

MIGRANTS & THE COVID-19 VACCINE ROLL-OUT IN AFRICA:

HESITANCY & EXCLUSION



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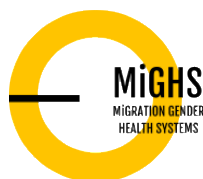
This is the first in a series of occasional papers that explore the implications of Covid-19 and responses to the pandemic on migration and for migrant and mobile communities on the African continent. To view the others in this series, please see www.mahpsa.org/micosa

This occasional paper was prepared by Rebecca Walker, Nicholas Maple and Jo Vearey, and reviewed by Thea de Gruchy. The views expressed in the paper, and any errors that it contains, remain those of the authors alone.

About MiCoSA

The Migration and Coronavirus in Southern Africa Coordination Group (MiCoSA) is hosted by the Migration and Health Project Southern Africa (maHp) at the African Centre for Migration & Society (ACMS), Wits University, Johannesburg. MiCoSA is an informal network of migrant-led organisations, non-governmental organisations, international organisations, civil society, activists, lawyers, researchers, government officials and policy advisors. Through an online platform and virtual meetings, MiCoSA brings together national and SADC regional partners who are concerned with the health and well-being of asylum-seekers, refugees and migrants during the current Coronavirus pandemic. To date, MiCoSA has over 150 members; to join this network, please email coronavirus-migration+join@googlegroups.com

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Migrants and the Covid-19 Vaccine Roll Out in Africa: Hesitancy and Exclusion

Although calls are being made for the inclusion of migrant and mobile populations in Covid-19 responses, specifically vaccination programmes (Al-Oraibi et al. 2021a; Beyrer et al. 2021; Hoagland and Randrianarisoa 2021; Orcutt et al. 2020; UNHCR et al. 2021a), few good practice examples exist of how to strengthen regional harmonisation and operate inclusive health systems during the pandemic (Crawshaw et al. 2021a; Greenaway et al. 2020; Knights et al. 2021).¹

This occasional paper examines the current state of the Covid-19 vaccine roll-out in Africa (as of June 2021), with a particular focus on the attitude and behaviour of states and other key stakeholders towards the inclusion of international migrants² – including people with various work or study permits, refugees, asylum seekers, undocumented migrants³ and internally displaced people (IDPs) in these processes. The paper starts by setting out the current situation in relation to the Covid-19 vaccine in Africa, highlighting how vaccine nationalism is preventing states from rolling out vaccination programmes. The paper then offers an overview of the inclusion/exclusion of different groups of migrants in Covid-19 vaccine roll-out programmes on the continent, before turning to explore the role of rumours and vaccine hesitancy. The final section is dedicated to highlighting specific findings from different regions. Based on an extensive desk-based review and supplemented by key informant interviews, the paper shows that the vast majority of international migrants, refugees, asylum seekers and IDPs are being excluded from state-based vaccine roll-out programmes either via formal policy directives or through various forms of de facto exclusion, such as barriers to access healthcare at the local and national level. These forms of exclusion are likely to have far-reaching public health implications across the continent, affecting both citizens and migrants alike.

Failure to ensure access to preventative and treatment interventions — including vaccines — for all, everywhere, undermines any single nation's sovereign response to Covid-19. Vaccine nationalism is not only about addressing inequities in access to vaccines globally, it is also about the ways that nation states roll-out their Covid-19 vaccination plans. Beyond impacts on individual health and undermining the success of a national vaccination programme, excluding non-citizens promotes the global endeavour to further securitise borders: given that vaccination certificates are likely to become a requirement for safe and regular movement across borders, vaccine nationalism will further harm non-citizens by pushing them into unsafe and irregular border crossings. How vaccine nationalism will finally play out remains to be seen. Ultimately, there is no place for hypocrisy. The international community cannot be called out on issues of Covid-19 vaccine nationalism if states across the continent do not plan for an inclusive national response.⁴

¹ Vearey, de Gruchy, and Maple, 'Global Health (Security), Immigration Governance and Covid-19 in South(Ern) Africa: An Evolving Research Agenda'.

² In this paper, 'international migrant' refers to all non-citizens

³ We use the term 'undocumented' to refer to the lack of currently valid documents required to be in a country legally.

⁴ Concluding thoughts draw from Vearey, 'OP-ED'.

1. The Context: Covid-19 Vaccine in Africa

At the time of writing (May 2021), a number of Covid-19 vaccines have been approved for use. Whilst some high-income countries (HICs) have made substantial progress towards achieving the 70% population coverage thought to be sufficient to attain population immunity,⁵ many low- and middle-income countries (LMIC's) remain far from this target.⁶ Global inequities in vaccine distribution are particularly evident in the African context.⁷ The continent is bearing the brunt of 'vaccine nationalism', a situation associated with (1) the stockpiling of vaccines by HICs, negatively affecting supply for LMICs, and (2) countries being enforced to apply various Intellectual Property (IP) rights demanded by pharmaceutical companies that are impeding the production and supply of Covid-19 vaccines and other associated medical tools.

In an attempt to address this, South Africa and India made a proposal⁸ at the World Trade Organisation (WTO) 'requesting that WTO members waive four categories of IP rights – copyright, industrial designs, patents and undisclosed information under the Agreement of Trade-Related Intellectual Property Rights (TRIPS) until the majority of the world population receives effective vaccines and develops immunity to Covid-19.'⁹ Supporting this proposal – known as the TRIPS waiver – Médecins sans Frontières (MSF) have called on wealthy governments to not block this proposal. Although the proposal is officially co-sponsored by Eswatini, Kenya, Mozambique, Pakistan, Mongolia, Venezuela, Bolivia, Zimbabwe and Egypt – and, crucially, the United States (USA) (who announced its support on the 5th May 2021)¹⁰ - it has been opposed by a number of WTO members including the European Union (EU), United Kingdom (UK), Japan, Canada and Australia.¹¹ MSF argues that for as long as the opposing countries prevent the proposal from moving forward (and thus protect the interests and monopoly of the pharmaceutical companies) global herd immunity remains an impossibility.¹²

Individual health in the context of a pandemic is dependent on collective health, bringing the critical role of equitable access to Covid-19 vaccines into much sharper focus.¹³ Yet, procurement and distribution

⁵ WHO, 'More than 150 Countries Engaged in COVID-19 Vaccine Global Access Facility', 150.

⁶ Our World in Data, 'Coronavirus (COVID-19) Vaccinations - Statistics and Research'.

⁷ Africa Data Hub, 'Vaccine Tracker | Africa Data Hub'.

⁸ 'As the Covid-19 pandemic has unfolded, one of the challenges is the negative impact that intellectual property (IP) barriers have had in the past and are anticipated to have on the scale up of manufacturing and supply of lifesaving Covid-19 medical tools across the world. Because the pandemic is an exceptional global crisis, the World Trade Organisation (WTO) can invoke a waiver of certain IP rights on these technologies under WTO rules. Given this, South Africa and India submitted a landmark proposal earlier this year to the WTO requesting that WTO members waive four categories of IP rights – copyright, industrial designs, patents and undisclosed information under the Agreement of Trade-Related Intellectual Property Rights (TRIPS) until the majority of the world population receives effective vaccines and develops immunity to Covid-19' (MSF 2020, 1).


⁹ MSF, 'WTO COVID-19 TRIPS Waiver Proposal Myths, Realities and an Opportunity for Governments to Protect Access to Lifesaving Medical Tools in a Pandemic', 1.

¹⁰ At the time of writing the statement is only accessible on Twitter. Once the statement is uploaded, the link will be updated.

¹¹ MSF, 'MSF to Wealthy Countries'.

¹² MSF; Dearden, 'As Others Pull Together on a Coronavirus Vaccine, Why Is the UK Siding with Big Pharma?'

¹³ UNHCR et al., 'Joint Guidance Note on Equitable Access to COVID-19 Vaccines for All Migrants'; Lekubu, "'Vaccinating Migrants Is the Constitutional Thing to Do" by Tebogo Lekubu, SALO | The Southern African Liaison Office'; WHO, 'More than 150 Countries Engaged in COVID-19 Vaccine Global Access Facility'.



of the vaccines remain extremely uneven. Shaped by global health inequity and biopolitics, vaccine nationalism has seen HICs stockpile the limited supply of vaccines, leaving many LMICs without access, and beholden to the power of big pharma.¹⁴

The challenges of procuring vaccines for countries across the African continent brings into focus the geopolitical forces that affect how the global roll-out is being implemented and highlights who is being prioritised – and possibly excluded from – access to vaccines. Indeed, African countries, especially those that are low income, face many challenges in terms of access, resulting in concerns about which population groups will be prioritised for vaccination when vaccinations become available. The high numbers of young and mobile populations across the continent, a large informal employment sector and ongoing political instability and precarities ‘all pose substantial challenges to vaccine roll-out strategies’¹⁵: these challenges are heightened in a context of limited vaccination supplies as prioritisation approaches are likely to leave non-citizen populations behind.

1.1 COVAX and Equitable Distribution

Collaborative efforts between the African Vaccine Acquisition Task Team (AVATT) of the African Union (AU) and the World Health Organization (WHO) -led Covid-19 Vaccines Global Access (COVAX) consortium with its global partners aims to secure 720 million doses of Covid-19 vaccines to achieve 60% coverage by June, 2022.^{16,17} By July 2020, 165 countries – representing 60% of the human population had joined COVAX, and the tripartite partnership had secured a 300 million doses deal with AstraZeneca – the leading pharmaceutical company for the vaccine developed by Oxford University in the UK. As of May 2021, 35 low-income African countries eligible for free vaccines from the COVAX facility have been accepted by an independent regional review committee.^{18,19}

Ghana was the first country in Africa to receive COVAX vaccines in February 2021 and, since then, more than 38 countries have received over 25 million vaccines with some countries able to expand their supply through bi-lateral agreements.²⁰ However, the COVAX initiative supplies are now running low, leaving poorer countries in a precarious situation as they try to reconfigure the current monopoly and commodification of healthcare.²¹

¹⁴ Andersen and Agnew, ‘Vaccinating Africa: What Governments Can Learn From Rwanda’s Effective Rollout’.

¹⁵ Nachege et al., ‘Addressing Challenges to Rolling out COVID-19 Vaccines in African Countries’.

¹⁶ Nachege et al.

¹⁷ The global initiative of COVAX is a coalition co-led by the WHO, Gavi, the Vaccine Alliance, and the Coalition for Epidemic Preparedness Innovations (CEPI). It was established to ensure fair and equitable global distribution of Covid-19 vaccines to low and middle-income countries (WHO 2020a).

¹⁸ WHO, ‘More than 150 Countries Engaged in COVID-19 Vaccine Global Access Facility’; Nachege et al., ‘Addressing Challenges to Rolling out COVID-19 Vaccines in African Countries’.

¹⁹ To supplement doses promised through COVAX, which would reportedly only cover 40% of the continent’s population, the AU has taken an “All of Africa” approach to securing doses through a ‘pooled procurement’ with Johnson & Johnson. This approach would mean that countries would not have to negotiate independently and subsequently would help lower costs (Jerving 2021). While plans are in place to work with UNICEF for the procurement logistics and the World Bank in terms of grants and loans to finance the vaccine to date very few countries have finalised their orders leaving the AU in a difficult position (Jerving 2021).

²⁰ Andersen and Agnew, ‘Vaccinating Africa: What Governments Can Learn From Rwanda’s Effective Rollout’.

²¹ Dearden, ‘As Others Pull Together on a Coronavirus Vaccine, Why Is the UK Siding with Big Pharma?’

However, Dr Matshidiso Moeti, the WHO Regional Director for Africa, has also cited reasons for why the African continent should be seen as in a strong position to roll-out efficient and effective vaccination programmes. In particular, she highlights experience gained from dealing with mass vaccination campaigns and in responding to other communicable diseases, including tuberculosis, malaria and HIV (which also required a battle to ensure that antiretrovirals (ARVS), made in the USA were accessible locally) and more recently against Ebola (EBV).²²

However, complexities such as the infrastructural challenges critical to the vaccine deployment - including cold-chain refrigeration and digital data collection - have been pointed out as potentially impeding an effective roll-out.²³ In recognition of the challenges ahead, a regional committee of over 100 experts from six leading global public health bodies, who approved the deployment of the COVAX vaccines, have called for more work on setting up systems to manage the logistics and supply chain for vaccines; reaching refugees, migrants and internally displaced people (IDPs); and financing national vaccination campaigns.²⁴

In addition, questions have been asked about the currently limited vaccine manufacturing capacity of Africa and how this can be strengthened and expanded to establish supply networks both across the continent and beyond. WHO-Afro argues that co-operation between African governments, continental bodies such as the AU, and other stakeholders is the key to creating this 'desperately needed capacity' in order to overcome the limitations and delays of the COVAX Facility.²⁵

2. Vaccine Nationalism and Non-Citizens

At a global level, the COVAX programme includes a reserve of about 5% of the total number of available doses as a 'humanitarian buffer' to assist with acute breakouts and to support humanitarian organisations to vaccinate refugees who may not otherwise have access.²⁶ WHO-Euro also outlines current best practice, evidence and knowledge to support policy and programme development for the vaccination of refugees and migrants during the pandemic, which includes a tiered system of prioritisation.²⁷ Within this, low-income migrant workers, irregular migrants and those unable to practice social distancing, including those living in camps and camp-like settings, would be a priority group for access to the vaccination globally.²⁸

How these best practices and policies can integrate into existing health systems, particularly those that face pre-existing systemic issues, is unclear. The challenges of achieving the ambitions of Universal

²² 'Address by Dr Matshidiso Moeti, WHO Regional Director for Africa, at the Ministerial Conference on Immunization in Africa - "Committing to Progress".'

²³ Andersen and Agnew, 'Vaccinating Africa: What Governments Can Learn From Rwanda's Effective Rollout'.


²⁴ WHO, 'Africa Is Getting Ready to Roll out COVID-19 Vaccines'; Matavire, 'Africa's Covid-19 Vaccine Rollout Must Include Clear Communication to Combat Vaccine Hesitancy — Experts'.

²⁵ WHO Africa, 'What Is Africa's Vaccine Production Capacity?'

²⁶ Mukumbang, 'Are Asylum Seekers, Refugees and Foreign Migrants Considered in the COVID-19 Vaccine Discourse?'

²⁷ Lekubu, "'Vaccinating Migrants Is the Constitutional Thing to Do" by Tebogo Lekubu, SALO | The Southern African Liaison Office'.

²⁸ Bartovic et al., 'Ensuring Equitable Access to Vaccines for Refugees and Migrants during the COVID-19 Pandemic'.



Healthcare Coverage (UHC)²⁹ when migrant populations are excluded from health responses is increasingly recognised³⁰ and it is clear that exclusion from Covid-19 vaccination programmes will further undermine approaches to ensuring good health for all.³¹ The public health consequences of excluding migrant groups from vaccination programmes are far-reaching and long-lasting; it is this bigger picture – in spite of an increasing number of calls for action³² - that many fail to see.

Bartovic et al³³ argue for the need to build a migration-aware approach³⁴ onto existing structures in order to be prepared for future vaccine distribution that is equitable and considers asylum-seekers and refugees. To date (May 2021) at least 153 states globally have adopted vaccination strategies that include refugees.³⁵ However, few vaccine programmes across Africa make explicit if and, if so, how asylum-seekers, refugees and other migrant groups (including cross border and internal migrants) will fit into the roll-out – despite the obvious need for clarity and reassurances for groups who are historically ‘left-behind’ in health system responses.³⁶ For example, an internal WHO report (May 2021) raises fears that Kenya will exclude hundreds of thousands of refugees from their roll-out, despite the intention to include them in their vaccine plans and in Nigeria there are concerns that over 2.7 million IDPs are at risk of being ignored in vaccine plans.³⁷ As a Human Rights Watch researcher observed “Vaccine distribution tends to illuminate a state’s blind spots, and even some governments that putatively included refugees in their plans were doing too little to make sure they were actually vaccinated....”.³⁸

This is supported by data published in May 2021 by the International Organization for Migration (IOM), reporting on the Horn and East Africa - noting large discrepancies between the official inclusion of refugees in National Deployment and Vaccination Plans and the reality of the roll-outs.³⁹ The IOM report notes financial (i.e., cost of health care), technical (such as access to online information and registration) and informational barriers to access, in addition to mistrust. Thus, in practice, vaccine shortages, weak health systems and pre-existing challenges faced by asylum seekers, refugees and other migrant groups are likely to reduce – or at least complicate - the opportunities for migrant groups to access the vaccine

²⁹ UHC 2030, ‘Global Compact for Progress towards Universal Health Coverage’.

³⁰ Vearey, Hui, and Wickramage, ‘Migration and Health: Current Issues, Governance and Knowledge Gaps’.

³¹ Mosca et al., ‘Universal Health Coverage’.

³² For example IOM, ‘Striving for Equitable Access to COVID-19 Vaccines to Leave No Migrant Behind’; IOM, ‘WHY SHOULD MIGRANTS BE INCLUDED IN NATIONAL VACCINATION PLANS?’; UNHCR et al., ‘Joint Guidance Note on Equitable Access to COVID-19 Vaccines for All Migrants’; UNHCR, ‘UNHCR Calls for Equitable Access to COVID-19 Vaccines for Refugees’; ICJ, ‘The Unvaccinated. Equality Not Charity in Southern Africa.’; Lekubu, “‘Vaccinating Migrants Is the Constitutional Thing to Do” by Tebogo Lekubu, SALO | The Southern African Liaison Office’; Jerving, ‘African Union Struggles to Garner Interest in Its J&J Vaccines’.

³³ Bartovic et al., ‘Ensuring Equitable Access to Vaccines for Refugees and Migrants during the COVID-19 Pandemic’.

³⁴ ‘Migration-aware’ is a term used to describe interventions, policy, and systems in which ‘population movement is embedded as a central concern in the design’ (Vearey, J., Modisenyane, M., and Hunter-Adams, J. 2017).

³⁵ UNHCR, ‘UNHCR Calls for Equitable Access to COVID-19 Vaccines for Refugees’, 2021.

³⁶ Lekubu, “‘Vaccinating Migrants Is the Constitutional Thing to Do” by Tebogo Lekubu, SALO | The Southern African Liaison Office’; The New Humanitarian, ‘Maps and Data’.

³⁷ Safi, ‘Revealed’.

³⁸ Safi.

³⁹ IOM, ‘MIGRANT INCLUSION IN COVID 19 VACCINATION CAMPAIGNS. IOM Country Office Survey Overview. Updated 26 April 2021.’

in host countries.⁴⁰

Understanding the inclusion of asylum seekers, refugees and other migrant populations in national vaccination programmes - given their often precarious legal status as well as increased vulnerabilities to Covid-19 and related health risks - is critical.⁴¹ While the relationship between migration and health is increasingly recognized globally, African states have – for many reasons – (mostly) failed to effectively design and implement migration-aware public healthcare systems. This is a whole-system response whereby population movement is embedded as a central concern in the design of interventions, policy and research.⁴² It is in this context that global vaccine nationalism and the challenges faced by African states in procuring vaccines are playing out; with a couple of notable exceptions observed amongst active vaccination programmes on the continent - Rwanda, Kenya, Senegal⁴³ - how countries decide to engage, or not, with migrant communities in their vaccination programmes remains to be seen.

Many nation states are using citizenship, legal status, and level of integration and acceptance in host societies to determine access to health care and inclusion in health policies. Yet, excluding migrants undermines the goals of UHC and does not contribute to equity or health security: it does the opposite, particularly in an era of emerging communicable diseases such as Covid-19 which is exacerbating health insecurity worldwide. Movement of people is a global reality and must be taken into account in developing public health policies and strategies. Advancing a migrant-inclusive and migration-aware approach to UHC requires a high level of leadership, political will, health diplomacy and cross-sectoral coherence. Yet, much of this is absent, as are country-led initiatives, high-level advocacy, donor-supported research and permanent fora for debate.⁴⁴

Concern has been expressed that nation-states may not only fail to include non-citizens and those without documents in their vaccination programmes, but that in some instances they will be deliberately excluded, as a form of national and local ‘vaccine nationalism’.⁴⁵ Cautioning against the increasing focus on the protection of citizens at the expense of asylum seekers, refugees and foreign-born migrants, to whom they are obliged to provide protection, Mukumbang⁴⁶ points to the ‘structural xenophobic tendencies’ of a number of states. Accordingly, Bhalla and Moloney⁴⁷ argue (in the context of undocumented workers in the Middle East, Africa and Southeast Asia): ‘If those people are already

⁴⁰ The New Humanitarian, ‘Maps and Data’.

⁴¹ Mukumbang, ‘Are Asylum Seekers, Refugees and Foreign Migrants Considered in the COVID-19 Vaccine Discourse?’; Mukumbang, Ambe, and Adebisi, ‘Unspoken Inequality: How COVID-19 Has Exacerbated Existing Vulnerabilities of Asylum-Seekers, Refugees, and Undocumented Migrants in South Africa’; UNHCR, ‘UNHCR Calls for Equitable Access to COVID-19 Vaccines for Refugees’, 2021; Al-Oraibi et al., ‘Migrant Health Is Public Health’; Nachega et al., ‘Addressing Challenges to Rolling out COVID-19 Vaccines in African Countries’.

⁴² Vearey, J., Modisenyane, M., and Hunter-Adams, J., ‘Towards a Migration-Aware Health System in South Africa: A Strategic Opportunity to Address Health Inequity South African’.


⁴³ UNHCR, ‘Rwanda Vaccinates Refugees and Asylum-Seekers against COVID-19’; UNHCR, ‘The Refugee Brief - 9 April 2021’; IOM, ‘MIGRANT INCLUSION IN COVID 19 VACCINATION CAMPAIGNS. IOM Country Office Survey Overview. Updated 26 April 2021.’

⁴⁴ Mosca et al., ‘Universal Health Coverage’, 248.

⁴⁵ Vearey, Hui, and Wickramage, ‘Migration and Health: Current Issues, Governance and Knowledge Gaps’; Moloney and Bhalla, ‘Analysis’.

⁴⁶ Mukumbang, ‘Are Asylum Seekers, Refugees and Foreign Migrants Considered in the COVID-19 Vaccine Discourse?’

⁴⁷ Moloney and Bhalla, ‘Analysis’.



invisible from the authorities...then they are almost certainly, without a concerted effort, going to be invisible from vaccination campaigns.'

Restricted access to the vaccine is therefore another way of discriminating against migrants – despite the fact that their often irregular or undocumented status, living conditions and environments render them among the most vulnerable across the continent.⁴⁸ Excluding specific groups on the basis of citizenship, immigration or documentation status would not only violate their human right to health, but will also affect the success of any vaccination programme.⁴⁹

The glaring absence of migration-aware and mobility-competent policies is likely going to reduce the level of engagement of asylum seekers, refugees and foreign migrants in the national fight against the Covid-19 pandemic and thus reducing their consideration for a Covid-19 vaccine.⁵⁰

In addition to global calls for vaccination programmes to include all migrant groups,⁵¹ a continental specific Guidance Note⁵² has been issued jointly by the UN Committee on Migrant Workers (CMW), the Special Rapporteur on Refugees, Asylum Seekers, Internally Displaced Persons and Migrants in Africa of the African Commission on Human and Peoples' Rights, the Office of the High Commissioner for Human Rights and regional human rights experts. The statement calls on nation-states to take into account the vulnerabilities, risks and needs of those migrants who are most vulnerable when designing their vaccination roll-out programmes:

In the context of the Covid-19 pandemic, the rights to health and non-discrimination are fundamental and indispensable. To overcome the pandemic and leave no one behind, these rights must be guaranteed to all migrants regardless of nationality and migration status. All migrants must have access to the vaccine on an equal basis with nationals.⁵³

Key is recognising the precarious position of many non-citizens, meaning that even with an inclusive vaccination programme, there may be widespread fear about accessing public services including healthcare due to previous negative experiences or as a result of lacking the valid documents required to be in a country lawfully, which could lead to arrests, detention and deportation.⁵⁴ This has implications for the effectiveness of Covid-19 vaccination programmes and, to this end, the safety of everyone engaging with vaccination services in any country must be guaranteed. A carefully designed

⁴⁸ Mukumbang, Ambe, and Adebisi, 'Unspoken Inequality: How COVID-19 Has Exacerbated Existing Vulnerabilities of Asylum-Seekers, Refugees, and Undocumented Migrants in South Africa'; Mukumbang, 'Are Asylum Seekers, Refugees and Foreign Migrants Considered in the COVID-19 Vaccine Discourse?'; UNHCR et al., 'Joint Guidance Note on Equitable Access to COVID-19 Vaccines for All Migrants'.

⁴⁹ LHR, 'Statement by the Southern African Nationality Network to SADC Member States'.

⁵⁰ Mukumbang, 'Are Asylum Seekers, Refugees and Foreign Migrants Considered in the COVID-19 Vaccine Discourse?'

⁵¹ Weekers, 'BLOG: To Be Effective, COVID-19 Vaccination Plans Must Include Migrants'; UNHCR et al., 'Joint Guidance Note on Equitable Access to COVID-19 Vaccines for All Migrants'.

⁵² OHCHR, 'Joint Guidance Note on Equitable Access to COVID-19 Vaccines for All Migrants'.

⁵³ OHCHR.

⁵⁴ OHCHR.

and properly implemented Firewall⁵⁵ can be established and embedded as a key aspect of a vaccination programme.⁵⁶

[A Firewall] provides legal protection in a situation where an undocumented person may face arrest, detention or deportation (Hermansson et al. 2020). 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 does not matter: any information collected will be used by the health system only, and any requirement to report an undocumented person to immigration authorities is overruled.⁵⁷

3. Vaccine Hesitancy: Rumours, Suspicions and Misinformation

Concerns about the limited and unequal supplies of the vaccine on the global market alongside fears about countries that have chosen not to vaccinate (such as Tanzania and Madagascar)⁵⁸ and/or have been hindered by the spread of rumours and misinformation – have led to vaccine hesitancy. Vaccine hesitancy – an issue that has been identified by researchers at the Duke Global Health Innovation as potentially ‘the primary obstacle to global immunity’⁵⁹ is fuelled by suspicion and fears about the origins of the virus, the development of the vaccine and assumed hidden agendas by Western countries and their pharmaceutical companies.⁶⁰

Hesitancy across some African countries was also triggered by South Africa’s decision to donate its supply of AstraZeneca vaccines to other countries after deciding against using them for its own population. This was done via an arrangement between the South African-based MTN mobile communications company and the AU, however many of the recipient countries did not manage to use the donated doses before they expired. Malawi, South Sudan, Ghana and Sierra Leone are all reported to have been left with expired doses of the vaccine with ‘vaccine hesitancy and scepticism’ identified as one of the key reasons for a low uptake.⁶¹ Despite assurances from the AU and WHO that the vaccines are safe for a number of months beyond their expiry date Malawi is reported to have destroyed 19,610

⁵⁵ Hermansson et al., ‘Firewalls’.

⁵⁶ OHCHR, ‘Joint Guidance Note on Equitable Access to COVID-19 Vaccines for All Migrants’; IOM, ‘MIGRANT INCLUSION IN COVID 19 VACCINATION CAMPAIGNS. IOM Country Office Survey Overview. Updated 26 April 2021.’; GAVI, ‘No “Us versus Them”’.


⁵⁷ de Gruchy and Vearey, ‘Forthcoming - Left behind: Why South Africa Must Develop Migration-Aware and Mobility-Competent Responses to Covid-19 and Future Pandemics’.

⁵⁸ Both countries have previously stated that they do not plan to vaccinate their populations against Covid-19 ‘using Western vaccines’ (Kalebi 2020).

⁵⁹ Duke Global Health Innovation Centre, ‘Weekly COVID Vaccine Research Update.Pdf’; Africa CDC, ‘Majority of Africans Would Take a Safe and Effective COVID-19 Vaccine’; Matavire, ‘Africa’s Covid-19 Vaccine Rollout Must Include Clear Communication to Combat Vaccine Hesitancy — Experts’.

⁶⁰ Roldan de Jong, ‘Perceptions of COVID-19 Vaccines in South Africa, Rapid Review.’; Matavire, ‘Africa’s Covid-19 Vaccine Rollout Must Include Clear Communication to Combat Vaccine Hesitancy — Experts’; Afolabi and Ilesanmi, ‘Dealing with Vaccine Hesitancy in Africa’; Crawshaw et al., ‘What Must Be Done to Tackle Vaccine Hesitancy and Barriers to COVID-19 Vaccination in Migrants?’

⁶¹ Mwai, ‘Covid-19 Africa’.



doses of their AstraZeneca supply – a move which was likely aimed at increasing public trust in the Government’s vaccination programme.⁶²

In Tanzania, the failure of (now deceased) President Magufuli to take Covid-19 seriously and to promote prayer and the use of herbal remedies as forms of protection from the virus were matched by his refusal to consider a vaccination programme and roll-out in the country.⁶³ Since his death, President Samai Suluhu Hassan has reportedly pushed for more transparency with regards to the reporting of Covid-19 cases (which stopped completely under Magufuli), in addition to establishing a task team to assess which vaccine may be best suited for Tanzania. However, to date no vaccination programme has been put in place and there is fear that the suspicion and misinformation spread by the previous administration will result in people not taking the virus seriously and refusing to be vaccinated.⁶⁴

In Kenya, a report on the work of a radio DJ hosting a radio show for the residents of Dadaab camp shows how misinformation about Covid-19 spreads through social media and, subsequently, throughout the camps.⁶⁵ In addition to the challenges of poor sanitation and overcrowding making ‘conditions ripe for the spread of the disease’ rumours about ‘foreigners’ spreading the virus and even fears that international aid agencies are causing the virus to make money are circulating.⁶⁶ An NGO official in Nairobi observed how it had been difficult to even start raising awareness around the inclusion of migrants and refugees, due to the vaccine hesitancy within the government and national population.⁶⁷ Similarly in the Central African Republic (CAR) the association of foreigners with the spread of the virus has also led to increased levels of xenophobia and direct targeting of foreign aid workers.⁶⁸ Based on the spread of rumours and fear of the virus it is unsurprising that this has extended to the vaccine itself.

Rwanda, the country that is leading the continent with its rapid roll-out of vaccinations (see text box 1a below), has also found that rumours and the spread of misinformation have gained traction in certain areas. A Water and Sanitation Officer based in Kigali described what he saw as a growth in suspicion about the vaccine within Evangelical and Pentecostal circles where conspiracy theories linking the virus and vaccine to ‘Westerners’ and as something created to harm Africans were taking hold: ‘these are your regular conspiracy theories, but now in a Covid-context where it is very fertile for such theories to flourish.’⁶⁹ Noting that this was more of an issue in neighbouring Democratic Republic of Congo (DRC) than Rwanda, he stated that sometimes rumours of vaccinations ‘trigger panic reactions’ amongst people and impede the success of the vaccination programme (Water and Sanitation Officer, Kigali, 1st April, 2021).

Vaccine hesitancy is therefore a key concern in terms of combatting Covid-19. The Executive Director of African Population and Health Research Centre (APHRC) has noted: ‘We cannot talk of vaccine hesitancy

⁶² Reuters, ‘Newsdeck’.

⁶³ Kyobutungi, ‘What Tanzania’s COVID-19 Vaccine Reluctance Means for Its Citizens and the World’.

⁶⁴ Buguzi, ‘Covid-19’.

⁶⁵ Einashe, ‘Meet the “Corona Guy” Fighting Covid-19 Disinformation in Kenya’s Refugee Camp’.

⁶⁶ Einashe.

⁶⁷ Remote interview with NGO official in Nairobi in April 2021.

⁶⁸ Losh, ‘Foreigners Targeted in Central African Republic as Coronavirus Fears Grow’.

⁶⁹ Water and Sanitation Officer, Kigali, 1st April 2021.

if there is barely enough vaccine doses to begin vaccination campaigns.⁷⁰ Yet, at the same time, it is clear that there is a need for strategic thinking around awareness raising and sharing of factual information regarding the Covid-19 vaccine.⁷¹ A recent IOM report for example, emphasises the importance of proactively ‘reaching out to migrant communities, in tailored languages and through relevant communication channels to build trust and create vaccine demand.’⁷² This was a point raised in 2020 by the Mixed Migration Centre (MMC) (North Africa) in exploring refugees’ and migrants’ access to information on Covid-19 in Libya and Tunisia. Highlighting the ‘prevalent use’ of online platforms and social media as a key source of information by refugees and migrants, the MMC recommend the systematic sharing of information on Covid-19 via online communities and through expanded awareness campaigns that translate materials into local languages. Moreover, looking at the various different information channels used by refugees and migrants the MMC point to higher levels of trust placed in community leaders and mobilisers.⁷³ These examples all point to the clear need for better inclusion of civil society organisations, civic and community groups and religious leaders, to facilitate information distribution, including among marginalised communities and to help reduce vaccine hesitancy and the spreading of myths.⁷⁴

4. Regional Spotlights

In the following we provide a brief overview of the current situation in terms of the vaccination programmes and what is known about regional and national roll-out programmes across Africa. At the time of writing (May 2021), despite a growing body of information on the progress of vaccination programmes across Africa, in-depth regional and national data is hard to find. In particular, government data on the inclusion or exclusion of asylum-seekers, refugees and other migrant groups and research is largely absent from the public domain.⁷⁵

4.1 North Africa

The UN Refugee Agency (UNHCR) note that there are indications that more than half of the countries in the Middle East and North Africa (MENA) region will be including refugees and other persons of concern in national vaccination programmes.⁷⁶ Yet equally the UN agency is not sure, due to phased approaches to vaccination in all countries, ‘if and how persons of concern will have access to vaccination in the near future’.⁷⁷ In Tunisia, ‘regular’ (documented) migrants technically have access to free emergency care, which includes vaccinations. Yet migrants and refugees report being excluded from healthcare services during 2020.⁷⁸ In Egypt, based on a joint advocacy approach between UNHCR, WHO, UNICEF and other

⁷⁰ <https://twitter.com/OxfamPanAfrica/status/1387684983352008704>.

⁷¹ ICJ, ‘The Unvaccinated. Equality Not Charity in Southern Africa.’

⁷² IOM, ‘Migrant Inclusion in Covid-19 Vaccination Campaigns’.

⁷³ MMC, ‘Access to Information on COVID-19 in Libya and Tunisia’.


⁷⁴ ICJ, ‘The Unvaccinated. Equality Not Charity in Southern Africa.’

⁷⁵ Since this section of the report was compiled between April and May 2021 we remain cognizant of the fluidity of the vaccine situation and that rapid pace with which things are changing across Africa.

⁷⁶ UNHCR, ‘UNHCR Calls for Equitable Access to COVID-19 Vaccines for Refugees’, 2021.

⁷⁷ UNHCR, ‘The Refugee Brief - 9 April 2021’.

⁷⁸ Knoll and Teevan, ‘Protecting Migrants and Refugees in North Africa: Challenges and Opportunities for Reform.’



UN agencies, Egypt's national Covid-19 vaccination plan now include refugees and asylum-seekers registered with UNHCR; on 28 February 2021, the Ministry of Health and Population launched a website for Egyptians and non-Egyptians to register for the Covid-19 vaccination.⁷⁹

While Libya missed out on the first round of COVAX vaccines as it did not submit key documents on time, the WHO report that the Government of Libya is willing to cover the cost of rolling out a Covid-19 vaccination scheme for the country's 574,000 refugees and migrants, but not the cost of the vaccines themselves.⁸⁰ With the support of the WHO, therefore, the government is sending an appeal to the Global Vaccine Alliance (GAVI) to cover the cost of vaccines through its Humanitarian Buffer Fund for an initial 16,200 refugees and migrants, who were previously identified by UNHCR and IOM as at high-risk.⁸¹

4.2 East Africa and the Horn of Africa

Kenya was the first country in the east and Horn of Africa region to receive vaccines through COVAX and has planned its vaccination program based on 3 phases with phase 3 set to include all vulnerable populations like those in congregate settings such as prisoners, refugees & the elderly.⁸² Efforts have been made in refugee camps to provide information and strengthen healthcare provision around treatment and testing for Covid-19 and in an attempt to prevent rumours and fear from spreading,

In Kenya's Kakuma refugee camp, many refugees feared health care services would disappear as lockdowns set in. However, community health workers stepped up their role to provide routine care and Covid-19 testing and treatment. A free hotline in Kakuma also combats misinformation, allowing people to report Covid-19 "rumors" that are then subjected to fact checking.⁸³

However, simultaneous to the start of their vaccination campaign, Kenya has threatened to close two of its largest refugee camps – Kakuma and Dadaab - which would significantly impact the protection of refugees in the context of Covid-19 as well as derail efforts to contain any spread of the virus.⁸⁴

Meanwhile a respondent noted that the key issue being faced in Kenya is lack of transparency with the government and the health department failing to offer clarity on the situation including whether the President and other Government officials have chosen to be vaccinated. This has, of course, created concern amongst the public and meant that the uptake of the vaccine has thus far been low.⁸⁵ In addition to the widespread scepticism amongst the public, there has also been little information shared on how migrants and refugees will be included in the vaccination programme.

⁷⁹ UNHCR, 'UNHCR MENA COVID-19 Vaccinations Update 24 March 2021'.

⁸⁰ MMC, 'Quarterly Mixed Migration Update: North Africa'.

⁸¹ MMC.

⁸² AfricaNews, 'Coronavirus - Kenya'; Paun, 'Vaccinating Refugees Spurs a Global Dilemma'.

⁸³ Grey, 'Opinion'.

⁸⁴ ENCA news, 'Kenya Orders Closure of Camps Housing over 400,000 Refugees | ENCA'; KHRC, 'KHRC - Thirty-Nine Organisations Call on Governments to Ensure Access to Asylum Seekers during COVID-19 Pandemic'.

⁸⁵ Interview with NGO official in Nairobi in April 2021.

In Sudan, the government has indicated that people seeking asylum and displaced people at high risk will have access to the vaccine,⁸⁶ while Rwanda was one of the first 20 countries worldwide to begin vaccinating refugees and asylum seekers alongside citizens as part of the National Response Plan includes the prioritisation of asylum-seekers and refugees.⁸⁷

Like most countries, Rwanda established a tiered prioritisation list for the vaccine with those most at risk first: this included frontline health-care workers, the elderly, teachers, prisoners, refugees and people with underlying chronic conditions. In the first phase of the roll-out for example, 224 refugees categorised as ‘high-risk’ who were residing in the Emergency Transit Mechanism (ETM) centre in Gashora (housing refugees and asylum-seekers from Libya) and 192 refugees in six refugee settlements were vaccinated. These individuals were categorised as high-risk as they are working on the frontlines of the pandemic as community health workers, cleaners or security guards in health centres located in the refugee settlements.⁸⁸

Text box 1a: Rwanda’s inclusive vaccine roll-out

*From the start those in the camps were included – we have always made sure that they have the same access to healthcare and Rwanda treats refugees as its own population.*⁸⁹

Planning and coordination

The effective vaccination roll-out has been credited to the initial coordinating mechanism established by the government of Rwanda at national level, which started ‘long before there was a vaccine available’⁹⁰ and brought together actors from all relevant state departments with non-state actors.⁹¹ Rwanda’s inclusion of asylum seekers and refugees from the start of their vaccination roll-out is a consequence of early planning, a strong record of rolling out immunisation campaigns through an inclusive national health system, and the trust invested in the Department of Health by the population.⁹² A Home-Based Care strategy, may have assisted in controlling the virus in camp settings.

A ‘high-tech digital operation’

In order to calculate how many vaccines would be needed in each community according to this prioritisation, the government conducted a mass, rapid national screening process involving the updating of population demographics and non-communicable diseases screening onto a digitised record-keeping programme.⁹³ Vaccinations are therefore

⁸⁶ ICRC, ‘Locked down and Left out? Why Access to Basic Services for Migrants Is Critical to Our COVID-19 Response and Recovery’; Moloney and Bhalla, ‘Analysis’.

⁸⁷ ICRC, ‘Locked down and Left out? Why Access to Basic Services for Migrants Is Critical to Our COVID-19 Response and Recovery’.

⁸⁸ UNHCR, ‘Rwanda Vaccinates Refugees and Asylum-Seekers against COVID-19’.

⁸⁹ Interview with Public health officer, UN agency, Kigali, March 2021.

⁹⁰ Interview with Public health officer, UN agency, Kigali, March 2021.

⁹¹ (Andersen and Agnew 2021).

⁹² This resonates with the results of a survey by the Africa CDC and London School of Hygiene & Tropical Medicine, who found that among those hesitant to take the Covid-19 vaccine their hesitancy derived from lack of trust in the scientific process, especially given the unprecedented pace of the vaccine development, or lack of trust in government. The study argues that ‘to reduce the risk of hesitancy, communities need to understand why the vaccine is important for them specifically, that it is safe and effective, that the government’s tiered prioritisation is fair, and that their social and cultural norms will be respected’ – something which Rwanda seems to have achieved across all residents – citizens and refugees (Africa CDC 2020).

⁹³ ‘Eliminating paper records is enhancing the ability of health teams and government to track health indicators in real-time and to digitally certify the status of those who have been vaccinated.’ (Andersen and Agnew 2021).

tracked in real-time in a digital database that makes data available to decision-makers and people living in the country. In rural and more remote areas this was done through village leaders who could provide local information based on households in their areas. Vaccines were pushed from the central stock warehouse out to all 50 district hospitals and cascaded onwards to more than 500 health centres based on this allocation.

Visibility

The first distribution of the vaccines around the country was a huge PR operation with convoys with escorts, helicopters, and even drones were used to deliver the vaccines as quickly as possible.⁹⁴ This has been seen as a strategic move by the government to create awareness and encourage people to come forward to be vaccinated. A respondent described the strategic inclusion of ‘role models’ from different sectors such as teachers, hotel staff, airline staff and members of sports clubs in the first phase of the programme as part of this campaign.

A decentralised system

Through the health centres found in most refugee camps, the UNHCR and other organisations are able to ensure that care is provided through a ‘decentralised governance’ system.⁹⁵ This decentralised system was credited by the respondents for the effective management of migration into the country; with no one coming in without papers and remaining undocumented there is little chance of migrants remaining ‘hidden’ from the authorities and non-state actors.⁹⁶

UNHCR is aware of every refugee- once they reach the country they are part of a community- through the decentralised governance system we reach everyone at village level.⁹⁷

In recognising the advantages of being able to track and record all migrants entering the country for the purposes of providing healthcare it is also important to acknowledge the risks this kind of visibility and control can pose to some.

Supply, demand & xenophobia

Demand for the vaccine is reportedly much higher than the available supply, which raises inevitable questions about who gets access and when.⁹⁸ Whilst no reports of xenophobia or tensions around prioritising (some) refugees ahead of some citizens have been identified to date, a lack of supply may affect this moving forward.⁹⁹

...the issue of exclusion or xenophobia has never been there – once refugees are in the country the UNHCR collaborate to integrate all services provided in the host community.¹⁰⁰

An effective strategy?

While this account of Rwanda’s vaccine roll-out needs further scrutiny and understanding especially through the inclusion of first hand experiences of refugees and other migrant groups and across different contexts, their inclusive approach resonates with that advocated by the WHO, IOM and AU. Rwanda may provide a blueprint for other countries across the continent to ensure that all migrant and displaced communities are ‘explicitly and proactively’ included in vaccination plans.¹⁰¹

4.3 Central and West Africa

⁹⁴ Remote interview with Water and Sanitation Officer, Kigali, April, 2021.

⁹⁵ Interview with Doctor A, Health Organisation, Kigali, April 2021.

⁹⁶ Remote interview with Doctor B, Health Organisation, Kigali, April 2021.

⁹⁷ Interview with Doctor A, Health Organisation, Kigali, April 2021.

⁹⁸ Doctor B, Health Organisation, Kigali, April 2021.

⁹⁹ Interview with Public Health officer, UN Agency, Kigali, March 2021

¹⁰⁰ Interview with Public Health officer, UN Agency, Kigali, March 2021.

¹⁰¹ (Al-Oraibi et al. 2021b).

In Central and West Africa, the UNHCR continues to promote the inclusion of refugees and IDPs in national Covid-19 vaccine roll-out plans.¹⁰² Currently, as observed by IOM, access to vaccines for migrants remains patchy.¹⁰³ In many countries, eligibility for international migrants depends on factors including place of residence and migration status, as well as age, employment status and health history.¹⁰⁴ In Senegal, refugees (mostly from Mauritania) have been included in the vaccination campaign from the outset. UNHCR reports that word of mouth and social media spread the news among refugees and that the vaccination is being rolled out not only in the cities such as Dakar but also in the smaller border villages where most of the refugees live.¹⁰⁵ In the CAR, UNHCR had success in advocating for the inclusion of refugees in the vaccine roll-out, with the current refugee population now included in the state's plans.¹⁰⁶

4.4 Southern Africa and the Indian Ocean Islands

The South African Development Community (SADC) has acknowledged that 'vaccines only realise their true power when they are deployed to protect the poorest and most vulnerable'.¹⁰⁷ Although discussions about a regional strategy for pooling resources and 'setting priorities according to the level of risk' have also taken place regionally there are no legal obligations mandating member states to do this.¹⁰⁸ So far there is little evidence that specific programmes have been put in place across regional bodies and states to ensure the inclusion of migrant populations in priority groups for the vaccine and to ensure that those without documents do not face greater risks.

In South Africa, where non-nationals, especially those who are undocumented already face challenges to access health services, there has been a failure to provide reassurance and clarity on whether undocumented groups will be included the vaccination programme and, as outlined in text box 1.b below, how they will be included.¹⁰⁹ This is despite claims by President Cyril Ramaphosa that all adults residing in South Africa would be vaccinated 'regardless of their citizenship or residence status'.¹¹⁰ The President's claims are in line with the country's constitution and its obligations under the Convention on the Elimination of All Forms of Racial Discrimination (CERD) and the International Covenant on Economic, Social and Cultural Rights (ICESCR). However, he has been contradicted by his own Health Minister, Dr. Zwelini Mkhize, who stated that the government did not have the capacity to assist undocumented foreign nationals.¹¹¹

¹⁰² UNHCR, 'UNHCR Calls for Equitable Access to COVID-19 Vaccines for Refugees', 2021.

¹⁰³ IOM, 'MIGRANT INCLUSION IN COVID 19 VACCINATION CAMPAIGNS. IOM Country Office Survey Overview. Updated 26 April 2021.'

¹⁰⁴ IOM.

¹⁰⁵ UNHCR, 'The Refugee Brief - 9 April 2021'.

¹⁰⁶ Remote interview with UN official in Bengui in April 2021.

¹⁰⁷ Machacha, 'SADC's Silence on Access to Covid-19 Vaccines Is Too Loud'.

¹⁰⁸ Machacha.

¹⁰⁹ Mavhinga, 'Ensuring Equitable Covid-19 Vaccine Distribution in South Africa'; Roldan de Jong, 'Perceptions of COVID-19 Vaccines in South Africa, Rapid Review.'; Vearey, 'OP-ED'.

¹¹⁰ Lekubu, "'Vaccinating Migrants Is the Constitutional Thing to Do" by Tebogo Lekubu, SALO | The Southern African Liaison Office'.

¹¹¹ Machacha, 'SADC's Silence on Access to Covid-19 Vaccines Is Too Loud'.

The principle of upholding the right to good health for all and efforts to implement effective public health programming are currently being undermined, with serious implications for SA's vaccination programme.¹¹²

As this report has shown, the level of exclusions and heightened vulnerability faced by asylum-seekers, migrants and refugees in South Africa during the pandemic are consistent with the government's increasingly restrictive and anti-migrant agenda – and this therefore increases concern that such discrimination will be extended to the vaccination programme.¹¹³

Text Box 1b: South Africa's online vaccine registration – what about those without documents?

The South African Government aims to vaccinate 41 million adults by the end of 2021. Phase one of the vaccine roll-out programme began on 17th February 2021 with over 270,000 frontline healthcare workers vaccinated by May 2021. Phase two opened to individuals over the age of 60. Phase 3 will be for all remaining eligible adults. All eligible adults are expected to register on the National Electronic Vaccination Data System (EVDS) which has been developed by the DoH and which will help to create a national register for Covid-19 vaccinations to assist with the timing, procurement and roll-out of vaccines. Currently, the online registration portal is open for all healthcare and frontline workers to be vaccinated as well as for eligible individuals over the age of 60. Currently the EVDS requires either an ID number, passport number or permit number for asylum-seekers and refugees. There is no option for those without any of these forms of identification (which can include citizens and non-citizens) to register. Despite questions being posed to both the DoH and DHA no clarity has yet been offered in terms of whether or how undocumented individuals will be able to register and get vaccination.

Elsewhere across SADC there is also little detail available on if and how migrant groups have been included in the vaccination programmes. In Botswana, vaccinations started on 26th March 2021 and by 2nd April 2021, a total of 12,945 people had been vaccinated through the National Vaccine Deployment Plan.¹¹⁴ Yet, while this plan is aimed at strengthening the health system through protecting the most vulnerable first, there is no reference to migrant groups. In Zimbabwe, while the vaccine is being rolled out public information was only disseminated after litigation against the government forced them to do so. A Zimbabwean vaccine civil society organisation also had to litigate to demand more information about the government's capacity and planning for vaccine acquisition and distribution, highlighting the challenges being faced in terms of micro-level control and politicisation of access to the vaccines.¹¹⁵ In Zambia, doses of the vaccine procured via COVAX were received in April 2021 and are expected to be rolled out under the National Covid-19 Vaccine Deployment Plan, prioritising frontline healthcare workers, essential workers (teachers, immigration, police, religious and traditional leaders) and those with co-morbidities.¹¹⁶ In Mozambique, where cases of Covid-19 dramatically escalated with the second wave at the start of 2021, vaccines have been received from China and India and the roll-out began in

¹¹² de Gruchy and Vearey, 'Forthcoming - Left behind: Why South Africa Must Develop Migration-Aware and Mobility-Competent Responses to Covid-19 and Future Pandemics'.

¹¹³ Lekubu, "'Vaccinating Migrants Is the Constitutional Thing to Do'" by Tebogo Lekubu, SALO | The Southern African Liaison Office'; LHR, 'Statement by the Southern African Nationality Network to SADC Member States'; SADC, 'SADC Member States Step up Efforts to Mitigate Impact of COVID-19 - South Africa'.

¹¹⁴ BWGovernment, 'Botswana Government (@BWGovernment) / Twitter'.

¹¹⁵ Machacha, 'SADC's Silence on Access to Covid-19 Vaccines Is Too Loud'.

¹¹⁶ WHO Zambia, 'Zambia Launches the COVID-19 Vaccination'.

March 2021. Healthcare workers are the priority, while the plan is to vaccinate the ‘entire eligible population’ by 2022.¹¹⁷

Finally, in the Indian Ocean Islands, there has been a clear push since early 2021 to reach ‘herd immunity’ amongst adult populations - particularly in relation to Mauritius and the Seychelles. With an economy that is heavily reliant on tourism, the Mauritius Tourism Promotion Authority, for example, predicted this would be achieved by June 2021.¹¹⁸ Having secured vaccines through COVAX and bilateral agreements with India and China, Mauritius has forged ahead with its vaccination programme and is on track to having 55% of its population vaccinated by July 2021. However, concern has been raised about the inclusion of vulnerable groups – such as prisoners and migrants - in the roll-out. As an island with a long history of migrant workers (many of whom have an irregular status) supporting the vital tourist industry the state appears to be prioritising citizens over migrants. Currently in order to access the vaccine people are required to present a national identity card and migrants with a visa are able use the ‘Mauritian Premium Visa’ program to access to the vaccine. However, without clarity on access for those with a less regular status, Mauritius risks excluding migrants who should be among those prioritised.¹¹⁹

5. Conclusions

Planning and strengthening of systems required for rolling out the Covid-19 vaccine across African regions and countries could provide an opportunity ‘to improve all major healthcare systems for the future’.¹²⁰ The challenges of achieving the ambitions of Universal Healthcare Coverage (UHC)¹²¹ when migrant populations are excluded from health responses is increasingly recognised¹²² - exclusion from Covid-19 vaccination programmes will further undermine approaches to ensuring good health for all.¹²³ The public health consequences of excluding migrant groups from vaccination programmes are far-reaching and long-lasting; it is this bigger picture that many fail to see. Bartovic et al¹²⁴ argue for the need to build a migration-aware approach *onto* existing structures in order to be prepared for future vaccine distribution that is equitable and considers asylum-seeker, refugees and migrants. Doing so may assist in achieving the goals of a migration-aware public healthcare system, supporting progress towards UHC. However, vaccine nationalism, which has also been referred to as vaccine apartheid presents further challenges.

As we enter an era defined by a vaccine apartheid, we must ensure that states themselves do not develop their own vaccine nationalism by denying or delaying access to vaccines for non-citizens (Spiegel 2021; Vearey 2021); increasing global interest in a vaccine passport mechanism that will have multiple negative consequences for LMICs in particular (Baral, Twahirwa Rwema, and haswana-Mafuya 2021; Gstrein, Kochenov, and Zwitter 2021; Phelan 2020; Schlagenhauf et al. 2021); and, the various, sometimes discrete

¹¹⁷ SABCnews, ‘Mozambique Expects to Vaccinate 16 Million against COVID-19 by 2022’.

¹¹⁸ Jeewa, ‘Is the Mauritian COVID-19 Vaccine Rollout Based on a Human Rights Approach?’

¹¹⁹ Jeewa.


¹²⁰ Matavire, ‘Africa’s Covid-19 Vaccine Rollout Must Include Clear Communication to Combat Vaccine Hesitancy — Experts’.

¹²¹ UHC 2030, ‘Global Compact for Progress towards Universal Health Coverage’.

¹²² Vearey, Hui, and Wickramage, ‘Migration and Health: Current Issues, Governance and Knowledge Gaps’.

¹²³ Mosca et al., ‘Universal Health Coverage’.

¹²⁴ Bartovic et al., ‘Ensuring Equitable Access to Vaccines for Refugees and Migrants during the COVID-19 Pandemic’.



and other times blatant, manifestations of national security agendas through Covid-19 control programmes. This needs to be better understood by all involved in developing and implementing Covid-19 response measures but “it appears that social science research is not being read by those in health institutions, and that the public health and global health security communities remain in separate silos” (Davies and Wenham 2020, 1228).¹²⁵

Despite a certain level of preparedness and extensive experience gained from previous large-scale immunisation campaigns and virus control (such as EBV) across Africa, there remain many fundamental challenges and blockages to ensuring that the Covid-19 vaccine is rolled out across the continent both efficiently and without discrimination.

....to meet the shared goal of UHC, the right to health must be realised for all persons. Persisting barriers of discrimination, racism and xenophobia, whether in policy, laws, practice or approaches to knowledge production, must be removed. Viable financial solutions, practices and policies need to be more systematically explored. A range of advocacy, knowledge dissemination, policy and innovative research currently underway deserves support: these contribute to increasing the evidence base for establishing migration-aware and mobility-competent health systems.¹²⁶

But there is no question: an effective response to Covid-19 is an equitable one; ‘[n]o particular population is safe unless all populations are safe’.¹²⁷ This isn’t (only) about the right to good health for all; it’s basic public health programming. Failure to ensure access to preventative and treatment interventions — including vaccines — for all, everywhere, undermines any single nation’s sovereign response to Covid-19. Vaccine nationalism is not only about addressing inequities in access to the vaccine globally, it is also about the ways that nation states roll-out their Covid-19 vaccination plans. While common public health sense – the central tenet of any successful vaccination strategy – is clear that everyone must be included, will this be the case?

Beyond impacts on individual health and undermining the success of a national vaccination programme, excluding non-citizens promotes the global endeavour to further securitise borders. Given that vaccination certificates are likely to become a requirement for safe and regular international travel, vaccine nationalism may further harm non-citizens – by pushing them into unsafe and irregular border crossings.

How vaccine nationalism will finally play out remains to be seen. We must ensure that we include everyone when advocating, developing and implementing our vaccine roll-out strategy. Ultimately, there is no place for hypocrisy. The international community cannot be called out on issues of Covid-19 vaccine nationalism if states across the continent do not plan for an inclusive national response.¹²⁸

¹²⁵ Vearey, de Gruchy, and Maple, ‘Global Health (Security), Immigration Governance and Covid-19 in South(Ern) Africa: An Evolving Research Agenda’.

¹²⁶ Mosca et al., ‘Universal Health Coverage’, 250.

¹²⁷ Kalebi, ‘What Are the Implications of Countries like Tanzania Not Vaccinating against Covid-19?’

¹²⁸ Concluding thoughts draw from Vearey, ‘OP-ED’.

References

- Regional Office for Africa. 'Address by Dr Matshidiso Moeti, WHO Regional Director for Africa, at the Ministerial Conference on Immunization in Africa - "Committing to Progress: Immunization as a Cornerstone for Health in Africa"'. Accessed 7 June 2021. <https://www.afro.who.int/fr/node/6630>.
- Afolabi, Aanuoluwapo Adeyimika, and Olayinka Stephen Ilesanmi. 'Dealing with Vaccine Hesitancy in Africa: The Prospective COVID-19 Vaccine Context'. Press Release, 2020. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7825371/>.
- Africa CDC. 'Majority of Africans Would Take a Safe and Effective COVID-19 Vaccine'. *Africa CDC* (blog), 2020. <https://africacdc.org/news-item/majority-of-africans-would-take-a-safe-and-effective-covid-19-vaccine/>.
- Africa Data Hub. 'Vaccine Tracker | Africa Data Hub', 2021. <https://www.africadatahub.org/vaccine-tracker>.
- AfricaNews. 'Coronavirus - Kenya: COVID-19 Update (12 February 2021)'. Africanews, 2021. <https://www.africanews.com/2021/02/13/coronavirus-kenya-covid-19-update-12-february-2021/>.
- Al-Oraibi, Amani, Christopher A. Martin, Osama Hassan, Kolitha Wickramage, Laura B. Nellums, and Manish Pareek. 'Migrant Health Is Public Health: A Call for Equitable Access to COVID-19 Vaccines'. *The Lancet Public Health* 6, no. 3 (1 March 2021): e144. [https://doi.org/10.1016/S2468-2667\(21\)00031-1](https://doi.org/10.1016/S2468-2667(21)00031-1).
- Andersen, Hayley, and Anstes Agnew. 'Vaccinating Africa: What Governments Can Learn From Rwanda's Effective Rollout'. Tony Blair Institute for Global Change, 2021. <https://institute.global/advisory/vaccinating-africa-what-governments-can-learn-rwandas-effective-rollout>.
- Bartovic, Jozef, Siddharta Sankar Datta, Santino Severoni, and Veronika D'Anna. 'Ensuring Equitable Access to Vaccines for Refugees and Migrants during the COVID-19 Pandemic'. *World Health Organisation Bulletin*, no. 99 (2021): 2.
- Buguzi, Syriacus. 'Covid-19: Counting the Cost of Denial in Tanzania'. *BMJ* 373 (2021): n1052. <https://doi.org/10.1136/bmj.n1052>.
- BWGovernment. 'Botswana Government (@BWGovernment) / Twitter'. Twitter, 6 April 2021. <https://twitter.com/BWGovernment>.
- Crawshaw, Alison F, Anna Deal, Kieran Rustage, Alice S Forster, Ines Campos-Matos, Tushna Vandrevala, Andrea Würz, et al. 'What Must Be Done to Tackle Vaccine Hesitancy and Barriers to COVID-19 Vaccination in Migrants?' *Journal of Travel Medicine*, 26 March 2021, taab048. <https://doi.org/10.1093/jtm/taab048>.
- Dearden, Nick. 'As Others Pull Together on a Coronavirus Vaccine, Why Is the UK Siding with Big Pharma? | Nick Dearden'. *the Guardian*, 2020. <http://www.theguardian.com/commentisfree/2020/jun/02/coronavirus-vaccine-uk-big-pharma>.
- Duke Global Health Innovation Centre. 'Weekly COVID Vaccine Research Update.Pdf', 2021. <https://launchandscalefaster.org/sites/default/files/documents/2021%2002.15%20Weekly%20COVID%20Vaccine%20Research%20Update.pdf>.
- Einasse, Ismail. 'Meet the "Corona Guy" Fighting Covid-19 Disinformation in Kenya's Refugee Camp'. *The Mail & Guardian*, 2020. <https://mg.co.za/africa/2020-06-14-kenya-coronavirus-refugee-dabaab-infomation/>.
- ENCA news. 'Kenya Orders Closure of Camps Housing over 400,000 Refugees | ENCA', 2021. <https://www.enca.com/news/kenya-orders-closure-camps-housing-over-400000-refugees>.
- GAVI. 'No "Us versus Them": Why Equitable Inclusion of All Migrants in COVID-19 Vaccine Plans Is Essential', 2021. <https://www.gavi.org/vaccineswork/no-us-versus-them-why-equitable-inclusion-all-migrants-covid-19-vaccine-plans-essential>.

- Grey, Anne-Marie. 'Opinion: 3 Ways to Ensure Refugees Get the COVID-19 Vaccine'. DEVEX, 7 April 2021. <https://www.devex.com/news/sponsored/opinion-3-ways-to-ensure-refugees-get-the-covid-19-vaccine-99565>.
- Gruchy, Thea de, and J. Vearey. 'Forthcoming - Left behind: Why South Africa Must Develop Migration-Aware and Mobility-Competent Responses to Covid-19 and Future Pandemics'. *South African Health Review*, n.d.
- Hermansson, Linus, Anna Lundberg, Sabine Gruber, Andrew Jolly, Jacob Lind, Erica Righard, and Hanna Scott. 'Firewalls: A Necessary Tool to Enable Social Rights for Undocumented Migrants in Social Work'. *International Social Work*, 29 May 2020, 0020872820924454. <https://doi.org/10.1177/0020872820924454>.
- ICJ. 'The Unvaccinated. Equality Not Charity in Southern Africa.' Briefing paper. The International Commission of Jurists, 2021. <https://www.icj.org/wp-content/uploads/2021/05/Africa-The-Unvaccinated-Publications-Reports-2021-ENG.pdf>.
- ICRC. '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. <https://www.redcross.org.au/getmedia/3c066b6d-a71f-46b8-af16-2342ff304291/EN-RCRC-Global-Migration-Lab-Locked-down-left-out-COVID19.pdf.aspx>.
- IOM. 'MIGRANT INCLUSION IN COVID 19 VACCINATION CAMPAIGNS. IOM Country Office Survey Overview. Updated 26 April 2021.' Geneva: IOM, 2021.
- . 'Migrant Inclusion in Covid-19 Vaccination Campaigns'. IOM Country Office Survey Overview. IOM Migration Health, 2021. file:///Users/user/Downloads/IOM%20Vaccine%20Inclusion%20Mapping%2026%20April%202021%20global_ext.pdf.
- . 'Striving for Equitable Access to COVID-19 Vaccines to Leave No Migrant Behind', 3 March 2021. <https://www.iom.int/news/striving-equitable-access-covid-19-vaccines-leave-no-migrant-behind>.
- . 'WHY SHOULD MIGRANTS BE INCLUDED IN NATIONAL VACCINATION PLANS?' IOM Dakar Regional Office for West and Central Africa, 2021. https://rodakar.iom.int/sites/rodakar/files/document/publications/COVID/OIM_FACTSHEET.pdf.
- Jeewa, Tanveer. 'Is the Mauritian COVID-19 Vaccine Rollout Based on a Human Rights Approach?' *Opinio Juris* (blog), 2021. <https://opiniojuris.org/2021/04/22/is-the-mauritian-covid-19-vaccine-rollout-based-on-a-human-rights-approach/>.
- Jerving, Sara. 'African Union Struggles to Garner Interest in Its J&J Vaccines'. 2021. <https://www.devex.com/news/sponsored/african-union-struggles-to-garner-interest-in-its-j-j-vaccines-99859>.
- Kalebi, Ahmed. 'What Are the Implications of Countries like Tanzania Not Vaccinating against Covid-19?' Quartz, 2020. <https://qz.com/africa/1973255/what-happens-if-some-countries-dont-vaccinate-against-covid-19/>.
- KHRC. 'KHRC - Thirty-Nine Organisations Call on Governments to Ensure Access to Asylum Seekers during COVID-19 Pandemic'. Press Release. Kenya: Kenya Human Rights Commission, 2020. <https://www.khrc.or.ke/2015-03-04-10-37-01/press-releases/718-thirty-nine-organisations-call-on-governments-to-ensure-access-to-asylum-seekers-during-covid-19-pandemic.html>.
- Knoll, Anna, and Chloe Teevan. 'Protecting Migrants and Refugees in North Africa: Challenges and Opportunities for Reform.' Discussion Paper. ECDPM, 2020. <https://ecdpm.org/wp-content/uploads/Protecting-Migrants-Refugees-North-Africa-Challenges-Opportunities-Reform-Discussion-Paper-281-October-2020-ECDPM.pdf>.
- Kyobutungi, Catherine. 'What Tanzania's COVID-19 Vaccine Reluctance Means for Its Citizens and the World'. *The Conversation*, 2021. <http://theconversation.com/what-tanzanias-covid-19-vaccine-reluctance-means-for-its-citizens-and-the-world-155310>.

- Lekubu, Tebogo. “Vaccinating Migrants Is the Constitutional Thing to Do” by Tebogo Lekubu, SALO | The Southern African Liaison Office’. SALO International Liason Dialogue Research, 2021. <http://www.salo.org.za/vaccinating-migrants-is-the-constitutional-thing-to-do-by-tebogo-lekubu-salo/?fbclid=IwAR1VwgbnRIJQG7qHSa2AMSDHh84cRyWjYpDqVP8cfr50QVob2UdHhMx2sFA>.
- LHR. ‘Statement by the Southern African Nationality Network to SADC Member States: “STATELESS IN A GLOBAL PANDEMIC: INCLUSIVITY IS KEY TO ENDING THE PANDEMIC” – Lawyers for Human Rights’, 2021. <https://www.lhr.org.za/lhr-news/statement-by-the-southern-african-nationality-network-to-sadc-member-states-stateless-in-a-global-pandemic-inclusivity-is-key-to-ending-the-pandemic/>.
- Losh, Josh. ‘Foreigners Targeted in Central African Republic as Coronavirus Fears Grow’. *The Guardian*, 2020, sec. Global development. <http://www.theguardian.com/global-development/2020/apr/10/foreigners-central-african-republic-coronavirus-fears-grow>.
- Machacha, Mandipa. ‘SADC’s Silence on Access to Covid-19 Vaccines Is Too Loud’. *The Mail & Guardian*, 2021. <https://mg.co.za/africa/2021-03-11-sadcs-silence-on-access-to-covid-19-vaccines-is-too-loud/>.
- Matavire, Max. ‘Africa’s Covid-19 Vaccine Rollout Must Include Clear Communication to Combat Vaccine Hesitancy — Experts’. *Health-e* (blog), 2021. <https://health-e.org.za/2021/03/10/africas-vaccine-plan-must-address-hesitancy/>.
- Mavhinga, Dewa. ‘Ensuring Equitable Covid-19 Vaccine Distribution in South Africa’. Human Rights Watch, 3 February 2021. <https://www.hrw.org/news/2021/02/03/ensuring-equitable-covid-19-vaccine-distribution-south-africa>.
- MMC, North Africa. ‘Access to Information on COVID-19 in Libya and Tunisia’. MMC North Africa 4Mi Snapshot-June 2020, 2020. https://reliefweb.int/sites/reliefweb.int/files/resources/116_covid_snapshot_NA.pdf.
- . ‘Quarterly Mixed Migration Update:North Africa’. Mixed Migration Centre, 2021. <https://mixedmigration.org/wp-content/uploads/2021/04/qmmu-q1-2021-na.pdf>.
- Moloney, Anastasia, and Nita Bhalla. ‘Analysis: “Invisible” Migrants Risk Being Last in Line for COVID-19 Vaccination’. *Reuters*, 2021. <https://www.reuters.com/article/us-health-coronavirus-migrants-trfn-idUSKBN29Q2A9>.
- Mosca, Davide T., Jo Vearey, Miriam Orcutt, and Anthony B. Zwi. ‘Universal Health Coverage: Ensuring Migrants and Migration Are Included’: *Global Social Policy*, 24 June 2020. <https://doi.org/10.1177/1468018120922228>.
- MSF. ‘MSF to Wealthy Countries: Don’t Block and Ruin the Potential of a Landmark Waiver on Monopolies during the Pandemic’. Médecins Sans Frontières Access Campaign, 2021. <https://msfaccess.org/msf-wealthy-countries-dont-block-and-ruin-potential-landmark-waiver-monopolies-during-pandemic>.
- . ‘WTO COVID-19 TRIPS Waiver Proposal Myths, Realities and an Opportunity for Governments to Protect Access to Lifesaving Medical Tools in a Pandemic’. MSF, 2020. https://msfaccess.org/sites/default/files/2020-12/COVID_TechBrief_MSf_AC_IP_TRIPSWaiverMythsRealities_ENG_Dec2020.pdf.
- Mukumbang, Ferdinand C. ‘Are Asylum Seekers, Refugees and Foreign Migrants Considered in the COVID-19 Vaccine Discourse?’ *BMJ Global Health* 5, no. 11 (1 November 2020): e004085. <https://doi.org/10.1136/bmjgh-2020-004085>.
- Mukumbang, Ferdinand C., Anthony N. Ambe, and Babatope O. Adebisi. ‘Unspoken Inequality: How COVID-19 Has Exacerbated Existing Vulnerabilities of Asylum-Seekers, Refugees, and Undocumented Migrants in South Africa’. *International Journal for Equity in Health* 19, no. 1 (20 August 2020): 141. <https://doi.org/10.1186/s12939-020-01259-4>.
- Mwai, Peter. ‘Covid-19 Africa: Who Is Getting the Vaccine?’ *BBC News*, 2021, sec. Reality Check. <https://www.bbc.com/news/56100076>.

- Nachegea, Jean B, Nadia A Sam-Agudu, Refiloe Masekela, Marieke M van der Zalm, Sabin Nsanzimana, Jeanine Condo, Francine Ntouni, et al. 'Addressing Challenges to Rolling out COVID-19 Vaccines in African Countries'. *The Lancet Global Health*, 2021, S2214109X21000978. [https://doi.org/10.1016/S2214-109X\(21\)00097-8](https://doi.org/10.1016/S2214-109X(21)00097-8).
- OHCHR. 'Joint Guidance Note on Equitable Access to COVID-19 Vaccines for All Migrants'. UN Committee on Migrant Workers, UN Special Rapporteur on the Human Rights of Migrants, United Nations High Commissioner for Human Rights, 2021. <https://www.ohchr.org/Documents/Issues/Migration/JointGuidanceNoteCOVID-19-Vaccines-for-Migrants.pdf>.
- Our World in Data. 'Coronavirus (COVID-19) Vaccinations - Statistics and Research'. Our World in Data, 2021. <https://ourworldindata.org/covid-vaccinations>.
- Paun, Carmen. 'Vaccinating Refugees Spurs a Global Dilemma'. POLITICO, 2021. <https://politi.co/3d6lM2e>.
- Reuters. 'Newsdeck: Malawi Burns Nearly 20,000 Expired COVID-19 Shots despite Assurances on Shelf Life'. Daily Maverick, 2021. <https://www.dailymaverick.co.za/article/2021-05-20-malawi-burns-nearly-20000-expired-covid-19-shots-despite-assurances-on-shelf-life/>.
- Roldan de Jong, T. 'Perceptions of COVID-19 Vaccines in South Africa, Rapid Review.' Brighton, Uk: Brighton: Social Science in Humanitarian Action (SSHAP), 2021. https://opendocs.ids.ac.uk/opendocs/bitstream/handle/20.500.12413/16549/SSHAP%20RAPID%20REVIEW_Perceptions%20of%20COVID-19%20vaccines%20in%20South%20Africa.pdf?sequence=3&isAllowed=y.
- SABCnews. 'Mozambique Expects to Vaccinate 16 Million against COVID-19 by 2022'. SABC News - Breaking news, special reports, world, business, sport coverage of all South African current events. Africa's news leader., 2021. <https://www.sabcnews.com/sabcnews/mozambique-expects-to-vaccinate-16-million-against-covid-19-by-2022/>.
- SADC. 'SADC Member States Step up Efforts to Mitigate Impact of COVID-19 - South Africa'. Analysis, 2020. <https://reliefweb.int/report/south-africa/sadc-member-states-step-efforts-mitigate-impact-covid-19>.
- Safi, Michael. 'Revealed: 46m Displaced People Excluded from Covid Job Programmes'. the Guardian, 2021. <http://www.theguardian.com/world/2021/may/07/at-least-46m-displaced-people-excluded-from-covid-jobs-who-study-shows>.
- The New Humanitarian. 'Tracking the Coronavirus Pandemic and Vaccine Rollouts'. Newsletter. The New Humanitarian, 2021. <https://www.thenewhumanitarian.org/maps-and-graphics/2021/coronavirus-humanitarian-update-map-data-vaccine-aid-response>.
- UHC 2030. 'Global Compact for Progress towards Universal Health Coverage'. UHC2030, 2017. https://www.uhc2030.org/fileadmin/uploads/uhc2030/Documents/About_UHC2030/mgt_arangemts__docs/UHC2030_Official_documents/UHC2030_Global_Compact_WEB.pdf.
- UNHCR. 'Rwanda Vaccinates Refugees and Asylum-Seekers against COVID-19'. UNHCR, 2021. <https://www.unhcr.org/news/press/2021/3/604b63ed4/rwanda-vaccinates-refugees-asylum-seekers-against-covid-19.html>.
- . 'The Refugee Brief - 9 April 2021'. *The Refugee Brief* (blog), 2021. <https://www.unhcr.org/refugeebrief/the-refugee-brief-9-april-2021/>.
- . 'UNHCR Calls for Equitable Access to COVID-19 Vaccines for Refugees', 2021. <https://www.unhcr.org/news/press/2021/4/606d56564/unhcr-calls-equitable-access-covid-19-vaccines-refugees.html>.
- . 'UNHCR MENA COVID-19 Vaccinations Update 24 March 2021'. UNHCR, 2021. <https://reporting.unhcr.org/sites/default/files/UNHCR%20MENA%20COVID-19%20Vaccinations%20update%2024%20March%202021.pdf>.
- UNHCR, UN Committee on Migrant Workers, UN Special Rapporteur on the Human Rights of Migrants, African Commission on Human and Peoples' Rights, Inter-American Commission on Human

- Rights, and Council of Europe. 'Joint Guidance Note on Equitable Access to COVID-19 Vaccines for All Migrants', 2021. <https://reliefweb.int/sites/reliefweb.int/files/resources/JointGuidanceNoteCOVID-19-Vaccines-for-Migrants.pdf>.
- Vearey, J., Thea de Gruchy, and Nicholas Maple. 'Global Health (Security), Immigration Governance and Covid-19 in South(Ern) Africa: An Evolving Research Agenda'. *Journal of Migration and Health* <https://doi.org/10.1016/j.jmh.2021.100040> (2021).
- Vearey, J., Modisenyane, M., and Hunter-Adams, J. 'Towards a Migration-Aware Health System in South Africa: A Strategic Opportunity to Address Health Inequity South African'. *South African Health Review*, 2017.
- Vearey, Jo. 'OP-ED: Vaccine Nationalism and Migration: Implications for the (Mis)Management of Covid-19 in South Africa'. *Daily Maverick*, 20 January 2021. <https://www.dailymaverick.co.za/article/2021-01-20-vaccine-nationalism-and-migration-implications-for-the-mismanagement-of-covid-19-in-south-africa/>.
- Vearey, Jo, Charles Hui, and Kolitha Wickramage. 'Migration and Health: Current Issues, Governance and Knowledge Gaps'. *WORLD MIGRATION REPORT*, 2020, 38.
- Weekers, J. 'BLOG: To Be Effective, COVID-19 Vaccination Plans Must Include Migrants'. Geneva: IOM, 18 December 2020. <https://weblog.iom.int/be-effective-covid-19-vaccination-plans-must-include-migrants>.
- WHO. 'Africa Is Getting Ready to Roll out COVID-19 Vaccines'. WHO | Regional Office for Africa, 2020. <https://www.afro.who.int/news/africa-getting-ready-roll-out-covid-19-vaccines>.
- . 'More than 150 Countries Engaged in COVID-19 Vaccine Global Access Facility', 2020. <https://www.who.int/news/item/15-07-2020-more-than-150-countries-engaged-in-covid-19-vaccine-global-access-facility>.
- WHO Africa. 'What Is Africa's Vaccine Production Capacity?' WHO | Regional Office for Africa, 2021. <https://www.afro.who.int/news/what-africas-vaccine-production-capacity>.
- WHO Zambia. 'Zambia Launches the COVID-19 Vaccination'. WHO | Regional Office for Africa, 2021. <https://www.afro.who.int/news/zambia-launches-covid-19-vaccination>.



The Migration and Coronavirus in Southern Africa Coordination Group (MiCoSA) is hosted by the Migration and Health Project Southern Africa (maHp) at the African Centre for Migration & Society (ACMS), Wits University, Johannesburg. MiCoSA is an informal network of migrant-led organisations, non-governmental organisations, international organisations, civil society, activists, lawyers, researchers, government officials and policy advisors. Through an online platform and virtual meetings, MiCoSA brings together national and SADC regional partners who are concerned with the health and well-being of asylum-seekers, refugees and migrants during the current Coronavirus pandemic. To date, MiCoSA has over 150 members; to join this network, please email coronavirus-migration+join@googlegroups.com

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