



KEY MESSAGES AND ADVOCACY POINTS ON COVID-19 VACCINATION PLANS

July 2021

“I feel very well. All people should receive the vaccine as I did.”

Elderly Syrian among first refugees in Greece to receive COVID-19 vaccine, February, 2021

Summary: The IBC LMPDR calls for the inclusion of refugees, asylum-seekers, internally displaced persons (IDPs), stateless people and migrants (hereafter refugees and migrants) in COVID-19 National Deployment and Vaccination Plans prepared by national authorities regardless of legal status and on par with nationals, without fear or risk of deportation, immigration detention or other penalties as result of their legal status. The IBC LMPDR supports a collaborative and transparent prioritization process.¹

1 Access to vaccination is part of the human right to health. Equity and the availability of and access to vaccines, medicines, health technologies and therapies are an essential dimension of the right to health, which engages the immediate responsibility of States.²

2 Access to vaccination for all is part of the 2030 Agenda for Sustainable Development and Immunization Agenda 2030.³ Ensuring healthy lives and promoting well-being at all ages was acknowledged as essential to sustainable development. Leaving no one behind as the overarching principle, Sustainable Development Goal 3 aims at achieving universal health coverage, including access to quality essential health-care services and access to safe, effective, quality, and affordable essential medicines and vaccines for all.

3 Vaccination should be allocated in line with the equal respect principle, requiring that the interests of all individuals and groups, including refugees and migrants, are treated with equal consideration. While the supply of vaccine is limited, countries will set up prioritization plans which should consider the vulnerabilities, risks, and needs of groups who, because of underlying societal, geographic, or biomedical factors, are at risk of experiencing greater burdens from the COVID-19 pandemic. Such groups include refugees, IDPs, asylum-seekers, populations in conflict setting or those affected by humanitarian emergencies, low-income migrant workers, and vulnerable migrants in irregular situations.⁴

4 No one is safe until everybody is safe. As the virus does not discriminate, responses cannot leave any one behind, including refugees and migrants. The benefits of the currently approved vaccines by WHO should reach all populations irrespective of nationality, legal status, location, or income-level. The inclusion of refugees and migrants is also key to social cohesion and stability. Reports of xenophobia, racism and discrimination against refugees and migrants have increased during the pandemic.⁵ Exclusion from national vaccine programmes would not only pose a health risk to the society as a whole, but it could also lead to further marginalization and exclusion of refugees and migrants from other essential services.

5 Firewalls should be established to separate immigration enforcement activities from the delivery of health and other essential services. Without such assurance, persons seeking vaccination may fear to get arrested and penalized by immigration services.

6 Inclusive communication and information campaigns are a crucial part of any vaccination strategy to counter vaccine misinformation and hesitancy. Refugees and migrants often lack access to information crucial to their safety and rights due to language barriers or lack of reputable signposting services.

Immunization decisions could be influenced by a number of factors including language and cultural barriers, poor understanding of the national health system and personal beliefs. All populations should have access to accurate, up-to-date, and multilingual information on the importance of the vaccine, national vaccination plans, avenues to access services and other relevant information during the vaccination procedure. Targeted outreach to specific groups, taking into consideration age, gender, disability, and other factors, is also essential. Such information campaigns should make clear that firewalls between health information systems and immigration authorities have been established and persons seeking vaccination will not be penalized or targeted by immigration services.

7 Inclusivity requires removing barriers. Refugees and migrants may not have the relevant and/or up-to-date documentation, or, in some cases, including for stateless people, any documentation, required to register for vaccination. Some countries have widened the criteria for documentation, accepting any document showing the identity of the person seeking vaccination. In others, an oral declaration is accepted in the absence of documentation. Online registration systems can also lead to the exclusion of refugees and migrants who may lack digital literacy skills or access to internet. Alternatives of face-to-face interactions should be considered to address such challenges, as feasible.

8 Civil society actors, National Human Rights Institutions and refugee and migrant communities are well-placed to support COVID-19 vaccination plans. They may be able to support the mapping of formal and informal settlements, including those hosting refugees and migrants with the view to help identify those to be prioritized for the vaccine. They may also assist with vaccine delivery and counter misinformation in locations where they are trusted by the local population.

II. RECOMMENDATIONS TO RESIDENT COORDINATORS AND UN COUNTRY TEAMS

Support governments and health authorities to ensure COVID-19 vaccination plans and rollouts include refugees and migrants: UN entities and partners should support government-led vaccination programmes where possible, not implement parallel ones. It is the responsibility of governments to decide on prioritization; however, the UN system could support host governments in the following ways:

- support the development of vaccination rollout plans and their implementation, notably by advocating for inclusive plans and providing relevant key data on refugees and migrants (e.g., demographics, including age break downs and estimates of those with underlying conditions, and geographic locations), adhering to data protection principles;⁶
- assist COVID-19 preparedness and response interventions, through critical health, sanitation, hygiene and logistical support;
- bolster awareness raising efforts on the importance of vaccination and means to access it, while countering misinformation;
- encourage Governments to be aware of barriers refugees and migrants might face in accessing vaccines and work in partnership with civil society actors, National Human Rights Institutions, refugee and migrant communities and other relevant stakeholders.

Map government capacities: For effective support and targeted advocacy efforts, Resident Coordinators (RCs) and UN Country Teams (UNCTs) should engage with key stakeholders (e.g., government officials, WHO, the Health Cluster) and monitor media sources to stay abreast of the availability of vaccines, national distribution capacities, and progression of the phased roll-out. Such information is key to inform both advocacy and possible programmatic interventions in support to the national response.

Use public and private advocacy: A combination of private advocacy with decision-makers (e.g., ministries of Health and RCs) and public advocacy efforts (e.g., positive narratives about the vaccine, importance of including refugees and migrants in vaccination plans on social media and media outlets) would help ensure accessible, accurate and up-to-date information on and access to vaccines are available to all.

Support evidence-based approaches: To inform evidence-based vaccination prioritization and planning by the national authorities, comprehensive demographic data inclusive of refugees and migrants should be compiled and shared using the resources of UNCT mem-

bers and partners, adhering to the right to privacy and data protection principles.

Ensure coordination among UNCT members and other key stakeholders: Cooperation is essential for greater efficiency and efficacy. Collaboration within the UN avoids the risk of competing efforts following each UN agency's mandate (for children, for refugees, for women, for migrants, etc.) and ensures a unified UN voice. Other key stakeholders may include Gavi (The Vaccine Alliance), humanitarian coordination mechanisms, COVID-19 task forces, national and local health authorities, NGOs, and civil society organizations.

Promote inclusive communication and consultation: RCs and UNCTs should promote the use by Governments of multilingual, culturally sensitive, gender-sensitive and child-friendly information campaigns so that refugees and migrants are fully aware of national plans and understand how they can access vaccination services. In parallel, RCs and UNCTs should continue working with civil society actors, National Human Rights Institutions, refugee and migrant communities, and other relevant stakeholders to implement appropriate outreach measures.

Help combat xenophobia, racism, and discrimination: Advocacy efforts should be fact-based and transparent to limit the likelihood of xenophobia, racism and resentment stemming from perceived favoritism of refugees and migrants. It should be made clear that no one will be safe until everyone is safe and migrant and refugee inclusion is imperative for public health and sustainable socioeconomic recovery. Importantly, doctors, nurses, social workers, and other frontline professionals should be included as a key target group of such advocacy and further training interventions to increase their knowledge about the needs of refugees and migrants, including understanding countries of origin, specific risk factors, and cultural and linguistic barriers.

Disseminate promising practices: Positive practices inclusive of migrants and refugees should be shared with government counterparts to support policy decisions and implementation of inclusive vaccination campaigns and rollout.

Ensure a continuous analysis of categories left behind or at risk to be: An ongoing analysis of categories of people that may have been left behind in the vaccination rollout should be provided to the Government to advocate for their inclusion.

III. BACKGROUND INFORMATION

- The Europe and Central Asia (ECA) region hosts 100.8 million (35,9 percent) of the world's 280.6 million international migrants.⁷ The proportion of migrants relative to the overall population in the ECA region (10.8 percent) is more than three times the world's average (3.6 percent).⁸
- The ECA region also hosts 6.7 million refugees, 1.1 asylum-seekers, 2 million internally displaced people (IDPs) and 622,000 stateless persons, including non-displaced and displaced stateless persons.⁹
- As of 30 June, over 56 million cases of COVID-19 and 1.1 million deaths have been reported across Europe.¹⁰
- Refugees and migrants may face increased vulnerabilities and are disproportionately impacted by the pandemic. This may be due to discrimination due to their migration status, increased risk of trafficking and smuggling, crowded living conditions, participation in unregulated manual labour which does not allow for physical distancing, limited access to essential services (health, housing, water, sanitation, nutrition), lack of firewalls between service providers and immigration enforcement authorities, lack of reliable information, language and cultural barriers, social exclusion, xenophobia and racism. Additionally, mobility restrictions imposed in response to the pandemic have led to a significant drop in migrant remittances, affecting the livelihoods of millions of migrants and their family members around the world.¹¹
- Despite their vulnerabilities, the pandemic has highlighted the contribution refugees and migrants make to the economy and society. Many are essential workers in health, vaccine development, transportation, and food supply chains. Others have produced Personal Protective Equipment (PPE) and soap, disseminated multilingual, up-to-date, and accurate information on the virus or provided mental health and psychosocial support.¹²
- In the European Union and elsewhere, many countries have stated their intention to include migrants, including those in irregular situations, in vaccine rollouts.¹³ As of 21 June 2021, UNHCR confirms that 39 out of the 40 European countries have either explicitly included refugees in their vaccination plans or provided country level assurances that they will be included. When it comes to asylum-seekers, 24 out of 25 European countries have either explicitly included them or provided country level assurances that they will do so.¹⁴ However, many migrants, in particular those in irregular situations, continue to face a high number of administrative, financial, geographic, social, and cultural obstacles in accessing health care in general, including vaccines. As of mid-July, IOM estimates that in South-Eastern Europe, Eastern Europe and Central Asia migrants in irregular situations effectively have access to the vaccination in only 5 out of 20 countries and territories in the region.¹⁵ Beyond vaccination strategies, actual immunization remains a challenge in many parts of the world, largely due to the unequal availability of vaccines and the capacity of health systems.

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1. Multi-stakeholder resource

COVID-19 Tools Accelerator

Gavi is co-leading COVAX, the vaccines pillar of the Access to COVID-19 Tools Accelerator. This involves coordinating the COVAX Facility, a global risk-sharing mechanism for pooled procurement and equitable distribution of eventual COVID-19 vaccines.

- WHO SAGE Roadmap for prioritizing uses of COVID-19 vaccines in the context of limited supply, 13 November 2020 ([link](#))
- Gavi, No “us versus them”: why equitable inclusion of all migrants in COVID-19 vaccine plans is essential, 18 March 2021 ([link](#))

Economic and Social Council

- Economic and Social Council, A Vaccine for All: Special high-level meeting, 16 April 2021 ([link](#))

IASC

- IASC, Newsletter: Advocacy for COVID-19 vaccination for the most vulnerable, January 2021 ([link](#))

IOM and UNHCR Joint Statement

- IOM and UNHCR, IOM and UNHCR Chiefs Stress that COVID-19 Underlines the Urgent Need for Universal Health Coverage, 11 December 2020 ([link](#))

United Nations

- UN Secretary-General, Policy Brief: COVID-19 and People on the Move, June 2020 ([link](#))
- UN Security Council Resolution 2565 (2021) adopted on 26 February 2021 calling for COVID-19 national vaccination plans to include those at a higher risk of developing severe COVID-19 symptoms and the most vulnerable, including frontline workers, older people, refugees, IDPs, stateless people, indigenous people, migrants, persons with disabilities, detained persons, as well as people living in areas under the control of any non-state armed group ([link](#))
- #OnlyTogether campaign supporting the United Nations’ call for fair and equitable access to COVID-19 vaccines around the world ([link](#))

United Nations Network on Migration

- UNNM COVID-19 Main Page ([link](#))
- UNNM, Stronger Together: Including Migrants in the COVID-19 Response and Recovery, 18 December 2020 ([link](#))
- UNNM, Striving for Equitable Access to COVID-19 Vaccines to Leave No Migrant Behind, 2 March 2021 ([link](#))

Ad-hoc

- Joint Statement on the Impact of COVID-19 on Migrants by 103 signatories, 15 June 2020 ([link](#))
- OHCHR, CMW, SR Migrants and regional human rights experts, Joint Guidance Note on Equitable Access to COVID-19 Vaccines for All Migrants, 8 March 2021 ([link](#))
- UNHCR, UNICEF, WHO and other key stakeholders, Statement: No-one is safe until everyone is safe—why we need a global response to COVID-19, 24 May 2021 ([link](#))

2. Individual resources

IOM

- IOM COVID-19 Page ([link](#))
- IOM COVID-19 Snapshots ([link](#))
- IOM, Gavi and IOM Join Forces to Improve Immunization Coverage for Migrants, 24 November 2020 ([link](#))
- IOM, To be effective, COVID-19 vaccination plans must include migrants, 18 December 2020 ([link](#))
- IOM, IOM Director General calls for migrants to be included in COVID-19 vaccination plans (video), 1 February 2021 ([link](#))
- IOM, Striving for Equitable Access to COVID-19 Vaccines to Leave No Migrant Behind, 3 March 2021 ([link](#))
- IOM, Vaccine Equity for Migrants (video), 6 April 2021 (links in [English](#) and [Russian](#))

Migration Data Portal

- Migration and COVID-19 Data Portal ([link](#))

OHCHR

- OHCHR COVID-19 and its human rights dimension website ([link](#))
- OHCHR, Guidance on COVID-19 and the Human Rights of Migrants, 7 April 2020 ([link](#))
- UN Human Rights Experts, Universal access to vaccines is essential for prevention and containment of COVID-19 around the world, 9 November 2020 ([link](#))
- OHCHR, Guidance on Human Rights and Access to COVID-19 vaccines, 17 December 2020 ([link](#))
- OHCHR, Report on the Central role of the State in responding to pandemics and other health emergencies, and the socioeconomic consequences thereof, in advancing sustainable development and the realization of all human rights, 14 May 2021 ([link](#))

UNDESA

- UN COVID-19 data hub ([link](#))

UNHCR

- UNHCR, Q&A: Including refugees in the vaccine roll-out is key to ending the pandemic, 14 January 2021 ([link](#))
- UNHCR, Serbia vaccinates refugees against COVID-19, 30 March 2021 ([link](#))
- UNHCR, UNHCR calls for equitable access to COVID-19 vaccines for refugees, 7 April 2021 ([link](#))
- UNHCR, The Impact of COVID-19 on Stateless Populations: Policy recommendations and good practices on vaccine access and civil registration, 3 June 2021 ([link](#))
- UNHCR, UNHCR calls on states to remove barriers to access to COVID-19 vaccines for refugees, 24 June 2021 ([link](#))

Endnotes

1 The Issue-Based Coalition on Large Movements of People, Displacement and Resilience (IBC LMPDR) seeks to pull together UN system-wide expertise and facilitate improved cooperation between UN entities to respond to forced-displacement, migration, statelessness and resilience in Europe and Central Asia. It was set up by the regional UN system of the UN Economic Commission for Europe (UNECE) covering a total of 56 Member States. Since 2020, the regional United Nations Network on Migration is embedded within the IBC LMPDR.

2 OHCHR, Guidance on Human Rights and Access to COVID-19 vaccines, 17 December 2020, https://www.ohchr.org/Documents/Events/COVID-19_AccessVaccines_Guidance.pdf

3 Immunization Agenda 2030: A Global Strategy to Leave No One Behind, <https://www.immunizationagenda2030.org/>

4 Strategic Advisory Group of Experts on Immunization (SAGE), <https://www.who.int/groups/strategic-advisory-group-of-experts-on-immunization/>

5 For instance, see: IOM, COVID-19 Analytical Snapshot #33: Combating xenophobia and racism, 8 May 2020, https://www.iom.int/sites/default/files/documents/covid-19_analytical_snapshot_33_combating_xenophobia.pdf

6 Insufficient data protection could contribute to fear of registration and deportation. Effective firewalls between health information systems and immigration authorities should be put in place.

7 For the sake of calculating the data, ECA include Europe, Central Asia and Armenia, Azerbaijan, Georgia, Israel, and Turkey ([UNSD](#)).

8 United Nations Department of Economic and Social Affairs, Population Division, International Migrant Stock, 2020, <https://www.un.org/development/desa/pd/content/international-migrant-stock>; United Nations, Department of Economic and Social Affairs, Population Division, World Population Prospects 2019, <https://population.un.org/wpp/>

9 As of 1 January 2021. UNHCR collates population data relating to persons who are forcibly displaced or stateless. The data is sourced primarily from governments and from UNHCR operations. For more and the latest data, see UN-

UNICEF

- UNICEF, Towards a migrant and refugee inclusive COVID-19 vaccine roll-out, February 2021 ([link](#))

WHO

- WHO Coronavirus Dashboard ([link](#))
- WHO COVID-19 vaccine introduction toolkit ([link](#))
- WHO, Guidance on developing a national deployment and vaccination planning for COVID-19 vaccines, 16 November 2020 ([link](#))

HCR, Global Trends: Forced displacement in 2020, 18 June 2021, <https://www.unhcr.org/flagship-reports/globaltrends/>
10 WHO European Region Operational Update: Epi Weeks 22–25 (1–30 June 2021) https://www.euro.who.int/__data/assets/pdf_file/0020/506702/WHO-Regional-Office-for-Europe-Operational-Update-22-25-21-eng.pdf

11 UNNM, COVID-19 and People on the Move: Webinar, 17 June 2020, <https://www.un.org/development/desa/state-ments/mr-liu/2020/06/remarks-at-covid-19-and-people-on-the-move.html>

12 UNNM, COVID-19 and People on the Move: Webinar, 17 June 2020, <https://www.un.org/development/desa/state-ments/mr-liu/2020/06/remarks-at-covid-19-and-people-on-the-move.html>

13 PICUM, The COVID-19 Vaccines and Undocumented Migrant: What are European countries doing? June 2021, <https://picum.org/covid-19-vaccines-undocumented-migrants-europe/>

14 According to an internal assessment conducted by UNHCR in the 49 countries and one territory in Europe by liaising with the relevant authorities. These numbers refer to countries in Europe with a refugee population greater than 500 and with an asylum-seeker population greater than 500 persons. For more information, see: UNHCR, UNHCR Regional Breakdown of Inclusion in Vaccination Campaigns, June 2021, <https://www.unhcr.org/60d45b8e4/regional-data-refugee-inclusion-covid-19-vaccination>

15 IOM figures are according to an internal assessment by IOM Migration Health Division in close coordination with IOM country missions in the field. For more information, please contact IOM Regional Office Vienna (ROVienna@iom.int)