IFRC Australian Red Cross

Global Migration Lab
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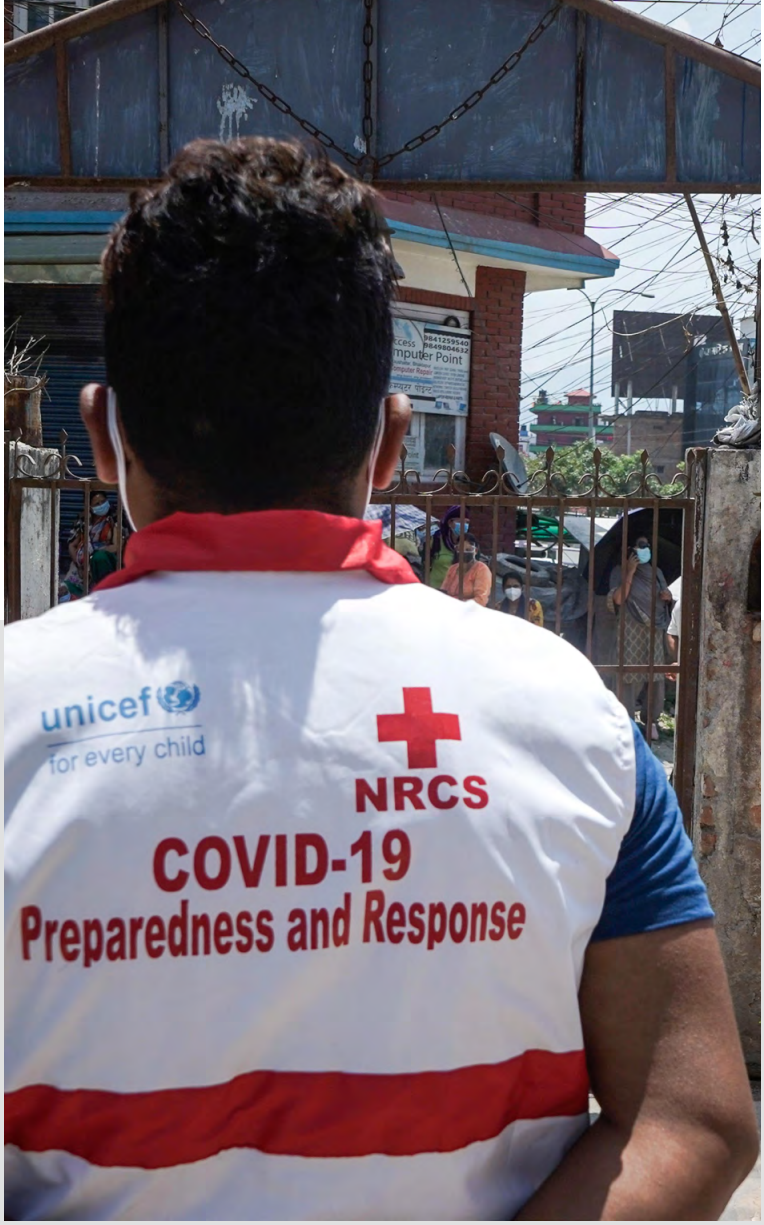
Sight Unseen:

A vision for effective access to COVID-19 vaccines for migrants

An addendum to the Red Cross Red Crescent Global Migration Lab report: *Locked down and Left out? Why access to basic services for migrants is critical to our COVID-19 response and recovery*



Volunteers of the Nepal Red Cross Society facilitating at a vaccine center in Bhaktapur.

Credit: Nepal Red Cross Society

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Executive summary

It has been over three months since the Red Cross Red Crescent Global Migration Lab released its first report in early March 2021, on the impacts of COVID-19 and related policy measures on migrants and their access to basic services.[1] At the time of publication, countries were just starting to develop their COVID-19 vaccination policies and strategies – some inclusive from the outset towards migrants, others directly or inadvertently exclusionary.

This addendum builds on the findings of that initial report and aims to take stock of the current global trends with respect to COVID-19 vaccines access for migrants. It draws on publicly available data from a range of sources, including research organizations, governments, the United Nations, media and civil society organizations, complemented by insights and case studies from a survey of 52 National Red Cross and Red Crescent Societies (National Societies) working directly with migrants and host communities around the globe.

There are varying degrees of inclusion in terms of vaccination policies around the world, but many states have increasingly recognized the importance of ensuring everyone has access to COVID-19 vaccines. Several states have responded to recommendations from the international community and calls for vaccine equity by revising and expanding their COVID-19 vaccination plans and strategies. However, while exact datasets and statistics vary, what is clear is that coverage for all migrants in vaccination plans and rollout strategies is far from universal. Often, it is only certain groups of migrants which are included while others, particularly undocumented migrants, are not.

Moreover, inclusion in policy does not necessarily translate into access in practice. The report outlines that the longstanding barriers, both formal and informal, pre-dating the pandemic have not disappeared. They continue to impact safe and effective access to COVID-19 vaccines for migrants. Despite improving access in policy, the main barriers reported by National Societies surveyed for this research relate to: (1) information, outreach and language barriers; (2) vaccine hesitancy due to fears of side effects; (3) lack of documentation and complex registration processes; (4) fears of arrest, detention or deportation; and (5) limited vaccine supply.

National Societies are working around the globe to address these barriers. Of those surveyed, 87% are involved in information-sharing and awareness activities for migrants on where and how to access COVID-19 vaccines; 77 % are supporting migrants to register or attend vaccination appointments; 70% are involved in direct advocacy with government and policy-makers for greater inclusion of migrants; and 60% are specifically tackling vaccine hesitancy.

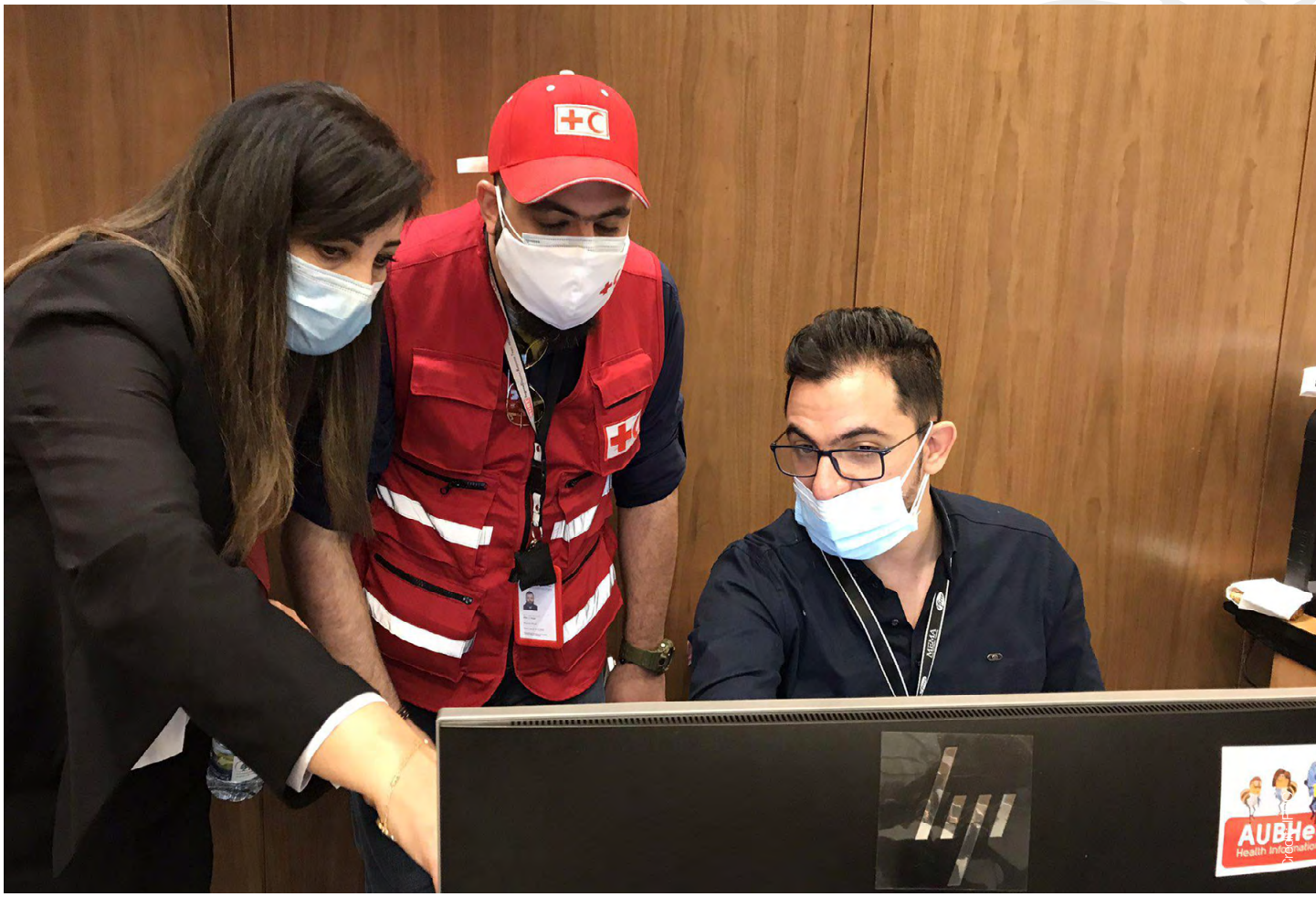
Policy must translate into practice. Ensuring everyone has access to COVID-19 vaccines is not just the *right* thing to do, from a moral and humanitarian perspective, it is also the *smart* thing to do, from a health and socio-economic perspective. To protect everyone, measures to ensure equal and equitable access to and uptake of COVID-19 vaccines must be in place, particularly for migrants in vulnerable situations facing exacerbated (and new) barriers to basic services, including COVID-19 vaccinations.

States and civil society must work together in partnership with migrants and their communities, seeking and listening to their advice and guidance on how to address barriers, tailor approaches and rollout strategies and communicate effectively to promote and facilitate access to COVID-19 vaccines.

Based on the global review presented in the report and the insights from and experiences of National Societies operating on the ground with migrants and host communities, it is recommended that states work with local partners to:

1. Provide safe and equitable access to COVID-19 vaccinations for all migrants, irrespective of status and without discrimination; ideally free of charge for everyone.
2. Understand informal and formal access barriers at the local level, adopt measures to overcome these barriers, and establish procedures that facilitate equitable access to vaccination for migrants, including undocumented migrants. This includes developing alternative registration options, increasing flexibility of registration requirements and creating safeguards to ensure that information provided to healthcare providers during vaccination is not shared with or used for immigration enforcement.
3. Invest in and provide targeted outreach and public health messaging and information on COVID-19 vaccinations to migrants in accessible channels, languages and formats, including through digital, online and face-to-face and fixed and mobile initiatives.
4. Undertake further research on vaccine hesitancy among migrant communities to inform and design strategies to counter reservations and increase vaccine uptake.
5. Prioritize the most vulnerable, based on needs and levels of risk to COVID-19, not on migration or legal status.

Introduction



IFRC is implementing independent monitoring of Lebanon's COVID-19 vaccination campaign, in collaboration with World Bank. On 15 February, on the second day of the vaccine distribution in Lebanon, IFRC deployed 20 observers to 13 different vaccine centers around the country.

It has been over three months since the Red Cross Red Crescent (RCRC) Global Migration Lab released its first report in early March 2021, on the impacts of COVID-19 and related policy measures on migrants and their access to basic services[2]. At the time of publication, countries were just starting to develop their COVID-19 vaccination policies and strategies – some inclusive from the outset towards migrants, others directly or inadvertently exclusionary.

This addendum builds on the findings of that initial report and aims to take stock of the current global trends with respect to COVID-19 vaccines access for migrants. It draws on publicly available data from a range of sources, including research organizations, governments, the United Nations, media and civil society organizations, complemented by insights and case studies from 52 National Red Cross and Red Crescent Societies (National Societies) working directly with migrants and host communities around the globe.

The information presented has immediate and concrete consequences for public health responses to support COVID-19 vaccine rollouts, with implications beyond the pandemic to promote the safety, dignity and well-being of migrants. To protect everyone, measures to ensure equal and equitable access to and uptake of COVID-19 vaccines must be in place, particularly for migrants in vulnerable situations facing exacerbated (and new) barriers to basic services including COVID-19 vaccinations.

Buthaina, IFRC Field Officer, talks with Naime in Gaziantep, Turkey who fled Syria in 2014. Now, she lives in Gaziantep, Turkey with her husband and four children. The restrictions brought on by the COVID-19 pandemic took a particularly difficult toll on their family, their income sources dried up and put even more stress to cover the costs of food and rent. The isolation brought on by COVID-19 also had additional impacts on her mental health. With the help of EU funding, IFRC and Turkish Red Crescent provide small monthly payments to Naime via a debit card, called "Kizilaykart" to help cover rent, food, and other urgent items they may need.

Setting the scene - A dim outlook

COVID-19 has affected everyone, but the often limited data on mobile and hard-to reach populations, such as undocumented migrants, and more general data limitations on the impacts of COVID-19 among migrant communities, contribute to vulnerable and marginalized groups being left out of pandemic response and recovery plans. In previous health emergencies, migrants have not been adequately included in responses. For example, a 2016 review of pandemic influenza in the Asia Pacific found that only three countries (out of 21) adequately included people who were not citizens in health control measures beyond those put in place at borders.[3]

Legal and policy frameworks that prevent migrants from accessing basic services, including healthcare, have the potential to increase COVID-19 transmission by prohibiting access to testing, treatment and vaccination, contributing to both individual and public health concerns. Prior to the COVID-19 pandemic, an analysis of State and policy settings[4] from 2018-2020 found migrants have varied degrees of access to public health services based on their legal status. Out of 51 countries analysed, equal access to health services depended upon migration status in half of them.[5] The analysis also showed that only one in five countries had specific measures in place to assist migrants during and after crises.[6]

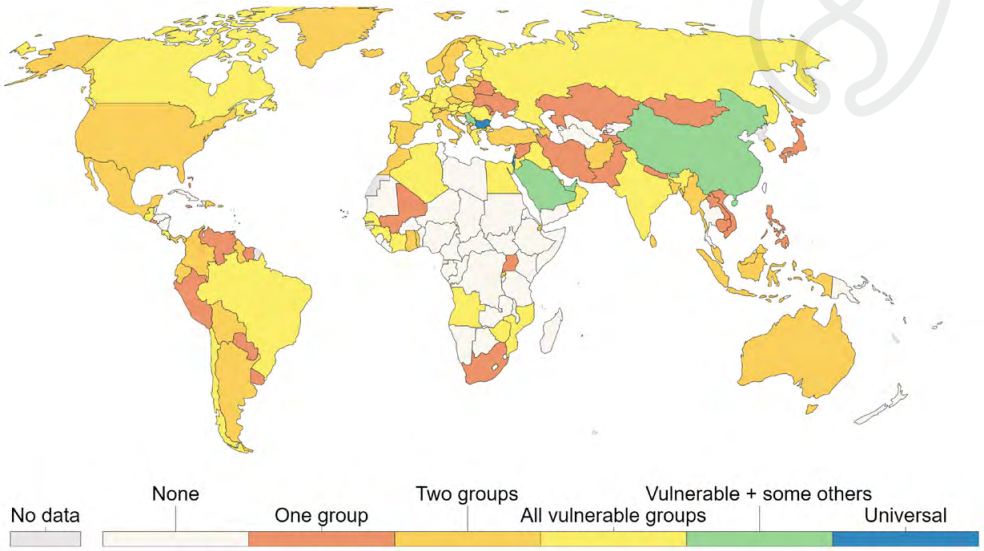
Ensuring migrants who are often excluded from public health systems are able to access COVID-19 vaccines is critical, from both a global public health and human rights perspective. A range of international bodies[7] have called for the inclusion of migrants in COVID-19 vaccination plans, including the Vaccine Alliance - GAVI, which leads the COVAX Facility.[8] However, migrants continue to face practical barriers in accessing COVID-19 vaccinations, and other basic services, given gaps in policy and practice.

A brighter scope: Policies shift towards inclusion

Figure 1: COVID-19 vaccination policy coverage in March 2021[9]

This metric records policies for vaccine delivery for different groups.

- Availability for ONE of following: key workers/ clinically vulnerable groups/ elderly groups
- Availability for TWO of following: key workers/ clinically vulnerable groups/ elderly groups
- Availability for ALL of following: key workers/ clinically vulnerable groups/ elderly groups
- Availability for all three plus partial additional availability (select broad groups/ages)
- Universal availability

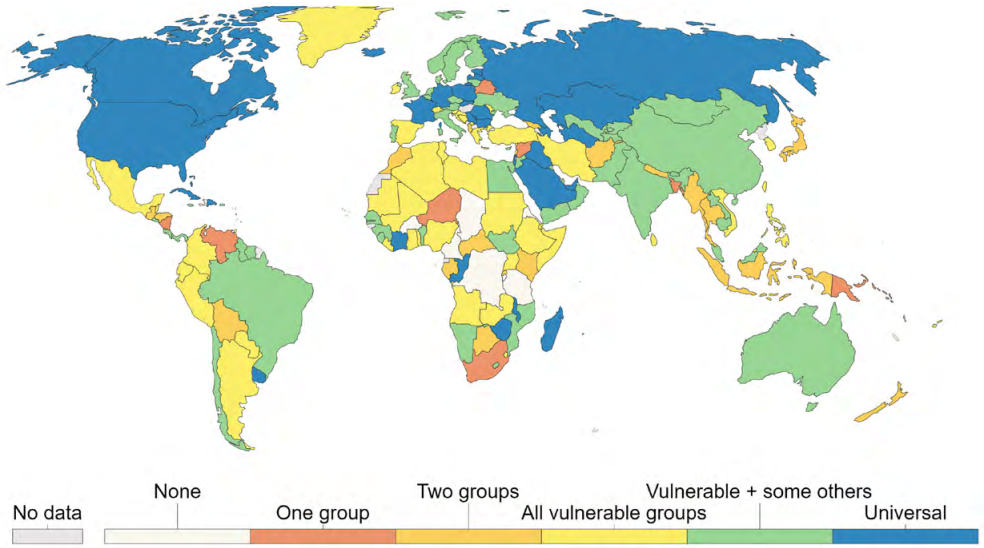


Source: Hale, Angrist, Goldszmidt, Kira, Petherick, Phillips, Webster, Cameron-Blake, Hallas, Majumdar, and Tatlow (2021). "A global panel database of pandemic policies (Oxford COVID-19 Government Response Tracker)." Nature Human Behaviour. - Last updated 23 June, 14:00 (London time). OurWorldInData.org/coronavirus • CC BY

Figure 2: COVID-19 vaccination policy coverage in June 2021[10]

This metric records policies for vaccine delivery for different groups.

- Availability for ONE of following: key workers/ clinically vulnerable groups/ elderly groups
- Availability for TWO of following: key workers/ clinically vulnerable groups/ elderly groups
- Availability for ALL of following: key workers/ clinically vulnerable groups/ elderly groups
- Availability for all three plus partial additional availability (select broad groups/ages)
- Universal availability



Source: Hale, Angrist, Goldszmidt, Kira, Petherick, Phillips, Webster, Cameron-Blake, Hallas, Majumdar, and Tatlow (2021). "A global panel database of pandemic policies (Oxford COVID-19 Government Response Tracker)." Nature Human Behaviour. - Last updated 23 June, 14:00 (London time). OurWorldInData.org/coronavirus • CC BY

There are varying degrees of inclusion in terms of vaccination policies around the world, but many states have increasingly recognized the importance of ensuring everyone has access to COVID-19 vaccines. Several states have responded to recommendations from the international community and calls for vaccine equity by revising and expanding their COVID-19 vaccination plans and strategies. Figures 1 and 2 below illustrate how countries are increasingly expanding access to COVID-19 vaccines to various groups of people within their borders.

Changes to vaccination policies and rollout strategies that ensure the inclusion of migrants, are increasingly reported. It is encouraging to see States responding, clarifying and shifting their policies and strategies, particularly as some barriers were inadvertent. However, there is still a long way to go. A regional overview of recent policy shifts and trends is below.

Regional policy trends

The Americas

Latin America and the Caribbean is home to five of the 15 countries worldwide with the highest number of COVID-19 deaths.[11] Central and South America and the Caribbean is also home to approximately 14.8 million migrants.[12] In early June, countries including Argentina, Brazil, Chile, Colombia, Costa Rica, Paraguay, and Uruguay had some of the highest weekly COVID-19 caseloads per capita.[13] In February, Colombia announced it would provide 10-year temporary protection status to approximately 1.7 million Venezuelans migrants who entered the country before 31 January 2021, facilitating access to the public healthcare system and to COVID-19 vaccines.[14] This comes after the initial declaration that undocumented migrants would not receive free vaccines in Colombia.[15] Most countries in the region have since included refugees and other displaced people in their vaccination rollouts, but challenges remain in for people seeking asylum and irregular or undocumented migrants.[16]

Middle East and North Africa

In the Middle East and North Africa, over 75% of countries have confirmed the inclusion of refugees in their national vaccination programmes. Additional countries have shown positive indications they will include refugees. As of mid-March, vaccination programmes had started in at least 15 countries in the region.[17] In Jordan, by late May, 30% percent of refugees eligible for the COVID-19 vaccine had received at least their first dose.[18] In Iran, the government noted it would include both refugees and undocumented migrants from Afghanistan. However, the country is reliant on COVAX and donations for early stocks and supplies are limited.[19]

Africa

In Africa, which hosts 25.4 million migrants,[20] Rwanda rolled out a COVID-19 vaccination campaign in early March, beginning with high-risk groups such as health workers, teachers and the elderly. The country, which hosts nearly 138,000 refugees, is one of the first in Africa to include refugees in its vaccination rollout.[21] In South Sudan, refugees are receiving COVID-19 vaccinations.[22] Ethiopia also commenced its COVID-19 vaccination campaign in March, prioritizing frontline health workers, people with underlying health conditions and the elderly. Refugees are now also part of the Government's vaccination plan.[23] In Djibouti, 5% of the vaccines expected via COVAX will be dedicated to migrants, including refugees.[24]

Europe

In Europe, a number of countries are expanding access to COVID-19 vaccines for migrants. Germany's national vaccination plan now includes people seeking asylum and refugees.[25] In Belgium, the federal government confirmed COVID-19 vaccines would be available to undocumented migrants.[26] France also declared COVID-19 vaccines would be available to all people living in the country regardless of residence status.[27] Migrants, including people seeking asylum and refugees in reception and transit centres have been included in the current phase of vaccination rollout in Serbia.[28]

Asia Pacific

In the Asia Pacific, Australia has confirmed that everyone in the country will have free access to the COVID-19 vaccine.[29] Nepal became the first country in the Asia Pacific to vaccinate refugees against COVID-19 in March 2021. The government also stated that documented refugees should be treated like Nepali nationals in receiving free COVID-19 testing and treatment.[30] In the Maldives, everyone living in the country will have free access, regardless of their migration status.[31] In Malaysia, all foreign citizens are included in the national vaccination plan.[82] In New Zealand, the vaccine is free to everyone in the country over 16 years of age.[32]

SPOTLIGHT

Australian Red Cross successfully engaged with relevant authorities at the Federal as well as the State and Territory level to ensure everyone in Australia, in particular people on temporary visas and people without visas, are aware of and able to access COVID-19 vaccinations without barriers. This included ensuring free access to COVID-19 vaccines for everyone in Australia regardless of visa status, ensuring additional support for migrants experiencing vulnerabilities and designing strategies and messaging that implement inclusive policies with measures to address formal and informal barriers. Of particular focus was the need to address concerns about people coming forward for vaccinations who may have expired visas and/or are fearful of authorities, or who have concerns around deportation or immigration detention.

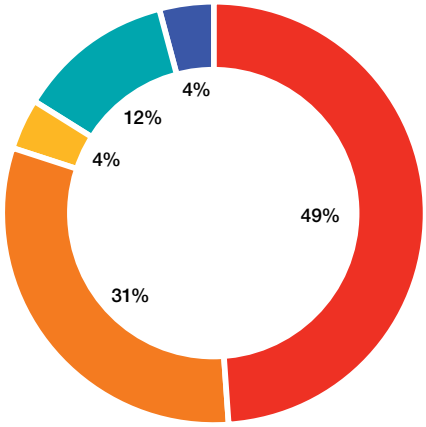
The full picture: Access for some, but not all

While these developments around the globe are positive, inclusion in policy is far from universal. As evidenced above, often some migrants are covered by COVID-19 vaccination policies while others face uncertainties. There are discrepancies between migrant groups and eligibility depending on, for example, if someone is on a temporary visa or is undocumented or is seeking asylum.

While exact datasets and statistics vary, what is clear is that coverage for all migrants in vaccination plans is far from universal. Earlier data from IOM in March 2021 indicated that only 25% of vaccination plans submitted to the COVAX facility included migrants.[33] More recent data in May 2021 suggests that in 99 (out of 152) countries, migrants in regular situations have been included in national vaccination and deployment plans, as compared to only 50 countries for migrants in irregular situations.[34] In addition, UNHCR has reported 153 states have adopted COVID-19 vaccination strategies that include refugees.[35] However, of the estimated 80 million forcibly displaced persons, only 26.3 million are registered refugees.[36]

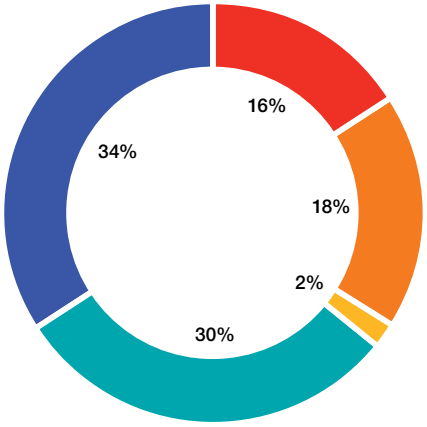
As outlined in Figure 3, of the 52 National Societies surveyed in June 2021 as part of this research, 49% reported the vaccination policies in their country cover all migrants, irrespective of status, while 31% reported policies included only certain groups of migrants, depending on legal status and 12% of policies did not specify whether migrants are included. Survey responses were collected from migration programme staff across National Societies, at the policy and operational level, with responses informed by their experience and observations working directly with migrants. Survey responses were collected from all regions; a breakdown is available in Figure 4.

Figure 3: Inclusion of migrants in national COVID-19 vaccination polices



- All migrants, regardless of legal status **49%**
- Some migrants, depending on legal status **31%**
- Only citizens are included **4%**
- The government policy does not specify **12%**
- Do not know **4%**

Figure 4: Regional representation of National Society survey responses



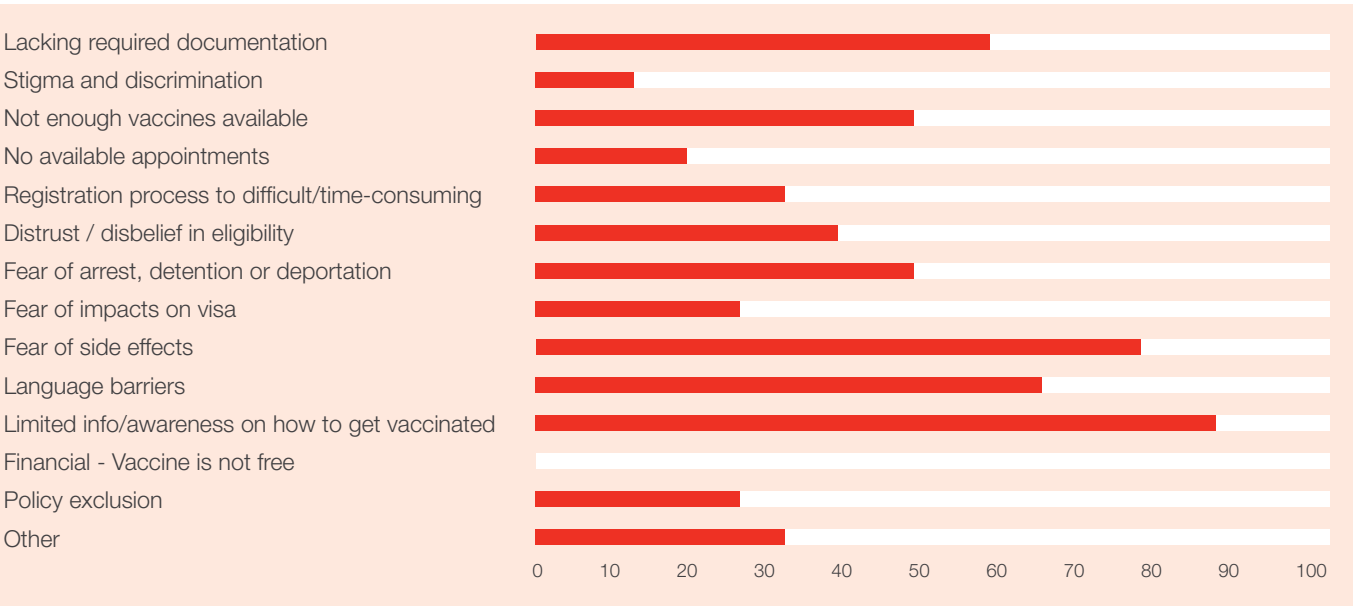
- Americas **16%**
- Africa **18%**
- MENA **2%**
- Asia Pacific **30%**
- Europe **34%**

Shots in the dark? Blind spots in the rollout prevent access in practice

While more and more countries are committing to including migrants in their COVID-19 vaccination plans and strategies on paper, obstacles remain in practice. Migrants face multiple, well-documented barriers to healthcare and other basic services[37], all of which are relevant to the vaccine rollout.

The longstanding barriers – both formal and informal – pre-dating the pandemic[38] have not disappeared. They continue to impact safe and effective access to COVID-19 vaccines for migrants. The main barriers reported by National Societies surveyed and outlined in Figure 5 below relate to: (1) information, outreach and language barriers; (2) vaccine hesitancy due to fears of side effects; (3) lack of documentation and complex registration processes; (4) fears of arrest, detention or deportation; and (5) limited vaccine supply. In many countries, a lack of reliable data also makes it difficult to identify people eligible for vaccination, while mobility presents challenges to continuity of care.[39]

Figure 5: Main barriers faced by migrants in accessing COVID-19 vaccines



Language, information and outreach

Timely, accurate and reliable information about COVID-19 vaccines -including information on their efficacy and safety, and how to access them - is essential for promoting vaccine uptake, acceptance and trust. However, in many migration contexts, access to information is often limited.

Ninety percent (90%) of National Societies surveyed reported lack of information or awareness on where and how to access COVID-19 vaccines, as well as language (67%) as key barriers for migrants (see Fig. 5).

Concerns have been raised about high levels of misinformation about COVID-19 vaccines among migrants, which may be linked to language barriers and limited access to information.[40] In Lebanon for example, the country's vaccination plan covers everyone, regardless of nationality; however, concerns have been raised that limited outreach and information, as well as a hesitancy to register through the government-managed platform may prevent access.[41]

SPOTLIGHT

The **World Bank and IFRC** are working to undertake an independent monitoring of Lebanon's COVID-19 vaccination campaign. Under this agreement, IFRC, acting as the Third Party Monitoring Agency, will be in charge of independently monitoring the compliance of the vaccination deployment with national plans, international standards and World Bank requirements to ensure safe handling of the vaccines, as well as fair and equitable access to all.

In the UK, a qualitative study of primary care for refugees and people seeking asylum found a range of beliefs on the COVID-19 vaccine were based on lack of accurate information, with some migrants reporting COVID-19 as a 'hoax' or a 'Western disease', and a fear of being used as 'guinea pigs' for the vaccine, or that it contains a microchip.[42] An additional study exploring the views of people seeking asylum, undocumented migrants and refugees on the COVID-19 vaccine found that this group lacked trust in health systems and experienced high levels of misinformation; 72% were categorized as being hesitant about the vaccine categorised as being hesitant about having a vaccine. Migrants also raised concerns about access points for the vaccine when they were not registered with health systems.[43]

A study by **Turkish Red Crescent Society** found that of the 89% of refugees surveyed who had not yet been vaccinated, 22% could not get an appointment and another 22% were unaware they were in the current target age group and were eligible. When respondents were asked about the channels used when making their vaccine appointments, 25% stated that they did not know as their friends or relatives made the appointment for them; 22% used the centralized hospital appointment system while 20% received appointments through a nation-wide call centre. Difficulties reported by respondents included long waiting times before being able to book a vaccination appointment, difficulty in accessing information about how to get vaccinated; and challenges in getting the appointments due to language barriers. When asked the reasons why an appointment could not be secured, the majority of respondents did not know where to apply (64%).

Initial data from a healthcare referral clinic for undocumented migrants operated by **Swedish Red Cross** found that 95% (out of 59) were not yet vaccinated; 79% (out of 66) would like to receive the vaccine; 40% (out of 62) were identified as high risk; and 87% (out of 70) did not know where to get vaccinated.

Migrants receive COVID-19 vaccinations at the Swedish Red Cross House, in cooperation with the government-run Vaccine Bus programme.

SPOTLIGHT

The **Bulgarian Red Cross** works to raise awareness among migrant and refugee communities on COVID-19 vaccinations. The National Society's active role in the vaccination process, as well as its trusted relationship with these communities have enabled and contributed to this intervention. Bulgarian Red Cross adapted information resources previously developed by the IFRC and British Red Cross to the local context and translated them into the languages of migrant and refugee communities, facilitating access to easy-to-understand resources on COVID-19 vaccines. The provision of this information was key in supporting the National Society's efforts to vaccinate, for example, people seeking asylum accommodated in government reception facilities. The development and dissemination of these resources was coupled with Q&A sessions, led by the National Society's community engagement team.

Initially, migrants and refugees were unable to register for a vaccination through the online platform; however, when this was reported by the National Society to the Ministry of Healthcare, the issue was quickly resolved. An ongoing challenge, however, is the inability for undocumented migrants to access COVID-19 vaccines as they do not have the necessary documentation or a personal identification number which are currently mandatory for vaccine registration. This group has expressed interested in being vaccinated to the National Society's community engagement team and Bulgarian Red Cross continues to raise this barrier with public authorities.

SPOTLIGHT

The National Vaccine Committee in the Gambia has provided recommendations to the government and institutions about who should be vaccinated first. Based on these recommendations, the **Gambia Red Cross Society** (GRCS) has prioritized frontline workers including its volunteers, staff and vulnerable groups in its COVID-19 Vaccination Programme. A vaccination site was established at the GRCS headquarters, where vaccines are offered to priority groups, based on evidence around who is most at risk of serious illness and death from COVID-19. As the risk of death from COVID-19 increases with exposure and age, vulnerable groups such as people seeking asylum and refugees, labour migrants, migrants on temporary visas and undocumented migrants, have been mainstreamed into the National Society's general vaccination programme.

The GRCS commenced several other initiatives to increases access to COVID-19 vaccines. It collaborated with the Ministry of Health, particularly on risk communication and community engagement. The GRCS has also participated in various subcommittees where decisions are made and supported the inclusion of vulnerable groups through its role on the National Vaccine Task Force. It has also worked to increase awareness and education on how to access vaccines through the radio programmes and the dissemination of posters and flyers.

Feedback from migrants attending the GRCS vaccination centre has been positive; many prefer to receive the vaccine directly from the National Society's Health Officers. It has been noted that the information provided to migrants on how and where to access COVID-19 vaccine has been particularly helpful.

In Australia, since the vaccine rollout commenced, information barriers have reportedly affected uptake among migrant communities.[44] It is not that migrants are against being vaccinated, but rather that people do not have access to accurate information – official information translated by the government online has not necessarily made it to local communities.[45] Migrants, including refugees, may not have established relationships with doctors or other medical professionals who can provide information about accessing vaccines in Australia. There is also confusion about eligibility[46] and, although everyone has access in policy, some frontline workers still request documentation that is not required (such as a public healthcare card) and refuse assistance if not provided.[47]

During a pandemic, regular healthcare can be negatively affected. Hellenic Red Cross volunteers have been helping with routine vaccination for almost 5,000 migrants and refugees living in camps and urban areas.

Credit: Australian Red Cross

COVID-19, 2020. Australian Red Cross teams are placing daily calls to people who have self-isolated during the COVID-19 outbreak to make sure that they are doing well. Red Cross specialist aid workers have also been dispatched to help in the COVID-19 response.

SPOTLIGHT

Australian Red Cross, through its Community Connector Advisor (CCA) role, is engaged in a collaborative partnership with Refugee Health Network Queensland (RHNQ) and the Culturally and Linguistically Diverse (CALD) COVID-19 Health Engagement Project. The Project aims to ensure everyone in Queensland has equitable access to appropriate health information and services throughout the COVID-19 pandemic. By building strong partnerships with communities and stakeholders, the Project addresses systemic barriers, provides formal and informal advice to health officials; and increases knowledge on where and how to access COVID-19 testing, treatment and vaccines among CALD communities.

Key successes of the Project include:

- Establishment of a reference group of diverse community leaders to guide implementation and work with CALD communities as partners. The reference group enables ongoing scanning for emerging vaccination issues, co-development of resources and the empowerment of group members to communicate within their specific cultural communities.
- Co-designed audio, visual and PowerPoint COVID-19 vaccine education resources with CALD communities and the health department, leading to increased outreach and more trusted information sources.
- Education sessions for multicultural health workers to be culturally responsive to CALD communities.
- Development of a specific vaccine rollout plan for CALD communities and a strategic CALD communications plan in collaboration with the state government's health department.
- Community workshops that have led to a significant drop in vaccine hesitancy among participants.

Key barriers identified include direct access issues, but also a lack of access due to unclear communications, vaccine hesitancy and misinformation:

- Information overload and not knowing what information to trust, lack of multi-lingual translations, mi-information through social media, including from home countries.
- Online registration for COVID vaccinations can be complicated and is in English.
- Mainstream information lines and helplines not culturally competent or do not use interpreter services.
- Initial misconceptions amongst temporary migrants and people seeking asylum that they were not eligible for the vaccine or would need to pay for it.
- Ongoing fear and mistrust of government by some temporary visas holders.
- Vaccination locations often unfamiliar to people from CALD backgrounds, making people less likely to attend. This is further complicated by the distances required to travel to major hospitals in regional areas. CALD community leaders have reported they would like to see vaccination hubs at community centres and places of worship familiar to CALD communities.
- Complex processes raise the risk that informed consent is not appropriately established prior to vaccination

Vaccine hesitancy

COVID-19 vaccine hesitancy is growing globally and could become the primary obstacle to global immunity.[48] Vaccine hesitancy refers to delay in acceptance or refusal of vaccines despite availability of vaccine services; it is complex and context specific varying across time, place and vaccines and is influenced by factors such as complacency, convenience and confidence.[49]

Across the global survey, 80% of National Societies reported vaccine hesitancy due to fear of vaccine side effects as a key barrier (see Fig. 5).

A recent study by the **Turkish Red Crescent Society** on the vaccination status of nearly 600 refugees aged 65 and above across 13 provinces found that only 11% had been vaccinated, despite people 65 and over being a target group. Of the 89% who had not yet been vaccinated, 53% reported hesitancy. Of those who were hesitant, 37% noted they were healthy and did not need the vaccine; 28% noted they were fearful of side effects; and 10% were worried the vaccine would interfere with current medications.

Even before the pandemic, migrants were considered at risk of under-immunization, with lower levels of routine vaccine uptake and trust in vaccination compared with the general population. Emerging evidence from high-income countries shows that ethnic minority populations, which include diverse groups of migrants, may be more reluctant than others to accept COVID-19 vaccines.[50] While most countries now have national vaccination and deployment plans in place, less than one third had developed plans for training vaccinators or for public information campaigns to combat vaccine hesitancy by mid-March 2021.[51]

In Europe, some migrant populations are at risk of under-immunisation for routine vaccines, have lower levels of routine vaccine uptake, and have more distrustful attitudes towards vaccination compared with the general population.[52] There is emerging evidence of low COVID-19 vaccination rates in some migrant and ethnic minority groups in the region.[53]

SPOTLIGHT

While the vaccination programme in Egypt is directly run by the government, ***Egyptian Red Crescent*** delivers health awareness programmes which involve information on how vaccines work and the risks and benefits associated with vaccination.

SPOTLIGHT

The **British Red Cross'** London emergency response team has carried out vaccine hesitancy conversations with people housed in emergency homeless shelters. To support the work, BRC developed a bespoke e-learning on supporting migrants and vaccine hesitancy. Across two days, BRC volunteers visited 12 separate emergency hostels across South London and carried out hundreds of conversations promoting a local vaccination clinic. At the clinic, medical staff were able to support people holistically with health checks, dental checks ups, podiatry, health screening, mental health support, domestic abuse support as well as administering the vaccines.

Vaccine hesitancy among migrants in Colombia has been linked to fear of side effects which may impact the ability to work or lead to other medical conditions for which they will not be eligible to access healthcare.[54] In Qatar, where around 90% of the population are migrants, the degree and determinants of hesitancy are unknown; however, 20.2% of people surveyed in one study noted they would not get vaccinated and 19.8% reported being unsure. Concerns around the safety of COVID-19 vaccine and its longer-term side effects were the main concerns cited.[55] The concerns voiced by migrants echo that of wider populations in other countries, where studies have also found that the two main reasons for COVID-19 vaccine hesitancy are concern about the side effects and the speed of the clinical trials.[56]

SPOTLIGHT

In Tasmania, the Bicultural Health Programme (BCHP) of the **Australian Red Cross** is working with local migrant and refugee communities to address existing COVID-19 vaccine concerns and barriers.

In February 2021, the BCHP team conducted a survey among refugee communities from various countries. Barriers voiced by these communities included: lack of confidence in the vaccine's effectiveness; worries about possible side effects; concerns that the vaccine would be compulsory and those not vaccinated would be unable to access public services or support; concerns tied to religious or cultural beliefs and the origins of the vaccines; and a lack of information and reliance on rumours. Unsurprisingly, the survey revealed mixed opinions: though there were concerns, many surveyed noted the importance of the vaccine to end the pandemic and to allow borders to reopen and to reconnect with families overseas.

To address the barriers and support vaccination efforts, the BCHP team is planning community sessions in cooperation with healthcare professionals from the Tasmanian Vaccination Emergency Operation Centre and the local government. BCHP teams play a key role in reaching out and connecting with families and communities to attend, as well as organizing the sessions directly. Through the work, the BCHP teams and refugee communities will also support the health sector to improve their knowledge of challenges and barriers experienced by migrants in getting vaccinated for COVID-19. Though the primary target group of the programme is people seeking asylum and refugees, the team hopes to expand sessions to include other migrant groups, including international students and other temporary visa holders in Australia.

Lack of documentation, registration processes and other administrative barriers

In many countries, the registration process and documentation required (including government issued IDs or numbers) prevent migrants from accessing the vaccine.

Lacking the required documents was a barrier reported by National Societies in 60% of countries surveyed. About one-third (33%) of National Societies reported the registration process was too timely or difficult; 20% noted there were no appointments available when migrants attempted to book and 50% cited there were not enough vaccines available (see Fig. 5).

The insights from and experience of National Societies further validates reports at the country level from other sources.

In Fiji, for example, registration for the vaccine is through an online portal which requests a birth registration number, citizen certificate number or permit number.[57] It is unclear how migrants without such documentation will be able to register. In India, a country which hosts about 240,000 people seeking asylum and refugees, as well as 3.8 million migrants from Nepal and Bangladesh, the vaccination policy does not include or exclude undocumented migrants or refugees. Migrants have reported that without an Indian government issued ID card, they have been unable to access the vaccine, despite having refugee cards issued by UNHCR.[58] UNHCR has been working with the government to permit UNHCR issued documents to be acceptable forms of identification for people to register and access COVID-19 vaccines.[59]

As noted earlier, Colombia announced a policy shift towards undocumented migrants from Venezuela, offering temporary protection and facilitating regularization.[60] However, it remains uncertain as to the degree to which migrants will effectively be able to access vaccinations. Migrants may face challenges in being able to prove their identity and to document the date they entered the country – both of which are required to formalize legal status and eventually access vaccines.[61] In addition, keeping track of people moving frequently within the country, particularly if newly arrived creates challenges in vaccine surveillance and monitoring.[62]

In Greece, officials announced people seeking asylum living camps would be included in the rollout, yet it took more than four months for a plan to be finalized.[63] People needed a

social security number to register, something many migrants lack. The country has since announced that it would issue temporary social security numbers to qualifying migrants[64] and is now launching a mass campaign to reach people living in refugee camps.[65]

In Pakistan, Afghans who hold refugee cards will be included the country's rollout[66] but it is not clear whether unregistered Afghans will have access. In the United States, migrants have been turned away from places providing the vaccine after being asked for driver's licenses, social security numbers or health insurance cards, specific documentation not mandated by the government but often requested at vaccination sites across the country.[67]

SPOTLIGHT

The **Red Cross of Montenegro** provides psychosocial and medical support to vulnerable groups, including migrants, as part of its COVID-19 response. Information on where and how to get vaccinated at national healthcare institutions is provided to people seeking asylum and persons granted protection status. For people facing challenges in completing the vaccine registration process or attending vaccine appointments (for example, due to language or administrative barriers), National Society staff offer mediation and support and accompany migrants to healthcare institutions. By early June, the National Society had supported over 30 people to access vaccines (including people seeking asylum living in private accommodation and refugees - migrants in official reception facilities are vaccinated through a separate government programme).

Key challenges identified in accessing COVID-19 vaccines for migrants are administrative procedures linked to the required registration documents which many migrants do not have (such as a birth certificate number), as well as language barriers at vaccination points. The National Society has also used online/ remote interpreting via phone to support migrant to address language barriers and facilitate communication between migrants and medical personnel.

With the Red Cross of Montenegro's support, people seeking asylum have been able to receive vaccines at points throughout the country.

In the UK, there are reports of doctors refusing to register patients because they cannot provide certain information like proof of address, which is not a legal requirement.[68] In Italy, undocumented migrants are eligible for the COVID-19 vaccine; however, reports suggest that online registration processes are preventing many from being vaccinated. Most regions require a social security number to book appointments via online platforms an only three of 20 regions accept temporary ID numbers issued to migrants.[69]

SPOTLIGHT

The **British Red Cross'** Refugee Support team worked closely with a health authority in the South West of England who had arranged a 'pop-up' vaccination clinic for undocumented migrants and people in the asylum process. The team were able to contact over 400 of their clients living locally who were outside of the healthcare system, offering them the opportunity to book an appointment and language support. On the day, Red Cross volunteers attended to register people and support them to get their first dose of the vaccine. Many of those who attended would have no other way of getting the vaccine.

SPOTLIGHT

The **Swedish Red Cross House** in Stockholm is a social center for irregular migrants and other vulnerable groups such as homeless people. The National Society invited the Vaccine Bus - a mobile service operated by Healthcare Region I Stockholm that reaches out to groups that have difficulties accessing to the vaccine through the digital booking system – to come to its centre and offer vaccines to visitors. By coordinating with the public health provider, the National Society is facilitating access to COVID-19 vaccines for irregular migrants who face barriers due to lack of digital identification as well as difficulties in reaching healthcare centres where vaccines are given.

Stigma, discrimination and fear

Fear of arrest, detention or deportation as was reported by National Societies in 50% of countries as a barrier for migrants to access COVID-19 vaccines (see Fig. 5)**.**

Distrust and disbelief around eligibility was a barrier reported across 40% of National Societies surveyed, as well fear of impacts on visa status (27%) and issues related to stigma and discrimination (13%).

These barriers have been reported by other actors around the globe. For example, while Portugal launched an online platform for undocumented migrants to register for a COVID-19 vaccination, without a social security number[70] concerns have been raised that fear and the lack of trust towards public authorities will prevent many from signing up.[71] In the UK, government guidance states vaccines will be available free for undocumented migrants and no immigration check will be carried out in the context of the vaccination.[72] However, civil society groups report practical barriers, including fears over fees and data sharing with immigration enforcement remain.[73] Fear of accessing vaccines due to having no visa or uncertain visa status (and possible detention/deportation) have also been reported in Australia, despite a universal vaccination policy.[74] Likewise, in the Netherlands, the vaccination policy explicitly mentions undocumented migrants as a group to be vaccinated,[75] but civil society reports more practical steps need to be taken for migrants to feel safe to come forward.[76]

SPOTLIGHT

At the request of the Ministry of Health, **Magen David Adom** (MDA) was responsible for the vaccination campaign in all long-term care facilities in the country. MDA teams, specially trained for the activity, vaccinated all the residents and employees (more than 140,000 people) with the first and second doses within seven weeks. MDA deployed remote vaccination sites to reach people in remote locations, far from the main cities, as well as in prisons, vaccinating guards and detainees. The National Society also vaccinated people with no medical insurance (including irregular migrants, foreign workers and Palestinian migrant workers at border crossings). As of 31 March 2021, MDA had vaccinated 437,610 people with the first dose of the vaccine and 248,056 people with a second dose.*

*IFRC (2021) One Light, One Tunnel: How commitments to COVID-19 vaccine equity can become reality for last mile communities

SPOTLIGHT

The **Maldivian Red Crescent** (MRC) facilitates the registration of undocumented migrants for COVID-19 vaccinations. In addition to providing support for registration at vaccination centres, the National Society has been registering undocumented migrants for vaccination since late February 2021 through the MRC Beneficiary System (MRC BenSys), working towards better vaccine equity. MRC volunteers are trained on the BenSys before engaging in the registration process to ensure data protection and smooth delivery of service.

Undocumented migrants were unable to register on the Ministry of Health online vaccination portal, due to their lack of identity documentation. Following effective dialogue and advocacy with the government, MRC now registers undocumented migrants and issues a MRCS Vaccination Registration Card to them, allowing them to proceed for vaccination. Migrants' information is only shared with the health authorities responsible for vaccination, safeguard ing migrants' information and making it clear that it will not be used for immigration enforcement.

MRC also operates a migrant support call centre, to provide additional orientation and support, including support to acquire a police permit for undocumented migrants to travel to vaccination centres during the period of lockdown. MRC has made 2,769 outgoing calls to migrants registered in the BenSys to check on their vaccination status and determine any barriers to access vaccination. By mid-June 2021, MRC had registered 4,284 undocumented migrants and serviced over 3,224 calls through its migrant support call centre. Over 60% of those registered with MRC have received their first dose of the COVID-19 vaccine.

MRC has also carried out a Rapid Assessment of an industrial island in the Greater Male' region, where a relatively large population of migrants reside, to determine their vaccination status and barriers to accessing the vaccines and related information. Of those who acquired the first dose and not the second, the main reason for not getting the second was found to be the unavailability of the variation of the vaccine.

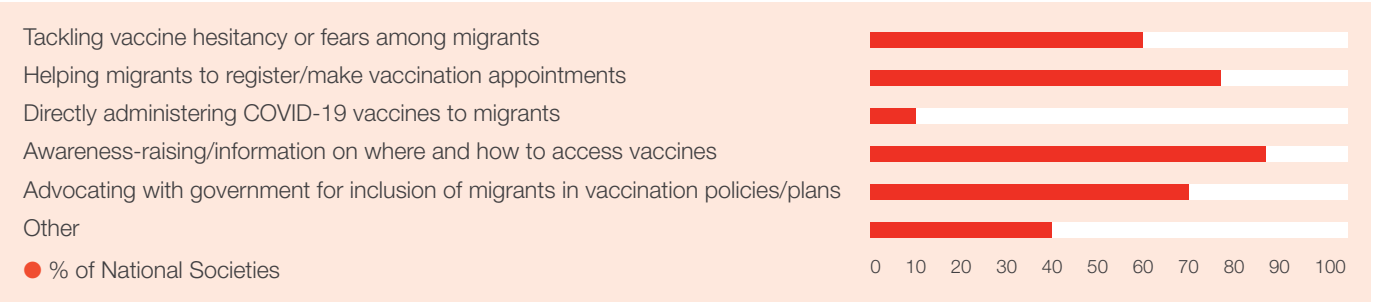
Overview of Red Cross and Red Crescent action

As of mid-March 2021, 152 out of 192 National Societies were involved in COVID-19 vaccine rollouts in their countries, with an additional 19 in discussion with governments about involvement. In terms of main activities, 24% were involved in social mobilization through engagement with communities and community leaders; 22% through mass media promotion; 19% through recruitment of low-risk volunteers for vaccine implementation and outreach; 15% through identification of high-risk individuals in the community; and 7% in vaccine administration.[77]

In the recent survey specifically focusing on access to vaccines for migrants, 87% of National Societies are involved in information sharing and awareness activities for migrants on where and how to access COVID-19 vaccines; 77 % are supporting migrants to register or attend vaccination appointments; 70% are involved in direct advocacy with government and policy makers for greater inclusion of migrants; and 60% are specifically tackling vaccine hesitancy. Other actions mentioned by respondents have included coordinating with government partners to facilitate administration of the vaccine for hard-to-reach migrant groups; providing psychosocial support to migrants impacted by the pandemic and operating mass vaccination centres for the general public, including migrants.

Through their community reach and neutral, independent humanitarian nature, National Societies are in a strong position to gain the trust of migrants and their communities and support them in obtaining the COVID-19 vaccine.

Figure 6: Type of support provided by National Societies to facilitate access to COVID-19 vaccines for migrants



Challenges faced by National Societies in supporting migrants to access COVID-19 vaccines

Though varying across countries and across vaccination policies and rollout strategies, some common challenges shared by National Societies in promoting vaccine equity for migrants (at the policy or operational level) have included:

- Difficulty in identifying and reaching undocumented migrants
- Vaccine shortages and perceived competition between migrants and host communities
- Varying approaches between local and national government systems and procedures with regards to vaccine registration and access, creating confusion among migrants and practitioners
- Low uptake of vaccines where migrants are eligible due to fears of side effects as well as perceptions that the vaccine will required them to remain in one location (where a vaccine require two doses) preventing work opportunities
- Confusion among frontline healthcare workers about who is eligible and what migrants are entitled to access
- Lack of recognition among authorities about the risks of COVID-19 faced by migrants living in shelters and centres due to inability to follow public health recommendations (due to overcrowding and lack of adequate water and sanitation facilities) and the need to vaccinate all migrants living in these situations
- Language barriers between migrants and National Societies aiming to provide support
- Limited funding to support vaccine awareness and sensitization
- Misinformation about the vaccine.

A roadmap for inclusion and equity: Building on good practice

Vaccine equity is at the centre of a new $50 billion global plan to end the pandemic and drive recovery.[78] The 50 richest countries in the world are being vaccinated at a rate that is 27 times higher than the rate of the 50 poorest countries, an inequity that increases the risks of contagious and deadly variants.[79] In May 2021, the poorest 50 countries in the world accounted for just 2% of the doses administered globally. Africa accounts for 14% of the global population, yet accounts for only 1% of administered doses. Broader access to vaccines requires community-level delivery and social mobilisation and connection to support community understanding and acceptance.[80]

The International Organization for Migration (IOM) recently found that 47 countries have already taken concrete steps to ensure that migrants, including those in irregular situations, can access the vaccine. These have included: accepting any form of identification document, no matter its expiration date; pro-actively reaching out to migrant communities, in tailored languages and through relevant communication channels to build trust and create vaccine demand; deploying mobile vaccination teams to reach remote areas; guaranteeing that there will be no reporting to immigration authorities following immunization; and granting residency rights or visa extensions for migrants in irregular situations.[81]

SPOTLIGHT

To help nations vaccinate the most vulnerable, the **Qatar Red Crescent Society** has launched a $100 million campaign to provide COVID-19 vaccines to refugees, internally displaced people and migrants around the world.

National Societies are also partnering with governments around the world to increase access and reach migrant communities; such collaboration and partnerships with trusted local organizations should continue and increase.

SPOTLIGHT

The **British Red Cross** (BRC) launched its Vaccination Community Outreach programme in February 2021, targeted at excluded migrant communities such as new refugees, people going through the asylum process (including those refused asylum) and undocumented migrants. It is based on five pillars:

1. **Increasing Access** - Getting people into the healthcare system by registering them with a doctor and alerting people when pop-up or targeted vaccination centres are available nearby.
2. **Providing factual, accessible information on the vaccine** - Creating resources and facts on the vaccine in a range of languages accessible via the BRC Vaccine Hub. With its partner, Doctors of the World, BRC created targeted information for excluded migrants.
3. **Increasing confidence in the vaccine by facilitating safe spaces for information and discussion** - Providing online vaccine information workshops with digital support (data top up for people to access workshops from mobile phones) in multiple languages and face to face when safe to do so.
4. **Support to mobile vaccination, targeted and pop-up sites for excluded people** - including initial asylum accommodation and homeless shelters - Being more creative and taking the vaccine to excluded groups who might not come forward. BRC teams have been out in asylum accommodation and community-based locations to support vaccinations with language support.
5. **Systems outreach** - using insight from a community outreach approach to inform advocacy and influencing work in the health inequality space - Engaging across the government and migrant sector to share what works and advocate for approaches that address longer-term health inequalities amongst excluded migrant groups

As of mid-June, BRC has directly supported approximately 1200 excluded migrants to access the vaccine who otherwise would have faced significant barriers. BRC has provided 17 vaccination information sessions, reaching a further 300 people in eight languages. BRC has also secured government funding for a vaccine hesitancy insight project.

Credit: Samoa Red Cross Society

Staff and volunteers from the Samoa Red Cross Society support COVID-19 vaccinations with local communities, including migrants.

SPOTLIGHT

When the State of Emergency for the COVID-19 pandemic was enacted by the government in March 2020, **Samoa Red Cross Society** (SRCS) activated its Disaster Management plan in accordance with the country's disaster response law. SRCS' mandated roles and responsibilities apply (e.g. lead agency in First Aid and support in community-based public health; ambulance and transport service; counselling and support; relief, food and water; and others). Supporting COVID-19 vaccinations is within its mandate. SRCS is also a member of the Samoa National Coordination Committee, established by the government to plan and monitor the vaccination rollout, which began in April 2020.

SRCS Leadership raised critical issues with the national Disaster Advisory Committee early in the planning phase, emphasizing the importance of ensuring health and care services are provided to all people regardless of status and highlighting the National Society's neutral status and trusted relationships with local communities.

At every vaccination site, there is a SRCS First Aid team on standby to respond to any serious reactions or potential emergency. National Society volunteers join teams of nurses and Ministry of Health staff and are assigned to provide first aid and care to people receiving the vaccines, including during the waiting period, at vaccination centres. Over forty volunteers are allocated to vaccination sites, including mobile teams going to households to encourage people to be vaccinated. The main barriers to vaccines for migrants recorded by volunteers include: language; misinformation on social media platforms changing migrants' perceptions of the health risks and benefits linked to vaccination; limited awareness of the free vaccination campaign; cultural and religious beliefs; status within the community and country preventing people seeking care. SRCS works to address these barriers and ensure migrants can effectively access vaccines. Its programme targets all people (including migrants) without discrimination to reduce health risks and provide care.

Conclusion and Recommendations

COVID-19 vaccine access should not be determined by legal status. While many governments did not initially include migrants in their national responses at the outset of the pandemic, the situation is improving and positive policy shifts are increasing. It is important to continue to do better for the safety and protection of everyone.

Policy must translate into practice. Ensuring everyone has access to COVID-19 vaccines is not just the *right* thing to do, from a moral and humanitarian perspective, it is also the *smart* thing to do, from a health and socio-economic perspective.

States and civil society must work together in partnership with migrants and their communities, seeking and listening to their advice and guidance on how to address barriers, tailor approaches and communicate effectively to promote and facilitate access to COVID-19 vaccines.

Based on the global review presented herein and on the insights from and experiences shared by National Societies operating on the ground with migrants and host communities, it is recommended that states work with local partners to:

1. Provide safe and equitable access to COVID-19 vaccination for all migrants, irrespective of status and without discrimination; ideally free of charge for everyone.

2. Understand informal and formal access barriers at the local level, adopt measures to overcome these barriers, and establish procedures that facilitate equitable access to vaccination for migrants, including undocumented migrants. This includes developing alternative registration options, increasing flexibility of registration requirements and creating safeguards to ensure that information provided to healthcare providers during vaccination is not shared with or used for immigration enforcement.

3. Invest in and provide targeted outreach and public health messaging and information on COVID-19 vaccinations to migrants in accessible channels, languages and formats, including through digital, online and face-to-face and fixed and mobile initiatives.

4. Undertake further research on vaccine hesitancy among migrant communities to inform and design strategies to counter reservations and increase vaccine uptake.

5. Prioritize the most vulnerable, based on needs and levels of risk to COVID-19, not on migration or legal status.

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The Fundamental Principles of the International Red Cross and Red Crescent Movement

Humanity The International Red Cross and Red Crescent Movement, born of a desire to bring assistance without discrimination to the wounded on the battlefield, endeavours, in its international and national capacity, to prevent and alleviate human suffering wherever it may be found. Its purpose is to protect life and health and to ensure respect for the human being. It promotes mutual understanding, friendship, cooperation and lasting peace amongst all peoples.

Impartiality It makes no discrimination as to nationality, race, religious beliefs, class or political opinions. It endeavours to relieve the suffering of individuals, being guided solely by their needs, and to give priority to the most urgent cases of distress.

Neutrality In order to enjoy the confidence of all, the Movement may not take sides in hostilities or engage at any time in controversies of a political, racial, religious or ideological nature.

Independence The Movement is independent. The National Societies, while auxiliaries in the humanitarian services of their governments and subject to the laws of their respective countries, must always maintain their autonomy so that they may be able at all times to act in accordance with the principles of the Movement.

Voluntary service It is a voluntary relief movement not prompted in any manner by desire for gain.

Unity There can be only one Red Cross or Red Crescent Society in any one country. It must be open to all. It must carry on its humanitarian work throughout its territory.

Universality The International Red Cross and Red Crescent Movement, in which all societies have equal status and share equal responsibilities and duties in helping each other, is worldwide.

None of us is safe until all of us are safe.