

Vaccinating international seafarers during the COVID-19 pandemic

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Despite their key role in the distribution of essential goods, seafarers were often overlooked in international COVID-19 responses. Border closures isolated them at sea, often for months beyond contract. Distributing vaccines to seafarers was inconsistent and often depended on the creativity of charities and industry and labour stakeholders. Even seafarers who received vaccinations often had them unrecognised in the ports they visited. These oversights should not be repeated in preparation for future pandemics. As a vulnerable population and as key international workers, seafarers' health should be prioritised by national and international health policy.

Introduction

Seafarers are responsible for the carriage of about 60–70% of world trade by value, 80–90% in volume, and their work is especially important for economies in low-income and middle-income countries.¹ Although trade was reduced by the COVID-19 pandemic, public health responses relied on essential goods, including food and medical supplies, delivered by hundreds of thousands of international cross-border workers.

Most international seafarers perform shift work at sea on contracts of up to 11 months, continually crossing borders. Outside of the cruise industry, a typical vessel will have a crew of 20–30 seafarers. In 2020, seafarers serving on internationally trading merchant ships were estimated at 1892720: made up of 857540 ranking officers, and 1035180 so-called ratings working under their management.² The Philippines, Russia, Indonesia, China, and India were the world's largest suppliers of seafarers on merchant ships.³

COVID-19-related travel restrictions instantly changed the lives of seafarers. The most radical way was, perhaps, the crew change crisis: in October, 2020, the International Transport Workers' Federation estimated that 400 000 seafarers were stranded on forced extended contracts at sea, with thousands more unemployed at home, waiting to relieve them.⁴ At the same time, seafarers' right to access to the shore in port, widely recognised as important for "their health and well-being",⁵ was effectively suspended.

We believe that seafarers' unique living situation, key role in the supply chain, and already-established rights should have granted them some accommodation from these restrictions. This tended not to be the approach of authorities in the port state or onboard. However, it should not have been controversial that vaccination should have been a key part of the solution, as it was for the landed population. Unfortunately, seafarers' access to vaccines was also obstructed for various reasons described in this Viewpoint.

The realities of life at sea made the approaches taken to vaccination on land difficult. A ship's schedule is subject to the weather, maritime traffic, and other factors, so vaccination appointments could not be booked far in advance. Inconsistent access to the internet and toll-free

numbers at sea compounded the problem. Recognition of vaccination, such as COVID-19 vaccine passports, was also an issue as these were not internationally recognised for seafarers. Port states required and issued different information on their sanitary and vaccination certifications, for recognition of differing vaccines.

Crucially, there was no centralised coordination between port states or international agencies to effectively address these issues. Seafarer vaccination and documentation was instead undertaken provisionally by various stakeholders. Seafarers' access to health care, besides being imperative to achieve fairness and equality, is crucial for their ability to work. Most seafarers were not considered a priority for vaccination, and securing and certifying vaccinations was difficult, even when vaccinations were freely available.

Impact on health

Between social isolation, a dangerous work environment, fatigue, and limited access to care, health was already an issue for seafarers.⁶ The diverse hurdles created by the COVID-19 pandemic might have further compounded the high stress levels that maritime workplaces already experience, intensifying existing issues while adding new ones.

Industry reports and recent studies suggested that seafarers during the crew change crisis suffered from more anxiety, panic attacks, depression, loneliness, frustration, fatigue, burnout, and suicidal thoughts than before the crisis. The pandemic was associated with increased symptoms of depression and anxiety among seafarers.^{7,8} Extension of contract and being of higher rank were particularly significant factors in the development of mental health disorders. Seafarers were further discouraged from their daily work by perceived apathy from outside.⁹

In a 2021 online survey of 817 seafarers, being vaccinated or prioritised for vaccination was listed as helping their mental health "a great deal" by more than 75% of respondents: less only than "contact with family" and "timely crew change". However, only 31% reported having been vaccinated against SARS-CoV-2.¹⁰

Seafarers also faced perverse job security and health incentives when accessing vaccines in different countries. In 2021, ship managers reported that seafarers who had

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received the Sputnik or Sinovac vaccines would try to get repeat vaccines (including initial doses and boosters) elsewhere.¹¹

Resources for COVID-19 vaccines

When seafarers were vaccinated at sea, it was through creative partnerships, often from the bottom up. Shipping, labour, and welfare organisations lobbied governments to take stock of the situation and set aside supplies for seafarers, which many did. However, no central authority provided or tracked seafarer vaccinations internationally. As such, the numbers of seafarers receiving vaccinations are incomplete and anecdotal.

An attempt to fill the accessibility gap was by partnerships of seafarers' unions and port-based welfare services—often in the form of non-profit chaplaincies. These institutions would partner with local health services, drive seafarers to vaccination clinics, or set up their seafarers' centres as vaccination centres. The International Christian Maritime Association (ICMA) and its North American region (NAMMA) kept an online list of vaccination programmes and how to access them for seafarers,¹² and in 2021 the UN's International Maritime Organization (IMO) advised the list's use to its constituents.¹³ NAMMA also tracked documentation of vaccination efforts, which was generally limited to local news stories.¹⁴

The gap in international coordination and policy was addressed primarily through statements by maritime stakeholders, often directed at governments and international agencies. In January, 2021, 850 maritime organisations signed the *Neptune Declaration on Seafarer Wellbeing and Crew Change*.¹⁵ The declaration called for: the recognition of seafarers as key workers and to be given priority access to COVID-19 vaccines; establishment and implementation of gold-standard health protocols (such as number of doses, time between initial doses and boosters, and types of vaccinations for particular diseases) based on existing best practice; increased collaboration between ship operators and charterers to facilitate crew changes; and to ensure air connectivity (via airports) between key maritime hubs for seafarers.¹⁵

Among the signatories were the International Chamber of Shipping (ICS) and the World Economic Forum, the International Transport Workers' Federation (ITF), and the International Association of Ports and Harbors (IAPH), as well as ICMA.

A Seafarer Vaccination Taskforce was also organised by the ICS and International Maritime Health Association (IMHA). In May, 2021, they produced a *Roadmap for Vaccination of International Seafarers*, calling for vaccination hubs in major ports and laying out logistical guidelines on how these could be achieved.¹⁶ Similar to the *Neptune Declaration*, the *Roadmap* was supported by stakeholders across the industry, including the ITF and IAPH. The IMHA followed up the *Roadmap* with a paper published in September, 2021, identifying

continuing challenges and recommending provisional solutions.¹⁷

This lobbying was met with some success. In October, 2021, the IMO's Maritime Safety Committee approved a resolution to designate seafarers as key workers,¹⁸ and in February, 2022, WHO, IMO, International Labour Organization, and UN Conference on Trade and Development issued a call for continued collaboration towards vaccination of seafarers.¹⁹

Seafarer welfare boards, in which governments, non-profit organisations, and stakeholders of all kinds meet with the express purpose of coordinating the welfare of seafarers—either at the national, port, or regional level—were another key point of response in the countries that have these boards, including in countries in Europe, and in the UK, Australia, New Zealand, and Canada. In Canada, Transport Canada incorporated vaccination guidance from the Community Safety and Well-Being (CSWB) in its ship safety bulletins, and Health Canada set aside a vaccine supply for international seafarers under the CSWB's advice.²⁰ Unfortunately, while the Maritime Labour Convention 2006 recommends the foundation of seafarer welfare boards in all maritime nations, they remain the exception rather than the rule.

By June, 2022, NAMMA's informal tally of seafarer vaccinations reported by its partners was more than 250 000. Approximately 100 000 vaccinations were provided in North America, primarily by partnerships of seafarers' welfare non-profit organisations, unions, port authorities, and health-care providers; 100 000 were administered in the UK and other European countries through similar partnerships, and thousands more in maritime hubs of Panama, Australia, Singapore, and India, among others. More vaccinations were provided by the cruise industry, private ship agents, and other national programmes, although these have not been officially reported.

The situation improved when seafarers at home could reliably access vaccinations through national programmes. By July, 2023, the Global Maritime Forum's ongoing survey of ship managers reported that 97% of seafarers onboard their ships were vaccinated, up from 89% in July, 2022, and 15% in August, 2021.²¹ Only 2% of crew were at sea beyond their contract, and only 0.1% were at sea for more than the maximum of 11 months, down from highs of 9% and 1.3% respectively in August, 2021. However, the survey did note that its correspondent ship managers were probably more dedicated to health promotion than were other managers who did not answer. They reported no further problems in securing vaccines, although one was concerned about inconsistencies in vaccination recognition.

Throughout the height of the crew change crisis during 2021 and 2022, much of seafarers' access to vaccination and health care abroad depended on maritime industry associations and individuals working outside the limits of their expertise. The concept of seafarers as key workers

was not consistently adopted by maritime governments to facilitate appropriate and timely vaccination for seafarers serving their ports.

Conclusion

Before and since COVID-19, international stakeholders have been consistent in calling for coordinated prioritisation of seafarers' health and crew change. Seafarers' rights to medical care, shore leave, and repatriation are enshrined in maritime law.⁵ As early as September, 2020, the IMO's Maritime Safety Council was calling for seafarers to be recognised as key workers and for their access to health care and travel to be prioritised,¹⁸ and in the same month the WHO SAGE listed transportation workers as essential workers and as a priority group.²² Following this, in February, 2022, a larger group of UN agencies joined them in calling for "designating seafarers as key workers" in order to "facilitate crew change", "prioritise the vaccination of seafarers", and "exempt them from any national policy requiring proof of COVID-19 vaccination as the only mandatory condition for entry".¹⁹ We certainly second these calls.

Unfortunately, no such coordinated prioritisation was reflected in public health responses during the height of the pandemic, nor yet in the policies that will shape future responses. Testing and vaccinating seafarers came late, as did the reestablishment of their access to shore and repatriation. Negative effects on the efficiency and sustainability of the supply chain, not to mention the health of seafarers themselves, were prolonged. National governments are naturally interested in the most effective vaccination policies for the health of their general populations but must also consider accessibility and practicability for seafarers and other international workers.

Responding to future pandemics and similar crises will require a coherent framework that considers the role of seafarers and the international agreements that protect them. A standardised and more accommodating approach will be necessary for seafarers' access to vaccinations, recognised documentation, and travel.

We think part of this could be achieved through closer cooperation between governments and maritime stakeholders, particularly through the formation of seafarer welfare boards in countries that do not currently have them, as recommended by the Maritime Labour Convention, 2006. We think part of it could also be achieved by better communication between government agencies that oversee public health and those that oversee transportation, trade, and maritime affairs. We also think that centralised, international agencies should play a larger role in protecting seafarers' access to health care and safe travel, perhaps with the implementation of an international vaccination certification system dedicated to international workers and managed by international agencies.

Individual maritime stakeholders have done much to help seafarers during the pandemic and the crew change crisis, both in strategy and implementation, and they

expect to continue to contribute in future public health emergencies and in more routine settings. The ICS and its partners continue to generate resources for maritime states and operators, including a forthcoming *Pandemic Preparedness Guide* (Q3 2024). Seafarer welfare boards are still meeting in the maritime jurisdictions in which they are present. Many of the same port-level partnerships that have been used to connect seafarers remain strong. But seafarer health should be an international concern. For seafarers disease prevention, larger-scale and more reliable provision of health care is required, in addition to recommendations and local initiatives.

Contributors

JZ and DL led the manuscript narrative and contributed to manuscript drafting and finalisation. JZ and DL principally wrote the manuscript. KW, SS, NS, and RV contributed to the development of the manuscript. KW contributed to manuscript finalisation. All authors accept responsibility for the decision to submit for publication.

Declaration of interests

We declare no competing interests.

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