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Global Health Security

Impact of COVID-19: Can Irregular Migrants Cope?

By S. Nanthini

SYNOPSIS

Irregular migrants already struggling with poverty, displacement and discrimination, will be one of the hardest hit communities by the COVID-19 pandemic. Facing stigmatisation and a lack of resources, they are often overlooked in policy conversations despite their especially high vulnerability to the virus.

COMMENTARY

AS OF 15 APRIL 2020, the COVID-19 pandemic has reached a grim milestone – [over 2 million people have now been confirmed to be infected, with the death toll exceeding 134,000](#). The next 'wave' of the virus, after the original wave in China and East Asia, is hitting developing countries hard.

More than [80% of irregular migrants](#), from refugees to internally-displaced people and asylum-seekers, live in developing countries. Many of them are found in urban areas working in the informal economy. They are an especially vulnerable community that faces inadequate access to healthcare, community stigmatisation and limited humanitarian resources.

Access to Healthcare in Urban Centres

A key issue facing irregular migrants is their access to healthcare. Drawn to urban centres in search of jobs, most irregular migrants in urban areas live in overcrowded facilities with poor sanitation, making them vulnerable to disease.

However, they face significant challenges when needing access to healthcare. These challenges include cost, potential language barriers as well as fears of arrest and deportation if they have a precarious legal status. This is especially dangerous during the current COVID-19 outbreak as it increases the risk of potential carriers going around undetected and untreated among the community.

To combat these risks, governments in [South Korea](#) and [Malaysia](#) have encouraged people to get tested by covering the cost of these tests for everyone in the country, not only their own citizens. To also encourage migrants with precarious legal status to voluntarily come forward to be tested, [South Korea's Justice Ministry](#) has confirmed that information will not be collected by the immigration authorities.

Other countries should also take decisive steps to put in place measures to support their irregular migrant communities by removing barriers that hinder access to healthcare.

Community Stigmatisation

Irregular migrants also likely [face increased stigmatisation from their host communities](#) as the COVID-19 outbreak intensifies. They are already being used as scapegoats for outbreaks, such as in [Italy with the far-right former interior minister, Matteo Salvini, blaming African migrants for the COVID-19 outbreak in the country.](#)

This is only being reinforced by discriminatory restrictions. In Lebanon, several municipalities have introduced restrictions that affect only Syrian refugees. Although there have so far been no reported COVID-19 cases among the Syrian refugees in Lebanon, the restrictions on them go beyond government-regulated restrictions.

For example, [in the Brital municipality](#), Syrian refugees are only allowed to move around between 9 am and 1 pm, unlike the government curfew of between 7pm and 5am. Out of fear of further stigmatisation and potential "[legal measures](#)", these discriminatory measures are likely to act as a deterrent to refugees seeking medical care, rather than preventing spread of the virus.

A more inclusive public health agenda may be far more useful in preventing spread of COVID-19. For example, [Portugal has temporarily granted full citizenship rights to all migrants and asylum seekers](#) with ongoing residency requests at least until 1 July 2020. By granting them access to national benefits such as healthcare, welfare and bank accounts, this policy is far more likely to prevent the spread by encouraging them to seek help without fear of discrimination.

Stretched Humanitarian Resources

With both developing and developed countries needing humanitarian assistance, resources are also being stretched in all areas. Even international NGOs such as MSF and EMERGENCY that are more used to deploying in developing countries have been asked to also deploy to the current epicentre in Europe. [MSF has already expanded its activities to](#) countries such as France, Italy, Spain and Switzerland.

Moreover, the increasing number of government-mandated border closures, lockdowns and the evacuation of non-essential international staff by aid groups has meant that resources on the ground are becoming increasingly limited. This shortage of resources is already affecting current and future humanitarian programmes.

For example, Bangladeshi authorities have ordered the suspension of all relief work, apart from essential services like health and nutrition in the refugee camps. They have also asked humanitarian aid groups to limit travel from Cox's Bazar to the camps.

Makeshift schools and child-friendly spaces in the Rohingya refugee camps have been closed with some possibly repurposed for medical use. In-camp schemes such as the long-awaited [formal schooling programme based on the Myanmar curriculum](#) and set to begin this month, have also been suspended.

Current Global Response

Although the number of reported COVID-19 cases among irregular migrants [remain low](#) as of now, this is unlikely to continue. Urgent support is needed from the international community for countries affected by COVID-19, particularly developing countries with [lower preparedness](#) to deal with the outbreak.

In order to help these countries, international organisations have started releasing relief funds and appealing for more money. For example, the UN recently launched its US\$2 billion "[COVID-19 Global Humanitarian Response Plan](#)" appeal on 25 March 2020.

Coordinated by the UN Office for the Coordination of Human Affairs (OCHA) and implemented by UN agencies with NGO consortia, this response plan will support the delivery of medical aid, installation of water, sanitation and hygiene equipment, as well as establish airbridges and hubs to streamline the movement of humanitarian aid.

However, it is essential to keep in mind that resources should not just be diverted to these COVID-19 appeals from other humanitarian projects. While recent global attention has understandably been on COVID-19-related activities, resources must also be available to sustain other vital lifesaving programmes.

As the world sees increased efforts to fight COVID-19, the primary focus of those coordinating the responses to the current pandemic must be the preservation of all life, regardless of who they are or where they come from. COVID-19 doesn't discriminate, and neither must the world.

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