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Letter to the editor

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Dear Editor,

We would like to share some thoughts on the paper “COVID-19 financing strategies for refugees and migrants in the Eastern Mediterranean Region” by Habersky and Damir (1). We agree that COVID-19 management is critical, and that everyone should be safeguarded. However, it is not unusual for poor populations, such as refugees and migrants, to face a shortage of suitable treatment and become high-risk groups for spreading COVID-19 (2). Currently, there are policies for dealing with the COVID-19 pandemic in different countries. Habersky and Damir are correct in emphasizing the importance of global economics. Vaccination coverage is uneven, and availability of vaccines varies according to the economic situation in a particular country (3). For example, in the poorer countries of Asia, healthcare funding and COVID-19 vaccination are

limited. Vaccination of migrants is important because of the limited vaccination coverage of the local population. Perez-Brumer et al. examined COVID-19 vaccination policy in several developing countries and found that migrants continue to continue to face challenges and are often excluded or disadvantaged in vaccination policies, thus increasing the risks to their health and safety (4). Health officials should guarantee equal access to COVID-19 vaccines for local populations and migrants (5). A recent study showed that a significant majority of Ukrainian refugees had not received COVID-19 vaccination (6). There is a fundamental principle to provide free COVID-19 vaccination to people fleeing war; however, when there are many people leaving a conflict zone, finding sufficient vaccine becomes a challenge (6). The situation in host countries for Ukrainian refugees may be better than in other parts of the world that have similar conflict and refugee problems. It can be difficult to provide free COVID-19 vaccine to refugees in many situations where the local economy of the host nation is weak. During the planning of vaccination campaigns, giving priority to vulnerable populations like migrants and refugees is often politically impossible (7). When there is vaccine scarcity, it becomes challenging to provide vaccination to local residents and migrants. For instance, in Thailand, during the earlier days of the COVID-19 pandemic, the policy was to prioritize free vaccination to the local population. The local population received the first round of vaccination, followed by the migrant population at a later date. When there was a proposal to provide free COVID-19 vaccine to migrant groups, there were major discussions around the high cost of delivery and political and social acceptability, because the local population makes a significantly greater financial contribution to the economy (8,9). The strict immigration policies that are currently implemented in some European countries have been cited as additional obstacle hindering refugees from receiving free COVID-19 vaccination (10). When vaccine supply is insufficient for the local population, allocation to migrants may become an issue, resulting in social unrest. The policy for management of refugees and migrants is often used as a for societal debates on the rights of the native population. Developing countries are often unable to manage the increased burden of caring for refugees and migrants and external assistance is usually required. Collaboration between a country that hosts refugees and a third country is required to provide adequate financing and facilities to manage the healthcare needs of refugees (11). Global organizations like the United Nations and World Health Organization should ensure the provision of COVID-19 vaccination to migrants, refugees, and stateless communities because they may not be covered by local vaccination policies or priorities.

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