IFRC

ONE LIGHT, ONE TUNNEL:

How commitments to COVID-19 vaccine equity can become reality for last mile communities

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Cover photo: Mexican Red Cross volunteers vaccinating vulnerable groups against COVID-19 in Sonora, Mexico. © Mexican Red Cross
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© Red Cross of Montenegro. The Montenegro Red Cross is supporting the COVID-19 vaccination of elderly people.

> COVID-19 discriminates. Deep and pervasive inequities mean that, no matter where they are, people in vulnerable settings are more likely than the general population to be infected, are more likely to die once infected, and are least likely to be appropriately supported through the response, including through vaccination campaigns.
>
> **Jagan Chapagain**,
> Secretary General of the International Federation of Red Cross and Red Crescent Societies (IFRC), addressing the UN Security Council in February 2021.

Summary of recommendations

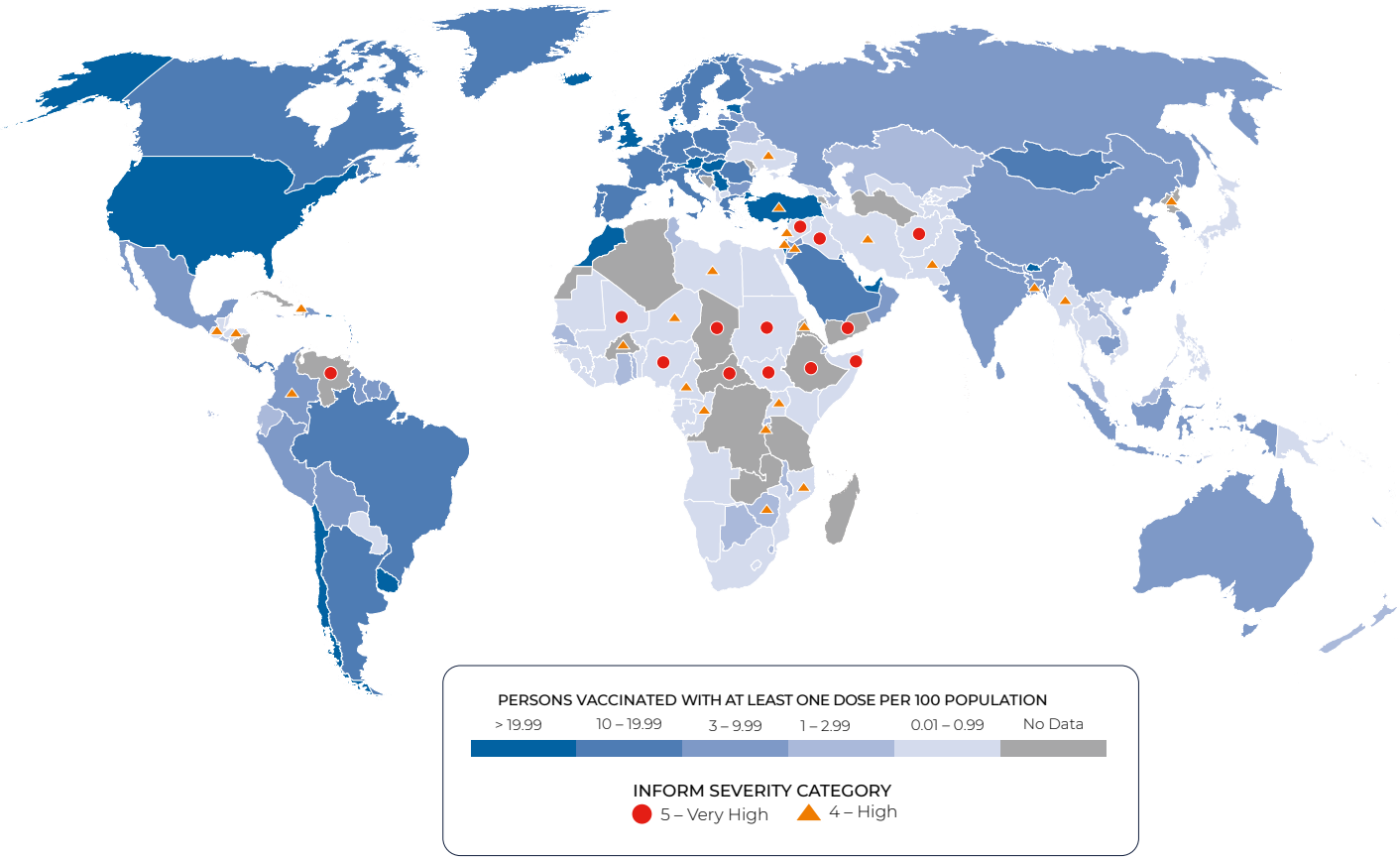
- States with full access to vaccines, and the companies producing the major COVID vaccines, must do more to bridge the geographical gap in access. Achieving vaccine equity will require prompt donations of vaccine doses in addition to funding for the COVAX Facility, increased technology and knowledge transfer, and urgently negotiated solutions in the WTO framework of regulatory barriers which are slowing vaccine production.
- Traditionally marginalised groups, such as undocumented migrants and refugees, must be given equitable and effective access in national rollout of vaccine campaigns.
- Funding for vaccination cannot end at the vaccines themselves. There is a great deal of effort needed to go from delivery to the airport tarmac to jabs in arms. The IFRC and its member Red Cross and Red Crescent Societies need additional funding to continue our unique and trusted community-level action and to ensure that vaccines actually reach last-mile communities.
- Red Cross and Red Crescent Societies should be included in all phases of national vaccination roll-out plans, leveraging crucial experience and community engagement on routine and campaign immunizations.
- The Collective Service for Risk Communication and Community Engagement (RCCE) is a critical tool. Let us use this common community engagement framework.
- Red Cross and Red Crescent volunteers are often the first responders within their communities. They must be protected and prioritised within national vaccination roll-out.

© IFRC
Bangladesh Red Crescent volunteers support the nationwide COVID19 vaccination campaign.

Introduction

As COVID-19 vaccination campaigns progress in some countries around the world, we are seeing the light at the end of the global pandemic tunnel. By mid-April 2021, close to 735,000,000 vaccination doses had been administered, with over 405,000,000 individuals having received at least one vaccination dose[1], broadly 5 per cent of the global population. Yet, these impressive numbers mostly reflect the vaccination drives in a small number of countries, with close to 60 per cent of vaccination doses being administered in just three countries: the United States of America, China and India. Only 11 countries had administered more than 50 doses per 100 persons (Israel, Seychelles, United Arab Emirates, Palau, Bhutan, Chile, the United Kingdom, Bahrain, the United States of America, the Maldives and Monaco). Whilst the second week of April 2021 marked the delivery of COVID-19 vaccines to 100 economies through the COVAX Facility, including to 61 of the countries eligible for vaccines through the Gavi COVAX Advance Market Commitment (COVAX AMC)[2], just 0.6 per cent of all vaccination doses globally, or fewer than 4,700,000 doses, have been administered in Sub-Saharan Africa. Around the world, countries grappling with the most intense pre-existing humanitarian crises (as measured by the Inform Severity Index) are among those with the least access to doses. In the 14 countries in the world identified as facing very severe humanitarian crisis[3], an average of 0.16 vaccination doses have been administered per 100 persons.

Figure 1: Contrast between vaccine administration per 100 people, as of 15 April 2021, and 38 countries facing severe or very severe humanitarian crisis.



Many important policy choices remain and could make the difference between a successful, equitable worldwide approach and an extended battle against the SARS-CoV-2 coronavirus. In addition to delivering vaccines to countries, further crucial steps are needed to ensure that those vaccines reach communities and commitments so COVID-19 vaccine equity can become a reality within each country.

The International Federation of Red Cross and Red Crescent Societies (IFRC) recently launched a revised Emergency Appeal to respond to COVID-19[4], highlighting that inequities continue to be pronounced and damaging for people living in countries affected by severe or very severe humanitarian crises. It also highlights inequities within countries themselves, which continue to be pronounced for marginalised people or different people, based on their sex, gender, age, disability, sexual orientation, health status, legal status or ethnicity. Among other funding needs, the revised Emergency Appeal seeks 100 million Swiss Francs specifically for National Red Cross and Red Crescent Societies to pursue COVID-19 immunization activities, including administering vaccines, distributing vaccines to the last mile and building community acceptance. These activities complement the COVAX mechanism which delivers vaccines to capital cities and ensure that those vaccines can reach 500 million people across countries, including the vulnerable, at-risk and isolated individuals and communities.

© Maldivian Red Crescent.
Maldivian Red Crescent volunteer reaching out to undocumented migrants.

Whilst there are many variables which cannot be controlled globally regarding the roll-out and impact of COVID-19 vaccinations, we encourage national authorities and donors to take policy decisions that they do control: Pursue equitable distribution and access to the most vulnerable, the underserved and the unseen. Promote the role and safety of community health workers and volunteers. Engage communities in two-way dialogue. Continue building upon established trust between our volunteers and their communities. Partner with us and our National Red Cross and Red Crescent Societies.

Equity between countries and within countries

Equity across the globe

Globally, the commitment to vaccine equity is well-recognised and regularly pronounced. Various international bodies, including the United Nations Security Council[5] , the United Nations General Assembly[6] and the World Health Assembly[7], have recognised the role of immunization against COVID-19 as a "global public good", the importance of targeting the most vulnerable, and the need for "inclusive, equitable and non-discriminatory access to safe, quality, effective and affordable health care and service". As recently as 26 March 2021, 181 UN member states signed on to a Political Declaration on Equitable Global Access to COVID-19 Vaccines[8], following on from a special session of the UN General Assembly in response to the COVID-19 pandemic in December 2020[9] which underlined the importance of equitable access to vaccines for all.

Despite these commitments, countries focus on the vaccination of their nationals and residents, having in certain cases purchased more than sufficient vaccines for their entire populations. It is indeed expected that countries concentrate on protecting their own populations first. Yet, where they have secured the necessary doses for their priority and vulnerable populations, they should start to support more vulnerable countries sooner, rather than wait several months into their vaccination campaigns to do so. Meanwhile, certain countries, often those with the weakest health infrastructure and least economically stable populations, struggle to vaccinate their medical staff and their most vulnerable, while global vaccine production and exportations are facing challenges and delays. As of end of April 2021, high-income and upper-middle income countries were reported as having purchased close to 6,250,000,000 vaccine doses, whilst COVAX had purchased 1,120,000,000 doses for all participating countries[10].

While necessary, additional funding to COVAX alone will not solve this problem. COVAX is competing with states purchasing vaccines bilaterally from developers and the overall manufacturing pipeline is still too narrow. It is essential therefore for higher-income countries to donate doses, not only funds, as France has done[11], committing to donate five per cent of its supply, and as the United Kingdom and the United States have pledged to do.

Epidemiological and financial reasons for further action on global equity

"No one is safe until everyone is safe" is a global concept, all the more so in our interconnected world which allowed the virus to spread so fast from the outset. Scientific evidence to date strongly suggests that as increased infections around the world continue, even as certain countries reach high vaccine coverage, there is greater potential for new virus variants to develop[12]. In turn, there is greater potential for established vaccines to be less effective against those variants, and for those variants to lead to increased transmission, morbidity and/or mortality[13]. We need to seek global herd immunity, not only national herd immunity.

Global vaccine equity is not only public health common sense, it is also financial common sense. Economic models and analyses indicate an economic impact on all countries if only certain countries manage to immunise their populations, amounting to up 4.4 trillion US dollars a year according to optimistic estimates[14]. The majority of this loss would be borne by the more advanced economies as COVID-19 continues to impact other countries around the globe, affecting the international trading system and in particular the construction, textiles, retail and automobiles sectors. States should therefore carefully consider the financial impact of not sharing vaccines equitably.

Addressing the need for increased vaccine production

We must also urgently address the manufacturing bottleneck. With some hopeful exceptions, we have yet to see pharmaceutical companies expanding licensing and sharing technology to the extent necessary to fill this gap. A voluntary technical access plan, the COVID-19 Technology Access Pool or C-TAP[15], has been organised by WHO to promote non-exclusive and transparent licensing, but it has had limited impact to date. At the time of writing, debate was ongoing in the World Trade Organisation on proposals to adjust international restrictions related to intellectual property rights as well as other measures to boost production. This must not remain merely a political debate – states must work together to negotiate a viable solution with the potential to make a difference in vaccine accessibility. We need agreement now – not in six months – to make a practical difference in the short term.

© Red Cross of Serbia
Serbian Red Cross volunteers support COVID-19 vaccine registration.

Further strategies for equitable distribution to vulnerable groups within countries and the role of the Red Cross and Red Crescent

Within countries, there has been wide acceptance of the need to reach the most vulnerable and at-risk groups first, in line with the values framework on the prioritization of COVID-19 vaccinations[16], issued by the World Health Organization's Strategic Advisory Group of Experts on Immunization (SAGE). SAGE identifies over 20 population groups to be prioritized, subject to the characteristics of available vaccines, and also developed a Roadmap for prioritizing the use of COVID-19 vaccines within countries in the context of limited supply[17]. In their planning processes, according to the principles of equity and equal respect for all human beings, national authorities are encouraged to use the SAGE guidance for vaccination prioritization.

By early April 2021, the UNHCR encouragingly reported that 153 states have adopted COVID-19 vaccination strategies that include refugees[18]. Whilst this development is positive, it is also important to ensure that those strategies are applied in practice, and that plans be expanded to provide effective access to COVID-19 vaccination to other categories of vulnerable migrants, in particular migrants in irregular situations. Of the estimated 80 million forcibly displaced persons, only 26 million are registered refugees[19]. The remainder must also be included in vaccination roll-out.

MALDIVES RED CRESCENT SOCIETY:
REGISTERING UNDOCUMENTED MIGRANTS FOR COVID-19 VACCINATION

In addition to providing support for registration at vaccination centres, and supporting access for the elderly, the Maldives Red Crescent Society (MRCS) has been registering undocumented migrants for COVID-19 vaccination since 24 February 2021. Those migrants were unable to register on the Ministry of Health online vaccination portal, due to their lack of identity documentation.

Following effective dialogue and advocacy with their national authorities, MRCS registers undocumented migrants and issues a MRCS Vaccination Registration Card to them, allowing them to proceed for vaccination. The lists of migrants are only shared with the health authorities responsible for vaccination, in an effort to ring-fence the vaccination from any potential immigration enforcement. MRCS also operates a migrant support call centre, to provide additional orientation where needed.

© Maldivian Red Crescent
Maldivian Red Crescent registering undocumented migrants for vaccination.

By 31 March 2021, MRCS had registered 4,076 undocumented migrants and had serviced over 640 calls through its migrant support call centre. At least over 60% of those who registered with MRC have received their first dose of the COVID-19 vaccine.

Migrants, who have faced an invisible wall[20] in accessing services during the pandemic, continue to face additional barriers to access COVID-19 vaccinations, even if included in vaccination plans. These include language, lack of access to disposable income, lack of information, lack of identity documentation, lack of affiliation to a social security system, and fear of enforcement by migration authorities. National authorities are encouraged to eliminate those barriers and ensure that effective access is provided to vaccines irrespective of migrants' status, whilst taking care to balance the needs of migrants and the host communities in which they reside.

Through their community reach and neutral, independent humanitarian nature, National Red Cross and Red Crescent Societies are in a strong position to gain the trust of vulnerable migrants as well as other hard-to-reach or marginalised population and support them in obtaining the COVID-19 vaccine. These populations tend to have reduced access to health services and infrastructure and their socio-demographic situation may mean they have increased vulnerability to the virus. In Bangladesh, the Red Crescent Society has been carrying out advocacy with authorities to ensure equity and access to vaccination for vulnerable and marginalized population groups, including Rohingya refugees in Cox's Bazar. The Brazilian Red Cross has been vaccinating isolated Indigenous populations in the Amazon, seeking to ensure that they are prioritised.

© Brazilian Red Cross
Brazilian Red Cross administering vaccines to distant communities.

In countries which face armed conflict, Red Cross and Red Crescent access to communities is crucial in supporting the COVID-19 vaccination roll-out to populations who already have limited access to basic services. For example, in the Central African Republic, National Society volunteers in over 3,200 villages are supporting 232 health facilities with routine immunization program in conflict-affected areas, equivalent to 25 per cent of functional health centres in the country. This constant community presence and network is equally key to reaching the most vulnerable with COVID-19 vaccinations.

Finally, as national authorities are considering the use of COVID-19 vaccine passports or certificates, caution is urged to prevent these from further excluding individuals who may have already been marginalised. Any such measures should seek a careful balance between the public health imperatives, based on available scientific knowledge, and ensuring that there is no discrimination in accessing services, whilst continuing to promote health screening, social distancing and hygiene measures.

In the Central African Republic, National Society volunteers in over 3,200 villages are supporting 232 health facilities with immunization.

The case for community engagement and social mobilisation on COVID-19 vaccines

Red Cross and Red Crescent community-level work complements COVAX

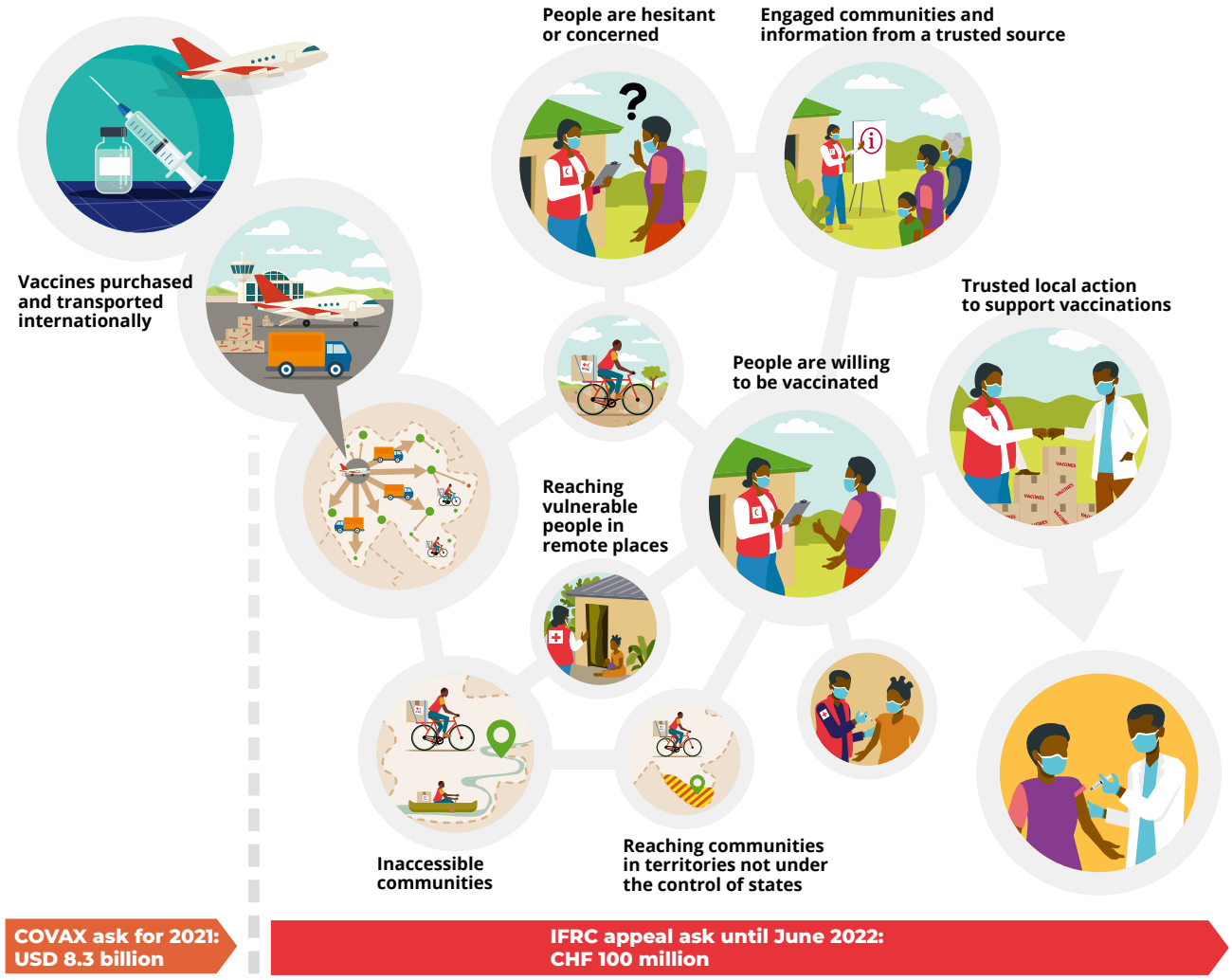


Figure 2: How the Red Cross and Red Crescent complement the COVAX mechanism

Once vaccines arrive in-country, there remain many steps to ensure that at-risk populations, and then the rest of the population, are provided fair and equitable access to COVID-19 vaccines based on need. Through consistent dialogue between providers and affected populations, and in languages which are spoken and trusted by marginalized communities, National Red Cross and Red Crescent Societies ensure that interventions are relevant and contextually appropriate and that trust is built with all community members including the most vulnerable and marginalised. Over the past year, the IFRC network has reached over 650 million people around the world through risk communication, community engagement and accountability, and health and hygiene promotion activities. Community engagement and accountability has been crucial to IFRC's longstanding commitment to ensure that no one gets left behind. Rolling-out the vaccine in an inclusive and community-centred manner will help to enable access and promote acceptance by the most at-risk populations.

Though IFRC is co-leading a workstream on community engagement in the framework of the ACT Accelerator, IFRC and its National Societies are not receiving funding through the ACT Accelerator to carry out these crucial activities. Donors are therefore strongly encouraged to separately fund the IFRC and its National Societies for this, in line with localization commitments.

Social mobilisers work directly with communities to listen to and address their concerns and build vaccine acceptance

An important element of engaging with communities for health interventions is done through social mobilisers, who engage with communities to explain the benefits of those interventions. For instance, the IFRC and its Red Crescent Societies are vaccinating some of the most remote and isolated groups in Pakistan and in Afghanistan, in conflict areas and distant mountainous regions where community resistance to vaccination is high. In those contexts, which bring sometimes fatal results for health workers, the work of Red Crescent social mobilisers is essential to promote two-way communications, listen to the concerns of communities, explain the interventions, adapt actions and address their doubts. This unparalleled access to communities for routine immunizations can be leveraged to channel COVID-19 vaccinations, building on our teams' community knowledge.

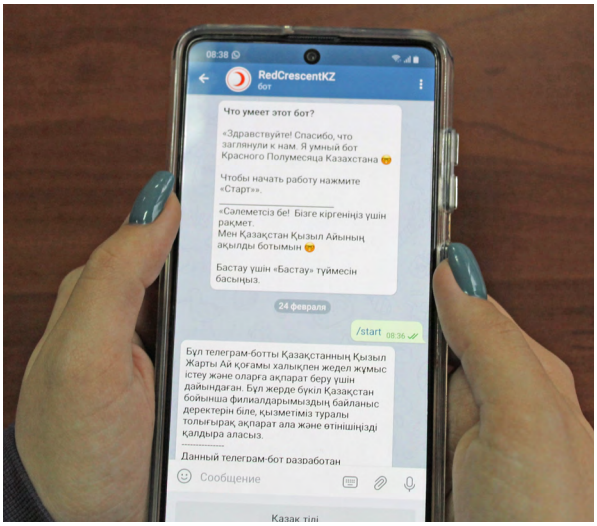
> When we informed people and we conducted awareness sessions, people understood that we come here for the better health of their children... And then they agreed to let us work in the village to protect lives.
>
> Pakistan Red Crescent Society community mobiliser, Bannu district, Khyber Pakhtunkhwa province, Pakistan.

Community engagement through two-way communication with communities

> I would change the way in which information is being disseminated in the community. There are a few less fortunate persons who do not have access to internet and TV; regular drive throughs would be suggested and not just a drive through where the trucks are just driving by and you only hear a bit of the information. The trucks should stay in one spot until all the information is given out.
>
> Participant in a vaccine perception survey, St. Vincent & the Grenadines, March 2021.

Community feedback mechanisms are central to promoting dialogue and community participation, as well as to identify sources of information and track misinformation. Community perceptions must inform the design of the response, as well as its adaptation where needed to fit to local context and circumstances. Listening to communities in this manner, then adjusting actions to their needs, is key to ensuring life-saving information and actions reach those who need them, and is best done by trusted members of their own communities, such as Red Cross and Red Crescent volunteers.

Proactively understanding which are the most consulted and trusted sources of information, as well as identifying community concerns and perceptions or gaps in information about risk and prevention, allows us to be more effective in our outreach to different groups within communities. Access to reliable information ensures that information gaps do not become misconceptions, speculation or rumours, as vaccine hesitancy increases around the globe. Once concerns or rumours are identified, Red Cross and Red Crescent teams address these with different groups within communities. It remains essential to emphasise vaccine safety based on available evidence, where a vaccine is deemed safe and effective by a WHO-approved regulatory authority and, in the case of vaccine donations, where both the sending and receiving states have approved its use.



© Red Crescent Society of the Republic of Kazakhstan.
The Kazakh Red Crescent's innovative chatbot providing trusted information on COVID-19 vaccinations.

IFRC and National Societies in the Africa Region systematically engage with communities in our response to COVID-19. One way of listening and responding as part of this engagement is by establishing perceptions and feedback mechanisms, allowing for improvements in the quality and adequacy of actions. To date, we have recorded over 132,000 rumours, observations, questions, requests, suggestions and concerns related to COVID-19, using a shared community feedback mechanism. The dataset, with feedback from 40 countries, is updated monthly and can be explored here, including concerns and doubts concerning the COVID-19 vaccination roll-out.

> "This vaccine is the big unknown so I don't see why we need to rush into it."
>
> Gabon, participant in National Society radio show, 8 January 2021.

> "The real vaccine won't really reach black Africa."
>
> Cote d'Ivoire, Household visit, 7 February 2021.

In response to feedback, the IFRC works with its National Societies to respond to the most frequent rumours or questions from the communities. For example, "Ask Dr Ben" factsheets and TV spots have been developed to address these concerns during community outreach activities, as well as Q&A guides on vaccination to support volunteers in their outreach.

In light of its unique community reach, the IFRC launched a partnership with WHO and United Nations Children's Fund (UNICEF), with active support from the Global Outbreak Alert and Response Network (GOARN), to promote a coordinated community-centred approach to risk communication and community engagement (RCCE) for partners and authorities. The RCCE Collective Service[21] advocates for the use of community insights to integrate decision-making, increase trust and ensure a lasting impact. It has been informed by the global experiences of Red Cross Red Crescent Societies as community-based organizations and all health and humanitarian actors are encouraged to participate.

"UNDERSTANDING OUR COMMUNITIES":
ST VINCENT AND THE GRENADINES RED CROSS COVID-19 PROTECTION MEASURES AND VACCINE PERCEPTION SURVEY

The St. Vincent and the Grenadines Red Cross Society launched a survey in March 2021, to better understand people's perceptions about COVID-19 protection measures and vaccines.

In addition to identifying suggestions on how to improve their outreach to communities, the survey revealed that the majority of respondents are concerned about the COVID-19 vaccine, with 24 per cent sharing their unwillingness to take it and 40 per cent stating that they remained unsure. Close to 30 per cent of respondents stated that they do not trust the COVID-19 vaccine at all. The survey allowed the St. Vincent and the Grenadines Red Cross Society to identify additional manners in which it can engage with communities and share reliable information, having been included as one of the most trusted sources of information on COVID-19 vaccination.

© Dominica Red Cross Society.
The Dominica Red Cross Society is supporting the national vaccination campaign and helping to raise vaccine awareness.

> "I don't know too much information about [the COVID-19 vaccine], and there are (sic) too much mixed information, some say it's good, some say it's bad, it's causing a confusion."
>
> Participant in a vaccine perception survey, St. Vincent & the Grenadines, March 2021.

AUSTRIAN RED CROSS PUBLIC INFORMATION CAMPAIGN:
"AUSTRIA VACCINATES"

In January 2021, the Austrian Red Cross launched a public information campaign named the "Austria Vaccinates" initiative. It seeks to share reliable, objective information about the vaccination process, including its benefits and risk.

A recent survey carried out by Austrian RC showed that approximately two thirds of people are aware of the Austria Vaccinates campaign. The results of the survey speak to the success of the campaign in increasing vaccine acceptance and decreasing vaccine hesitancy:

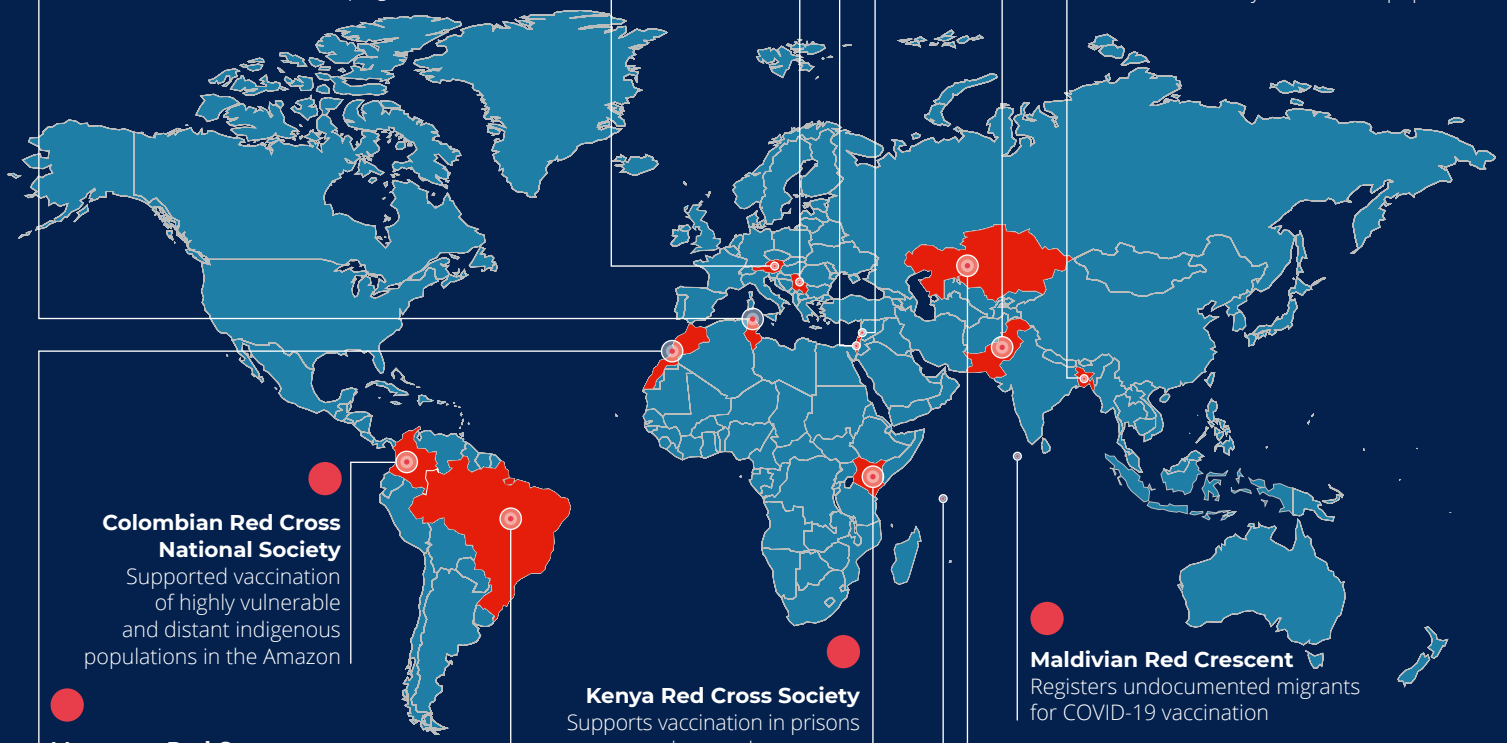
- There was in increase from 20% of respondents saying they would certainly like to be vaccinated in December 2020, to 39% saying they would certainly like to be vaccinated in January 2021
- There was a decrease from 27% of respondents saying they would refuse vaccination in December 2020 to 16% in January 2021.

Figure 2: Red Cross and Red Crescent support to COVID-19 vaccinations around the world

Interactive map

Hover over the red dot on the map in order to reveal the corresponding information

Data as of 31 March 2021



Magen David Adom (Israel)
Vaccinated staff and residents in all long-term care facilities, prisons and people without medical healthcare

IFRC in Lebanon
Provides third party monitoring of the national COVID-19 vaccination campaign

Pakistan Red Crescent Society
Operates the only non-government facility designated as a Mass Vaccination Centre in Pakistan

Red Cross of Serbia
Supported the vaccination of over 30 per cent of the country's vaccinated population

Tunisian Red Crescent
Supported the reception and care of more than 80,000 people receiving their vaccination

Austrian Red Cross
Ran the public information campaign «Austria Vaccinates»

Bangladesh Red Crescent Society
Supported the vaccination of over 50 per cent of the country's vaccinated population

Colombian Red Cross National Society
Supported vaccination of highly vulnerable and distant indigenous populations in the Amazon

Kenya Red Cross Society
Supports vaccination in prisons and general support to vaccination sites

Maldivian Red Crescent
Registers undocumented migrants for COVID-19 vaccination

Moroccan Red Crescent
Provides all-round support to vaccination processes

Brazilian Red Cross
Supports the vaccination of hard to reach populations, such as indigenous populations in the Amazon

Red Cross Society of Seychelles
Supported the vaccination of 83 per cent of the country's vaccinated population

Red Crescent Society of the Republic of Kazakhstan
Developed an innovative chatbot to address disinformation

IFRC

Concerns on the protection of health care volunteers and personnel

The International Committee of the Red Cross has documented that in just six months of 2020, there were more than 600 cases of violence against medical staff or patients worldwide in relation to the Covid-19 pandemic[22]. While the real figure is likely higher, this is about 50 per cent higher than the average over the past five years. Red Cross and Red Crescent Societies in the African region have filed 27 reports of violence or resistance to their staff and volunteers, between May 2020 and January 2021. Many suffer from stigmatization due to misinformation and fear that they may spread COVID-19, indicating the need for further awareness-raising on the role of health workers, as well as additional support from national and regional authorities to reinforce the protection of health workers.

The need to include Red Cross and Red Crescent volunteers in priority vaccination lists and with insurance coverage

As health workers who are potentially at high risk of acquiring and transmitting infection, or health workers involved in immunization delivery, it is also crucial that national authorities prioritise frontline Red Cross and Red Crescent volunteers in the initial stages of COVID-19 vaccination roll-out, as countries such as Panama, Italy and Colombia have done, specifically identifying the National Red Cross Society in their vaccination plans. This is aligned with the WHO classification of health workers[23] and the WHO SAGE Prioritization Roadmap.

Some of our National Societies have reported that they have not been included in their countries' first line responder vaccination. This is concerning when our volunteers are central to Red Cross and Red Crescent outreach to vulnerable communities – they need to be protected to continue providing their essential community services. Beyond protection through vaccination, only one third of National Red Cross or Red Crescent Societies were able to secure insurance for their volunteers which covers them in the event of illness due to COVID-19. As national authorities rely on the support provided by the volunteers of the National Red Cross or Red Crescent Societies, national authorities should also provide their support to ensure volunteers will be appropriately insured for illness due to COVID-19.

In a recent survey in the **Americas** on volunteer perceptions on their experiences during the COVID-19 pandemic, more than 15 per cent of respondents stated that they were somewhat insecure or very insecure during their volunteer work. Of those, 4 per cent confirmed they are concerned about aggression or threats from members of the community.

As of April 2021, 19 volunteers of the **Italian Red Cross** had been confirmed as deceased due to COVID-19. Though insurance providers were excluding illness caused by COVID-19 from their coverage, the Italian Red Cross, recognised as a member of the civil protection system and as auxiliary of the national authorities, succeeded in negotiating such insurance coverage for its volunteers. The Italian Red Cross is also expressly identified as a field actor implementing the national Anti-COVID Vaccination Plan, and prioritised accordingly for COVID-19 vaccination.

Overcoming COVID-19 barriers to ensure immunization for other diseases

As COVID-19 spread around the world, routine immunization and immunization campaigns for other diseases were affected, as preventative measures were taken to reduce and prevent transmission. Although countries have been able to implement catch-up vaccination in the last months, a new WHO pulse poll[24] indicates that 37 per cent of respondent countries still report disruptions to their routine immunization services. In addition, 60 immunization campaigns for vaccine-preventable diseases, such as measles and polio, are currently suspended in 50 countries[25], more than half of which are in Africa. These suspensions place 228 million people, mostly children, at risk, according to WHO, UNICEF and Gavi estimates[26].

Reasons for reduced immunization services include low availability of personal protection equipment (PPE) for health workers, travel restrictions, and low availability of health workers. Demand for immunization has also been affected, due to concerns about the risk of exposure to COVID-19, as well as public transport limitations and lockdown measures. It is therefore crucial that authorities and donors promote and restore confidence in continued and safe immunization activities, reducing the risks for health workers and communities by providing PPE and with continued adherence to recommendations to prevent transmission. Several Red Cross and Red Crescent Societies, such as in Afghanistan, Bangladesh, the Central African Republic, Nigeria, Pakistan and the Philippines have continued to support their national authorities with routine immunization and campaign activities in 2020, and many more National Societies stand ready to do so.

In the Killa Abdullah district of Balochistan, on the Pakistani border with Afghanistan, only 9% of targeted children had been receiving their third dose of Pentavalent vaccine which protects against five major diseases: diphtheria, tetanus, pertussis (whooping cough), hepatitis B and Haemophilus influenzae type b, in January 2019. As **Pakistan Red Crescent** teams began supporting Ministry of Health efforts, vaccination coverage has exceeded monthly targets and increased by over 120% in the last quarter of 2020, compared to 2019. Certain villages in the tribal belt had not been reached in 15 years, until Red Crescent teams attended those underserved communities with an emphasis on outreach and mobile vaccination sessions at the community level, organized by the community social mobilizers and vaccinators. Building on these systems and trust strengthened through continually engaging communities and successfully delivering lifesaving services is critical to reaching them with COVID -19 vaccination as well.

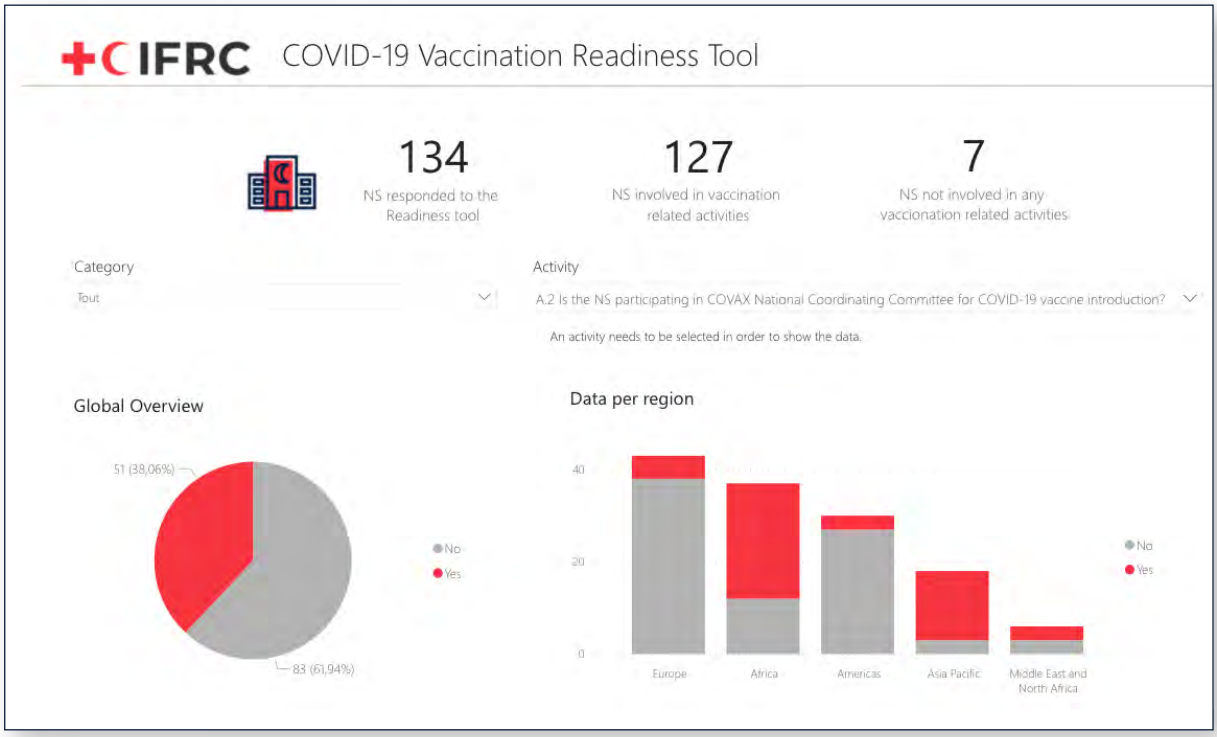
© Pakistan Red Crescent Society. A Pakistan Red Crescent vaccinator providing routine immunization to distant communities in Balochistan.

In Greece, the **Hellenic Red Cross** has been supporting routine immunization for migrants, through its three vaccination centres and five mobile health teams. By 31 March 2021, they had provided close 5,000 to migrants with routine immunizations.

Strengthening collaboration between authorities and National Societies

National Red Cross and Red Crescent Societies, as auxiliaries to their public authorities, have a long history in working with government on public health promotion. Only weeks prior to the detection of the COVID-19 outbreak, National Societies and States agreed to an international resolution to tackle epidemics and pandemics together[27], and reaffirmed the role of National Societies in pandemic prevention and response. States and National Societies should therefore seek to further strengthen their cooperation, in light of the ongoing global threat of COVID-19. States should also seek to clearly set out a role for National Societies in their national vaccination plans, incorporating their engagement with affected communities, and including them in their vaccination roll-out task forces. In a recent survey on their COVID-19 vaccination activities, only 38 per cent of National Society respondents confirmed that they are participating in their COVAX National Coordination Committees.

Figure 4: Extract from IFRC COVID-19 Vaccination Readiness Tool. Source: IFRC GO.



All states are encouraged to follow good examples, such as those of Israel, Italy and Kenya, by clearly recognising the auxiliary role of their National Societies in supporting their COVID-19 vaccination efforts.

MAGEN DAVID ADOM (MDA) AS AUXILIARY TO THE PUBLIC AUTHORITIES IN ISRAEL

At the request of the Ministry of Health, MDA was responsible for the vaccination campaign in all long-term care facilities in the country. MDA teams, specially trained for the activity, vaccinated all the residents and employees (more than 140,000 people) with the first and second doses within seven weeks.

MDA deployed remote vaccination sites to reach people in remote locations, far from the main cities, as well as in prisons, vaccinating guards and detainees. The National Society also vaccinated people with no medical insurance (including irregular migrants, foreign workers and Palestinian migrant workers at border crossings).

As of 31 March 2021, MDA had vaccinated 437,610 people with the first dose of the vaccine and 248,056 people with a second dose.

IFRC IN LEBANON AS THIRD-PARTY MONITORING AGENCY ON VACCINATIONS

In an innovative partnership with the World Bank, the IFRC in Lebanon is independently monitoring compliance of the vaccination campaign with the national plans and international standards, to ensure safe handling of vaccines as well as fair and equitable access.

With 15 monitors rotating between the 31 vaccination centres, IFRC's monitoring extends from supply chain management to vaccine administration and safe disposal of commodities, and includes the collection of feedback from people being vaccinated.

As an independent monitor rather than an investigative body, IFRC reports on campaign implementation to the World Bank, which then seeks corrective measures with the authorities as needed. IFRC is currently discussing a potential expansion of the activity with different stakeholders.

© IFRC
IFRC staff monitoring Lebanon's COVID-19 vaccination campaign.

Recommendations

1. More needs to be done to achieve vaccine equity. Financial support to COVAX is not enough due to insufficient vaccine supplies. COVID-19 vaccine doses must be donated to lower-income countries by those countries which have vaccinated their most vulnerable populations. Pharmaceutical companies must do more voluntarily to support increased access to vaccines by low income countries. Member states to the World Trade Organization must urgently negotiate solutions to regulatory barriers that hamper efforts to boost global vaccine production.

2. Vulnerable groups such as migrants need to be included in national vaccination plans. Irrespective of their legal status, they should be given equitable and effective access to vaccines in those national campaigns, whilst also ensuring that administrative barriers to receiving the vaccine are eliminated, so that they are not discouraged from being vaccinated.

3. Many generous donors have supported us, and we are grateful. Yet the IFRC and its National Societies need additional support so that steps can be taken at national, departmental and community level to ensure that vaccines really do reach last-mile communities, in line with the localization commitments made at the Grand Bargain.

4. States should explicitly include Red Cross and Red Crescent Societies in their vaccination roll-out plans, trusting our unparalleled access to last mile communities to ensure equitable COVID-19 vaccinations, in all phases of immunization planning and delivery. Our experience and community engagement on routine immunization and immunization campaigns will also be a crucial contribution to maintaining those life-saving actions.

5. Humanitarian organizations also supporting the COVID-19 vaccination roll-out are encouraged to follow a common community engagement framework, leveraging the experience shared through the RCCE Collective Service.

6. Red Cross and Red Crescent volunteers are often the first responders within their communities. They must be recognised as community health workers and prioritised within national vaccination roll-out, so that they can safely continue to provide their services to communities.

7. A number of states have announced their interest to develop a new international treaty for pandemic preparedness and response. They must ensure that this structurally incorporates equity in interventions, community engagement from the planning phase and support for health workers and community responders, addressing the barriers to access which have been identified, leveraging the experience of the IFRC and its National Societies on disaster laws and policies, and recognising their auxiliary role.

End Notes

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Together we can through volunteering.

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Pakistan Red Crescent administering the COVID-19 vaccine.

THE FUNDAMENTAL PRINCIPLES OF THE INTERNATIONAL RED CROSS AND RED CRESCENT MOVEMENT

Humanity

The International Red Cross and Red Crescent Movement, born of a desire to bring assistance without discrimination to the wounded on the battlefield, endeavours, in its international and national capacity, to prevent and alleviate human suffering wherever it may be found. Its purpose is to protect life and health and to ensure respect for the human being. It promotes mutual understanding, friendship, cooperation and lasting peace amongst all peoples.

Impartiality

It makes no discrimination as to nationality, race, religious beliefs, class or political opinions. It endeavours to relieve the suffering of individuals, being guided solely by their needs, and to give priority to the most urgent cases of distress.

Neutrality

In order to enjoy the confidence of all, the Movement may not take sides in hostilities or engage at any time in controversies of a political, racial, religious or ideological nature.

Independence

The Movement is independent. The National Societies, while auxiliaries in the humanitarian services of their governments and subject to the laws of their respective countries, must always maintain their autonomy so that they may be able at all times to act in accordance with the principles of the Movement.

Voluntary service

It is a voluntary relief movement not prompted in any manner by desire for gain.

Unity

There can be only one Red Cross or Red Crescent Society in any one country. It must be open to all. It must carry on its humanitarian work throughout its territory.

Universality

The International Red Cross and Red Crescent Movement, in which all societies have equal status and share equal responsibilities and duties in helping each other, is worldwide.

The International Federation of Red Cross and Red Crescent Societies (IFRC) is the world's largest humanitarian network, with **192 National Red Cross and Red Crescent Societies** and around **14 million volunteers.** Our volunteers are present in communities before, during and after a crisis or disaster. We work in the most hard to reach and complex settings in the world, saving lives and promoting human dignity. We support communities to become stronger and more resilient places where people can live safe and healthy lives, and have opportunities to thrive.

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