Notes
UNHCR Monthly online Consultations with NGOs

Date	1 December 2021
Session Title	**COVID-19 vaccinations**
Speakers	• **Dr. Ling Kituyi**, Head of Staff and Wellbeing Service, UNHCR, with **Heiko Hering**, Senior Public Health Officer, Staff Health and Wellbeing Service, UNHCR and **Ignazio Matteini**, Principal Liaison Advisor, Staff Health and Wellbeing Service, UNHCR • **Apollo Gabazira**, Uganda Country Director, CARE International • **Jerry Mbokani Lukendo,** Steering Committee Member, RELON Uganda
Moderator	Annika Sandlund, Head of Partnerships and Coordination Service, UNHCR
Participants	45+, mostly NGOs and UNHCR staff

Executive summary

The consultations were based on Phase 2 of the UN COVID-19 vaccination programme, the recent eligibility vaccination for national NGO andaccess to vaccination for refugees and other forcibly displaced people. Multiple specific concerns and barriers are faced to access vaccines and ways to overcome these were discussed during the consultations for both humanitarian staffs and forcibly displaced populations in terms of identification of potential barriers, communication, and information-sharing. Specifically, on addressing barriers faced by forcibly displaced population to access vaccines, community-based engagement including with community leaders and refugee-led organisations (RLOs) and displaced populations, is key.

Major points arising from speakers

UNHCR - Dr. Ling Kituyi

- Phase 1 of the UN COVID-19 Vaccination Programme, focused on UN personnel vaccinations, aligned with COVAX and WHO Strategies in 65 countries. The priority was given to health care and frontlines field workers. In fulfilling the UN system's duty of care to UN staff, 300,000 doses were distributed.

UNHCR - Heiko Hering

- There are disparities and inequalities currently on the rollout of the global vaccine efforts, especially in Africa. Many conflict-affected countries are lagging on global targets and therefore also many populations of concern are not benefiting from access to vaccines.
- There has been a concerted effort since the beginning of 2021 to include UN and NGO personnel in many countries' estimation plans or vaccination strategies. To a certain level of success in many countries, the UN and national and international NGO staff benefitted from vaccine programs. All eligible staff and dependents are encouraged to register and sign-up to get access to national programs.
- Some countries are still vaccinating by priority groups in accordance with WHO SAGE values framework and allocation mechanism for COVAX facility vaccines. In those countries, humanitarian workers will all have to be patient and be prepared. We also need to use the time now to communicate and inform staff. In countries, where there are difficulties to access vaccines due to barriers, NGOs must actively engage with UNHCR or a UN partner to explore their staff inclusion in the UN roll-out.
- Country priority for the UN Vaccination Programme currently active are Bangladesh, Belarus, Burundi, The Central African Republic, Colombia, The Democratic Republic of Congo, Ethiopia, Guinea, Iran, Kenya, Libya, Mali, Mozambique, Myanmar, Nepal, Nicaragua, Niger, Philippines, South Sudan, Syria, Tunisia, Uganda, Tanzania, Zambia, Zimbabwe. Other countries can become active if the national programme is not effective.

UNHCR - Dr. Ling Kituyi

- Organizations do not have to buy vaccines and the UN has been able to able get a supply of vaccines for NGOs, currently Johnson & Johnson, previously AstraZeneca. Initially, the eligibility was only for UN personnel, then international NGOs, and now it is expanded to national NGOs with Phase 2 of the UN Vaccination Programme.

- Steps need to be followed to apply for the programme. First, a UN organization has to sponsor NGOs. UNHCR has signed and agreed to sponsor national NGO partners. To do so, NGOs have to reach out to UNHCR or a UN partner country representative, sign the sponsorship agreement with UNHCR or a UN partner country representative, provide the names of NGO staff willing to get access to vaccines and register the staff on a dedicated online platform. [*The steps to follow are described in more details below*].
- Vaccine hesitancies are related to numerous barriers, including administrative and language barriers, the location of the vaccination center andtime of transportation to go to vaccines centers.
- The UN and NGOs who have been involved in Phase 1 have been doing numerous webinars based in different languages and different time zones, and it is now important to keep communicating in Phase 2.
- Coming from the UNHCR Staff Health and Well being Service, UNHCR strongly advises to give opportunity for staff to talk with a trusted expert to raise questions they might do not want to bring to the public.
- What seems to also work is making reporting status on vaccination mandatory, e.g., following the UN Secretariat announcement that it is mandatory to report the vaccination status in September 2021 for the Headquarter in New York, the coverage rise from below 60% to 75% within a week.
- In addition, some UN agencies have worked on mandatory vaccination for certain occupational groups, based on legal advice, it is a reasonable and proportionate measure if the occupational group are at higher risk both to themselves and others. E.g., IOM has made vaccination mandatory for all its health care workers. The UN Secretariat made vaccination mandatory for healthcare workers, security, and interpreters working in the General Assembly.

UNHCR - Ignazio Matteini

Each action/step required by national NGOs in order to be into the UN Vaccination Programme is divided into two parts, one part done offline, and one part done onlinewhich ensures data protection:

1. The first step needed is to sign the letter of agreement and send it with the representative of your sponsoring UN agency (UNHCR or another UN Agency). The draft template is available on the UN systemwide vaccine page. The Sample Draft Agreement is accessible here: Word.
2. Then, NGOs need to send the list of the staff willing to receive vaccinations to be verified by the UN agency. Once verified, all eligible NGO staff received an e-mail with instructions and a link to the platform *Everbridge*.
3. Once the link reaches staff, each staff needs to register through *Everbridge* and complete the request for information that is important for the vaccination itself.
4. Then, the UN Agency regularly checks and validates the staff who registered via the platform. All staff registered will receive the date and the location where to go for vaccination.

- It is important that this is done in close cooperation between UN Agencies and NGOs together. It started as a test this week in South Sudan and will start all around the world. [*See also slide 5 of the PowerPoint Presentation*].

UNHCR - Dr. Ling Kituyi

- Remember that vaccination is a key pillar but we need to make sure that all other preventive measures also apply, vaccinated or not. Whether by wearing masks for people who are unable to keep distance, people meeting in big groups, respecting hygiene measures such as hand washing, informing people to stay home when they have any symptoms.
- Sometimes after vaccination campaigns in some countries, people are lax on the other barriers and the experience now in Europe shows you cannot relax on the barriers, vaccinated or not.

CARE International

- Uganda host 1.4 million refugees from South Sudan, The Democratic Republic of Congo, Rwanda, Burundi, Somalia, and other nationalities. Uganda has an open-door policy and includes refugees in national development and sector plans. They are also included in the Ministry of Health Accelerated COVID-19 vaccination campaigns.

- CARE's goal is for equitable access to vaccines, via a partnership with the government and other stakeholders. In Uganda, CARE is working with the government at national and local levels and other stakeholders like the UN.
- CARE Uganda adopted a prompted approach with four pillars for a fast and fair program to ensure equitable access to vaccines:
    1. Advocate to influence global policy to ensure equitable vaccine availability and distribution. E.g., to mobilize resources for vaccine supply and distribution through the COVAX facility; to support national advocacy efforts around vaccine access by local civil society. Another example is to partner with national stakeholders, INGO partners and local civil society to advocate for transparent population prioritization and rollout; to document the needs of girls and women as well as refugees and displaced persons to ensure equitable rollout among marginalized populations.
    2. Facilitate support to governments in prioritizing at-risk groups including health care providers, vulnerable populations groups and refugees. E.g., microplanning for vaccination sessions at the district, province and primary health care levels and supporting infection prevention and control efforts. In Uganda this will be done in line with the Ministry of Health accelerated COVID-19 mass campaigns and vaccine implementation plan which began in November 2021 across all regions.
    3. Protect by ensuring that all front-line health workers are vaccinated, protected, treated with dignity and respect and part of decision-making on the COVID-19 response and recovery**.** For example, CARE Uganda will procure personal protective equipment to protect frontline health workers while conducting vaccination outreaches.
    4. Engage communities to provide correct information, combat stigma, reduce vaccine hesitancy, and build trust. E.g., by working through a two-way dialogue between key health sector stakeholders and the community in collaboration with community leaders in culturally and locally accessible formats.
- The main challenge faced in Uganda with Phase 1 of the UN Programme is vaccine hesitancy among staff. To better understand the major reasons for hesitancy, CARE undertook a vaccine hesitancy survey among staff and get a response rate of 73% as of June 2021.
- Staffs that were hesitant or undecided largely cited the reason for a lack of trust in the vaccine. Access to the vaccine was noted as a barrier as well.
- Qualitative data also indicated that misinformation, uncertainty due to side effects, thoughts on alternative methods to treat the virus and concerns over potential effects on reproductive health were of concern.
- 68% of respondents were very likely to recommend the vaccine to others, 25% somewhat likely, 9% somewhat unlikely and 5% very unlikely.
- One respondent said that "People who got vaccinated are still being infected by COVID. I feel there should be information dissemination from the onset about the vaccine."
- 98% of staff reported being very concerned about contracting COVID-19, 99% of staff reported seeing or hearing information that was untrue.
- That information indicated high levels of fear of contracting the COVID-19 virus but a severe lack of trust in receiving the vaccine and in public health agencies with limited availability of accurate sources of COVID-19 information.
- Staff outlined their priorities on wanting information on differences in vaccine products, followed by information on side effects, risks and benefits of the vaccine, as well as how the vaccine works and how the disease spreads.
- CARE took the results and feedback from the survey very seriously when developing its own strategy moving forward. For example, CARE organized a series of health talks to share accurate information on areas of interest about the vaccine and COVID-19 in general, with speakers representing doctors from the Ministry of Health and WHO.
- In addition to the management sharing regular communication to encourage all staff to take the vaccines, based on the Ministry of Health and WHO guidance, CARE also provided transportation for staff to vaccination points

and developed and implemented a policy where staff could take time off in case they faced adverse reactions to the vaccine.

- To address the issues of misinformation, CARE is undertaking risk communication and community engagement, media, and radio talk engagement in collaboration with the district task force, e.g., CARE has developed a system for weekly tracking of rumors which are then addressed; is working through hygiene promoters, women mentors, volunteers, and role model in the communities who are fully mobilizing communities to go for vaccination.
- Starting in November 2021, CARE has been supporting the district task force the COVID-19 national implementation plan for 2021-2022, facilitating procurement of bulk SMS to remind individuals about their 2nd dose, sex, and age-disaggregated COVID-19 vaccine registration. It will help increase uptake and vaccine coverage in the communities.

RELON

- RELON Uganda is a network of refugee-led organizations looking at advocating for refugee self-representation, for more inclusion and direct funding.
- During the start of the pandemic in March 2020, RELON Uganda has provided funding to eight RLOs to support their efforts to stop the spread of COVID-19. Those RLOs provided food, non-food items, and face masks to refugees to stop the spread of COVID-19.
- To understand COVID-19 effect and refugees' barriers to access vaccines, RELON has been involved in the recent study "A People's Vaccine For Refugees: Ensuring access to COVID-19 vaccines for refugees and other displaced people", in partnership with Oxfam.
- Although refugees in Uganda can access vaccines, as of today records show that only 6'400 refugees had received their first dose and 1'705 refugees are fully vaccinated.
- Feedback from refugees related to vaccines hesitancy in Uganda shows that they think that the vaccines is still at its trial stage. There are also some fears around AstraZeneca vaccines that have been prohibited in some countries in Europe for some group of population.
- There are also refugees that are afraid of vaccines, thinking it causes blood clots, neurological damage, death.
- Refugees do not know enough about vaccines, how it works, where to get them, if they are eligible to be vaccinated and if it is free. There are not enough campaigns seeking to inform people about the importance of the vaccine.
- In the study, one refugee respondent highlighted "My experience is that whoever got the vaccines is hospitalized, so I cannot put my life at risk, being hospitalized because of the vaccine. No one has told us about the side effect of how the vaccines work". This fear is shared by many refugees.
- Ongoing national campaign explaining the information about the vaccine is mainly through radio, TV in local language as well as in English but fewer refugees following those information channels. Many refugees as well are not interested in vaccination because they have not seen any campaign led by UNHCR that they trust.
- Several recommendations to increase accessibility to vaccines among refugees:
    1. Create a task force that involved local leaders such as community leaders, pastors, RLOs in terms of disseminating accurate information about COVID-19 and about vaccines.
    2. Hold public discussion with refugees being vaccinated, this could be a campaign that can be driven by either a government, UNHCR or other stakeholders. Government should also carry out some outreach program and community-led information campaigns.
    3. The government, UNHCR, and other stakeholders should ensure that COVID-19 messages are also translated in languages that refugees understand.
    4. Reduce administrative barriers, for example, do not ask ID cards that some of them might not have such as asylum seekers.

Major points arising from discussions

- In facing the numerous barriers to accessing vaccines, it is important to communicate in non-stigmatising language. Barriers need to be addressed without making people feel that they are ignorant for raising concerns. Often, concerns will not come out in the first webinar and it needs to have a safe space where people can bring it, whether it is within

a specific setup or with trusted community leaders. Extra work is necessary to make sure that staffs are confident in giving the answers. A lot of training of trainers needs to be done and have everyone who is in contact with the public to be confident in giving correct information and answering queries.

- The safe space and communication are important as well as identifying the exact concerns that people have about vaccines and addressing them. To identify exactly the issues and concerns by staff, either through a survey or through private interviews, it was highlighted that ICVA can share examples of surveys used by NGOs. For more information, please contact Eileen Morrow, Senior Policy & Advocacy Officer: Humanitarian Coordination at eileen.morrow@icvanetwork.org
- The points on safe space and communication were also valid concerning forcibly displaced populations.One of the areas particularly important to engage with communities to get vaccinated are through refugee leaders and RLOs - they should be involved in the design of outreach campaigns that work for specific population as they will have a much better understanding of their own community's concerns.
- Increasing confidence in vaccination work with sharing success stories, getting encouragement from refugees, women, men, etc. Refugees also make the best ambassadors to share success stories, as they are more likely to be trusted than government authorities in many cases.
- Regarding the countries that include at-risk and vulnerable populations in the vaccination rollouts for COVID, in line with WHO SAGE recommendations, some countries have speed away slightly from that. In theory, most countries should be including at-risk and vulnerable populations in vaccines campaigns. UNHCR recommendation to States is the inclusion of refugees, migrants, stateless and different populations under the same criteria as nationals in vaccination plans. For example, if a national campaign targets people over the age of 65, refugees or stateless over the age of 65 persons should be included. UNHCR's constant appeal is to emphasize on having refugees vaccinated at the same level as nationals in their hosting country.
- To date, most countries do include refugees and other displaced persons in national vaccine rollout.
- On the third dose shot, there is currently no capacity in the UN vaccination program. WHO has not yet made recommendations on the need and timing of booster doses for those who have received their primary series. SAGE will be discussing this issue in a meeting scheduled for December 7 and is expected to make recommendations. Several high income and middle-income countries have started giving booster doses nationally. In doing so, there is also the need to keep vaccine equity in mind and prioritize providing the primary doses to all of those eligible before providing booster doses.
- Finally, in addition to the Uganda example and COVID-19 vaccination campaign for NGOs. The participants of the consultations were informed that vaccines doses arrived in South Sudan and all NGOs are invited to take steps to vaccinate their staff.

Follow-up/Action points

To NGOs:

- NGOs are encouraged to go to a UN agency with whom they have a partnership agreement to proceed and have their local agreement for staff to be included in UN COVID-19 vaccination program. Active engagement with a UN partners is needed to explore the inclusion of the staff in vaccines rollout.
  It is not only limited to the priority countries mentioned during the consultations but all the countries and there is currently no deadline for national NGOs to apply to the UN vaccination programme.

To UNHCR & NGOs:

- Continue or redouble efforts to offer a safe space and communicate with staff and forcibly displaced populations around COVID-19 and vaccination.

Background documents/reports/guidance/websites

- A People's Vaccine For Refugees: Ensuring access to COVID-19 vaccines for refugees and other displaced people, Briefing paper, Oxfam, 30 November 2021
- The UN systemwide vaccine webpage: https://www.un.org/en/coronavirus/vaccination