

THE IMPACT OF COVID-19 ON STATELESS POPULATIONS

Policy recommendations and
good practices on vaccine
access and civil registration

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The COVID-19 pandemic and mitigation measures have had a disproportionate impact on marginalized groups, including stateless populations. From the start of the pandemic, stateless people have experienced particularly striking vulnerabilities as a result of their lack of nationality. In many contexts, stateless people were barred from accessing testing and treatment due to lack of legal status and were excluded from social services, notwithstanding the fact that they faced especially severe socio-economic impacts.¹ The loss of livelihoods and limited access to education and other social services have worsened existing inequalities in ways likely to extend beyond the end of the pandemic. In May 2020 UNHCR issued a first policy paper² on these issues in order to provide information, recommendations and examples of good practice in a number of areas, including access to testing and treatment for stateless people.³ The present paper supplements the May 2020 paper in relation to two subjects, namely, access to vaccines and civil registration.

As COVID-19 vaccines are being rolled out, ensuring equitable distribution across and within countries is a key challenge. Stateless people risk being excluded from national immunization plans regardless of whether their age, health status or role in society would otherwise place them in a priority group.

The issue of access to civil registration in relation to COVID-19 also warrants special attention. More than a year into the pandemic, it has become evident that disruptions in birth registration services have created new risks of statelessness. A number of countries where birth registration was not considered an ‘es-

sential service’ are reporting lower birth registration rates due to the partial or complete suspension of birth registration services as part of mitigation efforts. There are also reports of the discontinuation of birth registration campaigns targeting hard-to-reach populations or populations who for other reasons are unlikely to be covered by regular birth registration services. If resultant backlogs are not prioritized for resolution in the period to come, many children may wind up at risk of statelessness.

Access to vaccines

At present the question of whether or not stateless people will be able to access vaccines remains unclear in most countries that UNHCR has information about.

As of 26 May, some 166 States globally have begun vaccination campaigns.⁴ In order to be effective, vaccination programs need to be as inclusive as possible of all persons resident on the territory, and considerations as to which groups are prioritized for the vaccine should be based on public health considerations. *At present, however, the question of whether or not stateless people will be able to access vaccines remains unclear in most countries that UNHCR has information about.* As explained in more detail below, the majority of countries that have provided information about their plans to UNHCR have not clearly addressed the question of the inclusion of stateless people one way or the other. In addition, it seems that most States have not yet determined how to address the situation of people who have no legal proof of their identity, a problem facing many stateless people. The present moment is therefore a critical juncture for States and others to consider these issues carefully and to share best practices in relation to them.

Equitable access across countries

Public health experts understood from the start of the pandemic that once vaccines became available, equitable and ultimately universal access to vaccination would be key. This triggered global leaders to launch the COVAX Facility,⁵ a global collaboration aimed at accelerating the development and production of COVID-19 vaccines so as to guarantee fair and equitable access for every country. The initial aim is for vaccines to be made available as quickly as possible to at least 20% of the populations of all 190 participating countries or territories and so that all States can target those at highest risk of contracting the virus, including health care workers, and those most vulnerable to suffering severe consequences if they do. This includes 92 low- and middle-income countries eligible for support through the COVAX Advanced Market Commitment (AMC), a financing instrument designed to support equitable access to vaccines regardless of income level. As of 31 May, COVAX had shipped over 77 million COVID-19 vaccine doses to 127 participants.⁶

A separate ‘Humanitarian Buffer’ of up to 5% of the total number of doses available through COVAX was created to facilitate access to vaccines for high-risk and vulnerable populations, including stateless people,⁷ in humanitarian settings where there have been unavoidable gaps in national vaccine plans despite advocacy efforts.⁸

Equitable access within countries

In December 2020, the World Health Organization released the [Values Framework for the Allocation and Prioritization of COVID-19 Vaccination](#) intended to offer guidance globally on the allocation and prioritization of populations to receive COVID-19 vaccines. The Framework complements the principles on equitable access and fair allocation of COVID-19 vaccines developed for the COVAX Facility. It provides that vaccine prioritization within countries should take into account the vulnerabilities, risks and needs of groups who, because of underlying societal, geographic or biomedical factors, are at risk of experiencing greater burdens from the COVID-19 pandemic. The guidance suggests that disadvantaged ethnic, racial, gender, and religious groups, vulnerable migrants in irregular situations, nomadic populations and hard-to-reach populations should be prioritized. Many stateless populations fall within these groups given that more than 75% of the world’s known stateless populations belong to minority groups.⁹

UNHCR is committed to the allocation principles of the COVAX initiative, and has advocated for inclusion of refugees, internally displaced and stateless popu-

lations in national vaccination programs¹⁰ as well as use of the humanitarian buffer to reach these populations where they would otherwise not be reached. UNHCR is also calling on governments to adopt innovative approaches to overcome some of the potential practical obstacles that stateless persons face to access vaccines, including the lack of legal identity documentation.

As of 1 June, UNHCR has at least some information on the national vaccination plans and programs of 157 countries. In the great majority of these, it is unclear from the language of the plans and other information available so far whether stateless persons will be able to access vaccines. This is not unusual or necessarily problematic, as most plans do not single out specific population groups. In some 47 countries, stateless persons would seem to be included according to the language of the plans or based on assurances by the authorities to UNHCR, but there is limited information available concerning actual practice to date. At the same time, of the 157 countries that UNHCR has information about, 2 have stated that stateless persons are excluded from accessing vaccines as part of the national vaccination program. Whether or not the plans specifically mention or envision the inclusion of stateless persons, as a practical matter there are a number of reasons why stateless people and others who may lack certain forms of identification could go unvaccinated. There is therefore a need for urgent attention by States and others to the risks of exclusion of stateless persons, and for greater clarity on the subject as States continue to refine and implement their national plans.

Irbid, Jordan: COVID-19 vaccines in a clinic’s cold storage.
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Potential challenges to ensuring that stateless persons access vaccines

Despite public health guidance and human rights standards¹¹ lining up in favor of the general inclusion of stateless persons in vaccination programs, in practice they risk being excluded. Lower vaccination rates among stateless persons predate the COVID-19 pandemic, as stateless persons generally face obstacles when accessing vaccination services. Stateless persons are likely to experience additional constraints in the current immunization environment due to the limited supply of vaccines globally. A number of potential challenges related to ensuring stateless persons benefit from vaccines can be identified.

Nationality or legal status. Stateless people risk being excluded due to lack of nationality of the country of residence. A number of national vaccination roll-out strategies either prioritize their nationals over non-nationals, explicitly exclude non-nationals without legal status in the country, or make no explicit provision for non-nationals to benefit from vaccines.

Lack of identity documentation. Stateless people may be excluded from vaccination programs either deliberately or de facto because they lack proof of legal identity. While some countries expressly bar undocumented persons from getting vaccinated, in other contexts they are in principle eligible but in practice face obstacles linked to their lack of identity documentation. The documentation requirement in practice stems from the need to keep track of who has been vaccinated, to invite persons for subsequent inoculations and to track the safety of vaccines. However, given that globally some 1 billion persons are estimated to lack proof of legal identity,¹² the requirement that people show proof of identity to register for and/or receive vaccines may well undermine the effectiveness of vaccination programs. Alternative arrangements therefore need to be considered for those who lack proof of legal identity. The lack of documentation also makes it harder for authorities to reach these populations as they typically do not appear in civil registers or national population registers; their lack of legal identity documents has effectively made them invisible to the authorities.

Lack of awareness. The majority of known stateless people and those at risk of statelessness belong to minority groups and many live in remote, hard-to-reach locations. They may not speak the dominant national language and may or may not be literate. For a variety of reasons, they thus may not be aware of the possibility to get vaccinated and may face difficulties in obtaining information on how to access vaccines, especially where this requires navigating administrative systems. Information may not be provided in a language they speak or may be transmitted through a means of communication that they do not have access to. Due to a general lack of data on stateless populations, regular outreach efforts are likely to overlook these groups.

Fear of coming forward for vaccination. Many stateless persons do not have legal status in the country where they live and are therefore generally reluctant to approach the authorities lest they be subject to arrest or detention. Registering and coming forward for vaccination is likely to be perceived as posing similar risks.

Prohibitive cost of vaccination. Many stateless persons do not have access to healthcare insurance due to lack of legal identity and legal status, which can make accessing vaccination prohibitively costly. While vaccination in many countries is free of charge for nationals, in many countries this will not be the case for non-nationals without legal status.

Discriminatory and inconsistent vaccination distribution practices. While most governments are developing vaccine distribution plans at a national level, implementation is often managed locally by a host of different actors. The urgency behind the roll-out of vaccination plans and lack of training and monitoring of vaccine distribution risks leading to inconsistent and discriminatory practices. Alternative arrangements for those not able to meet the usual requirements for vaccine registration, such as a national identity document, may not be consistently applied. This may lead to stateless persons and other groups not being able to get vaccinated despite being eligible.

Ethical considerations linked to the introduction of vaccine passports are being debated, as they will clearly disadvantage populations unable or unwilling to access vaccination.

Additional risks that may arise from excluding stateless persons

As highlighted above, mitigation efforts and vaccination plans need to be as inclusive as possible of all persons residing in a country in order to sustainably slow the transmission of the virus. Excluding certain groups carries the risk of ongoing transmission not only among these populations but all groups. In addition to public health considerations, exclusion from vaccination programs risks inflaming xenophobia and stigmatization as excluded groups may be perceived to be at higher risk of contracting the virus. Being feared as a source of potential infection may also further inhibit excluded groups' access to services and livelihoods.

Implications of the introduction of vaccine passports

As governments around the world explore the roll out of vaccine passports in response to the COVID-19 pandemic, some governments have already introduced such documentation schemes. The premise of a vaccine passport is straightforward: a document indicates that a person has been vaccinated so that he/she can accordingly engage more freely in public life and travel without adding to the spread of the virus. Ethical considerations linked to the introduction of such schemes are being debated, as they will clearly disadvantage populations unable or unwilling to access vaccination. The health crisis has already exacerbated the vulnerability and marginalization of stateless groups and vaccine passports will make things worse still for any stateless populations unable to be vaccinated. There is a clear risk of a vicious cycle by which vulnerable groups excluded from vaccination are made even more socio-economically and generally vulnerable, including to severe consequences of the virus, as a result of exclusion.

Good practices

A number of national vaccination strategies do not differentiate between residents based on legal status or nationality:

- In **Spain**, all persons residing on the territory, including migrants in an irregular administrative situation, are included in the national vaccination strategy. The strategy also establishes that migrants in detention are a priority group.
- Stateless persons in **Portugal** are included in the national vaccination plan on an equal footing with nationals, per priority categories established based on health risk.
- In **Turkmenistan**, both refugees and stateless persons are included in the COVID-19 national vaccination plan. In March 2021, those falling under the public health-based prioritization criteria, including undocumented stateless persons, began being invited for vaccination.
- In **Lebanon**, stateless persons are included in national vaccination plans and can register for vaccines. Following advocacy efforts, a statelessness option was added to the required nationality field in the online registration platform, enabling stateless persons to register.
- In **Kuwait**, the authorities issued a decision in December 2020 that in principle allows all persons on the territory to access medical services linked to COVID-19, including vaccination. Individuals who have not regularized their status with the government and/or do not possess an ID card are covered by this decision.

A good practice was set in the **United Kingdom** where a firewall was created between vaccination and immigration services. Everyone is entitled to the vaccine free of charge. Undocumented migrants, including stateless people, will be able to receive the vaccine and their data will not be shared with the police. To encourage undocumented persons to get the



London, England: Paul, a recognized stateless person.
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vaccine, the authorities have conducted an information campaign in different languages and are collaborating with NGOs to reach all such persons.

To respond to the challenge of some people lacking identity documents, a number of States have adopted alternative arrangements:

- In **Uganda**, the Government rolled out a nationwide vaccination plan for all persons on its territory starting with those assessed to be most at risk. To receive a vaccine, an identity document generally needs to be furnished, but those without any type of identity document can obtain an introduction letter from their local authorities to receive the vaccine.
- In **Kenya**, a person generally needs to show an identity document to be vaccinated. The Government has indicated however that those who qualify for vaccination but who do not have an identity document can obtain letters from local authorities which can be used for vaccine registration.
- **Jordan** commenced vaccinations in January 2021 and announced that all persons living on Jordanian soil are eligible to receive a vaccine free of charge. In addition, refugees who have no

passports or ID, including stateless refugees, can register for the vaccine platform using the UNHCR registration certificate number.

Certain countries have included stateless persons in their national healthcare system, which enables them to access vaccines:

- In **Kazakhstan**, free medical assistance in relation to COVID-19 is provided to non-nationals, including refugees, asylum-seekers and stateless persons. Refugees and recognized stateless persons are included in the COVID-19 national vaccination plan.¹³
- In February 2021, **Colombia** announced the grant of temporary legal status for ten years to all Venezuelan migrants who entered the country prior to 2021. This is a critical step, as it allows for Venezuelans to access national health services, including vaccination campaigns.
- In September 2020, **Thailand** included more than 3,000 undocumented stateless students in its national healthcare system by granting them an ID number in the National Healthcare Fund for Persons with Legal Status Problems.

Recommendations

Devise national COVID-19 vaccination plans based on public health considerations and in line with human rights standards, ensuring accessibility, equitability, non-discrimination and inclusion of all persons resident on the territory to the greatest extent possible. Prioritization plans should give consideration to factors that may heighten the risk of getting COVID-19 among stateless populations as well as their vulnerability to more serious outcomes.

Identify barriers that stateless populations may face in accessing vaccination and design targeted programs to ensure meaningful and practical access.

Exempt stateless persons from requirements of legal status and identity documentation and create an alternative system for undocumented persons to register for and receive vaccination.

Establish criteria to determine priority vaccine recipients transparently and ensure that prioritization plans are widely communicated to the population.

Ensure messaging on COVID-19 vaccines in languages that all populations resident on the territory can understand. Diverse means of communication may need to be employed in order to reach all people resident on the territory.

Create a firewall between vaccination and immigration services, allowing stateless persons, persons at risk of statelessness and others to access services without fear that their information will be shared with immigration authorities. Governments should issue clear assurances to all groups that they will not face arrest or other legal repercussions when coming forward for vaccination.

Engage a wide range of stakeholders, including grassroots organizations and stateless persons, **in identification, outreach and vaccine distribution** to alleviate mistrust towards authorities and enhance willingness to get vaccinated.

Ensure that prioritization plans are clear, leaving no room for misinterpretation or discriminatory practices by local authorities responsible for implementing the plans. Monitoring of vaccine distribution can further reduce the risks of improper exclusion of certain groups.

Establish plans for equitable inclusion of all people resident on the territory in vaccine roll-out strategies before introducing “vaccine passport” schemes.

Access to civil documentation

Where civil documentation is not issued or lapses, the risks are likely to be highest for minority group members.

In a number of countries where civil registration services were not designated as vital services, birth registration services completely ceased for the majority of the pandemic or for significant time periods. In other countries, birth registration offices were still operational, although with reduced staffing and opening hours. There are also reports that specific civil registration services to target hard-to-reach areas, such as mobile activities, were sometimes suspended. In many of these countries, significant backlogs have been reported, which in some cases come on top of existing birth registration backlogs. Where civil documentation is not issued or lapses, the risks are likely to be highest for minority group members to (re)establish their nationality in the absence of documentation proving place of birth and descent.

The risk of statelessness due to non-registration of births

Birth certificates are a key form of proof to establish eligibility for a nationality in that the document provides key information, such as place of birth and parentage, needed to assert a child's right to a nationality. While lack of birth registration on its own does not render a person stateless, it can create a risk of statelessness if a person cannot establish entitlement to

nationality. As noted above, some population groups are at particular risk. These include minority groups, nomadic and border populations, refugees, internally displaced persons, migrants and unaccompanied or separated children. To ensure universal access to birth registration, UNHCR advocates for obstacles to birth registration to be tackled and specific initiatives to be undertaken to reach those at risk of not getting births registered.

Good practices

In many countries birth registration services were considered as 'vital services' and were continued during the pandemic as a result, albeit with certain measures in place to minimize the risk of spreading the virus. Some notable examples are listed below.

A number of countries adopted alternative institutional practices to be able to continue to offer civil registration services:

- In **Chile**, emergency offices were opened in the capital district to guarantee the provision of civil registration services. Additional personnel were trained to perform civil registration and virtual services were expanded.

- In **Honduras**, the ‘Smart Opening Plan’ was adopted to resume the registration of vital events. It sets out a number of criteria for the reopening of offices. Home visits were also scheduled for those who could not go to an office.

A number of countries used the pandemic as an opportunity to digitize civil registration services:

- **Costa Rica** developed a platform which made it possible for people to obtain birth, death and marriage certificates online.
- In **Panama**, a new online platform ‘Tribunal Contigo’ was rolled out for people to access civil registration services digitally to mitigate the suspension of in-person services.
- In **Kazakhstan**, birth registration and applications for other civil registration and documentation may now be submitted online and certificates can be picked up at the civil registry office. Several extensions were given for all residents whose documents expired during lockdown to renew them while not incurring a penalty.

Civil registration deadlines were relaxed or suspended for the duration of the pandemic and late birth registration fees lifted in some countries:

- In **Jordan**, the Government passed Defense order No. 5 suspending deadlines for birth registration. This allowed for the late birth registration of children whose births could not be registered during the lockdown. Late birth registration fees were also waived.
- In **Morocco**, the 30-day administrative registration deadline to register births was suspended for the duration of the pandemic.
- In **Lebanon**, Parliament suspended the one-year birth registration deadline from 18 October 2019 until 31 December 2020, which was further extended until 31 March 2021. Accordingly, births that passed the one-year mark in this period could still be registered administratively.
- In **South Africa**, although the Department of Home Affairs suspended birth registration at the beginning of the lockdown, children born in this period do not have to undergo the late birth registration procedure which involves more stringent requirements, including higher costs.
- In the **Kyrgyz Republic**, civil registry offices were closed in some locations during the state of emergency; no fines were applied for late birth registration or overdue renewal of residency documents for foreign citizens and stateless persons affected by these closures.



Bogota, Colombia: Baby Enmanuel will benefit from a recent measure allowing babies born in Colombia to Venezuelan parents to obtain Colombian nationality. © UNHCR/Daniel Dreifuss

Recommendations

In line with recommendations issued in May 2020,¹⁴ UNHCR urges governments to undertake the following actions:

Birth and death registration services should be considered an ‘essential service’ and should continue to operate, with temporary modifications in operational arrangements as necessary and appropriate.

Authorities are encouraged to digitize civil registration services to the extent that this transition does not disadvantage those without access to internet. The pandemic offers an opportunity to improve the technological infrastructure of civil registration services to enhance accessibility even after the crisis.

Authorities are encouraged to implement procedures for late birth registration, extend existing deadlines, and suspend penalties and fees. These provisions should continue for a period after COVID-19 restrictions have been lifted in order for backlogs to be rapidly cleared. Additional evidentiary requirements in case of late birth registration should be avoided.

The validity of nationality and residency documentation should be extended for the duration of the suspension of services. Authorities are also encouraged to extend the validity of these documents for a reasonable period of time after registration services have restarted to allow persons to renew their documents before they become invalid.

In addition, authorities are encouraged to develop and implement plans to efficiently deal with backlogs. To this end, authorities are encouraged to consider hiring staffing on a temporary basis and redirecting funds to this area.

Endnotes

- 1 See for example: European Network on Statelessness, [Situation assessment of statelessness, health, and COVID-19 in Europe](#), April 2021; Right to Protection, [Access of Stateless Persons to Medical Care during COVID-19 and Assessment of the Economic and Social Impact of the Lockdown Measures](#), May 2020.
- 2 UNHCR, [The Impact of COVID-19 on Stateless Populations: Policy Recommendations and Good Practices](#), May 2020.
- 3 UNHCR also issued a [joint statement](#) with OHCHR, IOM and the WHO calling attention to the particular vulnerability of stateless persons.
- 4 Oxford Martin School, University of Oxford, [Our World in Data](#) [accessed on 26 May].
- 5 The COVAX Facility is an initiative of the Coalition for Epidemic Preparedness Innovations (CEPI), Gavi, the Vaccine Alliance and the World Health Organization and aims at ensuring equal access to vaccines for all participating countries, regardless of income levels.
- 6 Gavi, The Vaccine Alliance, [COVAX Vaccine Roll-Out](#) [accessed on 1 June].
- 7 Inter Agency Standing Committee, [Frequently Asked Questions: The COVAX Humanitarian Buffer](#) [accessed on 21 April].
- 8 GAVI, [‘The COVAX Humanitarian Buffer Explained’](#), 30 March 2021.
- 9 UNHCR, [“This Is Our Home” Stateless Minorities and Their Search for Citizenship](#), November 2017.
- 10 UNHCR, [“UNHCR calls for equitable access to COVID-19 vaccines for refugees”](#), 7 April 2021.
- 11 Most notably, the International Covenant on Economic, Social and Cultural Rights, Article 12(1) establishes that ‘The States Parties to the present Covenant recognize the right of everyone to the enjoyment of the highest attainable standard of physical and mental health’, and that (2) ‘The steps to be taken by the States Parties to the present Covenant to achieve the full realization of this right shall include those necessary for: (c) The Prevention, treatment and control of epidemic, endemic, occupational and other diseases. Furthermore, Article 25(i) of the Universal Declaration of Human Rights establishes that “Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control’.
- 12 According to the World Bank Group’s [2018 #ID4D Global Dataset](#), an estimated one billion people around the globe face challenges in proving who they are.
- 13 UNHCR, [“UNHCR commends Central Asia for providing asylum seekers, refugees, and stateless persons with access to COVID vaccination”](#), 14 May 2021
- 14 UNHCR, [The Impact of COVID-19 on Stateless Populations: Policy Recommendations and Good Practices](#), May 2020.



Cover Photo: Nairobi, Kenya: Nosizi a formerly stateless member of the Shona community is now a citizen and studies economics at the University of Nairobi. ©UNHCR/ Anthony Karumba