2021 Economic and Social Committee Humanitarian Affairs Segment
Side-event report

*Fully Protecting All: Advancing access to COVID-19 vaccines for people on the move*

**Organised by** Permanent Mission of Ecuador¹ to the UN in Geneva, Permanent Mission of Portugal¹ to the UN in Geneva, International Federation of Red Cross and Red Crescent Societies (IFRC), International Organization for Migration (IOM), United Nations Office for the Coordination of Humanitarian Affairs (OCHA), United Nations Children’s Emergency Fund (UNICEF) and World Health Organization (WHO).

**Sponsored by** the United Nations Migration Network

22 June 2021, 11:30 am - 13:00 pm (Geneva time)

**Objectives:**

- Discuss how to effectively ensure the inclusion of people on the move, without discrimination, in national deployment and vaccination plans (NDVP), as well as highlight some operational challenges and opportunities to immunizing people on the move.
- Explore ways to ensure equitable access and “vaccine for all”, as well as the highest attainable standard of physical and mental health, by facilitating an open dialogue among relevant stakeholders.
- Highlight the important role of migrants, refugees and IDPs in the COVID-19 immunization rollout, and that they are part of the solution to help end the pandemic, as co-developers and providers of people-centered health services in countries of origin and destination.
- Share good practices and challenges regarding advocacy towards, and in the design, implementation and scale-up of COVID-19 NDVPs with a migrant’s centered-approach.
- Propose recommendations to inform the work of policymakers and practitioners, influencing policies and contributing for future thematic reports

**Panel Members:**

- **Chair:** Jonathan Prentice, Head of Secretariat, UN Migration Network
- **Moderator:** Eric Reidy, migration editor-at-large of The New Humanitarian

¹ Champion Countries of the Global Compact for Safe, Orderly and Regular Migration (GCM)
Main points:

Jonathan Prentice, Head of Secretariat, UN Migration Network, in his position as Chair, kicked off the side event affirming the importance of having this discussion, when we are slowly moving towards the first global review of the Global Compact for Safe, Orderly and Regular Migration (GCM). In this forum, Member States and relevant stakeholders will have the opportunity to show how committed they are in leaving no one behind. The Chair also pointed out that many of the speakers and co-conveners were members of the UN Migration Network, and both Portugal and Ecuador were “champion” countries of the GCM, leading by example in its implementation.

Ambassador Rui Macieira, Portugal, and Minister Alejandro Dávalos, Ecuador, welcomed all participants, stated their commitment to fully implement the Global Compact for Safe, Orderly, and Regular Migration and highlighted the timeliness and relevance of this event, as populations in vulnerable situations, like migrants and those displaced by conflict or disaster, internally or across borders, have been left behind in many vaccination campaigns. They also reflected that excluding migrants from vaccination campaigns not only presents an immediate health risk for them and the host communities, but also fuels xenophobia that could unleash violence and further exclusion.

Eric Reidy, Migration Editor-at-large, The New Humanitarian, and moderator of the panel discussion, conveyed the relevance of discussing how to ensure equitable access and “vaccine for all”, as well as how to effectively ensure the inclusion of people on the move, without discrimination, in national deployment and vaccination plans (NDVP).

Lucas Gomez, Presidential Advisor for the Borders, Colombia, informed that their COVID-19 NDVP recognizes and includes migrant populations, irrespective of their status, pointing out that more than
1.8M Venezuelans are in Colombian territory at the moment. Lucas Gomez highlighted that there is the need to increase vaccine availability for lower and middle-income countries, and to ensure access to health services to all. Furthermore, multi-country agreements and interagency cooperation needs to be fostered. The Temporary Protection Statute (TPS) for Venezuelan Migrants in Colombia will also benefit the implementation of the NDVP as the regular migrant population will increase, allowing more migrants to be vaccinated. Eventually, the vaccination of irregular migrants will be less complex though it presents many operational challenges for the country. Mr. Lucas highlighted four priority aspects on the health of the migrant population, which must be properly articulated: monitoring the health of migrants; policy framework to respond to the migratory phenomenon; migration-sensitive health systems; and multi-country agreements, networks, and frameworks. Achieving this requires the harmonization of technical cooperation with inter-institutional and inter-agency participation.

Joel H. Buenaventura, Philippines, gave the experience of a migrant-sending country that saw approximately 1.25M people returning home since the beginning of the pandemic. The country has been providing access to healthcare services and COVID-19 specificities to various typologies of migrants and adopted an inclusive-approach to its NDVP. Three main challenges were pointed out in this regard: the high number of returnees in the already stretched health care system; the low supply of vaccines; and the lack of monitoring and reporting on Philippines migrants’ situations in destination countries. The country acts in a multi-actor, multi-sector, multi-level approach, with health being just another piece of the puzzle. Coordination amongst various agencies is needed, as is equitable sharing of the burden and responsibility for migrants and people on the move.

Abdellah Boutadghart, Morocco, stressed the importance of having a governmental decision to include people on the move into NDVP, despite barriers that might exist to hinder the implementation of such public decisions. In the case of Morocco, the COVID-19 vaccination, free of charge, will benefit all Moroccan citizens and will include foreign residents, migrants, refugees, and asylum seekers, comprising more than 25 million people. Obstacles delaying the implementation of vaccination plans could be the lack of information on the Coronavirus and responding to misinformation and “fake news”. Regarding lessons learned, Morocco accentuated that COVID-19 vaccines should be allocated fairly, equitably and considered as global common goods, and people on the move should always be considered as part of the solution. Member States must reaffirm their commitment to the protection of migrants’ human rights - regardless of their migratory status; and international cooperation is a key aspect to fight the pandemic.

Tristan Burnett, IOM, affirmed the importance that national citizens and migrant populations are prioritized equally, and that this should be done in line with countries’ national prioritization strategy and WHO’s recommendations, despite the limited vaccine doses available. In an IOM Country Office Review published in May, the difficulties for migrants and refugees to access COVID-19 vaccines in
over 60 countries are clear. Some administrative processes require migrants to present a national ID or valid residence permit, or to pre-register with national insurance schemes (implies the use of a smartphone or computer and internet connection to enroll); some NVDP prioritize national citizens and/or exclude non-nationals; there is a lack of a clear “firewall” between health providers and immigration authorities, which leads many migrants in irregular situations to fear arrest or deportation should they seek immunization; there is general vaccine hesitancy due to insufficient targeted outreach through linguistically and culturally appropriate channels; and continued lack of mobility as a challenge for vaccines requiring two doses. In the context of preparing for and responding to public health threats such as COVID-19 through a mobility centered lens, IOM utilizes Population Mobility Mapping (PMM). PMM identifies mobility flows and trends as well as areas of population congregation to help target responses to health hazards such as COVID-19. Key recommendations are then made to inform Member States’ outbreak response. The pandemic continues to be a stark reminder of the critical need for sufficient investment in effective preparedness for, and response to all public health hazards, and ultimately in resilient and mobility sensitive health systems – and that these efforts require coordination at a global scale.

Sanne Wendes, Office of the COVAX Facility, GAVI, highlighted the COVAX Facility role in monitoring the inclusion of people on the move. Although acknowledging vaccine deployment in humanitarian settings can be difficult to monitor, it is not unprecedented, and, in most cases, it is foreseen that COVAX will be using existing systems, processes and collaborating with experienced agencies. Ms. Sanne Wendes reiterated that COVAX has in place several monitoring mechanisms, including the submission of NVDP from All Advanced Market Commitment (AMC) participants before vaccines are shipped to be reviewed; and evaluation activities, such as Inter-Action Reviews or COVID-19 post-introduction evaluations, to identify barriers for action as well as strategies employed related to hard-to-reach population groups. The challenge of establishing agreements with manufactures to secure vaccine doses was also underlined. The humanitarian buffer, highlighted as a “last measure” platform, was created to cover acute gaps in national vaccination plans and micro-plans. Recipients of COVAX-supported doses through the Humanitarian Buffer will be required to monitor and report on vaccination uptake across targeted populations, submitted through a Standard Reporting Form. There are defined learning agendas to enable feedback loops informing how well the COVAX buffer is doing. COVAX is also relying on partnerships for advocacy, and together with humanitarian partners they continue to advocate for inclusion of populations of concern, including people on the move, in the roll-out of COVID-19 vaccines. The primacy of state responsibility in ensuring access and the importance of partnerships to enable that, between governments and humanitarian agencies, and between COVAX and its humanitarian partners, is underscored.

Tiziana Bonzon, IFRC, indicated the need to guarantee migrants can access basic and essential
services: health care, protection, food, relief, and the support necessary to live a life in safety and with dignity. IFRC emphasized some elements that span policy, practice, and other enabling actions to make the difference between a successful, equitable worldwide approach and an extended battle against the coronavirus, mainly, inclusion (in practice) of people on the move into NDVP and broader access to health services. In addition, “the invisible wall” - practical barriers that migrants face to accessing vaccines - must be broken. States with full access to vaccines, and the companies producing the major COVID-19 vaccines, must do more to bridge the geographical gap in access. It was also underlined that all those concerns must be addressed not only in the context of COVID-19, but steps should also be taken to ensure that access to services is protected in law and policy and respected in practice far beyond the end of this pandemic.

Verena Knaus, UNICEF, highlighted that millions of people on the move, including over 190 million children, live in humanitarian contexts where delivering and administering vaccines has been challenging. Main challenges include shortage of healthcare workers; health systems and vital infrastructure deserted, destroyed or disrupted by the pandemic; bureaucratic barriers and lack of transportation and cold chains which further hamper access to vaccines—and have resulted in COVAX-supplied vaccines being discarded before they could even be administered; and a funding gap of 18.1 billion USD for COVAX in 2021 (as of 16 June 2021), particularly to cover operational and delivery costs. Ms Knaus outlined 5 key actions to ensure an inclusive vaccine roll-out: mobilizing additional funding for vaccines and to cover operational and delivery costs; building on decades of experience in routine immunization in humanitarian contexts by leveraging existing systems and partnerships to ensure effective delivery of vaccines; supporting and working with community partners to reach the most vulnerable in remote areas; providing safe passage and security for health workers; and restoring routine health and immunization programs alongside the COVID-19 vaccine roll out. Ms Knaus underlined that the COVID-19 crisis provides an unprecedented opportunity to strengthen health care services and build the resilience of health systems more broadly.

Santino Severoni, Director Health and Migration Program, WHO, addressed the challenge of vaccine supply and allocation, pointing out that high-income countries have already vaccinated 64 times more population than low-income countries. Globally, the rollout has been slow because of insufficient operational funds, and national vaccination plans are very heterogeneous. The WHO Health and Migration Program conducted a review of national policies and their impact on migrants and refugees and concluded recently that the majority of the countries did not explicitly include refugees (61%) or migrants, in particularly migrants in irregular situations (83%), in their official vaccination plans. The ones that included these groups mostly did not specify the phase of inclusion. On lessons learned during this pandemic, the need for global advocacy vaccination campaigns was underlined. Migration should not be discouraged by limiting the access to health care services, and we must uphold
our international conventions protecting the right to health without discrimination for refugees and migrants.

In his closing remarks, the Chair recapped, as a lesson learned, the need to ensure access to health services to all. Many health threats, such as the current pandemic, demand an inclusive response to protect societies. The Chair reminded all participants of the need for NVDP not to have unintended discriminatory impacts on migrants and refugees. Partnering with stakeholders in order to make this happen is absolutely essential at all levels of society, but the presence of local authorities’ representatives in future discussions regarding this topic will be key to show that the discussion is not only rhetoric, but stakeholders are provided with the most practical platforms. Lessons must not only be learnt; they need to be implemented.

Key messages of the side event:

- Ensuring healthcare for people on the move is an effective measure, that will not only affect the lives of migrants and other people of concern, but also societies as a whole. Achieving universal health coverage means including migrant and refugee populations in the equation.
- Access to healthcare is not enough: we need to also ensure that people on the move are included in socio-economic recovery programs.
- Xenophobia and discrimination against migrants and displaced persons need to be combated, to foster social cohesion between people on the move and host communities and ensure people on the move can safely access healthcare and other basic services.
- Uphold the protection of migrants’ human rights - regardless of their migratory status.
- Immunization against COVID-19 needs to be recognized as a global public good. International cooperation is a key aspect to fight the pandemic.
- Universal access to safe, timely, effective, and affordable vaccines as the only way to end this pandemic.
- Multi-country agreements and interagency cooperation need to be fostered, especially to tackle all challenges related to high numbers of people on the move.

Outcomes of the side event:

- Promoting and advocating for governments to include people on the move into COVID-19 NDVP is needed, as this is the first step to ensure the rights of these populations are covered in the short-term. Examples of inclusive policies in countries, such as Portugal, Ecuador, Morocco, Colombia and Philippines, can be disseminated to empower more Member States to apply these comprehensive governmental decisions. In addition, national citizens and migrant populations have to be prioritized equally, in line with public health considerations, despite the limited vaccine
• Enabling environments to allow the implementation of NDVP have to be fostered, especially bringing together multi-stakeholder partnerships among governments, local communities, international experiences and NGO. Some of the barriers and difficulties that people on the move are facing in accessing COVID-19 vaccines are already known, as they are the same that hamper their access to healthcare, so solutions have also been extensively discussed.

• Vaccine availability for lower and middle-income countries needs to be increased, in a moment where we are seeing wide disparities between high-income and low-middle-income countries. This can be accomplished through global solidarity and cooperation among countries, agencies and businesses, and the COVAX facility has been a great achievement in this regard.

• Although monitoring and evaluation schemes have been put in place, more collaboration among partners is desirable. For example, for the Philippines, a country that received many returnees during the pandemic, information on their migrants’ situation in destination countries could help make their COVID-19 response more effective.

• The panel highlighted the urgency of tackling misinformation related to COVID-19 vaccines, as this has delayed the implementation of vaccination plans (including vaccine hesitancy), jeopardizing all efforts to protect the health of populations.

• The panel also proposed that, as a long-term solution, countries must put their efforts to achieve universal health coverage. This will allow people on the move to have access to healthcare, including health promotion services, diagnosis, treatment and immunization.

• It was underlined the need to continuing this dialogue, involving local actors into the discussion.