system to the WHO Regional Office.
25) Improve data management at all levels including analysis for actions.

Risk communication and community engagement for vaccine demand

26) Review and update existing action plans for COVID-19 RCCE and vaccine demand in each country, specifically focusing on preparedness for future outbreaks and integration with routine immunization.
27) Strengthen health promotion units (HPUs) in each country.
28) Integrate the Routine Immunization Demand Generation strategy into the overall immunization programme strategy and annual budgeted action plans to ensure effective roll-out.
29) Strengthen coordination mechanisms between EPI and HPU for demand generation activities at national and provincial levels.
30) Strengthen supply/demand linkages by improving microplanning for both demand generation and service delivery, particularly during campaigns, SIAs, etc.
31) Support collaboration between partners, including academia, to further expand the knowledge and understanding of behavioural drivers and barriers to vaccine demand.
32) Include at least one demand generation indicator in the Health Management Information System.

**Vaccine safety, security and effective vaccine management**

33) Leverage the COVID-19 AEFI surveillance system for all vaccines to further enhance capacities in AEFI reporting and monitoring.

34) Establish or strengthen a reliance mechanism, where applicable, for detecting, investigating and conducting causality assessment of serious AEFIs/AESIs.

35) National governments should strengthen budget release processes and increase the frequency of the disbursements as much as possible to optimize the use of the VII credit ceiling.

36) Improve capacities of national immunization programmes in vaccine forecast to avoid vaccine stockouts, longer lead time in deliveries of vaccines, and protect the investment in vaccines by minimizing wastages.

37) Countries should prepare costed cold chain equipment maintenance plans to ensure investments are sustained.

**Pacific Strategic Framework for Immunization 2030 (PSFI 2030)**

38) Immunization programme managers and other officials of the ministry of health to provide comments, suggestions or inputs for the draft PSFI 2030 to the WHO Secretariat by 31 December 2022.

**3.2.2 Action points for WHO, UNICEF and development partners**

Participants requested WHO, UNICEF and development partners to consider the following action points:

**Regional Strategic Framework for Vaccine - Preventable Diseases and Immunization in the Western Pacific 2021–2030**

1) Support PICs to develop or update national policies, strategies and plans for immunization and VPD control and elimination, guided by the *Regional Strategic Framework for Vaccine-Preventable Diseases and Immunization in the Western Pacific 2021–2030*.

2) Support PICs to implement the 2022 TAG recommendations in the context of the Pacific.

3) Monitor and review the implementation of TAG recommendations and re-strategize as necessary.

**Immunization system and programme**

4) Support PICs to improve routine immunization coverage, including reaching the unreached target population.

5) Support PICs in integrating COVID-19 response into routine immunization by providing technical and financial support and leveraging the different investments from the vaccination response for overall immunization systems strengthening.

6) Support PICs in developing a road map for the harmonization of childhood immunization schedules.

**Vaccine-preventable disease surveillance**

7) The WHO Secretariat to support the surveillance system review, explore/establish an integrated surveillance system and develop a guidance document.

8) Support the development of a comprehensive AFP, measles and rubella case line list template for use by countries if not available

9) Provide integrated VPD surveillance training in select countries.
10) Support the shipping of samples to the regional reference laboratory for case investigation and confirmatory testing.

Report from Pacific Immunization Advisory Committee (SRCC/SRVC)

11) Support PICs to implement the 2022 SRCC/SRVC recommendations.

Measles and rubella elimination in the Pacific

12) Support the implementation of 2022 RVC and SRVC recommendations.
13) Help finalize the draft Pacific Strategy and Plan of Action for Measles and Rubella Elimination 2023–2025 before the end of February 2023 in consultation and collaboration with PICs and partners.
14) WHO to facilitate adding the Pacific Strategy and Plan of Action for Measles and Rubella Elimination to the agenda of the next Pacific Health Ministers Meeting in 2023 for review and endorsement.
15) Support PICs to develop national operational plans for measles and rubella elimination.

Polio eradication in the Pacific

16) Continue raising awareness of the ongoing risks of poliovirus outbreaks and ensure the long-term commitment of national authorities to sustain high levels of polio vaccination coverage and high-quality polio surveillance to remain wild poliovirus-free.
17) Implement the requirements of the WHO Global Action Plan for containment (GAP IV).
18) Support the PICs using oral poliovirus vaccine that plan to introduce the second dose of inactivated polio vaccine into their national immunization schedule.

Introduction of new vaccines

19) Support countries to complete the roll-out and achieve high coverage.
20) Provide technical support to countries in adapting HPV vaccination schedules as per countries’ context.

Data management

21) Conduct a webinar on the eJRF in February 2023 to introduce it as the main data collection tool for reporting official immunization data to WHO and UNICEF and demonstrate its use from data entry to data submission.
22) Provide direct technical support to countries and areas that are encountering issues in accessing and/or using the eJRF and improving data management.

Risk communication and community engagement for vaccine demand

23) Continue raising awareness on the significance of comprehensive social and behaviour change (SBC) approaches for vaccine demand across PICs.
24) Continue to provide technical and operational support to countries to strengthen HPU and roll out SBC approaches for routine immunization and SIAs.
25) Support PICs in using social and behavioural sciences to design SBC strategies and approaches.
26) Promote and support innovative ideas and approaches to increase vaccine demand.
27) Support risk communication on vaccine safety and hesitancy issues by strengthening AEFI data management and analysis.
28) Support PICs to fight against misinformation.
Vaccine safety, security and effective vaccine management

29) Continue providing technical support to enhance the AEFI surveillance system, particularly in PICs with low to moderate capacities through country-specific trainings.

30) Maintain the collaboration mechanism (e.g. telemedicine, joint review) to continuously support PICs in diagnosis, case management and causality assessment of serious AEFIs/AESIs.

31) Improve vaccine forecast, data visibility and use, and capacity-building.

32) Support countries in preparing cold chain equipment maintenance plans.

33) Develop guidance and evidence for integration in the supply chain to maximize the use of resources.

34) Support countries to improve temperature monitoring throughout the vaccine supply chain.

Pacific Strategic Framework for Immunization 2030 (PSFI 2030)

35) The WHO Secretariat to finalize the draft PSFI 2030 and facilitate adding it to the agenda of the Pacific Health Ministers Meeting in 2023 for further review and endorsement.

4. CLOSING SESSION

Dr Nuha Mahmoud expressed her appreciation and thanked all attendees for their participation and input in each session. Action pointed outlined in the last session can be the best opportunity to improve the immunization and VPD surveillance system as a part of the wider health system. Partners engaged in the Pacific are expected to continue supporting the VPD and immunization programme.
ANNEXES

Annex (1). Agenda

1. Opening Session
2. Updates
3. Immunization system and programme
4. Vaccine-preventable diseases (VPDs) surveillance
5. Pacific advisory committees' report (measles, rubella and polio)
6. Measles and rubella elimination in the Pacific
7. Polio Eradication in the Pacific
8. Introduction of new vaccines
9. Data management
10. Risk communication and community engagement for vaccine demand
11. Vaccine safety, security and effective vaccine management
12. Pacific Strategic Framework for Immunization 2030 (PSFI 2030)
13. Conclusions and action points
14. Closing Session
Annex (2). List of participants, temporary advisers, observers and secretariat

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