



FACT SHEET: Inclusion of Displaced Populations in COVAX Distribution¹

COVAX Key Features



Ensuring that COVID-19 vaccines reach those in greatest need



Actively managed and diverse portfolio of approved COVID-19 vaccines



Vaccines delivered as soon as they become available

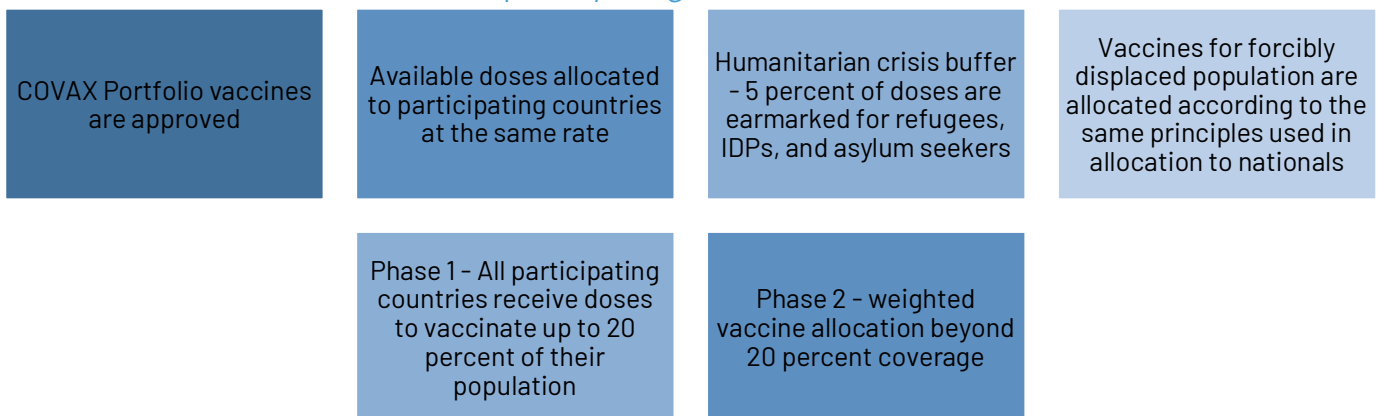


A chance to rebuild economies by ending the acute phase of the COVID-19 pandemic

What is COVAX?

COVAX was created to ensure equitable distribution of the vaccine around the world, to reduce vaccine disparity between high- and low-income countries, and to pool the global vaccine effort through a global risk-sharing mechanism. COVAX is one of the three pillars of the **Access to COVID-19 Tools (ACT) Accelerator**, a partnership between the World Health Organization (WHO), the European Commission, and France launched in April 2020. **COVAX is coordinated by Gavi, the Vaccine Alliance, the Coalition for Epidemic Preparedness Innovations (CEPI) and the WHO.** COVAX **maximises the access to COVID-19 vaccines** for people in participating countries. Participating countries get **access to the world's largest, most diverse, and actively managed portfolio of COVID-19 vaccines.** The COVAX facility **works directly with manufacturers** to incentivise them to expand their production capacity. A total of **92 low income and lower-middle income countries** are supported via the COVAX Advance Market Commitment (AMC) via donations.² **Eighty higher income countries** have also committed to joining COVAX via their own public funds, partnering with AMC supported countries. Crucially, COVAX uses the **collective purchasing power of the 172 participating countries** to negotiate affordable vaccine prices from manufacturers for all member states, to ensure that people all over the world can have access to the COVID-19 vaccines.

How are vaccine doses allocated to participating countries?



¹ This document was developed as part of a year-long series of learning events developed jointly by the World Bank, Samuel Hall, and the Rift Valley Institute on development responses to forced displacement (2021).

² For a complete list: <https://www.who.int/news/item/24-08-2020-172-countries-and-multiple-candidate-vaccines-engaged-in-covid-19-vaccine-global-access-facility>





COVAX doses are being allocated in **two phases**. During Phase 1, **participating countries progressively receive doses proportionally to up to 20 percent of their total population**. The rate at which countries receive COVID-19 vaccines is dependent on country preparedness for distribution and the availability of vaccine doses. Phase 2 will begin once all participating countries have reached 20 percent coverage. Phase 2 includes **weighted vaccine allocation beyond 20 percent of total population**. If vaccine supply is low, shipments will be decided based on a risk assessment of threat and vulnerability. Countries with a higher risk of severe COVID-19 cases and vulnerable healthcare systems will receive doses first, but all countries will eventually receive the total doses requested during this distribution phase.

How are States including refugees in vaccination strategies?

To date, 153 States have adopted vaccination strategies that include refugees, with 20 countries having begun the vaccination process for refugees on an equal basis to their citizens. In the Great Lakes region, Rwanda has led the way in this regard, following other global examples such as Jordan, Serbia and Nepal. The United Nations High Commissioner for Refugees (UNHCR) has drawn attention to the fact that refugee hosting nations require financial and structural support to address the urgent health needs of both their national and the refugee populations. In April 2021, Uganda announced that at least one million refugees will be included in the Phase 1 of its COVID-19 vaccination campaign.

COVAX Distribution in Great Lakes Countries - May 2021

** indicates that COVAX has been extended to refugees



DRC

First doses received: 2 March 2021

Doses Received: 1.7 million
AstraZenica

Doses Allocated: 5,928,000
AstraZenica



Rwanda**

First doses received: 3 March 2021

Doses Received: 240,000
AstraZenica, 102,960 Pfizer

Doses Allocated: 1,260,000
AstraZenica, 102,960 Pfizer



Uganda**

First doses received: 5 March 2021

Doses Received: 864,000
AstraZenica

Doses Allocated: 3,024,000
AstraZenica



Zambia

First doses received: 12 April 2021

Doses Received: 228,000
AstraZenica

Doses Allocated: 1,212,000
AstraZenica



Burundi

Burundi has declined to join COVAX and has not announced plans to join, as of May 2021



Tanzania

Tanzania initially declined joining COVAX

As of May 2021, in Tanzania, experts on the Coronavirus committee recommend joining COVAX as part of COVID-19 response





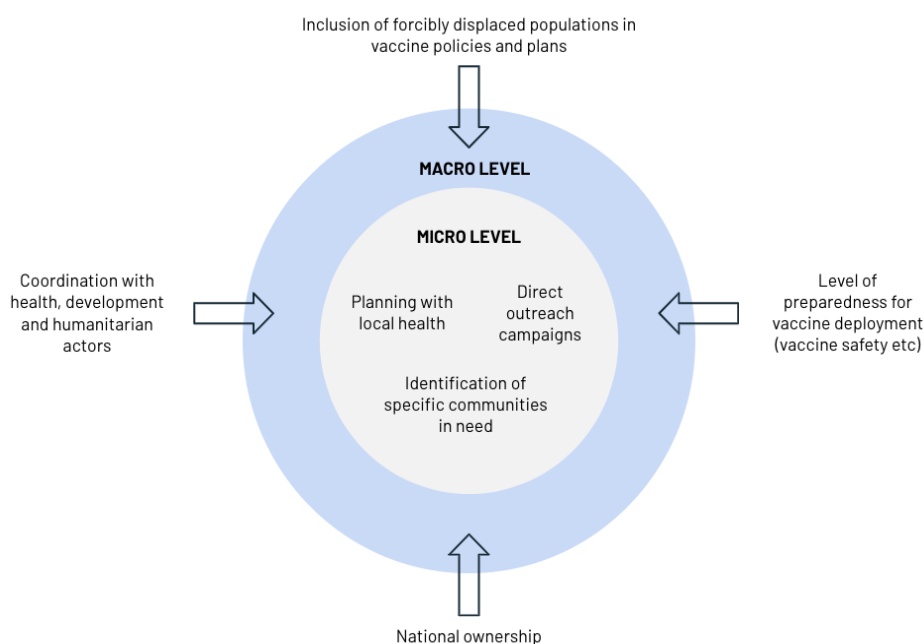
COVAX Planning: Incorporating Forcibly Displaced Populations in National Vaccination Plans

Which actors are involved in supporting inclusion of forcibly displaced populations?

Individual Countries	Working Group	UNHCR
States develop their own national deployment and vaccination plan (NDVPs) NDVPs include identifying where and how to include forcibly displaced populations	Comprised of the WHO, IOM, and other development and health actors Supports and evaluates NDVPs in the Great Lakes region	Not a formal member of the regional working group Supports countries at the national level via UNHCR health desks

National Deployment and Vaccination Plan (NDVP): What to include?

The NDVP is a country's plan to deploy vaccines to target populations, and can be used to work with donors, including the COVAX Facility. It is recommended that NDVPs serve as "the one country plan" and include both micro and macro level planning – national and community level.



Why should States involve forcibly displaced populations in COVAX deployment?

Countries have signed on to **international, continental, and regional human rights instruments**, and **all Great Lakes Countries are hosting forcibly displaced populations**. As hosts, and as signatories to international human rights conventions, countries have an **opportunity to lead by example in providing equitable services to all populations within their territory**. At present, **46 million displaced people are excluded from national vaccination programmes** – leaving large pockets of the population unprotected and able to contract and transmit COVID-19, including variants that could potentially detract from the immunity offered by the vaccines. Epidemiology is based on physical residency, not legal status.





Challenges of including forcibly displaced populations in COVAX planning



Access to documentation



Misinformation about vaccine plan, cost, and eligibility



Vaccine hesitancy amongst vulnerable populations



Information barriers to vaccine registration and access



Unfamiliarity with language and healthcare systems



Fear of deportation if accessing health services



Remote settings of refugee camps and settlements



Restrictive movement policies for refugees



Limited vaccine supply and rollout

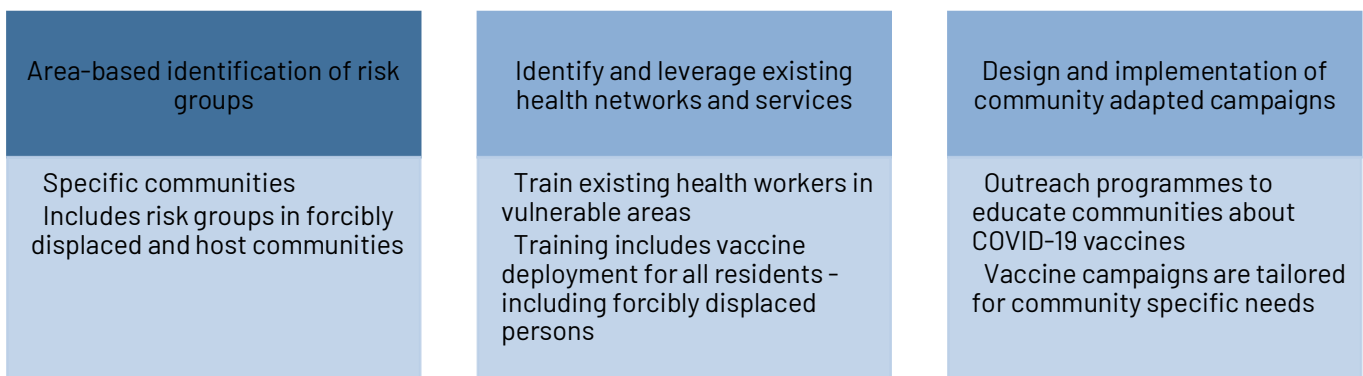


Limited health infrastructure in host countries

How can States include forcibly displaced populations in COVAX planning? What about national communities?

Besides explicitly including forcibly displaced populations in national planning, **working at the micro level** is key to ensure that **both forcibly displaced populations as well as vulnerable national communities are included in distribution plans**.

This micro level planning includes the following three elements:



At macro levels, country level planning and coordination between national governments, humanitarian or development actors, and the WHO is a foundation for implementing microlevel initiatives.





How do we measure readiness for vaccine deployment?

There are nine key pillars for measuring readiness for vaccine deployment in Great Lakes countries. These are:



Inclusion of all nine pillars in NDVPs is a key factor of assessing whether deployment plans are at an effective level. The WHO is supporting countries in this process and strengthening pillars where needed.

What other experiences can we learn from? Africa's other vaccination campaigns and plans

The WHO has highlighted the **extensive African experience introducing vaccines to vulnerable populations**. This experience is a value added in COVAX deployment, as regional epidemiological experience drawn from **other vaccination campaigns and epidemic planning for measles and Ebola** can guide COVAX distribution planning. Coordination with partners has been effective in vaccine deployment regionally.

Two illustrative experiences include:

- **UNHCR support for deployment of measles vaccine to refugees in Kenya**, who worked jointly with the Kenyan Ministry of Health (MoH) and UNICEF to carry out an integrated measles vaccination campaign in Dadaab camp, which also included the Malezi Bora interventions such as, deworming, Vitamin A supplementation, screening and treatment referrals for cases of malnutrition and other medical conditions. The campaign successfully vaccinated 61,939 children between the ages of 6 months and 14 years. UNICEF provided technical support including transportation and administering vaccines, and advocacy, communication and social mobilisation assistance to both UNHCR and the MoH; and
- **WHO coordinated with government and other humanitarian actors on Ebola in Uganda and South Sudan**, which included establishing a Public Health Emergency Operations Centre (PHEOC) in Rwanda, South Sudan, Uganda, Tanzania and Zambia, as well as a national task force in three countries. Furthermore, simulation exercises were conducted in Burundi, Rwanda, South Sudan, Uganda and Tanzania in order to test the different operational pillars. Rwanda, South Sudan and Uganda organised a full simulation. Lastly, WHO deployed over 250 experts to support the nine impacted countries in different technical areas.

Key resources / Further reading on COVAX for forcibly displaced populations

1. [Devex](#): "Three ways to ensure refugees get the COVID-19 Vaccine"
2. [MedGlobal](#): Report - Vaccine Equity and Access in Crisis
3. [Vaccines Today](#): "Reaching Refugees with COVID-19 Vaccines"
4. [Johns Hopkins](#): Webinar - Will the COVID-19 Vaccine Ever Reach Forcibly Displaced Populations? Part of the [Ready Initiative](#) on Global Readiness for Major Disease Outbreak Response

