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Migrants and the COVID-19 pandemic: An initial analysis

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Introduction

COVID-19 has emerged in a world tightly connected by local and international population movements, with more people moving for work, education and family reasons, tourism and survival than ever in the past (Skeldon, 2018). Intense population movements, in particular of tourists and business workers, have been a key driver of the global spread of the outbreak (Hodcroft et al., 2020 and 2018). The pandemic cannot as such be attributed to migration (Banulescu-Bogdan et al., 2020).

At the same time, the presence and movements of migrants[1] are fundamental demographic, social, cultural and economic dynamics shaping the local contexts that the pandemic is affecting. For societies and communities all around the world, accounting (or not) for migrants in COVID-19 response and recovery efforts will affect the crisis' trajectories. Inclusive public health efforts will be crucial to effectively contain and mitigate the outbreak, reduce the overall number of people affected, and shorten the emergency situation (Berger et al., 2020). Mitigating the economic, social and psychological impacts of the outbreak (as well as relevant response measures) on all affected persons will allow for swifter recovery.

This paper analyzes the specific ways migrants have been affected by the pandemic and presents a diversity of measures adopted in migrants' host and home countries to prevent, mitigate and address its negative impacts. By doing so, it aims to provide insights for more inclusive and effective COVID-19 policies and operations.

The paper first looks at migrants' presence in selected countries and locations that have been heavily affected by the pandemic in its initial stages. It then provides an analysis of the conditions that make different migrant groups specifically vulnerable to the health and socioeconomic impacts of the outbreak, highlighting examples of migrant-inclusive interventions rolled out by governmental and non-governmental actors. This includes exploring the specific challenges migrants have encountered because of restricted international mobility linked with COVID-19 prevention and mitigation efforts, and of mounting xenophobia in communities all around the world. The paper then looks at how migrants' individual suffering is translating in systemic effects for host and home communities in order to draw conclusions on the effective inclusion of migrants in COVID-19 response and recovery.

The paper provides an analysis of initial, and rapidly evolving, trends and patterns, relying on anecdotal evidence from different countries and an expanding body of not fully reliable nor comparable data. As such, it does not provide any definitive, comprehensive, or context-specific recommendation. As the pandemic expands into new areas with different migration profiles, as new response and recovery measures are rolled out, and as longer-term, secondary impacts emerge, different risks and resources will be more or less relevant for migrants, and different measures will become available to their origin and receiving societies. Further, complementary analysis will be warranted over time – noting however that experiences and practices from past emergencies, both health and non-health-related (MICIC Initiative, 2016), can help direct and inform theoretical and practical efforts to successfully include migrants in COVID-19 response and recovery.

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[1] The term "migrant" includes, for instance, migrant workers and members of their families, students, displaced persons, refugees and asylum seekers, irrespective of their status (IOM, 2019b).

Migrants' presence in COVID-19 hotspots

Following the movement of people along busy commercial and touristic routes, COVID-19 has initially affected China's neighbouring countries, the United States and Europe. While the outbreak has since spread from these areas into other regions and back into East Asia, these patterns have resulted in many of the world's wealthiest and best-connected countries bearing the brunt of the early health impacts of the pandemic. Geographic position, relative level of wealth and international connections also make these countries attractive destinations for migrant workers, international students, asylum seekers and refugees. As a consequence, migrants represent a substantial share of their population (IOM, 2019a), as shown by table 1. Moreover, the areas worst affected within many of these countries, such as the Lombardy region in Italy, New York, Madrid and Paris metropolitan areas respectively in the United States, Spain and France, and the Geneva/Vaud area in Switzerland, are all hubs of international economic and commercial networks, and political and cultural life and have a higher-than-average migrant presence.

Table 1: Number of deaths by COVID-19 and international migrant stock in 10 countries particularly affected by coronavirus, as at 13 April 2020

Country	deaths by COVID-19	population	deaths/1 000 people	Stock of international migrants	% of international migrants
United States of America	23 068	329 064 917	0.07	50 661 149	15.4
Italy	20 465	60 550 075	0.34	6 273 722	10.4
Spain	17 628	46 736 776	0.38	6 104 203	13.1
France	14 967	65 129 728	0.23	8 334 875	12.8
United Kingdom	11 329	67 530 172	0.17	9 552 110	14.1
Iran (Islamic Republic of)	4 585	82 913 906	0.06	2 682 214	3.2
Belgium	3 903	11 539 328	0.34	1 981 919	17.2
Germany	3 043	83 517 045	0.04	13 132 146	15.7
Netherlands	2 823	17 097 130	0.17	2 282 791	13.4
Switzerland	1 138	8 591 365	0.13	2 572 029	29.9

Sources: CSSE, 2020 (accessed 13 April 2020), UN DESA 2019a, 2019b.

The high proportion of migrants in these countries underscores the specific need for inclusion of migrants in COVID-19 response and recovery efforts. Societies that fail to appropriately ensure health care, assistance and access to essential rights to such large population groups will be less able to effectively contain the outbreak, and will likely see a higher overall number of people affected, and a longer-lasting emergency situation. Insufficient inclusion of migrant workers in otherwise successful early containment efforts, for instance, has led to fears of a second wave of infection in Singapore. Over 200 of the total 287 people newly affected throughout the country on 9 April were migrants living in the city's dormitories. The spike led to renewed closures, quarantines, and mobility restrictions (Ng, 2020; Beech, 2020). Similarly, societies that cannot mitigate the economic, social and psychological impacts of the outbreak and related response measures on all communities will be less able to recover effectively and will likely face heavier direct and indirect long-term consequences.

Migrants' vulnerability to COVID-19: Challenges and responses

As in many other crises, migrants may be particularly vulnerable to the direct and indirect impacts of COVID-19. Their ability to avoid the infection, receive adequate health care and cope with the economic, social and psychological impacts of the pandemic can be affected by a variety of factors, including: their living and working conditions, lack of consideration of their cultural and linguistic diversity in service provision, xenophobia, their limited local knowledge and networks, and their access to rights and level of inclusion in host communities, often related to their migration status (Liem et al., 2020 and table 2).

Table 2: Overview of migrants' vulnerability to COVID-19

Recurring conditions of vulnerability	Increased likelihood of:
Limited awareness of recommended prevention measures, including due to linguistic barriers Inability to respect social distancing in crowded, multigenerational homes Reliance on public transportation Continued exposure in close contact professions Limited access to key hygiene items Limited personal protective equipment in the workplace	Contracting COVID-19
Lack of entitlement to health care and deprioritization in service provision Lack of access to facilities in underserved locations Limited awareness of options or right to receive health care Language barriers hindering communication with providers Unwillingness to come forward for assistance due to fear of arrest and/or stigmatization	Not accessing appropriate care
Pre-existing pulmonary/respiratory issues due to travel and living conditions Physical weathering Inability to access timely assistance	Showing severe symptoms
Restrained living and outside space during lockdowns Isolation and inability to communicate Obstacles to proper burial of deceased ones Anxiety linked with being stranded, potentially arrested or victim of xenophobic acts	Suffering psychosocial impacts
Discontinued provision of basic assistance and integration services Loss of precarious, unprotected job No inclusion in COVID-19 income support schemes, housing provision programmes or rental subsidies/exemptions Inability to maintain regular migration status	Livelihood and income insecurity

Source: Author's own elaboration.

These challenges, and related conditions of vulnerability, are shared with many citizens. Internally displaced persons in camps and non-camp settings, slum dwellers and homeless persons may also have limited ability to respect social distancing and hygiene practices (Sanderson, 2020; Sobecki, 2020). All gig economy and workers in the informal economy may face sudden income loss (Kinyanjui, 2020). People from poorer, marginalized communities will generally have limited access to health care. Evidence is indeed showing that socioeconomic conditions affect COVID-19 impacts for both migrants and citizens: members of ethnic minorities have been found to be overrepresented among the people who have been infected and hospitalized and who died from COVID-19, as well as those with insufficient food and financial security (Devakumar et al., 2020; ICNARC, 2020; Mays and Newman, 2020).

Migrants' specific patterns of vulnerability often lie at the intersection of class, race and status: migrants are overrepresented in low-income and discriminated minorities, and encounter unique sets of challenges linked with their lack of entitlement to health care, exclusion from welfare programmes, and fear of stigmatization and/or arrest and deportation. While the lack of properly disaggregated data makes it difficult to quantify the specific impacts they suffer, some evidence of migrants being disproportionately affected has been recorded in certain locations (Bivand Erdal et al., 2020), and can be extrapolated for other contexts (see text box 1).

Text box 1: Local prevalence of COVID-19 and migrant presence in New York City

Income inequality and marginalization affect local patterns of COVID-19 prevalence. While positive cases have been recorded throughout New York City, most confirmed cases were in areas with the lowest median incomes, despite the limited local availability of testing. This is likely due to structural factors linked to living and working conditions preventing people from applying basic prevention and mitigation measures. Migrants are over-represented in many of these neighbourhoods: all but two of the 20 areas with the most confirmed cases in New York host over 30 per cent of foreign-born residents (above the city-wide average of 24%), with the top two (ZIP codes 11368 and 11373) home respectively to 60 and 67 per cent.

Sources: Buchanan et al., 2020; New York City Department of Health, 2020; US Census Bureau, 2018.

The following sections provide more details on key conditions compounding migrants' vulnerability to the impacts of COVID-19, focusing in particular on risk factors linked with their limited access to health care, living environments and economic insecurity, and examples of measures adopted to support more inclusive response efforts. The paper then looks at immigration issues, border closures and lockdowns, and mounting xenophobia as key elements exacerbating existing challenges.

Access to health services

In many countries, migrants, especially when in an irregular situation or on short-term visas, do not enjoy equal access to health care as citizens, and might not be covered for COVID-19 treatment (Collins, 2020; KFF, 2020; Vearey et al., 2019). Even where they are entitled to relevant services, language barriers, limited knowledge of the host context or prioritization of citizens may result in insufficient access to health care. Migrants are less likely to have access to general practitioners, and therefore tend to have limited access to preventive care and instead rely on hospitals (University of Maryland School of Medicine, 2017), which is both more difficult and riskier as emergency services are saturated with COVID-19 patients. Furthermore, irregular migrants may fear being reported to the immigration authorities and deported if they seek assistance, which may reduce their willingness to come forward for screening, testing, contact tracing or treatment (D'Ignoti, 2020; Jordan, 2020).

Lack of awareness of locally recommended prevention measures, overreliance on informal communication channels, or adherence to culture-specific customs and practices can result in migrants adopting behaviours that put them and their communities at increased risk of transmission (Arfaat, 2020). In conjunction with increased likelihood to be affected by respiratory diseases linked with their travel or living conditions, these factors make some migrants highly vulnerable to the direct health impacts of COVID-19 (Holguin et al., 2017).

Furthermore, national and local authorities do often not have a precise picture of the number and distribution of migrants in their jurisdiction. This hinders their inclusion in public health efforts and makes it challenging to gather precise information on affected individuals, as well as monitor and trace the course of the outbreak (see text box 2). More effective tracing programmes, instead, rely on close surveillance of the whole population (Won Sonn, 2020).

Ensuring that all groups of migrants, regardless of their status, have access to health care is a necessary condition for effective responses to the COVID-19 outbreak (WHO Europe, 2020). Many countries were either providing universal health coverage before the start of the pandemic or have removed obstacles hindering migrants' access to COVID-19 testing and treatment since then (Ontario, Ministry of Health, 2020; Samuels, 2020). This includes offering language and culture-appropriate, affordable options (including through telehealth), and account for migrants' specific needs (such as the need to communicate with distant relatives) in the provision of relevant services (ANSA, 2020a). This also requires making screening and testing capacity, and health-care provision, available in marginal areas, for instance by setting up mobile medical facilities in key workplaces or neighbourhoods (New York state, Governor A.M. Cuomo, 2020).

Many actors have supported these approaches through outreach efforts that convey translated, easy-to-understand information on recommended practices, and entitlements and options to receive services (IOM, 2020a; Wallis, 2020). Information is conveyed more effectively through formal and informal channels migrants routinely use, in key locations in communities and along migration routes, and by individuals and organizations migrants know and trust (Reuters, 2020a; Al-Arshani, 2020). Circulation of official information on informal channels is also essential for countering misinformation (Arfaat, 2020).

Addressing trust barriers is a precondition for successfully including migrants in screening, contact tracing, and health-care provision efforts. Establishing firewalls between health-care provision and immigration enforcement can reduce migrants' fears to be arrested and deported if they come forward for assistance (Van Durme, 2017). This is particularly important at a time when individual data on people's health and mobility is being shared among diverse institutions for disease monitoring and control. As migrants are often more willing to turn towards (often non-governmental) providers they know and trust, ensuring continuity of services of relevant facilities, through adequate regulations, staffing, and resourcing, can encourage them to look for timely assistance (MSF, 2020; Healthserve, 2020).

Living conditions

In countries all over the world, migrants may live in overcrowded environments without adequate access to water and hygiene products, where respecting social distancing and other basic prevention practices, such as self-isolating in case of illness, is difficult. Formal and informal displacement sites (see text box 3), transit sites, and reception centres may present the most acute challenges, but workers' quarters in industrial and rural areas, and the low-income, underserved locations migrants often share with other marginalized groups of citizens show similar issues (Kluge et al., 2020; Dost, 2020). In the absence of systematic screening and tracing, the risk of a rapid spread of the disease is especially heightened in and around these sites. While potentially effective to contain the risk of infection, site closures or the lockdown and relocation of residents have at times worsened migrants' living conditions or abruptly restricted their ability to move, including their possibilities to access food, basic services and income (MEE, 2020; Pattisson, 2020; Tondo, 2020; Spinney, 2020).

In parallel, through re-prioritization of funding and response capacities, reduced movement and level of access of key personnel, disruption of supply chains, and local limitations to public gatherings, COVID-19 has affected the delivery of services and assistance upon which many migrants rely for survival and well-being. Humanitarian service delivery in camp settings has become increasingly difficult (Bhuiyan, 2020; IOM, 2020b; Welsh, 2020), while many integration programmes have been interrupted (Wallis, 2020) and civil society-managed dormitories and community kitchens closed (Win, 2020). Lockdowns and closure of businesses have also translated in obstacles to using public spaces, community centres and private business, upon which migrants often rely for basic services (e.g. communications) and psychological well-being (Kelly et al., 2020). In this context, removing barriers preventing migrants' access to long-distance communications options can help reduce their isolation, improve their access to information and mitigate the psychosocial impacts they suffer as a consequence of the crisis (HRW, 2020).

To compound the above, there is a risk that migrants will be overlooked in COVID-19-response programmes aiming to support people's access to space for isolation and decent housing and living conditions – such as temporary accommodation in hotels or other facilities, rental subsidies or exemptions (Taylor, 2020). These obstacles are of particular concern because migrants, as other minority citizens, are more likely to live in multigenerational households, where infection of particularly fragile, older individuals, is more likely (Cohn and Passel, 2018).

Available responses to these challenges require including migrants in temporary housing programmes and improving living conditions and access to services in highly risky locations, such as transit sites, reception centres, labour camps and other underserved urban and rural locations. Decongestion and redistribution of migrants in appropriate sites (IOM, 2020c, Pascual, 2020), provision of protective equipment, hygiene and sanitary items, presence of medical personnel, strengthened surveillance activities and setting up isolation facilities can help reduce risks (IOM, 2020d; IFRC et al., 2020; Carabott, 2020; ANSA, 2020a).

Work and working conditions

Exposure and vulnerability to COVID-19 are also shaped by people's work and working conditions. Migrants make up a disproportionate share of the workforce in sectors that have remained active throughout the crisis, such as agriculture, construction work, logistics and deliveries, personal care and health-care provision, garbage collection and cleaning services (see e.g. OECD, n.d.). Inability to work remotely, limited access to private transportation, physical proximity with co-workers and customers and lack of adequate protective equipment and hygiene options make these occupations particularly risky (Gelatt, 2020).

In addition, migrants are often also over-represented in some of the industries hardest hit by the crisis, such as food services, non-essential retail or domestic work – or in the most precarious positions in any sector (e.g. in the gig economy, see also text box 4). These unprotected, undeclared positions will represent a substantial share of the millions of people COVID-19 has pushed and will push towards underemployment and unemployment – a group in which migrant workers are overrepresented (ILO, 2020; US Department of Labor). Loss or reduction of employment reflects on abrupt income loss, which, for lower-income households who have limited access to savings, translates in reduced consumption of essential items and products (Perez-Amurao, 2020; Crawford et al., 2020).

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Text box 4: Migrant domestic workers and COVID-19

COVID-19 and related lockdowns have posed a specific set of challenges to migrant domestic workers. For some, workload has increased and free Sundays have been denied as the whole family is staying at home and is demanding more constant assistance. Others have been let go by employers confined at home, refusing contact with outsiders and/or have tested positive to COVID-19. Other domestic workers have reported being abused by employers sending them for errands without adequate protective equipment, or withholding salaries and documents.

Sources: Jordan and Dickerson, 2020; IOM-CREST, 2020.

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At the same time, migrants are more likely to be excluded from welfare systems protecting workers who lose their jobs and incomes due to lockdown-related closure and failure of businesses, layoffs and reduction in working hours – often despite their disproportionate contribution to welfare systems (Vargas-Silva, 2019). They are often not entitled to guaranteed income, unemployment benefits, food vouchers, paid sick leave or even days off. Similarly, they might be excluded from relief and support packages governments are and will be rolling out in response to COVID-19 or deprioritized from assistance when resources are limited (Gelatt, 2020; Doherty et al., 2020; Polchi, 2020).

Migrants already working in exploitative conditions before the pandemic may have limited options to look for other jobs, limited ability to move internally or across borders, and limited savings available to cope with hardship (McCormack et al., 2015; Gavlak, 2020). In countries in which migration status is tied to a person's employer and job, workplace closure can also result in irregularity. Similarly, migrants who need to pay to renew their permits might not be able to do so if their income is reduced. Irregularity, in turn, further reduces entitlements to assistance and the availability of options for well-being, while it increases risks related and not related to COVID-19 (Nyein, 2020).

Due to these constraints, migrants might be forced to work despite growing health risks, and sometimes despite showing COVID-19 symptoms, or might be trapped in host locations without access to income, opportunities, and support (Quinley, 2020). Reducing these conditions of vulnerability requires ensuring access to safe working conditions, including adequate protective equipment, for all essential workers (IOM-CREST, n.d.). All migrants should also be granted access to COVID-19-related welfare programmes (e.g. unemployment insurance, housing assistance, food vouchers, rental subsidies). In the absence of nation-wide policies in this sense, local authorities can support assistance systems that include all local residents, regardless of status and nationality (Hopkins, 2020; Council of Europe, Intercultural Cities, 2020). Ensuring that relevant civil society actors can continue to provide basic services will be key to preserving their access to food, shelter and administrative support to apply for assistance (Informed Immigrant, 2020; NICE, 2020). Similarly, ensuring continued, affordable access to legal representation can help migrants be better protected against abuse and exploitation and more able to navigate immigration matters. While migrants' local and translocal networks provide some options

for self-reliance and solidarity (Bauloz et al., 2019), in the context of generalized struggle and impoverishment might end up eroding longer-term well-being prospects.

The impact of borders closure

Almost all countries have responded to the spread of COVID-19 closing borders and tightening immigration regimes (IOM, 2020e and f). As options for cross-border movements dwindle, incoming migrants and travellers are pushed back or quarantined at borders and forced to stay in informal, overcrowded and underserved transit sites, where they face threats to their health, dignity and survival (Yayboke, 2020). Border closures have made it virtually impossible for incoming asylum seekers to apply for international protection (Banulescu-Bogdanet al., 2020; Ahmed et al., 2020). International refugee resettlement operations have largely come to a halt due to increasing travel restrictions (IOM, 2020g), despite some limited initiatives for the resettlement/ relocation of unaccompanied minors (MacGregor, 2020). Refusal of relevant countries to grant a safe port to rescue vessels, and quarantines imposed to both migrants rescued at sea and the ships' crews of rescue vessels has further hindered rescue missions in the Central Mediterranean, increasing the risks migrants face in what was already the most dangerous crossing in the world (D'Ignoti, 2020; Le Monde and AFP, 2020).

People due to travel abroad, or already in transit through a third country when travel bans were adopted, have found themselves unable to reach their destination – as was the case for over 25,000 Filipino outbound workers (Perez-Amurao, 2020). These disruptions might have far reaching consequences for migrants and families who have borrowed money to pay recruiters and travel agents, only to find themselves unable to start a job and repay their debt. More generally, closed borders might push an increased number of people towards informal, more risky migration channels (Yayboke, 2020).

Conversely, thousands of migrants and travellers worldwide have been stranded in countries that closed their borders. Prolonged travel bans might result in many of them having to overstay their visa (Bernal, 2020). Migrants who were on home leave or travelling out of their host country (including for visa renewal) when the bans came into place might be unable to return to their job, their studies, their homes and families (Charles, 2020).

All over the world, lockdowns and border closure have sparked the return of migrants who have lost support and networks, employment options and ultimately the possibility of dignified living in places of destination due to the pandemic (see text box 5). Such movements create significant health risks both in migrants' home countries and communities and in locations in host and transit countries through which they travel (Chia and Poh, 2020).

Few countries have managed to avoid the complete limitation of internal and international movements by investing in testing, contact tracing and isolation measures (Normile, 2020). Self-quarantine systems for incoming migrants, and quarantine facilities which comply with basic standards and protection principles, can in any case help avoiding border closure and guarantee the application of the *non-refoulement* principle (UNHCR, 2020b).

Tens of thousands Lao, Vietnamese and Myanmar workers left Thailand when the Thai Government closed the country's borders. They crowded at bus stations and border posts, envisioning to cross borders irregularly and overwhelming the management capacity of authorities on both sides.

Over 115,000 Afghans have returned from the Islamic Republic of Iran between 8 and 21 March alone, despite borders being officially closed. Returnees, coming from one of the world's countries worst affected by COVID-19, completely overwhelmed the Afghan system's ability to provide screening and health services at borders and in Herat, already the country's worst-affected city.

Faced with increasing health risks and deteriorating conditions in their host countries, hundreds of Rohingyas and Venezuelans have been irregularly crossing borders back into respectively the Rakhine state and the Bolivarian Republic of Venezuela, despite continued potential for abuses and violence back home, and potential for COVID-19 infection.

Sources: Bangkok Post, 2020; Kit, 2020; Faizi and Zucchino 2020; Parkin Daniels and Phillips, 2020.

COVID-19-related travel restrictions and lockdowns also pose unique logistical, administrative and economic hurdles to operations to repatriate migrants to their home countries. Individuals in hard-to-reach locations and with limited consular presence are finding it extremely difficult to reach exit points and find onward transportation (Mzezewa, 2020; IOM, 2020h). Migrants have also found themselves stranded following the establishment of travel bans in their home countries. In fact, as of 9 April 2020, out of the almost 200 countries and territories imposing travel restriction for incoming passengers, only 97 provided exceptions for their own nationals abroad (IOM, 2020i).

In addition to setting up systems for repatriation of nationals abroad, including through collaborations with like-minded countries, home countries can also prepare for the return of migrants by setting up protocols for screening and testing at entry points and self-quarantining, quarantine facilities, personnel and equipment (The Jakarta Post, 2020). Home countries might also need to set up programmes both to assist the families of migrants affected by COVID-19 while abroad and support the reintegration of returnees.

Risks stemming from immigration policies and their enforcement

In some countries, migrants are still being requested to comply with administrative requirements for status determination, visa application and renewal. However, respecting procedures and schedules becomes challenging as offices and service providers close or limit their working hours, and movements are restricted. Office closures and appointment rescheduling translate into delayed procedures and prolonged uncertainty, and risks stays in detention and reception centres. Arrests, including due to violation of curfews and social distancing measures, or not wearing masks, lead to more migrants being detained and increase the risk of losing their regular status (Jones Jr., 2020). In a context of potentially increasing irregularity due to border closure and visa overstaying, immigration enforcement might hinder efforts to control the outbreak through increased social contacts for migrants and government personnel and reduced willingness of migrants to come forward for assistance – especially in countries where there are no firewalls between health and immigration authorities, and arrest at health-care facilities is possible (Gomez, 2020; Chishti and Pierce, 2020).

Many countries have however granted flexibility on immigration requirements (e.g. automatic or simplified procedures for visa renewal or conversion, waiving fees) to prevent widespread irregularity following loss of employment and border closure (Collins, 2020; United Kingdom Home Office, 2020; French government, 2020). Suspending or scaling down immigration

enforcement activities can encourage migrants to come forward for health care and other assistance. This can also be achieved through local-level initiatives, including the application and extension of sanctuary city approaches to the management of the pandemic (Hudson, 2020). Ultimately, granting migrants regular status can drastically improve their access to health care and social security (see text box 6).

Text box 6: Regularizing migrants in response to COVID-19

Portugal has temporarily regularized all migrants, including asylum seekers, who had applied for a residence permit before the declaration of the state of emergency on 18 March. This temporary regularization aims to ensure migrants' rights, including access to health care and social security. In Italy, the Government, unions and migrant rights associations have been discussing a regularization programme for irregular migrant workers.

Sources: Gorjão Henriques, 2020; Casadio, 2020; Reuters, 2020b.

In addition, some countries are still deporting or voluntarily returning migrants, in spite of explicit opposition of several countries of origin (Ernst, 2020; Carretero, 2020) and the increasing number of travel restrictions hindering them (see text box 7). Due to the trajectories of the spread of the pandemic, this creates an additional risk of further spreading the disease in contexts that have so far been only marginally affected (Abbott, 2020).

Text box 7: Immigration detention and deportations of irregular migrants amid the pandemic

Some countries have halted deportation processes of irregular migrants given the impossibility to logistically and physically proceed due to the many travel restrictions passed by countries all over the world. As irregular migrants are often detained until these deportations, several countries, including Belgium, Spain, the Netherlands and the United Kingdom, have decided to release some of these migrants. Indeed, under international human rights law, their deprivation of liberty pending deportation is permitted "as long as deportation proceedings are in progress or as long as a real and tangible prospect of removal exists" (IOM, 2016, p. 4). In addition to helping prevent outbreaks in immigration detention facilities, these releases echo diverse calls made by United Nations agencies for States to adopt alternatives to detention for irregular migrants during the pandemic.

Sources: Council of Europe, Commissioner for Human Rights, 2020; IOM, 2016; OHCHR and WHO, 2020; OHCHR et al., 2020.

Stigmatization, xenophobia and discrimination

Since its early stages, the outbreak has triggered countless episodes of xenophobia (Bauomy, 2020), directed towards internal migrants in China, Asian migrants in countries all over the world, and progressively towards European migrants and foreigners in general, including in China itself (Kuo and Davidson, 2020) and in areas only marginally affected by COVID-19 (York, 2020). Scapegoating and stigmatization are in fact recurrent reactions in the aftermath of emergencies of all kinds, including disasters, acts of terrorism, and past pandemics and epidemics (such as the 1918 flu and the 2009 H1N1 influenza outbreak; see White, 2020; IOM, 2020j).

Widespread hate speech and increased risk of abuses, assaults and harassment are likely to further reduce migrants' willingness to come forward for screening, testing and health care. As highlighted by the World Health Organization, "stigma can [d]rive people to hide the illness to avoid discrimination[;] [p]revent people from seeking health care immediately[;] [d]iscourage them from adopting healthy behaviours" (WHO, 2020, p. 2).

More generally, the pandemic has been weaponized to spread anti-migrant narratives and call for increased immigration control and reduction of migrants' rights (Banulescu-Bogdan et al., 2020; ISD, 2020). In many countries, xenophobic stances have largely mirrored pre-existing patterns of discrimination, often targeting migrants coming from areas with limited or no risk of COVID-19 infection or long-term residents (D'Ignoti, 2020).

Migrants returning home from countries more heavily affected by the pandemic have faced fears and discrimination in their home communities, leading, on occasion, to confrontations and violence (Kindzeka, 2020; Jha, 2020). Returns towards less prepared and well-resourced contexts, especially if irregular and in the absence of testing capacity and adequate guidelines and facilities for quarantine, pose significant health risks for migrants' home communities (Nachemson, 2020; Pokhrel and Awale, 2020).

Efforts to counter xenophobia include adherence to key lexicon and practices (CDC, 2020; UNICEF; 2020), sharing information on the rationale and implications of migrant-inclusive response measures with the general public, giving visibility to migrants' role engagement in their host societies' response efforts (ANSA, 2020b, Antonelli, 2020) or citizens' demands for inclusive response measures (see text box 8). Information and support systems should be made available to migrants to report any act of discrimination or abuse they may have suffered, and perpetrators should be prosecuted accordingly.

Text box 8: WHO's examples and tips to counter stigmatizing attitudes

- **Spreading the facts**: Stigma can be heightened by insufficient knowledge about how the new coronavirus disease (COVID-19) is transmitted and treated, and how to prevent infection.
- **Engaging social influencers** such as religious leaders on prompting reflection about people who are stigmatized and how to support them, or respected celebrities to amplify messages that reduce stigma.
- **Amplify the voices**, stories and images of local people who have experienced COVID-19 and have recovered or who have supported a loved one through recovery to emphasise that most people do recover from COVID-19.
- **Make sure you portray different ethnic groups**. Materials should show diverse communities that are being affected, and show communities working together to prevent the spread of COVID-19.
- **Balanced reporting**. Media reporting should be balanced and contextualised, disseminating evidence-based information and helping combat rumour and misinformation that could lead to stigmatisation.
- **Link up**. There are a number of initiatives to address stigma and stereotyping. It is key to link up to these activities to create a movement and positive environment that shows care and empathy for all.

Excerpt from WHO, 2020, p. 2.

Conclusion

As countries all over the world are still largely at the early or acute stage of the outbreak, evidence of migrants' specific patterns of vulnerability and of effective measures that can help address them is far from comprehensive. We might see refuges and asylum seekers in low income countries increasingly affected by the outbreak, the perception of migrants as spreaders might gain traction and be instrumentalized as the patterns of first and second waves of infections evolve, border closures and restrictions to international movements might endure, or being lifted in different manners, reshaping global mobility patterns for months and years.

However, this initial analysis allows to identify challenges and approaches that largely align with lessons learned in past crises in which migrants have been affected alongside citizens (MICIC Initiative, 2016; Majidi et al., 2019). Past and current experience shows that crisis response measures cannot effectively include migrants unless they proactively address underlying conditions of vulnerability linked with migratory status and immigration policies, migrants' socio-economic situation, and xenophobia. In the context of the COVID-19 pandemic, this means coupling provisions to minimize transmission and expand health-care coverage with inclusive welfare systems, intercultural communications and, crucially, reform of immigration regimes. Such an approach will be even more important once the acute phase of the crisis will be over, and countries will be moving into a recovery phase that looks still largely undetermined, but that could be characterized by an unprecedented disruption of established patterns of movements. In this context, finding long-term solutions to migrants' social, economic and political marginalization will be key for societies and communities to leverage all available capacities to bounce back, and to avoid the re-creation of the risk conditions that transformed COVID-19 in a disaster.

At the same time, more than perhaps any crisis in the past, COVID-19 makes a clear case for the need to adopt migrant-inclusive risk management approaches. Excluding migrants from COVID-19 awareness and prevention activities, screening and testing, and adequate treatment and follow-up undermines the effectiveness of relevant public health efforts. Failing to understand and reduce the direct and indirect impacts migrants are, and will be, suffering, threatens the well-being, stability and security of communities and societies all over the world (Congress of the United States, 2020).

In many countries affected by COVID-19, presence of migrants is essential for services that are key to the pandemic response, as well as longer-term recovery and development. This includes medical research and health-care provision, agricultural production, logistics and deliveries, personal care of the elderly and other individuals in need of assistance, as well as strategic infrastructural projects (Gelatt, 2020; Corrado, 2018; Bier, 2020). In many countries, migrants have even been among the frontline workers who have been infected or have died because of COVID-19 (Siddique, 2020). By threatening migrants' permanence and living conditions in receiving countries, COVID-19 is posing systemic risks that governments, employers and service providers need to manage. Solutions proposed or adopted, including simplified entry and processing of visa applications (Bonnett, 2020; Kucharczyk and Pazura, 2020), fast-track recognition of foreign education and qualifications (Alkousaa and Carrel, 2020; Batalova and Fix, 2020), dialogue with and engagement of (irregular) migrant representatives, economic incentives to motivate citizens and other migrants to work specific jobs (24 heures, 2020; Davies, 2020), also serve as a reminder of the economic, social and political marginalization migrants have been enduring before the outbreak. Perduring obstacles to their regularization, and initiatives to lower their pay and further worsen their living conditions are now being met by widespread criticism within societies all around the world (Ordoñez, 2020).

The impacts individual migrants will suffer will be a key determinant of broader demographic, social and economic trends. Migrants' inability to send back remittances due to interrupted jobs and lost salaries will heavily affect the well-being of households and communities of origin, as well as the development outlook of their whole societies (Li Ng and Serrano, 2020). Limited ability to access services and opportunities in their destinations will shape migrants' movements out of COVID-19 affected areas and thereby the future patterns of the outbreak. Returns and immobility of migrants, in areas with limited alternatives for onward mobility in the short and medium term, might lead to increased social and environmental pressures and potential intra-communal tensions.

Many countries have responded to COVID-19 with increased closure, tighter immigration regulations and further marginalization of migrants. The centrality of migrants in the social, cultural and economic fabric of our globalized world, instead, suggests that only inclusive approaches help protect and promote everybody's rights, health and well-being, can allow communities and societies to respond more effectively to this crisis, and reduce the risk of future ones.

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