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**Title**

*Scoping Review of COVID-19 Vaccination Models for Refugees*

**Priority 1 (Research Category)**

COVID-19

**Presenters**

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**Abstract**

Context: Refugees and migrants face inequities to healthcare and COVID-19 vaccination access, calling for tailored approaches to ensure equitable vaccine allocation.

Objective: The purpose of this study was to review evidence on the models of delivery of COVID-19 and other vaccinations for refugee and migrant populations.

Study Design and Analysis: A scoping review was conducted according to PRISMA guidelines. Eleven electronic databases including SCOPUS, Embase, Medline, Web of Science and grey literature were searched.

Setting: English and French studies from all countries and settings published between 2000 to May 2022.

Population Studied: Refugees, migrants, immigrants, or asylum seekers.

Outcome measures: Models of delivery of COVID-19 vaccines or other vaccines aimed at refugee or migrant populations.

Results: Database searches identified 11,369 studies. After title/abstract screening, 222 full-texts were assessed for inclusion by two or three reviewers in the case of conflict. Thirty studies met inclusion criteria. Five studies focused on the COVID-19 vaccine, with the rest of the studies focusing on influenza (n=6), HPV (n=4), Hepatitis B (n=2), multiple vaccines (n=8), polio (n=1), cholera (n=1), Hepatitis A (n=1), and meningococcal vaccinations (n=1). Models of vaccine delivery were analyzed based on the National Academies' Framework for Equitable Allocation of the COVID-19 Vaccine and the WHO 2019 technical guidelines for the delivery of immunization services for refugees and migrants. Among the COVID-19 vaccine interventions, all studies claimed success with strong adherence to the National Academy Framework's fourth recommendation of creating a COVID-19 risk communication and community engagement program. When analyzed with the WHO guideline, nearly all included studies provided targeted vaccination strategies for newly arrived refugees and migrants, with many delivering

vaccinations as part of the mainstream health service and most delivering culturally appropriate immunization services. Promising interventions included culturally-sensitive approaches, leveraging partnerships, and providing accessible vaccination sites.

Conclusion: Findings highlight the importance of incorporating culturally-appropriate approaches with partnerships in the local community. This study provides direction on the critical components of refugee vaccination models of delivery with recommendations for academic, policy, clinical and community audiences.