Issue Brief

Specialized COVID-19 Needs of the United States Affiliated Pacific Islands

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Background

ASTHO urges that special consideration be given to meet the unique COVID-19 testing, PPE, laboratory infrastructure, and vaccine distribution needs of the United States’ Affiliated Pacific Islands (USAPI). The USAPI are comprised of three territories (American Samoa, Commonwealth of the Northern Mariana Islands, and Guam), and three freely associated states (Federated States of Micronesia, the Republic of Palau, and the Republic of the Marshall Islands). These jurisdictions experience lower standards of living than the U.S. mainland, have limited public health, healthcare, and laboratory infrastructure, are located at vast distances from the mainland, and are often comprised of populations dispersed across remote island archipelagos.

Among U.S. jurisdictions, the islands have the highest chronic disease and obesity rates and suffer frequent severe weather events and infectious disease outbreaks, such as Chikungunya and Dengue. Given their status, USAPI residents may travel without visa restrictions between islands and to states, and frequently do so for work, education, and healthcare given limited options on-island. However, the FAS have closed their borders for nearly a year in order to remain COVID-19-free.

Issues and Considerations

- Relatively small populations dispersed on remote island archipelagos a great distance from the mainland pose logistical challenges for developing laboratory infrastructure, testing capabilities, PPE procurement and distribution, and vaccine distribution.
- The total USAPI population is just under 400,000, with about 60,000 (15%) residing on extremely remote, isolated islands with virtually no infrastructure.
- Healthcare and public health workforce shortages, along with limited infrastructure for vaccine transportation, storage, and administration, create significant challenges for the COVID-19 response. No chain drugstores are able to provide vaccine services in the USAPI.
- There is no central plan for vaccine distribution in the region. Relatively small shipments are made separately to each jurisdiction (and to islands within jurisdictions) at great expense. In January 2021, monthly jurisdictional allotments ranged from just 3,200 in Palau to a high of 15,000 in Guam. Kosrae’s allotment (a state within the Federated States of Micronesia) was just 600. Thus far, reported vaccination rates are relatively high in the USAPI.
- Limited information technology capabilities create tracking and reporting challenges.

Solutions and Ideas for Improvement

- Regional collaboration among agencies and jurisdictions creates the opportunity for greater efficiencies and must continue to be pursued. This is especially critical for HHS and DoD.
• Efforts to build a regional public health laboratory hub in Guam have begun but should be accelerated by additional investment and leadership attention so COVID-19 testing can be quickly expanded.

• CDC and the Pacific Islands Health Officers Association should continue to coordinate bulk procurement of PPE and testing supplies, and coordinate weekly with jurisdictions, partners, and governmental agencies on repatriation of citizens and pre-travel quarantine facilities in Honolulu.

• Monthly vaccine allotments should be accelerated and increased dramatically given significant at-risk populations, inefficiencies with the current vaccine distribution system, the high cost to local economies of remaining closed, and relatively high vaccination rates.

Further Resources
• Letter to House and Senate Committees on Armed Services Leadership in Support of Sec. 2852 of H.R. 6395
• Congressional letter to CDC on Vaccine Planning and Distribution
• PIHOA Communique on Vaccine Planning and Distribution

Map of the USAPI


Contact
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