



## Sign-on Letter for Migrant Inclusion in COVID-19 Vaccine Access in Europe

5 May, 2021

Mr. António Costa  
Prime Minister of Portugal  
Presidency of the Council of the European Union

Dr. Ursula von der Leyen  
European Union President

Mr. Charles Michel  
President of the European Council

Commissioner Stella Kyriakides  
European Union Commissioner for Health

Vice-President Margaritis Schinas  
Vice-President of the European Commission for Promoting Our European Way of Life

Dear Mr. Costa, Dr. von der Leyen, Mr. Michel, Commissioner Kyriakides, and Vice-President Schinas,

**We, members of the migrant and refugee community; people with chronic and underlying health conditions such as HIV, viral hepatitis, TB, hypertension, and diabetes; public health professionals; community advocates; civil society representatives; and concerned citizens; urge you to immediately provide COVID-19 vaccines to all people who are migrants, refugees, displaced or non-national people residing in the European Union (EU). Keeping the most vulnerable populations safe from COVID-19 through universal vaccine access keeps everyone safe.**

The global pandemic will not be over until it is over for everyone, regardless of immigration status, and this includes migrants and refugees, who are most at risk. There were an estimated [23 million non-EU citizens \(5.1% of the population\)](#) in the EU in 2020. However, people who are migrants or refugees face immense barriers to healthcare, and too often lack coverage in national health systems, health insurance, and the financial resources to seek medical care.

In most European nations, primary healthcare is inaccessible to people with [irregular migration status](#). In fact, last year, the European African Treatment Advocates Network

(EATAN) survey among 300 migrants in the EU, UK, and countries of origin in sub-Saharan Africa found that 5% could not access prescription medications at all and an overwhelming 87% had experienced disruptions or some impacts on accessing prescription medications during the pandemic. This indicates significant barriers to accessing life-saving medications and attending to healthcare needs. Even a 5% drop in treatment access puts people at risk of health complications, vulnerable to COVID-19 infections, and can cause a rise in hospitalizations.

People who are migrants or refugees in the EU experience a [higher incidence of poverty](#), overcrowded housing conditions, reliance on public transportation, and a high concentration in unsafe work places or jobs where physical distancing is difficult, leaving them more vulnerable and at a much higher risk of COVID 19 infection compared to those with full legal status. Data collection on mortality rates among these populations differ across EU countries, however, significantly worse outcomes have been documented among the Black and ethnic minority (BAME) communities where many migrants live. In the UK, [one-third of COVID-19 patients](#) were BAME, despite comprising only 22% of the population. [The risk of COVID-19 death](#) was twice as great for Black men, 1.4 times greater for Black women, and 1.5 times greater for South Asian men, compared with white peers, and taking into account other socioeconomic variables.

[According to Office of the High Commissioner for Human Rights \(OHCHR\) experts](#), “Nobody should be afraid to seek the care they need.” EU COVID-19 responses must be inclusive to ensure migrants and refugees are incorporated into [public health strategies and planning](#) because the success of vaccination campaigns rely on voluntary and low-threshold access. Most available vaccines are given in two doses over the course of a few weeks. People who are migrants or refugees must be encouraged to seek vaccines and be reassured that there are strictly enforced firewalls between health and immigration officials, such as a ban on subpoenas of health records, so that they seek follow-up doses.

In October 2020, the European Commission’s [Preparedness for COVID-19 Vaccination Strategies and Vaccine Deployment](#) plan cited refugees as a priority group. However, undocumented migrants are not included, and other displaced people or non-nationals are not prioritized for vaccination. Furthermore, each country is responsible for developing their own vaccine strategies, which define and prioritize the groups for vaccination. Exclusion of these populations from national vaccine plans risks ongoing transmission within and outside these groups and will prolong the epidemic in countries.

Our demands have been echoed by the UN Committee on Migrant Workers (CMW); the UN Special Rapporteur on the human rights of migrants; the Special Rapporteur on Refugees, Asylum Seekers, Internally Displaced Persons and Migrants in Africa of the African Commission on Human and Peoples’ Rights; the Special Representative of the Secretary General on Migration and Refugees of the Council of Europe; and the Rapporteur on the Rights of Migrants of the InterAmerican Commission on Human Rights. Aligning with the [Office of the High Commissioner for Human Rights statement and guidance](#), we urge the EU Member States to ensure non-discriminatory, equitable access to COVID-19 vaccines to all people regardless of their nationality, immigration and migration status.

We call for the [following policies](#):

- Member States must adhere to their international obligations on the right to health, right to science, and non-discrimination.
- Member States must provide non-discriminatory, equitable distribution and access to COVID-19 vaccination to all migrants, refugees, displaced people, non-nationals, and their families, regardless of nationality, migration status, or other grounds of discrimination.
- Member States must prioritize the non-discriminatory, equitable access to vaccines that takes into account the particular vulnerabilities, risks, and needs of migrants, refugees, displaced people, non-nationals, and their families, who are most exposed and vulnerable to the SARS-CoV-2 virus/COVID-19.
- Member States must prioritize people for vaccination on the basis of medical needs and public health, by establishing appropriate health criteria that are in line with human rights standards and norms. This includes prioritization according to social determinants of health, such as migrants and refugees in irregular situations, those with low-income, people living in camps or unsafe conditions, people in immigration detention, and migrants and refugees in transit.
- Member States must explore all policy options to ensure optimal use of available pharmaceutical manufacturing capacity across countries, including supporting the TRIPS Waiver proposal submitted by India and South Africa to the World Trade Organization and supported by over 100 countries, to secure a greater pool of COVID-19 vaccines and other health technologies needed to address the pandemic. This will curb vaccine rationing and exclusion of migrants, refugees, displaced people, non-nationals, and their families.
- Member States must adopt measures to overcome healthcare access barriers and provide focused outreach and provision of information among migrants, refugees, displaced people, non-nationals, and their families, in languages they understand and in formats they can access.
- Member States must ensure national vaccination communications, campaigns, and plans avoid rhetoric and terminology that stigmatize and reinforce harmful narratives against migrants, which may further exclude and prevent migrants and refugees from seeking the COVID-19 vaccines and healthcare they need.
- To enact firewalls between immigration enforcement and the COVID-19 vaccine roll-out, in order to prevent the fear or risk of reporting, detention, deportation, and other penalties as a result of migration or immigration status. Vaccine registration should not be used to collect nor share information about migration or immigration status.

Thank you for your attention to our concerns.

Respectfully,

Elijah Amooti  
European African Treatment Advocates Network, UK/EU

Bryn Gay  
Treatment Action Group, United States

## Organizations

1	Adela Senkubuge	Reinventing Success	UK
2	Alex Sparrowhawk	UK Community Advisory Board	UK
3	Alex Stais, CIO	Providence St. Joseph Health	United States
4	Dr Amelia Hempel-Jorgensen	The Open University	UK
5	Ana Isabel Peña López	Plataforma de Salud Mental de Aragón	España
6	Ana Martínez Calvo	Plataforma de Salud Mental de Aragón	España
7	Andrea Maria Ricci	LILA Piemonte ODV - Italian League for the Fight against AIDS	Italia
8	Dr Andrew Gargett	The Open University	UK
9	Andria	AIDS Coalition to Unleash Power (ACT UP) London	UK
10	Dr Anna Comas-Quinn	The Open University	UK
11	Annamaria	LILA - Italian League for the Fight against AIDS	Italia
12	Annemarie	The Open University	UK
13	Aura Roig	Metzineres. Environments of Shelter for Women Who Use Drugs Surviving Violences (ICEERS)	España
14	Ayesha Peeran	The Open University	UK
15	Bhavika Jessani	The Open University	UK
16	Brook K. Baker	Health Global Access Project	United States
17	Dr Carol Azumah Dennis	The Open University	UK
18	Cathy Crawford	Cathy Crawford	UK
19	Christina Antoniadi	Christina Antoniadi	UK
20	Concepción Sarasa Bosque	Salud Aragon	España
21	Dr Coral Jones	Doctors in Unite	UK
22	Cristina Sam Momo	SOS RACISMO	España
23	Dean Baker	Center for Economic and Policy Research, Washington, DC	United States
24	Dr Milka Sokolovic	European Public Health Alliance (EPHA)	België
25	Dr Neda Milevska-Kostova	International Alliance of Patients Organisations	UK

26	Edith Espinola	Asociación SEDOAC	España
27	Edith Espinola	Red de Mujeres Latinoamericanas y del Caribe - RED LATINAS	España
28	Edwin Bernard	HIV Justice Network	Netherlands
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30	Elizabeth Tilley	Open University (The)	UK
31	Félix Fuentesbro	Medicus Mundi Spain	España
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33	Fernando Gutiérrez Gómez	"Ciudadanía contra la Exclusión Sanitaria" Cantabria	España
34	Filomena Ruggiero	FEDERACIÓN DE PLANIFICACIÓN FAMILIAR ESTATAL	España
35	Fiona Pettitt	UK Community Advisory Board	UK
36	Flavia Kyomukama	Action Group for Health, Human Rights and HIV/AIDS (AGHA) Uganda	Netherlands
37	Francesca Pippo	The Open University	UK
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39	Freek Spinnewijn	FEANTSA	België
40	GEMA	Medicus Mundi Gipuzkoa	Spain
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42	Giacomo Dessì	LILA Cagliari ODV - Italian League for the Fight against AIDS	Italia
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48	Javier Padilla Bernáldez	Colectivo Silesia	España
49	Jeff Ukiri	BHA For Equality	UK
50	Jo Marie Chrosniak, HM	Region VI Coalition for Responsible Investment	United States
51	Jonathan R Rix	The Open University & The Inland Norway University of Applied Sciences	UK
52	José Luis Ayerbe Aguayo	Medicus Mundi Sur	España
53	Jose Manuel Lalana Cuenca	Sociedad Aragonesa de Salud Mental (SASM-AEN)	Aragon

54	Jose Mejia	METRO Charity	UK
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60	Kurt Barnes	The Episcopal Church (DFMS)	United States
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83	Memory Sachikonye	UK Community Advisory Board	UK
84	Merenptah Asante	Umbrella UK	UK
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105	Rose Murasa	NNHG	UK
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107	Rubén Mora Mesquida	Stop SIDA	España
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