

International and regional guidance on COVID-19 vaccination and undocumented people

International or Regional Body:

World Health Organisation

Publication:

[Refugees and migrants in times of COVID-19: mapping trends of public health and migration policies and practices](#) (17 June 2021)

Guidance or Recommendation regarding Undocumented People:

“According to this international normative framework [WHO Constitution, ICESCR and other international human rights treaties and the Global Compact on Safe, Orderly and Regular Migration], all refugees, migrants and asylum seekers should benefit from the right to health in the host State. The State’s obligations are not dependent on the legal status of an individual and should be performed in a non-discriminatory, barrier-free manner ensuring the highest attainable level of health. **In the context of COVID-19, all refugees, migrants and asylum seekers, therefore, have the right to access all relevant health-care services, such as testing, diagnostics, care and treatment, referral and the COVID-19 vaccination once it becomes available.**”

“There is always a high risk that the most vulnerable groups of society, such as refugees, asylum seekers and undocumented migrants, will be left at the back of the queue, even if they are not technically excluded. States are, however, legally bound to respect and ensure respect for the right of all people to enjoy the highest attainable level of health in a non-discriminatory manner. **Refugees, migrants and asylum seekers have, therefore the same right to the COVID-19 vaccine as any other individuals.**”

International or Regional Body:

World Health Organisation

Publication:

[WHO SAGE Roadmap For Prioritizing Uses Of COVID-19 Vaccines In The Context Of Limited Supply](#) (13 November 2020)

Guidance or Recommendation regarding Undocumented People:

Priority groups: Stage II (limited vaccine availability, for 11-20% nat. pop.):

“...Sociodemographic groups at *significantly higher risk* of severe disease or death (depending on the country context, examples may include: disadvantaged or persecuted ethnic, racial, gender, and religious groups and sexual minorities; people with disabilities; **people living in extreme poverty, homeless and those living in informal settlements or urban slums; low-income**

migrant workers; refugees, internally displaced persons, asylum seekers, populations in conflict settings or those affected by humanitarian emergencies, vulnerable migrants in irregular situations; nomadic populations; and hard to reach population groups, such as those living in remote areas).

International or Regional Body:

World Health Organisation

Publication:

[Guidance on developing a national deployment and vaccination plan for COVID-19 vaccines](#) (1 June 2021)

Guidance or Recommendation regarding Undocumented People:

“Introduction of a COVID-19 vaccination will require and allow opportunities to coordinate and collaborate across programmes, such as health emergencies, surveillance, PHC, noncommunicable diseases, programmes for health workers, migrants and older people, social services, training and academic institutions, overall health service delivery platform and health system, etc., and different sectors, e.g., finance, water, sanitation and hygiene, social welfare, pension service, education, transport, energy etc.”

“Striving for equity in vaccine access should be a guiding principle for all countries to adequately protect groups experiencing greater burden from COVID-19 disease irrespective of legal status including refugees, asylum seekers, internally displaced persons (IDPs), migrants, stateless persons, as well as people living in areas under the control of any non-state armed group.”

“The ‘first resort’ for all high-risk groups, irrespective of legal or migratory status, is their inclusion in the NDVPs and in their implementation. The humanitarian buffer is designed as a mechanism of ‘last resort’ only to be called upon where there are unavoidable gaps in coverage.”

“Target population: ... Disadvantaged sociodemographic groups such as low-income migrant workers, refugees, IDPs, asylum seekers, stateless persons, populations in conflict, emergency and humanitarian settings and vulnerable migrants including irregular migrants”

“Systemic disadvantage associated with racism and among other disadvantaged and marginalised groups, such as minorities, indigenous peoples, women, persons in detention and living in institutionalised settings, stateless people, people in extreme poverty, the food insecure refugees, IDPs, stateless persons, asylum seekers and vulnerable migrants including irregular migrants, is also associated with disproportionate pandemic risk.”

“Promoting equity at national level and health system inclusiveness requires addressing higher rates of COVID-19 related severe illness and mortality among such systematically disadvantaged or marginalised groups. Examples of specific considerations include but are not limited to gender, race, socioeconomic status, minorities, indigenous peoples, women, persons in detention and living in institutionalised settings, older people, stateless people, people in extreme poverty, people living with pre-existing medical conditions, residents in long-term care facilities, those living in informal settlements or urban slums, sexual minorities, people living with disabilities, low-income migrant workers, migrants in irregular situation, people object of trafficking, refugees, stateless persons, internally displaced or nomadic persons, homeless persons, asylum seekers, marginalised ethnic groups, populations in conflict settings or those

affected by humanitarian emergencies, and other hard-to-reach population groups and specific populations as relevant in the context. **Countries will need to develop immunization delivery systems and the required infrastructure to ensure equitable access to COVID-19 vaccines for these vulnerable populations.**"

International or Regional Body:

UNICEF

Publication:

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

Guidance or Recommendation regarding Undocumented People:

"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."**

International or Regional Body:

International Organisation for Migration

Publication:

[MIGRANT INCLUSION IN COVID-19 VACCINATION CAMPAIGNS: IOM Country Office Review](#) (updated 17 May 2021)

[Press Release](#) (18 May 2021)

Guidance or Recommendation regarding Undocumented People:

“Migrant Inclusion: Seven Main Barriers Identified

1. Administrative/policy barriers: a. In some countries, certain laws and regulations simply/open bar some categories of migrants from having access to public health services. The COVID-19 vaccines are in some cases reserved for nationals, especially given the current limited supply. b. Specific documents are often required, creating a spectrum of barriers that can be categorized from low to high: LOW – some countries will accept *any form ID*, valid or not, expired or not, and from anywhere, only to verify the identity; MEDIUM: other countries require *specific types* of documents (e.g., residence permit, host country insurance cards), which constitutes a higher barrier, but those documents are accepted even if expired; HIGH: other countries require specific types of documents that are *still valid/have not expired*. c. Blurry or absence of firewall between health and immigration authorities: In some countries, health workers are required to report to immigration authorities migrants in irregular situation attempting to access health services, which leads to fear of arrest/deportation. d. Registration through dedicated (online) systems are often required prior to vaccination, which can be confusing, and which often also imply other barriers (technological requirements, language barriers, fear of tracking tools that may lead to arrest or deportation....)

2. Financial barriers: While the vaccine is free in many countries for people registered in national health insurance plans for example, in some countries there is a lack of clarity whether there is a cost/fee for people who are not enrolled in such schemes.

3. Technical barriers: Lack of internet connectivity is reported as a barrier in countries where vaccine bookings have to be made online.

4. Informational barriers and mistrust: a. In some countries, a lack of outreach and reliable information targeting migrants is reported, contributing to reducing trust, and vaccine hesitancy is reported to be high among migrant populations in some countries. B. In others, linguistic and cultural barriers are listed as among major concerns for migrant participation/access leading to dis- and misinformation.

5. Barriers linked to overall lack of vaccine availability: a. The overall limited supply of doses across the world continues to make it difficult *de facto* for many people to have access to vaccinations, including nationals, but this affects particularly marginalised communities, for example migrants in irregular situations. b. One country reported that vaccines approved by the national Government and vaccines approved by the COVAX facility are not aligned which complicates the supply situation. c. Government made a choice not to carry out a COVID-19 vaccination campaign. d. Complex ongoing crisis limits the country's ability to focus on COVID-19 vaccination campaign.

6. Logistical hurdles for delivery, continued mobility of people: Logistical hurdles make it difficult to deliver vaccines in some countries. Also, continued mobility is reported as a major challenge for the administering the second dose. The concern is particularly prevalent in emergency contexts where there is a high number of IDPs.

7. Effects of xenophobia and discrimination: Two countries reported this as a barrier.

International or Regional Body:

Council of Europe – Committee on Bioethics

Publication:

[COVID-19 and vaccines: Ensuring equitable access to vaccination during the current and future pandemics](#) (22 January 2021)

Guidance or Recommendation regarding Undocumented People:

“Access to vaccination services should be tailored to the needs of persons in vulnerable situations having difficulties in accessing health services. These include: persons with physical disabilities; persons with mental health problems; persons with learning disabilities; persons belonging to minorities; persons experiencing homelessness; persons living in poverty; persons with addiction; persons with low literacy levels; persons deprived of their liberty; low-income migrant workers; and persons without residence or with insecure legal status (such as refugees, asylum seekers, and undocumented migrants).”

“Persons without residence or with insecure legal status (e.g., undocumented migrants, asylum seekers, and homeless persons) should not be hindered in their ability to access vaccination. To that end, proactive steps should be taken to remove administrative and other barriers. The provision of vaccines to persons without residence or with insecure legal status should be clearly detached from immigration control, in accordance with the European Commission against Racism and Intolerance General Policy Recommendation No. 16 on safeguarding irregularly present migrants from discrimination.”

International or Regional Body:

Office of the High Commissioner for Human Rights

Publication:

[Joint Guidance Note on Equitable Access to COVID-19 Vaccines for All Migrants](#) (8 March 2021)

[Press release](#) (8 March 2021)

Guidance or Recommendation regarding Undocumented People:

“The UN Committee on Migrant Workers (CMW), the UN Special Rapporteur on the human rights of migrants and the Office of the United Nations High Commissioner for Human Rights (OHCHR), the Special Rapporteur on Refugees, Asylum Seekers, Internally Displaced Persons and Migrant in Africa of the African Commission on Human and Peoples’ Rights, the Special Representative of the Secretary General on Migration and Refugees of the Council of Europe and the Rapporteur on the Rights of Migrants of the Inter-American Commission on Human Rights have already warned that the COVID-19 pandemic is having serious and disproportionate impacts on migrants and their families and recommended to integrate migrants into national COVID-19 prevention and response plans and policies, including by ensuring that the provision of preventative measures is provided in a non-discriminatory manner.”

“The human rights experts that subscribe this document urge States to provide equitable access to COVID-19 vaccination to all migrants regardless of nationality, migration status

or other prohibited ground of discrimination and remind States of their international obligations on the right to health and non-discrimination.”

“The prioritization of vaccines delivery should not exclude anyone on the basis of nationality and migration status.”

“In the context of establishing criteria for vaccines prioritization, attention must be given to those migrants who are most exposed and vulnerable to the SARS-COV-2 due social determinants of health, such as migrants in irregular situations, low-income migrants, migrants living in camps or unsafe conditions, in immigration detention, migrants in transit.”

“Migrants and their families face a range of obstacles in accessing a COVID-19 vaccination, including lack of access to information in a language they understand, costs, and legal, administrative and practical barriers. In the absence of effective firewalls between health and public services and immigration authorities, data collection and information sharing related to COVID-19 vaccinations may also further raise fears among migrants in an irregular situation.”

“All migrants must have access to the vaccine regardless of their nationality and migration status and on an equal basis with nations.”

“In light of all of the above, the UN Committee on the Protection of the Rights of All Migrant Workers and Members of their Families, the UN Special Rapporteur on the human right of migrants, the Office of the United Nations High Commissioner for Human Rights, the Special Rapporteur on Refugees, Asylum seekers, Internally Displaced Persons and Migrants in Africa of the African Commission on Human and Peoples’ Rights, the Special Representative of the Secretary General on Migration and Refugees of the Council of Europe and the Rapporteur on the Rights of Migrants of the Inter-American Commission on Human Rights urge States to:

1. Provide equitable access to COVID-19 vaccination for all migrants and their families on a non-discriminatory basis, regardless of their nationality and migration status.
2. Ensure that vaccine prioritization within countries takes into account the vulnerabilities, risks and needs of those migrants who are most exposed and vulnerable to the SARS-COV-2.
3. Adopt measures to overcome barriers, establish protocols that facilitate equitable access to vaccination for migrants, including those in irregular situations and provide targeted outreach and provision of information among migrants in a language they understand and in formats they can access.
4. Enact firewalls between immigration enforcement and the provision of COVID-19 vaccination, in order to prevent fear or risk of reporting, detention, deportation and other penalties as result of migration status. Vaccine registration should not be used to collect nor share information about migration status. Communication messages and public information campaigns should make clear that migrants in irregular situations will not be penalized or targeted for immigration enforcement when seeking access to COVID-19 vaccination.
5. Avoid rhetoric or terminology that stigmatize and reinforce harmful narratives against migrants that may result in the exclusion of migrants and those in irregular situations from the public health response. Ensure public information and rhetoric regarding public health is inclusive of migrants.
6. Develop coordinated strategies and mechanisms of cooperation and assistance to guarantee universal and equitable access to vaccines for COVID-19 globally, and to take into special consideration those countries which due to economic or financial factors are facing obstacles to get vaccines for their populations, including migrants and their families.”

International or Regional Body:

European Centres for Disease Prevention and Control

Publication:

[Reducing COVID-19 transmission and strengthening vaccine uptake among migrant populations in the EU-EEA](#) (3 June 2021)

Guidance or Recommendation regarding Undocumented People:

“Key messages:

- This report presents evidence on the impact of COVID-19 on migrant populations in EU/EEA countries; risk factors for increased COVID-19 exposure in migrant populations; and considerations for ensuring equitable access to the COVID-19 vaccine for migrant populations.
- While migrant populations across the EU/EEA are extremely heterogeneous, there is evidence that some migrant groups are disproportionately represented in COVID-19 cases, hospitalisations, and deaths.
- Among migrant groups that are disproportionally represented among COVID-19 cases, hospitalisations and deaths, factors that increase their risk of exposure to SARS-CoV-2 include occupational risk, overcrowded accommodation, and lower levels of accessibility to public health services, including public health messaging.
- There is emerging evidence of low COVID-19 vaccination rates in some migrant and ethnic minority groups in the EU/EEA.
- Strategies to reduce transmission and ensure equitable vaccine uptake in migrant populations should include culturally and linguistically tailored and targeted public health messaging, co-designed with affected communities, translated into key migrant languages and effectively disseminated.
- Several COVID-19 outbreaks have been documented in migrant reception and detention centres, and other closed settings. Consideration could be given to measures aimed at decongesting and/or evacuating residents where physical distancing and risk-containment measures cannot be implemented. This would include finding alternatives to quarantining whole camps.
- Consideration needs to be given to ensuring equitable access to and uptake of testing for COVID-19, and for COVID-19 vaccines, particularly in migrants excluded from, or facing barriers to accessing health systems. There is an urgent need to share models of good practice and lessons learned from across the Region.
- For migrants who face barriers and exclusion from mainstream health systems – including undocumented migrants, asylum seekers/refugees, and those residing in camps and detention facilities – mechanisms will be required to ensure they are meaningfully included in national response plans to reduce transmission.
- Consideration should be given to migrants in camps, reception and detention centres, homeless shelters, and other high-risk congregate settings when deciding on priority groups for COVID-19 vaccination. In the community, migrants should be better considered within national priority groups for vaccination, which will require a range of specific

community-based approaches to improve trust, counter misinformation, and strengthen uptake.

- Improved data collection and surveillance on COVID-19 outcomes, testing, and vaccination uptake in migrant populations, with data sharing across the region, is needed to support the development of strategies to reduce transmission and improve vaccine uptake.”

International or Regional Body:

European Commission

Publication:

[Commission Communication, Preparedness for COVID-19 vaccination strategies and vaccine deployment](#) (15 Oct 2020)

Guidance or Recommendation regarding Undocumented People:

“When effective and safe vaccines against COVID-19 will become available, the immediate stages of delivery will depend on the availability of production capacities. Member States will need to make decisions on which groups should have priority access to the COVID-19 vaccines so as to save as many lives possible. These decisions should be driven by two criteria: to protect the most vulnerable groups and individuals, and to slow down and eventually stop the spread of the disease.”

“Priority Groups to Consider by Member States”: ... communities unable to physically distance (e.g., dormitories, prisons, refugee camps) ... vulnerable socioeconomic groups and other groups at higher risks (e.g., socially deprived communities to be defined according to national circumstances) ...”

International or Regional Body:

EU Agency for Fundamental Rights

Publication:

[CORONAVIRUS PANDEMIC IN THE EU – FUNDAMENTAL RIGHTS IMPLICATIONS: VACCINE ROLLOUT AND EQUALITY OF ACCESS IN THE EU](#) (May 2021)

Guidance or Recommendation regarding Undocumented People:

“In view of the shortage of vaccines, governments prioritise certain population groups to minimise death and severe illness, to reduce the pressure on national healthcare systems and the overall transmission of the virus. Prioritising vaccinations is based on medical expertise, but it is important to ensure equitable access to vaccination to avoid any discrimination in access to healthcare. In this regard, vaccine deployment should also take into account – besides age – the particular vulnerabilities of certain population groups, such as people with disabilities, people deprived of their liberty and unable to physically distance because of where they live (e.g., prisons or detention facilities for migrants)

International or Regional Body:

Office of the High Commissioner for Human Rights

Publication:

[Migrants: Guidance on equitable access to COVID-19 vaccines](#) (8 March 2021)

Guidance or Recommendation regarding Undocumented People:

“All migrants should be included in COVID-19 vaccination programmes regardless of their nationality and migration status [...]. [...] vaccine registration should not be used to collect information about an individual’s migration status and shared with immigration enforcement authorities.”

International or Regional Body:

Office of the High Commissioner for Human Rights

Publication:

[COVID-19: Equitable vaccine access for all, including migrants, is crucial say UN Special Rapporteurs](#) (22 January 2021)

Guidance or Recommendation regarding Undocumented People:

“UN human rights experts [Special Rapporteur on the human rights of migrants and Special Rapporteur on the right to health] called today on States to ensure migrants are included in national COVID-19 vaccination programmes, which must offer equitable access for all.”

“The experts said it is critical that migrants, regardless of migration status, are included in all stages of public health responses, including national vaccination programmes.”

“The UN experts said that all States should increase vaccination coverage among the most vulnerable, including those who belong to socially disadvantaged groups, such as migrants. ‘States should double their efforts to overcome administrative and practical obstacles and establish protocols that facilitate equitable access to vaccines for migrants, including those in irregular situations,’ they said.”

Additional Sources

[COVID-19 and migrant and refugee health: A pointer to system competence in future pandemic preparedness](#) – *The Lancet*, 29 May 2021

[Health and migration: Will migrants share the road to recovery from COVID-19?](#) - *The Lancet*, 04 June 2021

[On COVID vaccinations for refugees, will the world live up to its promises?](#) - *The New Humanitarian*, 8 June 2021

[Locked down and left out? Why access to basic services for migrants is critical to our COVID-19 response and recovery](#) - Red Cross Red Crescent Global Migration Lab, 2021

[Least Protected, Most Affected: Migrants and refugees facing extraordinary risks during the COVID-19 pandemic](#) – International Federation of the Red Cross and Red Crescent Societies (IFRC), 2020

[No “Us Versus Them”: Why equitable inclusion of all migrants in COVID-19 vaccine plans is essential](#) – IOM and PICUM, 18 March 2021

[HIGH RISK – LOW PRIORITY Why unlocking COVID-19 vaccine access for refugees and internally displaced communities is critical for children](#) - World Vision, 2021