

**Meeting Summary: First Advisory Group (AG) meeting for the COVID-19 Vaccination Policy Research Decision Support Initiative in Asia (CORESIA) and Regional Study on Vaccine Certificates**

**Date: Friday, 26<sup>th</sup> March 2021**

**Time: 5 pm - 6.30 pm (Thailand)**

*Attendees (in alphabetical order)*

**Advisory Group (AG) Members:**

1. Prof. David Heymann, London School of Hygiene and Tropical Medicine (LSHTM), UK
2. Dr. Derrick Heng, Ministry of Health, Singapore
3. Prof. George F. Gao, Chinese Center for Disease Control and Prevention\_& Institute of Microbiology, Chinese Academy of Sciences, China
4. Dr. Go Tanaka, Japan International Cooperation Agency (JICA), Japan
5. Dr. Kalaiarsu Peariasamy, Ministry of Health, Malaysia
6. Dr. Renu Madanlal Garg, WHO Thailand
7. Dr. Sihasak Phuanketkeow, Royal Thai Government, Thailand
8. Dr. Suwit Wibulpolprasert, Ministry of Public Health, Thailand
9. Dr. Supachai Panitchpakdi, Former United Nations and Conference on Trade and Development (UNCTAD)
10. Prof. Thiagarajan Sundararaman, National Health Systems Resource Centre (NHSRC) and People's Health Movement (PHM), India

**Secretariat:**

1. Ms. Aparna Ananthkrishnan, Health Intervention and Technology Assessment Program (HITAP)
2. Ms. Chayapat Rachatan, HITAP
3. Ms. Dian Faradiba, HITAP
4. Assoc. Prof. Hsu Li Yang, NUS
5. Mr. Manit Sittimart, HITAP
6. Ms. Pornpimon Naunkul, HITAP
7. Mr. Sarin KC, HITAP
8. Ms. Saudamini Dabak, HITAP
9. Dr. Parinda Wattanasri, Institute of Preventive Medicine Education, Thailand
10. Assoc. Prof. Wanrudee Isaranutachai, HITAP & St. Michael's Hospital and Institute of Health Policy, Management and Evaluation, University of Canada
11. Dr. Yot Teerawattananon, HITAP & NUS

**Regrets:**

1. Prof. Nguyen Thi Kim Tien, National Commission of Health services for Senior Officials, Vietnam
2. Dr. Pushpa Ranjan Wijesinghe, World Health Organization South East Asia Regional Office (WHO SEARO)
3. Assoc. Prof. Natasha Howard, NUS

1	<p><b>Welcome and Advisory Group Member Introductions</b></p> <p>Distinguished Advisory Group (AG) members and all attendees were warmly welcomed to the 1st AG meeting of the CORESIA project. The event began with a few housekeeping rules, following which all AG members briefly introduced themselves, outlining their current positions and affiliations.</p>
2	<p><b>Objectives and Structure of CORESIA</b></p> <p>The objectives of CORESIA are two-fold: To produce guiding principles towards developing and implementing vaccine certificates (or other similar instruments), and to create an information sharing platform across countries to monitor, regarding COVID-19 vaccine policies and activities.</p> <p>Core components of the project include: A Working Group (WG) comprising members from ten Asian countries, a global, multi-disciplinary Advisory Group (AG), a Secretariat composed of the Health Intervention and Technology Assessment Program (HITAP), Ministry of Public Health, Thailand, and the National University of Singapore (NUS), and end users of the outputs produced (e.g., policymakers).</p> <p>This project has received funding from the National Research Council of Thailand (NRCT).</p>
3.	<p><b>Methods and Outputs of the project</b></p> <p>The methods of CORESIA will include a literature review, national multi-stakeholder meetings, a targeted online survey for national level policy makers across the region and an impact assessment of benefits and costs of introducing vaccination certificates at the national and regional level (e.g. reducing or removing quarantine requirements).</p> <p>The expected outputs of the project include a document outlining guiding principles to support the development and implementation of vaccine certificates, and an online platform to monitor COVID-19 vaccine events &amp; policies, in specific those concerning developments on vaccine certificates and similar instruments.</p> <p><b>Timelines of the project</b></p> <p>It is expected that the guidance document (informed by the national stakeholder meetings and the online survey) and the impact assessment will be completed by the end of May 2021. The regional report for the Association of Southeast Asian Nations (ASEAN), building upon this guidance document, will be produced by the end of July 2021.</p> <p><b>Commitments from the AG members</b></p> <p>It is proposed that members participate and contribute at AG meetings (tentatively scheduled 3 times over the course of the project) and provide strategic guidance to the Secretariat. AG members will also provide their support through participation and dissemination of the online survey to relevant groups as well as reviewing the guidance document (written or verbal) and help disseminate the findings. The AG's role could also be to connect the Secretariat with other stakeholders for further collaboration as needed.</p> <p><b>Points of Clarification from Prof. T. Sundararaman on the objective of the online survey:</b></p>

	<p>The online survey has been designed with the objective of connecting with diverse multi-sectoral stakeholders (including health and non-health organisations) and understand their views on the use of COVID-19 vaccine certificates/passports for international travel.</p>
<p><b>4</b></p>	<p><b>Update on Project Status</b></p> <p>The CORESIA project is of high political priority, commissioned by the Prime Minister of Thailand. Ethical approval has been received for this study and the work has been advancing quickly. The 1<sup>st</sup> Working Group meeting was held on Wednesday, 24 March 2021 and a meeting will be held with Thai stakeholders, with representatives from health, commerce, human rights, and other sectors on Friday, 2 April 2021 to consult to elicit their opinions on using these vaccine related instruments.</p>
<p><b>5</b></p>	<p><b>Current Findings and Scope of CORESIA on Vaccination Certificates and related instruments</b></p> <p>Prior to the meeting, the Secretariat had shared <a href="#">a white paper</a> detailing the findings from a rapid review of global uptake of vaccine and immunity-based instruments as of March 2021. This section built on some of the central themes of this paper.</p> <p>The project explores the possibility of identifying a singular operating definition for a vaccine/immunity-based instrument, modelled on the existing literature on vaccine and immunity-based passports/ certificates (so far seemingly used interchangeably used in the literature). From the Working Group meeting, the Secretariat was also informed that some countries may adopt different terms depending on what is feasible and acceptable in their contexts. For example, members from the Philippines and Indonesia confirmed that, there was hesitancy in using the term “certificate or passport” as proof of vaccination leading these countries to choose a neutral ‘card’ instead. The Working Group member from India also suggested that a tiered approach to passports and certificates might be better suited to addressing some of these discriminatory concerns, perhaps with a (i) certificate to show individuals’ record of vaccination, (ii) and a passport as a broader version of the certificate for international travel. Hence, having two tiers (at least) may be necessary, with clear definitions for each category.</p>
<p><b>6</b></p>	<p><b>Cost-Benefit analysis framework for assessing impact of using vaccine certificates</b></p> <p>In order to understand the impact that these instruments might have on countries, the Secretariat has been building a framework to conduct a cost-benefit analysis. It builds on the premise that use of vaccination certificates can reduce barriers to travel such as the length of quarantine and increase incoming travelers. This could lead to two possible outcomes: (i) Increased costs as a result of increased local infection (since the clinical evidence on vaccine efficacy is weak at present). Potential expenses can be from surveillance for incoming tourists and extensive contact tracing as well as treatment for infected members and productivity losses due to COVID-19 morbidity and mortality; (ii) Increased benefits as a result of economic reopening from increased tourism and associated business sectors (such as hospitality) which subsequently influences the overall productivity gains at national and regional level. A member of the Advisory Group also raised the issue of looking into quantifying lockdown measures as part of the costs when developing these frameworks, which might be resorted to once the infections increase, impacting the local economy.</p> <p>The threshold analysis (as part of this assessment) will work towards this aspect and find an optimal length of quarantine and COVID-19 test requirements and identify settings under which it would be appropriate (based on epidemiological factors such as the local infection rate, vaccine coverage and</p>

	<p>efficacy) to adopt vaccination certificates such that costs do not outweigh the benefits (analysis of trade-offs).</p>
<p><b>7</b></p>	<p><b>Discussion</b></p> <p><i>Operational definition of vaccination or immunity certificates/passports</i></p> <p>It is important to define how each country will use the COVID-19 vaccine certificates or related instruments. Countries may have different criteria for adopting these instruments, depending on feasibility, applicability, and the central objective of introducing such an instrument. Our work may bring countries together to reach mutual agreement regarding these criteria. Stakeholder discussions and the online survey should further be able to address this topic and help identify an operational definition that matches the objective of the instrument.</p> <p>There were suggestions at the AG meeting that the term “vaccine passports” could widen inequalities, and certificates were more applicable. Specifically, in Singapore’s case, this document will be viewed withing an overarching risk-calibrator framework, where other factors such as risk of importation, public confidence, incidence and vaccine access in origin and destination countries, public trust etc., will be calculated.</p> <p><i>The scope (objective of passports) and expected output of study</i></p> <p>The scope of this study is currently to understand and facilitate the use of COVID-19 vaccine certificates for international travel, which could be thought as being fairly narrow.</p> <p>Similar to using stakeholder meetings and online surveys for establishing the operational definition, objectives can also be made clearer using these methods. Some of the ideas raised at the meeting include expanding the scope of the project to include:</p> <ul style="list-style-type: none"> <li>• Safe easing of other economic re-opening, such as workplaces and offices?</li> <li>• Analysing the impact of non-pharmaceutical interventions, such as mass gatherings, social distancing or lockdown?</li> </ul> <p>The Secretariat clarified that these studies are currently ongoing at HITAP, although the preliminary results indicate that they are much more context-specific and less generalisable.</p> <p>It is expected that the output of this study is not only towards developing the guidance document to adopt a vaccine certificate-like instrument but also develop a suitable travel protocol for vaccine certificate holders (e.g., vaccine certificate +/- other supplemental measures such as quarantines and testing and other, travel frameworks). It was also suggested to consider vaccine certificates as one of the options for travel internationally and not the only one.</p> <p><i>The need for multi-sectoral collaboration</i></p> <p>Coordination among stakeholders in countries is needed for identifying acceptable vaccine candidates across collaborating countries. For example, these discussions could focus on issues including the distinction between vaccines brands that have been authorised for use in one or few countries and their recognition in others, and how this would relate to vaccine-based instruments. These distinctions are also seen in Asia, such as the use of Sputnik V, Sinovac and a few other vaccine candidates currently rolled out.</p>

Working with the WHO is certainly needed in order to develop a globally accepted vaccine certificate/passport. Greater coordination with Smart Vaccine Certificate Group (SVC) as well as the Strategic Advisory Group on Immunizations (SAGE) at the WHO will be helpful; Prof. David Heymann might be able to facilitate introductions. The same for interactions with International Air Travel Association (IATA) who are producing their own such document for international travel. In order to speed up interactions with the WHO, CORESIA Secretariat must work with others like IATA and gather all available evidence on different aspects and have it ready to submit to the WHO. Dr. Renu Garg from WHO Thailand has also offered to connect the Secretariat with WHO Headquarters. It was suggested to collaborate with the private sector (e.g. tourism, industry, and other business-related sectors) as well as the ASEAN working group (ASEAN travel corridor).

The engagement with stakeholders must be dynamic, to meet the needs of vaccine requirements, virus variants and other evolving evidence.

***Mechanism to implement the vaccination certificate/passport (digitised vs paper-based)***

Irrespective of electronic or paper-based formats, this instrument should be interoperable between bilateral or multi-lateral agreements and countries. It is better to have it digitised to ensure authenticity and confirm vaccination status (including details on first or second dose received). However, additional questions need to be explored in terms of using the vaccination certificate, including what the minimum dataset needed for such a document might be. The instrument should at least cover necessary information about the individual and be able to certify that the vaccinee is protected from potential risk of transmission. However, to date, the efficacy of vaccines, duration of protection, and potential onward transmission of infection are yet unknown.

In deciding a suitable method of implementation, the example of India was drawn upon to re-emphasize that glitches in COVID-19 vaccine rollout smartphone technology (CoWIN App) have meant that many marginalised people are being excluded due to the need to be part of the digital ecosystem. Using existing identification cards or formal digital IDs in countries and adding one additional piece of information could also compromise the prime functions of the ID, and the minimum dataset must be careful with getting too ambitious and overloading existing mechanisms.

***Feasibility of COVID-19 vaccination certificate/passport***

Countries are at various stages of understanding the possible use of this instrument. No specific recommendations have yet to be made on this aspect. In China, the use of vaccine certificate for travel internationally is currently under discussion and a concrete conclusion is yet to be made. China is considering easing travel requirements for workers who wish to return to China, who have received specific vaccine brands, for example Pfizer, Moderna or Oxford-Astra/Zeneca. Then again, the mechanism to recognise other brands is an issue of concern globally, as countries begin uptake of these instruments. By June, China expects to have administered many more than its current figure of 80 million doses and will likely have more decisions about these instruments.

For these instruments to be truly viable, they must be placed within the central public health management system in countries, avoiding fragmentation and receiving acknowledgement and recognition from authorities and policy makers at different government levels, to operationalise it.

	<p><b><i>Issues related adopting COVID-19 vaccination or immunity certificates/passports</i></b></p> <p>Many other challenges in using these instruments including knowledge gaps in terms of immunity, transmissibility, and duration of vaccine protection, and inequities due to limited supply of vaccines and issues around emerging new SARS-CoV-2 variants were also raised. However, two points were highlighted in how we might think about these: (1) Countries cannot live in a trade-off between the health and the economy, so they are likely open up with or without the passport said Dr. Supachai and Dr. Suwit said that as long as scarcity of vaccines exist, so will inequality, so we must balance expectations at this time.</p>
<b>8</b>	<p><b>Next Steps</b></p> <ul style="list-style-type: none"><li>• Meeting summary and updated slides to be shared by the Secretariat.</li><li>• Secretariat will consult with AG regarding the online survey.</li><li>• Next meeting tentatively scheduled for mid-May, to discuss the first draft of guidance document.</li></ul>