



ADVOCATE – TRUST – HEALTH – REACH – MAINTAIN

International Red Cross and Red Crescent Movement's five pillars to prepare for and introduce COVID-19 vaccines

Approvals of COVID-19 vaccines by regulatory authorities have given hope that an end to the acute phase of the pandemic is within reach. To realize the full potential of these vaccines, they must be distributed in an equitable manner that prioritizes health care workers, front line responders (including Red Cross and Red Crescent staff and volunteers) and other high-risk groups. Building trust, reaching the most vulnerable and engaging communities in a two-way dialogue to ensure they have accurate information and relevant tools to protect themselves are essential elements in the Red Cross and Red Crescent's contribution to ending the COVID-19 pandemic.

A vaccine by itself, however, is not enough. The pandemic has exposed long-standing health and social inequities and a rise of mistrust in vaccines. Decreasing perceptions of risk, pandemic fatigue and mistrust of authorities have led to refusal by many people to follow public health measures to limit the spread of COVID-19. As such, COVID-19 vaccine introduction will only be successful if there is an immediate effort to build community trust, especially with those isolated from or wary of authorities. Addressing people's concerns will be critical to ensuring uptake of the vaccines. Trained Red Cross and Red Crescent volunteers, as well as community health workers and leaders, play a critical role in reaching otherwise inaccessible and disenfranchised populations, and in listening to and responding to their concerns.

The International Red Cross and Red Crescent Movement – which includes the National Society network of over 13.7 million volunteers, the International Federation of Red Cross and Red Crescent Societies (IFRC), and the International Committee of the Red Cross (ICRC) – is in a unique position to address the needs of the most vulnerable communities through a variety of strategies that are adaptable to local contexts, capacities and needs.

Support from the Movement to prepare for and introduce COVID-19 vaccines will:

- I. **Advocate** for equitable access to COVID-19 vaccines
- II. **Trust:** build community trust and acceptance of COVID-19 vaccines and help manage expectations
- III. **Health:** support the delivery of COVID-19 vaccines in health facilities and during outreach activities
- IV. **Reach** the most vulnerable, especially people living in urban slums, remote rural areas, migrants, homeless and people affected by conflict, violence and disasters

- V. **Maintain** and strengthen other immunization services, such as routine immunization and vaccination campaigns for other diseases with special focus on zero dose and under immunized communities

Pillar 1: ADVOCATE for equitable access to COVID-19 vaccines

Ensuring geographical equity in access to vaccines

Worldwide demand for vaccines will be in the billions of doses, but initial supply will be limited. All governments are under pressure to find solutions for their citizens. To date, 189 countries (with 90 per cent of the world's population) are participating in the COVAX Facility, which is currently the only credible mechanism to ensure purchase and equitable global distribution of COVID-19 vaccines. However, advocacy must continue to ensure donor states uphold and increase their commitments to COVAX as well as provide funding to states that require support. In addition, donor funding for community level social mobilization, risk communication and community engagement is required¹.

Equity in vaccine access at the national level

It is generally accepted that initial supplies should be prioritized to cover frontline health and social care personnel (including Red Cross and Red Crescent staff and volunteers) and others at highest risk for severe disease (e.g. older persons, persons with co-morbidities). Within these categories, it will be critical to ensure that marginalized persons, such as migrants and refugees, detained, institutionalized populations and homeless persons are not left behind. The Movement will advocate for free distribution of vaccines, particularly for the most financially vulnerable groups.

Protecting volunteers and staff of local and national organizations

Community volunteers who are critical to vaccine introduction and other critical health support should be prioritized together with health and social care personnel. Given the politicization of the issue in many countries, we also call on governments to make every effort to ensure that appropriate protective and preventive measures are put in place to prevent violence and abuse against volunteers and others involved in immunization services.

Ensuring that other critical immunization needs are met now and in the future

COVID-19 has also greatly impeded the progress of routine immunization for other dangerous diseases, such as measles and polio. The safe maintenance and resumption of routine immunization services and vaccination campaigns must be prioritized.

¹ The ICRC supports the aims of the COVAX Facility – as currently the only credible mechanism to ensure equitable global access to COVID-19 vaccines – without having aligned itself formally with the Facility or the ACT Accelerator. The ICRC determined it could make stronger contributions towards equitable access by playing a low-profile role. This includes contributing to developing certain aspects of the Facility in coordination with IFRC.

Pillar 2: TRUST: build community trust and acceptance of COVID-19 vaccines and help manage people's expectations

Community trust is key to ensure the success of any immunization initiative. Without trust, people may not accept or support immunization activities. In extreme cases, this could lead to violence against vaccination teams or people who are vaccinated. Understanding the root causes of mistrust and the impact that the COVID-19 pandemic has had on local dynamics is key to creating strategies to build and maintain trust. Effective public engagement about the vaccine must move away from directive one-way messaging towards respectful dialogue and the ability to react effectively to community feedback that addresses confidence and public trust in vaccine efficacy and safety. In the communities in which they live and serve, Red Cross and Red Crescent volunteers are often trusted because they share the same values, concerns and experiences as their community members, and they are also able to follow-up on issues that may be brought up. Volunteers will be vocal advocates and well placed to manage expectations of who will be vaccinated and when and will also facilitate the structural changes required to ensure increased transparency of governmental and health policies.

Awareness and risk perception

Most people are aware of COVID-19. However, this is not necessarily the case among the most vulnerable groups who may not have access to traditional communication channels. In addition, there is increasing evidence of a decline in people's perception of risk to infection e.g. people believing that COVID-19 does not affect young people or specific groups, the disease does not exist, and the pandemic has already ended; and that they are less and less inclined to practise infection prevention measures, most likely because of pandemic fatigue. Red Cross and Red Crescent volunteers are at the forefront of their communities, providing reassurance and alleviating concerns, and need to be supported with the tools to ensure that communities are aware of risks and continue to practise preventive behavioural measures, alongside the introduction of COVID-19 vaccines.

Barriers to vaccine uptake

Barriers are likely to be influenced by numerous factors. Emerging evidence from several contexts highlighted that refugees reported the lack of an identity card as a major barrier to registering their children for vaccination. In the past, historical and political factors have resulted in low rates of vaccine uptake. Affordability has often been a problem, and fear of injections is commonly expressed. Misinformation and rumours can negatively impact vaccine confidence as well. In several countries, scepticism toward vaccines is common, and people reported believing in foreigners discrediting traditional medicines or believing that foreigners are testing vaccines on them.

Health workers

Health workers play a vital role in promoting vaccine uptake among their patients and communities. Recent data revealed that the lack of awareness and knowledge among medical students and health workers about immunization resulted in significant barriers to vaccine uptake.

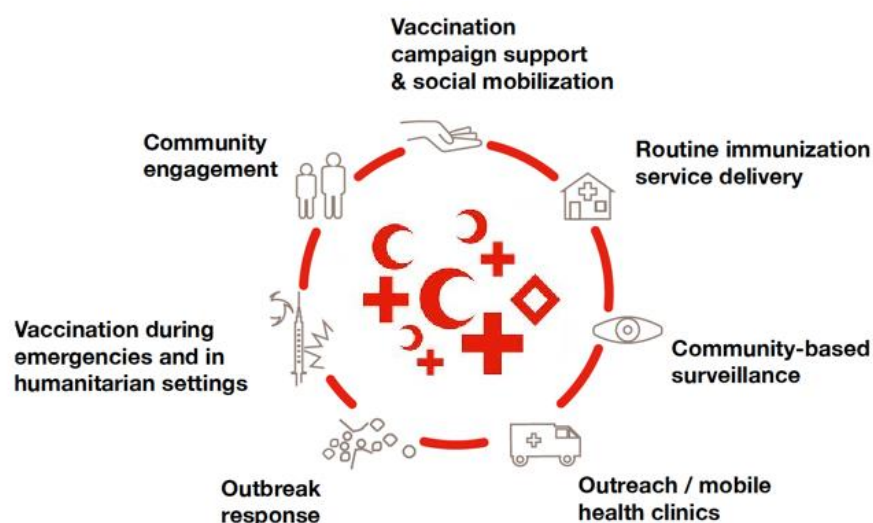
Community engagement and trust

Community engagement is an approach integrated into all interventions. It is supported by a set of activities that help put communities at the centre of what Red Cross Red Crescent Societies do, through

participation, feedback, and information provision to communities, which ultimately supports trust building. It fosters conditions where communities and individuals can make informed decisions about their health and well-being. Communities agree on a collective vision and work together to develop actions that build individual and community resilience. Community ownership in structures and processes, such as participatory governance, accountability systems and mechanisms to put in place policies and interventions (such as immunization campaigns) is a critical foundation for trust. The International Red Cross and Red Crescent Movement is uniquely positioned to react to different types of information from communities (feedback, perceptions, rumours, concerns or complaints) using various tools and trusted channels. Regular community insights will be essential to inform and adapt interventions to address concerns and barriers. Community engagement approaches must be accessible, culturally appropriate and gender sensitive. The representation of all groups in local decision-making should be prioritized. This will contribute positively to transformative power structures and community dynamics and will ensure the broadest possible range of community knowledge and skills are represented and drawn upon.

Pillar 3: HEALTH: support the distribution and delivery of COVID-19 vaccines in health facilities and during outreach activities

Red Cross and Red Crescent immunization programmes focus on addressing the needs of the most vulnerable communities through a variety of strategies that are adaptable to local contexts, capacities and needs. National Red Cross and Red Crescent Societies, IFRC and ICRC are ideally placed to help promote COVID-19 vaccination introduction and strengthen immunization systems. Trained Red Cross and Red Crescent volunteers, who are trusted members of the communities they serve, work in some of the most challenging and fragile operating environments to reach the last mile first. The areas of Red Cross and Red Crescent support are highlighted below:



In areas affected by armed conflict, ICRC supports health facilities (primary health care centres and hospitals) and health authorities, which allows for wider roll-out of vaccination activities.

Solidifying the role of National Societies in supporting immunization and public health more generally

As auxiliaries to public authorities, National Societies should have a clear role in national plans for vaccinations. This is also an opportunity to solidify their auxiliary role in public health more broadly, to strengthen cooperation with authorities in preventing or responding to future public health threats in line with the resolution “Time to act: tackling epidemics and pandemics together”, adopted at the 33rd International Conference of Red Cross and Red Crescent Societies.

Pillar 4: REACH the most vulnerable, especially people living in urban slums, remote rural areas, migrants, homeless and people affected by conflict, violence and disasters

The main added value of the International Red Cross and Red Crescent Movement is its ability to reach communities affected by conflict, violence and natural or man-made disasters that might otherwise be forced to the back of the line or forgotten altogether and ensure that they also have equitable access to the vaccine.

We know from experience that in such settings, poor health capacities due to the breakdown or destruction of health services, lack of health personnel, precarious infrastructure and disputed borders might hamper vaccine distribution. By some estimates, up to 75 per cent of epidemics from 1980—2010 occurred in countries where conflict and political violence have crippled their capacity to respond, leaving their neighbours and the world vulnerable. Reaching frontlines and areas not under the control of the government brings complications such as difficult logistics, the need for access negotiations and reduced availability of electricity and refrigeration. Restrictive measures and sanctions may also impede access to these areas.

Ensuring equitable access to the COVID-19 vaccine will be supported by the **REACHED** approach developed by the IFRC which focuses on ensuring the most vulnerable have access to COVID-19 vaccines. REACHED is a series of questions with linked tools to support operational and organizational capacity-building and sustainable programming for health. The aim of the REACHED approach is to continually question whether the most vulnerable have been “REACHED” in a sustainable and effective manner. If the answer to any question within REACHED is “not yet”, tools to support Red Cross and Red Crescent volunteers, supervisors and staff are made available to assist National Societies in expanding services further and addressing critical operational and organizational development gaps.

REACHED – Risk and Reach

Have Risks been assessed and will the most vulnerable be **Reached**?

REACHED – Engagement

Is the community and all partners **Engaged**?

REACHED – Access

Have the bottlenecks and barriers to **Accessing** a healthy lifestyle and essential health services been overcome?

REACHED – Commodities

Does the community have sustained access to essential health **Commodities**?

REACHED – Health and Help

Will **Health** gains and services be sustained during emergencies and are programmes ready to **Help**?

REACHED – Evaluation and Exit

Is there a process in place to ensure programmes are properly **Evaluated**? Can health gains and services be sustained if a funding partner **Exits** the programme?

REACHED – Dissemination

Were the most vulnerable populations reached? Have lessons been **Disseminated**?

As detailed in the REACHED approach IFRC supports National Red Cross and Red Crescent Societies to support vulnerable groups including migrants, the homeless, people affected by natural disasters, people living in urban slums and remote rural areas, including in fragile settings.

In areas affected by conflict and violence in particular, due to its specific mandate, added value and access, ICRC stands ready to (i) support National Red Cross and Red Crescent Societies and health authorities in the roll-out of vaccination campaigns or support of routine immunization services, including in places of detention, and (ii) act as a neutral intermediary to facilitate access for specific groups of the population across front lines, in hard-to-access areas, areas under the control of non-State armed groups or in non-government-controlled areas, and/or providing a neutral space for local access and negotiations to take place between vaccinators and local communities and authorities.

Pillar 5: MAINTAIN AND STRENGTHEN other immunization such as routine immunization and vaccination campaigns for other diseases with special focus on zero dose and under immunized communities

The pandemic has resulted in declines in immunization coverage globally. It is estimated that 94 million children under five years of age are at risk of missing measles vaccinations (WHO, October 2020). More than 60 countries have temporarily suspended mass immunization campaigns. Increasing support to immunization is a smart investment during the COVID-19 pandemic. Immunization saves lives, strengthens health systems, ensures health security and advances universal health coverage. The International Red Cross and Red Crescent Movement will continue to invest in routine immunization and mass vaccination campaigns for other vaccine-preventable diseases to maintain healthy, resilient communities. Immunizing zero-dose and under-immunized children will be a priority within this pillar.