



Vaccine Equity for the Forcibly Displaced

Event Report

World Refugee & Migration Council



▶ Table of Contents

Introduction	3
Responsibility Sharing: Equitable Access to Vaccines	4
Panelists & Moderator	8

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► Introduction

As nations around the world vie for their shares of COVID-19 vaccines, many of the world's most vulnerable — including refugees and others who have been forcibly displaced — are finding themselves last in the queue.

In response, some countries are implementing programs to ensure that refugees, including in Jordan's Zaatari refugee camp, are among the first to receive vaccinations.

Several international programs are also working to ensure equitable access to COVID-19 vaccines, including the COVID-19 Vaccines Global Access (COVAX) initiative as well as the COVAX Advance Market Commitment Engagement Group, which includes co-chairs from Canada, Indonesia and Ethiopia.

The discussion was moderated by WRMC Special Advisor and Senior Advisor to the Independent Panel for Pandemic Preparedness and Response **Rosemary McCarney**.

During the panel, leaders concerned about the global response to the pandemic reviewed the current state of vaccine distribution and discussed how to ensure that vaccine nationalism doesn't result in the world's most vulnerable being excluded from pandemic responses. They also looked at Jordan's approach to vaccinating refugees in the country as an example for other host countries.

► Responsibility Sharing: Equitable Access to Vaccines

WRMC Honorary Chair **HRH Prince El Hassan bin Talal of Jordan** opened the event with remarks on the dangers that vaccine nationalism presents for the whole world. He called for a [vulnerability-based approach](#) to counter vaccine nationalism through measures such as temporarily waiving the Trade and Intellectual Property Rules (TRIPS) for COVID-19 vaccines, as well as states sharing responsibility to ensure all countries and populations equitable access to vaccines.

“It is high time that the world moves from the chthonian underworld of vaccine nationalism and yield towards policy crafted and implemented on the basis and with an eye towards alleviating vulnerability.”

– WRMC Honorary Chair **HRH Prince El Hassan bin Talal** on the need for a vulnerability based approach to vaccine distribution

Following HRH Prince El Hassan Bin Talal, WRMC Chair **Lloyd Axworthy** brought attention to the fact that while there is much international discussion about sharing responsibility to fairly share and distribute vaccines, it is quite rare that the concerns of the 80 million people around the world who have been forcibly displaced are heard. For example, Mr. Axworthy reflected on the WRMC’s partnership with GIRWL – [Global Independent Refugee Women Leaders](#) – who recently held a [virtual discussion](#), giving a platform to refugee women and girls around the world to discuss how the pandemic has impacted them, finding that when it comes to remedies and responses, they often find themselves excluded from the discussions and planning meetings and at the very end of the queue for services.

Dr. Rana Hodja, Director of Program Management for the regional office of the Eastern Mediterranean of the World Health Organization, then discussed how the WHO

addresses vulnerable communities in a region with a large amount of displaced people from conflicts in surrounding areas. Dr. Hodja

“There isn't an equitable response if people aren't brought back into the queue and given a voice.”

– WRMC Chair **Lloyd Axworthy** on the need to include refugees and forcibly displaced persons in pandemic and vaccination responses

noted that in her region – consisting of 22 countries including Pakistan, Iran, Afghanistan, Lebanon and Jordan – there are significant refugee populations, which put a huge strain on countries already overburdened by years of conflict and who now have the added responsibility of addressing the pandemic needs of these populations.

► Responsibility Sharing (continued)

To address the issue, the WHO has advised that all vulnerable populations – with a specific focus on refugees and migrants – be included in the national vaccination plans. Further, the WHO emphasized the importance for these countries to be prioritized in COVAX, and have a portion of vaccines within the program set aside for these vulnerable populations in case their host countries cannot meet their demand.

Next, Dr. Anders Nordström, Head of the Secretariat of the Independent Panel for Pandemic Preparedness and Response, discussed the global response to the pandemic. In his comments, he reflected on the steps that can be taken to ensure that when another outbreak occurs, how the world must act together to ensure that never again an outbreak becomes a pandemic leading to the devastating social and economic impact we have experienced from COVID19. We need to act nationally, regionally and internationally

together in preparedness and in responding to an outbreak. Dr. Nordström highlighted the importance of the multilateral system working as a system and the need for access to vaccines, therapeutics, diagnostics and testing for all vulnerable populations.

“What is different with this outbreak and pandemic is that this has hit all countries across the world, it is no longer only about the Global South or low- and middle-income countries. This has triggered a discussion about what global cooperation in an international system should be about.”

- **Dr. Andres Nordström** on how the current pandemic has highlighted the need to rethink global cooperation and health responses

Regarding the global response to the current pandemic, COVID-19 is different from previous crises such as HIV/Aids or SARS in that it has spread to all countries across the world and is not confined to the Global South or middle-income countries. This has led to a discussion as to what global cooperation should look like and the need for a global system with global responsibility. At present, most work is done primarily through development organisations that focus on poverty reduction – of which health is a critical dimension – but there is a pressing need to have a global system in place that has the capacity to take global responsibility for health security.

► Responsibility Sharing (continued)

The current multilateral system failed the world's population in the face of COVID19. The multilateral system responsible for protecting citizens from global health threats needs a reset. This has been demonstrated in the too little, too late responses to contain the outbreak and now through the challenge of vaccine shortages and access to vaccines for low income countries.

"In Jordan we will continue vaccinating refugees and forcibly displaced persons because we believe Jordan and the region will not be able to eradicate the disease without vaccinating everybody."

- **Dr. Saad Jaber** on Jordan's vaccine rollout and the need to vaccinate refugees and forcibly displaced persons

Dr. Saad Jaber, former Minister of Health for Jordan, discussed the role of UNHCR in supporting Jordan – the first country to vaccinate refugees – [take a leadership role](#) in vaccinating vulnerable populations. Dr. Jaber highlighted that from the outset of the pandemic, the Jordanian Government understood that refugees in UNHCR camps were vulnerable to COVID-19 due to an inability to physically distance themselves and sanitation conditions. Given this, additional screening and health measures were implemented to ensure that the virus was not imported into the camps.

Further, the Jordanian Government understood that no one in Jordan was protected until everyone was protected – regardless of residency or citizenship status. Thus, it worked with the UNHCR to both incorporate refugees into national testing strategies from the start and built mobile hospitals with ventilators to cope with any outbreak within the camps

before transferring to regular hospitals. Regarding vaccination efforts, Dr. Jaber also noted that during negotiations with COVAX and Pfizer, Jordan incorporated refugees into the contracts, with 12.5% of all imported Pfizer vaccines dedicated to refugees.

"Through COVAX a portion of vaccines are kept aside for refugees and migrants in case their host countries cannot cover them, helping overcome some of the challenges of implementing vaccine rollouts."

- **Dr. Rana Hodja** on the WHO's efforts to ensure refugees and migrants have access to vaccines through COVAX

► Responsibility Sharing (continued)

Next, **Dominique Hyde**, Director of External Relations for UNHCR, discussed UNHCR's role in ensuring equitable access to vaccines particularly for forcibly displaced persons in conflict areas. Ms. Hyde remarked that in an optimal scenario and given the complex situation on the ground, national governments would ensure vulnerable populations are subject to the same rights and prioritization as national populations – for instance, they should be given priority if they are elderly or health workers. This has not been the experience in most countries. UNHCR advocates with host governments to include refugees and other vulnerable populations in national vaccination strategies for both ethical and practical reasons. This is particularly important in conflict areas like South Sudan, Syria and Yemen where vaccine equity can reduce the burden on already weakened health systems

“Refugees and displaced populations should be subject to the same standards and in the same way as everybody else in the population; refugees should be given priority when they're at part of the elderly group when there are health workers.”

- **Dominique Hyde** on host countries treating refugees and forcibly displaced persons equitably when distributing vaccines

The discussants then engaged in a Q&A session reflecting on the points brought up throughout the discussion. During the Q&A, Zane Dangor, Special Adviser to the South African Minister of International Relations and Cooperation, briefly discussed the need to change vaccine distribution from one that is centred around philanthropy to one based on

efficiency and effectiveness. Vaccines are a global public good and need to be managed as such. Systemic policy, investment and regulatory change is needed to develop vaccine innovation, production and distribution networks and hubs closer to populations in the Global South.

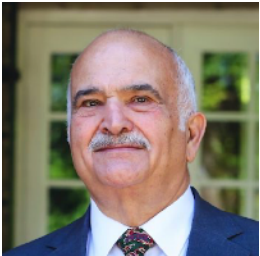
For a full recap of this event, you can watch the event in full on [YouTube](#) or on the [event page](#). To stay up to date with more news and events from the WRMC, [subscribe](#) to our monthly newsletter and be sure to visit our [webpage](#) on a regular basis.

▶ Panelists & Moderator



Rosemary McCarney, WRMC Special Advisor and Moderator

Rosemary McCarney is Senior Fellow in Foreign and Defense Policy at Massey College, University of Toronto, Senior Advisor to the Independent Panel for Pandemic Preparedness and Response and is a member of the Board of the WRMC. She was Canadian Ambassador to the United Nations (2015–2019).



HRH Prince El Hassan Bin Talal, Honorary Chair, World Refugee & Migration Council

His Royal Highness Prince El Hassan bin Talal was born in Amman in 1947. HRH is the youngest son of Their late Majesties King Talal and Queen Zein El Sharaf, the brother of His late Majesty King Hussein, and the uncle of HM King Abdullah II. Prince Hassan served as Jordan's Crown Prince from April 1965 until January 1999. HRH's early schooling was in Amman. He later went to Summerfields, followed by Harrow and then Christ Church, Oxford University from where he graduated with a B.A. (Hons.) in Oriental Studies.

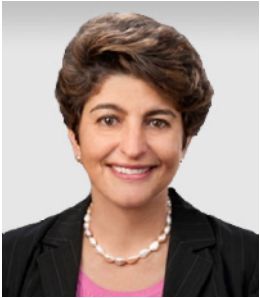


Lloyd Axworthy, WRMC Chair and Former Canadian Minister of Foreign Affairs

The Honourable Lloyd Axworthy is the chair of the World Refugee & Migration Council and one of Canada's leading voices on global migration and refugee protection. After a 27-year political career, where he served as Canada's minister of Foreign Affairs and minister of Employment and Immigration, among other postings, Mr. Axworthy has continued to work extensively on human security, refugee protection and human rights in Canada and abroad. He was presented with the Pearson Peace Medal by the Governor General of Canada in May 2017. In his term as president and vice-chancellor of the University of Winnipeg, Mr. Axworthy initiated innovative programs for migrant and aboriginal youth communities, and has also done a great deal of work on refugee reform as a Richard von Weizsäcker fellow at Germany's Robert Bosch Academy.



▶ Panelists & Moderator



Dr. Rana Hajjeh, Director of Programme Management, Eastern Mediterranean, World Health Organization

Dr Hajjeh formerly worked as the Director of Division of Bacterial Diseases at the Centers for Disease Control and Prevention, Atlanta, United States of America, from 2008 until 2016. She was also the Director of the Haemophilus Influenza Type B Initiative at Bloomberg School of Public Health, Baltimore, USA, from 2005 to 2012. Prior to this, Dr Hajjeh was the Director of the Surveillance Program at NAMRU-3, Cairo, Egypt, from 2003 to 2005. She was also the Section Chief, Mycotic Diseases Epidemiology at the Centers for Disease Control and Prevention, Atlanta, USA, from 1999 to 2003.



Dr. Anders Nordström, Head of Secretariat, the Independent Panel for Pandemic Preparedness and Response

Dr Nordström has served as Assistant Director-General at WHO for General Management, Acting Director-General of WHO, Assistant Director-General for Health Systems and Service, and as Director-General for the Swedish International Agency for Development Cooperation (Sida). Dr Nordström also serves on the Boards of UNAIDS, GAVI, and is an alternate board member at the Global Fund to fight AIDS, Tuberculosis and Malaria. During 2002 Dr Nordström was the Interim Executive Director for the Global Fund to Fight AIDS, Tuberculosis and Malaria, after having being part of the Transitional Working Group during 2001



Dr. Saad Jaber, Former Jordanian Minister of Health

Dr. Saad F. Jaber is a Consultant Cardiovascular Surgeon with over 30 years of experience. He was the Jordanian Minister of Health since May 2019 and during the Covid19 Pandemic, ending his term in October 2020. He comes from a military background having been the General Director of the Jordanian Royal Medical Services. Previously, he held several high ranking military positions and was deployed in several humanitarian missions including Former Yugoslavia (UN), Iraq, Gaza, Yemen and the West Bank. He was the head of the Arab Board Exam Committee for Cardiovascular Surgery; certifying all new and upcoming Arab cardiovascular surgeons. He was also the President of the Jordan Cardiac Society, ensuring healthy communication between doctors in the cardiac field.

▶ Panelists & Moderator



Dominique Hyde, Director of External Relations, UNHCR, the UN Refugee Agency

Dominique began her career working for the Canadian Government (Senate, House of Commons and Ministry of Foreign Affairs). She later joined the International Organization for Migration in Haiti. From 1997 to 2010, she worked for the United Nations World Food Programme where she held different positions in Cote d'Ivoire, Liberia, Iraq, Italy and Nepal. In September 2010, Dominique joined UNICEF as Representative for Jordan and in late 2013, she moved to New York as the Deputy Director of the Public Partnership Division. In 2017, she joined the World Health Organization as the Director for Strategic Engagement at their HQ in Switzerland, before joining UNHCR as the Director of External Relations in January 2019.



World Refugee & Migration Council

Chaired by former Canadian Foreign Minister Lloyd Axworthy, the World Refugee & Migration Council offers bold thinking on how the international community can respond to refugees through cooperation & responsibility sharing.

This conference was made possible through a partnership with [Cuso International](#).

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