



CASE STUDY

PAKISTAN

ENHANCING COVID-19 VACCINATION COVERAGE AMONG REFUGEE POPULATIONS

Abstract:

This case study from Pakistan describes how a country that hosts over 2.4 million documented refugees and unregistered migrants was able to inform refugee populations with limited access to health services of the availability of vaccination services, and through mobile teams, deliver vaccines to the neediest.

COVID-19 Vaccine

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Global challenges in COVID-19 vaccination

To date, many countries face challenges with achieving high COVID-19 vaccination coverage among refugee and migrant populations. On the program side, often these target populations are difficult to enumerate and may not be included in vaccine forecasting, impacting vaccine supply and availability. In addition, service delivery plans may not include the special strategies needed to reach this population, such as organizing mobile teams to have access to refugee camps or identifying and reaching refugees or migrants who are scattered among the host communities, may speak a different language or may not want to be easily found.

On the beneficiary side, unregistered migrants or refugees may lack the official identity documents usually required for vaccine registration, therefore limiting their access to vaccination. Furthermore, there is often vaccine hesitancy among this population either due to concern with the vaccine or reluctance to encounter government entities or the public sector.

Background & context: Pakistan

The years 2021 and 2022 presented a myriad of challenges to Pakistan. The development of COVID-19 vaccine initially brought hope for return to the pre-pandemic life. However, this was short lived as differential vaccine access came into play especially for a low-middle-income country like Pakistan. The uptake of vaccination was further complicated by vaccine hesitancy, emergence of viral variants against which vaccination was less effective, and global COVID-19 disease waves dashing the initial optimism of controlling COVID-19 pandemic by reducing transmission. The support required to address the ongoing health needs of around 2.4 million refugees from Afghanistan who were residing in Pakistan and the risk of influx of additional Afghan refugees into Pakistan created additional challenges for the country. Though the COVID-19 pandemic brought new problems for everyone, due to limitations in access to health services, the health condition of Afghan refugees in particular deteriorated during the COVID-19 pandemic.

In the early stages of vaccine deployment, the large population of unregistered Afghans and other migrants were unable to take advantage of the vaccination programme because of lack of official identification documents. Refugees without required documentation could seek a duly stamped and verified proof of residence facilitated by an administrative official in their respective areas; however, this step was sometimes viewed as a barrier to vaccination. In addition, there were no COVID-19 vaccination centres in the refugee camps, and there was low awareness among refugee populations of how to access vaccination services.

Pakistan's innovative response

Cognizant of the situation, the Government of Pakistan requested support from WHO to develop vaccination strategies geared towards vaccinating refugees and marginalized populations. WHO Pakistan led this area of work and established a technical working group for refugees with the United Nations High Commission for Refugees (UNHCR), the International Organization of Migration (IOM) and Federal programme on Immunization to share updates and information.

Increased access to vaccination. One key strategy was to bring COVID-19 vaccination services to refugee camps as part of health services offered in refugee camps. A total of thirteen mobile vaccination sites provided COVID-19 vaccination in refugee camps: seven in Karachi, two in Hyderabad and four in Islamabad (including human resources and logistics deployed by WHO).

Secondly, access to health services for refugees and marginalized populations was increased by integrating COVID-19 vaccination with other health services offered at 63 health camps for Afghan refugees in 21 high-risk Union Councils (UCs) of Islamabad. Health camps were held at basic health posts providing primary health care including routine immunization and Reproductive Maternal, New-born, Child, and Adolescent Health (RMNCAH) services.

Lastly, vaccination counters were established at border crossings. At the Torkum border, WHO established four vaccination counters for the inbound and outbound populations from Pakistan and Afghanistan and set up a prefabricated vaccination point at the Pak-Afghan Friendship Hospital to provide healthcare services to the transit population, who are otherwise are hard to reach through the regular vaccination programme.

Increased awareness and demand for vaccine. There was a need to address vaccine hesitancy in Afghan refugee areas. In response, Information, Education and Communication (IEC) materials were displayed in Afghan refugee villages to promote vaccination to enhance the understanding of COVID-19 disease and the associated risks and promote preventive measures. Banners were displayed at the entry points, and IEC materials were provided for local gathering places and mosques in the five major Afghan refugee villages.



Increased community engagement.

To enhance the connection with refugees and have the refugees feel part of the vaccination delivery process, 35 Afghan students were identified to support the registration and vaccination of Afghan refugees in high-risk communities. At the same time, 280 health education sessions designed specifically for refugees were conducted to raise awareness on COVID-19 preventive measures, the importance of vaccination, and to mobilize the community for vaccine uptake.

Refurbishment of Health facilities with a high influx of refugees. To support the implementation of integrated health services and increase the motivation from the public to seek services, WHO supported the refurbishment of four health facilities serving a significant number of refugees, including the Rural Health Center (RHC) in Sihala (pictured here). In addition, laboratory services were strengthened through the provision of advanced equipment. Through this model, marginalized and refugee population of the adjacent area/villages have improved access to basic health services, including vaccination, at facilities that are close to where they live.

Outcomes

Impact

Due to efforts of mobile teams, as of 26 August 2022, 168,998 (89,231 1st and 85,441 2nd doses) have been administered among the refugees settled in Karachi and Hyderabad.

Overall, in Islamabad, these multi-dimensional efforts resulted in the administration of 79,154 doses among Islamabad refugees, where 40,223 and 38,931 have received 1st and 2nd doses, respectively.

As of July 2022, on average, around 1,500 to 2,000 individuals were vaccinated per day and provided with vaccination cards.

These COVID-19 vaccination activities have contributed to the increase in coverage for refugees, marginalized and nomadic population from 5% to 51%.

Benefits

These multi-dimensional efforts benefited both beneficiaries and the immunisation programme itself, as shown in the table below:

Beneficiaries

- Facilitated access to COVID-19 vaccination.
- Access to vaccination as well as other primary health care services improved through mobile teams that came to the camps, and through health posts at border crossings.
- Increased awareness of the availability and importance of COVID-19 vaccination
- Provided documentation of receipt of vaccination.
- Increased community engagement that made them feel part of the vaccination effort.

Immunization programme

- Integrated vaccination with other services provided in the health camps improved uptake of all services.
- Refurbished several health facilities are now able to better integrate vaccination with other services and are more attractive to the communities
- Engaged key community members in vaccination (Afghan students)



Challenges

The key challenge was developing strategies that were specific and tailored for these vulnerable communities. It required coordination among partners and with the government, dedicated human resources and funding to understand the barriers and respond to them.

Opportunities beyond the COVID-19 vaccine response

Reaching refugees with COVID-19 vaccination and other basic services in their places of residence and improving their nearby health facilities showed a commitment to equity in access to health services for all in Pakistan.

This has a longer standing consequence of building trust of the refugee and migrant communities in governmental health services that is likely to improve health seeking behaviours and its associated health benefits.

This initiative highlights the impact of integration of other essential activities when considering the vulnerabilities and difficulty reaching refugee, migrant and displaced populations. It calls for continuing these strategies to provide COVID-19 primary and booster vaccination in combination with other essential services such as essential vaccination and MNCH offerings.

Lessons

It is essential to build in the special considerations needed to facilitate access to the health services for special populations when planning and developing strategies. This aim is to provide easy and convenient access to the health services that will improve uptake and contribute to the good health of the host communities as well.

Given the success of these efforts, outreach mobile vaccination services will be extended to other units providing COVID-19 vaccination to the most marginalized Afghan refugee population. This includes regular mobile camps for routine immunization with primary health care & MNCH services in hard-to-reach areas of Khyber Pakhtunkhwa, Balochistan, Gilgit-Baltistan and Azad Jammu and Kashmir.

These efforts have affirmed WHO's commitment to continuing to support the Government of Pakistan in delivering quality and comprehensive healthcare to the most marginalized population in Pakistan including and to sustaining the collaboration built between the partners, donors, and development agencies.

Additional resources

For further information, you may contact Dr Mohammed Osama Mere, Medical Officer, World Health Organization Eastern Mediterranean Regional Office, Cairo, Egypt, by email:

mereo@who.int

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