

Reaching 70% vaccine coverage for COVID-19. What will it take to reach people facing humanitarian crises?

Ensuring populations across the world are vaccinated for COVID-19 is critical to ending the pandemic by increasing immunity, decreasing deaths, and reducing the risk of new variants emerging. **The global strategy to reach 70% vaccination coverage by June 2022** requires a coordinated and concerted effort to ensure no one is left behind including the most marginalized and those facing humanitarian crises. Currently however, these populations face the most inequity.

Fundamental Principles

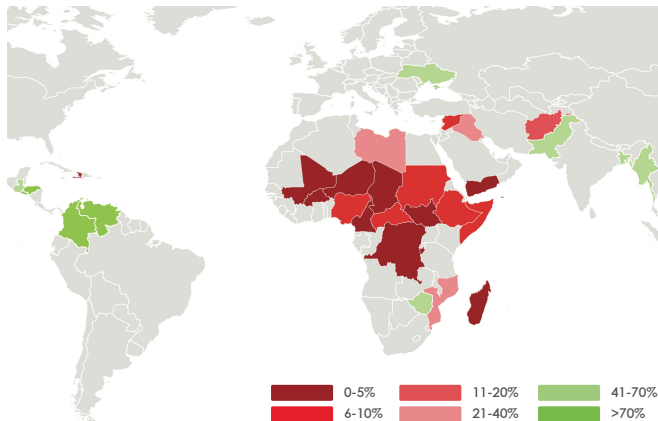


National governments are responsible for all populations within their territory regardless of legal status.



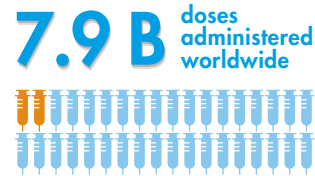
Populations of concern should be held in equal respect with regard to receiving safe and quality vaccines.

Vaccines administered in humanitarian settings (total doses per 100 people)*



The boundaries and names shown and the designation used on this map do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning legal status of any country, territory, city or area or if it's authorities or concerning the limitation of its frontiers or bound. Data given is for operational purposes only and is not considered official data by WHO

Inequity between countries



Only **458 M** have been administered in countries with humanitarian situations.

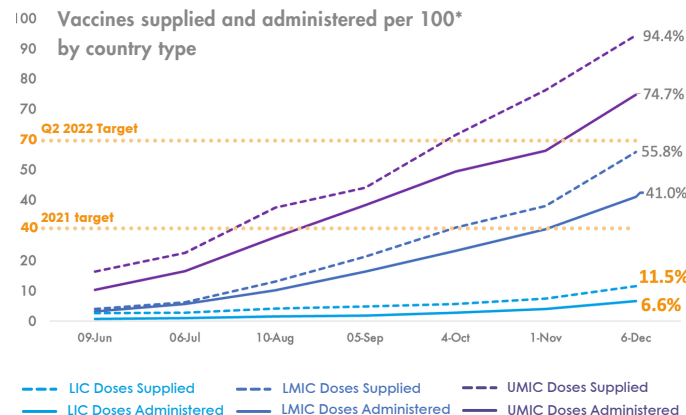
Low income countries carry the greatest humanitarian caseload, but have received and administered the least vaccines.

Population in Need (PIN) of humanitarian assistance*



Inequity within countries

From analysis conducted with countries and partners, marginalized groups or populations of concern in humanitarian settings are at risk of, or are facing further inequity with lower rates of vaccination amongst these populations being seen. These include IDPs, refugees, migrants regardless of status, those living in insecure or non-government controlled areas.



CHALLENGES SPECIFIC TO HUMANITARIAN SETTINGS ARE BEING SEEN, FOR WHICH TAILORED SOLUTIONS FOR POPULATIONS OF CONCERN (POC) NEED TO BE DEVELOPED.

SLOW UPTAKE. COUNTRIES WILL NOT MEET 2021 40% TARGET	BARRIERS FOR POC: FEAR OF ATTACK OR DETENTION	CONCERNS OF EXCLUSION, OR LACK OF CONTEXTUAL PARITY	GENDER DISPARITY	INSUFFICIENT INFORMATION ON HOW MANY POC ARE BEING REACHED
SHORT EXPIRATION DATES, QUICK ROLL OUT NEEDED	COORDINATION IN NON GOV CONTROLLED AREAS, OPPOSITION OR DEFACTO AUTHORITIES	SCALING UP; HR, LOGISTICS. INSUFFICIENT FUNDING	VACCINE HESITANCY, VACCINE PREFERENCE, VACCINE SAFETY CONCERNS	INSUFFICIENT "LAST MILE" STRATEGIES TO REACH POC

Key Asks

In line with fundamental principles:

1. Populations of concern must be held in equal regard to the wider population and the principle of contextual parity applied.
2. Leverage humanitarian partners to reach populations of concern.
3. Identify barriers impacting vaccine uptake by populations of concern and develop approaches to address them and ensure gender equity.
4. Ensure adequate microplanning and funding.
5. Ensure sustained funding and planning for RCCE efforts.
6. Monitor inequity within country. Adapt vaccine data tools to collect disaggregated data on administration of vaccines to populations of concern and by gender.
7. Mitigate impact on essential health service delivery and routine immunization services in humanitarian settings.
8. Strengthen the coordination and predictability of arrival of vaccine doses in country, including vaccine type and amount, regardless of the method of procurement.
9. Minimize the procurement or donation of vaccines with short expiry dates.
10. Strengthen COVID-19 vaccine production and distribution in lower middle income (LMIC) and lower income countries (LIC).
11. Manufacturers should waive the requirement for indemnification.
12. Invest in pandemic preparedness and outbreak readiness.

COVID-19 vaccination in humanitarian settings

Advocacy and information brief

Key asks in depth

1. Populations of concern must be held in equal regard to the wider population and the principle of contextual parity applied.

All stakeholders should work towards achieving the same vaccination coverage amongst populations of concern.

2. Leverage humanitarian partners to reach populations of concern.

Especially those with existing operational presence providing health services and immunizations: National EPI Task Forces should leverage coordination platforms such as the health cluster to support reach including at sub-national level;

- Identify and address any barriers for humanitarian partners to support vaccination roll out; and
- National partners including national NGOs and civil society organizations have a key role to play in all parts of vaccination roll out including supporting a community driven response.

3. Together with communities and partners identify barriers impacting vaccine uptake by populations of concern and develop approaches to address them. This includes ensuring gender equity. Barriers may include:

- Practice and policies – such as ID requirements, or unclear data protection;
- Vaccine hesitancy – misinformation, disinformation;
- Mistrust of authorities or health service providers;
- Socio cultural norms; and
- Limited access to vaccination points or availability of vaccines.

4. Ensure adequate microplanning and funding.

i.e. sub nationally to determine resources, approaches and interventions needed to address specific and additional needs of populations of concern

- Involve populations of concern, such as community leaders, women led community organizations, as well as health partners operational in those areas to develop appropriate plans and strategies for vaccination.

5. Ensure sustained funding and planning for RCCE efforts.

Given the multitude of vaccine types in use, irregularity of vaccine arrival and evolving prioritization strategies to modes to deliver vaccination, investments must continue to ensure populations are continually engaged for a community driven response.

6. Monitor inequity within country.

Adapt vaccine data tools to collect disaggregated data on administration of vaccines to populations of concern and by gender

- Ensure analysis is conducted to determine coverage;
- Utilize information to guide targeted outreach effort.

7. Mitigate impact on essential health service delivery and routine immunization services in humanitarian settings.

8. Regardless of the method of procurement (e.g. COVAX, bilateral purchase or donations) strengthen the coordination and predictability of arrival of vaccine doses in country, including vaccine type and amount.

Sufficient time and resources need to be given to adjust planning, and ensure adequate community engagement and tailored messaging including for populations of concern.

9. Minimize the procurement or donation of vaccines with short expiry dates.

10. Strengthen COVID-19 vaccine production and distribution in lower middle income and lower income countries.

As the threat of emerging COVID-19 variants persist, so does the risk of vaccine nationalism. Barriers must be removed to scaling up manufacturing in these countries to ensure sustained availability, including waiving intellectual Property Rights and promoting technology transfer through for example WHO COVID-19 Technology Access Pool (CTAP).

11. Manufacturers should waive the requirement for indemnification, currently a barrier for agencies to access the COVAX Humanitarian Buffer.

12. Invest in pandemic preparedness and outbreak readiness.

Especially where health systems are fragile to protect national and global health security. Mainstream principles of equity and concretely address operational realities to ensure populations of concern are reached.

Additional Resources

Global Health Cluster
Position on
COVID-19 vaccination in
Humanitarian settings
12 key messages for advocacy



GHC position paper: COVID-19 vaccination in humanitarian settings

Developed with 28 key partners, agencies and clusters involved in the COVID-19 response, this position paper provides key messages to guide global and country level health cluster partners to advocate and support equitable vaccine availability and uptake for populations of concern in humanitarian settings.



Risk Communication and
Community Engagement
Guidance on COVID-19 Vaccines
for Marginalised Populations
August 2021
Version 1.0

Risk Communication and Community Engagement guidance on COVID-19 vaccines for marginalised populations

This inter-agency guidance document aims to supplement the COVAX demand creation package for COVID-19 vaccines with key considerations for humanitarian contexts and marginalised populations with specific access and communication needs.



The True Cost of Delivering COVID Vaccines: South Sudan

South Sudan was able to administer stock doses of COVID-19 vaccine through delivery, training, and social mobilization coordinated with several different partners. As new doses arrived in country in August, South Sudan continues to reinforce gaps in the health systems to make vaccinations possible without disrupting existing health services.

[See how the Health Cluster is already supporting vaccine response in humanitarian settings.](#)

[This work was developed by the COVID-19 Vaccination Working Group which is part of the GHC COVID-19 Task Team](#)