Joint Note on Means to Protect Health Care from Acts of Violence in the COVID-19 Vaccination Rollout in Fragile, Conflict-affected and Vulnerable Settings

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Background/Objectives

Fragile, conflict-affected and vulnerable settings[1] (FCV) face distinct risks in the delivery of COVID-19 vaccines. Providing specific guidance on how to prevent attacks on health care and protect health care workers -including vaccinators-, healthcare facilities, transport and supplies, and patients) is key to ensuring equitable access to COVID-19 vaccines. The aim of this document is to facilitate the mainstreaming of prevention and protection and identify concrete actions to ensure the safe provision of vaccines in these contexts. The target audience of this document are the policy makers and practitioners involved in COVID-19 vaccination roll out in these settings.

Context/Typology of Risks

Lessons learned including from the Ebola virus disease (EVD) and Polio vaccination campaigns showed that attacks against health care are a recurrent challenge in FCV settings. As they increasingly become the face of the response the supply chains, health workers, facilities and other resources involved in the COVID-19 vaccine roll-out are at heightened risk of being affected by attacks, violence and stigmatisation[2].

Challenges to the safe provision of COVID-19 vaccines are highly context dependent, but some key factors should always be considered for the comprehensive evaluation of risks in these settings:

1. Lack of access to health care due to heightened risk of violence often due to increased insecurity
2. Ongoing pre-existing conflicts, situations of political violence or prevailing insecurity due to criminality
3. Lack of acceptance and/or mistrust of national or local authorities, humanitarian responders, health care, and/or local authorities including vaccine hesitancy and disagreement with vaccine allocation policies
4. Scarcity of COVID-19 vaccines leading to discriminatory, unequal or unethical distribution of vaccines which could increase sentiments of disenfranchisement, rupture of social contract and subsequently lead to increased insecurity/violence
5. Scarcity of COVID-19 vaccines leading to heightened security risk or the due to unequal, or unethical, distribution of vaccines
6. Misinformation, fear and concerns over COVID-19 vaccine and safety, poor communication between local authorities, health care workers and communities as well as stigmatization of health care workers
7. Unequal distribution of PPEs and other supplies to health care workers.

While some of these risk factors are not unique to FCV settings, their presence in contexts where widespread violence, armed actors, mistrust and other pre-existing security risks can trigger dangerous situations for workers and affect resources involved in vaccination.

[1] While there is no widely accepted global definition, fragile, conflict-affected and vulnerable settings are generally seen to include those experiencing humanitarian crises or prolonged disruption to critical public services, significant armed conflict, extreme adversity or acute, protracted or complex emergencies.
[2] WHO's definition of Attacks on Health Care: Any act of verbal or physical violence or obstruction or threat of violence that interferes with the availability, access and delivery of curative and/or preventive health services during emergencies

Specific actions for operations[3]

To ensure the safe provision of vaccines, the actions below could be mainstreamed into preparedness and response plans depending on context and feasibility. The actions and key points to consider in this table were identified based on a rapid review of existing guidelines and technical consultations of experts and key stakeholders.

ACTION	KEY POINTS TO CONSIDER
Risk assessment in each context before the vaccine roll out [1]; [2]	▪ Ensure the key risks on safety and security of health workers, facilities, transport, supplies and patients related to their context are properly analysed, and ensure measures to offset these risks are integrated in response plans/measures. ▪ Understand the health priorities of the population in their context – including their priority needs and how they wish health care to be delivered – to better inform communication measures and a comprehensive health response. ▪ Understand risk perception of COVID-19, acceptance or concerns over vaccine, and perception towards healthcare workers/resource.
Establishment of an agile system for situation monitoring and adjustment of program rollout to changing security situation [1]; [2]; [3]	▪ Establish a system to continuously monitor the security situation by systematically registering incidents of violence and threats and/or integrate social listening and community feedback in security analysis. ▪ Monitor and collect data of attacks on health care using available mechanisms to have an oversight of the situation and inform preventive/protective measures[4]. ▪ Carrying out regular re-assessments and use information to adjust security measures accordingly.
Community engagement [1]; [2]; [3]; [4]; [5]; [6]; [7]; [8]	▪ Based on risks analysed, involve communities from the beginning in the vaccine delivery programmes, including in identifying vaccine providers, transport mechanisms, etc. that are trusted and accepted by the communities. Ensure communities have access to information in local language and through trusted channels on vaccination plans. Manage expectations and provide clear information on criteria and prioritization. ▪ Involve community members in localised plans, mapping those who are at higher risk to ensure buy-in and confidence in vaccine allocation approaches. ▪ Map community stakeholders and identify key influencers from different groups (youth, women, etc.) to participate in designing and defining security measures and to communicate this to the wider community (this would be relevant specially if the measures taken seem heavy with security checks etc.).
Social listening [1]; [2]; [3]; [4]; [5]; [6]; [7]	▪ Implement measures for active and continuous social listening (community feedback, perceptions, etc.) to adapt vaccine strategies accordingly. This can have significant impact on decreasing risks as community concerns are reflected and integrated in vaccine strategies.

[3] This is not a comprehensive list of actions, but selects areas that are of key relevance to COVID-19 vaccination in fragile, conflict-affected and vulnerable settings from existing guidance documents.
[4] There are different tools to allow for monitoring, depending on situation and context. See List below for WHO and ICRC tools and approaches.

Community accepted modalities for vaccine delivery including vaccine strategy adaptation [1]; [2]; [3]; [4]; [5]; [6]; [7]	▪ Where community resistance to established health service delivery mechanisms exists, explore alternative modalities with communities for delivering vaccines, such as using community health workers from the communities, engaging with community leaders, or key influencers etc. ▪ In hard-to-reach areas with weakened health service delivery, explore comprehensive health service delivery modalities, by coupling other health service delivery with the vaccination ▪ Adapt vaccine delivery strategy based on community feedback to ensure maximum protection of health care.
Security measures [1]; [2]; [3]; [4]; [5]	▪ Equip the vaccination teams and transporters of vaccines with the necessary personal protective equipment (PPEs) against contamination, as well as those who may respond to security threats. ▪ Provide necessary security measures to respond to observed risks. Examples include: o Enhanced visibility (e.g. emblems, markings) to cars[5], temporary posts and facilities o Identification resources such as jackets, badges, t-shirts, hats to make the health teams clearly distinguishable o No-weapons policies agreed and communicate within vehicles and facilities, with visual information o Development and training of contingency and evacuation plans o Create reliable and systematic communication procedures to perform continuous security checks o Advanced negotiation with all relevant stakeholders of places and routes to safely access o Notification to all relevant stakeholders of the displacement of teams; deconfliction
Negotiating for humanitarian space [1]; [2]; [3]	▪ Negotiate for the right humanitarian space prior to engaging in vaccine delivery by using existing mechanisms/bodies such as the Humanitarian Coordinator/Resident Coordinator, civil-military coordination platforms, communities/key stakeholders/influencers etc.
Training of health staff in communication skills, cultural sensitivities and ethical standards [1]; [2]; [3]	▪ Train health teams to de-escalate tense situations and to use their communication skills to provide relevant information to communities on the efficacy and safety of the vaccine. ▪ Have a risk communication plan to ensure there is a mechanism to document, report and address any adverse effects of vaccines.
Duty of Care [1]	▪ Ensure appropriate organisational support for health care workers working in high-risk settings. Examples include: o Adequate safety and security measures illustrated above o Sick pay and support, should the staff member be injured o Adequate mental health and psychosocial support for those that may experience distress to occupational risk o Promote a supportive work environment to discuss challenges or ethical dilemmas that health care workers may be facing, such as discussing with supervisors or peers

[5] See document 3 in links: ICRC (2020) Emblems of humanity.

Links to existing guidelines

General

1. Checklist for a safer Covid-19 response
2. COVID-19 vaccination: supply and logistics guidance
3. Emblems of humanity
4. Essential health services: A guidance note on how to prioritize and plan essential health services during the COVID-19 response in humanitarian settings
5. Ethics: Key questions to ask when facing dilemmas during COVID-19 response in humanitarian settings
6. Global Health Cluster - Position Paper Civil-military coordination during humanitarian health action
7. Health Cluster Study Findings: Key Informant Interviews from Six Countries
8. Health workforce policy and management in the context of the COVID-19 pandemic response
9. ICRC Promoting peer-to-peer exchanges on data collection systems to analyse violence against health care
10. Quality of care in humanitarian settings
11. Safer Access to Public Essential Services
12. The responsibilities of health-care personnel working in armed conflict and other emergencies
13. WHO's Surveillance System for Attacks on Health Care: Methodology
14. *WHO's Surveillance System for Attacks on Health Care (SSA)*

Risk Communication and Community Engagement

15. 10 steps to community readiness: what countries should do to prepare communities for a COVID-19 vaccine, treatment or new tests
16. Acceptance and demand for COVID-19 vaccines
17. Conducting community engagement for COVID-19 vaccines
18. COVID-19 Global Risk Communication and Community Engagement Strategy
19. COVID-19 vaccines pocket guide for community engagement and accountability practitioners
20. Risk communication and community engagement readiness and response to coronavirus disease (COVID-19): interim guidance
21. Vaccine misinformation management field guide

Jointly developed by: the International Federation of the Red Cross and Red Crescent Societies, the International Committee of the Red Cross and the Health Care in Danger initiative, the World Health Organization and the Attacks on Health Care initiative.