

No one is safe until everyone is safe.



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for every child

SITUATION

272,000,000

Migrants globally, including 30million refugees.

43%

Of countries *pre-pandemic* providing all migrants access to health services.

50%

UNICEF Country Offices reporting a decline in refugees and displaced people able to access healthcare during the pandemic.

BACKGROUND

A new year has begun, yet the COVID-19 pandemic rages on. But we have reason to hope; vaccines are here and with them, the promise to bring the pandemic under control.

However, if we do not ensure an equitable and inclusive vaccine roll-out, we risk undermining any attempt at a fast, fair and future-proof recovery.

The COVID-19 virus does not discriminate, and within a country as well as between nations: no one is safe until everyone is safe. Yet we are witnessing a large-scale exclusion of migrant and displaced people from COVID-19 vaccines. This must end now.

This paper calls on governments to take four critical steps to overturn this trend. And it clearly sets out why this is both the right thing and the smart thing to do.

HOW TO ENSURE A MIGRANT AND REFUGEE INCLUSIVE COVID-19 VACCINE ROLL-OUT

1. **To contain the pandemic, governments must ensure that no one is left behind in their national COVID-19 vaccination plans and strategies.** This means giving everyone in a country, including refugees, asylum seekers, internally displaced people, and migrants equitable access to COVID-19 vaccines.
2. **Public health considerations need to be the first criteria when allocating vaccines, not migration status or nationality.**
 - a. The same public health considerations (e.g. pre-existing conditions, certain age groups or professions) should apply to everyone – citizens and non-nationals alike. The virus does not discriminate, and neither should we.
 - b. Specifically, COVAX National Deployment and Vaccination Plans (NDVPS) should clearly stipulate that migrant and displaced populations, independent of status, are included according to national vulnerability and priority criteria to avoid any ambiguity.
3. **The delivery of inclusive vaccine plans and strategies requires addressing pre-pandemic barriers to healthcare access. True equity is only possible if these barriers are overcome.**
 - a. Inclusive outreach and communication campaigns, which consider linguistic and cultural barriers, are required to counter misinformation and build trust and understanding of national vaccination plans among migrant and displaced populations.
 - b. Migrant and displaced populations need to be confident that accessing healthcare or vaccinations will not expose them to detection and deportation. Firewalls must be in place between healthcare providers and immigration authorities.

INCLUDING MIGRANTS AND DISPLACED PEOPLE IS BOTH THE RIGHT AND THE SMART THING TO DO.

Inclusive vaccine strategies are essential to reduce the death and disease burden of COVID-19. In many countries, asylum seekers, refugees, internally displaced people and vulnerable migrants live in crowded conditions – for example, in informal urban settlement, company housing, reception centers, camps, host communities or immigration detention. This often means they are unable to physically distance; lack access to basic hand hygiene; or face legal and practical barriers to health services, including testing, which places them and their communities at heightened risk of infection.

Meaningful and inclusive socio-economic recovery requires that migrant, refugee and internally displaced people are included in national COVID-19 recovery plans. Apart from public health considerations, there are strong economic incentives to act: millions of migrants and displaced people are part of the solution and at the frontline of the COVID-19 response, contributing to keeping essential sectors such as healthcare, social services, transportation and agriculture up and running. Not only do they contribute to keeping economies going in their host country, but they are also supporting 800 million family members with the remittances.

Exclusion will have long-term consequences for social cohesion and stability. Excluding migrants and displaced persons from vaccines not only presents an immediate health risk for communities, it also fuels xenophobia and stigma that could unleash violence and further exclusion from services.

All children *in* a country, not *of* a country, have the right to the highest attainable standard of health – and so do their families: inclusion is both a right and a moral obligation. The extensive contribution of migrants and refugees throughout this pandemic only serves to underscore this obligation – from leading the development of vaccines, to keeping food on our tables and serving on the frontline of the health emergency.

Although not yet eligible for the vaccines, COVID-19 is a child rights crisis so we must bring it to an end as quickly as possible. The pandemic is driving a child survival disaster, with the children at greatest risk of hunger and disease seeing their already fragile health and food systems buckle under the strain of the pandemic. An inclusive vaccine roll-out is critical to overcoming this crisis.



UNICEF'S EFFORTS TO ACCELERATE AN EQUITABLE ROLL-OUT OF COVID-19 VACCINES

UNICEF is playing a key role in efforts deliver an equitable global supply of COVID-19 vaccines.

- UNICEF is leading efforts to procure and supply COVID-19 vaccines for 190 participating economies on behalf of the COVAX Facility.
- As well as leading the procurement and supply of COVID-19 vaccines, UNICEF, together with WHO and other partners, is co-leading global efforts to ensure countries are ready to introduce and deploy the vaccine as soon as it becomes available. This includes helping countries to strengthen their cold and supply chains, training health workers, and working with communities in addressing misinformation and building trust in vaccines and in the health systems that deliver lifesaving vaccines.
- It also means helping governments identify high-risk migrants and displaced people to be included in National Deployment and Vaccination Plans.

Equitable and fair access to safe and affordable COVID-19 vaccines requires that

1. Low-and middle-income countries have access to COVID-19 vaccines, in sufficient quantities and at affordable prices.
2. National governments are supported (technically and financially) to prepare and enhance their health systems for this historic vaccine roll out.
3. Healthcare workers are vaccinated, equipped, prepared and informed (including with resources and facilities for hand hygiene and other infection prevention measures) to undertake the vaccine roll out safely.
4. Priority groups and those who serve them are vaccinated as soon as possible after healthcare workers. This includes teachers, child protection and social workers, other essential workers and groups who can help children and communities get back to normal.
5. Marginalized and vulnerable communities and populations, who are part of priority groups for vaccination must have equitable access to COVID-19 immunization services. This includes migrants, refugees, internally displaced people and populations affected by humanitarian crises.
6. We place people at the heart of COVID-19 vaccine communications and demand strategies, focusing on building trust and confidence and preventing any knock-on effects for routine immunization.

The **COVAX Humanitarian Buffer is a last resort** to ensure humanitarian populations not covered by national plans or strategies, be it through COVAX or other COVID-19 vaccination schemes, have access to vaccines – with a focus on populations that are living in area with no effective Government control for example. This is not an alternative for inclusion or equity.

ADDITIONAL RESOURCES

- [WHO and UNICEF guidance on developing a national deployment and vaccination plan for COVID-19 vaccines, 2020.](#)
- [WHO SAGE Roadmap for Prioritizing Uses Of COVID-19 Vaccines in The Context Of Limited Supply.](#)
- [WHO SAGE values framework for the allocation and prioritization of COVID-19 vaccination.](#)

FOR MORE INFORMATION

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