



# A PEOPLE'S VACCINE FOR REFUGEES

Ensuring access to COVID-19  
vaccines for refugees and  
other displaced people



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## INTRODUCTION

COVID-19 has had a devastating impact on people's health and livelihoods in almost every country in the world. We know that the only way out of this pandemic **is for everyone, everywhere to have equitable and swift access to vaccines**. To do this, we need to take active steps to ensure that no groups are excluded from vaccine coverage – because no one is safe until everyone is safe.

In addition to the vast gaps in access to vaccines between high-income and lower-income nations, **refugees and other people in displacement contexts** – including asylum seekers, internally displaced persons (IDPs), stateless people and those displaced by disaster or climate change – **face additional barriers to accessing vaccines**. It is vital that governments understand and address these specific challenges so that these people are not left behind in receiving desperately needed vaccines.

**Displaced people are often particularly vulnerable to the risks of COVID-19<sup>1</sup>** – as a result of living in crowded camps or shared housing, lacking access to water, sanitation and hygiene and/or health services, or working in essential jobs which expose them to greater risks – and evidence suggests that they are likely to face significant challenges

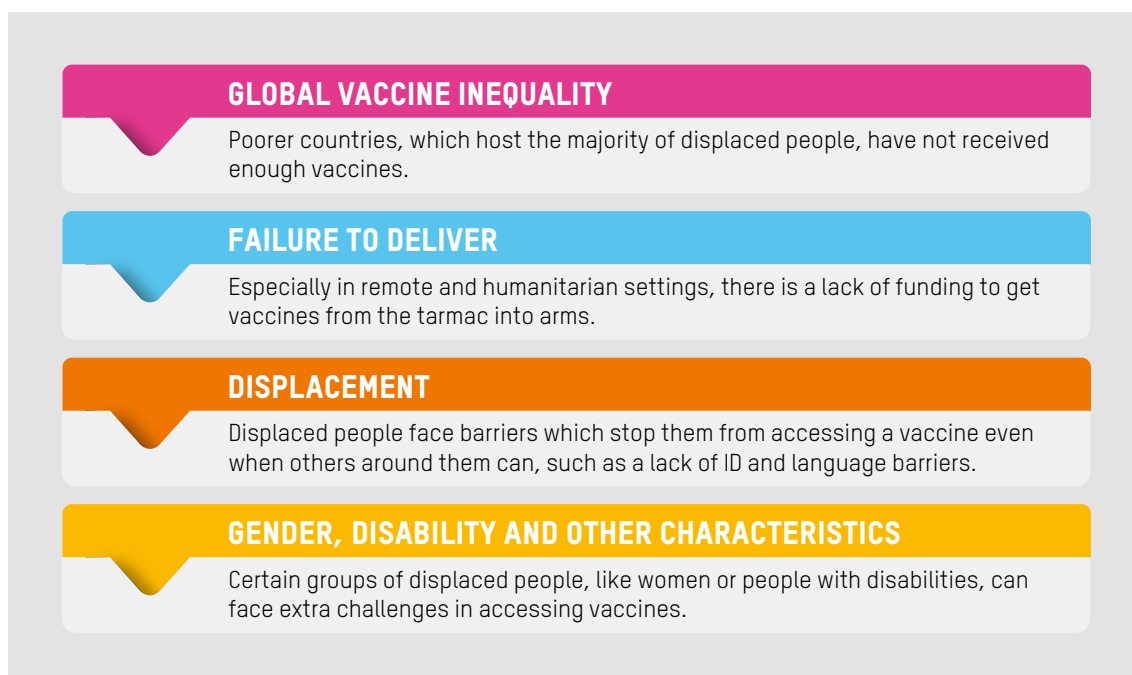
in accessing essential services or protection as a result of the pandemic.<sup>2</sup> Yet displaced people are often last in line for vaccination.

## THE NEED FOR GLOBAL VACCINE EQUITY AND EQUITABLE VACCINE ROLL-OUT

For most people in displacement contexts, there are simply not enough vaccines available in the places where they are hosted: 85% of refugees are hosted in lower- and middle-income countries, while in the first six months of this year 85% of vaccines went to wealthy countries; lower- and middle-income countries have still received only a fraction of the vaccine doses they require.<sup>3</sup> Shortages in these countries can also pose particular risks to vaccination campaigns aimed at displaced populations, as they can result in them being deprioritized.

So, **the very first step in achieving equitable access to vaccines for displaced people must be ensuring that lower- and middle-income countries have enough doses of vaccine** for both displaced populations and the communities who host them. It is also critical to invest in vaccine delivery systems to ensure that these vaccines make it into people's arms, including equitable roll-out in the last mile.

FIGURE 1 LAYERS OF VACCINE INEQUALITY IN DISPLACEMENT CONTEXTS



## IDENTIFYING AND ADDRESSING SPECIFIC BARRIERS TO VACCINE ACCESS FOR DISPLACED POPULATIONS

Most states have now drafted vaccine policies that either explicitly or implicitly include displaced people: for instance, the UN High Commissioner for Refugees (UNHCR) has reported that at least 153 states have adopted COVID-19 vaccine strategies that include refugees.<sup>4</sup> However, while this is welcome, inclusion on paper in vaccine roll-outs is not translating into equitable vaccine access for displaced populations in practice,<sup>5</sup> as these populations face a range of barriers to access that are sometimes invisible at the policy level.

### Administrative barriers

**The need to show a valid identity document, residence permit or insurance card locks out many displaced people from registering for or receiving vaccines.** This is a particular challenge for stateless people, who often lack proof of citizenship or identity,<sup>6</sup> and has been reported as a barrier for a wide range of displaced and other migrant populations.<sup>7</sup>

“

Do away with the requirements for documentation – not everyone has an ID.  
Refugee-led organization, Uganda<sup>8</sup>

”

Whether or not vaccines are officially available to displaced people, or national IDs are not formally required, a lack of knowledge among health staff or **ambiguity in policies on vaccination can lead to discrimination against non-citizens**: some refugees and migrants (including in the US,<sup>9</sup> the UK<sup>10</sup> and Uganda<sup>11</sup>) have reported being refused vaccines by frontline health staff because they could not show proof of citizenship or other ID documents – even though there was no legal requirement to do so. A **lack of firewalls** (i.e. administrative barriers that prevent the passing of information between vaccine providers and immigration or other enforcement officials) – either real or perceived – also creates a barrier to vaccine access for many displaced people, especially those lacking documentation, as they may fear arrest,

detention or deportation if they come forward to authorities for vaccination.<sup>12</sup>

Other administrative barriers, such as **lack of computer or internet access**, illiteracy and language barriers, may also prevent these populations from registering for a vaccination appointment, especially when this is only possible via online systems.

### Falling through the cracks

In **Greece**, people generally need to provide a social security number in order to register for COVID-19 vaccination. In an attempt to extend vaccination coverage, including to the thousands of refugees, asylum seekers and other foreigners residing in Greece, in May 2021 the Greek government issued a circular allowing foreigners to obtain a temporary social security number solely for COVID-19 vaccination and testing. But still this system is leaving gaps: for instance, people who do not have ID documents from their home country cannot register for the provisional social security number, while asylum seekers who have received a second rejection will have their temporary insurance number automatically cancelled.

Many migrants who live outside of refugee camps and reception facilities also remain locked out of the system. As a representative of NGO INTERSOS Hellas explained: ‘After pressure, the government passed a law allowing the provision of a temporary social security number for undocumented migrants. But when they go to the centre to get this number, there is a big risk that they will be arrested on the way, or that the people there will call the police, if there is no proper communication by authorities. Many undocumented migrants are afraid to go.’<sup>13</sup>

Fortunately, in November 2021 the Greek government issued several Joint Ministerial Decisions to alleviate some of these challenges, including by allowing a broader range of identity documents to be used to apply for a temporary social security number. However, whether these decisions succeed in addressing the full range of administrative barriers faced by displaced people in Greece is yet to be seen.

### Logistical barriers

Many displaced people, especially those living in camps or settlements, face a huge **challenge in getting to their nearest vaccination centre**. While most such centres are concentrated in urban areas, many refugee settlements are in rural or remote locations – and the cost of transport from camps and settlements into towns, and the time away from work or caring responsibilities required for this travel, can be prohibitive for many refugees.

This may present an even greater barrier for displaced women, who in many cases face greater time poverty than men, and may not be able to travel safely outside of their home or local area. The location and accessibility of vaccine delivery sites are also particularly relevant to displaced people with disabilities, who may have mobility restrictions that prevent them from accessing vaccine centres even within their own communities, let alone those further afield.

“

[The money given on] the ration card will take you to the health centre but never bring you back.

Refugee-led organization, Uganda

”

Government programmes and NGOs in turn face **challenges in delivering and storing vaccines in refugee camps and remote settlements**, given the specific conditions required to keep COVID-19 vaccines (e.g. cold chain requirements) and, with many vaccines, the need to coordinate people to receive two doses. A lack of healthcare infrastructure can also increase the complexity of effectively delivering vaccines in these areas.

### Lack of information and vaccine hesitancy

A **lack of government outreach to displaced communities** has left many people without knowledge of where or how to access COVID-19 vaccines, or whether they are even eligible to receive one.<sup>14</sup>

This is often because **information campaigns about vaccines are not delivered through channels or in languages used by displaced people**. In Uganda, for instance, the government has tried to inform its population about vaccines through radio announcements, but these announcements are in languages not understood by the majority of refugees – and in any case most refugees do not have access to a radio. Similarly, in Australia information about how to receive the vaccine, particularly for vulnerable groups, has been communicated through government advertising and family doctors (GPs) – but many refugees may not engage with government advertising aimed at citizens and may lack an established relationship with doctors or other medical professionals, so do not receive such information.<sup>15</sup>

#### Where are the vaccines?

In **Uganda**, the government has made COVID-19 vaccines available to everyone over the age of 18 – including the more than 1.4 million refugees living in the country. However, the vast majority of refugees have never had the opportunity to get a COVID-19 vaccination. According to UNHCR, as of October 2021 some 2.4 million doses of vaccine had been administered in Uganda – but only around 9,800 of these had gone to refugees (with 6,400 refugees having received a first dose and only 1,705 refugees fully vaccinated with two doses).

The challenges for refugees in accessing vaccines are many – including the overall lack of doses in the country, insufficient information and outreach targeted to refugees, vaccine hesitancy and other administrative barriers – but one clear problem is that vaccines simply have not reached the places where most refugees live and work.

Around 94% of refugees in Uganda live in settlements outside of urban centres. Ugandan government policy aims to have a health centre in every parish, ideally centrally located within 5km of the people it serves. However, the health centres closest to most refugee communities are not providing vaccines – often because they lack the refrigeration required to store them. As a result, refugees in remote settlements usually need to travel distances of between 5km and 30km to access vaccines, and they are usually limited to walking, cycling or motorcycle taxi (*boda boda*), which might cost almost as much as most refugees are provided with in a month. The limited transport options present even greater challenges for some of those most vulnerable to COVID-19, such as the elderly and people with certain illnesses or disabilities, in getting to distant vaccine centres.

“

I've been exposed to misinformation as much as true information about the vaccine. This misinformation almost cost me getting the vaccine.

Refugee vaccinated as a humanitarian worker, Uganda

”

The absence of official information has allowed for a **proliferation of misinformation** about COVID-19 vaccines in many displaced communities, particularly concerning the safety of vaccines and their side-effects. People's inability to discuss concerns with medical professionals and a lack of trust in the authorities have at times hampered attempts to address such misinformation.

Vaccine hesitancy in displaced populations is caused not only by misinformation but also by **legitimate concerns** about negative interactions with authorities or lack of access to health services. For instance, refugees' inability to access health services if they experience vaccine side-effects (or social services such as income support if these side-effects keep them away from work) can discourage them from seeking out the vaccine. Experiences of xenophobia, including hate speech and physical attacks – which in many places have increased in frequency since the pandemic began – have also dissuaded some displaced people from coming forward for vaccination or treatment.<sup>16</sup> On top of this, vaccination can be a low priority for many displaced people, and is likely to be viewed with more scepticism, where governments are not even providing essential services like food, shelter or urgent medical care.<sup>17</sup>

### Gender-specific challenges

Reports indicate that **women in humanitarian and displacement contexts are getting vaccinated at lower rates than their male counterparts**. This is particularly concerning as in many places women and girls are more exposed to COVID-19 than men, being more likely to be frontline health workers, to care for the sick or to have to spend time in crowded spaces such as waiting at water points. Moreover, women who are pregnant or who have recently been

pregnant are at a particularly high risk of becoming severely ill from the virus.<sup>18</sup>

In South Sudan, 70% of people testing positive for COVID-19 are women – but roughly 75% of people getting vaccinated are men.<sup>19</sup>

There may be a number of factors contributing to reduced vaccine uptake for women in displaced populations, including the following:

- Information about vaccines may be available only through channels that do not reach women, as there are often gender gaps in access to information and to the technology needed to access information about vaccines or registration.<sup>20</sup>
- Male heads of household may control decision making as to whether the whole family receives the vaccine or whether female family members can travel for this purpose.
- Vaccination centres, especially those far away from women's homes or which are open at inconvenient hours, may not be accessible to women who work mainly in the home, whose caring responsibilities prevent them from taking time to go to be vaccinated or who face additional mobility restrictions or safety risks.
- Misinformation around vaccine dangers is often gender-specific, creating particular fears for women. For instance, myths that COVID-19 vaccines cause infertility in women or loss of pregnancy have been reported in a number of countries.<sup>21</sup>

“

My experience is that whoever got the vaccine is hospitalized, so I cannot put my life at risk being hospitalized because of the vaccine. ... No one has told us about the side-effects, or how the vaccines work. Most refugees fear vaccines.

Refugee, Uganda

”

## RECOMMENDATIONS

### ALL ACTORS INVOLVED IN VACCINE DELIVERY, INCLUDING NATIONAL, REGIONAL AND LOCAL GOVERNMENTS, UN AGENCIES AND NGOs, MUST:

- **Actively seek to engage displaced people and incorporate their voices into vaccine planning.**

Community leaders, refugee-led and women-led organizations and local NGOs need to be meaningfully involved in vaccine roll-out efforts at the local, regional, national and international levels for vaccine campaigns to be successful.<sup>22</sup> Not only do displaced people have a right to advocate for their fair inclusion in vaccination plans: they are also vital partners in assessing

the needs of their communities (including accurately identifying barriers to vaccine access) and undertaking outreach in local languages and culturally appropriate ways to ensure that displaced people and host communities can make informed decisions about what vaccines are available and how to access them.

- **Make efforts to deliver targeted vaccine campaigns at the community level,** in order to build trust in vaccine campaigns and reach target populations effectively. To do this, governments should work collaboratively with civil society organizations (CSOs), as well as with displaced communities, to conduct information and outreach campaigns and vaccination programmes.

#### Engaging communities and refugees in vaccine roll-out as the key to success: examples in different contexts

New Women Connectors, an initiative led by migrant and refugee women, began its Vaccines4All, All4Vaccines<sup>23</sup> campaign in May 2021. The initiative aims to build bridges both ways between refugees and institutions providing vaccines in European countries – because as founder Anila Noor says, for vaccine campaigns to be successful ‘bridges can’t be one way’. The initiative reinforces the right of refugees to know about why and how to get vaccinated, and helps institutions understand how to reach out to refugee communities with vaccination campaigns. To do this, it engages in a range of community activities, including holding focus group discussions, mapping vaccine accessibility, translating information about vaccines into refugees’ languages and organizing vaccine information both online and offline.

In Uganda, the Refugee Led Organisations Network (RELON) brings together 34 refugee-led organizations. Members of the network have undertaken a variety of activities to support refugees throughout the pandemic and now are also helping them to access vaccines. For instance, the Association of Refugees with Disabilities (ARD) has been having conversations with refugees with disabilities in Kampala to help sensitize them about COVID-19 vaccines, as many have not been able to hear or understand messages about vaccines on the radio or TV. The Somalis Refugee Integration Network, meanwhile, is printing flyers that include key messages about COVID-19 and that address vaccine-related myths, and is distributing them door to door to make sure that these messages reach refugees. It has also translated them into refugees’ own languages. As there have been no specific government campaigns seeking to reach out to refugees on vaccines, refugee-led initiatives of this kind are all the more vital in fighting vaccine hesitancy and ensuring that refugees in Uganda know how to get vaccinated.

In Belgium, the Brussels city government has partnered with civil society groups including Médecins du Monde, Médecins Sans Frontières and the Red Cross to bring vaccines to undocumented migrants and other marginalized groups with mobile teams, in a project called Mobivax.<sup>24</sup> By working with trusted civil society groups who have strong pre-existing links to these communities, and employing at least two cultural mediators on each team, this has helped to alleviate vaccine hesitancy and reach people who may fear encountering police or immigration enforcement authorities if they come forward to government vaccination centres.

- **Include women's voices in vaccine planning and recognize the important role that women in displaced communities play in ensuring successful vaccine campaigns.** Women need to be included in COVID-19 taskforces, bodies and committees to strengthen the effectiveness of vaccine responses and to effectively identify and address barriers to access for women and girls in all their diversity. It is also important to recognize and support the role and safety of semi-formal and informal health workers – an estimated 70% of whom are women – as part of COVID-19 vaccine roll-out strategies, as these actors are key in serving patients over the last mile of delivery.<sup>25</sup>

### GOVERNMENTS OF REFUGEE-HOSTING NATIONS MUST:

- **Explicitly include all populations** on their territory in their vaccine roll-out plans, regardless of migration or citizenship status. This should be accompanied by specific plans and guidelines for how to reach displaced people on an equal timeline with the wider population, including targeted actions and accountabilities. Information on these plans and data on vaccination rates for displaced and other marginalized populations should be collected and published so that their success can be monitored.
- Consider whether migrants in camps, reception and detention centres, homeless shelters and other high-risk settings should be prioritized when **deciding on priority groups** for COVID-19 vaccination, in alignment with the WHO SAGE Values Framework<sup>26</sup> and Roadmap<sup>27</sup> for prioritizing vaccine doses.
- **Address administrative barriers** faced by displaced people in accessing vaccines, including by:
  - Taking a flexible approach to ID and documentation requirements to allow displaced people to receive the vaccine, for example by issuing temporary identity cards or allowing the use of identity documents from other countries. Governments must also clearly communicate eligibility and documentation requirements for vaccination to frontline health workers so as to avoid risks of discrimination against non-citizens;
  - Creating, maintaining and publicizing solid firewalls between vaccine providers and immigration or other enforcement officials;
  - Ensuring that vaccination registration systems and vaccination centres are accessible to those without access to computers or the internet and to people who face language barriers.
- **Go beyond urban centres to provide vaccines to people in remote and rural areas, including by providing vaccine centres or undertaking vaccination drives where displaced populations are located,** particularly in camps and settlements. Governments should work closely with CSOs to ensure integrated programming and should take advantage of existing programmes that provide services to settlements or refugee camps.
- **Undertake targeted outreach to displaced people and tackle vaccine hesitancy,** including by:
  - Creating outreach campaigns targeted to displaced people, using appropriate channels and taking into account relevant cultural considerations to best reach the particular population. Outreach should give displaced people the information they need to make informed choices about getting vaccinated, should address vaccine myths and should inform people clearly about how and when they can get the vaccine;
  - Ensuring that information is provided in languages and formats that are accessible to the relevant population;
  - Addressing legitimate concerns of displaced communities, including by combating xenophobia and other forms of discrimination in host communities, preventing sexual abuse and exploitation, and providing adequate access to health services and income support to protect any displaced people who experience vaccine side-effects.
- **Consider and address gender-specific barriers to accessing the vaccine,** as well as other diversity-specific barriers. In all aspects of outreach and roll-out planning for vaccination in displacement contexts, gender-specific barriers to access must be considered, including sexual exploitation and abuse. Vaccination rates (and attitudes towards vaccines) should be monitored in order to ensure that vaccines are reaching women and girls, and other excluded groups, in all segments of society.

### DONORS AND THE INTERNATIONAL COMMUNITY MUST:

- **Support global vaccine equity**, ensuring that all countries have a sufficient, sustainable, and affordable supply of vaccines including by agreeing to temporarily suspend intellectual property rules at the World Trade Organisation and insist that the vaccine technology is shared so that manufacturers around the world can help in scaling up production.<sup>28</sup>
- **Provide support and funding for the costs of delivering vaccines**, including in remote areas and areas with limited health infrastructure. These costs must be budgeted for by governments, UN agencies and NGOs, giving consideration not only to the cost of doses and delivery materials but also to transport and cold chain infrastructure, community outreach and education, salaries for healthcare workers, the safety of frontline workers, training and logistics, and vaccine tracking.<sup>29</sup> Vaccine delivery must not displace the delivery of other health programmes in humanitarian settings: indeed, investing in vaccine delivery programmes which actually reinforce, support and extend existing health systems represents an unparalleled opportunity to restore and strengthen essential health services in displaced communities in a way that will last beyond the end of the pandemic.
- **Provide financial support** for COVID-19 responses in lower-income countries hosting displaced populations, and fully fund the COVID-19 responses of UNHCR and other agencies supporting displaced populations, which currently lack funds.<sup>30</sup>





### Notes

- 1 One example of higher infection risks among certain displaced populations is the case of asylum seekers in camps and reception facilities in Greece. *The Lancet* has reported that 'the risk of COVID-19 infection among these enclosed population groups has been significantly higher than the general population of Greece, and risk increases as living conditions deteriorate' (E. Kondilis, D. Papamichail, S. McCann, E. Carruthers, A. Veizis, M. Orcutt et al. (2021). *The impact of the COVID-19 pandemic on refugees and asylum seekers in Greece: A retrospective analysis of national surveillance data from 2020*. *The Lancet*, 30 June 2021. [https://www.thelancet.com/journals/eclinm/article/PIIS2589-5370\(21\)00238-8/fulltext](https://www.thelancet.com/journals/eclinm/article/PIIS2589-5370(21)00238-8/fulltext)).
- 2 Since the pandemic began, travel restrictions have particularly affected those displaced over borders, and in many countries restricted access to asylum procedures has been reported (see J. Barnes and S.M. Makinda. (2021). *A threat to cosmopolitan duties? How COVID-19 has been used as a tool to undermine refugee rights*. *International Affairs*, Vol. 97, Issue 6, November 2021, pp. 1671–89. <https://academic.oup.com/ia/article/97/6/1671/6374896?s=09>). There are also reports that COVID-19 has negatively affected the provision of essential services for displaced people (UNICEF. (2020). *COVID-19 has led to dramatic reduction in essential services and protection for migrant and displaced children in countries around the world*. <https://www.unicef.org/press-releases/covid-19-has-led-dramatic-reduction-essential-services-and-protection-migrant-and>).
- 3 Oxfam International. (2021). *Pharmaceutical companies and rich nations delivering just one in seven of the doses promised for developing countries*. Press release, 21 October 2021. <https://www.oxfam.org/en/press-releases/pharmaceutical-companies-and-rich-nations-delivering-just-one-seven-doses-promised>
- 4 UNHCR. (2021). *UNHCR calls for equitable access to COVID-19 vaccines for refugees*. Press release, 7 April 2021. <https://www.unhcr.org/news/press/2021/4/606d56564/unhcr-calls-equitable-access-covid-19-vaccines-refugees.html>. For a more detailed breakdown, see UNHCR. (2021). *Regional Breakdown of Inclusion in Vaccination Campaigns*. <https://www.unhcr.org/60d45b8e4.pdf>
- 5 In September 2021, UNHCR reported that refugees and IDPs in high-risk categories had started receiving their first vaccination shots in 121 countries. However, it added, 'the overall number of refugees and IDPs who are vaccinated is still very low and in many hosting countries vaccine scarcity continues to present a significant barrier for refugees and IDPs, while vaccine hesitancy adds a second layer of complication'. UNHCR. (2021). *Global COVID-19 Response, 20 September 2021*. <https://reporting.unhcr.org/sites/default/files/Global%20COVID-19%20Response-September%202021.pdf>
- 6 UNHCR. (2021). *UNHCR warns of vaccine gap risk for world's stateless*. Press release, 22 June 2021. <https://www.unhcr.org/en-au/news/press/2021/6/60d06e444/unhcr-warns-vaccine-gap-risk-worlds-stateless.html>
- 7 In June 2021, Red Cross National Societies reported that migrants lacking the required documents faced barriers to access in 60% of 52 countries surveyed (Red Cross Red Crescent Global Migration Lab. (2021). *Sight Unseen: A vision for effective access to COVID-19 vaccines for migrants*. <https://reliefweb.int/sites/reliefweb.int/files/resources/RCRC-GML-Sight-Unseen-COVID19-Vaccines-FINAL.pdf>). The International Organization for Migration (IOM) has also listed this as a significant barrier to migrants more generally (IOM. (2021). *Migrant Inclusion in COVID-19 Vaccination Campaigns*. Presentation, 17 May 2021. [https://www.iom.int/sites/g/files/tmzbd486/files/our\\_work/DMM/Migration-Health/iom-vaccine-inclusion-mapping-17-may-2021-global.pdf](https://www.iom.int/sites/g/files/tmzbd486/files/our_work/DMM/Migration-Health/iom-vaccine-inclusion-mapping-17-may-2021-global.pdf)). The Bureau of Investigative Journalism has reported that administrative barriers are blocking access to COVID-19 vaccines for nearly four million undocumented migrants in at least 10 European countries (The Bureau of Investigative Journalism. (2021). *Red tape keeping Covid vaccine out of reach for nearly 4m undocumented migrants across Europe*. <https://www.thebureauinvestigates.com/stories/2021-09-01/red-tape-keeping-covid-vaccine-out-of-reach-for-nearly-4m-undocumented-migrants-across-europe>).
- 8 Interviews of refugee-led organization representatives were conducted in October 2021 by Oxfam Uganda and the Refugee Led Organisations Network (RELON) in Uganda.
- 9 Red Cross Red Crescent Global Migration Lab. (2021). *Sight Unseen*, op. cit.
- 10 The Bureau of Investigative Journalism. (2021). *Most GP surgeries refuse to register undocumented migrants despite NHS policy*. <https://www.thebureauinvestigates.com/stories/2021-07-15/most-gp-surgeries-refuse-to-register-undocumented-migrants>
- 11 Gavi. (2021). *Refugees included in Uganda's COVID-19 vaccine drive*. <https://www.gavi.org/vaccineswork/refugees-included-ugandas-covid-19-vaccine-drive>
- 12 The Red Cross found in June 2021 that 50% of National Societies surveyed reported that displaced people lacking a visa or with uncertain visa status feared coming forward to health staff or registering their details on an online portal (Red Cross Red Crescent Global Migration Lab. (2021). *Sight Unseen*, op. cit.). This was also noted by UNHCR as a particular barrier for stateless people. UNHCR. (2021). *UNHCR warns of vaccine gap risk for world's stateless*, op. cit.
- 13 Dr Apostolos Veizis, Executive Director, INTERSOS Hellas, personal communication.
- 14 Of the Red Cross National Societies surveyed, 90% reported a lack of information or awareness about where and how to access COVID-19 vaccines as a key barrier for migrants and 67% reported language as a key barrier. Red Cross Red Crescent Global Migration Lab. (2021). *Sight Unseen*, op. cit.

- 15 Ibid.
- 16 World Vision. (2021). *High Risk – Low Priority: Why unlocking COVID-19 vaccine access for refugees and internally displaced communities is critical for children*. [https://www.wvi.org/sites/default/files/2021-06/WRD%20report\\_final%20with%20profiles.pdf](https://www.wvi.org/sites/default/files/2021-06/WRD%20report_final%20with%20profiles.pdf)
- 17 The New Humanitarian. (2021). *On COVID vaccinations for refugees, will the world live up to its promises?* <https://www.thenewhumanitarian.org/news-feature/2021/6/8/COVID-vaccinations-refugees-hesitancy-misinformation-marginalisation>
- 18 Centres for Disease Control and Prevention (CDC). (2021). *COVID-19 Vaccines While Pregnant or Breastfeeding*. <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/recommendations/pregnancy.html>
- 19 Care International. (2021). *The True Cost of Delivering COVID Vaccines: South Sudan*. <https://care.ca/wp-content/uploads/2021/08/South-Sudan-costing-study-July-28.pdf?x78577>. See also World Health Organization (WHO). (2021). *COVID-19 Update for South Sudan, 28 October 2021*. [https://reliefweb.int/sites/reliefweb.int/files/resources/covid-19\\_update\\_south\\_sudan\\_28oct2021.pdf](https://reliefweb.int/sites/reliefweb.int/files/resources/covid-19_update_south_sudan_28oct2021.pdf)
- 20 For instance, in many places there is a gender digital divide, with men being more likely than women to have access to the internet or to mobile phones. USAID – Digital Inclusion & GeoCenter. (2021). *The Gender Digital Divide: Working toward a global digital ecosystem for all*. <https://storymaps.arcgis.com/stories/8cf03f8fcb374af8849cb95dc5e47931>
- 21 This has been reported, for instance, in Uganda (in interviews of refugee-led organization representatives were conducted in October 2021 by Oxfam Uganda and the Refugee Led Organisations Network (RELON)) and in South Sudan. Care International. (2021). *The True Cost of Delivering COVID Vaccines: South Sudan*, op. cit.
- 22 As also recommended by the Collective Service for Risk Communication and Community Engagement (RCCE). (2021). *Risk Communication and Community Engagement Guidance on COVID-19 Vaccines for Marginalised Populations*. <https://www.ready-initiative.org/wp-content/uploads/2021/09/Guidance-on-COVID-19-Vaccines-for-Marginalized-Populations-2021-09-20.pdf>
- 23 New Women Connectors. *Vaccine4All, All4Vaccine Campaign*. <https://www.newwomenconnectors.com/post/vaccine4all-all4vaccine-campaign>
- 24 PICUM. (2021). *The COVID-19 Vaccines and Undocumented Migrants in Belgium*. <https://picum.org/covid-19-vaccines-undocumented-migrants-belgium/>
- 25 Care International. (2021). *Our Best Shot: Women Frontline Health Workers around the world are keeping you safe from COVID-19*. <https://www.care.org/news-and-stories/health/our-best-shot-women-frontline-health-workers-around-the-world-are-keeping-you-safe-from-covid-19/>
- 26 WHO. (2020). *WHO SAGE values framework for the allocation and prioritization of COVID-19 vaccination*. [https://apps.who.int/iris/bitstream/handle/10665/334299/WHO-2019-nCoV-SAGE-Framework-Allocation\\_and\\_prioritization-2020.1-eng.pdf?ua=1](https://apps.who.int/iris/bitstream/handle/10665/334299/WHO-2019-nCoV-SAGE-Framework-Allocation_and_prioritization-2020.1-eng.pdf?ua=1)
- 27 WHO. (2020, updated 2021). *WHO SAGE roadmap for prioritizing uses of COVID-19 vaccines in the context of limited supply*. <https://apps.who.int/iris/bitstream/handle/10665/342917/WHO-2019-nCoV-Vaccines-SAGE-Prioritization-2021.1-eng.pdf?sequence=1&isAllowed=y>
- 28 For more information on the essential steps needed to support global vaccine equity, see [www.peoplesvaccine.org](http://www.peoplesvaccine.org).
- 29 See Care International. (2021). *The True Cost of Delivering COVID Vaccines: South Sudan*, op. cit.
- 30 UNHCR. (2021). *UNHCR warns of dire consequences for refugees from COVID-19 underfunding*. Press release, 17 September 2021. <https://www.unhcr.org/en-au/news/briefing/2021/9/614457bf4/unhcr-warns-dire-consequences-refugees-covid-19-underfunding.html>

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This paper is part of a series written to inform public debate on development and humanitarian policy issues.

For further information on the issues raised in this paper, please email [advocacy@oxfaminternational.org](mailto:advocacy@oxfaminternational.org)

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Cover photo: A family from Afghanistan inside the MOSIAC centre on Lesbos were beneficiaries of the CAT fund and recieved COVID-19 prevention items. Photo: Giorgos Moutafis/Oxfam

Page 8: INTERSOS' intervention to support vaccinations within the COVAX programme September 2021, Bakassi IDP camp in Maiduguri, Borno State, Nigeria. Photo: INTERSOS.



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