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Urgent Need to Address Gap in COVID 19 Vaccination Coverage among Refugees and Vulnerable Internal Migrants in India

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Methods: Largest vaccination drive in world was COVID 19 vaccination, started in phase manner based on the risk factors and exposure of the population, first phase was for health care worker end of first phase was for frontline workers and municipal workers, second phase was for genral population above the age of 60 and 45-59 with co morbidities.

Results: Government documents-ID proofs where needed to register the priorities population in the Co-WIN Portal and eventually will be vaccinated, refugees and internal immigrant who were eligible to get vaccination based on their age criteria were not able to get their vaccination due to lack of government documents and ID Proof.

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Bringing the Gap in COVID 19 Vaccination

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Conclusion: To *Building a fairer, healthier world*, the the policy makers should take necessary steps to vaccinate refugees and internal migrants based on current age group criteria despite of them not able to furnish necessary document for registration and make an effort to link them to Co-WIN portal, in all vaccination centers for the benefits of individual and to the community.

1. INTRODUCTION

Novel corona virus COVID 19 has caused an outbreak globally, affecting nearly 132,046,206 till date globally,¹ COVID 19 disease manifest from milder disease (with symptoms of mild cough, sore throat, generalized body pain) to severe life threatening acute respiratory syndrome corona virus which has caused 2,867,242 death so far globally,^{1,2}. With no proven drug to cure the diseases, the only way to escape from the diseases is prevention by maintaining social distancing, adopting safe and effective hygiene practice and vaccination.

Among all the preventive measures, vaccination is the most important health measure to minimize the spread of the infection which will significantly help us to

curb the pandemic situation. Owing to this pandemic, immunization against COVID 19 is very essential, and thus it is very important to continue immunization services in all mere feasible areas to prevent recurrent outbreaks of COVID 19. This is a very important domain of this current emergency public health response to curb this pandemic situation, as we cannot afford to deal with recurrent out breaks of COVID 19, hence gaps in COVID 19 vaccination to be addressed and effectively managed.³

a) COVID 19 vaccination-world's largest vaccination drive

On January 16 2021, India started first phase of largest vaccination drive -COVID 19 vaccination, to begin with, government started to prioritize the population, first priority was given to health care workers in all public and private health care facility and had eligibility criteeria which included all health care workers, supporting staff, helper ect who were at most risk of getting infected by COVID 19 by handling COVID 19 patients.⁴ Prior registration of health care worker with government ID proof (other than adhaar card) along with employee id card (with the eligibility under government norms) was done and started vaccinating health care workers,⁵. At the end of first phase front line worker (engineers, revenue department staff, police officers, journalist) and municipal workers (sanitation workers in COVID care center, waste collectors, sweepers, waste processing plant operators engineer and segregator, vehicle drivers of government city bus, conductors, water tanker operators, cremation ground staff, maintenance staff) where vaccinated by walk in registration with ADHAR card in Co-WIN portal.

On march 1 2021, second phase of COVID 19 vaccination was started for general public to all above the age of 60 and 45-59 years of age with co morbidities, it was either through Aarogya Setu app (is a mobile application developed by the Government of India to connect essential health services with the people of India in our combined fight against COVID 19) registration or by walk in to allotted government and private health care facility and to register with ADHAR card, PAN card ,Indian passport, voter id ,driving license

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and smart card, MNREGA job card, official identity cards issued to MPs/MLAs/MLCs, pass book issued by Bank/post office, service identity card issued beneficiaries were registered in Co-WIN portal and after vaccinating, certificate was issued central/state Government and smart card issued by RGI under NPR in Co-WIN portal and after vaccination, vaccinator will update in portal that the beneficiary has been vaccinated, and message will be delivered to the beneficiaries to the linked mobile numbers of the beneficiaries from where the benefiter were able to download the certificate of COVID 19 vaccination.⁵

b) *COVID 19 Vaccination's Digital platform boon to many but curse to refugees and internal migrants*

The Co-WIN System is cloud based platform that helps beneficiary to register, help create micro planning of sessions by the vaccinators and issue of certificates to the beneficiary who have been vaccinated, it is considered as digital back bone of the vaccination drive in India, it is linked to Evin and SAFEVAC which help in cold chain monitoring and vaccine logistics planning, it is very good digital initiative⁵ but at most concern is about the Refugees, it has been estimated that 250,000 current refugees and also asylum seekers have been left out and thereby have been denied access to government-issued documentation it is not the case of only refugees but also many Vulnerable Internal Migrants who have to travel from less-developed part of the country to larger industrialized towns and many cities in search of better living.⁶ According to the reports from recent census, in 2011, nearly 456 million of internal migrants are there in India who amount to nearly one-third of Indian population. Internal migrants despite of being Indian citizens, many of them find that mere crossing of a state border has put them in a similar condition of international refugees, further more they end up having no documentation which leave them with no legal recognition thereby they may not be eligible for government documents issued to citizens of India, such as passports and voting cards.^{6,7}

It has been identified by UNHCR that many refugees have been denied the Aadhaar card on the basis that they do not belong to legal residents criteria. Internal migrants also face similar situation in obtaining Aadhaar, since many of the internal migrants have no documentation linked to their residence in any place. These issues became worse when the government of India made Aadhaar cards mandatory to be linked to obtain certain basic benefits like bank accounts, employment, advanced health care and also a mobile phone card.^{6,8}

c) *Building a fairer, healthier world*

Nerveless, this refugees and internal migrants who may not possess the required ID proof as mentioned in the Co-WIN PORTAL to get them register as a beneficiaries⁵ and thereby won't be able to get

COVID 19 vaccination, refugee who live in unfavorable conditions are at most risk of COVID 19 infection and may be source of super-spreaders who may be potent carrier^{9,10} and even with adequate vaccination coverage of rest of the population we may still not be able to curb COVID 19 infection and spread efficiently.

Further more this year world health theme- *Building a fairer, healthier world, has rightly emphasized on the need to highlight particular group of population who does not enjoy the health benefits like other, few such group who do not get health benefits like others are refugees and internal migrants. Getting health benefits is the fundamental right of every individual.*

II. CONCLUSION

Hence, the policy makers should take necessary steps to vaccinate refugees and internal migrants based on current age group criteria despite of them not able to furnish necessary document for registration and make an effort to link them to Co-WIN portal, in all vaccination centers for the benefits of individual and to the community there by we will be able to tackle this public health emergency in a much better way and there by curbing COVID19 infection.

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None.

Conflicts of interests

None to be declared.

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