













Immunization in Fragile Contexts: Addressing Challenges and Exploring Opportunities in HPV

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IRC Works In More Than 40 Crisis Affected Countries, US States & Europe

2023 ACHIEVEMENTS IN NUMBERS



30+
countries



3,282 health facilities supported



23.8 million people with access

to health services



10.7 million outpatient consultations



578,963 children <5 treated for malnutrition



353,000 children < 1 received third dose of DTP



16,295 healthcare workers deployed



332,496
clients started
modern contraceptive
methods



2.8 million people served by water supply



1.5 million consultations for children < 5



53% of the healthcare workers are female



yomen received abortion care

International Rescue Committee (IRC)

The IRC: Delivering Lifesaving Impact - Our Mission

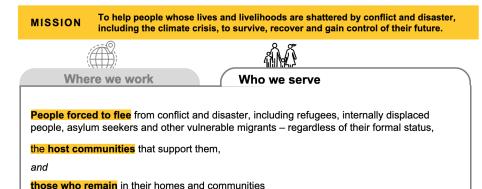
 Founded in 1933, the IRC helps people whose lives and livelihoods are shattered by conflict and disaster to survive, recover, and regain control of their future.

Our Approach

- Providing health care to crisis-affected communities.
- Helping children learn and thrive
- Empowering individuals and communities toward self-reliance.
- Prioritizing the unique needs of women and girls in all interventions.

Global Reach & Health Impact

- Operating in 40+ countries, delivering humanitarian aid and development programs.
- Supporting refugees, internally displaced persons (IDPs), and host communities in crisis-affected regions.
- PResettlement, asylum, and integration services in the U.S. and Europe.
- P Health programs make up over 50% of IRC's work in 33+ countries.



The **growing climate crisis** demands our attention and explicit mention in our mission. We will implement climate programming and reduce our carbon footprint.

The Growing Humanitarian Need

- 305 million people need humanitarian aid.
- 82% (242 million) live in IRC's 20 Watchlist countries, including:
 Sudan | Myanmar | Syria | DRC | occupied Palestinian Territory | Chad.
- A record 120 million people are fleeing conflict and disaster.
 123 million forcibly displaced worldwide.
- 256 million people face severe food insecurity.
- Funding & Donors: Backed by donor governments, foundations, individuals, and corporate partners, ensuring sustainable impact.



The Emergency Watchlist report is the International Rescue Committee's (IRC) assessment of the 20 countries at greatest risk of new or worsening humanitarian emergencies each year. The report is based on an analytically rigorous process that deploys 74 quantitative and qualitative variables, as well as qualitative insights from the IRC's experience of working in more than 40 countries, to identify which countries to include on the list and where to rank them.

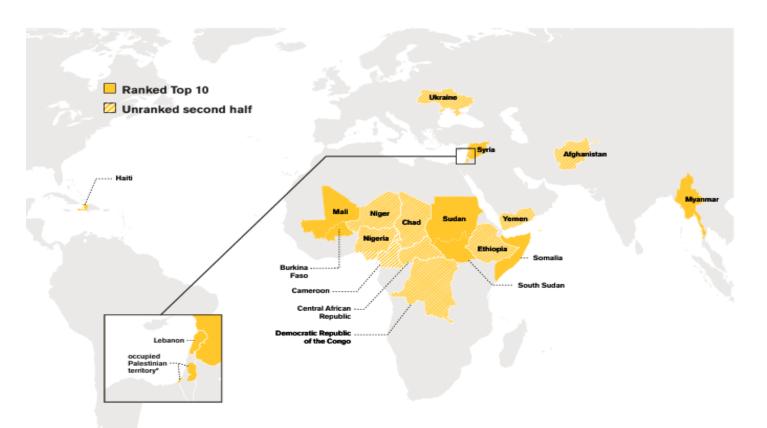
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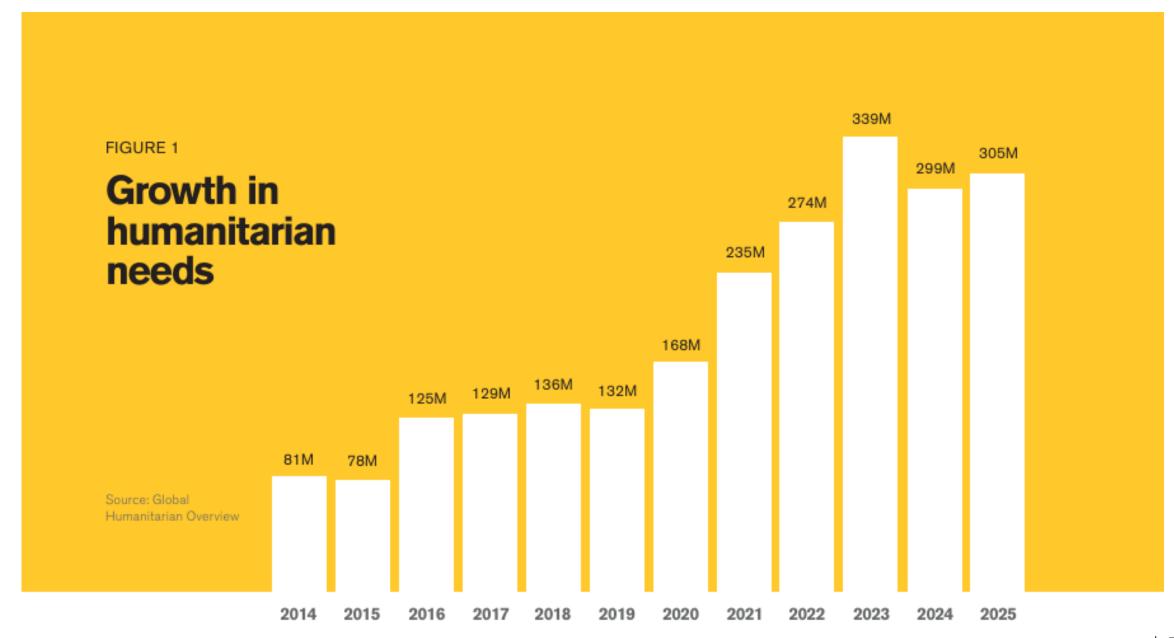
Ranked top 10

- Sudan
- occupied Palestinian territory
- 3. Myanmar
- Syria.
- 5. South Sudan
- 6. Lebanon
- 7. Burkina Faso
- Haiti
- 9. Mali
- Somalia

Unranked second half

- Afghanistan
- Cameroon
- Central African Republic
- Chad
- Democratic Republic of the Congo
- Ethiopia
- Niger
- Nigeria
- Ukraine
- Yemen





The Growing Humanitarian Need

Comprehensive & Integrated Health Services

- ✓ Addressing immediate crises & long-term health challenges for vulnerable populations.
 - ✓ Prioritizing integrated primary care, nutrition, and environmental health across six pillars: Nutrition, Immunization, Contraception, Infectious Disease Control, Primary Health Care, Clean Water & Sanitation

Scaling Vaccination in Humanitarian Contexts

- Closing the immunization gap for children & adults affected by conflict & disaster.
- ✓ Proven scalability through the Gavi-funded REACH Consortium Ethiopia | Somalia | South Sudan | Sudan | Chad | Nigeria through global and local partners.
- * 8 million vaccine doses delivered as of November 2024. Expanding HPV Vaccination & Cervical Cancer Screening
- ✓ HPV vaccination is supported in Kenya, Uganda, Tanzania, Bangladesh, Thailand, Libya, Burkina Faso, and Sierra Leone.
 - ✓ In Partnership with: Ministries of Health (MoH); Multilateral donors; Private funding sources

Advancing Women's & Girls' Health in Crises

- IRC ensures that women and girls survive crises and regain control of their lives through simple, costeffective, and proven solutions:
- Reduce unintended pregnancies & unsafe abortions
- Improve maternal health outcomes
- Strengthen immunization coverage & vaccine access
- Prevent & Address gender-based violence, HIV, HPV & STIs
- Our Impact
- **10.7M** outpatient consultations in 30 countries (33% increase in 2023)
 - Strengthening health systems through direct services, partnerships & advocacy
- The Urgent Need
- 72M women & adolescent girls need humanitarian aid
 - **450M** women & girls live in fragile settings
 - **Disruptions** in PHC services → reduced access to SRH care, immunizations & screenings
- Humanitarian Realities (2024 Appeals)
- 13% of the global population affected
 - 58% of maternal deaths occur in crises
 - 37% of newborn deaths & 36% of stillbirths
 - 25% of women lack access to family planning
- Adolescents need comprehensive health services to secure their futures



Integrated Health Approaches: Expanding Access to Life-Saving Health Services

- Sexual & Reproductive Health (SRH) and Contraception
- In 2023, IRC and partners enabled 332,496 people, including 55,000 adolescent girls, to access modern contraception.
 - Adolescent engagement in SRH program design has enhanced facility readiness & client experiences in Nigeria, South Sudan, DRC, and Chad.
 - The IRC's Airbel Impact Lab drives innovation, self-care models & policy advocacy to expand global SRH access.



- Routine Immunization
- Conflict-affected and remote communities are often missed by national immunization programs.
 - Through the Reaching Every Child in Humanitarian Settings (REACH) initiative, funded by Gavi, IRC has administered 2 million vaccine doses to children in:
 - 📍 Ethiopia | Somalia | South Sudan | Sudan
- Non-Communicable Diseases (NCDs) in Crisis Settings
- \$ NCDs like cervical cancer and diabetes are often deprioritized in humanitarian settings.
 - In 2023, IRC provided 1+ million NCD outpatient consultations, integrating screening, treatment, and prevention into Primary Health Care (PHC) programs.
 - Cervical cancer is the 4th most common cancer in women, with the highest burden in Africa and Asia—highlighting the urgent need for expanded prevention and treatment efforts.



HPV Vaccination & Cervical Cancer Prevention in Humanitarian Settings

Our Reach & Impact

- ✓ HPV Vaccination: Kenya, Uganda, Bangladesh, Thailand, Tanzania, Sierra Leone, Libya, Burkina Faso, Chad
- ✓ **Target pop:** 10-19 Refugee, migrants, host community, Internally Displaced Persons, and Hard-to-Reach Persons (e.g. Turkana).
- ✓ Partnerships: Collaborating with MoH & EPI partners to obtain and track doses, report data, and deliver services via static & mobile outreach.
- ✓ Vaccine Use: Gardasil (quadrivalent) & Cervarix (bivalent); dosing varies by country (1-2 doses).

Challenges in Humanitarian Settings

- **Healthcare Disruptions:** Conflict, displacement, natural disasters damaging facilities.
- Limited Funding: Unpredictable resources affecting program sustainability.
- **Cultural & Awareness Barriers:** Misinformation, stigma, and vaccine hesitancy.
- Access Barriers: Mobility, security constraints, distance, and healthcare worker shortages.
- **Supply Chain Issues:** Vaccine stock-outs, cold-chain storage limitations.



HPV Vaccination in Humanitarian & Fragile Settings

- Access Gaps: In conflict-affected and displaced communities, HPV vaccine access is low due to health system disruptions, lack of awareness, and cultural barriers.
- Refugee & IDP Impact: Girls in refugee camps and conflict zones have limited access to routine immunization, SRH services, and cancer screening.
- HPV Vaccine Challenges:
 - Cold chain and logistics in fragile settings
 - Misinformation and vaccine hesitancy
 - High dropout rates for the second dose
 - Lack of integration with other adolescent health services
- Potential Solutions: Community-based interventions, outreach vaccination, and integration with SRHR and adolescent health programs.



Spotlight: HPV Vaccination in Kenya & Thailand

Expanding HPV Vaccination in LMICs

- HPV causes 95% of cervical cancer cases, yet prevention efforts remain limited in low- and middle-income countries (LMICs).
- The IRC is addressing this gap by providing HPV vaccinations to adolescent girls in Kenya, Uganda, Tanzania, and Thailand:

Kenya (Kakuma Refugee Camp)

- 2023: Vaccine misinformation halted HPV immunization efforts.
- The IRC led community engagement to rebuild trust.
- 2024: 4,254 girls received dose one, 2,472 received dose two (57% coverage for girls aged 9-14).
- Pangladesh 2024: 7,942 girls (10-14 years) vaccinated via Health Cluster efforts.

Thailand (Tham Hin Refugee Camp)

- 2023: 3,146 girls (9-14 years) vaccinated.
- Our Approach Vaccinations delivered through health facilities, schools & outreach campaigns near cold chain storage sites. Advocating for a single-dose HPV vaccine strategy to improve coverage & adherence.
- IRC's Commitment to Adolescent Health:
 - HPV vaccination integrated with SRHR in camp settings across Kenya, Uganda, Tanzania, and Thailand.
 - Community engagement to address vaccine hesitancy.
 - Support for national HPV programs to ensure refugee and displaced girls are included.



Cervical Cancer Screening

Cervical cancer screening is an integrated service with SRH & family planning services in Uganda, Thailand, Libya, Lebanon, Kenya, Ecuador, and Burkina Faso, in partnership with MOH, UNHCR & Project Hands (Philanthropy). Screening methods include visual inspection with acetic acid (VIA) and Pap smears (Uganda), with referrals provided for treatment of positive cases, targeting the reproductive age group.

Challenges:

- ✓ Economic barriers to programs and clients to offer screening, supply chain & attrition challenges due to lack of screening and treat
- ✓ Healthcare Human Resource: Workload for healthcare workers, capacity/skills and lower on the priority scale.
- ✓ Cultural and Social: Low literacy levels in clients, fear of pain, misconceptions (fertility scare & promiscuity perceptions), movement of populations, and follow-up

Scaling Cervical Cancer Prevention & Treatment

- + HPV Vaccination & Integration
 - Support Ministries of Health to integrate HPV vaccination with other preventive measures.
 - * Strengthen partnerships with national immunization programs (e.g., Libya) to ensure equal access for host communities & migrants.
- Screening, Detection & Treatment
 - Invest in effective screening, early detection, and treatment of precancerous cervical lesions (PCLs) and early-stage cervical cancer (Sierra Leone).
 - Partner with Project HANDS & professional volunteers for sustainable screening in low-resource settings.
 - ➡ Enhance community awareness to increase early detection & care-seeking behavior.
- Essential Equipment & Infrastructure
 - Provide critical cervical cancer treatment equipment, including:
 - ✓ Telecobalt Unit (Cobalt-60) & Linear Accelerator
 - ✓ Modern imaging (MRI, PET, CT scanners) to improve diagnosis & treatment planning.
- HPV Vaccine Sustainability
 - Identify external funding opportunities to secure continuous HPV vaccine supply (Thailand).



HPV Vaccination & Cervical Cancer Prevention in Humanitarian Settings

Leveraging IRC's Strengths for HPV & Cervical Cancer Prevention

- ✓ Integrated Approach Link SRH, family planning, and HIV clinics with cancer screening for holistic care.
- ✓ Adaptive Service Delivery Support mobile & static outreach models to expand access.
- ✓ Strong MoH Partnerships Ensure national alignment & sustainable reporting.
- ✓ Community Mobilization Engage schools & PHC clinics to boost awareness & uptake.

Strengthening HPV Vaccination & Cervical Cancer Screening

- Dispelling Myths & Misinformation
- Improve public awareness to enhance HPV vaccine & screening acceptance.
- Sustaining HPV Vaccination
- **Secure** external funding to ensure a continuous vaccine supply, reducing reliance on government support.
- Expanding Cervical Cancer Screening
- Partner with Project HANDS & professional volunteers to establish sustainable screening programs in low-resource settings.
- Substitution of the control of the c



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IRC's HPV approach

Looking ahead, the IRC aims to:

- Expand cervical cancer programming: Prevention, diagnosis, and treatment. Integrate services: SRH, NCD management, and immunization.
- **Collaboration:** Work with MoH on HPV vaccination strategies for adolescent girls.
- Expanding IRC's HPV vaccination programs to more crisis-affected settings by advocacy for inclusion of displaced populations in national HPV vaccine programs
- Work with humanitarian and local partners to deliver vaccination, drawing on lessons from REACH – GAVI ZIP.
- Increase access: Use low-cost detection and treatment methods.
- Task shifting: Deliver services in primary health care centers in fragile and humanitarian settings.
- Strengthen social protection: Link immunization and health services with cash-based assistance and other social protection programs to improve health outcomes for vulnerable populations.



Demand Generation: Human Centered Design work



TDA: Focus Group Discussion with Female Caregivers in Somalia



A co-creation & ideation workshop in Somalia



An ideation workshop in South Sudan



TDA: Focus Group Discussion with males in Somalia Somalia



Testing a HCD prototypes in Somalia

- TDA Transitional Design Artifacts
- Demand/ supply side barrier analysis
- Ideation, prototyping, CE











Differentiated vaccination service delivery strategies: Last mile supply chain and logistics

- Strategy:
 - Outreach
 - Fixed
 - Mobile
 - Hit & Run
- Capacity building
- Differentiated demand creation
- Capacity building
- Last mile supply support
- Monitoring



Outreach team in Sudan



Using a traditional canoe to deliver vaccines across a river, Ethiopia



Outreach team in Somalia



Delivering Arktek, Ethiopia



Outreach at a cattle camp in South Sudan



Installing solar panels, Ethiopia

Integration: ECD, Nutrition and the Ahlan Simsim Initiative



Family Resources

Our Work

About Us

Support Us

Ahlan Simsim Initiative

Bringing vital early education to children affected by conflict and crisis in the Syrian response region.



Ahlan Simsim is a transformational program from Sesame Workshop and the International Rescue Committee that integrates direct services for families affected by conflict and crisis with engaging educational media.

Ahlan Simsim is reaching children wherever they are — from classrooms, to health clinics and learning centers, to TVs and mobile devices.

The single largest early childhood intervention in the history of humanitarian response, Ahlan Simsim has reached over a million children through direct services in Iraq, Jordan, Lebanon and Syria and 23 million children through Ahlan Simsim, the award-winning locally produced Arabic-language version of *Sesame Street* airing across the Middle Fast and North Africa.

Made possible by a landmark \$100 million grant from the MacArthur Foundation and additional support from the LEGO Foundation, Ahlan Simsim is transforming the way children are served in conflict and crisis.

https://www.rescue.org/ahlansimsim

Going forward

- The IRC is committed to **expanding cervical cancer prevention**, **diagnosis**, **and treatment** as part of **integrated PHC**. We aim to:
- Support ministries of health (MoH) in implementing HPV vaccination strategies for adolescent girls.
- Increase access to low-cost detection and treatment options.
- Task-shift services to primary health care centers in fragile and humanitarian settings.





Surveillance, Training, RCCE

- Support health facility and community-based surveillance by ensuring relevant case definitions are available at all levels to improve early detection and reporting of mpox cases.
- Provide training and resources to staff and health workers to enhance their understanding of mpox transmission, reduce stigma, and improve recognition of often-misdiagnosed symptoms, enabling more accurate diagnosis and treatment.
- Tailor community messaging to improve understanding of mpox transmission, reduce stigma and denial, and encourage early symptomatic treatment when necessary.

Risk Communication and Community Engagement (RCCE):

- Engage communities and influencers to foster trust, combat misinformation, and ensure culturally sensitive communication.
- Increase awareness in humanitarian settings, emphasizing the importance of early reporting and vaccination to prevent outbreaks.

The Global Burden of HPV

Prevalence:

- Approximately 12% of women worldwide have detectable cervical HPV infections, with higher rates in sub-Saharan Africa (24%), Eastern Europe (21%), and Latin America (16%).
- About 31% of men globally are infected with genital HPV, with 21% carrying highrisk strains.

Associated Cancers:

- HPV is responsible for an estimated 620,000 new cancer cases in women and 70,000 in men annually.
- Cervical cancer is the fourth leading cause of cancer and cancer-related deaths among women, with approximately 660,000 new cases and 350,000 deaths worldwide in 2022.

IRC's Health Impact in Crisis-Affected Communities



IRC's HPV Vaccination Approach

- IRC's Commitment to Adolescent Health:
 - HPV vaccination integrated with SRHR in camp settings across Kenya, Uganda, Tanzania, and Thailand.
 - Community engagement to address vaccine hesitancy.
 - Support for national HPV programs to ensure refugee and displaced girls are included.
- Key Results in Thailand (Tham Hin Refugee Camp):
 - 5.028 doses of HPV vaccine secured.
 - 3,146 adolescent girls (9–14 years) vaccinated with their first dose.
 - Health education sessions delivered to increase awareness.
- Scaling HPV vaccination to more humanitarian settings through partnerships and outreach programs.

