

COVID-19 Vaccination and Informal Workers: Immunize, Don't Marginalize

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Key Findings

Analysis from our [COVID-19 Crisis and the Informal Economy Study](#) found:

- In the latter half of 2021, COVID-19 vaccine coverage among workers in informal employment was generally low, despite the fact that workers were often obliged to get vaccinated by employers and local authorities.
- Workers faced an array of barriers to accessing vaccination, ranging from a lack of vaccine availability caused by inequities in distribution, to barriers shaped by the informal nature of their labour.
- Grassroots worker organizations have been successfully advocating for access to vaccination, despite facing resource limitations.

Policy Recommendations

- There is an urgent need for vaccination campaigns which remove legal, financial, informational and logistical barriers to accessing vaccination. This must form part of a comprehensive package of public health responses to the COVID-19 pandemic.
 - Provide workers with necessary social protections equal to those of their counterparts in the formal economy, in order to support worker vaccination and to protect workers' health and livelihoods. This must include provision for paid sick leave.
 - Ensure that grassroots worker organizations are adequately resourced and supported, given their ability to reach workers within the local community.
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Introduction

Vaccination against COVID-19 has become a vital public health tool for significantly reducing COVID-19 mortality and morbidity during the pandemic, and is a [critical issue of economic and health justice](#) for the world's informally-employed workers. This Policy Insights assesses the extent of worker vaccination, based on data from the second round of the COVID-19 Crisis and the Informal Economy Study – a longitudinal, mixed methods global study involving thousands of street vendors, home-based workers, waste pickers, domestic workers and other workers in informal employment.

Cities in the WIEGO-led COVID-19 Crisis and the Informal Economy Study



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|--------------------------|-------------------------|
| 1- Accra (Ghana) | 7- Lima (Peru) |
| 2- Ahmedabad (India) | 8- Mexico City (Mexico) |
| 3- Bangkok (Thailand) | 9- Plevan (Bulgaria) |
| 4- Dakar (Senegal) | 10- New York City (USA) |
| 5- Delhi (India) | 11- Tiruppur (India) |
| 6- Durban (South Africa) | |

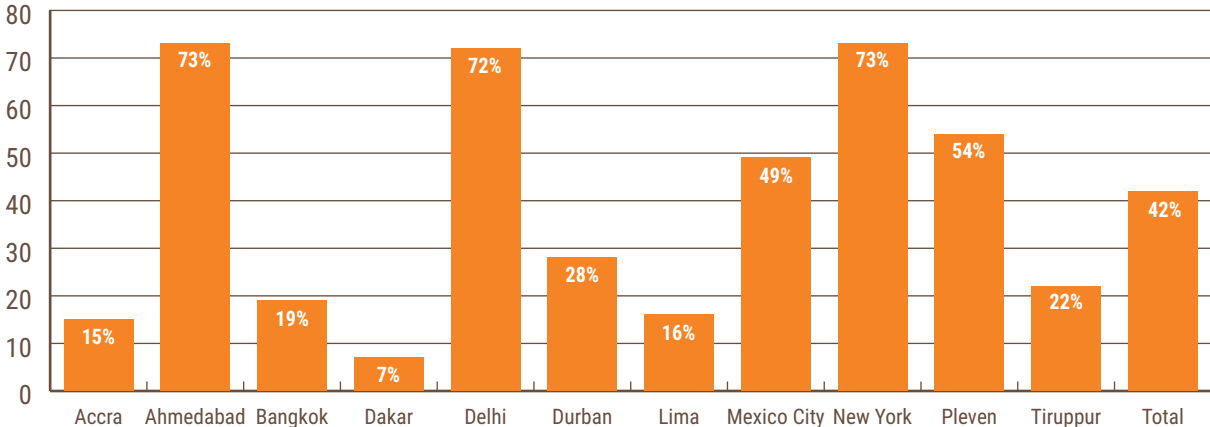
Low Rates of COVID-19 Vaccination Among Waste Pickers and Workers in Other Sectors

Workers of all sectors were often subject to local, national or employer-led vaccine mandates. A female domestic worker in Ahmedabad stated that “almost all the sisters have got themselves vaccinated as they were not allowed to work until they have done so”. Additionally, workers had often intended to get vaccinated in order to improve health and safety and inspire confidence among the general public, thereby attempting to protect their livelihoods:

“Vendors need vaccination because of customers’ expectations. If vendors are not vaccinated, clients will fear and refuse to use your services. Increasingly, clients will have a concern if COVID positive vendors and unvaccinated vendors are in the market.” – Male street vendor, Bangkok

Despite the need for vaccination, findings from the second round of the study suggest that – when assessed between June and October 2021 – there was low coverage of COVID-19 vaccination among workers in the majority of surveyed cities (Figure 1). Globally, 42% of workers reported having received at least one dose of a vaccine. Workers in Ahmedabad and Delhi showed higher rates of vaccination in comparison to the majority of cities. This was likely due to two factors: the data were collected later in the year compared to the other cities as a result of a serious wave of COVID-19 infections taking place from April 2021; and data collection occurred after a significant vaccination drive in the two Indian cities.

Figure 1: Vaccination coverage of workers, by city (%)



While vaccination coverage ranged from 43% to 55% among street vendors, domestic workers, home-based workers and waste pickers were reported to be the least vaccinated. Only 29% of waste picker survey respondents reported having received at least one vaccine shot; when disaggregated by gender, only 26% of male waste pickers were vaccinated compared to 32% of female waste pickers.

Vaccination Experiences of Migrant Workers and Older Workers

Findings of our study presented intersectional experiences of COVID-19 vaccination. There was a similar rate of vaccine uptake among workers who had migrated from another town or rural area to workers who did not identify themselves as migrants, with around 40% uptake across both groups. However, 79% of workers who had migrated across international borders reported being vaccinated (or being registered for vaccination). Some shared sentiments of being desperate for vaccination in order to “assure the employer that at least I received one shot of the vaccine” (female domestic worker, Bangkok). This was sometimes linked to migrant workers’ experiences of stigma because employers, customers and the general public often perceived migrant workers as being vectors of COVID-19.

Older workers, aged above 60 years, reported lower rates of vaccination than workers under 60: only 55% of older workers had been vaccinated (or registered for vaccination) compared to 74% of their counterparts under 60 years of age. This is, perhaps, surprising, given that COVID-19 vaccination programmes in many countries prioritize older adults to maximize the

number of lives saved.¹ Yet, one female waste picker in Bangkok noted that older workers can face difficulties accessing vaccination due to an inability to use digital registration systems:

“She [a co-worker] is 59 years old and still cannot access even one shot of the vaccine. I asked her why she did not register. She told me that she did not know how to do it. Why is it that the registration needs to be done through a smartphone? What would happen to those who do not have a smartphone like the elderly? When they [the government] do something, it should be done in an inclusive and universal manner” – Female waste picker, Bangkok

Workers’ Barriers to Accessing COVID-19 Vaccination

Against a backdrop of low vaccination coverage, workers provided insight into why they had not yet been vaccinated against COVID-19. Across all surveyed cities and occupational sectors, by far the biggest barrier to worker vaccination was a lack of vaccine availability within a country or local area, with 27% of workers offering this as a reason. There was little variation by gender or by sector, although 82% of respondents in Lima and 62% in Mexico City stated that a lack of availability was the primary reason. This is unsurprising, given that there had been only limited progress in Peruvian and Mexican national vaccine rollouts at the time of data collection. More broadly, national unavailability of COVID-19 vaccines in numerous countries across the Global South continued to pose a major barrier to achieving optimal vaccine coverage. Many countries failed to procure adequate supplies of vaccines – whether through the multilateral COVID-19 Vaccines Global Access (COVAX) system or through bilateral agreements – owing to vaccine hoarding by countries in the Global North, inequitable vaccine pricing and stalled negotiations of intellectual property waivers.^{2,3} Workers also experienced local-level unavailability, with workers being excluded so that vaccines could be prioritized for the privileged classes:

“They [vaccinators] came for a week [...] this generated a long queue of people going for the jab and [...] there were lots of prominent persons around. In Ghana, protocol takes lead in a lot of things, so the working vulnerable people couldn’t get vaccinated due to the rich and prominent in society who were also around to take the vaccine. If they will open it widely for those down the ladder in social standing, it will help” – Male street vendor, Accra

Similar experiences of exclusion were reported by workers in Tiruppur, where vaccine coverage among surveyed workers was only 22%.

Vaccine hesitancy was also noted as a barrier, with misinformation circulating among workers, including the rumour that “the government has made this vaccine to kill aged citizens...if we take this vaccine, we would die within a year” (female waste picker, Ahmedabad). This sentiment was especially potent in New York City, where 29% of surveyed workers described being vaccine hesitant. Workers mentioned being overwhelmed by the amount of information available and being confused about which information was trustworthy. Beyond this, workers in New York City were hesitant to get vaccinated due to feeling ‘othered’ as a result of chronic

¹ Goldstein, J.R., Cassidy, T. and Wachter, K.W. Vaccinating the oldest against COVID-19 saves both the most lives and most years of life. *Proceedings of the National Academy of Sciences*, (2021) 118(11).

² Lanziotti, V.S., Bulut, Y., Buonsenso, D. and Gonzalez-Damrauskas, S. Vaccine apartheid: This is not the way to end the pandemic. *Journal of paediatrics and child health* (2021).

³ Dyer, O.. Covid-19: Countries are learning what others paid for vaccines. *BMJ: British Medical Journal (Online)*, (2021) 372.

social exclusion, as well as their complicated relationship with the state, and that this was also tied to their experiences of living as part of a minoritized racial/ethnic group:

“What we do see more universally is a sense of resignation at even the idea of having access to support. I would say in our Spanish speaking community, it’s largely a sort of ‘it’s not our world, we don’t exist in that space’[...] versus in our Black community, there’s more of a sense of having been let down. The relationship with the institution has become distorted, like trying to file taxes but it becomes too intimidating. So this sort of break in the process, there is a potential pathway but the connection can’t be made. In either case, it results in disinvestment: this process is not designed to serve me, I won’t participate in it.” – Male waste picker, New York City

In addition to the above, workers’ barriers in accessing COVID-19 vaccination were often shaped by the informal nature of their employment. Among survey respondents, there was mention of a lack of time to register for vaccination, especially for domestic workers with highly demanding care responsibilities in their employers’ homes. There were also reports of workers being concerned about the risk of vaccine side effects, due to a lack of access to paid sick leave and the potential to be dismissed from work after getting vaccinated. Lack of social protection, therefore, placed both workers’ health and livelihoods at risk.

“There were ladies [employers] who did not give them [workers] permission to go to get vaccinated. The next day they felt sick [from side effects], the lady already discounted those days they missed, they were fired because they did not want to go to work.” – Female domestic worker, Mexico City

Workers Organizing to Increase Access to Vaccines and Promote Solidarity

Grassroots worker organizations have been [taking action to increase access to vaccination](#) and findings from our study offered further evidence of the critical role they have played. Worker organizations across the world have been raising awareness of the importance of vaccination, offered information on vaccination and helped workers to register for vaccination – many thousands of workers were vaccinated thanks to these efforts. Worker organizations have also stood up for the rights of their fellow workers in the face of exploitation during the vaccine rollout, in order to reduce workers’ barriers to vaccination.

“Some factories are providing vaccines through private hospitals and deducting the vaccination cost from the workers who have already suffered a lot. After a lot of complaints from labour right activists, the state government has issued an order stating that factories should not deduct money from the workers.” – Female home-based worker, Tiruppur

As part of a comprehensive package of public health measures, workers in informal employment must have access to COVID-19 vaccination to protect their own health, the health of their communities and the wider public, and to better secure their livelihoods. It is vital that barriers to access are urgently addressed, and that worker organizations – who have provided much-needed solidarity to workers throughout the pandemic while facing financial pressures – are adequately resourced and actively consulted in national and local vaccination rollouts.

COVID-19 Crisis and the Informal Economy is a collaboration between the global network Women in Informal Employment: Globalizing and Organizing (WIEGO) and local partner organizations representing informal workers in 12 cities: Accra, Ghana; Ahmedabad, India; Bangkok, Thailand; Dakar, Senegal; Dar es Salaam, Tanzania; Delhi, India; Durban, South Africa; Lima, Peru; Mexico City, Mexico; New York City, USA; Pleven, Bulgaria; and Tiruppur, India. The mixed-methods longitudinal study includes survey questionnaires of informal workers and semi-structured interviews with informal worker leaders and other key informants, all conducted by phone. For more information, visit wiego.org/COVID-19-Global-Impact-Study.

Women in Informal Employment: Globalizing and Organizing (WIEGO) is a global network focused on empowering the working poor, especially women, in the informal economy to secure their livelihoods. We believe all workers should have equal economic opportunities, rights, protection and voice. WIEGO promotes change by improving statistics and expanding knowledge on the informal economy, building networks and capacity among informal worker organizations and, jointly with the networks and organizations, influencing local, national and international policies. Visit www.wiego.org.

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