

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

Date: Wednesday, 24th March 2021

Time: 4 pm - 5:30 pm (Thailand)

Attendees (in alphabetical order)

Working Group (WG) Members:

1. Dr Anna M. Guerrero, Department of Health, Philippines
2. Assoc. Prof. Asrul A. Shafie, Universiti Sains Malaysia (USM), Malaysia
3. Dr Auliya A. Suwantika, Faculty of Pharmacy, Universitas Padjadjaran, Indonesia
4. Prof. Gagandeep Kang, Department of Gastrointestinal Sciences, Christian Medical College, India
5. Prof. Jeoghoon Ahn, Ewha Womans University, South Korea
6. Dr Michelle Li, Division of Health Policy Evaluation and Technology Assessment, National Health Development Research Center, China
7. Assoc. Prof. Ryota Nakamura, Hitotsubashi Institute for Advanced Study, Japan
8. Dr. Saeda Makimoto, JICA Ogata Institute, Japan

Secretariat:

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

Regrets:

1. Dr Mayfong Mayxay, Lao University of Health Sciences, Laos
2. Assoc Prof. Natasha Howard, NUS
3. Prof. Zhao Kun, Division of Health Policy Evaluation and Technology Assessment, National Health Development Research Center, China

1	<p>Welcome and Working Group Member Introductions</p> <p>The Working Group (WG) members and all participants were warmly welcomed to the 1st WG meeting for the CORESIA project. The meeting began with a few housekeeping rules, following which all WG members briefly introduced themselves, outlining their current positions and affiliations.</p>
2	<p>Objectives and Structure of CORESIA</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>Methods and Outputs of the Project</p> <p>The methods to be employed for the CORESIA project 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 levels (e.g. reducing or removing quarantine requirements).</p> <p>The expected outputs of the project are a document outlining guiding principles to support the development and implementation of vaccine certificates, and an online platform to monitor COVID-19 vaccine events and policies, especially concerning developments on vaccine certificates and similar instruments.</p> <p>Timelines of the project</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>Commitments from the WG members</p> <p>It is proposed that members will participate and contribute to the WG meetings (planned to be held on a monthly basis) and provide input and feedback to any associated materials. The WG members will also assist in the development, conduct, and analysis of the targeted, multi-stakeholder online survey in their respective countries. WG members may also consider conducting national stakeholder meetings (similar to the one planned in Thailand) and develop country-specific guidance.</p> <p>In addition, WG members can be involved in an impact assessment being conducted by NUS and HITAP by identifying and sharing local level data with the Secretariat for regional level analyses. However, this component of the study will depend on how the pilot study (travel bubble between Thailand and Singapore) progresses. Resources to</p>

	<p>each WG member will be allocated based on the agreed set of activities between the WG members and the Secretariat.</p> <p>Points of clarification on methods for CORESIA</p> <p>The impact assessment will involve a quantitative analysis to estimate both costs and benefits of introducing vaccination certificates or other travel instruments. For example, assessing the impact of reducing the length of quarantine period and testing requirements on the willingness to travel and the subsequent impact on local infection rates due to missed cases, COVID-19 related mortality and morbidity, surveillance and treatment costs, as well as productivity gains from tourism as a result of increased number of tourists. Key contextual factors such as baseline local infection rates, vaccination coverage, and vaccine efficacy will help inform this study.</p> <p>The online survey will be conducted among a targeted group of stakeholders who can provide informed views on the issues raised. In addition, the survey questionnaire may be tailored to certain groups in order to understand stakeholder specific priorities and concerns. The responses from the survey will be used to inform the development of guiding principles. The online survey may be translated and conducted in the local languages of respective countries.</p>
4	<p>Discussion on current findings on Vaccination Certificates and related instruments</p> <p>Prior to the meeting, the Secretariat had shared a white paper detailing the findings from a rapid review of the global uptake of vaccine and immunity-based instruments as of March 2021. This section built on some of the central themes of the white paper.</p> <p><i>Operational definition of vaccination or immunity certificates/passports</i></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 WG 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 indicated that, there was hesitancy in using the term “certificate or passport” as proof of vaccination leading these countries to choose a more neutral term, a ‘card’, instead. The WG member from India also suggested that a tiered approach to passports and certificates might be better suited to addressing concerns about the discriminatory nature of these instruments , 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. Some countries may prefer using the term ‘vaccination certificate’ as using the term “immunity” might increase an incentive for people to get infected. Some countries are currently not considering this option due to the low level of vaccination coverage. For example, in Korea, only about 1.5% (70,000) of the population have received the first dose and only around 1,500 people have received the second dose. Similarly, the Philippines has vaccinated less than 1% of its population, starting with vaccinating Health Care Workers (HCW). However, in Indonesia, instead of the term “certificate”, “vaccination pass/card” is being used for those who have been inoculated. This instrument can be used for domestic travel.</p> <p><i>Issues related adopting COVID-19 vaccination or immunity certificates/passports</i></p>

	<p>Key challenges identified include insufficient scientific evidence on susceptibility of the vaccinated to infection, duration of immunity from vaccine/infection recovery, transmissibility of the infection from vaccinated individuals, new variants of the virus and vaccine efficacy, and potential for re-infection even after the vaccination. Additionally, ethical issues were raised including inequitable distribution and access to vaccines at global and national levels, which may exacerbate existing inequalities among vulnerable populations. Furthermore, capacity to monitor the impact of these instruments on local infections as well as governance including concerns on privacy, minimum dataset to ensure interoperability and a cohesive system whether for paper or electronic-based documents and understand their validity, acceptability, and feasibility. This may also involve bi- or multi-lateral agreements on the documents and related instruments. Lack of public trust and vaccine hesitancy are other notable challenges and there is a need for communication based on scientific evidence.</p> <p>The limitations in current clinical evidence concerning vaccine efficacy and related implications for excluded population groups such as those with underlying conditions, children, or pregnant women were also outlined as an important challenge, as it might impact vaccine hesitancy as well. Additionally, vaccine-based policies also faced a high likelihood of legal challenges, especially given uneven vaccination coverage within and between countries. These inequalities also raised the risk of counterfeit documents which is of relevance in many countries where people may not have valid identification (ID)/biometrics and therefore might face serious consequences in terms of access to public resources or amenities. Having different intended goals and rules of implementing these instruments across countries and/or in a country with sub-national variations in policies (e.g., India where each state may have its own policy) can cause difficulties in developing a unified system. In building these instruments, one must recognise that other countries might not accept different types of document systems.</p> <p>The vaccine coverage threshold (minimum number of individuals who receive vaccinations) prior to introducing the certificate system is yet another key unknown in making decisions about these instruments. This threshold may be used to consider whether the certificate system should be introduced in countries. However, at this time, the focus is more on its use for international travel rather than domestic use.</p>
5	<p>The World Health Organization’s current position on vaccine-based instruments</p> <p>The WHO is currently not recommending the implementation of a system requiring proof of vaccination. However, they have released an interim guidance outlining key design principles for developing a Smart Vaccination Certificate (SVC) on March 19, 2021; the complete version will be released at the end of June 2021.</p> <p>The WHO’s SVC relates to an event of vaccination alone and does not include the broader concept of immunity from previous infection or infection free status. SVC is indicated for two purposes: (i) accessing routine healthcare, and (ii) proof of vaccination alone. The guidance includes a core dataset (minimum dataset) which is mapped to a preferred ICD-11 code. The biggest concern regarding the SVC is that public health is not included as one of the design principles.</p> <p>How might CORESIA address some of these gaps?</p> <p>CORESIA aims to address some of these gaps by developing context-specific guidance while putting public health as the primary guiding principle. In addition to vaccination, CORESIA also seeks to address the issue of immunity (from vaccination and prior infection). Furthermore, CORESIA will build on these guidance documents by assessing</p>

	<p>the potential impact of a certificate/passport system on both, health and economy. While the SVC is only valid for the vaccines authorised by the WHO, there are many countries using vaccines outside this authorised list. CORESIA provides a platform for individual countries to assess and develop tools that reflect their own priorities and needs. The current scope of CORESIA offers the opportunity to develop comprehensive guidance on bi-lateral and multi-lateral agreements for cross-border travel, especially among South and Southeast Asian countries, while aligning with global policies.</p>
6	<p>National Stakeholder Meeting in Thailand: Planning and Preparation</p> <p>A national stakeholder meeting is scheduled to be held in Thailand in the week of March 29, 2021. Invitees include those from health and non-health sectors, in order to provide balanced perspectives on how we might understand the feasibility and acceptability of these instruments in Thailand. Representatives include those from different government ministries and agencies and non-governmental organisations have so far been contacted, with further suggestions to include additional representatives from the Ministry of Justice, an association of Thai lawyers, and industry sectors (potential end users if the documents are to be used domestically).</p> <p>English translation will be made available to all participants and WG members are cordially invited to join, should this be of interest. WG countries are also encouraged to conduct a similar meeting in their own countries, towards which the Secretariat will be able to provide financial support.</p>
7	<p>Updates on the SEACID project</p> <p>This academic study, led by the NUS team, aims to provide recommendations to support the operationalisation of the ASEAN CDC or ASEAN Center for Public Health Emergency and Emerging Diseases (ACPHEED), based on lessons learnt from regional infectious disease control bodies such as the European CDC and the African CDC. The main research methods include a desk-based scoping review and comparative analysis framework, as well as key informant interviews with relevant stakeholders, as necessary.</p>
8	<p>Next Steps</p> <ul style="list-style-type: none"> • WG members are encouraged to provide updated information on their country policies on vaccination certificates or related instruments on the shared drive (access the link here); • WG members are requested to identify relevant stakeholders in their respective countries for the online survey and national stakeholder meeting (if applicable for the latter). • WG members to also share written comments on the white paper (access the link here) and online survey (which will be shared once the draft is ready). • Secretariat team to reconnect with each individual WG member with contracts and Terms of Reference.