

Refugee women and their right of access to COVID-19 vaccination

When vaccination campaigns against SARS-CoV-2 started in late 2020, global health leaders called for an equitable distribution of COVID-19 vaccines. By mid-2021, a large number of people worldwide have benefited from these vaccines and although the lives of many are now beginning to normalise, we still need to ensure that vulnerable groups, such as refugees, are protected from the pandemic and have access to COVID-19 vaccines.¹

Refugees and displaced populations have to overcome barriers to accessing health care services in general, including vaccination. The International Organization for Migration (IOM) calls on officials and governments to consider and include all migrants present in their territories – regardless of their immigration status – in their national COVID-19 vaccination plans.²

Up until March 2021, around 110 countries had included refugees in their vaccine distribution plans. By June 2021, 91 countries had offered COVID-19 vaccinations to their refugees, according to the United Nations High Commissioner for Refugees (UNHCR) data monitoring.³ However, issues involving costs (both direct health care costs and additional out-of-pocket costs associated with seeking care), discrimination and stigma, as well as distrust in authorities and fears related to the disclosure of immigration status, may discourage displaced persons from seeking vaccination, even when they are eligible. Moreover, there is a lack of reliable data in many countries as to the numbers of refugees and displaced populations, making it difficult to identify people who are eligible for vaccination. Furthermore, there are other obstacles some migrants face in accessing COVID-19 vaccination, such as lack of access to information in their native languages.⁴

As of August 2021, more than 4.16 billion doses have been administered across 180 countries; however, less than 1% of populations in low- and middle-income countries have been vaccinated.⁵

Gender norms and gender inequality may also influence access to, and demand for, vaccines in different contexts and should be taken into consideration if access is to be expanded. Gender-related barriers must be addressed in the rollout of vaccine distribution in order to reach everyone, especially the most marginalised populations,⁵ based on social equity principles.

FIGO position on the issue

FIGO is dedicated to the improvement of women and girls' health and rights and to the reduction of disparities in health care available to women and girls, regardless of their legal or social status. Therefore, FIGO is advocating for the rights of displaced migrant and refugee women as vulnerable groups to access COVID-19 vaccination.

Moreover, during the second stage of vaccination roll-out, when vaccine supply is still limited but the highest-priority groups – generally health workers and older people – have been vaccinated in line with WHO recommendations, FIGO calls for the prioritisation of COVID-19 vaccinations for refugee women without legal status, displaced persons and vulnerable migrants in irregular situations.

Priority groups for COVID-19 vaccination

Access prioritisation to vaccines by specific groups was recommended when COVID-19 vaccines were first introduced. Countries prioritised people for vaccination on the basis of individual medical needs and public health grounds, such as high risk of severe disease and death because of advanced age, comorbidities, or special health status such as pregnancy and breastfeeding.

It was recommended that appropriate criteria, in line with human rights standards and norms and vaccine availability, should be introduced.⁶

The prioritisation of vaccine delivery based on medical criteria should be inclusive for all, without any exclusion linked to nationality and/or migration status. All migrants must have access to COVID-19 vaccination regardless of their nationality and migration legal status, and on an equal basis with nationals.⁴

As far as establishing criteria for vaccines distribution goes, attention must be focused on the migrants who are most exposed and vulnerable to SARS-CoV-2 due to social health determinants, such as migrants in irregular situations, those with a low income, and/or migrants living in camps or unsafe conditions.⁷

The Special Rapporteur on the human rights of migrants stated that “A number of reports indicate that migrants may be more vulnerable to poor health by virtue of their often low socio-economic status, the process of migration and their vulnerability as non-nationals in the new country”.⁴ The consideration of those migrants who are most exposed and vulnerable to SARS-CoV-2 due to social determinants of health was also supported by the Committee on Economic, Social and Cultural Rights (CESCR) and the WHO Strategic Advisory Group of Experts (SAGE) on Immunization.⁸

Focus on refugee women's rights and their specific needs

Evidently, from a human rights perspective, countries are obliged to ensure that refugees have the right to access health facilities, goods and services, which also includes the COVID-19 vaccine. This is to be done on a non-discriminatory basis, especially for vulnerable or marginalised groups.

Although women as a category are considered vulnerable, certain specific groups of women have been identified as being particularly vulnerable, e.g., pregnant and breastfeeding women, those who are chronically ill, disabled, immigrant, internally displaced and refugee women. Moreover, risk factors affecting women's health status and difficulties in accessing services in the context of COVID-19 are other factors that need to be recognised in national health policies and local plans for COVID-19 vaccine distribution.

Even if evidence indicates that males have a higher risk of severe SARS-CoV-2 disease and COVID-related mortality than females, particularly in older age groups, the difference in risk between genders is reduced when comorbidities and other factors are taken into account.⁹ Indeed, in many contexts, women are disproportionately represented in high-risk groups and are disadvantaged in terms of access to health care, political and social status, and decision-making authority, often due to the social structural features in some communities.⁹

FIGO recommendations

FIGO recommends:

- advocating for the rights of refugee and migrant populations to access and receive COVID-19 vaccinations
- governments and officials considering and including their respective refugee populations in vaccine distribution plans which are based on social equity principles
- that governments should distribute accessible and widely available information in the native language of refugees and migrants regarding the right to access health care services such as COVID-19 vaccination and more
- prioritising vaccination for migrant populations during the second vaccine roll-out once high-priority populations, such as health care workers and older people, have been vaccinated
- medical data for the prioritisation of vaccine delivery should be inclusive for all, without excluding any populations based on nationality and/or migrant status.

References

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About FIGO

FIGO is a professional organisation that brings together more than 130 obstetrical and gynaecological associations from all over the world. FIGO's vision is that women of the world achieve the highest possible standards of physical, mental, reproductive and sexual health and wellbeing throughout their lives. We lead on global programme activities, with a particular focus on sub-Saharan Africa and South East Asia.

FIGO advocates on a global stage, especially in relation to the Sustainable Development Goals (SDGs) pertaining to reproductive, maternal, newborn, child and adolescent health and non-communicable diseases (SDG3). We also work to raise the status of women and enable their active participation to achieve their reproductive and sexual rights, including addressing female-genital mutilation (FGM) and gender-based violence (SDG5).

We also provide education and training for our Member Societies and build capacities of those from low-resource countries through strengthening leadership, good practice and promotion of policy dialogues.

FIGO is in official relations with the World Health Organization and a consultative status with the United Nations.

About the language we use

Within our documents, we often use the terms 'woman', 'girl' and 'women and girls'. We recognise that not all people who require access to gynaecological and obstetric services identify as a woman or girl. All individuals, regardless of gender identity, must be provided with access to appropriate, inclusive and sensitive services and care.

We also use the term 'family'. When we do, we are referring to a recognised group (perhaps joined by blood, marriage, partnership, cohabitation or adoption) that forms an emotional connection and serves as a unit of society.

FIGO acknowledges that some of the language we use is not naturally inclusive. We are undertaking a thorough review of the words and phrases we use to describe people, health, wellbeing and rights, to demonstrate our commitment to developing and delivering inclusive policies, programmes and services.

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