# M8 Alliance Webinar Series on Migrant and Refugee Health

**Organized by the M8 Alliance
under the leadership of the Sapienza University of Rome**

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## Ensuring the Covid-19 Vaccine Reaches Undocumented Migrants

### 30 March 2021

### 15:00 – 16:30 CET

**Registration**: https://www.worldhealthsummit.org/m8-alliance/migrant-refugee-health.html

**Webinar in cooperation with the
Platform for International Cooperation on Undocumented Migrants (PICUM)**

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The M8 Alliance Webinar Series on **Migrant and Refugee Health**, is a **new format** which aims at bringing together experts from across the M8 Alliance to discuss global, develop innovative and collaborative answers and promote science-based policy advice. Each lecture will last 90 minutes and different speakers from within the M8 Alliance and beyond.

# PROGRAM

**WELCOME by Luciano Saso,** Sapienza University of Rome, Coordinator M8 Alliance Webinar Series on Migrant and Refugee Health

**PANEL SESSION** chaired by *Alyna Smith*, Senior Advocacy Officer for Health, Justice and Legal Strategies, PICUM, Belgium

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**State of play in the EU: Access to the COVID-19 vaccine in Europe for people with irregular status by *Michele LeVoy,*** Director, PICUM, Belgium

**Access to the COVID-19 vaccine for undocumented people in Germany: Systemic barriers and local responses by *Johanna Offe,*** Advocacy Officer, Médecins du Monde, Germany

**Promoting access to the COVID-19 for people in situations of vulnerability in Belgium, regardless of residence status by *Frank Vanbiervliet***, Policy Officer, Bruss'help, Belgium

**Firewalls and border walls: protecting undocumented migrants is essential if South Africa's (anticipated) Covid-19 vaccination programme is to succeed by** Joanna Vearey, *Director of the African Centre for Migration & Society (ACMS) at Wits University in Johannesburg, South Africa*

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**Q&A**

**Conclusions**

## Rapporteur
**Stephen Matlin**, Visiting Professor, Institute of Global Health Innovation, Imperial College London, UK

## Description

The great hope for finally gaining control of the spread of the Covid-19 pandemic has been the development of an effective vaccine. Optimism and excitement therefore accompanied announcement at the end of 2020 of the first approvals and deployment of a vaccine against Covid-19 by national health authorities. Significant investment of resources has been made by governments and private companies in the development of these vaccines, which is beginning to bear fruit, and attention has turned to the extraordinary task of ensuring distribution to the population, recognising that even the most effective vaccine cannot be fully protective without near-universal uptake.

Yet some segments of the population already had limited access to mainstream health systems, both prior to as well as during the pandemic. People with irregular status are among those who face extremely high barriers in accessing both preventative and curative health care due to a range of practical and systemic factors that drive exclusion, including fears that their personal data would be transmitted to immigration authorities. Undocumented people have often been at great risk of infection due to their role as "essential workers" who lack protective equipment and have been largely left out of social protection measures granted by governments to their populations during successive lockdowns. A sound public health approach ensures that the entire population can benefit from measures such as vaccines. International and European standards are calling for such inclusive approaches. But what steps must be taken to ensure that this happens in practice?  This event gathers national and European level experts to consider this critical question. It is co-organised by the M8 Alliance and the Platform for International Cooperation on Undocumented Migrants (PICUM) as part of a series of webinars by the M8 Alliance on migration and health: https://www.worldhealthsummit.org/m8-alliance/topics/migrant-and-refugee-health.html

# Speakers

**Luciano Saso** (Faculty of Pharmacy and Medicine, Sapienza University of Rome, Italy) received his PhD in Pharmaceutical Sciences from Sapienza University in 1992. He is author of more than 250 scientific articles published in peer reviewed international journals with impact factor (SASO-L in www.pubmed.com, total impact factor > 800, H-index Google Scholar 48, Scopus 39). He coordinated several research projects and has been referee for many national and international funding agencies and international scientific journals in the last 30 years. Prof. Saso has extensive experience in international relations and he is currently Vice-Rector for European University Networks at Sapienza University of Rome. In the last 20 years, he participated in several projects and has been speaker and chair at many international conferences organised by the UNICA network of the universities from the Capitals of Europe (http://www.unica-network.eu/) and other university associations. Prof. Saso has been Member of the Steering Committee of UNICA for two mandates (2011-2015) and he is currently President of UNICA (2015-2023). Prof. Saso is a Member of the Executive Committee of the M8 Alliance of Academic Health Centers, Universities and National Academies (https://www.worldhealthsummit.org/m8-alliance.html) and Coordinator of the M8 Alliance webinar series on Migrant and Refugee Health https://www.worldhealthsummit.org/m8-alliance/topics/migrant-and-refugee-health.html

*Alyna Smith* is Senior Advocacy Officer at PICUM (Platform for International Cooperation on Undocumented Migrants) where she leads the organisation's work on access to health care, access to justice and legal strategies. Alyna joined PICUM in 2015. She is a licensed lawyer and has previously worked on matters related to health policy, migration and human rights. Alyna has an academic background in law, bioethics and the life sciences.

**State of play in the EU: Access to the COVID-19 vaccine in Europe for people with irregular status**

Michele LeVoy, Director, PICUM

European countries began their distribution of COVID-19 vaccines in January. While national campaigns continue to be finalised, several countries have already indicated their intention to include migrants without regular residence status in their rollouts. This is significant given that the pandemic has exposed how people with insecure residence status are vulnerable to COVID-19 and the associated economic hardships of the pandemic – because they cannot work, or because they must continue to work to survive, often in "essential" sectors where they have inadequate protection and no safety net. Significant barriers to primary care already existed for people with irregular residence status across Europe. These include administrative barriers (where they have a right to care), cost barriers, lack of adequate information, and reluctance to approach health authorities because of well-founded fears that doing so will lead to immigration control measures. Proactive measures, and close collaboration with non-governmental actors with deep experience working with these communities are needed to overcome these barriers so that people with insecure status have access to the COVID-19 vaccines, for their own protection and to support public health goals.



*Michele LeVoy* joined PICUM (Platform for International Cooperation on Undocumented Migrants) in 2002 DSCF9233-2.jpg and became Director in 2006. She serves on several boards and advisory committees, including Social Platform; Global Coalition of Migration; Civil Society Days of the Global Forum on Migration and Development; and the Women in Migration Network. She holds a Bachelor degree in French and Justice and Peace Studies and a Master in Applied Sciences (Housing and Development Program).

**Access to the COVID-19 vaccine for undocumented people in Germany: Systemic barriers and local responses.**

*Johanna Offe*
Advocacy Officer, Médecins du Monde Germany

In Germany, undocumented people have a formal legal entitlement under the Asylum Seekers Benefits Act to access limited non-emergency care and

medication free of cost. To do so, however, they would have to obtain a eligibility certificate (Krankenschein) from the social welfare office. As a public entity, the social welfare office is obliged to immediately report them to the immigration authorities or the police under the Residence Act §87 (duty to report). So, while undocumented migrants are, in principle, afforded the same right to care as asylum seekers under German law, in practice they can only access care in the case of an emergency. Undocumented migrants thus have to rely on local initiatives existing in some cities. These services run by volunteer civil society organisations or set up by local authorities cannot, however, substitute regular access to the health care system. The federal Covid-19 vaccine regulations currently do not address the issue of undocumented people. While access to Covid-19 vaccines is available free of charge also for people without health insurance, the entitlement is restricted to people with habitual residence in Germany. In most Bundesländer, people can currently only be vaccinated  if they have received a letter at their registered address. Thus, eligible undocumented persons have not been able to receive a vaccination. At local level, authorities and civil society organisations are developing possibilities to ensure access to vaccination or all.
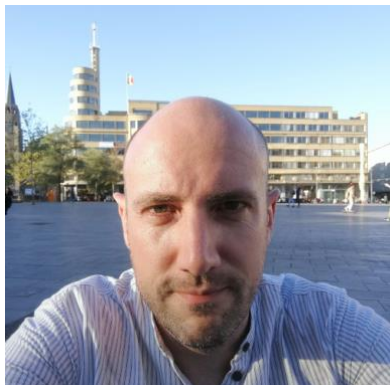


**Dr Johanna Offe** is Advocacy Officer at Ärzte der Welt e.V., the German chapter of Médecins du /Doctors of the World, working mainly on migration and health and access to medicines. She studied Sociology and Anthropology and holds a PhD in Anthropology. She also works as a freelance global health consultant.

## Promoting access to the COVID-19 for people in situations of vulnerability in Belgium, regardless of residence status

Frank Vanbiervliet, Policy Officer, Bruss'help

Belgium has a robust social care system which, in the case of health care, extends to undocumented people. People with irregular status, though ineligible for health insurance, can access care free of charge through Urgent Medical Assistance (Aide Médicale Urgente (AMU) / Dringende Medische Hulpverlening (DMH), which is administered through local public welfare centres.    Undocumented people are implicitly included in Belgium's national COVID-19 vaccination strategy, and explicitly part of the regional strategy for the Brussels-Capital-Region. The regional government has been proactive in consulting with non-governmental actors with experience working with people in situations of vulnerability, including people experiencing homeless and

migrants with irregular status. These organisations have been calling for efforts to ease administrative barriers, including related to registration, and to ensure that any collection of personal data for public health purposes is not re-purposed for immigration control.



*Frank Vanbiervliet is Policy Officer at the Bruss'help. This is a new regional public support service (2019) towards the Brussels homeless and connected sectors (social, mental and drug health care, child support services, etc.). He'll provide an update of the risks and benefits of how undocumented migrants are currently integrated in Brussels healthcare policies.*

## Firewalls and border walls: protecting undocumented migrants is essential if South Africa's (anticipated) Covid-19 vaccination programme is to succeed

### *Jo Vearey*

*Director of the African Centre for Migration & Society (ACMS) at Wits University in Johannesburg, South Africa*

South Africa – a member of the Southern African Development Community (SADC) region, where population mobility and communicable diseases are prevalent - is considered one of the most unequal societies globally and is associated with stark health inequities that have been reinforced by Covid-19. The country hosts the largest number of migrants from the SADC region and, contrary to its recognition of the importance of migration for social and economic development, is – in line with increasingly xenophobic political and public sentiments -  implementing an ever-more restrictive immigration policy, including heightened border management and policing of border walls. As a result, some SADC citizens who seek employment or are working in South Africa struggle to access and/or maintain the documentation required to be in the country legally.  This immigration regime renders these individuals 'undocumented' (or, according to the state, 'illegal aliens'), pushing them into a precarious situation including when trying to access basic services, including public healthcare.  A lack of valid documents and associated fear of arrest, detention and deportation means undocumented migrants may be reluctant to engage with state structures. And this has implications for the effectiveness of South Africa's – anticipated - Covid-19 vaccination programme. To date (February 2021), South Africa has failed to secure sufficient vaccine doses for a population-wide programme; vaccine nationalism is undermining public

health globally, regionally and nationally. But addressing vaccine nationalism is not only about ensuring equitable access to vaccines globally, it is also about the ways that nation states roll out their Covid-19 vaccination programmes: everyone must be included. This requires guaranteeing the safety of all in South Africa.  A Firewall provides legal protection in a situation where an undocumented person may face arrest, detention or deportation. Such an approach – that would require clear, transparent and enforceable directives from government agencies, and careful communication with migrant communities – ensures that undocumented migrants face no penalties when accessing state services. Their documentation status doesn't matter: any information collected will be used by the health system only, and any requirement to report an undocumented person to immigration authorities is over-ruled.  We must ensure inclusion of all in South Africa when advocating for, developing, and implementing our vaccine programme. Ultimately, there is no place for hypocrisy: we cannot call out the international community for vaccine nationalism if South Africa will itself then reproduce this in it its national response.

***Jo Vearey**  has a background in public health and her interdisciplinary research focuses on the intersections between migration and health. She is an Associate Professor and Director of the African Centre for Migration & Society (ACMS) at Wits Universit y inJohannesburg where she coordinates the Migration and Health Project Southern Africa (maHp). Jo also Directs the African Research Universities Alliance (ARUA) Centre of Excellence in Migration and Mobility – hosted by the ACMS - and is Vice-Chair of the global Migration, Health, and Development Research Initiative (MHADRI). With a commitment to social justice, Jo's research explores ways to generate and communicate knowledge to improve responses to migration, health and wellbeing in the southern African region.  Fundamental to her research practice is participation in policy processes at international and local levels. This includes exploring approaches to address epistemic injustice in the development of appropriate policy responses.*

***Professor Stephen Matlin*** is a Visiting Professor in the Institute of Global Health Innovation at Imperial College London, Senior Fellow in the Global Health Centre at the Graduate Institute of International and Development Studies, Geneva and Secretary of the International Organization for Chemical Sciences in Development. Educated at Imperial College London as an organic chemist, Stephen worked in academia for over 20 years, including as Professor of Biological Chemistry at City University London and at Warwick University, researching in areas including medicinal chemistry and collaborating

with the WHO Special Programmes in human reproduction and tropical diseases. This was followed by periods as Director of the Health and Education Division in the Commonwealth Secretariat, as Chief Education Adviser at the UK Department for International Development and as Executive Director of the Global Forum for Health Research in Geneva. He was a co-founder and co-chair of Global Health Europe. In 2015-2020 he was co-principal investigator of a project on the European dimension in the global effort to eradicate polio, based at the Global Health Centre in Geneva and supported by the Bill and Melinda Gates Foundation. He has co-authored a number of reports on the health of migrants and refugees, including a major review in *Public Health Reviews*.

# Background

This webinar is part of the **M8 Alliance Webinar Series on Migrant and Refugee Health,** organized by the M8 Alliance under the leadership of Prof. Luciano Saso.

The **M8 Alliance of Academic Health Centers, Universities and National Academies** is an unique international network of 30 leading international academic health centers, universities and research institutions, all of which are committed to improving global health and working with political and economic decision-makers to develop science-based solutions to health challenges worldwide.

**Migrant and Refugee Health** has been a focus topic of the M8 Alliance since 2016. Regular sessions at the World Health Summit and dedicated expert meetings have laid the basis for effective international research networks. The webinar series builds on this tradition and uses the opportunities of digital technologies to involve even more experts from around the world.

**Contact**:
Prof. Luciano Saso, Sapienza University of Rome luciano.saso@uniroma1.it
**Further information**:
https://www.worldhealthsummit.org/m8-alliance/topics/migrant-and-refugee-health.html
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