

COVID-19 response in humanitarian settings

LESSONS LEARNT AND GOOD PRACTICES

Brief 3

Vaccination



Photo: WHO/ Facumata Dabab, Menake, Wall

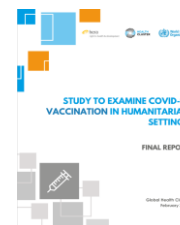
Key findings from the study to examine COVID-19 vaccination in humanitarian settings and continuous monitoring of vaccination in cluster operations by the GHC.

National Deployment and Vaccination Plans (NDVP) did not include persons of concern (PoCs) in the beginning. Evidence from this study and from continuous monitoring by GHC and partners shows, that NDVPs did evolve to include populations in humanitarian situations as target groups.

Inclusion happened primarily at the microplanning level, often with a disconnect to the financial resource planning managed at the national level. Thus, inclusion was without sufficient detail,

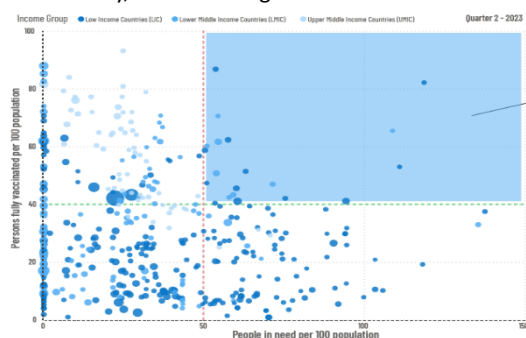
resource allocation for and strategic considerations how PoC were to be reached. Considerable delay between PoCs and host populations were observed (9 months in Colombia, 8 months in Cox's Bazaar, Bangladesh).

Humanitarian partners played an important advocacy role.



Advocacy works! But equity was not achieved. The most vulnerable populations within countries are reached the least.

Sub-nationally, areas with high humanitarian need are vaccinated the least.



In areas where most of the population are in need of humanitarian assistance (PiN is >50% of total population) only 21 areas have >40% people fully vaccinated (as of May 20, 2023)

Multiple reasons for low coverage:

- Insecurity including attacks on health care
- Operationally hard to reach by MOH
- Restrictions imposed to humanitarian partners (legal, administrative etc)
- Resource constraints (financial, personnel) of humanitarian partners
- Logistics constraints
- Vaccine hesitancy, misinformation, perception of risks and refusal of certain vaccines

Good practices from the field

PoCs benefited most from a combination of modalities (fixed, outreach and mobile vaccination campaigns) supported by humanitarian partners, such as in health facilities in Cox's Bazar or with mobile campaigns in South Sudan, Syria, Colombia, and DRC.

COVID-19 vaccination campaigns supported by humanitarian partners do not specifically target PoCs but rather all populations (DRC and South Sudan). Health Cluster partners complemented national vaccination teams in humanitarian settings.

Staffing shortages and the use of existing staff created bottlenecks for maintaining essential health services. Additional vaccination teams were mobilised in Colombia, DRC, NW Syria, South Sudan.

RCCE was adapted to specific population groups to decrease hesitancy and increase uptake.

Negotiation and mediation efforts by humanitarian actors to unlock access barriers to otherwise restricted and isolated populations were successful in Colombia, and Syria.

Efforts to mitigate the impact of COVID-19 on routine immunization were intensified in all cluster countries. From 2023 onwards, all countries started integrating COVID-19 vaccinations into their routine immunization programs. This enabled all vaccination activities to benefit from improved cold chain facilities funded by COVID-19 grants. Progress is being monitored.

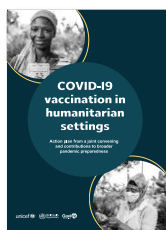
Joint Convening on COVID-19 vaccination in humanitarian settings

The Joint Convening is an ongoing collaboration of global health and humanitarian partners who met on 14–15 February 2023 in Nairobi, Kenya with the aim to address challenges and propose concrete steps to enable equitable access and uptake of COVID-19 vaccination for populations affected by humanitarian emergencies. In this vein it is building on learning from the limitations and good practices during the COVID-19 pandemic to promote and enable equitable access and inclusion of crisis affected population in future pandemic preparedness.

The work has culminated in the elaboration of key solutions and concrete actionable steps in the joint Action Plan (next page).

Links and Resources

- Study to examine COVID-19 vaccination in humanitarian settings <https://healthcluster.who.int/publications/m/item/study-to-examine-covid-19-vaccination-in-humanitarian-settings>
- GHC position paper: COVID-19 vaccination in humanitarian settings - 12 key messages for advocacy <https://healthcluster.who.int/publications/m/item/covid-19-task-team-covid-19-vaccination-in-humanitarian-settings>
- 2022 COVID-19 Vaccination in Humanitarian Settings Report <https://healthcluster.who.int/publications/m/item/2022-covid-19-vaccination-in-humanitarian-setting-report>



Summary of objectives and solutions

from the Joint Convening Action Plan on COVID-19 vaccination in humanitarian settings

Concrete actionable activities with proposed timeframes and owners of actions are listed in the action plan.

<https://www.who.int/publications/i/item/9789240079434>

Objectives	Solutions
Objective 1: Leverage humanitarian architecture and humanitarian actors during pandemics and Objective 3: Strengthen health systems and pandemic prevention, preparedness, and response (PPR)	1.1 Strengthen and align policies, frameworks and global instruments at global, national, sub-national and community levels so that PoCs are systematically included in public health responses during pandemics from the outset 1.2 Reflect, improve and strengthen global and national stakeholder coordination, planning and budgeting 1.3 Conduct early, consistent and respectful engagement with communities and PoCs to strengthen delivery and uptake of public health measures in line with the primary health care model 1.4 Seek to ensure that financing models for pandemic responses cater to the needs of fragile and humanitarian contexts, and that financing continuously invests in health systems 1.5 Support timely and adequate supply of regional and national equipment/stocks during a pandemic response 1.6 Strengthen integrated service delivery approaches for PoCs during pandemic periods 1.7 Strengthen national/sub-national human resource systems to be robust and agile, and to provide pandemic responses in support of national health systems 1.8 Improve data systems to support integrated data on PoCs for evidence-based decision-making
Objective 2: Address upstream supply, regulatory and legal considerations impacting implementation of vaccination for PoCs during a public health emergency of international concern (PHEIC).	2.1.1 Existence of no-fault compensation (NFC) schemes that include people in humanitarian PoCs who suffer serious adverse events resulting in permanent injury or death associated with a novel vaccine administered by a humanitarian agency 2.2.1 Inter-Agency Standing Committee (IASC) principles that reflect acceptable risk-transfer and -sharing principles between relevant parties 2.2.2 Voluntary commitment by manufacturers to provide indemnification and liability (IL) waivers for humanitarian agencies with respect to novel vaccines, where possible in advance of the next PHEIC 2.2.3 Without prejudice to Principle 6, seek to secure that indemnification for product liability, if any, afforded to manufacturers of novel vaccines during a PHEIC is limited in time from the outset 2.2.4 Robust and transparent end-to-end cargo and last mile insurance 2.3.1 Workable and simplified model legal contracting framework and clauses between partners (other than manufacturers and governments) directly engaged in the procurement and supply of vaccines and humanitarian agencies engaged in vaccination programmes 2.3.2 Enabling environment for importation directly by humanitarian agencies, or government-facilitated importation on behalf of humanitarian agencies, for vaccinating humanitarian PoCs 2.3.3 National regulatory authorities (NRAs) and/or ministries of health (MoH) to implement (and in absence of, develop) emergency procedures that allow for accelerated regulatory approvals for pandemic vaccine products (and aligned with WHO safety guidance) 2.4.1 Position that is supportive of these principles and enablers is incorporated into language in the pandemic accord as a priority, and other relevant agreements/instruments 2.4.2 Broad support by relevant actors of these principles and enablers