

# Vaccination in Humanitarian Emergencies

IMPLEMENTATION GUIDE



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# PREFACE

Vaccine-preventable disease (VPD) outbreaks occurring in recent humanitarian emergencies highlighted the need for a comprehensive and evidence-based decision-making framework for vaccination in humanitarian emergencies. In 2013, “Vaccination in acute humanitarian emergencies: a framework for decision making” was developed and disseminated by the World Health Organization (WHO).<sup>1,2</sup> Through a series of consultations with partners in 2016 the following has been accomplished: (i) “Vaccination in acute humanitarian emergencies: a framework for decision making” (hereafter referred to as Framework) has been revised and updated, and (ii) “Vaccination in humanitarian emergencies implementation guide” (hereafter referred to as Implementation Guide) has been developed. These two guidance documents provide a complementary package. In addition, a set of interactive tools is being developed to facilitate the use of this package and to keep its content up to date.

Lack of access to vaccination services in acute or protracted conflicts and humanitarian emergencies represents an important and growing reason for stagnating vaccination coverage. Delivery of immunization services in such settings presents many challenges.

In order to benefit from the vast experience of countries and partners, WHO convened three meetings in 2016.

- January 2016, Cairo: WHO representatives from country offices of Afghanistan, Iraq, Lebanon, Pakistan, Somalia, Sudan, Syria and Yemen, the WHO Eastern Mediterranean Regional Office (EMRO) and WHO Headquarters compiled strategies and best practices for delivering vaccination during humanitarian emergencies.
- June 2016, Geneva: WHO and Médecins Sans Frontières (MSF) organized a partners consultation to identify challenges and potential solutions to resolve barriers to the timely supply of affordable vaccines in humanitarian crisis.
- October 2016, Geneva: experts from United Nations agencies, international non-governmental organizations, partner agencies including Gavi and the vaccine industry agreed on a package of documents and solutions to guide vaccination in humanitarian emergencies which would include an updated version of the Framework on decision making, the Implementation Guide, and a communication plan to ensure availability and use of this package.

This Implementation Guide does not supersede existing general guidance and principles related to humanitarian emergencies, but complements them, while focusing on vaccination in the context of humanitarian crisis.

For more information, please see The Sphere Handbook<sup>3</sup> on minimum standards in humanitarian response. For further information on the WHO's role in responding to emergencies, please refer to the Emergency Response Framework (ERF).<sup>4</sup>

Please send comments on the usefulness and/or suggestions for improvement, indicating “Feedback on the Implementation Guide” in the subject line, at: [vaccines@who.int](mailto:vaccines@who.int).

<sup>1</sup> Vaccination in Acute Humanitarian Emergencies. A framework for decision making. <http://apps.who.int/iris/bitstream/10665/255575/1/WHO-IVB-17.03-eng.pdf>, accessed July 2017

<sup>2</sup> A Strategic Advisory Group of Experts (SAGE) on Immunization Working Group on Vaccination in Humanitarian Emergencies was formed in June 2011 to determine key scientific, ethical, economic, public health, operational and political criteria that should be part of such a decision making framework. In November 2012, SAGE endorsed the final version of the “Vaccination in acute humanitarian emergencies: a framework for decision making”.

<sup>3</sup> Sphere Project. <http://www.sphereproject.org/>, accessed July 2017.

<sup>4</sup> Emergency Response Framework. [http://apps.who.int/iris/bitstream/10665/89529/1/9789241504973\\_eng.pdf?ua=1](http://apps.who.int/iris/bitstream/10665/89529/1/9789241504973_eng.pdf?ua=1), accessed July 2017.

# ABBREVIATIONS AND ACRONYMS



<b>CSO</b>	Civil society organization
<b>DEWS</b>	Disease and Early Warning System
<b>EMRO</b>	WHO Eastern Mediterranean Regional Office
<b>EPI</b>	Expanded Programme on Immunization
<b>ERF</b>	Emergency Response Framework
<b>EWARN</b>	Earl Warning and Response Network
<b>HC</b>	Health Cluster
<b>IDP</b>	Internally-displaced people
<b>ITF</b>	Immunization Task Force
<b>MoH</b>	Ministry of Health
<b>MSF</b>	Médecins Sans Frontières
<b>NGO</b>	Nongovernmental Organization
<b>OCR</b>	Operational Control Room
<b>SAGE</b>	Strategic Advisory Group of Experts on Immunization
<b>VPD</b>	Vaccine-preventable disease
<b>UNDSS</b>	United Nations Department of Safety and Security
<b>WHO</b>	World Health Organization



# I. INTRODUCTION



## 1. Background information

Globally, many countries are facing a broad range of humanitarian emergencies resulting from various hazards which differ in scale, complexity and international consequences. These emergencies have extensive political, economic, social, and public health impacts through disruption of the health systems and basic infrastructure.

Humanitarian emergencies encompass crisis of short duration, long-standing crisis, and conflicts resulting in protracted humanitarian emergencies. The concept of “acute” emergency does not imply that the emergency in itself is short-lived, as even in a protracted crisis, situations can emerge and be considered as “acute”, in particular when the conditions deteriorate, risk factors accrue or the conditions evolve for a particular disease.

Emergencies may lead to major and possibly continuous disruption of vaccination services provided through primary health care with resulting drop in vaccination coverage. This may lead to a decrease in population immunity, increased morbidity and mortality from VPDs with potential risks for outbreaks, which may be of large scale. In addition there may be lower population immunity due to mass population movements.

In emergency situations, people, especially children and women, are vulnerable to communicable disease outbreaks including VPD outbreaks. This is aggravated by co-existing malnutrition, crowded living conditions, and inadequate sewage and sanitation.

Vaccination should be among the high-priority health interventions implemented in order to limit the avoidable morbidity and mortality of the VPDs. Maintaining or re-establishing routine vaccination services should be the primary objective of every national immunization programme. Well-established programmes are likely to be more resilient during an emergency situation.

### ▶ 1.1 Definition of an acute humanitarian emergency situation

预览已结束，完整报告链接和二维码如下：

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