1) WHO / Occupied Palestinian Territory / Noor- Tanya Habjouqa

HEALTH CLUSTER

Status of COVID-19 vaccination in humanitarian settings

14 February 2023

Joint Convening on COVID-19 Vaccination in Humanitarian Settings Nairobi, 2023

Overview of humanitarian settings

2.6B

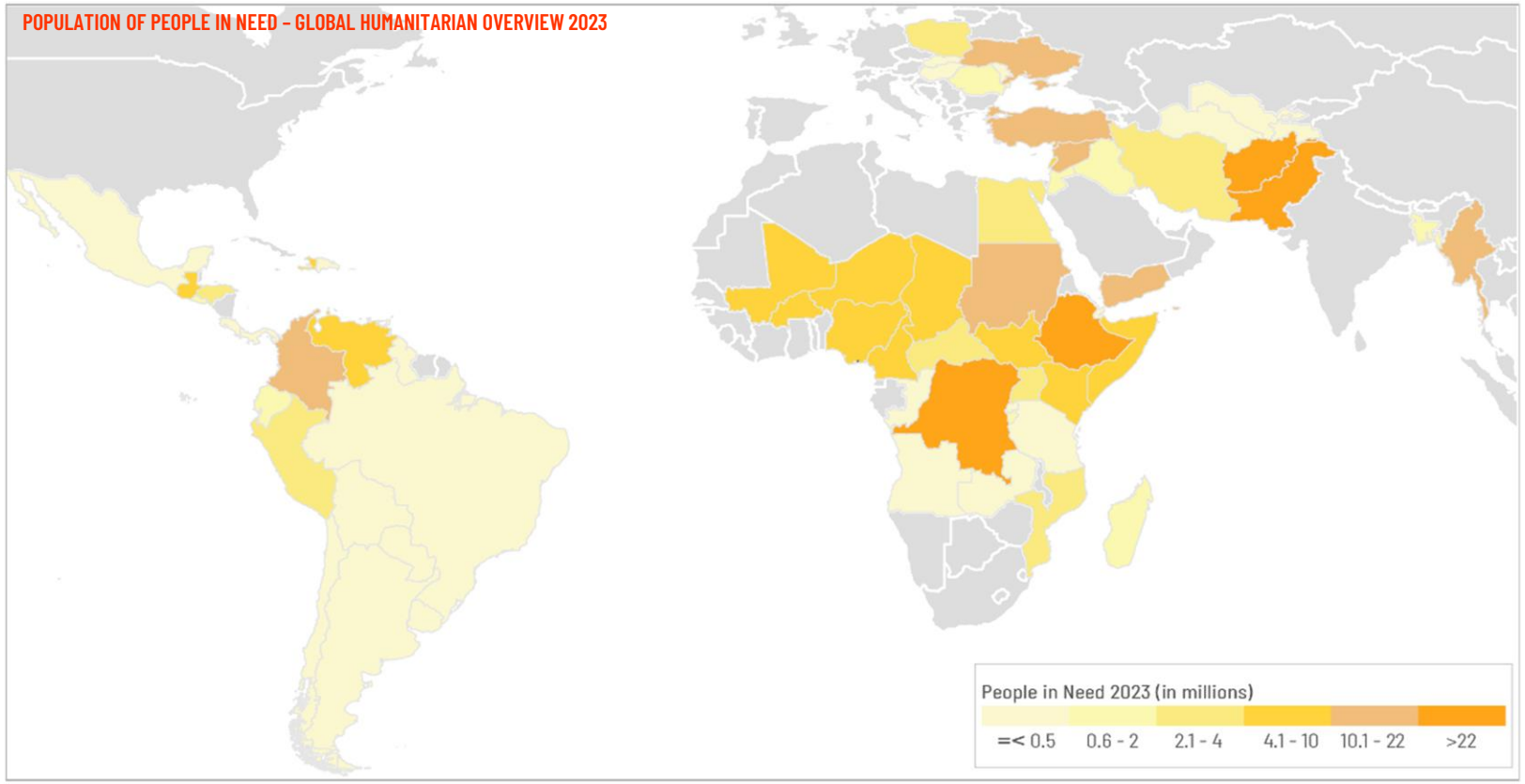
PEOPLE LIVE IN COUNTRIES
AFFECTED BY HUMANITARIAN CRISES

69

COUNTRIES AFFECTED
BY HUMANITARIAN CRISES

339M

PEOPLE NEED LIFE SAVING
HUMANITARIAN ASSISTANCE



Map showing population in need of humanitarian assistance in the Global Humanitarian Overview 2023

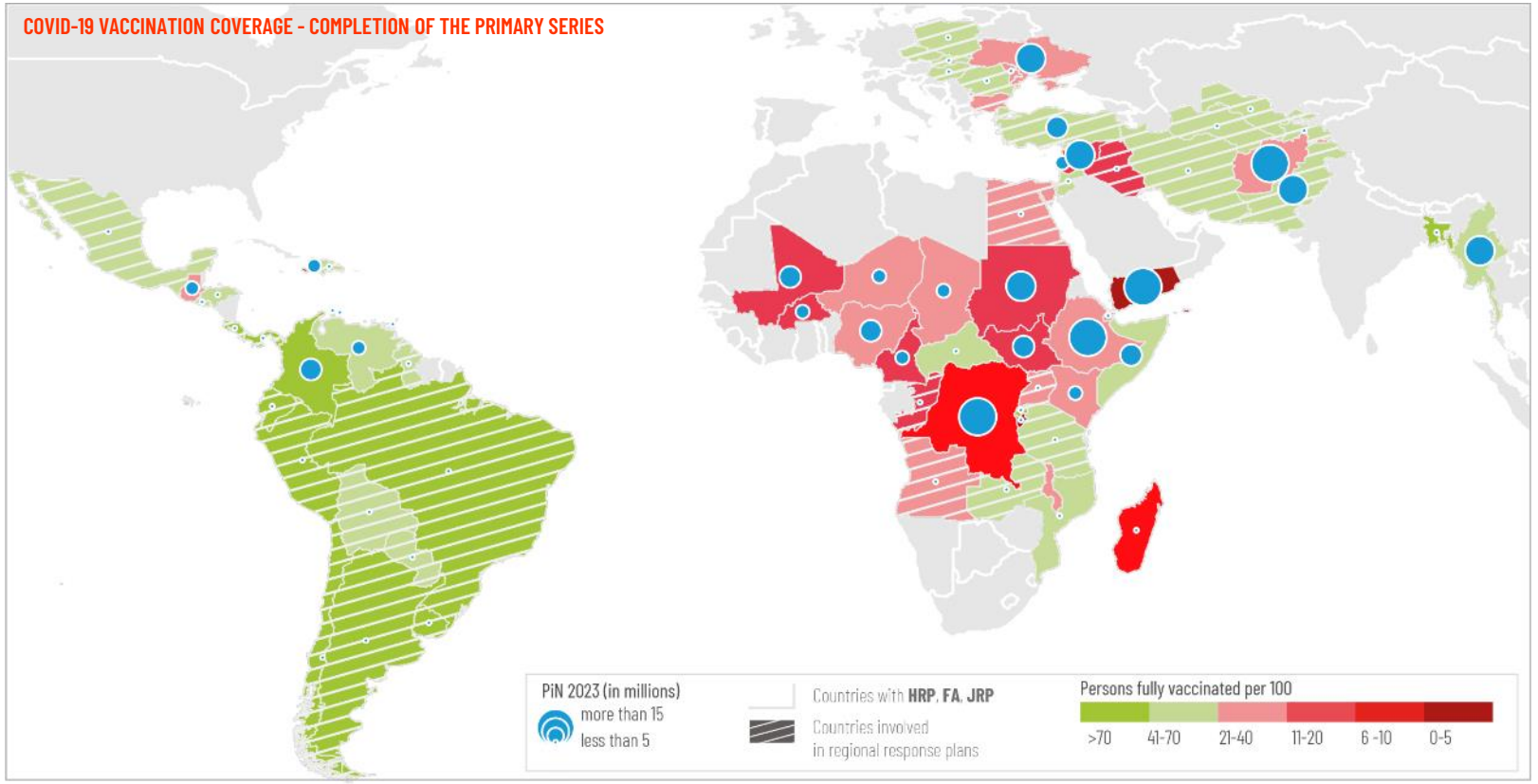
Overview of COVID-19 vaccination in humanitarian settings

NEARLY 2/3 OF COUNTRIES WITH <10% COVERAGE FACE HUMANITARIAN CRISES

Globally 8 countries have not achieved 10% vaccination coverage of which, 5 have humanitarian crises: Burundi, DRC, Haiti, Madagascar, Yemen.

WITHIN COUNTRIES, PEOPLE AFFECTED BY HUMANITARIAN CRISES ARE LEAST VACCINATED

Analysis shows many areas with high PiN still have lower vaccination coverage compared to the wider population.

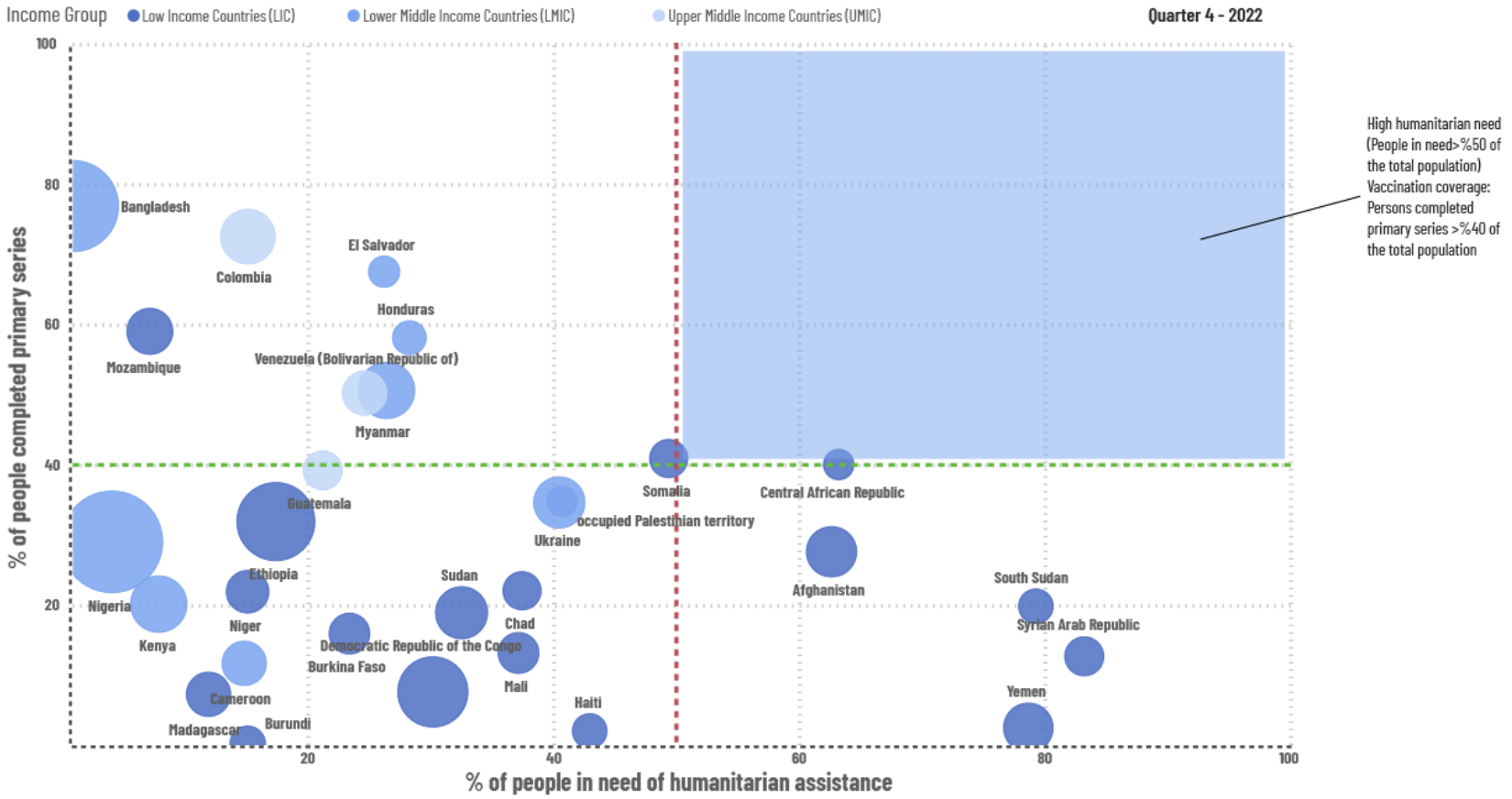


Map showing COVID-19 vaccination coverage (completion of the primary series) and people in need (PiN) of humanitarian assistance in the 69 countries in the Global Humanitarian Overview 2023 as of 6 Feb 2023 (Source, Global Humanitarian Overview 2023, WHO)

The most vulnerable countries with highest humanitarian need are reached the least

Inequities between countries still exist

- Only two **countries** (CAR, Somalia) with high humanitarian need has achieved >40% coverage (Dec 2021 target)
- **No country** with high humanitarian need has vaccinated 70% of their population (July 2022 target)



Countries with dedicated humanitarian response plan (HRP, FA, or JRP), percentage of population in need of humanitarian assistance and national vaccination coverage (% completed primary series) as of 6 February 2023 (Source; WHO, GHO, World Bank)

Low Income Countries carry greatest humanitarian caseload, but lowest vaccination coverage

22.8% Lower Middle Income Countries (LMIC)

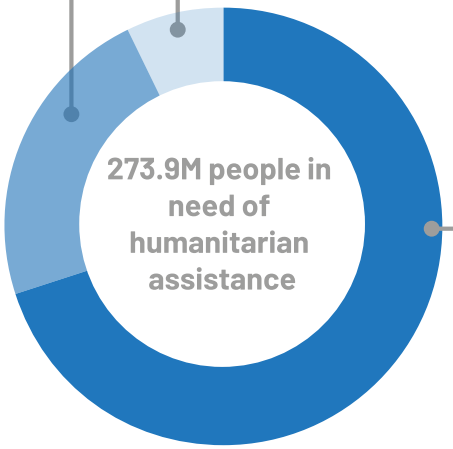
62.5M **9 Countries**

Bangladesh, Cameroon, El Salvador, Honduras, Kenya, Myanmar, Nigeria, oPt, Ukraine

7.2% Upper Middle Income Countries (UMIC)

19.7M **3 Countries**

Colombia, Guatemala, Venezuela



70.0% Low Income Countries (LIC)

191.7M **17 Countries**

Afghanistan, Burkina Faso, Burundi, CAR, Chad, DRC, Ethiopia, Haiti, Madagascar, Mali, Mozambique, Niger, Somalia, South Sudan, Sudan, Syria, Yemen

People in need of humanitarian assistance by income group of the 29 countries with dedicated humanitarian response plan (HRP, FA, or JRP) as of January 2023 (Source, GHO, World Bank)

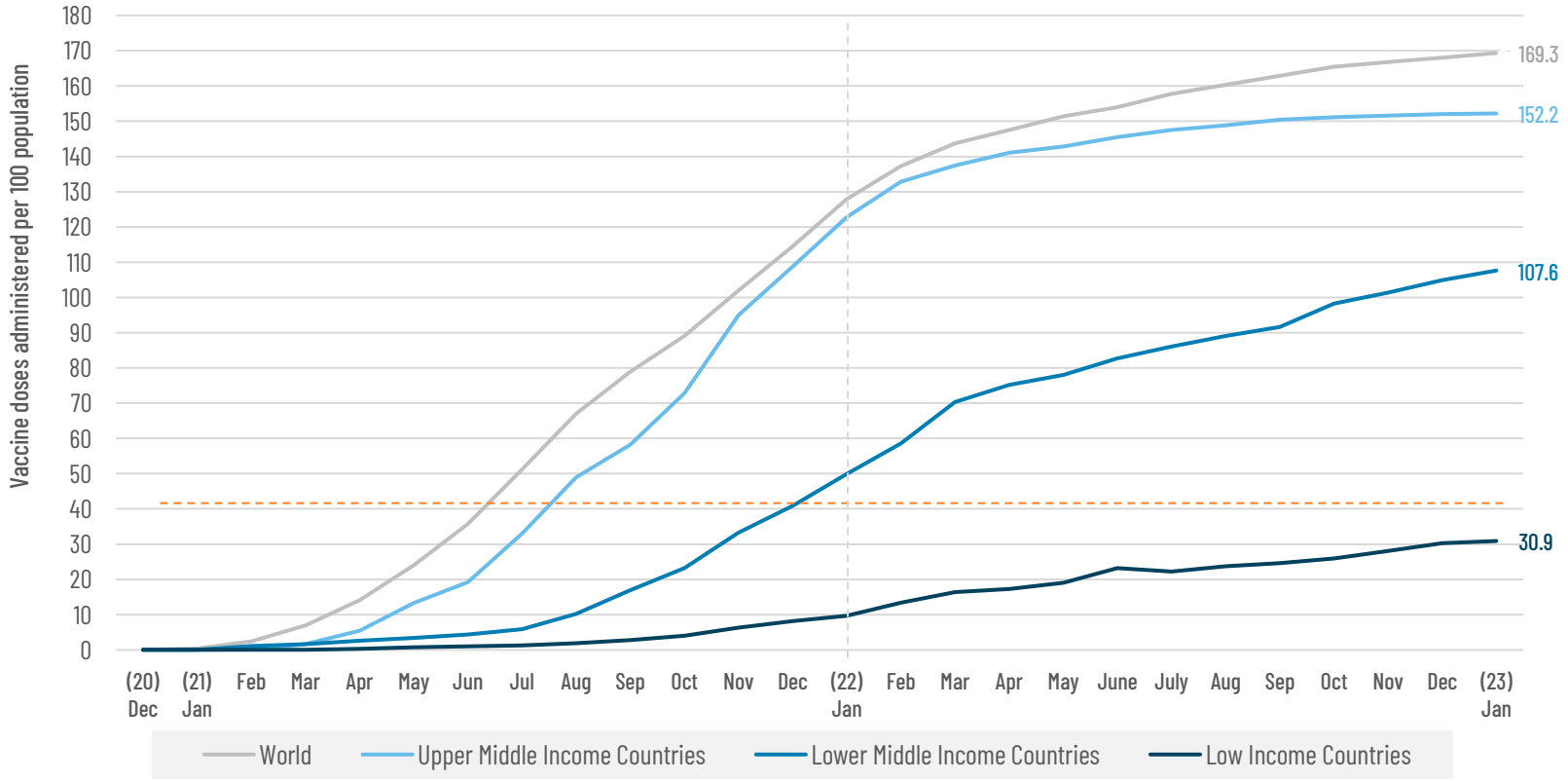
13.1B Doses administered globally

As of 6 February 2023

933.8M Doses administered in the 29 countries with dedicated Humanitarian Response Plan (HRP/ FA/ JRP)

168.8M Doses administered, in LIC with humanitarian settings

Chart to show vaccine total doses administered per 100 population in humanitarian settings* by income group - compared to global coverage



WHO target for completion of primary series Dec 2021

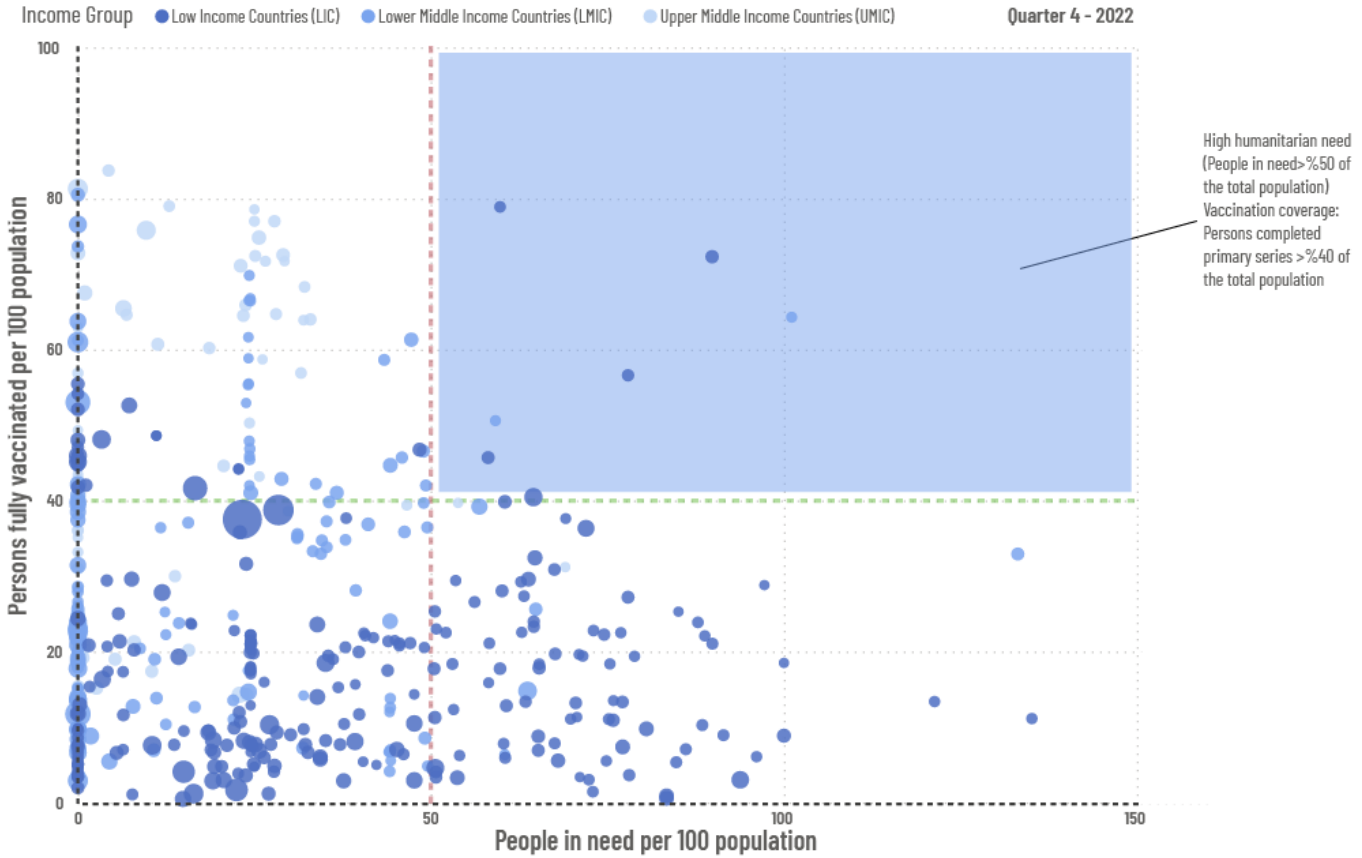
Data Source: *WHO, UNICEF, *29 countries with HRP, JRP or FAas of 30 January 2023*

The most vulnerable populations within countries are reached the least

Inequities within countries still exist

- **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 11 areas have >40% people fully vaccinated
- Many areas are suffering due to:
  - Insecurity
  - Operationally hard to reach by MOH
  - Having marginalised groups such as IDP, refugees, migrants

Sub-national vaccination coverage should not be overlooked



Graph to show sub-nationally within countries with dedicated humanitarian response plan (HRP, FA, or JRP), percentage of population in need of humanitarian assistance and national vaccination coverage (% who have completed the primary series) using available evidence, with data de-identified, as of February 2023 (Source, Health Cluster, GHO, World Bank, other)

The most vulnerable populations within countries are reached the least

Vaccination status of POC generally not monitored
Where known coverage is generally lower

- **Gender disparity**, women less likely to be vaccinated
- **Vulnerable groups not regularly reached**
- **Concerns POC are not held in equal regard** e.g. not given the same priority or eligibility compared to the general population in some cases

	Reported as reached	Data availability
Female uptake	-	69%
Internal Displaced Persons (IDPs)	74%	19%
Returnees	35%	9%
Refugees	96%	24%
Migrants (with legal status)	50%	8%
Migrants (without legal status	23%	4%
Those in hard-to-reach areas	73%	19%
Those in insecure areas	56%	24%
Non-government-controlled areas	46%	8%
Prisoners	54%	14%
Nomads	3 settings	3 settings

Vaccination status and data availability of populations affected by humanitarian crisis in countries with dedicated humanitarian response plan (HRP, FA, or JRP) as of January 2023 (Source, Health Cluster, other)

Many challenges faced; however good practices seen

POLICIES, PLANNING & STRATEGIES

- NDVPs did not include PoCs in the beginning, but improved later
  - How to reach PoCs not mainstreamed
  - Advocacy helped inclusion
- Strategies and vaccination modalities based on routine EPI and fixed sites, moved to mobile clinics and campaigns
  - To reach PoC organized differently compared and supported by humanitarian organisations

✓ Strong political leadership national to local (and global)

✓ Micro-planning better helped reach PoCs, considering local humanitarian situations

✓ Flexibility, combined modalities & strong community involvement were effective

OPERATIONAL

- Low availability/supply of vaccines
  - Type of vaccination: UCC challenges, AZ preference/supply shortages, short shelf life/expiry, halted campaigns due to safety concerns
- Logistical constraints (vaccine transport, ultra/ cold chain)
- Funding challenges
  - High operational costs to reach PoCs,
  - Lack of clarity from donors & partners
- Challenges with human resources:
  - Insufficient # of HCWs
  - Insufficient salary or pay disruptions
- Low availability of vaccination services close to PoCs, physical barriers

- Insecurity including attacks on health care
- Access constraints
  - Coordination with NSAG, opposition government, de facto authorities remain a challenge
  - Refusal by communities
- Administrative barriers
  - Providing services e.g., travel authorisation
- Little disaggregated data for PoC, humanitarian data not used

✓ Humanitarian organisations helped, across all activities: e.g., access negotiation, logistics, travel authorisations, safety of staff, storage

Challenges and good practices continued

DEMAND

- Limited vaccine acceptance, persisting rumours and misinformation
- Mistrust of health providers/ authorities
- low risk perception, competing priories for PoCs,
- Low vaccine availability resulted in reduced demand
- Insecurity, physical access constraints
- ID registration – unclear data protection, fear of attack, detention, or deportation
- Co-creation not done much

✓ KAP surveys, social listening, perception of needs, FGDs specific to PoCs but not consistent

✓ Demand & mobilisation done through local leaders and community influencers

MANAGING DISRUPTION OF HEALTH SERVICES

- Little disaggregated data to monitor RI coverage for PoCs, more for EHS
- Vaccination campaigns, EHS, RI disrupted
- Lower HCW availability for EHS

✓ Many innovations but no common approach

✓ Adapted service delivery

✓ HCW new C19 vaccinators trained, redeployed to support EHS, RI

✓ RCCE, household visits, patient reminders for RI and EHS

✓ Protected funding for EHS, RI, separated funding for C19 vaccination

LEVERAGING HUMANITARIAN PARTNERS

- No dedicated or clear space for addressing reaching POC
- Unclear how or for what humanitarian partners / architecture can be used

✓ Health Cluster involved e.g., meetings with MoH and cluster, identifying partners for RCCE, administration (less so) but still needs strengthening

✓ NGOs involved in technical and operational support, sub-nationally with planning, coordination too

✓ UN agencies, donors, and humanitarian organisations involved in advocacy

✓ Enablers: strong political will, understanding the role of NGOs, and funding by humanitarian donors

Thank you