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

Date: Wednesday, 21st April 2021
Time: 3.30 pm – 5.00 pm (Thailand)

Attendees *(in alphabetical order)*

Working Group (WG) Members:
1. Assoc. Prof. Asrul A. Shafie, Universiti Sains Malaysia (USM), Malaysia
2. Dr Auliya A. Suwantika, Faculty of Pharmacy, Universitas Padjadjaran, Indonesia
3. Prof. Gagandeep Kang, Department of Gastrointestinal Sciences, Christian Medical College, India
4. Prof. Jeoghoon Ahn, Ewha Womans University, South Korea
5. Ms Jiayun Koh, National University of Singapore
6. Dr. Phetsavanh Chanthavilay, Laos University of Health Sciences (in representation of Dr. Mayfong Mayxay)
7. Prof Zhao Kun, Division of Health Policy Evaluation and Technology Assessment in China, National Health Development Research Center.

Secretariat:
1. Ms. Aparna Ananthakrishnan, Health Intervention and Technology Assessment Program HITAP, Thailand
2. Ms. Chayapat Rachatan, HITAP, Thailand
3. Prof. Clarence Tam, National University of Singapore (NUS), Singapore
4. Ms. Dian Faradiba, HITAP, Thailand
5. Assoc. Prof. Hsu Li Yang, NUS, Singapore
6. Katika Akksilp, HITAP, Thailand
7. Mr. Manit Sittimart, HITAP, Thailand
8. Dr. Parinda Wattanasri, Institute of Preventive Medicine Education, Thailand
9. Ms Pornpimon Naunkul, HITAP, Thailand
10. Mr. Sarin KC, HITAP, Thailand
11. Ms. Saudamini Dabak, HITAP, Thailand
12. Dr. Yot Teerawattananon, HITAP, Thailand & NUS, Singapore

Regrets:
1. Dr. Anna M. Guerrero, Department of Health, Philippines
2. Dr. Mayfong Mayxay, Lao University of Health Sciences, Laos
3. Assoc. Prof. Natasha, Howard NUS, Singapore
4. Assoc. Prof. Ryota Nakamura, Hitotsubashi Institute for Advanced Study, Japan
5. Assoc. Prof. Wanrudee Isaranuwatchai, HITAP, Thailand

1	**Welcome** The Working Group (WG) members and all attendees were warmly welcomed to the 2nd WG meeting of the CORESIA project. The meeting began with an overview of the housekeeping rules, following which the agenda for the meeting was presented to all attendees.
2	**Objectives of the meeting** There were four key objectives of the meeting: (1) to share the key points from the Thai stakeholder meeting, (2) to discuss the online-based questionnaire in detail, (3) to identify the potential target audience for the survey, and (4) to elaborate on plans of WG members in disseminating the survey in their respective countries and address any associated challenges.
3.	**Updates from the Thai stakeholder meeting** The Thai stakeholder meeting was held on Friday, 2nd April 2021, where representatives from 15 different organisations, such as the Ministry of Foreign Affairs, Ministry of Tourism and Sports and the Ministry of Public Health participated. Participants were requested to complete an online survey prior of this meeting, in which they were asked to share their views on the uptake of vaccination certificate in the Thai context. The three questions asked in the survey included the appropriate choice of instrument, potential challenges that need to considered and vaccination coverage prior to implementing the instruments in Thailand? During the meeting, key discussion points from the first Advisory Group (AG) and WG meetings were shared, results of the pre-meeting online survey (among Thai stakeholders) were presented, followed by open discussion with the stakeholders on the topic. *Summary of preliminary survey for Thai stakeholders* There were eight respondents to the pre-meeting survey. A summary of responses to each question is presented below: 1) What is the most appropriate term for such travel instrument to be applied in Thailand? (See Appendix 1 (See Appendix 1) Answer: Majority of the respondents preferred "vaccination certificates" as the suitable term for such instruments, followed by "vaccination passports" and "immunity certificates". 2) Please rank potential challenges that need to be considered when implementing such policy in Thailand? Answer: Three of the most important challenges identified by respondents were: (1) Document fraud, particularly for paper-based instruments, (2) Bilateral or multilateral agreements to develop mutual understanding and policies and their link or interoperability across countries, and (3) Insufficient scientific evidence on COVID-19 vaccine efficacy, duration of protection, and prevention of infection and transmission. The responses indicated that the emergence of new variants and ethical concerns and/or discrimination, such as inequitable vaccine accessibility and distribution as well as the requirements of resources and infrastructure, for example privacy, safety, creation of a digital hub or platform were less crucial in the short-term.

	3) What is the appropriate vaccination coverage in Thailand prior to adoption of the policy?

Answer:
Most participants indicated that there should be a vaccination coverage of 40% - 60% of the total Thai population prior to implementing such policy in Thailand; the second most-selected option was 60%-80% of total Thai population being vaccinated, with none selecting the option of vaccination coverage under 40% of the population. Vaccination coverage is defined as the percent of target population that has received the recommended dose of each vaccine.

Summary discussion of Thai stakeholder meeting

Key messages from the Thai stakeholder meeting were as follows:

(1) each organisation has its own agenda, interests, and perspective regarding the policy on vaccination certificates. For example, the lawyer's association values conformity of these policies to human rights and domestic laws. Police agencies are concerned with fraud while the Ministry of Foreign Affairs focuses on establishing cross-country agreements (bi- or multi-lateral) to facilitate the process;

(2) clear communication to the public on the importance of vaccination and the details of forthcoming policies on relaxing travel by using such instruments are essentially needed. Addressing questions around what freedom of travels will these policies offer – domestic or international, inbound, or outbound or both, might be one of the ways to gain public understanding, and subsequently help address vaccine hesitancy;

(3) to comply with the principles of human rights and legal requirements, there should be additional measures to accommodate those who cannot receive vaccines or are not eligible for the certificate/passports (e.g. children, pregnant woman, migrants and foreign workers in Thailand), as the policies may privilege those who can receive vaccinations;

(4) epidemiological data of infected cases, including vaccine coverage in countries should be considered, when developing bilateral or multilateral agreements. If a country handles the pandemic effectively, bringing new visitors from other countries without consideration of such data might worsen the overall situation;

(5) duration of stay may be considered when designing policies and travel protocols. For example, short-stay visitors (e.g. tourists), may prefer less restricted travel protocols – lesser quarantine time. Those staying longer, such as international students or foreign workers, might have relatively fewer issues with complying additional protocols;

(6) other additional cross-sectoral stakeholders such as the Ministries of Education, Digital Economy and Society, Industry, Labour must also be included in these national surveys, in order to develop a more holistic picture about how this policy may be designed. |
| **4** | **Overview of online survey**

As part of the CORESIA project, an online survey will be conducted. The objective of this survey, to be administered across countries in South and Southeast Asia, is to gain insights from a wide range of national and international stakeholders on their views regarding the use of such instruments to enable international travel, including the potential benefits, concerns, and the foreseeable challenges. |

The results of survey will be used to support the preparation of a guidance document on the development and implementation of these instruments to be shared with national and regional stakeholders across Asia and beyond.

The survey will be deployed in the 10 countries where there is WG representation. The sample was planned to be more organisation-specific, with one respondent per relevant organisation. The Secretariat proposed having quotas for each sector in order to ensure balanced representation from diverse national stakeholders. In Thailand, the survey will be sent to the highest-ranking official in the organisation who may nominate a representative to respond to the survey on behalf of the organisation.

It was agreed to conduct two types of survey (1) targeted institutional survey, where it is feasible, and (2) anonymous public survey. The latter survey may not be used to inform policy but may serve as an academic endeavour. The participant selection will need to be conducted carefully, particularly for the institutional survey, considering the potential bias in the sample.

In case the online survey needs to be translated into another language (English to regional), the Secretariat will be able to provide support. Participants are expected to complete the survey within 15-20 minutes and an informed consent form will be provided. WG members may be able to use SurveySparrow, an online survey platform with various capabilities, that HITAP is using, to field the survey.

There are five sections to the survey: Participant information, COVID-19 interventions and policies, Instrument details, Implementations and Concluding position.

The online survey may not be conducted at the same time across countries, as the duration to process ethics clearance through the Institutional Review Board (IRB) might differ. Further discussion is needed in terms of defining survey timeline for each country.

A first draft for consultation and modification and can be found here.

5	**Discussion on online survey (please refer to survey document for reference)**
	Section 1: Participant information
	There may be sensitivities about providing inputs on COVID-19 vaccines, particularly around contact information of respondents, such as name, organisation and email. Therefore, ethical clearance and other relevant procedures will be required, for example in China, Korea, Singapore and Malaysia, before the potential participants engage and provide requested information. Such information will be sought in the survey targeted at institutional representatives, whereas no identifying information will be collected from the public survey.
	There may be differences in the timing of surveys deployment across countries as ethical clearance might take some time to be accepted. A core set of questions may be developed that can be adapted across countries, as needed, enabling aggregation and analysis across countries.
	Status of COVID-19 vaccination

The purpose of this set of questions is to understand if there is an association between variables, such as status of COVID-19 vaccination and their position towards COVID-19 vaccination certificates, which could be explored through cross-tabulation analysis. It was assumed that people who have received second dose of the COVID-19 vaccine might be more likely to accept the use of a vaccination certificate as a travel instrument, whereas people who are yet to have access to COVID-19 vaccine may have a different perspective. This set of questions would only be applicable for the individual-based survey. It was suggested making the options mutually exclusive and split into two parts, one if respondents say they received a vaccine, they will be asked to provide more details; if respondents indicate that they have not received a vaccine, they will be directed to the next set of questions.

Section 2: COVID-19 Interventions and Policies

The aim of this section is to obtain participant perspective in terms of interventions and policies, which most contribute to prevention and/or reduction of COVID-19 transmission and approximate its costs (high or low-cost). Participants will be asked to rank their preferred interventions and policies in Q7 and Q8. There are seven options of interventions and policies outlined in Q7 to rank effectiveness of reducing COVID-19 transmission, whereas Q8 has eight options to rank cost of interventions and policies. However, suggestions to rank top 3 from the list of options were made for Q7 and Q8 . Additional concerns about the relevance of this set of questions in line with the primary objective of the project which is to understand the use of COVID-19 vaccination certificates for international travel were raised, particularly for Q7 and Q8.

Specifically, it was suggested to change the scale to be "how important" respondents thought the interventions listed in Q7 and Q8 are as there may be variation in practice across countries. Questions Q9 and Q10 should be prioritised whereas Q11 and Q12 were likely not going to be relevant for the individual survey. The team may review the flow of the survey and consider placement of Q12.

Participant-based question

Some questions in this section may be relevant only for targeted participants, such as policy makers rather than the public. For example, questions on health measurement and quarantine policies for in-bound travellers, who hold a COVID-19 vaccination certificate covered under Q11 and Q12, may not be relevant for the anonymous public survey as they are more applicable for policy makers. The flow of these questions was also suggested to be modified, as appropriate.

Section 3: Instrument Details

It is important to distinguish between the vaccination certificate document and the policy on vaccination certificates. It was therefore proposed to have a clear operating definition and interpretation of the objective of such a travel instrument by describing the information to be included in the documents and demonstrate how the document can be used before presenting the question (Q.13).
Information needed to be included in the travel instrument will be relevant for the policy makers rather than the public (Q14 in the survey)
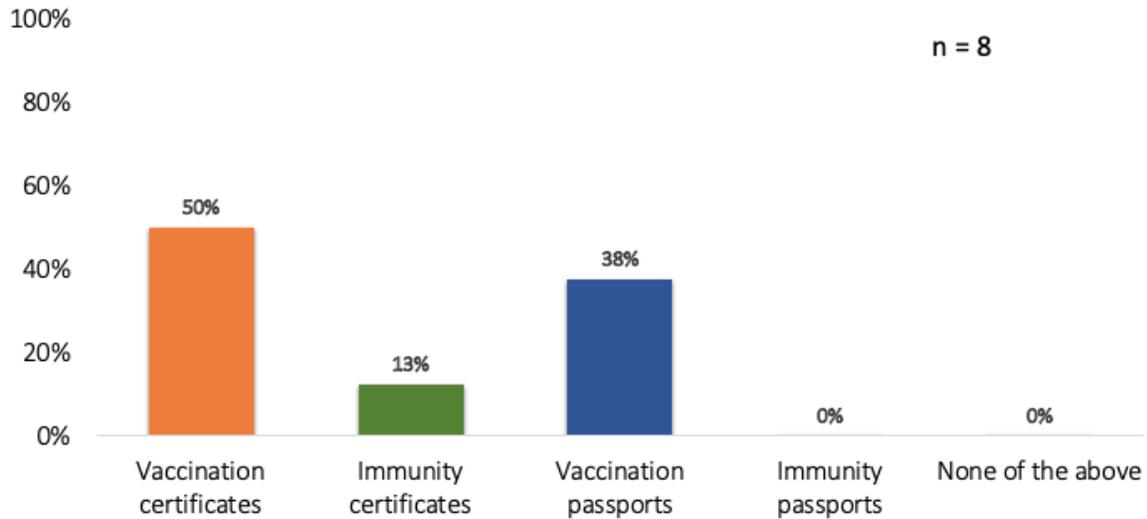
Section 4: Implementation

Suggestions to merge Q16 and Q19 were made given the similarity of these questions. Additionally, questions around solutions to address potential fraud and authenticity of instrument might be helpful to include.

The scale-based system to rate Q25 needs to be defined clearly (1= the least trust, 10=the most trust) and amongst the four options provided, it was suggested that the 'least true' option could be a standalone choice and not be included within the scale. In Q26, it would be helpful to clarify the purpose in the text so that it links more clearly with the other questions.

Section 5: Concluding position

Participants will be asked on their final position on the acceptability and use of such a travel instrument, after considering all factors which can influence the country's overall situation (e.g. public health, economy, ethics and social justice, privacy, resource requirements, etc). Discussions around the importance of this question were raised, and suggestions to remove it altogether were made, since it was felt that the rest of the survey section adequately capture this answer, implicitly.

Additional clarification

What is the difference between Q13 and Q27?

The main difference in those questions is in terms the timing of which policy is applied. For example, Q13 asks participants to choose which travel instrument is appropriate to be applied in their country at any point of time, whereas Q27 referring to whether participants agree, not agree, or not sure regarding such policy implementation after considering the dynamic of current COVID-19 situation in their countries.

6	**List of Thai stakeholders**
	The Secretariat has prepared a list of relevant stakeholders in Thailand from organisations in the public and private sectors, operating in health and non-health sectors. Government agencies have been grouped into central and provincial categories, whereas private sectors are divided into four groups, namely health for-profit organization, health non-profit organisation (NGO), non-health profit organisation and non-health NGO. HITAP will use this list of stakeholders to field the online survey in Thailand.
	The list of organisations can be found here.
7	**Survey: Opinion requested by Thai Ministry of Public Health (MoPH)**
	The Secretariat requested the WG members to provide feedback on a question from the Thai MoPH on considerations for easing travel restrictions, including having a "no quarantine" policy, in Phuket for those who are fully vaccinated. However, there has been a debate on how this policy maybe operationalised, with respect to travellers fully vaccinated from low-risk countries or for fully vaccinated travellers regardless of their departure countries. This question is based on the premise of the potential risks of variants and other clinical gaps concerning the evidence on vaccine efficacy and other social justice issues.
	Summary of responses

	Question:	

Question:
- Imagine a scenario where individuals from different countries who have received 2 doses of the same brand of COVID-19 vaccine (for e.g., Pfizer) during the same time period (for e.g., April 2021), are now allowed to enter a country (or province/state). However, there are variations in local infection rate, vaccination coverage, and emergence of new variants in their respective countries. Would you apply the same vaccination certificate policy i.e., quarantine and test requirements, to all such individuals?

Answer:
- Pooling results:
  The results showed that majority of respondents (70%) answered "no" to apply the policy of easing travel restrictions, including having a "no quarantine" policy, for those who are fully vaccinated, whereas others responded "yes" and "other" with 20% and 10%, respectively.
- Reasons
  o Those who voted "no" argued that (1) policies should be based on quantitative risk indicators (incidence, cases & deaths) as well as qualitative risks (healthcare capacity & quarantine capacity), and this differs vastly between countries in developed and developing world, (2) currently there are insufficient evidences about vaccines efficacy in preventing transmission and protection against new deadly variants, (3) vaccination coverage and different policy for high-risk countries where the local infection is out of control are need to be considered, and (4) vaccine should not be the only criterion for entering a country.
  o Those who voted "yes" argued that such policy can be applied assuming individuals have been vaccinated with vaccines with proven efficacy on preventing transmission (for e.g., Pfizer)

Those who voted "other" argued that such policy implementation depending on what other measures are in place, e.g., testing is likely a better measure of immediate risk than vaccination and negative Polymerase Chain Reaction (PCR) result plus vaccination should indicate low transmission risk. Additionally, it would need to be monitored over time so policies can be revised if needed.

6 Next Steps

- Meeting summary and updated slides to be shared by the Secretariat.
- WG members to respond to HITAP survey on work commitments for finalising Terms of Reference (ToRs). Please find the link (here)
- Secretariat to finalise the online survey and share with WG members for inputs.
- WG members to identify suitable target audience in their respective countries to disseminate the online survey.
- WG members to continue updating the excel file on country policies related to COVID-19 vaccination certificates. Please find the line (here)
- Quantitative results from the impact assessment study with NUS to be shared by Secretariat in the next meeting.
- Results on the one-question feedback requested by Thai MoPH to be shared by the Secretariat.

Appendices

Appendix 1. Thai stakeholders' response to first question: what is their preferred choice of instrument that should be implemented in Thailand?

Appendix 2. Thai stakeholders' response to second question: Rank of potential challenges to consider when implementing such policy in Thailand

Potential Challenges	Ranking*
Document fraud, especially for paper-based documents	1
Bilateral or multilateral agreements to develop mutual understanding and policies, and their interoperability across countries.	1
Insufficient scientific evidence on COVID-19 vaccine efficacy, duration of protection, and prevention of infection and transmission	1
Emergence of new variants	2
Ethical concerns and discrimination (e.g., inequitable vaccine accessibility and distribution)	3
Requirements of resource and infrastructure (e.g., privacy, safety, digital hub/platform)	4

*1 = the most concern and 6 = the least concern

Appendix 3. Thai stakeholders' response to third question: How much is the vaccination coverage which Thailand should have prior to the adoption of the policy?