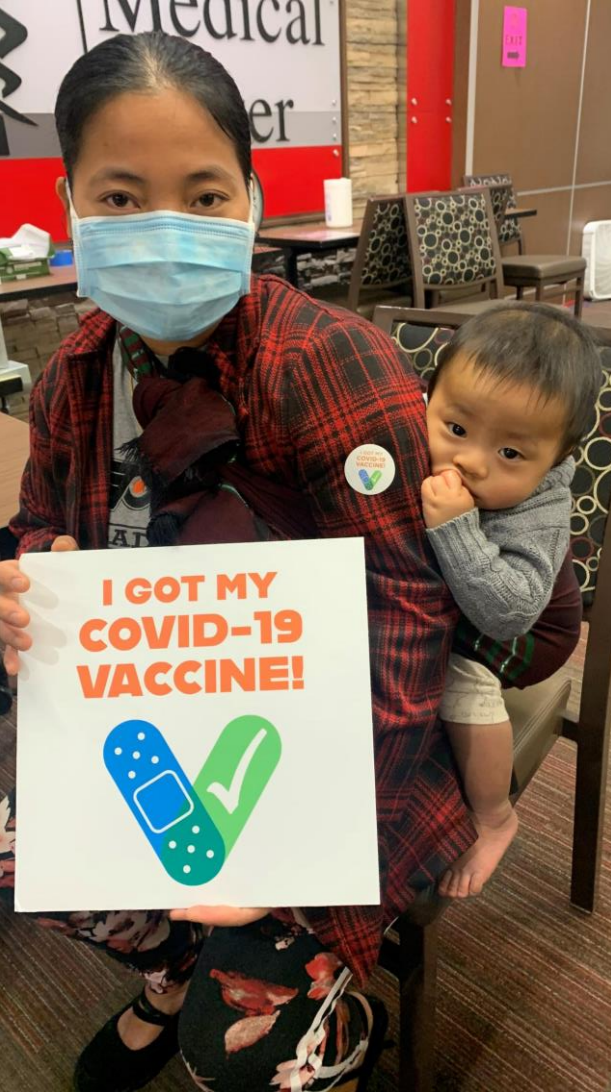


Vaccination for the world's vulnerable – Internally displaced populations, refugees and migrants

WHO INFODEMIC MANAGEMENT
&
GLOBAL COLLECTIVE SERVICE
WEBINAR

March 30, 2021



VACCINATION FOR THE WORLD'S VULNERABLE

VACCINE EQUITY IN HUMANITARIAN SETTINGS

Dr. Teresa Zakaria, Health Emergency Officer

Dr. Eba Pasha, Global Health Cluster COVID-19 Task Team Focal Point

Dr. Kamal Olleri, Health Cluster Coordinator, Iraq



World Health
Organization



HEALTH
CLUSTER

HEALTH
EMERGENCIES
programme

FAIR ACCESS AND EQUITABLE ALLOCATION OF COVID-19 VACCINES

- WHA73.1 call on COVID-19 response: **universal, timely** and **equitable access** to, and **fair distribution** of, all **quality, safe, efficacious** and **affordable essential health technologies and products...** in the response to the COVID-19 pandemic"
- Values Framework:
 - COVID-19 vaccines as global public good
 - COVID-19 vaccines to contribute significantly to the equitable protection and promotion of human well-being among all people of the world
- Principle of human well-being → reduce deaths and disease burden, reduce societal and economic disruption and protect essential services
- Equal respect, global equity, national equity, reciprocity and legitimacy
- Prioritization based on epidemiologic setting and vaccine supplies
- Vulnerabilities: burden of disease, socio-demographic factors, exposure risks

COVAX

- a global risk-sharing mechanism for pooled procurement and equitable distribution of COVID-19 vaccines
- 190 countries and territories engaged, accounting for > 90% of the world's population, to access doses to protect vulnerable groups in first half of 2021
- 98 self-financing participants and 92 LMICs eligible for support through the COVAX Advance Market Commitment

What COVAX offers



Doses for at least 20% of countries' populations



Diverse and actively managed portfolio of vaccines



Vaccines delivered as soon as they are available



End the acute phase of the pandemic



Rebuild economies

● COVAX vaccine roll-out

CEPI

Gavi

unicef

World Health Organization

As of 25 March 2021

**COVAX has shipped
>32 million vaccines
to 60 participants**



**World Health
Organization**

HEALTH
EMERGENCIES
programme



Search by Country, Territory, or Area



Covid-19 Response Fund

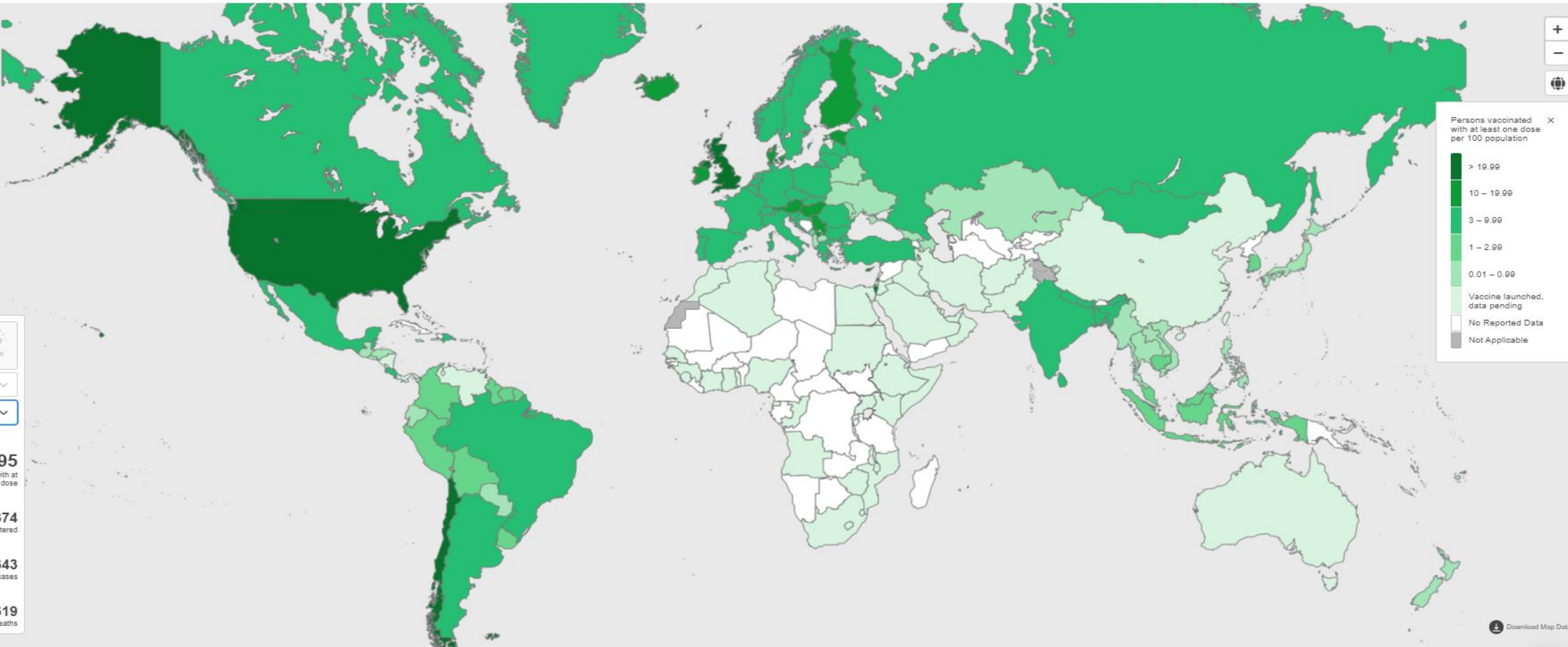
Donate

WHO Coronavirus (COVID-19) Dashboard

[Overview](#)

[Data Table](#)

[Explore](#)



Choropleth Map

Bubble Map

Vaccination

Persons vaccinat...

261,431,795
persons vaccinated with at least one dose

462,824,374
vaccine doses administered

126,890,643
cases

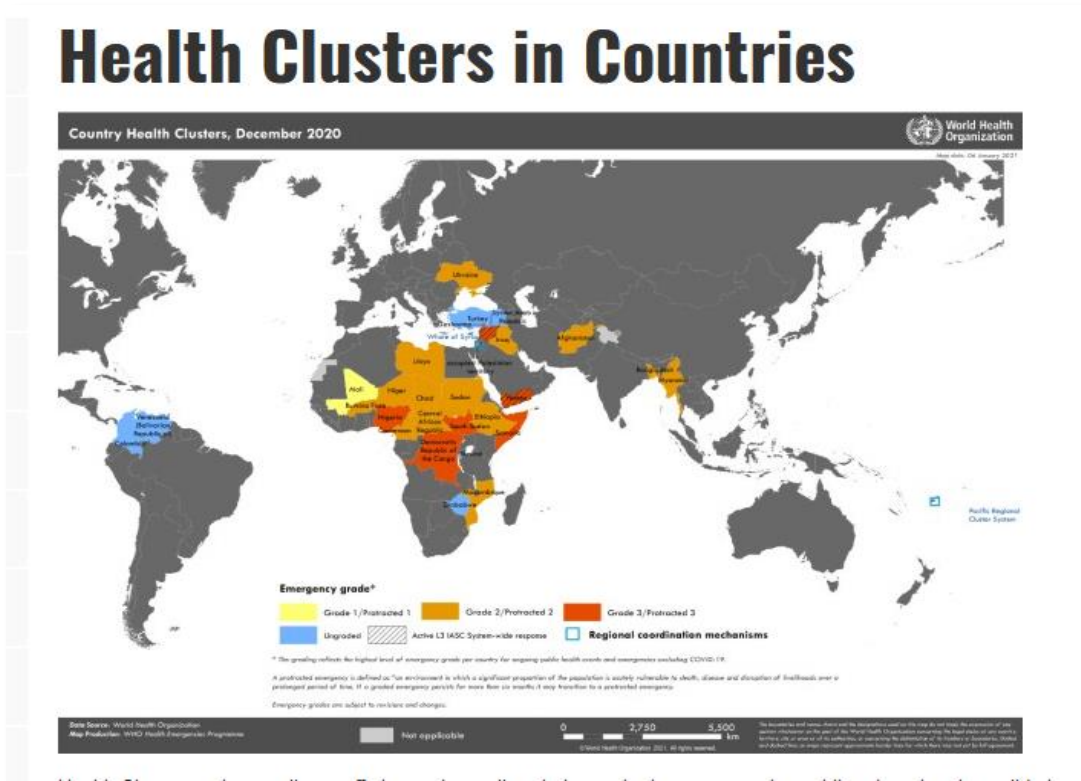
2,778,619
deaths

Globally, as of 4:32pm CEST, 29 March 2021, there have been 126,890,643 confirmed cases of COVID-19, including 2,778,619 deaths, reported to WHO. As of 25 March 2021, a total of 462,824,374 vaccine doses have been administered.





Global Health Cluster Key Messages on COVID-19 Vaccination



NDVP should be inclusive of all populations of concern

- IDP
- Refugee / asylum seeker
- Returnee
- migrant (regular / irregular)
- stateless
- persons living in occupied territories
- marginalised groups (e.g. due to ethnicity, language, age, gender, disability, conditions associated with stigma)
- living in hard to reach areas
 - insecurity
 - areas not under government control
 - geographic

<https://www.who.int/health-cluster/countries/en/>

Global Health Cluster Key Messages

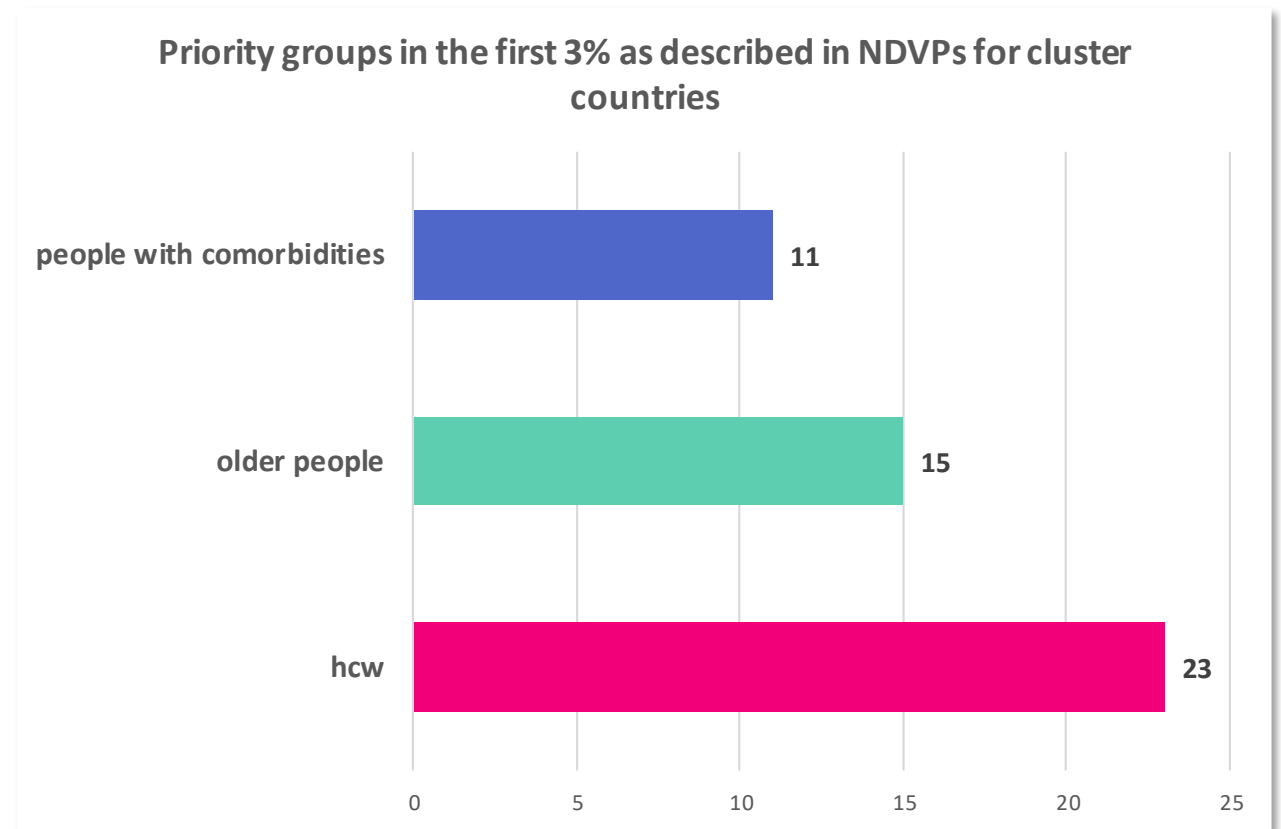
NVDP should be inclusive of all populations of concern

- IDP
- Refugee / asylum seeker
- Returnee
- migrant (regular / irregular)
- stateless
- persons living in occupied territories
- marginalised groups (e.g. due to ethnicity, language, age, gender, disability, conditions associated with stigma)
- living in hard to reach areas
 - insecurity
 - areas not under government control
 - geographic

- **Inclusive plans are support public health principles i.e.** essential to reduce death and disease burden
- Prioritisation should be done in accordance with **SAGE values framework and Roadmap**
- **Vulnerable groups should be held in equal respect with regard to receiving safe and quality vaccines,**
 - Methods of procurement should not influence which population groups should be prioritised for vaccination
 - when multiple vaccines are utilised
- **NGO Health Care workers should be prioritised equally** alongside public / government health care workers
- **Throughout NDVP** plan approaches to reach vulnerable groups and those living in hard to reach areas should be addressed
 - Vaccine delivery strategy, Cold chain capacity, RCCE, Monitoring, Reporting AESI / AEFI, Budgets
- Measures should be taken to **mitigate attacks on health care workers**
- Humanitarian Buffer is a measure of last resort

Who have been prioritised for vaccination?

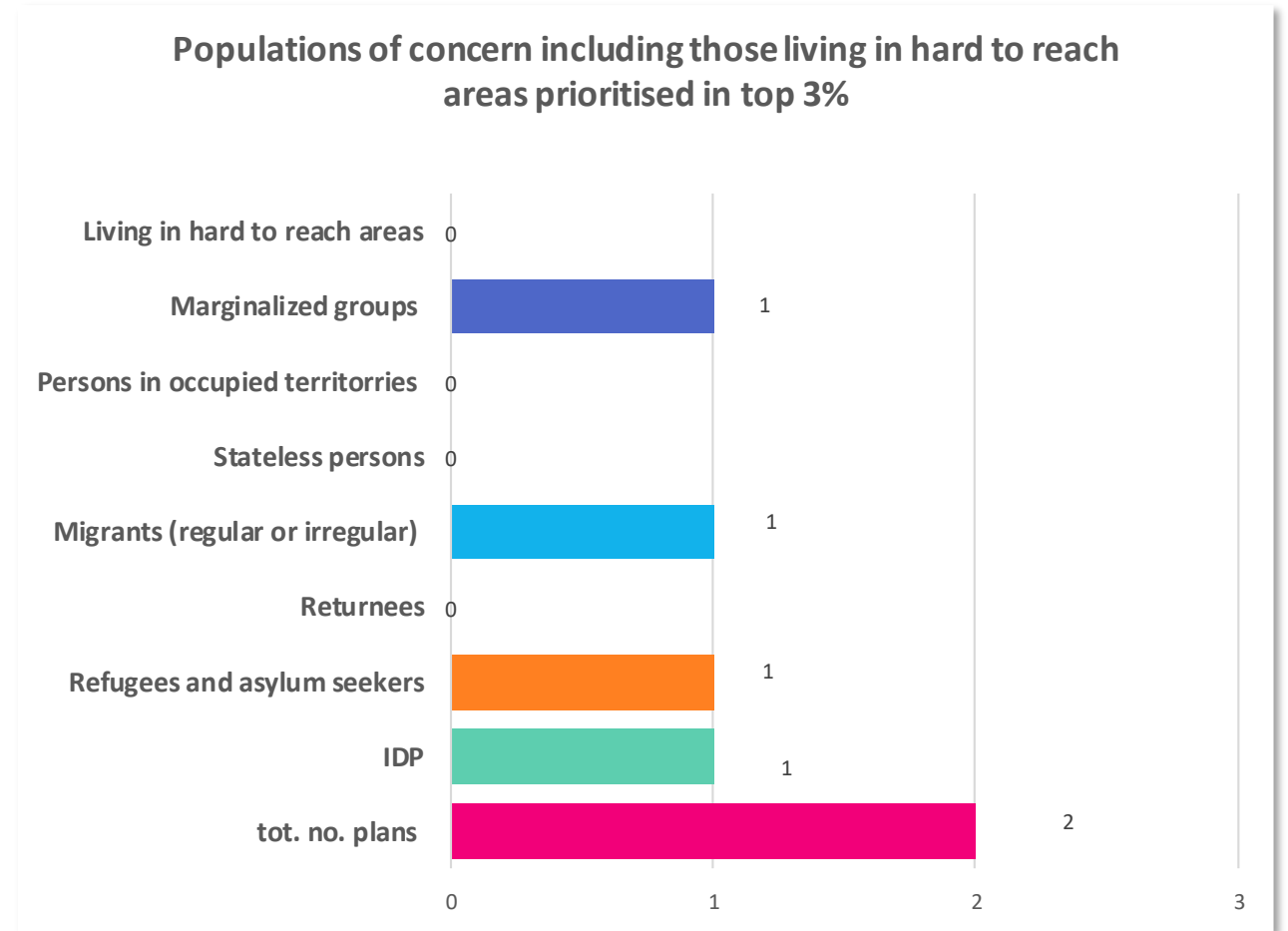
- Within the first 3% (i.e., first round of COVAX vaccinations in 2021)
- NDVPs with clusters activated analysed
- Note 'older people' varied
 - >40 years : 2
 - >50 years: 6
 - >60 years: 4
 - >70 years: 2



n=23

Are populations of concern including those living in hard to reach areas prioritised with the NDVPs?

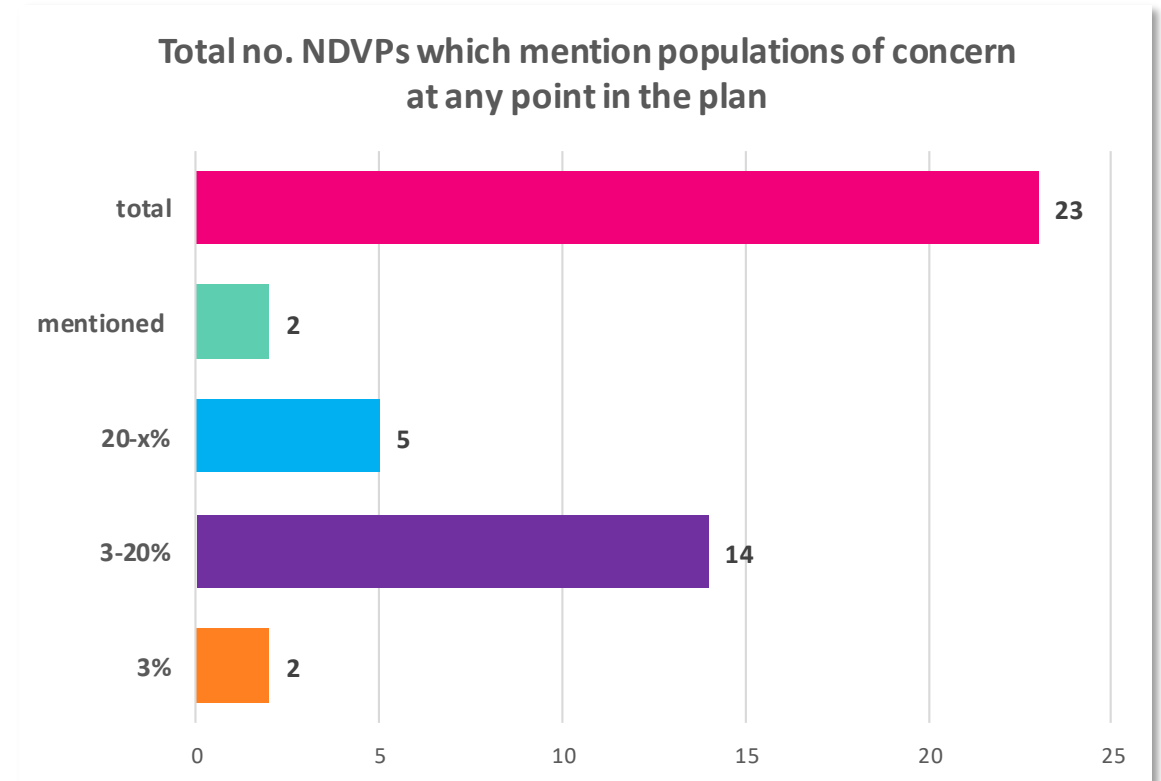
- i.e. highlighted in prioritisation tables, generally with target population size estimates
- 1 plan looked high risk within a group e.g. 10% of IDPs estimated to have co morbidities



n=23

Are populations of concern including those living in hard to reach areas prioritised with the NDVPs?

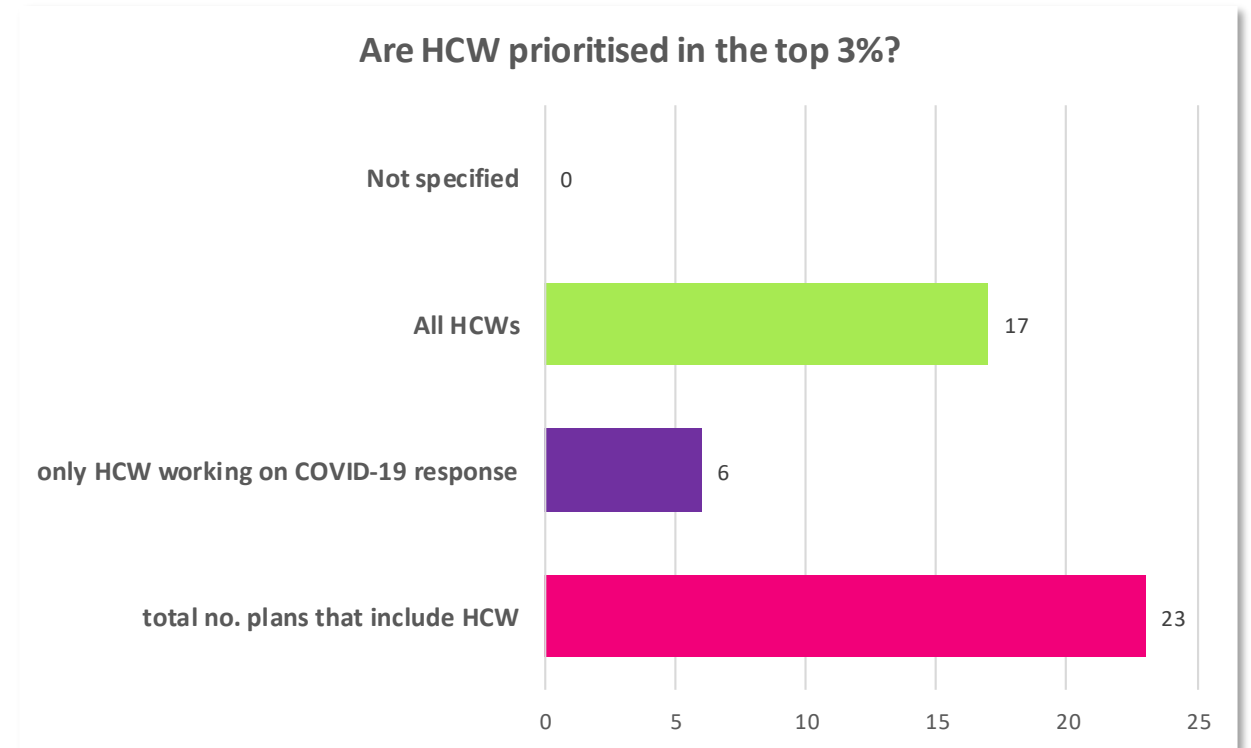
- Note, exclusion also occurs - 3 NDVPs state they will not procure for a group (and will look for international assistance/ other solutions)
 - Irregular migrants n=1
 - Refugee and migrants n=2
- Issues with denominator, and population estimates



n=23

Are Health Care workers prioritised?

- 'All HCWs' means those who are considered both high and low risk according to SAGE criteria, and include CHWs
- CHWs are often from populations of concern

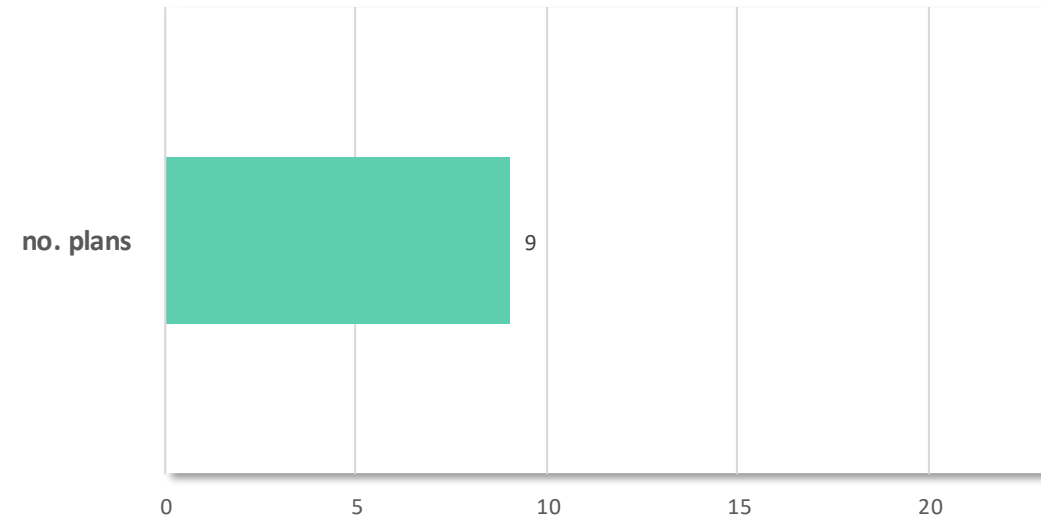


n=23

RCCE

- Only 9 plans (39%) had RCCE strategies that described the need to consider vulnerable groups or those in hard to reach areas
- With regards to reaching populations in insecure areas, mitigating attacks on health care missing
 - Community engagement, promotion humanitarian principles / non political services
- Only 1 plan articulated any specific strategies to ensure AEFI AEFI follow up by populations of concern

Total number NDVP with RCCE strategies which examine specific needs of IDPs, refugees or in hard to reach areas



n=23

Health Care Workers need specific RCCE strategies

- GHC 6 country study October 2020
 - 63 KII
 - Examining operational and technical challenges, as well as good practice
- Strategies to reach community as well leaders well noted
- Needs of HCW not always addressed



- Messaging needed for HCW
- HCWs often from populations of concern
- Delays in technical guidance reaching HCW – receive misinformation, disinformation first
- They themselves transmit on
- HCW not trained on safety nor following IPC protocols
- COVID-19 positive HCW undermine risk communication efforts with community
- Difficulty changing behavior of HCW
- Fear of introducing COVID-19 to patients, family and community
- Stigmatisation
- Community fear inciting violence / attacks on HCW

Emerging challenges

- Quick roll out
 - Insufficient time for community mobilisation
- Short vaccine expiration dates
- Vaccine hesitancy amongst HCW as well as population
 - Either fear of the vaccine
 - Or think COVID-19 is not a threat
- Denominator – to calculate population to be targeted is difficult e.g. moving populations, irregular migrants
- eRegistration for vaccination
- Reaching insecure areas, those under control of non state armed groups

Emerging good practice

- Some countries have strong community mobilisation
- Use of polio structures for each hard to reach areas
- eRegistration for vaccination

COVID-19 Vaccination in Iraq - Overview

- COVID in Iraq: 664 vaccination outlets by MoH - 614 PHCCs and 50 hospitals
- 50,000 doses donation from Sinopharm in early March, priority groups:
 - frontline health workers
 - those with pre-existing health risks
 - those aged over 50 years
 - Security forces
 - IDPs/Refugees falling into one or more of the above criteria
- As of 25th March: 16,866 received 1st dose and 1,960 received 2nd dose of COVID-19 vaccine as per MoH database
- 336,000 doses of AZ/ SK Bio vaccine arrived in Iraq on 25th March through COVAX
 - Iraq is a Self-Financing Participant to the Facility and covering all the costs from its budget
- 200,000 additional doses (donation) from Sinopharm and 1.5 million doses of Pfizer/BioNTech to be delivered, negotiations with Gamaleya to bilaterally procure Sputnik V vaccines – all vaccines with emergency use authorization

COVID-19 Vaccination in Iraq - Successes

- Engagement of National Immunization Technical Advisory Committee and EPI Partners in all stages of NDVP
- Pharmacovigilance/Safety Surveillance/AEFI-AESI trainings conducted based on WHO modular training
- Digital platform developed for registration and SMS messaging, online dashboard for reporting
- Government's commitment of USD 169.7 million self-financing through COVAX
- Arrival of vaccine doses through COVAX facility boosted credibility of the facility and the organizations involved, WHO playing a key role
- The largest number of vaccinated being MoH employees shows intention, but there continues to be hesitancy and low vaccine uptake by health professionals
- IDPs/refugees having been vaccinated, minimal number, is a positive sign as part of equity principle

Daily Distribution of Vaccinated Priority Groups

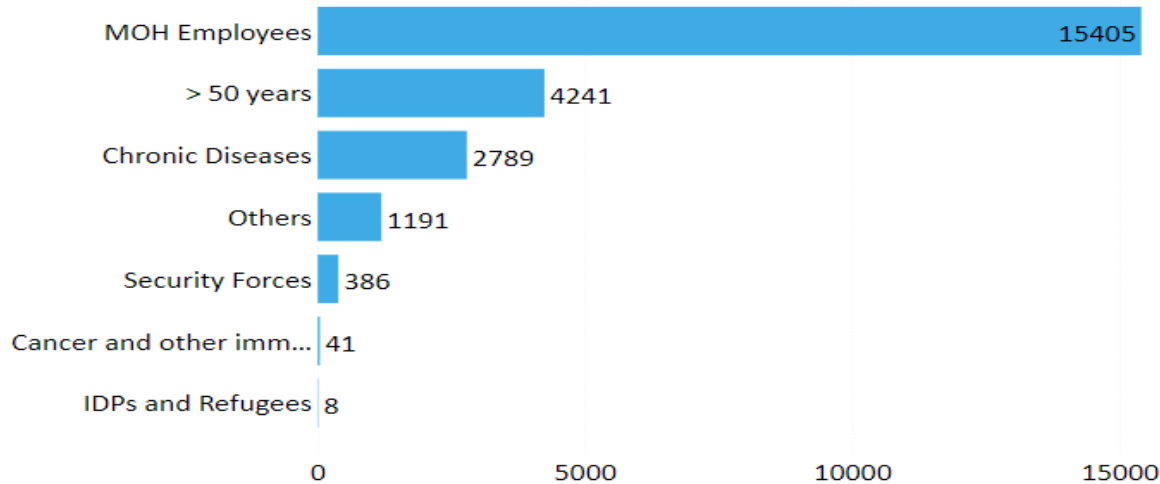
Governorates
All

Timeline

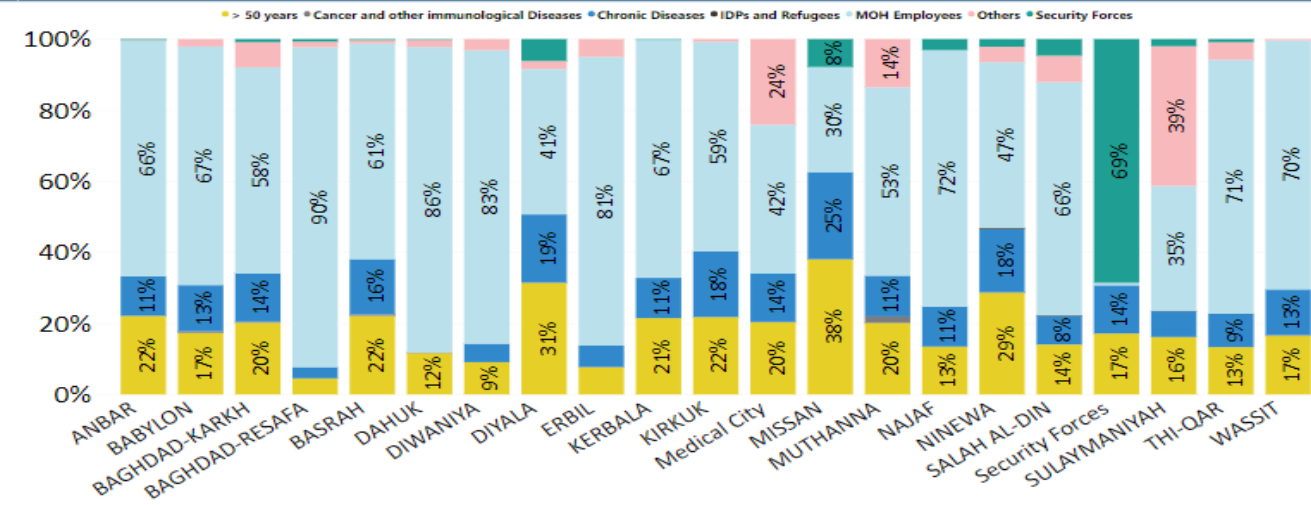
3/2/2021

3/25/2021

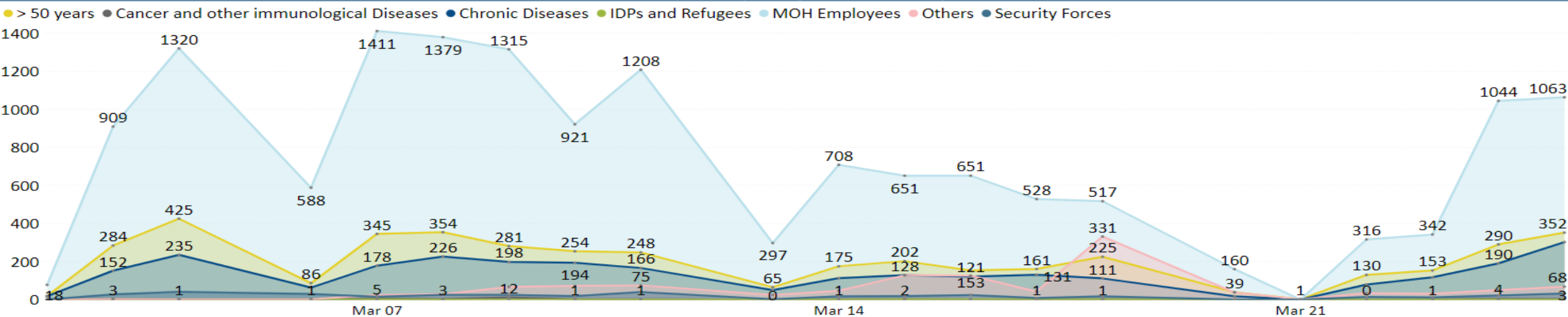
Cumulative Vaccinated Priority Groups



Distribution of Priority vaccinated by Governorates



Vaccinated Priority Groups Distribution by Date



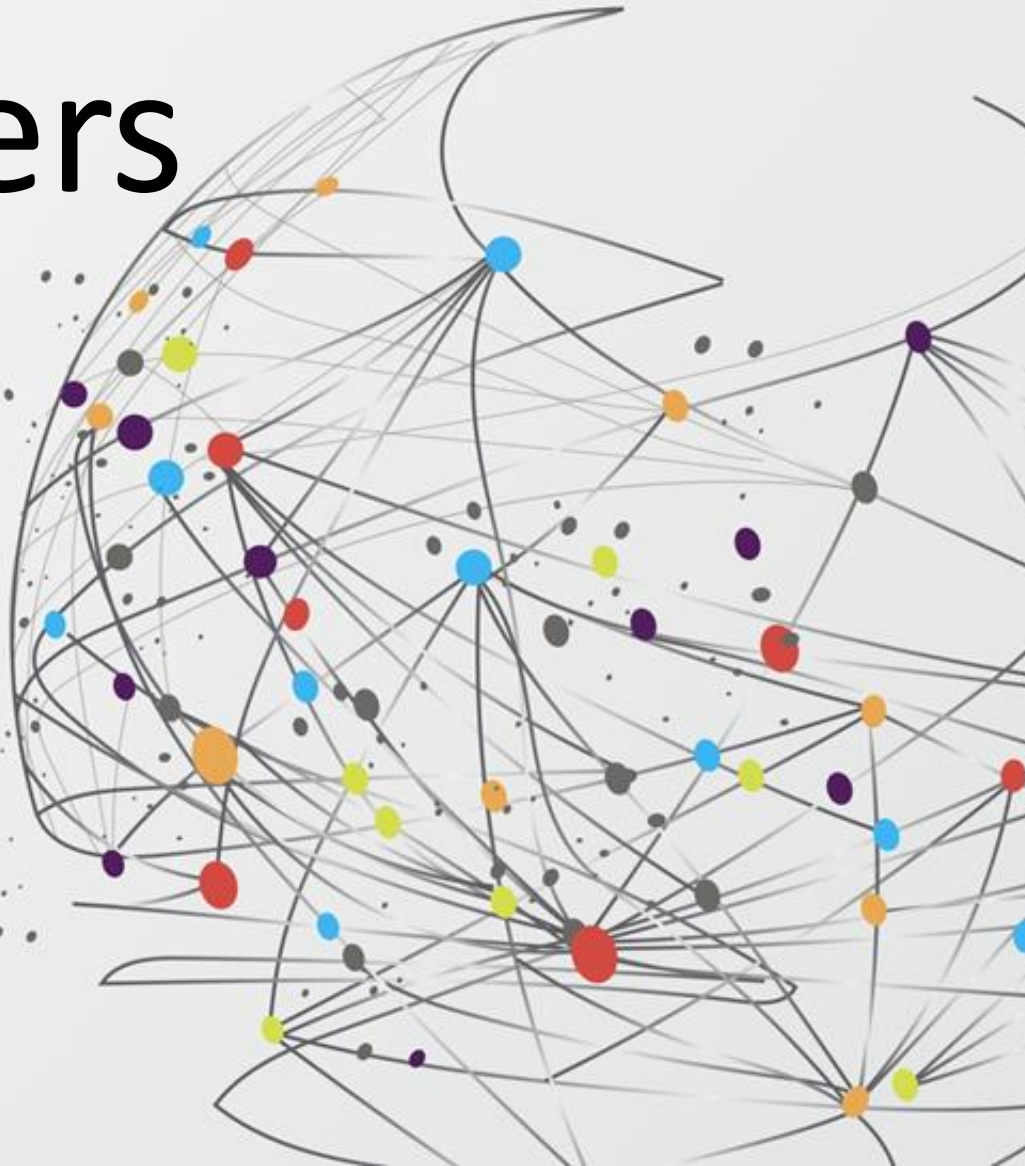
COVID-19 Vaccination in Iraq - Challenges

- Hesitancy of many MoH employees/health workers to be vaccinated
- Lack of awareness despite repeated messages to practice COVID-19 prevention measures
 - Increasing fatigue/disbelief in practicing strict IPC measures among population
- Delay in social mobilization, communication, community engagement and risk communication, antivaccination rhetoric in social and mainstream media
- Access constraints to reaching population returning from displacement / secondarily displaced
- Delays in availability of Government's NVDP to humanitarian actors
- Vaccination only conducted by public sector / Government

COVID-19 Vaccination in Iraq – Next Steps

- World Bank loan of USD 100 million for COVID-19 vaccination
- RCCE support by WHO, UNICEF and the World Bank
- IEC materials on vaccination dissemination through humanitarian platform for wide distribution among populations
- Briefing for humanitarian organizations on the vaccination campaign for community mobilization in and out of camps
- Humanitarian partners to be engaged through the Iraq Health Cluster COVID-19 Taskforce, in supporting the vaccination campaign in their different capacities
- A media briefing is due on 30-31 March for all journalists and editor in chiefs in Baghdad

Questions and Answers



**Vaccination for the world's
vulnerable – Internally
displaced populations,
refugees and migrants**

WHO INFODEMIC MANAGEMENT
&
GLOBAL COLLECTIVE SERVICE
WEBINAR

March 30, 2021

UNHCR

UNHCR is the only United Nations agency with a mandate for the protection of refugees at the global level. UNHCR's Statute, which was adopted by the General Assembly in 1950, defines UNHCR's functions as:

- **providing international protection to refugees; and**
- **assisting governments in finding durable solutions for them.**

Further, UNHCR's Executive Committee and the UN General Assembly have authorised involvement with other groups. These include former refugees who have returned to their homeland; internally displaced people; and persons who are stateless or whose nationality is disputed.

UNHCR in the UK has a supervisory role.

Overview

UK has established a Vaccine Delivery Plan

As of 27 March, the UK had vaccinated 30 million adults in the UK

The UK has a National Health Service

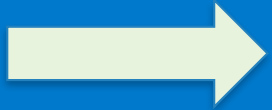
Refugees and asylum-seekers are entitled to free healthcare from the NHS

Vaccine administered through doctor's surgeries

Must be registered with a doctor



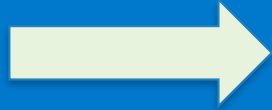
Challenges



Lack of registration



Fears of taking the vaccine



False information



Reaching more isolated communities

Successes

Everyone is welcome in
general practice

NHS

OPEN

NHS
I have the right to register and
receive treatment from a GP practice

I do not need a fixed address.
I do not need identification.
Anyone in England can see a GP.

Find out more
www.nhs.uk/register



East London resident, receives her Covid-19 vaccination at the pop-up vaccination centre.

Photograph: David Levene/The Guardian

No immigration checks

Community Champions scheme

<https://www.gov.uk/government/news/community-champions-to-give-covid-19-vaccine-advice-and-boost-take-up>

Translation of information

<https://www.doctorsoftheworld.org.uk/coronavirus-vaccine-information/>

Guidance for medical professionals

Pop-up clinics

Doctor-led initiatives

Gaps

Practical difficulties registering for medical care

Ongoing targeted engagement required



JORDAN

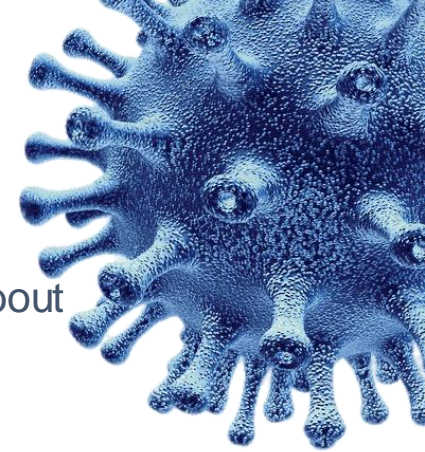
Webinar agenda and logistics - Vaccination for the world's vulnerable - March 30

RUBA HIKMAT

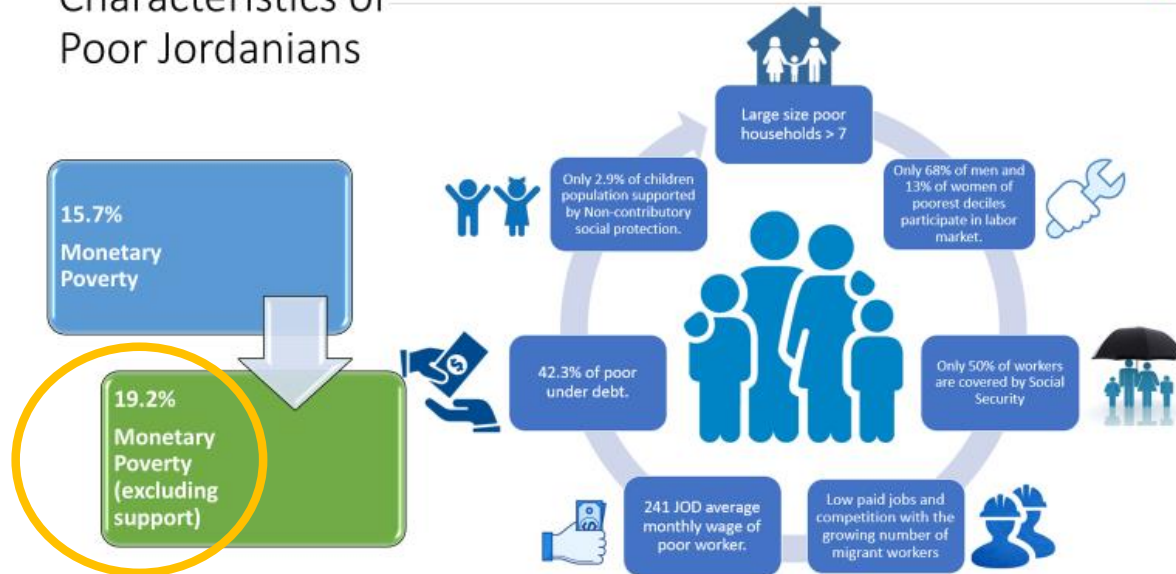
Communication for Development, UNICEF-Jordan

OVERVIEW | JORDAN | 10,203,134 people

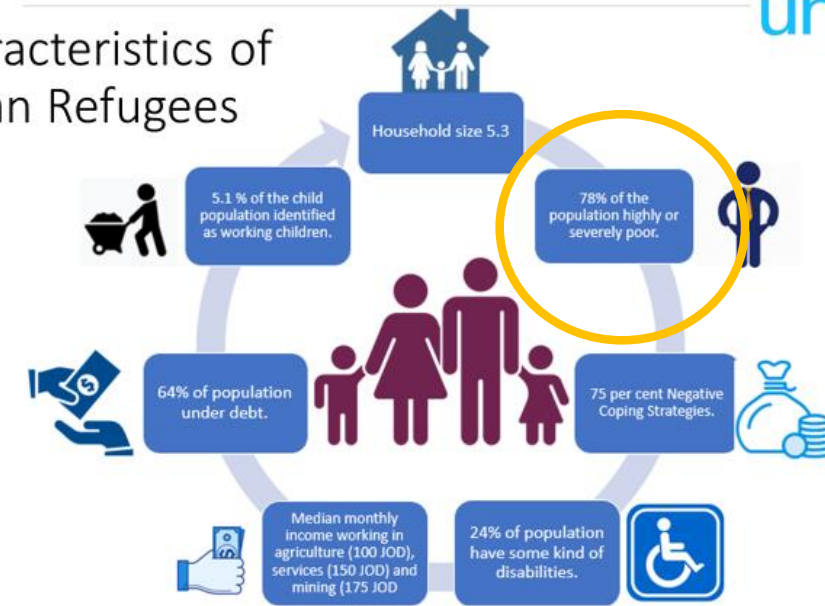
Jordan is a home to 2,175,491 registered Palestine refugees, hosts around 1.4 million Syrian refugees, about 31,163 Yemenis, 22,700 Libyan refugees, 130,911 Iraqis .. and other minorities



Characteristics of Poor Jordanians

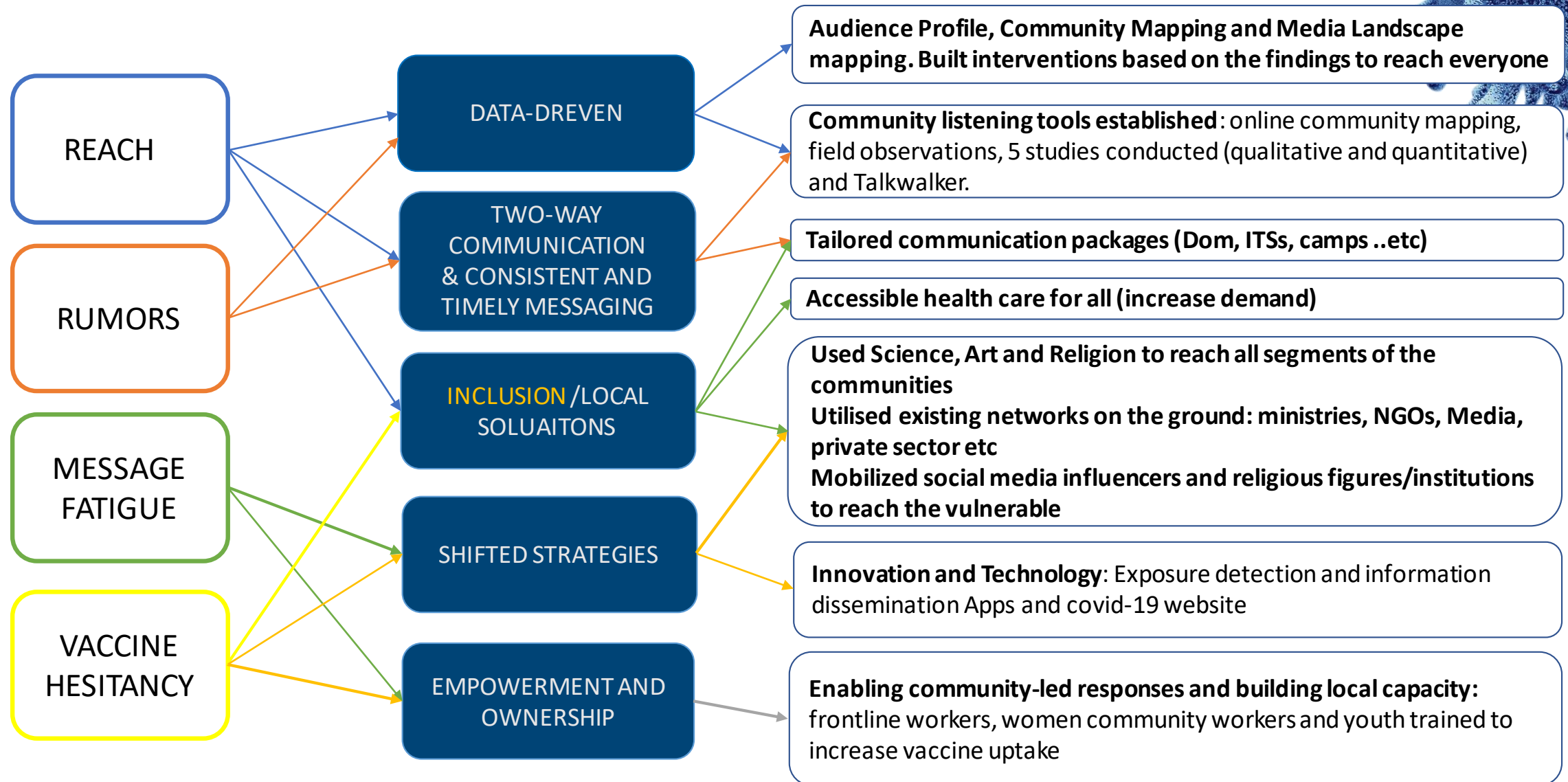


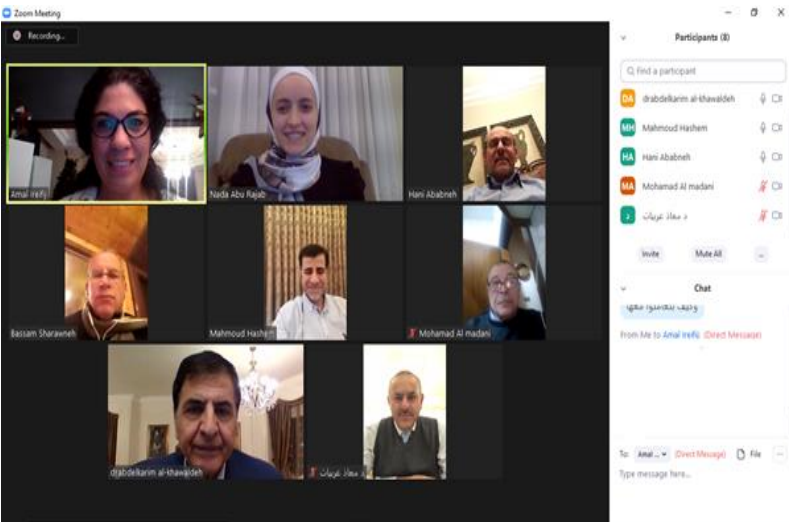
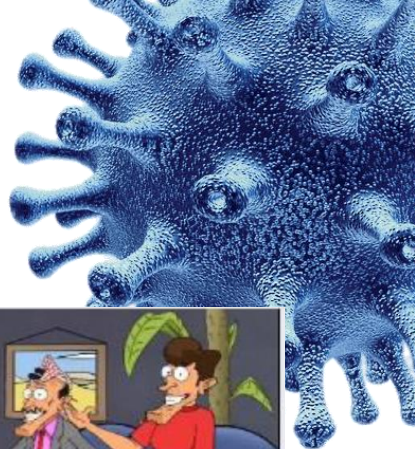
Characteristics of Syrian Refugees



Any individual in Jordan is eligible to receive the Covid-19 vaccine, and it is **free-of-charge**.

CHALLENGES | SUCCESS



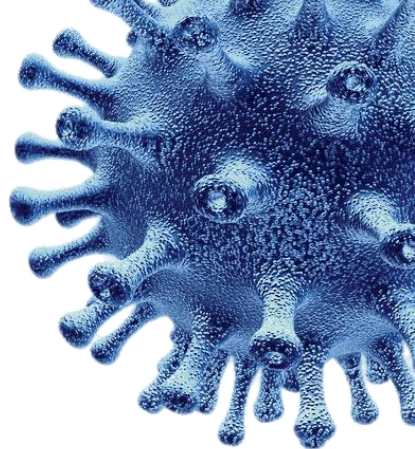


...وزارة الثقافة الأردنية: كورونيات أبي محبوب .. اللقاح
أبي محبوب افتح يسجل هو وعيلته عالمنصة عشان يوخنوا اللقاح!! فكركم ليش؟؟ طبعاً لأن حياتنا أهم .. طيب كيف بنينا
نسلج؟ كيس على الرابط عشان نعرف كيف، ونصيحة .. سجل
<https://www.facebook.com/342059113198963/posts/926615748076627/> UNICEF Jorda...



...وزارة الثقافة الأردنية: ينقذ نعيش 3
المشغوم هو بوابة الأمل لتجاوز الله المحنة، وتكتب حتى فيروس كورونا. ولأن حياتنا أهم... وحشان نقدر نعيش ... المشغوم
حنلة حياتنا أم ##همنا ثقافتنا وزارة الثقافة الأردنية #يونيسف الأردن #Unicef Jordan أمو الحن
مستحلف ينهنا #فيروس كورونا #لأردن #كورونا الأردن #كوفيد_19 الأردن #بحميد #unicef_jordan





Vaccination for the most vulnerable population in Lebanon

Internally displaced populations, refugees and migrants



RCCE in Lebanon 2020-21

The national Risk Communication and Community Engagement (RCCE) coordination Task force (TF) was **established in March 2020** to respond to the COVID-19 pandemic, counting on the active participation of more than 40 partners including Government counterparts, UN agencies, NGOs, local associations and academic institutions.

The main goal is to mitigate the COVID19 transmission and raise awareness on available services for people in Lebanon and those affected by the Beirut Blast.

Objective 1: Strengthen inclusive leadership and coordination for RCCE and AAP

Objective 2: Strengthen and diversify community engagement & community-led initiatives

Objective 3: Conduct timely outreach and awareness raising around COVID19 and other essential services

Objective 4: Elevate people's voices to influence decision making

Challenges

- **Low trust** in the public system
- **Issues in registering populations with no IDs** (*illegal status, fear of formal registration and tracking, low capacity MoPH Call Center*) which increase protection concerns + accessibility
- **No clear implementation plan** is in place yet by the National Committee to address demand and priorities (*on vaccine arrival and target populations*)
- **Community fatigue** and **socio-economic crisis** in the country

Ongoing vaccination process

COVID-19 Vaccine as a key component of RCCE Covid 19 Plan

Inclusive approach to embed RCCE interventions to reach out vulnerable populations mainstreamed in the national NDVP:

- Refugees and migrant workers
- People with disabilities
- Immigrants including migrant and domestic workers
- Stateless population
- Gender minorities

Concrete actions

- **Vulnerable populations** included by RCCE partners in community engagement micro-plans designed at regional and municipal level
- **Leverage with partners authorities** at field and central levels through existing coordination mechanisms and partnerships (*example: social stability sector committees*)
- **Inter-sectorial coordination with relevant entities:** IOM, ILO, UNHCR, IA, RCCE partners, ministerial entities at national and local levels (MoPH, Ministry of Labor, Education and municipalities) to reach out to vulnerable populations
- **Advocacy with IOM for migrant workers:** to include MW and people with no form of any IDs in the registration platform + planning **training** sessions with IOM reaching out to their partners and embassies.
- **Capacity building** for NGOs, stakeholders and community mobilizers working with refugees and migrant workers (started and ongoing)
- **Production of IEC material** tailored for the needs of vulnerable populations (videos, flyers in different languages)

Current Vaccination RCCE Trainings

(focusing on Vaccine and Preventive Measures)

[illegible]

EXAMPLE: embedding C4D in programmatic interventions

IEC materials distributed with 105,000 IPC kits to refugees living in informal settlements to raise awareness on COVID-19 vaccine and promote registration to the MoPH official platform

التلقيح ضد كوفيد-١٩ اختياري ومجاني لجميع المقيمين على الأراضي اللبنانية.

كيف تعمل اللقاحات؟
اللقاح ضد كوفيد-١٩ عبارة عن جرعتين (إبرة في العضل).
عند حقن اللقاح (المحتوي على مواد بروتينية من الفيروس) يتعرف عليها الجسم كأجسام غريبة ويبدأ بإنتاج الأجسام المضادة، حيث تكون ذاكرة في الجهاز المناعي ويبدأ بمحاربة الفيروس إذا دخل الجسم مرة أخرى.

أهمية اللقاح:
اللقاح هو وسيلة آمنة وفعالة تحمي من أمراض خطيرة يمكن الوقاية منها. تخضع جميع اللقاحات إلى اختبارات مشددة، ويتم بعدة مراحل من الاختبارات ومن ضمنها المبريرية قبل الموافقة على استخدامها.

الفئة المستهدفة لأخذ اللقاح:
يتم إعطاء اللقاح من عمر ١٨ سنة وما فوق، للأشخاص الأكثر عرضة للإصابة بالفيروس أو الأشخاص المعرضين لمضاعفات خطيرة ناجمة عن الإصابة بالفيروس، ومن ثم الانتشار لمرائح المجتمع الأخرى.

كيف تسجلون على المنصة؟
١ يمكن الدخول إلى المنصة عبر الرابط التالي: covax.moph.gov.lb
٢ يرجى إدخال بياناتكم بشكل صحيح والتأكد منها قبل إرسالها إلى المنصة.
سوف تحتاجون
أ. إلى وثيقة رسمية (بطاقة هوية، إخراج قيد، جواز سفر، بطاقة الأمر المتحدة)
ب. رقم هاتف خلوي.

أين يمكنني التسجيل للحصول على اللقاح؟
على الموقع التالي: covax.moph.gov.lb
وعلى الخط الساخن: **1214**

وزارة الصحة العامة
1214
أي مسألة تتعلق باللقاحات

وزارة الصحة العامة
1787
أي مسألة تتعلق بخدمات كوفيد-١٩ يستثنى التسجيل لأخذ اللقاح

NEXTCARE
01-504020
لحالات الطوارئ الطبية في المستشفيات بما في ذلك اختبار الـ PCR الذي تغطيه مقوضية الأمر

DPNA
70-582964
لعبوات الوقاية والسيطرة على العدوى (الأقنعة والمطهرات)

الصليب الأحمر اللبناني
140
خدمات الإسعاف والطوارئ

المعلومات المتوفرة حول اللقاحات المضادة لكوفيد-١٩

أين يمكنني التسجيل للحصول على اللقاح؟
على الموقع التالي: covax.moph.gov.lb
وعلى الخط الساخن: **1214**

وزارة الصحة العامة
1214
أي مسألة تتعلق باللقاحات

وزارة الصحة العامة
1787
أي مسألة تتعلق بخدمات كوفيد-١٩ يستثنى التسجيل لأخذ اللقاح

NEXTCARE
01-504020
لحالات الطوارئ الطبية في المستشفيات بما في ذلك اختبار الـ PCR الذي تغطيه مقوضية الأمر

DPNA
70-582964
لعبوات الوقاية والسيطرة على العدوى (الأقنعة والمطهرات)

الصليب الأحمر اللبناني
140
خدمات الإسعاف والطوارئ

Promoting Community Registration with medical staff



Since early March **six target municipalities** in cooperation with the Mobile Clinic program of the NGO *Blue Mission* have reached out to high-risk groups not yet registered for the vaccine.

Surveys showed that people are not registering **due to lack of information, understanding + access**

Lessons learned:

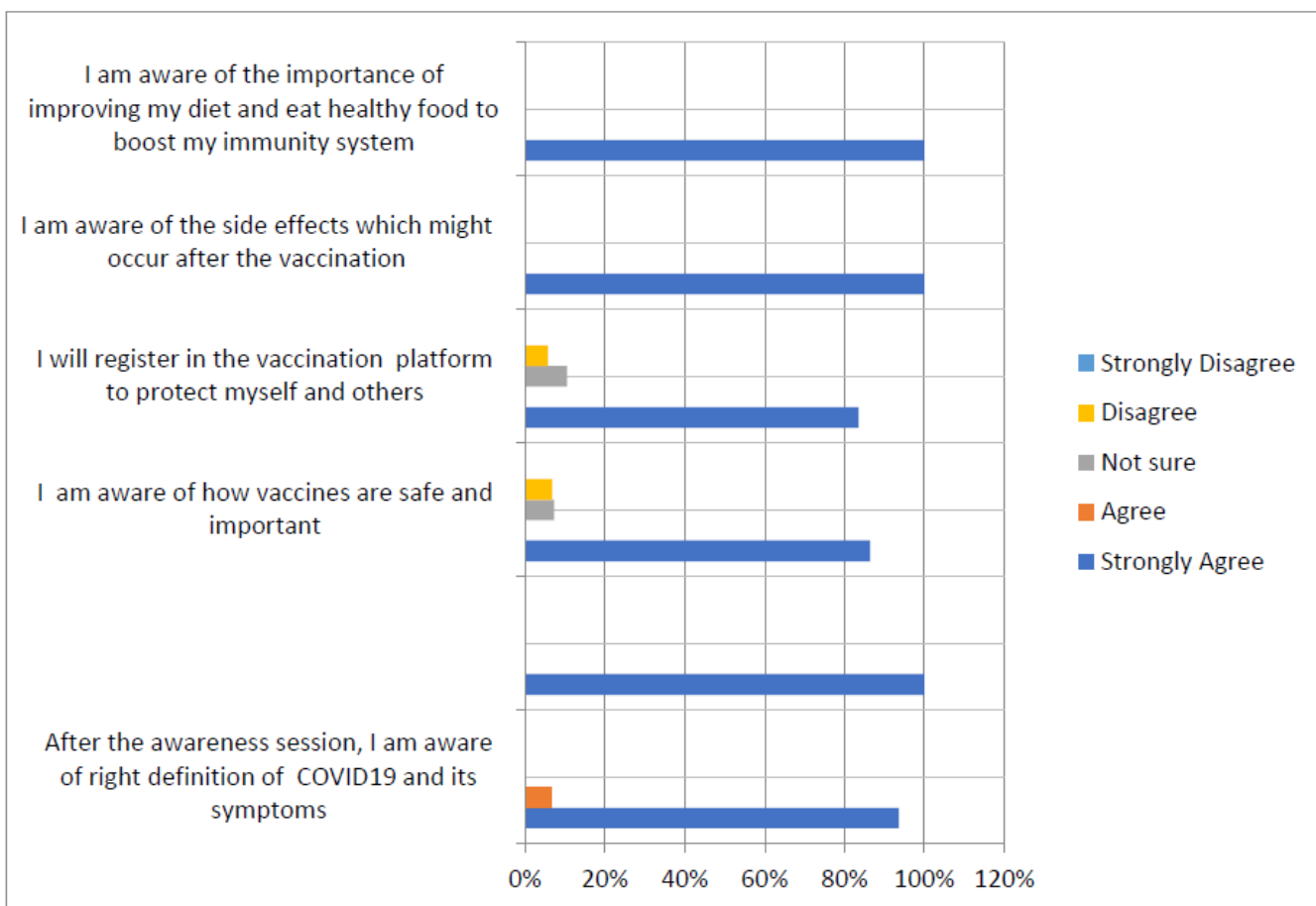
- added value of having **trained medical staff when raising awareness**, as this **generates trust and makes people more open to information** (*particularly on vaccine*)
- People are also **attracted by the opportunity** of having a consultation with the **doctor + receiving hygienic kits**
- Trained staff equipped with **smartphones** can register people on the spot



Promoting Community Registration with medical staff

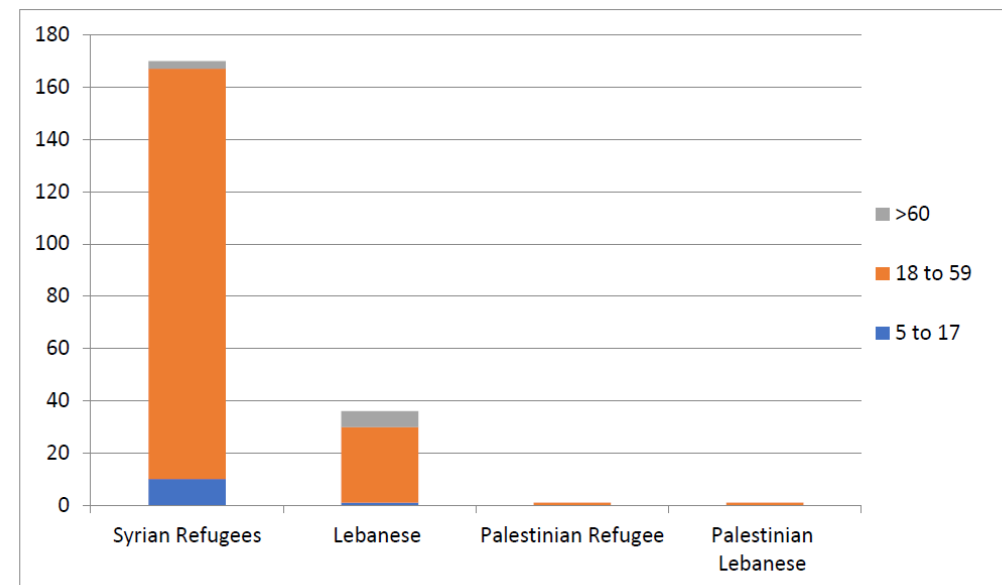
Surveys after informative sessions by Mobile Clinics teams

Mobil Clinic Beneficiaries who received awareness sessions



75% of people attending the informative sessions accepted to register and the NGOs mobilizers support them to register on the platform

Age & Nationality Distribution



COVID-19 Vaccination Maldives

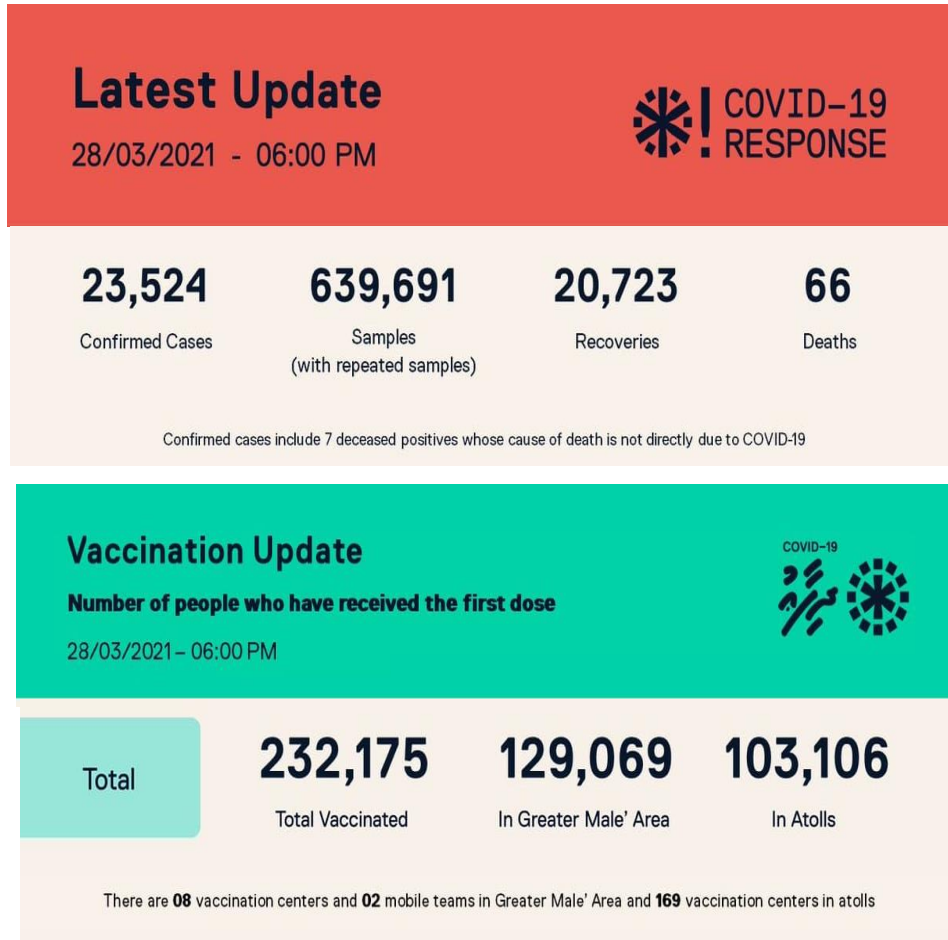
Going the last mile

Fathimath Himya
Secretary General
Maldivian Red Crescent



ދިވެހި ރާއްޖޭގެ ރަހަދު
Maldivian Red Crescent

Overview of COVID-19 Situation Maldives



Timeline of Events – COVID19 Vaccination

- 20th January 2021 - GOM pledges COVID-19 vaccine will be free & made available for all **Maldivians & migrant workers** residing in Maldives (including Undocumented Migrants).
- 01st February 2021 - Vaccination Programme roll out nationwide.
- 20th February 2021 - MRC announces vaccine registration for undocumented migrant workers
- 24th February 2021 – Vaccination for undocumented migrants begins.

as of 28th March 2021

MRC COVID-19 Vaccination

Support at Vaccination Centers



Mobile Vaccination



Migrant Support Call Center



Registration of Undocumented Migrants



Hygiene & COVID19 Prevention Advocacy



COVID19 Vaccination for Undocumented Migrants



COVID19 & Vaccine IEC Dissemination

MRC Intervention to address registration for Undocumented Migrants

- MRC using MRC Beneficiary Management System - MRCBenSys for the migrant COVID-19 vaccination registration.

MRC Bensys for COVID19 Vaccine Registration

- Information collected (Personal information, contact Information, basic Health screening & photograph)
- A **unique identification number** generated & COVID-19 Vaccine Registration Card Issued
- Vaccination Centres are provided access to MRCBensys via an API to verify individuals.

4068

**Undocumented
migrants registered
for COVID-19
Vaccination**

600+

**Undocumented
migrants
vaccinated**

The image shows a 'COVID-19-Vaccine Registration Card' issued by the Maldivian Red Crescent. The card includes fields for 'Full Name:', 'Registration Number', 'MRC-BN', and 'Date of Issue:'. Below the card, there is a text box explaining that the card is issued as proof of registration for COVID-19 vaccination and should be taken when going for vaccination. It also contains a paragraph in Dhivehi and a small logo at the bottom.

The image shows a user profile in the MRCBenSys interface. It includes a profile picture, a checkmark, and the registration number 'BEN2021-03832'. Below the profile, there are sections for 'Event' (COVID-19 Operations) and 'Services' (Vaccine Registration, Face Mask).

Data Sharing & Protection

- Basic Principles of Data Collection in a Humanitarian Response Practiced.
- Information maintained by MRC & will be only shared with health authorities responsible for COVID19 Vaccination.

Challenges

Vaccine Availability

Limited Human Resources

- Limited volunteers (social/mental impacts)
- Limited staff

Continuous Advocacy

- importance of #VaccinEquity

MRC to support registration of all undocumented migrants in Maldives

- Approximate undocumented migrant population in Maldives 30,000 – 60,000.
- Geographical dispersal of islands
- Gaps of communication beyond Greater Male'



Interventions with Migrants

- Migrants often the at-risk group during any crisis situations in the Maldives.
 - Lack of access to proper health care
 - Economic & living situation
- MRC has actively reached out to the community during epidemics & crisis situations to provide support needed.

Strengths

Reliability & Trust

Inclusivity during responses

Inclusivity in MRC capacity building efforts

Focused effort in bridging communication gaps



INTERNATIONAL VOLUNTEER DAY
2020

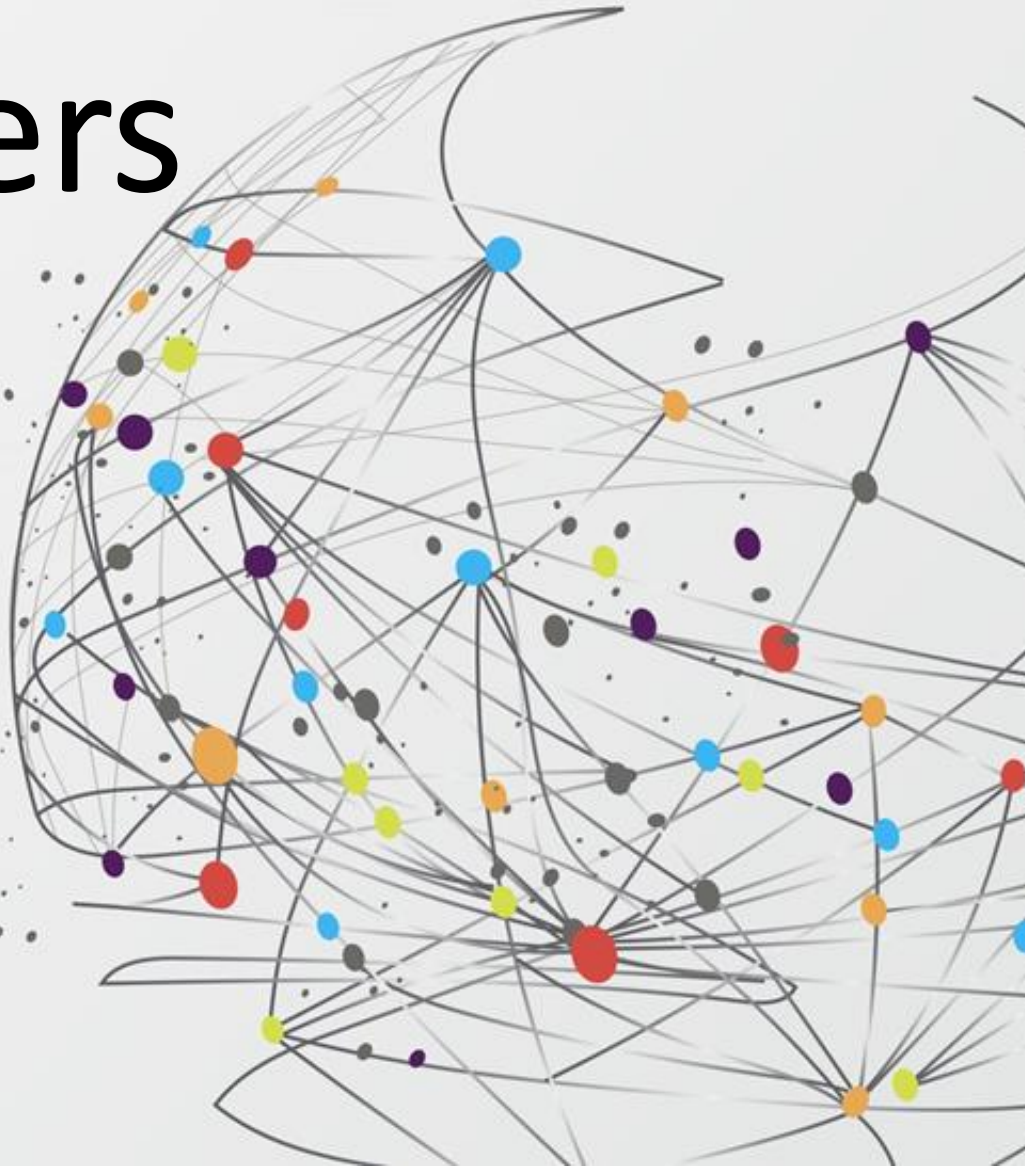
**KAMAL HOSEN,
MALE' BRANCH**

My journey started with the Maldivian Red Crescent with the intention of doing something for the helpless people during the lockdown. Along the way I am learning a lot of new things that are making a very important contribution to my own personal life, including my surroundings.

#ThanksVolunteers



Questions and Answers



**Vaccination for the world's
vulnerable – Internally
displaced populations,
refugees and migrants**

WHO INFODEMIC MANAGEMENT
&
GLOBAL COLLECTIVE SERVICE
WEBINAR

March 30, 2021

Thank you



Vaccination for the world's vulnerable – Internally displaced populations, refugees and migrants

WHO INFODEMIC MANAGEMENT
&
GLOBAL COLLECTIVE SERVICE
WEBINAR

March 30, 2021