The data currently available regarding access to COVID-19 vaccines seems to indicate low levels of coverage for some groups of migrants and ethnic minorities in EU countries. Thus, high levels of exposure to the virus makes it necessary to enact interventions aimed at such groups. When determining which groups to prioritize for COVID-19 vaccination, migrants inside refugee camps, reception and detention centers, homeless shelters and other high-risk structures should be among the first to be taken into consideration.

According to a recent study by Italy's Asylum and Migration Panel and the Health and Migration Panel, organizations which DAT belongs to, the vast majority (89.3%) of persons living in the above-mentioned structures say they are aware of the availability of COVID-19 vaccines. However, only 40.9% of those interviewed say they intend to get vaccinated, including those already signed up to receive the vaccination or who have already been vaccinated at least once. The study also reveals that persons with lower levels of education tend to be more hesitant regarding COVID-19 vaccines, as compared to persons who have graduated from high school or college. Another significant variable is geographical provenance. There are higher rates of hesitancy among persons from sub-Saharan Africa (especially those from Nigeria), with respect to persons from Asia (especially those from Pakistan and Bangladesh), who are more inclined to get vaccinated.

The results of this study tend to match up with data emerging from the abundant scientific literature on the subject, which shows that hesitancy is more widespread and statistically significant among migrant groups the world over, especially among migrants hailing from sub-Saharan Africa.

Vaccine hesitancy is a complex phenomenon, where a host of factors come into play, including incorrect information and disinformation, cultural and religious conditioning. Some myths and beliefs are shared among groups that display vaccine hesitancy, while others differ from group to group. With regard to victims of torture, psychological factors tend to play a more significant role, with respect to persons in other groups. Persons whose very humanity has been violated to the core and who continue to be passivized and infantilized in so-called reception centers tend to abandon trust and faith in others, and feel pressured to comply to directives that do not take into consideration their self-determination or their aspirations to citizenship. A needle that penetrates their skin, introducing a foreign substance into their bloodstream, may be perceived as a violation of their person, and at the same time stoke fears of possible contamination.[1]

Some forms of conditioning are common to all groups that display vaccine hesitancy. Others are especially present in sub-Saharan Africans, and they should be taken into consideration, since many of the persons that DAT seeks to help rely on vaccine information from family members or other sources from their home countries. Often, due to linguistic barriers and low levels of integration, such persons do not have access to reliable information available in Italy, especially pertinent information provided by mass media channels.

[1] In clinical contexts we have observed that the simple act of drawing blood for analysis produces the same reaction in some subjects, i.e., it is seen as an unnatural intrusion of their corporeal integrity and potentially life-threatening.

Common Misconceptions

- Covid-19 was created in a laboratory.

- Big Pharma is only interested in making money from Covid-19 vaccines.

- The dangers and spread of the Covid-19 virus have been exaggerated for the benefit of Big Pharma.

- The Covid-19 vaccine is more dangerous than the virus itself.

Misconceptions Especially Common Among Sub-Saharan Africans

- Covid-19 vaccines cause infertility.

- Covid-19 vaccines cause changes in DNA aimed at weakening and reducing the sub-Saharan African population.

- Covid-19 vaccines contain aborted fetuses (confusion with embryonic stem cells).

- Syringes are contaminated.

- The Covid-19 vaccines used on Sub-Saharan Africans are different from the Covid-19 vaccines used on persons from wealthy, industrialized nations (the existence of first-class and second-class vaccines).

Widespread Beliefs that Covid-19 Vaccines Are Useless or Dangerous for Sub-Saharan Africans

- Sub-Saharan Africans are naturally immune to the Covid-19 virus.

- If you're not sick, why bother getting vaccinated?

- Traditional sub-Saharan African medicine constitutes a valid alternative to vaccines.[2]

- Antimalarial drugs (mainly chloroquine) work better than vaccines in the fight against Covid-19,[3] especially when high doses are used.

- The hot sub-Saharan African climate limits the spread of Covid-19.

- Covid-19 vaccines were never tested on sub-Saharan Africans.

- I don't know anyone who has contracted or died from the Covid-19 virus.

- Why are Covid-19 vaccines free of charge when other medical interventions/procedures in sub-Saharan Africa are not?

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[2] In September 2020 the WHO and the Africa Center for Disease Control and Prevention began experimentation to test the efficacy of traditional remedies in the fight against Covid-19, but results were not encouraging.

[3] In Nigeria the price of chloroquine rose by 400% during the pandemic, and overdoses were reported.

Beliefs of this sort tend to be more widespread where there is less access to valid scientific information, and are associated with misinformation regarding public health issues. In many sub-Saharan African countries, especially countries that have recent histories of controversial elections or coups (e.g., Burundi, Chad, Tanzania, Benin, Djibouti, Democratic Republic of Congo), mistrust regarding Covid-19 vaccinations is a reflection of the general mistrust in local rulers, who are often considered corrupt and/or to have ascended to power illegally.

Trust, or the lack of it, in Covid-19 vaccines is a multidimensional construction where factors such as faith in science, health care systems and governments come into play. With regard to sub-Saharan Africa, a lack of faith in or mistrust of local governments often translates to a lack of faith in or mistrust of governments of wealthy, industrialized nations and "white man's science". That having been said, we must also acknowledge the fact that governments of wealthy, industrialized nations are certainly not immune to corruption, acting in bad faith and self-dealing.

On numerous occasions it has been put forth that production of Covid-19 vaccines in Africa would help lessen vaccination hesitancy. South Africa has begun work on developing a Covid-19 vaccine of its own, while a partnership has been created between the African Union and developers of vaccines with the goal of conducting clinical trials in Africa, in which Covid-19 vaccines would be tested on local populations.

Proposals for Intervention

All studies on communications strategies concerning Covid-19 vaccines and migrant communities agree on the following:

- The need to reach out to vaccine-hesitant migrants, using targeted public health messages that take into account cultural factors and are linguistically appropriate.

- The need to involve communities, community leaders and other individuals who can win people's trust.[4]

- The need to improve data collection methods and the oversight of results, testing and diffusion of Covid-19 vaccination among migrant populations.

- The need to hold institutions and the people within them accountable.

Main sources:[5]

[4] In this sense, the "protected" environment in which we operate and the trust we often succeed in establishing among the people in our care may help get the message across and keep it from being interpreted as an institutional dictate.
[5] For the sake of brevity, I have provided only links, without citing authors' names, publications and dates.