



A GLOBAL NGO NETWORK
FOR PRINCIPLED AND EFFECTIVE
HUMANITARIAN ACTION

CASE STUDY

ICVA and INTERSOS' Leading Role in the Development of the COVID-19 Vaccination in Humanitarian Settings Action Plan

2024

Context

Since the onset of the COVID-19 pandemic in January 2020, ICVA has played a key role in addressing and responding to issues of greatest concern to its members and the wider humanitarian community, particularly regarding equitable vaccine distribution in humanitarian settings. Notably, ICVA has played an important role in advocating for the inclusion of national NGO staff in the [UN COVID-19 Vaccination Programme](#) and strengthening of the [COVAX Humanitarian Buffer](#) in 2022 by leveraging insights from its members.¹

Beginning in 2021, with support from the Hilton Foundation, ICVA and its members embarked on a concerted effort to ensure equitable access to COVID-19 vaccination globally, recognizing the significant disparities in vaccine delivery in humanitarian contexts. Central to these efforts was ICVA's significant engagement with the COVID-19 Vaccine Delivery Partnership² (CoVDP), aimed at promoting better vaccination coverage in humanitarian contexts.³

An noteworthy achievement stemming from ICVA's collaboration with the CoVDP is evident in the development of the "[COVID-19 vaccination in humanitarian settings: action plan from a joint convening and contributions to broader pandemic preparedness](#)", published in October 2023. This exemplifies ICVA's successful advocacy and partnership efforts, contributing to comprehensive action plans and bolstering pandemic preparedness initiatives.

What ICVA did

In February 2022, ICVA was appointed as a member of the CoVDP Steering Committee on COVID-19 vaccinations in humanitarian settings. The Committee's objective was to organise joint convening on the rollout of COVID-19 vaccinations in humanitarian settings, to assess progress, identify challenges, and share promising practices in vaccine outreach to populations of concern (PoC).

*"The appointment of ICVA to the Steering Committee was an easy decision. ICVA had been reaching out and collaborating with World Health Organization (WHO) throughout the pandemic, offering its services. ICVA is [also] a conduit for its great network". **Ann Lindstrand, United Nations World Health Organisation***

The Steering Committee established three Working Groups (WGs), comprised of experts from various sectors. These groups focused on Leveraging humanitarian architecture (WG1), supply chain and regulatory considerations (WG2), and health systems strengthening (WG3) in humanitarian settings.

¹ See ICVA's [Annual Report 2022](#)

² The COVID-19 Vaccine Delivery Partnership was put in place in January 2022 by the United Nations World Health Organization (WHO), the United Nations Children's Fund (UNICEF) and Gavi, the Vaccine Alliance, as a time-bound mechanism to support COVID-19 vaccine delivery in countries with the lowest coverage rates.

³ See ICVA's [Annual Report 2022](#). ICVA for example joined a CoVDP high-level mission to South Sudan.

ICVA, along with the Global Health Cluster⁴, was appointed as co-chair of WG1, tasked with facilitating discussions and encouraging participation to generate actionable insights. ICVA actively engaged 12 members and partners to participate in the Working Groups, organising seven meetings between November 2022 and February 2023, to develop recommendations for the action plan.

“ICVA has a good network of NGOs, donors, and UNICEF amongst others. This preexisting network was useful in the Working Group deep dives. The discussions were grounded in important evidence and experience”. **Eba Al-Muna Pasha, Global Health Cluster**

Ahead of the joint convening, ICVA advocated strongly for NGO engagement, resulting in INTERSOS⁵ being appointed as co-chair of WG3 alongside the German Federal Ministry for Economic Cooperation and Development (BMZ). This collaborative effort underscores ICVA’s commitment to fostering inclusive and effective partnerships in humanitarian response efforts.

What INTERSOS did

INTERSOS has been an active member of ICVA since 2013, regularly contributing to various working groups and consultation processes. Prior to its participation in the CoVDP vaccinations in humanitarian settings initiative, INTERSOS has already been engaged in the COVID-19 Collective Action WG, established by ICVA in October 2021. This working group aimed to coordinate collective efforts among ICVA members in response to COVID-19 and to document and disseminate their experiences, as showcased in the ICVA publication [“Principles of Effective COVID-19 Vaccination Response in Humanitarian Contexts”](#).

Throughout its participation in the ICVA WG, INTERSOS demonstrated its significant frontline experience supporting healthcare systems, including COVID-19 vaccine administration and distribution, in the countries it operated in during the pandemic.⁶ Recognising INTERSOS’s technical expertise and frontline experience, ICVA proposed that INTERSOS co-chair WG3 on health systems, alongside BMZ, a proposition that was accepted. INTERSOS was also invited to join the Steering Committee.

As **Eileen Morrow, ICVA’s Policy and Advocacy Coordinator**, who leads ICVA’s COVID-19 and pandemic preparedness work noted, “INTERSOS has been strongly engaged in COVID-19 vaccination in humanitarian settings and was an active member in our Covid-19 working group. Drawing from its frontline experience in COVID-19 vaccination, INTERSOS shared many of its insights into the bottlenecks and good practices for delivering vaccines in humanitarian settings with our members. As such, INTERSOS was well placed to co-lead the CoVDP WG3 on health systems strengthening and pandemic preparedness and response in humanitarian settings. Their contributions helped ground discussions in COVID-19 vaccination response realities.”

⁴ The Global Health Cluster supports health cluster and/or sectors in countries.

⁵ INTERSOS is an international humanitarian organisation founded in Italy in 1992 and operating in humanitarian contexts to protect the most vulnerable people, provide medical care, distribute basic necessities, and offer emergency shelter. For more information, see <https://www.intersos.org/en/about-us/>

⁶ For more information on INTERSOS’ COVID-19 response, see <https://www.intersos.org/en/the-report-on-our-global-response/>

“What we, the international health community, did [as part of COVID-19 response], is something that will be studied in the years to come”. **Andrea Accardi, INTERSOS**

During the period November 2022 and February 2023, INTERSOS and BMZ jointly facilitated seven WG sessions focusing on various health systems topics. During that time, INTERSOS frequently sought advice from ICVA on how to approach the different topics and engaging participants, particularly those with different perspectives from outside the NGO sector.⁷ This collaboration marked a significant milestone for INTERSOS, as it engaged in dialogue at the highest level with a broad spectrum of public health and humanitarian stakeholders for the first time.

Results and impact

The joint convening took place in Nairobi, Kenya, on 14 and 15 February 2023, and was attended by 121 participants.⁸ It built on the work conducted by ICVA and INTERSOS as part of the WGs to develop concrete solutions and an overarching action plan to both guide the COVID-19 vaccination response and inform planning during future pandemics.⁹ ICVA and the Global Health Cluster helped ensure that over 25% of attendees to the joint convening were from NGOs.

“At the convening, there was good representation from ICVA and Global Health Cluster partners. ICVA and the Cluster were able to make sure that NGOs were sufficiently represented by encouraging our network members to participate in the joint convening, selecting NGOs for participation based on the interest expressed and the value they could bring to the discussions, and ensuring they would be officially invited to the proceedings”. **Eba Al-Muna Pasha, Global Health Cluster**

The impact of ICVA’s engagement can also be seen in the development of a concrete and practical COVID-19 vaccinations in humanitarian settings action plan with contributions to broader pandemic preparedness. The Global Health Cluster noted that the issues raised in the lead up to and during the convening were articulated in the Action Plan¹⁰. WHO noted that ICVA and NGOs had contributed to the production of an extensive background document as a pre-read to the convening, with the WG chairs carrying the heavy load of finding consensus in discussions to develop the document. WHO also acknowledged ICVA’s important contribution to the convening.¹¹

As for INTERSOS, the organization is proud of what was achieved through the convening that managed to mobilise public health and humanitarian actors that normally hardly talk to each other. INTERSOS emphasises the very enriching experience for the whole humanitarian community as very sensitive topics were successfully approached and solutioned together.¹²

On a personal level, Andrea Accardi, INTERSOS COVAX Task Force Coordinator and WG3 Co-Chair, highlights the learning process he went through in his WG to find common ground among actors

⁷ Interview with INTERSOS

⁸ See <https://www.who.int/publications/i/item/9789240079434>

⁹ Ibid

¹⁰ Interview with the Global Health Cluster

¹¹ Interview with WHO

¹² Interview with INTERSOS

coming from different organizational backgrounds. Andrea mentions that he learned how to shape language in different ways and how to involve actors with different views to find common ground.¹³

At an organizational level, INTERSOS drew a lot of benefits from its participation in the Steering Committee and WG co-chairing. For the organization, it constitutes a positive track record to build on. INTERSOS benefitted from significant exposure during the convening process. While WG and convening stakeholders may have known about INTERSOS, most did not know about INTERSOS' COVID-19 work in detail. The convening offered the organization a platform to make key public health and humanitarian stakeholders aware of its frontline experience. Further evidence of the exposure can be seen in Journalists reaching out to INTERSOS following the publication of the action plan to find out more about the work.¹⁴

“Having not 10 minutes but session after session, [...] months [...] to express [your] own view on the basis of ground experience, this is top exposure for our work”. **Andrea Accardi, INTERSOS**

As a result of its participation in the convening, INTERSOS was able to approach donors such as the Gates Foundation and Gavi on potential projects. ICVA proved helpful in providing advice on which donor to approach and how to approach them. INTERSOS submitted a proposal to Gavi as part of its Zero-dose Immunization Program (ZIP) and is currently awaiting feedback.¹⁵

Lessons learned

The convening adopted a holistic approach, bridging the humanitarian and public health sectors by assembling key stakeholders from various organizational backgrounds. Participants included donors, international organizations, governments, UN agencies, Gavi, the Africa Centres for Disease Control and Prevention and international and national NGOs, as well as NGO fora. This inclusive approach facilitated constructive dialogue, enabling stakeholders to identify common ground and devise effective strategies to address the myriad of complex challenges surrounding vaccine delivery. The result was the development of a comprehensive action plan with broad stakeholder buy-in.

Through a series of online and in-person meetings, the convening fostered trust, encouraged the exchange of diverse perspectives, and facilitated and knowledge and learning sharing. Importantly, frontline humanitarian actors such as the Amel Association International, International Medical Corps, the Tamdeen Youth Foundation, the Uganda NGO Forum, Save the Children International, and INTERSOS, were given the platform to contribute their invaluable insights and experiences. This ensured that the action plan remained firmly rooted in the real-world challenges and practical solutions. The success of this approach underscores the importance of including frontline actors in high-level policy discussions from the outset of public health emergencies. Moving forward, this practice could be replicated to ensure that future responses to international health crises are informed by the expertise and experiences of those directly involved in humanitarian efforts on the ground.

¹³ Ibid

¹⁴ Ibid

¹⁵ Ibid

Annex 1: Key Learning from the COVID-19 Vaccination in Humanitarian Settings: Action Plan from a Joint Convening and Contributions to Broader Pandemic Preparedness

While globally over 65% of the world's population was able to access COVID-19 vaccinations by March 2023, in low-income countries marked by humanitarian crisis, primary coverage was achieved for only 25% in the same period and less than 10% for countries that remained experiencing ongoing humanitarian emergencies. The same inequitable pattern is likely to emerge in future pandemics unless the actions outlined in the [COVID-19 Action plan](#) are implemented.

Funding must be provided to local organizations, including NGOs, Civil Society Organizations, Women-led Groups and crisis-affected communities who will already be responding to the direct and indirect impacts of a pandemic. Frontline responders are generally volunteers, local NGOs and national staff of international NGOs based in complex and under-resourced environments. Global pandemic response systems must find ways to support first responders rapidly with financing and engage them in local level planning.

While a top-down centralised response to a pandemic can help ensure standardisation, knowledge sharing, and efficient resource management, it is critical that local planning and response is supported in humanitarian settings to ensure the complex barriers and bottlenecks are rapidly identified and addressed. Pandemic response systems must consciously and actively commit to changing ways of collaborating and engaging with each other. These efforts and relationships need to be sustained even after a pandemic has been responded to ensure that they are ready to activate when the next pandemic strikes.

Investment in reducing misinformation and spurring community engagement is key. It is to be expected that a certain portion of the population will be suspicious of, or even refuse to follow public health measures even when it is to protect themselves and their loved ones. It is important that the concerns of everyone, including those resistant to public health advice are respectfully listened to and met with empathy and understanding. This takes time and concerted engagement.

While there was a global media narrative that there was no point in providing vaccines to humanitarian contexts as they would be wasted, with sustained investment in risk communication, community listening and trust building it is possible to generate demand even in complex humanitarian settings, as evidenced in South Sudan.



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