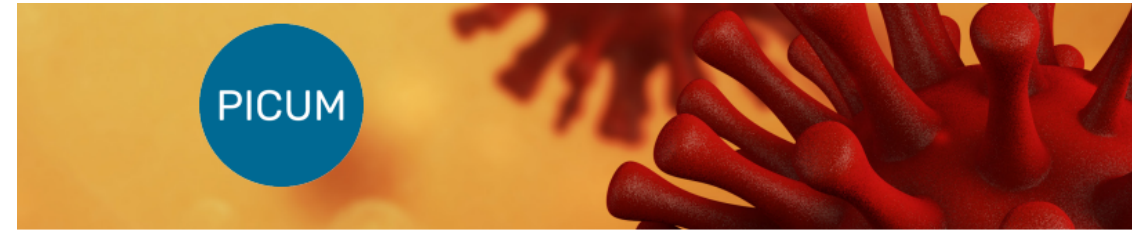


Access to the COVID-19 vaccines for undocumented people in the EU: Trends and emerging promising practices

23 June 2021
Alyna Smith, PICUM

PICUM's work on COVID-19

- Our focus: rights and realities of undocumented people in Europe/EU
- What we've done: monitor, analyse relevant developments on the ground, at the policy level (national and EU) affecting undocumented people; policy recommendations
- Methods:
 - Media monitoring
 - Survey of our members
 - Meetings, exchange, interviews with national orgs.
- Resource page available at www.picum.org
- Specific focus on the vaccine since December <https://picum.org/covid-19-undocumented-migrants-europe/>



The COVID-19 pandemic: we need urgent measures to protect people and mend the cracks in our health, social protection and migration systems

Non-exhaustive overview of European government measures impacting undocumented migrants taken in the context of COVID-19

March-August 2020

This document provides an overview of measures adopted by EU member states and some countries outside the EU in response to the COVID-19 pandemic and foreseen economic downturn, about which PICUM has been informed by its members or has learned of through


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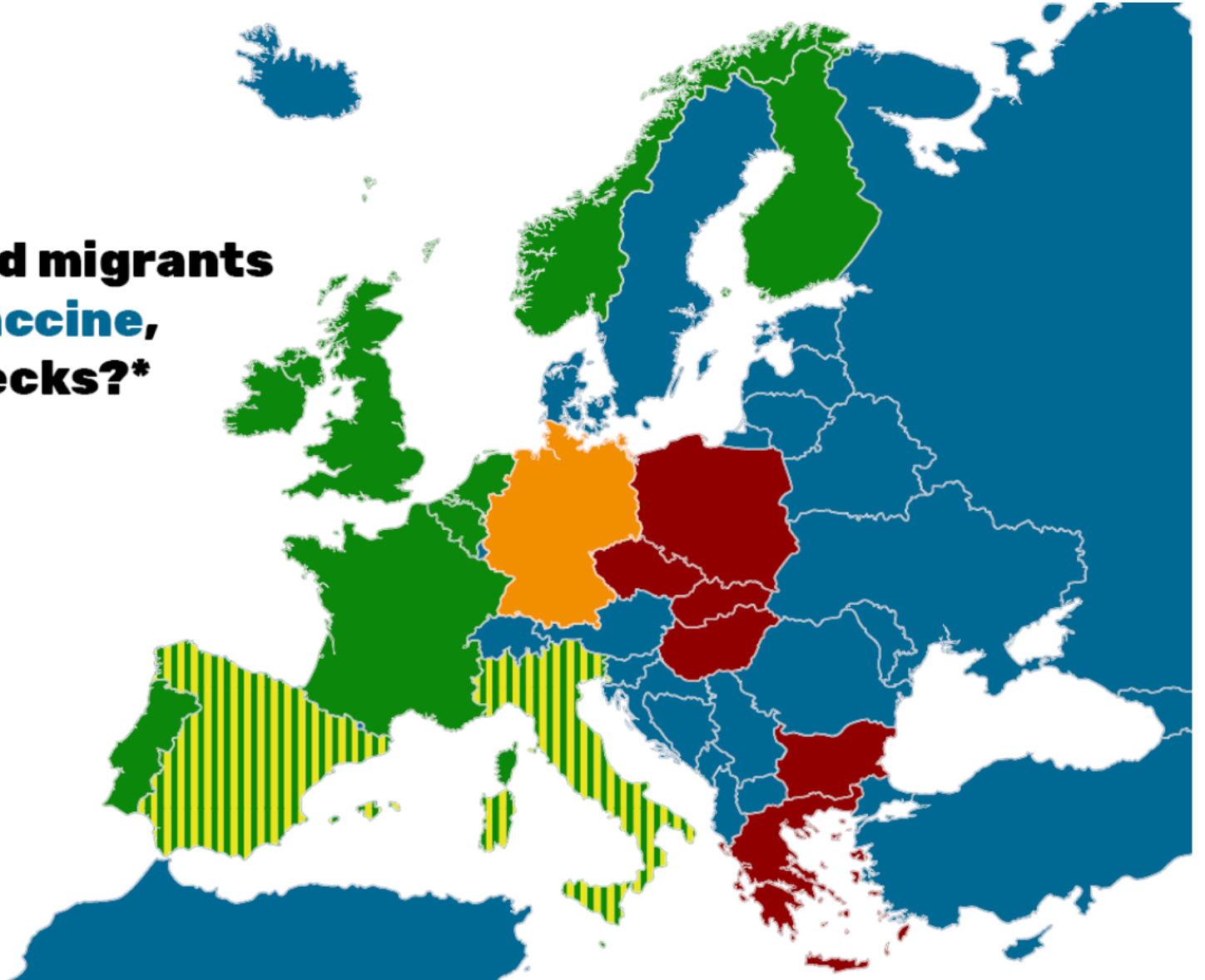
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Where are undocumented migrants able to get a **COVID-19 vaccine**, without immigration checks?*

-  **Administrative access and firewall**
-  **Firewall**
but no administrative access
-  **Administrative access**
but no firewall
-  **No administrative access or firewall**

*This map takes into account official policies and approaches that increase the likelihood that undocumented people can access the vaccine. In no country is implementation perfect.



Where were we before the pandemic?

- Before the pandemic, people with irregular status already faced:
 - **Limited access to decent work, wages, health care and social protection**
 - Most countries grant very limited access to health care for people who are undocumented, outside of emergency situations and other limited cases
 - In countries with schemes in place for undocumented residents, often challenges in practice (e.g., administrative barriers)
 - **Pervasive fear of authorities because of risk of deportation**
 - In some countries (e.g., Germany) there are direct immigration enforcement consequences of accessing non-emergency health care

- During the pandemic, undocumented people have faced:
 - Heightened **risk of infection to COVID19** due to:
 - **Living conditions** (e.g., people living in camps, informal settlements, immigration detention, sleeping rough, living in over-crowded and cramped quarters)
 - **Working conditions** (e.g., care sector, agriculture)



Some general trends

- Disjointed, uncoordinated approach with significant variation across countries in Europe, and sometimes across regions in a country
 - Emerging examples of promising practices regarding implementation (national, regional, local level)
 - Several categories of countries:
 - **Proactive efforts** to include undocumented people in the vaccination strategy – e.g., Belgium, the Netherlands, Portugal
 - **Inclusive strategy in principle**, but **major challenges in practice** – e.g., Germany, Italy, Spain
 - Undocumented people are **not considered at all or expressly excluded** – e.g., Greece, Hungary, Slovakia, Bulgaria



Case study 1: The Netherlands

- National strategy explicitly mentions undocumented people as a target group, alongside unhoused people (after age, medical reasons, professional categories)
- 3 ways to get vaccinated
 - **Homeless shelters**: As of June, mobile clinics administer to people in shelters and other facilities managed by CSOs (run by MoH, CSOs)
 - **By phone**: Under regulations, anyone can call a public number to book, and operator will insert string of 9s for those without a national registration number
 - **GP**: Can help patient with medical condition to book a vaccination
 - If no medical insurance, GP can accept an undocumented person as a patient and be reimbursed through national health service (bureaucratic process)

Case study 2: Norway

- Undocumented migrants not mentioned explicitly in vaccination strategy, which focuses on age and medical condition as criteria, but Directorate of Health (Spring 2021):
 - Published guidance on COVID19-related care for undocumented people
 - Addressed a letter to all local and regional health authorities calling on them to make vaccines available to everyone, but leaving details up to municipalities
- Oslo: Health Centre for Undocumented Migrants, in collaboration with city, arranged for local GP to come once a week to write referrals for people based on medical and socio-economic factors
 - On this basis, can be called for vaccine without need for valid ID (just name, DOB, phone, preferred language) – also possible to get interpretation
- Bergen: City employing GP who works with NGOs to make sure vulnerable groups are vaccinated (organized by Health Centre for Undocumented Migrants in Bergen)

Case study 3: Portugal

- Strategy does not mention undocumented people, but says access to vaccines is “universal” (i.e., available to everyone living in Portugal)
- Public officials announced they were working on specific plan to identify and vaccinate undocumented people
- MoH created dedicated registration platform to let undocumented people book their vaccine (Portuguese, English)
 - Adapted document/ID requirements (only need address, DOB, phone, nationality)
 - CSOs playing key role in helping people to register via platform
 - According to official figures from June, more than 19.000 undocumented people had signed up via the platform

Case study 4: United Kingdom

- Government stated that COVID19 vaccines available to everyone, including undocumented people, for free and without immigration checks (also in official guidelines)
- Still challenges:
 - To get vaccine, must book online or via GP
 - Online: need NHS number (many undocumented people don't have)
 - GP: routinely ask for proof of address or ID or immigration status, even though not ground for refusal
 - “Hostile environment” policy – the backdrop for vaccination strategy – eroded trust of migrant communities in public authorities, including health care systems (sharing of personal data between Home Office and NHS)
- Some local primary care networks proactively doing outreach to eligible people in asylum accommodation, hotels used for quarantine

Case study 5: Germany

- Federal plans don't mention undocumented people as target group – but MoH clarified in a letter (April) that undocumented people entitled to COVID-19 vaccines if habitually resident
- Challenges:
 - Difficulty providing proof of residence
 - Exposure to immigration control
 - People can book vaccine by internet or phone, if meet eligibility criteria; have to show ID or passport + health insurance card (undocumented people do not qualify)
 - Without health insurance card, must go to social welfare office to get document confirming office will pay for vaccination – but office has obligation to report to immigration office (para. 87, Residence Act)
- Since April, possible to get vaccinated in doctor's office
 - Have to show proof of cost covered for 20 € (health insurance, etc.)
 - In theory, could pay out of pocket

Case study 6: Spain

- Significant variation from region to region
 - **Valencia:** Migrants will be vaccinated free of charge in priority group that corresponds to them, like rest of population
 - **Castilla y Leon:** Will follow health criteria, without regard to administrative status
 - **Madrid:** No official measures, but Senda de Cuidados has provided vaccinations to domestic workers who care for elderly (60 workers vaccinated regardless of status)
- Several regions said have received no specific instructions from MoH to include undocumented people in vaccination plans
- Obstacles to getting health care if don't have NIE (foreign ID card) or not registered
- NGOs calling for clear instructions from MoH to all regions with aim of including all people in vaccination plan

Promising practices in ensuring access

1. **Proactive measures** by governments to address legal, practical barriers to access
2. **NGOs, community-based organisations actively involved** by governments in the definition of strategies
3. **Clear instructions** from governments and health authorities about entitlements and how to ensure undocumented people get COVID-related care
4. **Commitment and communications** that **personal data will not be shared** with immigration authorities or otherwise used **for purposes not related to public health**
5. **Straightforward procedures**, limited documentation requirements
6. **Multi-lingual communication** and outreach campaigns to inform migrant communities about their right to get vaccine and how to do so

3 key take-aways

1. The pandemic has **made more visible health and social inequalities that have existed for years** (including those linked to irregular status and related exclusion) and shown what measures governments can implement when there is sufficient need.
2. There are **clear examples** of promising initiatives, but inconsistencies and gaps in existing vaccine approaches **undermine efforts** to curb the pandemic and **reinforce inequalities**.
3. Ensuring **access to the vaccine** for undocumented people is a matter of public health, fairness and morality – and must not be seen as a one-off effort but as an **opportunity to improve their health outcomes and access to health care** more generally.



***If you want to be smart
on public health, you do
not exclude anyone.
Public health knows no
borders and viruses
don't carry passports.***

— Michele LeVoy

PICUM





PLATFORM FOR INTERNATIONAL COOPERATION ON
UNDOCUMENTED MIGRANTS

Thank you!

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