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REFUGEES AND COVID VACCINATIONS: PART OF THE SOLUTION BUT NOT ALWAYS PART OF THE PLAN

Nowras Rahhal, a 27 year-old refugee and scientist, who fled the war in Syria two years ago, has made a major contribution to the goal of vaccinating the world against COVID-19. Last year, he was part of a team in Germany that developed a procedure allowing a COVID-19 vaccine to be applied to the skin, rather than injected into muscle.¹ This is a technique which requires a far smaller dose per person. Consequently, if validated and scaled up, it could significantly increase vaccination rates - allowing many more people around the world to benefit from vaccines at a much faster rate than is currently the case.

Meanwhile, in various countries around the world, refugees' access to vaccines has been delayed and hampered by different obstacles, including uncertainty about eligibility. These challenges reflect the same barriers that refugees routinely face in accessing national health care systems. In meeting the unprecedented challenge of fighting the COVID-19 pandemic, governments must not just fully integrate marginalized groups, including refugees, asylum seekers and migrants, in their vaccinations plans, but must do so effectively so that such groups are not discriminated against based on their migration status.

LEFT OUT OF THE PLAN

As of April 2021, 153 countries had developed national COVID-19 vaccination strategies which include refugees in their plans, according to UNHCR.² But few plans specify practical arrangements as to how refugees will be vaccinated.

Jordan, which hosts more than 750,000 refugees, and Rwanda, where 138,000 refugees live, have showed the way by vaccinating refugees, alongside their nationals, from the outset earlier this year.³ Other countries such as Bangladesh, where 800,000 Rohingya refugees have sought safety, and Uganda, hosting 1.4 million refugees, announced that they will vaccinate refugees, but are still to provide details on how they will actually achieve this.⁴

By contrast, Colombia initially sought to explicitly exclude refugees. In December 2020, the President of Colombia announced that the 983,000 Venezuelans without a regular migration status – out of the 1.7 million living in the country – would be excluded from vaccination, triggering international outcry.⁵ Later, in February 2021, the government backtracked, announcing that it will grant temporary protection status to Venezuelans who can prove they entered the country before 31 January 2021, allowing them to access the health system and vaccination.⁶ Yet, it may take months for refugees to formalize their new status, further postponing vaccination, whilst others who cannot prove they entered the country before 31 January 2021, and remain undocumented, will still be left out.⁷ As Colombia started vaccination roll-out in late February, the government did not specify whether it will carry out vaccinations of refugees alone or if it will request

¹ Reuters, *From Syria to COVID-19 frontline, stateless scientist sets sight on vaccine*, 25 November 2020, available at: <https://www.reuters.com/article/us-syria-stateless-health-coronavirus-idUSKBN2850JU>

² UNHCR, *UNHCR calls for equitable access to COVID-19 vaccines for refugees*, 7 April 2021, available at: <https://www.unhcr.org/news/press/2021/4/606d56564/unhcr-calls-equitable-access-covid-19-vaccines-refugees.html>

³ UNHCR, *Refugees receive COVID-19 vaccinations in Jordan*, 14 January 2021, available at: <https://www.unhcr.org/news/press/2021/1/5fffe614/refugees-receive-covid-19-vaccinations-jordan.htm>

⁴ WHO, *Rohingyas Crisis Sitrep#3*, 16 February 2021, available at: <https://reliefweb.int/sites/reliefweb.int/files/resources/who-cxb-situation-report-3.pdf>; Chimp reports, *Refugees to get COVID-19 vaccination*, 12 March 2021, available at: <https://chimpreports.com/refugees-to-get-covid-19-vaccination-museveni/>

⁵ France 24, *Colombia asks for help vaccinating Venezuelan migrants*, 3 February 2021, available at: <https://www.france24.com/en/live-news/20210203-colombia-asks-for-help-vaccinating-venezuelan-migrants>

⁶ The New Humanitarian, *Vaccines may elude Venezuelan migrants in Colombia*, 10 March 2021, available at: <https://www.thenewhumanitarian.org/news-feature/2021/3/10/covid-19-vaccines-may-elude-venezuelan-migrants-in-colombia>

⁷ Amnesty International, *Vaccines in the Americas, ten human rights musts to ensure health for all*, (Index: AMR013/7972/2021), 25 March 2021, available at: <https://www.amnesty.org/en/documents/amr013/7972/2021/en/>

humanitarian organizations' support, nor did it release information on the registration process. Colombia's example shows that even when a country's vaccination plan says that refugees will be included, uncertainty and loopholes can remain.

Countries may also decide to deliberately delay vaccination of refugees and asylum seekers as Greece, where 120,000 live, did. In late March 2021, the Greek government announced that it will only start vaccinating refugees in camps in May, more than four months after it started vaccinating its own population. The Greek health Minister said that there was "no reason" to do it earlier as refugees in camps "do not fall into a special category", and that 11 older refugees who were eligible refused to be vaccinated.⁸ Yet, refugees also fall into priority groups based on medical conditions and other factors. Refugees often have limited access to health care and are more likely to suffer from chronic diseases, which can increase the risk of co-morbidity,⁹ and the European Union Commission has established a list of priority groups to be vaccinated, including people who cannot socially distance and who are socio-economically disadvantaged, as is the case for many refugees.

In other countries, even though refugees are included in vaccination plans, their access to vaccines is hampered by various barriers. For instance, in Lebanon, data shows that Syrian and Palestinian refugees are not registering or receiving vaccines at the same rate as Lebanese nationals. Syrian refugees amount for 1.9% of vaccine registration and 0.5% of vaccination, even though they make up more than 20% of the population in Lebanon.¹⁰

A RIGHT NOT AN OPTION

According to international law which is binding on the vast majority of states, each state must safeguard the right to life, and fulfill the right to health.¹¹ States must abide by the principles of non-discrimination in enjoyment of all rights and equal treatment of all, including refugees and migrants, which is guaranteed by customary law. Therefore, States are obliged to ensure equitable access to vaccines to foreign nationals they host, regardless of their nationality and migration status. This is further reinforced by UN Security Council Resolution 2565 passed in April 2021 calling for vaccination plans to include the "most vulnerable", including "refugees, internally displaced people, stateless people" and migrants.¹² In a similar vein, the World Health Organization (WHO) has urged states to ensure they fully abide by their human rights obligations including non-discrimination with a specific focus on marginalized, at-risk groups.¹³

Vaccinating marginalized groups is not only a legal and moral imperative, but also a medical necessity. At least 70% of a population must have acquired immunity in order to significantly slow the progression of a virus, according to public health experts.¹⁴ Therefore, it is in a host country's own interest to maximise vaccinations amongst the whole population including all foreign nationals living on its soil. In addition, certain marginalised groups, such as refugees and migrants, can be at heightened risk of contagion because of their socio-economic circumstances resulting in difficulty in observing social distancing and strict hygiene measures.

OVERCOMING OBSTACLES

As the vast majority of the world's refugees live in developing countries, their access to vaccines is further compounded given the global inequality in the supply of vaccines.¹⁵ In order to support countries which cannot afford vaccines for their entire population and to ensure equitable allocation of vaccines, the World Health Organization (WHO) established a global procurement mechanism, called COVAX.¹⁶ The COVAX Facility has started distributing doses in order to progressively cover each countries' population based on priority. For instance, in early March, Colombia received doses

⁸ Info Migrants, *Greece: Migrants in camps to be vaccinated in May*, 30 March 2021, available at:

<https://www.infomigrants.net/fr/post/31199/greece-migrants-in-camps-to-be-vaccinated-in-may>

⁹ WHO, *Refugee and migrant health*, available at: <https://www.who.int/migrants/en/>; Organisation for Economic Cooperation and Development, *What is the impact of the COVID-19 pandemic on immigrants and their children?* 19 October 2020, available at:

<https://www.oecd.org/coronavirus/policy-responses/what-is-the-impact-of-the-covid-19-pandemic-on-immigrants-and-their-children-e7cbb7de/>

¹⁰ Government of Lebanon data platform, available at: <https://impact.cib.gov.lb/home/dashboard/vaccine>

¹¹ Article 25.1 of Universal Declaration on Human Rights to which all UN member states are bound to, Article 12.1 of the International Covenant on Economic, Social and Cultural Rights to which 171 states are party.

¹² United Nations Security Council Resolution 2565 (2021) S/RES/2565 (2021), 26 February 2021, available at: <https://documents-dds-ny.un.org/doc/UNDOC/GEN/N21/053/90/PDF/N2105390.pdf?OpenElement>

¹³ WHO, *WHO Concept for fair access and equitable allocation of COVID-19 health products*, September 2020, available at: <https://www.who.int/docs/default-source/coronaviruse/who-covid19-vaccine-allocation-final-working-version-9sept.pdf>

¹⁴ Johns Hopkins Bloomberg School of Public Health, *What is Herd Immunity and How Can We Achieve It With COVID-19?* 6 April 2021, available at: <https://www.jhsph.edu/covid-19/articles/achieving-herd-immunity-with-covid19.html>

¹⁵ UNHCR, *UNHCR calls for equitable access to COVID-19 vaccines for refugees*, 7 April 2021, available at:

<https://www.unhcr.org/news/press/2021/4/606d56564/unhcr-calls-equitable-access-covid-19-vaccines-refugees.html>

¹⁶ GAVI, *COVAX explained*, 3 September 2020, available at: <https://www.gavi.org/vaccineswork/covax-explained>

from the COVAX Facility. However, COVAX remains significantly under-resourced, hampering its ability to deliver vaccines swiftly to where they are vitally needed. The CEO of the Gavi alliance that manages the COVAX Facility said that the alliance needs three billion dollars in order to increase vaccine supply.¹⁷ Furthermore, there is no guarantee that refugees will benefit from some of these doses that are made available as states can allocate them as they wish, even though under human rights law refugees are entitled to them under the same conditions as nationals.

Hence, once States have received doses and are ready to proceed with vaccination, they need to address specific challenges to ensure that refugees can access them.

Various obstacles prevent refugees from getting vaccines. First of all, even though identification documents are not necessary to register, the lack of regular migration status may complicate or deter registration. In Lebanon for instance, refugees told Amnesty International that it has been a major obstacle. Doctor Feras, a 35-year old doctor from Syria who operates a mobile clinic providing medical care to Syrian refugees in western Lebanon, meets priority criteria as a medical staff member and should have been vaccinated alongside Lebanese health workers. But he has not been because he has no regular documents and the NGO he works for is not legally registered, he explained. This means that Doctor Feras is not recognized as a doctor by Lebanese authorities and thus not eligible for priority vaccination. “If we complain to authorities, they will know that we are working illegally and we will have problems,” Doctor Feras said. This issue of migration status denying him the vaccine continues to put him at additional risk while doing his work, as he has noticed an increase in infection these past weeks in refugee camps.

In other countries, other refugees also lacking regular documents fear that they might be arrested or even deported as the government runs the registration. Abu Zein*, a 55-year old Syrian man, who lives in Drama refugee camp in Greece, says he does not want to be vaccinated. “I’m afraid to go to government places and ask for vaccine because I’m a refugee and [government] employees might not like me. They may look into my file and may deport me to my country, which is not safe,” Abu Zein said.

Even if they are willing to register for a vaccination, in Lebanon for instance, refugees need to have access to the internet for online registration, which can be a significant challenge where they do not have access to a smartphone and/or internet coverage.

Another key challenge that may be preventing refugees from registering for vaccinations is lack of information and trust. First, refugees need to be aware that they are eligible for vaccination and know about the registration process and the next steps. This requires a pro-active information campaign, in a language that refugees understand. UNHCR has provided information, but coverage has been varied and refugees who are not registered with UNHCR and/or live in informal settlements have been left out.

Second, many refugees lack access to reliable information on vaccines and on their effects. Whether on social media or through word of mouth, rumors and disinformation have been spreading, fueling suspicion. Several refugees Amnesty spoke to in various countries said that it was the main reason deterring them from getting vaccinated, even when they were aware that they were eligible. “I am not sure I want to get the vaccine now. There is no information available about it. (...) I am also scared because the information we hear from social media is that some people died after taking the vaccine,” said Nyadut*, 24 year-old South Sudanese refugee living in Kakuma camp, in North East Kenya.

WHAT STATES SHOULD DO

It is essential that host countries, donors, humanitarian agencies and NGOs work together to design gender-sensitive outreach campaigns and activities in order to provide information about availability of vaccines for refugees, eligibility and registration modalities as well as credible information about effects of vaccines to combat misinformation.

“If we knew more about the vaccine, what is in it and how it works, we would be more convinced about it. Authorities should do a campaign on vaccines so that we are more comfortable to register and get vaccinated,” said Um Hassan, a Syrian community leader in a camp in northern Lebanon.

In order to guarantee fair access to vaccines for all marginalized people, regardless of their legal status, Amnesty International is calling on all States to include them in their vaccination plans, without discrimination, ensuring effective access to vaccination based on the same criteria as nationals, and provide details on operationalization including clear

¹⁷ Reuters, *Global COVID-19 supply “incredibly tight”, Covax needs fund, Gavi*, 15 April 2021, available at: <https://www.reuters.com/business/healthcare-pharmaceuticals/global-covid-19-vaccine-supply-incredibly-tight-covax-needs-funds-gavi-2021-04-15/>

targets for roll out, and how direct and indirect barriers will be addressed.¹⁸ States must explicitly guarantee that vaccination will not be linked to legal status including ensuring that personal data gathered by medical and humanitarian providers for vaccination purposes will not be shared with law-enforcement agencies and used for immigration enforcement.

Beyond the pandemic, the challenges of vaccinating marginalized groups such as refugees demonstrates the clear need for them to be fully integrated in their host country's health system, allowing them to enjoy their right to the highest attainable standard of health.

* Names have been changed in order to protect identity.

¹⁸ Amnesty International, *A fair shot: ensuring universal access to COVID-19 diagnostics, treatments and vaccines*, 8 December 2020, index number POL 30/3409/2020, available at: <https://www.amnesty.org/en/documents/pol30/3409/2020/en/>