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Child Rights
Coalition Asia

Joint statement by Joining Forces Asia:
**Governments must ensure fair, transparent,
and gender-responsive COVID-19 vaccine distribution programs**

9 March 2021

Introduction

Although children have been spared the worst of the direct health effects of COVID-19, the pandemic has disrupted the delivery of essential health services and lives of hundreds of millions of girls and boys across the Asia-Pacific region. With the global rollout of vaccines finally gathering pace, it is essential that they are equitably distributed in order to help children's lives return to normal.

We, the undersigned child rights organizations from the Joining Forces Coalition, urge Asia-Pacific governments, guided by their respective National Immunization Technical Advisory Groups (NITAGs)¹, to ensure that vaccine distribution plans take into consideration a child-sensitive approach. In this joint statement, we highlight four key ways of doing so: prioritizing frontline workers essential to children's learning and protection in vaccination plans; ensuring the most vulnerable, including refugee and migrant families, have access to vaccinations; prioritizing a gender-sensitive response; and clearly and transparently informing the public about efforts to roll out vaccinations.

Protect and prioritize the essential workers

All children in all countries are affected differently by the pandemic, and public health responses have impacted children's physical health, mental well-being, education, social development, protection, and participation. As such, the response to the pandemic must recognize that COVID-19 has distinct effects on children in early childhood and children in adolescence, on girls and boys and other children, or on children with and without disabilities. Children in street situations, in conflict-affected areas, in alternative care, in informal settlements, in the context of migration, and in other situations of vulnerability need special protection measures.

Unfortunately, such measures have come under strain from COVID-19. For instance, UNICEF's socio-economic impact survey of the pandemic response shows that child protection services have been disrupted in 104 countries, limiting access to prevention and response services for 1.8 billion children, with countries in South Asia having the highest proportion of disruptions, followed by Eastern Europe and Central Asia.² In addition, according to the World Health Organization (WHO), 90% of countries have faced disruptions to essential health services during the pandemic, with low- and middle-income countries worst affected, while 168,000 more children under five could die due to malnutrition by 2022 due to the pandemic.³

¹ National Immunization Technical Advisory Groups (NITAGs) are multidisciplinary groups of national experts responsible for providing independent, evidence-informed advice to policy makers and program managers on policy issues related to immunization and vaccines. The Global Vaccine Action Plan (see link) calls for all country to establish or have access to such a NITAG by 2020: https://www.who.int/immunization/sage/national_advisory_committees/en/

² UNICEF (2020). "COVID-19 causes disruptions to child protection services in more than 100 countries, UNICEF survey finds." www.unicef.org/press-releases/covid-19-causes-disruptions-child-protection-services-more-100-countries-unicef

³ WHO (2020). In WHO global pulse survey, 90% of countries report disruptions to essential health services since COVID-19 pandemic.

www.who.int/news/item/31-08-2020-in-who-global-pulse-survey-90-of-countries-report-disruptions-to-essential-health-services-since-covid-19-pandemic

This “broader Child Rights Crisis,” as UN Secretary-General António Guterres describes it, shows the urgent need to invest in and prioritize essential workers and responders, including child protection workers and teachers. In this time of prolonged public health emergencies when children’s vulnerabilities to violence continuously increase, we ask governments to recognize and designate child protection services and workers as essential.⁴ This should include prioritizing their inclusion in vaccination plans. We further recommend that governments prioritize vaccination of teachers and early childhood care and development (ECCD) service providers, once frontline health workers and high-risk populations have been covered. This will be vital for keeping education staff safe at school and to help reduce the currently unprecedented level of disruption to children’s learning and wellbeing due to school closures. Frontline workers should include not only those in health facilities but also community-based health workers who do house-to-house visits delivering maternal, neonatal, and child health services, ECCD services, who might be social workers, nutritionist-dietitians, among others.

Recommendations:

Government health ministries, guided by a National Immunization Technical Advisory Groups (NITAGs), in partnership with other relevant government agencies and civil society, must:

- Ensure the equitable rollout of vaccines, following the WHO Strategic Advisory Group of Experts on Immunization (SAGE) guidance in prioritizing vaccination.
- Identify and prioritize essential education, social, and child protection services and workers, which includes teachers, ECCD service providers teachers, and other relevant responders in the government’s vaccination plan, once frontline health workers both in communities and hospital facilities, and high-risk populations are vaccinated.
- Consult with child rights experts to ensure that a child-sensitive approach is taken into consideration during the roll out.

Ensure the most vulnerable are covered

Governments should take the lead in making the vaccines widely available, equitably accessible, and free at point of care. Asia-Pacific countries should recognize that equitable access to COVID-19 vaccines is a fundamental human rights issue. It is the responsibility of all leaders to fulfil this right, and ensure that no one is left behind. Governments must be held to account to ensure that safe and effective vaccines are fairly allocated within countries, irrespective of gender, income, location, nationality, ethnicity, disability, legal status or documentation, among others, giving priority to the most vulnerable and at risk.

Crucially, these efforts must be extended to society’s most vulnerable populations, who have often been the worst affected by the virus’ health and financial impacts. Groups experiencing greater burdens from the COVID-19 pandemic, particularly the most deprived and marginalized populations, should be prioritized. These include, but are not limited to, people living in conflict zones or poverty; persons deprived of liberty, persecuted ethnic, racial, gender, and religious groups; and sexual minorities.

Governments also have a duty to include all population groups in their country in vaccination rollouts, including refugees, asylum seekers, the internally displaced and stateless, regardless of legal status or documentation. The Asia-Pacific region is home to 3.5 million refugees who often live in precarious conditions and overcrowded camps, where they are particularly vulnerable to outbreaks of diseases. Concurrently, these vulnerable groups also face a number of legal and practical barriers and discrimination when accessing health care.⁵

Recommendations:

Government health ministries, guided by a National Immunization Technical Advisory Groups (NITAGs), in partnership with other relevant government agencies and civil society, must:

⁴ Save the Children (2020). Because We Matter: Addressing COVID-19 and violence against girls in Asia-Pacific.

resourcecentre.savethechildren.net/library/because-we-matter-addressing-covid-19-and-violence-against-girls-asia-pacific

⁵ World Health Organization (2019). 10 Things to know about the health of refugees and migrants. <https://www.who.int/news-room/feature-stories/detail/10-things-to-know-about-the-health-of-refugees-and-migrants>

- Provide support for geographically isolated disadvantaged subnational governments that need assistance in the distribution and administration of the vaccines.
- Include the marginalized and vulnerable groups in vaccination plans: people living in poverty; with disabilities; indigenous communities; or in conflict zones. A failure to vaccinate these population groups with COVID-19 vaccines could undermine global and national efforts to end the pandemic in addition to having a potentially disproportionate impact on already vulnerable populations.
- Ensure that people on the move - including refugees, migrants and the internally displaced - are included in national vaccination programs. Address barriers that these population groups may face in safely accessing vaccination.

Implement gender-responsive COVID-19 vaccine distribution programs

A research by Plan International has shown how girls in Asia Pacific have suffered more severely from the pandemic as they faced unique threats. These include gender-based violence on and offline, barriers to accessing education and sexual reproductive health, including menstrual hygiene management.⁶ Moreover, with the shrinking labor markets, many young women remain unemployed and many young entrepreneurs have trouble finding resources and financing.⁷ Families more badly hit economically are more likely to expose girls to situations of child, early and forced marriage (CEFM) as a negative coping mechanism.⁸ A prolonged pandemic is predicted to continue to exacerbate and aggravate growing gender, social and economic inequalities, breakdown of families and will severely impact those most at risk.

The production of vaccines sparked hopes that the situation would improve but without equitable access, fair and transparent distribution, and gender-responsive plans, the setback to girls' and women's rights will only deepen, leaving girls further behind.

With 70% of health care workers globally being women⁹, it is important that they should not be disenfranchised in the vaccine distribution. They too can face violence and discrimination in performing their roles, which may be manifested in their access to the COVID-19 vaccines¹⁰. The safety and security of those delivering COVID-19 vaccines, especially women must therefore be of utmost priority.

Thus, pregnant and lactating frontline health workers should also be protected following safety studies, in order to protect their breastfed infant and young children. The breast milk contains antibodies that could potentially protect infant and young children from COVID-19,¹¹ and all the other threats to a child's health, growth, and development -- threats that are irreversible and will persist even beyond the pandemic when breastfeeding is skipped during the child's crucial years.

Recommendations:

Relevant in-charge agencies, policy makers, and other officials involved in COVID-19 vaccination programs in Asia-Pacific must:

- Ensure that female health workers, and women in general are equally regarded in receiving vaccines; and women and girls receive the right information about COVID-19 vaccines without delay.
- Invest in developing gender-sensitive health campaign materials highlighting the clear and reliable evidence about the safety and effectiveness of COVID-19 vaccines and its potential side effects on women and girls.

⁶ Plan International (2020). "Hear It from The Girls"

⁷ ibid

⁸ Plan International and Save the Children (2020). "Because We Matter: Addressing COVID-19 Violence against Girls in Asia Pacific"

⁹ WHO (2020). Women in the health workforce. <https://www.who.int/hrh/events/2018/women-in-health-workforce/en/>

¹⁰ George AS, McConville FE, de Vries S, Nigenda G, Sarfraz S, McIsaac M (2020). Violence against female health workers is tip of iceberg of gender power imbalances

¹¹ Anne Merewood, Lars Bode, Riccardo Davanzo, Rafael Perez-Escamilla (2021). Breastfeed or be vaccinated—an unreasonable default recommendation, The Lancet (Correspondence). DOI: [https://doi.org/10.1016/S0140-6736\(21\)00197-5](https://doi.org/10.1016/S0140-6736(21)00197-5)

- Ensure the protection of female health workers from gender-based violence in the performance of their roles.
- Include lactating and pregnant frontline health workers in the priority list, guided by a safety study.

Transparency and building public confidence in COVID-19 vaccines

Vaccine allocation decisions must be made in an evidence-based, transparent, and inclusive manner, taking gender into account, to enhance public trust and ensure that vaccines reach all who need it without discrimination.

Even before the pandemic, the World Health Organization identified vaccine hesitancy¹², or the refusal or delay in acceptance of vaccines despite its availability, as one of the threats to global health.¹³

A survey¹⁴ in December 2020 found a wide variance across the Asia-Pacific region when it came to willingness to receive a COVID-19 vaccine. Some 83% of Thais and 67% of Indians said they were willing to get a COVID-19 vaccine, while the figure in Singapore, the Philippines, Taiwan and Hong Kong was less than 50%.¹⁵ In Southeast Asia, there is an alarming high-level of mistrust in the COVID-19 vaccines in the Philippines, where cases are second highest in the subregion. A recent Pulse Asia survey reveals that almost half of Filipinos said that they do not want to be vaccinated, with doubts on safety as the major reason.¹⁶ This loss of vaccine confidence caused by fears over the Dengvaxia mass vaccination program for children has shown to have negative impacts on the uptake of routine vaccines recommended by the national immunization program.¹⁷

We call on governments to uphold the people's and children's human right to access information about vaccination plans. Governments must provide interactive information to dispel myths and scares about the vaccine. They should also come up with a clear, evidence-based, equitable, transparent plans of COVID-19 distribution and disclose these plans to the public through the most accessible communications platforms. The plans should include a clear timeline, priority groups who will receive the vaccine at a certain point, budget allocation and disbursements, coordination with subnational governments and private institutions, among others. They must ensure that commonly excluded groups, including women and girls, LGBTIQ+, people with disabilities, refugees, internally displaced people, migrants, ethnic minorities and stateless populations are included.

Recommendations:

Governments, in partnership with sub-national governments, academe, and civil-society, including those working with children and young people, media, community leaders, and faith-based organizations, must ensure transparency in all processes related to the planning, procurement, distribution, and monitoring of COVID-19 vaccines and:

- Share a scientific, systematic, and unbiased health technology assessment of the vaccines¹⁸ and inform the public about the process and the content of the vaccination plans. The general public must also be informed about the possible side effects of the vaccines on certain individuals based on existing studies, including pregnant women and adolescent girls.

¹² This is a phenomenon caused by various factors including lack of clear and reliable information and evidence about the effectiveness of the vaccine, massive misinformation, and previous experiences on the effectiveness of vaccines.

¹³ World Health Organization (n.d.). Ten threats to global health in 2019. <https://www.who.int/news-room/spotlight/ten-threats-to-global-health-in-2019>

¹⁴ You-Gov International Vaccine Attitudes (2020). <https://docs.cdn.yougov.com/4e9ls5v0js/YouGov%20-%20international%20COVID-19%20vaccine%20attitudes.pdf>

¹⁵ Gunia, A. (2021). Time Magazine. Asia Was a Model for How to Deal With COVID-19. Why Is It Lagging in Vaccine Rollouts? <https://time.com/5929657/asia-vaccine-rollouts-lagging/>

¹⁶ Roper G. (2020). Nearly half of Pinoys opt to skip COVID-19 vaccine: Pulse Asia. ABS-CBN News. <https://news.abs-cbn.com/news/01/07/21/nearly-half-of-pinoys-opt-to-skip-covid-19-vaccine-pulse-asia>

¹⁷ De Figueiredo A., Simas, C., Karafillakis, E., Paterson P., Larson H. (2020). Mapping global trends in vaccine confidence and investigating barriers to vaccine uptake: a large-scale retrospective temporal modelling study. The Lancet. [https://doi.org/10.1016/S0140-6736\(20\)31558-0](https://doi.org/10.1016/S0140-6736(20)31558-0)

¹⁸ Here is an example of a health technology assessment that is accessible in a website: <https://hta.doh.gov.ph/health-technology-assessment-council-htac/>

- Present information campaigns that are evidence-based, inclusive, child-friendly, and gender-and culturally-sensitive. The formats and languages should be easily understood by the public, including children of different ages, maturity, gender, and language. Appropriate communication channels for each segment of the target population should be selected and used. These channels must also ensure that even communities in remote areas receive the information about the vaccines and are engaged in dialogue to respond to their concerns. Holding of press conferences designed for children and young people can also be considered once the studies on the vaccines for adolescents become available.
- Use all available data such as the Interagency social listening and community feedback reports and the Global Dashboards of KAP (knowledge, attitude, and practice) around COVID-19. The results of rapid national and subnational assessments on COVID-19 vaccination hesitancy should be immediately used to better understand community perceptions, address social and behavioral determinants affecting immunization uptake, and inform vaccination campaigns.
- Mobilize and increase support for community health workers in the urban and rural areas to provide credible information on vaccines. There are good practices and innovations to follow suit, such as the creation of modules with videos¹⁹ and the use of mobile phones to enable health workers in most remote areas to access vital voice message training on COVID-19.²⁰ Health workers remain the most trusted advisors and influencers of vaccination decisions, and they, as well as other relevant channels, must be supported to provide trustworthy information with communities.²¹

Signed,

Joining Forces
Child Rights Coalition Asia

Joining Forces is an alliance of the six largest child- focused international NGOs: ChildFund Alliance, Plan International, Save the Children International, SOS Children's Villages International, Terre des Hommes International Federation, and World Vision International.

www.child-rights-now.org | www.childfund.org | www.plan-international.org | www.savethechildren.net
www.soschildrensvillages.org | www.terredeshommes.org | www.wvi.org

Child Rights Coalition Asia (CRC Asia) is a network of child rights organizations working together to be a strong voice for child rights in the region by leading in strengthening child rights movements, promoting innovative programs, and advocating better policies for and with the children.

www.crcasia.org

¹⁹ For example, the Philippine Department of Health has developed modules and IECs with complete videos.

²⁰ World Vision accomplishes this via the mobile online training (MOTS) platform, which aims to strengthen the instruction provided to community health workers and make training more effective and accessible, even to those with limited literacy, by providing interactive modules with training on vaccines and emergency response practices to community health workers via an interactive voice response system that delivers audio files in local languages to remote workers' mobile phones. They can listen to the training materials on their own time, giving them greater flexibility with their learning while reducing the cost and infection risk (compared to in-person training sessions).

²¹ World Health Organization's Ten Threats to Global Health in 2019: <https://www.who.int/news-room/spotlight/ten-threats-to-global-health-in-2019>