

MINISTRY OF HEALTH

Government of the Republic of Trinidad and Tobago

THE PUBLIC ADMINISTRATION AND APPROPRIATIONS COMMITTEE (PAAC)

Request for written response to the Findings and Recommendations of the Interim Report by the PAAC on the Examination of the response of the Public Authorities to the COVID-19 Pandemic in Trinidad and Tobago

March 24, 2022

Recommendations

1. The MOH, in collaboration with the Ministry of Foreign and CARICOM Affairs, should provide an update to Parliament upon reviewing the lessons learnt in relation to the Government's efforts to effectively and efficiently procure and distribute vaccines by January 31, 2022. This should include details on the roles and responsibilities of key stakeholders for the procurement and distribution of vaccines across the health care system.

Both the Ministry of Health and the Ministry of Foreign and CARICOM Affairs have actively pursued several efforts to procure and distribute vaccines to ensure a reliable supply to our citizens. Several sources were utilized for procurement including the COVAX facility and the African Medical Supplies Platform, while donations were received from CARICOM and non-CARICOM Countries including the USA and Canada. The Ministry of Foreign and CARICOM Affairs takes the lead on initiating donations, while the Ministry of Health leads procurement with assistance where needed from the Ministry of Foreign and CARICOM Affairs.

Several government agencies have assisted in the procurement and distribution of vaccines as shown below in Table 1.

Table 1: Showing the Role and Responsibility of Government Agencies in the Procurement, Storage and Distribution of Vaccines

Key Activity	Government Entity/Agency	Role & Responsibility
Technical discussions with service provider/consortiums	Ministry of Health	To determine the feasibility, cost, delivery, use, efficacy of the vaccines and any other matters arising.
Explore possible sources of vaccines	Ministry of Health, Ministry of Foreign & CARICOM Affairs, Office of the Prime Minister	To explore possible sources of vaccines either commercial or donations
Formal request to acquire vaccines	Ministry of Health, Ministry of Foreign & CARICOM Affairs, The Office of the Attorney General	To prepare the legal documents and formal request for the purchase of vaccines
Funding arrangement for vaccines	Ministry of Finance	To source the required funds for vaccines
Tracking and logistics for the vaccines to T&T	Ministry of Health, Ministry of Foreign & CARICOM Affairs	To track, monitor and coordinate the logistics to ensure arrival of vaccines in T&T with shipping agents
Arrival of Vaccines in T&T	Airport Authority, Customs & Excise Division, Ministry of Health	To facilitate the arrival and clearance of cargo/vaccines in alignment with all standard procedures for all incoming cargo
Transportation of vaccines from Airport to Storage Facilities (National Insurance Property Development Company Limited (NIPDEC) & Couva Hospital and Multi-Training Facility)	National Insurance Property Development Company Limited, Trinidad and Tobago Police Service, Trinidad and Tobago Defence Force	Expedite transportation of vaccines to the storage facility Security of vaccines during transportation

Key Activity	Government Entity/Agency	Role & Responsibility
Storage & Security of vaccines at main warehouse facilities	NIPDEC, Ministry of Health, Trinidad and Tobago Defence Force	Security, inventory and cold chain management at facilities
Distribution of vaccines to Health facilities	Regional Health Authorities, Ministry of Health	To ensure integrity of cold chain and adequacy of supply of vaccines at sites

As at March 16, 2022, the Government of the Republic of Trinidad and Tobago has received 2,410,370 doses of vaccines including:

- i. Sinopharm - 1,189,000;
- ii. AstraZeneca - 277,220;
- iii. Pfizer - 684,970; and
- iv. Johnson & Johnson - 259,200.

The key lessons learnt in the procurement and distribution of vaccines include:

- i. The disruption within the global supply chain requires a more robust relationship with stakeholders and international manufacturers of vaccines involved in the procurement process at a global level to allow for ease of decision making in more timely and effective manner; and need for flexible commercial contracts based on the rapidly evolving nature of the pandemic;
- ii. The limited market pressure which can be exerted by Trinidad and Tobago as a small island developing state is a substantial consideration especially with respect to bilateral (commercial) discussions; and

iii. The high degree of training required for the handling and administering of different vaccines requiring storage at different temperatures and logistics requirements.

2. (i) The MOH should provide a report on the challenges faced in the implementation of its vaccination plan, the lessons learnt and the actions to be taken from the lessons learnt;

The vaccination deployment plan was initially developed in January 2021 using twenty-three (23) health facilities. Towards this end, six (6) simulation exercises were conducted across the Regional Health Authorities to ensure alignment of existing functions with international guidelines and protocols in core areas such as clinical and non-clinical pathways; surveillance and reporting; and utilization of human resources.

As additional vaccines were acquired, the vaccination deployment plan was updated to include mass vaccination sites within both the private and public sectors as well as the use of malls, supermarkets and community centres.

As at March 15, 2022, a total of 706,548 persons have been fully vaccinated with 141,552 persons receiving a booster shot.

One of the key challenges faced is the low level of uptake of the vaccines by the population. As of March 15, 2022, only 50.5% of the population have been fully vaccinated. While several communication strategies have been utilized including, community outreach; the use of key personalities; and advertisements targeting specific groups of persons such as those with NCDs, the elderly and children, the uptake was less than expected.

The communication strategy would have benefited from key population studies such as Knowledge, Attitudes and Practices (KAPs) and focus groups.

(ii) The MOH should conduct an assessment on the COVID-19 Vaccine Taskforce measuring:

- a. The performance of the Taskforce;**
- b. Challenges (if any) faced in carrying out its duties; and**
- c. The Lessons learnt.**

The core function of the task force was the development, implementation and monitoring of the Vaccination Deployment Plan. A consultant was also retained for whom the Terms of Reference is as follows:

- Manage the COVID-19 Vaccination project: develop and maintain an up to date project plan for project implementation to effectively manage project progress and ensure timely completion of project deliverables, adhering to project timelines and budget allocations;
- Establish working relationships with relevant stakeholders (e.g. Expanded Programme on Immunization, Regional Health Authorities, Ministry of Education, Religious Organizations and other bodies) for COVID-19 vaccination roll-out and work with stakeholders to develop and monitor Key Performance Indicators;
- Coordinate, arrange and oversee the logistics of vaccination including site locations, site set up/take down, staffing, supplies, cold-chain management, safe vaccination storage, information sharing, etc.; and
- Support the implementation of pathways and/or systems for reporting of adverse events following immunization and/or vaccination (AEFIs) to national authorities and to regional surveillance networks for the COVID-19 vaccine.

The execution of the above tasks reinforced the principles of high performing teams, open and effective communication, stakeholder engagement including the private sector to ensure optimal performance, increased access and availability.

The key activities performed by the COVID-19 Vaccine Taskforce are as follows:

- The assessment and readiness of sites, storage facilities, logistics, human resources and consumables for vaccination deployment using the Pan American Health Organization's Vaccine Readiness Assessment Tool (VIRAT -VIRAF);
- The coordination and logistics of the procurement of vaccines from international manufacturers and other agencies e.g. COVAX & the African Medical Supply Platform; and
- The identification, establishment and monitoring of sites and storage facilities to ensure effective deployment of vaccines and reporting of data.

(iii) To ensure a sustainable health care system, the MOH should provide a detail plan to return to the 'new normal' going forward and submit to Parliament by January 31, 2022.

The 'new normal' going forward ensures a sustainable economy through a phased-based roll back of restrictions that is based on evidence and technical advice from the Ministry of Health. Indicators such as the rolling 7-day average of COVID-19 cases, the uptake rate of vaccines and the global trends on emerging variant(s) are used to determine the degree of phased roll-out.

As March 15, 2022, the country has achieved 50.5% of the population being fully vaccinated and the rolling 7-day average of COVID-19 cases is at 400.

Additionally, there are new therapeutics to help us fight this disease in the near future, aimed at treating mild and moderate disease.

These factors taken together, in addition to the reduced severity and increased transmissibility profiles of Omicron compared to the Delta variant, may explain the continued high infection rate seen daily without the consequent rise in hospitalizations and deaths that was previously anticipated.

Our greatest threat remains the emergence of new Variants of Concern that can arise rapidly and without warning as has happened at multiple points during this pandemic. While the pandemic is far from over, one must remain cautiously optimistic whilst at the same time being highly vigilant and nimble in our response.

To this end, returning to the new normal it is envisaged that we are in the stage of living with this virus and must transition from population-level controls to individual level responsibility. Notably, all of the public health measures against COVID-19, which have served us well throughout the course of the pandemic, will continue to be utilized, where appropriate.

As of March 7, 2022, the following roll back measures were implemented:

- The retention of appropriate masking-wearing is an essential public health measure which should be retained at this time where it will continue to be required;
- Public transport will be allowed to return to 100% of capacity;
- Removing restrictions with respect to the length of time and numerical capacity at religious places of worship;
- The number of persons permitted at graveside funeral services will be unrestricted but mask wearing is mandatory for the time being;
- For unvaccinated nationals returning to Trinidad and Tobago a reduction in the quarantine time would be applicable. Quarantine time will be reduced from 14 to 7 days with discharge taking place on the receipt of a negative PCR test on the seventh (7th) day;
- Decrease in the national quarantine time (for contacts of positive cases) from 14 to 10 days;
- Reduction in the isolation time for positive patients from 21 days in all categories, to 10 days for persons with no symptoms and 13 days for those with moderate to severe disease;
- Public gatherings of persons in groups of no more than 25 now to be permissible;
- The recommencement of team sports and contact sports is allowed;

- Permit the establishments that are currently allowed to operate as safe zones for vaccinated or exempted persons and children under the age of 12, to operate at 75% capacity;
- Permit all children to return to physical schooling in term three. The Ministry of Education will put out the necessary guidelines to safely manage this process;
- The public service will return to full service and all public servants will be expected to return to work as normal.

In this regard, a structured risk-based approach will be adopted to gradually reduce the footprint of the Parallel Healthcare Systems (PHS) and regularize the hospital system to return health services to an as-near-normal existence. This plan has already been implemented on a phased-based basis, where the new Point Fortin Hospital was returned to its normal operations as of March 14, 2022.

While we continue to navigate the pandemic, it is expected that all individuals will act responsibly in achieving good immunity levels of protection, naturally or vaccine induced as it is possible that a dangerous new variant could appear, resulting in a swift review of these decisions because we are still in a pandemic.

3. The MOH should submit to Parliament by January 31, 2022 the lessons learnt particularly in the securing and storage of the COVID-19 and other vaccines.

During a disaster and crisis situation, as evidenced by the pandemic, it is important to ensure that the robustness of the end to end chain of custody for vaccines and essential medicine is monitored and maintained for both traditional and non-traditional mass vaccination sites.

4. The MOH should provide the following and submit to Parliament by January 31, 2022:

- **details of the number of persons monitored through the telemedicine programme by the RHAs, vis a vis the number of persons vaccinated by that RHAs;**

The County Medical Officers of Health (CMoHs), through the tele-medicine programme were given the mandate to continuously monitor COVID-19 patients (suspected & positive) within their jurisdiction to ensure compliance with treatment and care protocols and follow-up action, where necessary. As of March 14, 2022, there were 12,752 COVID-19 active positive cases being monitored by the CMoHs.

- **details of the number of persons monitored through the passive system vis a vis the number of persons vaccinated by the RHA;**

The Ministry utilizes PAHO's Events Supposedly Attributable to Vaccination or Immunization (ESAVI) to allow persons to report any adverse reactions following vaccination. For COVID-19, this ESAVI system is being utilized and as of March 15, 2022, forty-eight (48) cases of adverse reaction(s) were reported.

- **details on the sufficiency of human and other resources to carry out the monitoring of persons receiving vaccinations by RHAs;**

All persons receive vaccines on site and are monitored immediately post-vaccination by health care professionals on site for a duration of 30 minutes for 1st dose and 15 minutes for 2nd dose.

- **details on the data collection and computerization of data on vaccinated persons;**

Each facility administering vaccines is required to report on a daily basis on the number of persons receiving various dosing regimens namely; 1st dose, 2dose, single dose, primary and

booster shots for different types of vaccines. These reports are then collated via the Regional Health Authorities and the mass vaccination sites onwards to the Ministry of Health for reporting on an aggregate/daily basis.

Further, the data forms on the individuals being vaccinated are forwarded on-site or to a central facility for processing into our database.

- **lessons learnt from the onsite monitoring immediately post-vaccination; and**

The key lesson learnt is that the decision to include a clinical observation post-vaccination period, with requisite emergency support structure inclusive of human resources, equipment, medication and transportation, was justified.

- **lessons learnt from the application of each systems and steps taken or recommendations made for the improvement for each system**

Same as above

- 5. The Ministry should provide a lesson learnt document to Parliament by January 31,2022 clearly setting out and communicating the range and extent of health services that are available to the public, what patients can expect in terms of access and waiting times, and what it is doing to encourage patients to access services; and**

It should be noted that throughout the COVID-19 pandemic, the existing services at the public health system were operational with most of the services being offered across our one hundred and five (105) Health Centres, the seven (7) District Health Facilities and the ten (10) major hospitals.

The public health facilities used under the Parallel Health Care System for COVID-19 included; the Couva Hospital and Multi-Training Facility, the New Point Fortin Hospital and the Arima Hospital. As noted in Question 2 (iii), a structured risk-based approach will be adopted to gradually reduce the footprint of the Parallel Healthcare Systems (PHS) and regularizing the hospital system to return health services to an as-near-normal existence. This plan has already been implemented on a phased-based basis, where the new Point Fortin Hospital was returned to normal operations as of March 14, 2022.

In this regard, communication regarding the transition of these facilities into normal health services, as with the New Point Fortin Hospital will be conveyed to the public via the Ministry's COVID-19 press conference; mainstream media; and social media networks.

6. The Ministry should report on the M&E function evaluating the successes of and weaknesses of the strategy, lessons learnt and the corrective measures to improve these measures.

The monitoring and evaluation function comprises the various strategies used in the vaccination plan including the effectiveness of procurement, storage, distribution and uptake of vaccines by the population with supporting communication strategies.

As of March 15, 2022, 50.5% of population has been fully vaccinated. Towards this end, there has been tremendous success in the deployment strategy with over 109 health centres and 14 mass vaccination sites being able to participate on a daily basis with community outreach drives in villages, malls and supermarkets.

As indicated above in question five (5), while several strategies were used to increase the uptake of vaccines by targeting several sectors such as supermarkets, malls and religious groups, there still needs to be more innovative strategies and plans to increase and maintain the coverage rate in order to save lives.