World Health Organization
Western Pacific Region

Information document

Seventy-second session of the Regional Committee **RC72/INF/2**
18 October 2021

COVID-19 IN THE WESTERN PACIFIC REGION

The number of globally confirmed cases of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), the virus responsible for coronavirus disease 2019 (COVID-19), has increased rapidly in recent months, with the pandemic experiencing a fourth major surge. The dramatic increase in cases is a result of a number of factors, including the emergence and rapid global spread of the highly transmissible Delta (B.1.617.2) variant. As of 14 October 2021, more than 239.0 million confirmed cases of COVID-19 and over 4.8 million deaths have been reported to WHO globally. In the Western Pacific Region, there have been more than 8.9 million confirmed cases and over 122 000 deaths reported as of the same date.

To successfully suppress transmission, vaccines must be accessible, achieve high coverage and be used alongside proven public health and social measures. No country is safe until all countries are safe. The international community must act in solidarity, invest in preparedness while responding to the current pandemic, and simultaneously plan and prepare for future COVID-19 scenarios and the next pandemic or emerging public health threat.

COVID-19 situation

Marked geographical variation in SARS-CoV-2 transmission continues to be observed at regional and country levels, with increases observed in all WHO regions. As of 14 October 2021, the Western Pacific Region accounted for 3.76% of confirmed cases and 2.5% of deaths attributed to COVID-19 globally – the second lowest cases and the lowest deaths of all WHO regions, despite accounting for approximately 25% of the global population. Cases have been reported from all Member States in the Region with the exception of nine Pacific island countries and areas. Public health and social measures have been the mainstay of the response, including those implemented at borders.

Recent surges may be attributed to the emergence of SARS-CoV-2 variants of concern (VOCs) with increased transmissibility, as well as inconsistent use, early easing and non-adherence to mandated public health and social measures. Some VOCs are also associated with increased disease severity. As genomic sequencing surveillance activities to detect variant cases are being strengthened, the number of countries reporting VOCs continues to rise. Four

of these – Alpha (B.1.1.7), Beta (B.1.351), Gamma (P.1) and Delta – are circulating in the Region. The emergence of these variants demonstrates that the virus will continue to test our health systems for the foreseeable future.

Vaccines are an important part of the response to the pandemic. The first COVID-19 vaccines from COVAX arrived in the Region on 4 March 2021 in the Philippines. Widespread uptake of COVID-19 vaccines is key to the public health response, as increased population immunity will gradually reduce the risks posed by COVID-19, including opportunities for variants to develop. Member States have deployed available COVID-19 vaccines as they aim to protect the health of their populations, open their economies, and welcome back tourists and business travellers. "Travel bubbles" and vaccine passports may well play a role in the future to support these objectives, but they must be designed well with a risk-based approach.

As of 14 October 2021, COVAX has provided 54.1 million vaccine doses to the Region. Globally, 6.62 billion doses of COVID-19 vaccines have been administered. In the Region, all 37 countries and areas have started vaccination. As of 14 October 2021, a total of 2.7 billion doses of COVID-19 vaccines have been administered in the Region.

The COVID-19 vaccine supply has been limited, uncertain and characterized by inequitable access and distribution, exacerbating uneven regional and global responses. Coupled with the emergence of VOCs, these challenges risk prolonging the pandemic and placing vulnerable populations, such as those in the Pacific, at increased risk of severe impacts.

COVID-19 pandemic: future scenarios

As the COVID-19 pandemic continues to unfold, great uncertainty continues as to how the virus will evolve. Responses to the pandemic have varied between and within countries, producing mixed results and impacts. Even while progress has been made in the development and delivery of diagnostics, therapeutics and vaccines over the past 19 months, cases continue to surge in many countries with VOCs partly responsible. The Delta variant provides an example of variants evolving, becoming more transmissible and having greater impact on different age groups. Experience from severe acute respiratory syndrome (SARS), Ebola virus disease and other large outbreaks has shown that the actions of global and regional entities, decisions of governments and behaviours of their populations all greatly affect how an outbreak evolves. This has also been the case with the COVID-19 pandemic.

At the 2021 meeting of the Biregional Technical Advisory Group on the Asia Pacific Strategy for Emerging Diseases and Public Health Emergencies (APSED TAG), discussions on how the pandemic may evolve focused on two potential future scenarios.

In the first scenario, COVID-19 may become an endemic disease with transmission stabilized at a lower level as the virus continues to circulate in certain countries and areas, with occasional outbreaks. For this reason, where relevant, countries may consider developing plans to transition from pandemic response to endemic response. Guidance for this has been developed by WHO (see Annex).

In the second scenario, the virus continues to evolve and may produce a new variant that is more transmissible and has greater severity and impact than already identified variants, leading to a "pandemic within a pandemic". Available COVID-19 vaccines may be ineffective against new variants. Other intermediate or alternate scenarios may also be likely. Nevertheless, the role of the "two-tier" approach (that is, preparing while responding), introduced in APSED (2010), is applicable to both scenarios and has been used during the COVID-19 response by countries to strengthen health systems and adjust response plans during the pandemic.

These scenarios depend on many factors, including how the virus evolves, government decisions on preparedness and response, global vaccine coverage and immunity, progress in the development of diagnostics, therapeutics and vaccines, and regional and global solidarity to control COVID-19. Another very important factor is human behaviour, which drives the spread of the virus. Vaccines alone will not end the pandemic. In both scenarios public health and social measures such as mask-wearing, handwashing, isolation, quarantine and contact tracing are still needed to suppress transmission until high vaccination coverage and high levels of vaccine-mediated protection are achieved across the world.

Continued vigilance is required, as globally the virus will remain with us in different forms for years. Over the coming months, COVID-19 policy decisions should take a risk-based approach to inform not only short-term priorities, but also preparedness and readiness for the long term. With support from WHO and key partners, Member States should commit to "building back better" and leverage universal health coverage to improve pandemic preparedness and response to build resilient health systems and societies.

Towards a new health security action framework

The Western Pacific Region has invested in health emergency preparedness and response through APSED since 2006. Currently in its third iteration, APSED has been the regional road map for implementing the core capacities under the International Health Regulations (2005), or IHR (2005). Member States have consistently strengthened capacities through APSED in response to shared experiences and lessons identified from outbreaks, pandemics and natural disasters. Additionally, continuous guidance from the APSED TAG over the past 15 years has

played a substantial role in preparing Member States in the Region to mount a rapid and effective response to COVID-19.

However, capacity varies across the Region, and COVID-19 has demonstrated that countries and areas in the Western Pacific remain vulnerable to health security threats, regardless of their level of economic development. Globally, various reviews of the response to COVID-19 have taken place, identifying gaps and vulnerabilities. Recommendations presented, while diverse, generally agree on the worldwide need to continue responding to the current pandemic while investing in preparedness to strengthen global health security for the next pandemic threat.

At the World Health Assembly in May 2021, global recommendations from a series of reviews were discussed, including the work of the WHO Secretariat, the findings of the Independent Panel for Pandemic Preparedness and Response, the Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme and the IHR Review Committee. The Health Assembly also discussed the development of a WHO convention, agreement or other international instrument on pandemic preparedness and response.

The WHO Regional Office for the Western Pacific conducted a review and synthesis of the global recommendations presented at the World Health Assembly (and other key regional and international strategies, frameworks and review documents on health security). Diverse technical areas requiring strengthening were identified from these documents and presented at the APSED TAG 2021 meeting, at which countries and areas of the Asia Pacific region also discussed and shared 19 months of experiences and lessons learnt responding to COVID-19.

The APSED TAG recognized that strengthened response capacities at subnational and national levels are needed for the COVID-19 response, as well as: (i) flexible and scalable systems for effective and timely responses to public health threats; (ii) risk-based approaches to support decision-making for appropriate and proportionate response measures; (iii) strong public sector leadership of the pandemic response to build and maintain public trust; and (iv) appropriate communication with individuals and communities, so they understand risks posed by the pandemic and take actions to help control the virus and protect themselves and others.

The meeting concluded that the APSED principle of continuous learning for improvement contributed to improving systems for early detection and rapid response and supported the calibration of public health and social measures during the COVID-19 response. From countries' experiences and lessons identified over the past 19 months, as well as

recommendations from global reviews, two sets of recommendations emerged from the meeting: (i) recommendations for the short-term response (the next 6-12 months); and (ii) longer-term recommendations focused on the development of a new biregional health security action framework to replace APSED.

While the Region has been well served by APSED for 15 years, the COVID-19 pandemic has revealed that many capacities require further work and other capacities, such as clinical management, require greater emphasis. COVID-19 will eventually be controlled, but the next pandemic may be caused by a virus far more transmissible and severe. There is, therefore, a need for a new regional health security action framework that supports national preparedness and response, taking into consideration the experiences and lessons of COVID-19, and that contributes to regional and global health security by taking into consideration relevant global recommendations for strengthening health security.

Annex

Concept note: Planning for "endemic COVID-19" and beyond

1. Background: Need for an endemic COVID-19 plan

Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) has spread globally and is present in most countries. For most countries, the presence of the virus will result in continued surges and pressure on health services. The Asia Pacific Strategy for Emerging Diseases and Public Health Emergencies Technical Advisory Group (APSED TAG) in 2021 reinforced the importance of strengthening capacities at subnational and national levels to suppress transmission of coronavirus disease 2019 (COVID-19), reduce pressure on health services and minimize social disruption. With the progress in vaccination and the knowledge gained over the past 20 months, this is a good time for Member States to reassess their approach towards COVID-19, consider adjusting their response to the changing landscape and develop a vision and plan for endemic COVID-19 – acknowledging that even while several countries in the Region continue to successfully supress transmission, globally the virus will not disappear. Member States may consider shifting to adoption of an endemic strategy, to ensure their health systems can respond to an increase in cases without exceeding their health-care capacity and thereby aid economic recovery.

2. Recommended actions for Member States to strengthen health systems and public health capacity

Following the APSED TAG's discussion and recommendations, WHO recommends five key focus areas for Member States to adapt, adjust and sustain their health service and public health capacities (see figure below). A multisectoral approach should be taken, which will provide a solid foundation for transition from pandemic to endemic response, while at the same time preparing for large-scale community transmission.

Vaccines: Vaccines decrease severity of illness and severe outcomes, thus reducing the burden on the health-care system. Member States can reduce the level of social restrictions and pressure on health services with higher vaccination coverage. Member States should implement effective use of vaccines targeting vulnerable groups and health-care workers, build vaccine confidence, and address vaccine-related rumours and disinformation.

Public health and social measures: Member States can prevent exceeding the capacity of the health-care system with minimum social restrictions if they successfully implement individual-based measures (such as mask-wearing, physical distancing) and risk-based measures with targeted interventions and high vaccine coverage. Public health and social

measures (PHSMs), which can be individual, risk-based or population-based, should be calibrated to adapt, adjust and sustain response measures. This means that individuals will still need to wear masks, while risk-based approaches such as measures for school reopening are put in place. The population-based approach (use of "blanket measures" such as lockdowns) will still be required if cases increase in the community. Member States should continue to prepare for large-scale community transmission and to use "blanket measures" if the "red line" (the point at which health capacity is exceeded) is crossed. The effectiveness of implemented PHSMs should be regularly monitored, assessed and adjusted accordingly.

Health system capacity: The majority of COVID-19 patients present asymptomatic or mild disease, but many are still admitted to hospitals. To optimize health-care utilization, reduce pressure on health-care workers and provide care for the right patients in the right settings, Member States should shift from a hospital-centred COVID-19 care pathway to a broader care pathway integrating home and intermediate care facilities. As part of the transition plan, it is important to effectively communicate changes to health-care workers and the public to gain their trust. Member States should use multi-source surveillance to support adaptation of national and subnational care pathways, facilitate effective bed management, and sustain essential health services.

Early detection and targeted response: Member States should focus on trends and surges in reported cases to target response measures. If Member States can detect and respond to clusters early, they can supress transmission so that it does not exceed the capacity of the health-care system. Member States, therefore, should increase capacity for early detection of high-risk clusters, for example among people with certain health conditions, health-care workers and vulnerable groups. High-risk settings for targeted early detection and response may include care homes for older people, health-care facilities and schools. In some countries and areas with low case numbers, early detection is still relevant, and a targeted response for high-risk groups may be required.

International border measures: Member States should apply a risk-based approach when implementing measures related to international travel. Member States should tailor their border measures based on local epidemiology and the epidemiology in the countries and areas of incoming passengers to minimize the introduction of new cases. There should be multisectoral coordination for the effective management of travellers, specifically related to quarantine systems, logistical support, infection prevention and control, transportation and information sharing.

Strengthening capacities in three supporting pillars – surveillance, communication, and contact tracing and monitoring – will assist Member States to effectively implement the five focus areas.

Surveillance: Member States should use multi-source surveillance to monitor transmission at the subnational level, trends, severity and excess deaths, with timely information sharing for decision-making. Member States should strengthen or establish in-country whole genome sequencing surveillance systems for timely decision-making. If a specific group is identified, Member States should implement targeted PHSMs for the group, and if the numbers are moving towards the red line, then population-based measures should be implemented widely.

Communication: Member States should provide information and communicate well for the public to understand the situation, make their own judgement on transmission risks and change their behaviours accordingly.

Contact tracing and monitoring: In order to identify high-risk settings and protect vulnerable populations, Member States should implement efficient contact tracing and monitoring of close contacts.

3. Member States should consider a long-term investment in health with universal health coverage as a foundation, particularly for vulnerable populations.

COVID-19 has had wide-ranging health and socioeconomic impacts on all parts of society, with vulnerable populations disproportionately affected. It has demonstrated the need to build strong and resilient health systems and societies. The health-care needs of vulnerable populations places increased demand on the limited capacity and resources of health-care systems. As such, the health and well-being of vulnerable populations is key to health and well-being in society. Universal health coverage, or UHC, promotes strong and resilient health systems, reaching those who are vulnerable and promoting pandemic preparedness and prevention. Member States should seize this opportunity and start a long-term process to improve health systems with universal health coverage as the foundation. This is consistent with the vision of a healthier and safer Western Pacific as outlined in *For the Future: Towards the Healthiest and Safest Region*.

4. Member States should develop and operationalize their endemic COVID-19 plans.

WHO recommends that Member States consider developing a plan to strengthen their health systems and public health capacity over the coming months, facilitating the transition towards a global endemic COVID-19 scenario – that is, though some countries are able to continue to

supress transmission, we need to acknowledge that globally the virus will not disappear. The plan should take into account the indirect negative health consequences of COVID-19 and contribute to the economic recovery plan. Member States should start developing a long-term plan for investment in health systems that takes into consideration the guiding principles of the *Asia Pacific Strategy for Emerging Diseases*, known as APSED. Using the APSED approach, Member States continue to prepare for large-scale community transmission, while continually strengthening their health systems. WHO, together with partners, will support Member States by developing technical documents, supporting discussions on national health investment plans and providing support for implementation.

Conceptual framework of plan for endemic COVID-19 and beyond