



No discrimination in vaccine rollout to Travellers and Roma

Since the emergence of vaccination plans in Ireland, Pavee Point has proposed a dual approach to vaccination amongst Travellers and Roma. This requires that Travellers and Roma must have access to mainstream vaccination provision, while acknowledging at the same time that their specific needs may require targeted measures. If this dual approach is adopted:

- It will help preclude segregation
- It will contribute to choice
- It will meet Traveller and Roma specific needs; and
- It will help to maximise vaccine coverage

Anything else, risks segregation which is a form of discrimination prohibited by law under the Equal Status Acts (2000-2015) and violates Article 3 of the International Convention on the Elimination of All Forms of Racial Discrimination which Ireland has ratified.

In March 2021, both HIQA and the National Immunisation Advisory Committee's (NIAC) recommended the prioritisation of Travellers and Roma aged 18-64 years for the COVID-19 vaccination given significant increased risk of hospitalisation, ICU admission and/or death compared to the general population. Government has accepted these recommendations and as such, Travellers and Roma are included in the Department of Health vaccination allocation Group 9 ('people living/working in overcrowded settings') and are eligible for vaccination in parallel with age-based allocation, and categories 4¹ and 7.²

"Travellers (all ages and those aged 18-64 years) were noted to be at an elevated risk of infection, and in those aged 18-64 years there was an increased risk of severe disease (in terms of hospitalisation when considered as a proportion of cases, and hospitalisation, ICU admission and death when considered as a proportion of the population). Notably, these results are considered to underestimate the true prevalence, given limitations with the use of ethnic identifiers and the hard-to-reach nature of this population (HIQA, 2021:12).

"Members of the Traveller and Roma communities and people who are homeless are the only specific groups identified as being at significantly increased risk of hospitalisation ICU admission or death compared to the general population and should be prioritised for vaccination" (NIAC, 2021:10).

It is important to note from the outset, that targeted measures **should not** be understood as creating a separate segregated service for Travellers or Roma, but rather, the implementation of special measures within existing mainstream vaccination rollout strategies or the provision of targeted measures which only Travellers and/or Roma may require. For example, this may mean creating additional access points/opportunities and addressing barriers in accessing mainstream services to take into account lack of access to public/private transport, facilitating Traveller families to access vaccinations at the same time, regardless of age, etc.

¹ [People aged 16 to 69 who are at very high risk](#) (HSE, 2021)

² [People aged 16 to 64 at high risk](#) (HSE, 2021)

PHCPs in the Eastern Region are undertaking a range of activities to facilitate Traveller uptake of vaccinations and to address vaccine hesitancy concerns. This includes undertaking preparatory data gathering to:

1. Identify how many Travellers (1) want the vaccine; and (2) recording how many Travellers have received the vaccination in CHOs 6, 7, & 9
2. If families are willing to be included on a reserve list-where they may be called up at short notice if vaccines become available through another cohort-ensure this is selected in the template
3. Identification of potential premises & locations in PHCP areas that could be made available for mobile pop-up clinics (e.g.) location must be central with a significant Traveller population nearby; safely accessible for all Traveller families in the area; enough space for vaccinations and observation, etc.
4. Identification of any gaps in the coverage of Travellers within CHOs 6, 7 & 9
5. Identification of local GPs who have a strong relationship with the PHCP/Travellers in the CHOs 6, 7 & 9 who could support vaccination rollout

To create the necessary conditions in supporting Traveller uptake in vaccinations, the dual approach of targeting and mainstreaming measures should be applied. This includes within GP practices, mass vaccination centres and targeted measures within these approaches, in addition to potentially bespoke in-reach clinics on sites etc.

Recommendations:

1. A range of vaccines should be offered to Travellers and Roma in line with updated NIAC guidance

Travellers and Roma should have the same access to a range vaccinations as the majority population in line with NIAC guidance. We note that vaccine hesitancy amongst Travellers and Roma is a key challenge to vaccine uptake. This coupled with safety concerns amongst Travellers in relation to the AstraZeneca vaccine and emerging resistance to the Janssen vaccine following a targeted misinformation video on social media platforms, has exacerbated hesitancy amongst the Traveller community. The Roma Community's vaccine hesitancy is linked to a fear and mistrust of the state and health services due to past atrocities of medical experimentation and forced sterilisation of the community,³ as well as embedded racism and discrimination that they have experienced both in Ireland and across Europe.

As Travellers and Roma are more vulnerable to COVID-19 as recognised by HIQA, NIAC and the government, then surely it would make more sense that they be given the most efficacious vaccine available, which we understand is Pfizer? Further, while we agree with NIAC that a single-dose vaccine could potentially be ideal for some Travellers who may find it difficult to return for a second vaccine dose, it **should not be the only** vaccine offered to Travellers and Roma. Additionally, given that Travellers are a largely sedentary population (either by choice or due to the lack of support for and criminalisation of nomadism) a two dose vaccination will be possible for the majority of Travellers.

Pavee Point has been very clear that the best vaccine is the one that you are offered. However, given the concerns highlighted above and to ensure an increase in vaccine confidence/coverage amongst Travellers and Roma, we recommend that Pfizer is made available to Travellers as the majority of Travellers who have received Pfizer vaccinations through their GPs and have reported

³ See [here](#)

very little negative reactions. Social media coverage, where the majority of Travellers access news, has been less critical of Pfizer than Janssen/AstraZeneca. As a consequence, most Travellers are seeking the Pfizer vaccine.

2. Ensuring Traveller and Roma access to mainstream vaccination routes

In the first instance, we recommend that Travellers and Roma receive vaccinations from their GPs under vaccination allocation Group 7 in parallel with the age-based cohorts. We note that some GPs have adhered to NIAC recommendations by prioritising Traveller and Roma patients regardless of age, with some Travellers receiving vaccinations through this process (e.g.) Travellers under the age of 25 without underlying health conditions, etc. However, in other areas, Travellers and Roma report that GPs are only providing vaccines to older cohorts and have been advised that vulnerable groups (vaccination allocation Group 7 or 9) should go the mass vaccination route. We are seeking clarification on the following:

- Will all GPs continue to provide vaccines to vulnerable patients beyond cohort group 4?
- Has the HSE issued a national communication and/or guidance to all GPs to inform them that Travellers and Roma are priority groups for vaccination and are included in cohort 7?

We are concerned about the capacity of GPs to provide access vaccines to all Travellers and Roma, given:

- (1) the lack of ethnic identifier in GP practices;
- (2) the reality that GPs are overburdened with current patient workload/backlogs in addition to supporting the vaccination programme;
- (3) anecdotal information that some GPs will no longer continue to vaccinate vulnerable groups (cohort 7);
- (4) documented cases of delayed referrals/refusals by some GPs in relation to COVID-19 testing for Travellers;
- (5) well-documented historically poor relationships between some GPs and Travellers; and
- (6) the fact that 50% of Roma report they do not have access to their own GP.

In order to address this, we are recommending that additional measures are explored, including dedicated specialised GP clinics for Travellers and Roma. This model has been used in homeless services and could potentially provide additional access for Travellers and Roma seeking the vaccination. It could also build further relationships and confidence in GPs particularly for Travellers who have had poor relationships in the past, or Roma who have not engaged with GP services before vaccination.

3. Undertake targeted measures to support Traveller and Roma access to vaccinations and facilitate uptake

Mass Vaccination Centres

Some Travellers have already received vaccines through the mass vaccination centres. However, issues in relation to registration and transport access to centres remain. These issues are even more pronounced for the Roma community due to requests for PPS numbers during registration, as well as language barriers. Additionally, proposals to facilitate family groups should be explored and implemented. In order to maximise opportunities for vaccination uptake, we recommend:

- The HSE to support a dedicated Swiftqueue for Travellers and Roma, to ensure Traveller and Roma extended family groupings can:
 - register as a cohort for vaccination (similar to batch listings /enrolment bookings for front line health care workers in Section 39 agencies) to; and
 - receive the vaccinations together where possible.

- The HSE to prioritise Travellers and Roma on reserve lists for vaccinations; PHCPs have started to compile this information for Travellers in the Eastern Region.
- The HSE to issue a national derogation on the need for Roma to provide a PPSN to access vaccinations; alternatively, assignment of generic PPSN to Roma seeking COVID-19 vaccination.

4. Bespoke in-reach clinics

PHCPS have identified bespoke in-reach clinics as a special measure to support Traveller and Roma vaccination uptake, particularly for Travellers and Roma who are isolated and dispersed throughout county level and those without transport as this presents challenges in terms of accessing GPs and mass vaccination centres. PHCPs in the Eastern Region are willing to provide operational and logistical support (e.g.) identification of potential premises & locations (with significant Traveller populations) that could be made available for in-reach clinic up clinics. These clinics should be:

- provided where access to the mainstream routes are not possible
- time limited and offer a range of vaccines;
- where there has been low-uptake of vaccinations;
- where PHCPs have identified a need; and
- opportunistically following COVID-19 outbreaks when demand for vaccination take-up might increase.