

COVID-19, Migrants, Refugees, Mobile Workers: Global Assessment and Action Agenda

COVID-19, migrantes, refugiados, trabajadores móviles: evaluación global y agenda de acción

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Abstract

The COVID-19 pandemic has disproportionately affected millions of migrants, refugees, asylum-seekers, and stateless persons as well as IDPs worldwide. At the same time, the dependence of economies and societies on migrant and refugee labour to perform essential work in such sectors as healthcare, transportation, services, agriculture, food production and distribution, construction, industry, commerce, and others became even more obvious. However, many policies and actions addressing COVID-19 at the beginning of the pandemic were established with little or no consideration for migrants and refugees, resulting in excessive COVID cases, high mortality rates, unemployment, and loss of livelihood across migrant and refugee populations. The paper argues that a comprehensive and rights-based package of measures is needed for effective response to the pandemic, relevant and proportionate to prevent the spread of coronavirus and allowing for people and economies to sustain socio-economic development on local, national, and regional levels. Based on in-depth review and critical analysis of literature as well as synthesis of approaches and recommendations contained in guidance documents from international organisations, the paper provides policy lines and actions/action steps on COVID-19 and migrants and refugees. It covers the interrelated issues of health and healthcare including vaccination; non-discrimination and inclusion; social protection; employment; community support and protection; gender; refugee specific measures; cross-border mobility; data, narrative, and communications; and recovery. Only a comprehensive package of measures that includes migrants, refugees, asylum seekers, stateless

Summary: Introduction, Methodology, Challenges faced by refugees, migrants, host communities and countries of residence, Need for urgent, appropriate action by governments and all other actors, Overarching normative obligations for treatment of migrants and refugees, A Checklist of Practical Guidelines for action, legislation, policy and monitoring and Conclusions.

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persons and IDPs in national and local COVID-19 responses can possibly solve challenges posed by the pandemic in our global, mobile, interconnected and interdependent world.

Keywords: migration, health, migrant workers, asylum seekers, stateless persons, internally displaced persons (IDPs), human rights, discrimination, social protection, labour, employment.

Resumen

La pandemia de COVID-19 ha afectado de manera desproporcionada a millones de migrantes, refugiados, solicitantes de asilo y apátridas, así como a desplazados internos en todo el mundo. La dependencia de las economías y sociedades de la mano de obra de migrantes y refugiados para realizar el trabajo esencial se volvió aún más obvio en sectores como la salud, el transporte, los servicios, la producción y distribución de alimentos, la construcción, la industria, el comercio y otros. Sin embargo, muchas políticas y acciones que abordan la COVID-19 se establecieron con poca o ninguna consideración por los migrantes y refugiados, lo que resultó en casos de COVID excesivos, altas tasas de mortalidad, desempleo y pérdida de medios de vida por muchas poblaciones de migrantes y refugiados. El documento argumenta que se necesita un paquete integral de medidas relevantes y proporcionadas, basado en los derechos, para prevenir la propagación del coronavirus y permitir que los pueblos y las economías sostengan el desarrollo socio-económico a nivel local, nacional y regional. Basado en un análisis crítico de la literatura y la síntesis de recomendaciones de organizaciones internacionales e informes de expertos, el documento proporciona líneas de política y acciones sobre la COVID-19, migrantes y refugiados. Cubre las cuestiones interrelacionadas de la salud, la asistencia sanitaria y la vacunación; la no-discriminación e inclusión; protección social; empleo; apoyo y protección de las comunidades; género; medidas para refugiados; movilidad transfronteriza; datos, narrativa y comunicaciones; y recuperación. Solo un paquete integral de medidas que incluya a migrantes, refugiados, apátridas y desplazados internos en las respuestas la COVID-19 puede resolver los desafíos levantados por la pandemia en nuestro mundo móvil, interconectado e interdependiente.

Palabras clave: migración, salud, trabajadores migrantes, solicitantes de asilo, apátridas, desplazados internos (IDPs), derechos humanos, discriminación, protección social, trabajo, empleo.

Introduction

COVID-19 has shown us that excluding and discriminating against groups of people makes us all weaker. To build societies that can be more resilient and resistant to all kinds of shocks, we need to act with greater solidarity. Instead of repeating harmful narratives of fear and exclusion, it's time to welcome people into our communities, to reimagine our collective future.

United Nations High Commissioner for Human Rights, Michelle Bachelet (OHCHR, 2020b).

As demonstrated worldwide since the outset of the COVID-19 pandemic, many response measures and/or the lack thereof, created compounded health, social and economic risks, and costs of the still-spreading coronavirus. The aggregate response –or rather the absence of a globally coordinated, scientifically sound and cooperative solidarity response– continues to impede ending the pandemic as well as economic and social recovery. The recent emergence of new variants –*omicron* in November 2021– appeared to aggravate the situation globally. Migrants, refugees, asylum seekers, stateless persons, mobile and seasonal workers remain among those most at risk and those most severely affected. In consequence, economic

and social problems and costs for nations and societies continue to be exacerbated worldwide.

Major challenge arises not only from the pandemic itself but from measures by some government, employer and private actors vis-a-vis migrants, refugees, IDPs and stateless persons. These have included fear-based and non-science-grounded actions resulting in seriously detrimental consequences for economies, businesses, health, social welfare and social cohesion of communities and entire countries.

Without –or despite– accurate assessment of risks and scientifically sound and context-appropriate approaches, governments worldwide continue to take poorly informed and reactive measures often based on narrow political considerations that exacerbate privation and suffering faced by populations, particularly migrants and refugees, as well as aggravating economic costs.

The big picture

At the beginning of 2020, there were an estimated 281 million foreign-born people residing in countries other than where they were born or held original citizenship (UNDESA, 2021a) representing about 3.6 percent of the world's population – a proportion that has only “inched up” since 1970 when the estimated migrant population was 2.5% of the global total. 73 per cent of international migrants worldwide were between the ages of 20 and 64 years, compared to 57 per cent for the total world population (UNDESA, 2021b).

That UN global estimate includes refugees and asylum-seekers but cannot account for internally displaced persons (IDPs) who remain on the territory of their country of origin. Latest UNHCR figures as of mid-2021 (updated 10 November 2021) counted 26.6 million refugees, including 5.7 million Palestinians under UNRWA (United Nation Relief and Works Agency) mandate, 4.4 million asylum seekers and 3.9 million Venezuelans displaced abroad not counted among refugees or asylum-seekers (UNHCR, 2021e). At least 10 million people in the world today are stateless (UNHCR, n.d.). UNHCR also estimated a total of 48 million internally displaced persons (IDPs) as of end-2020 (UNHCR, 2021e).

Many other *foreign* persons in temporary, short-term, or seasonal employment and/or residence situations are not counted in UN and other statistics on *international migrants* when their sojourn is less than a year and/or if they retain formal residency in another country. The UN estimate does not include persons visiting a country for short periods such as tourists, nor commercial or transportation workers who have not changed their place of residence, nor itinerant cross-border traders, several hundred thousand of whom circulate across respectively Eastern, Southern and Western Africa while remaining legally resident in their home country (Taran, 2018).

The movement of people across borders remains a misunderstood and underestimated lifeline for peoples, countries, and economies worldwide. In 2019, international migrant workers constituted 4.9 per cent of the global labour force (ILO, 2021). Most industrialized and many developing countries rely on foreign-born migrant workers for 5 to 20 percent of their workforces. The share of migrant workers in total labour force by region is: 41.4 per cent overall in Arab States –up to 90 per cent in several GCC countries; 20.0 per cent in Northern America; 18.4 per cent in Northern, Southern and Western Europe; 9.4 per cent in Eastern Europe; and 12 per cent in Central and Western Asia (data for 2019) (ILO, 2021a). As the pandemic situation has highlighted, many *essential* workers in healthcare, food production, processing and distribution, transportation, etc. are migrant workers.

While the COVID-19 situation has unprecedented aspects, international normative standards, ample scientific knowledge, and experience from previous pandemics provide the basis for policy and action to meet emergency needs, sustain economic activity and social welfare, and shape recovery.

Methodology

This article is based on a broad review of relevant literature from early 2020 to December 2021, also drawing on earlier works on health and pandemics. Its scope is inclusive of asylum seekers and stateless persons and refers to internally displaced persons (IDPs) whose situations and treatment are often similar to those of refugees and international migrants.

The situation narrative and critical analysis were derived from and built on information and perspective garnered across a broad range of contemporary literature, including scientific reports, international institutional documents and web-posts, authoritative journal articles and current reporting in periodicals considered credible. The comprehensive agenda of policy lines and actions/action steps on COVID-19 and migrants and refugees was synthesized and elaborated from guidance and recommendations by international organisations across the UN system and others, using a recombinant approach applied in preparing international common agenda and consensus documents and recommendations. The extensive review, analysis and comprehensive synthesis of collective recommendations sought to cover interrelated issues and challenges of health and healthcare including non-discrimination and inclusion; vaccination; social protection; employment; community support and protection; gender; cross-border mobility; refugee specific measures; data; narrative; communication; and recovery.

This article is framed as a policy brief to support government authorities, parliamentarians, city governments, social partners, civil society organisations and refugee and migrant actors with concrete practical guidance for effective, rights-based lines of action to: protect people's safety and health; provide attention to health and sustenance for migrants, migrant workers, refugees, asylum-seekers, mobile workers, internally displaced persons (IDPs) and stateless persons; ensure protection of human rights, including health-related rights and labour rights of all concerned; and enable economic and social recovery.

An earlier version of this research was published in May 2021 in Spanish in the journal *Revista Compendium: Cuadernos de Economía y Administración* (Taran and Solorzano, 2021).

Challenges faced by refugees, migrants, host communities and countries of residence An Overview

Tens of millions of migrants, refugees, asylum seekers, IDPs and stateless persons worldwide were from the outset among those most severely affected by the COVID-19 global pandemic worldwide. Millions more temporary, short-term, seasonal, and itinerant migrants are similarly affected. According to UNHCR, more than 134 countries hosting refugees have been affected by the pandemic and reported local transmission of COVID-19 (UNHCR, 2021b). 85 per cent of the world's refugees are hosted in developing countries. The Least Developed Countries provide asylum to 27 per cent of the total (UNHCR, 2021e). "The various population groups face very different living conditions depending on their legal status, demographic characteristics, the country where they live, their location in camps or in urban settings, among other factors" (Vishwanath, Alik-Lagrange and Aghabarari, 2020, p.6).

However, many measures, policies and actions addressing COVID-19 were and

continue to be taken with little or no consideration for or attention to migrants, refugees, asylum seekers, IDPs or stateless persons. Nor for the labour and economic consequences of restricting cross border/international mobility. Excluding those groups, who are part of the society and key economic actors in initial and ongoing responses has had dire consequences not only for these populations, but also on human, health, social, and economic conditions for countries of residence and for countries of origin.

Perhaps most serious are measures formal or informal, intentional or not, that exclude foreigners, migrants, refugees, asylum seekers, stateless persons and/or displaced persons from healthcare and from coronavirus prevention and treatment. Such measures range from ‘citizens only’ restrictions to immigration control enforcement leaving migrants and refugees – particularly those in irregular status and/or with non-extended permits– fearful of approaching health care providers due to lack of documentation and fear of discrimination and/or deportation. Especially problematic has been deportation of Covid-carrying persons from detention or job dismissal, without informing them, the transporter, or health authorities.

Health care services have been unavailable, inaccessible, or non-existent in practical terms for migrants and refugees in many places even when they do have legal status. Health care may be non-existent or prohibitively expensive for those not legally resident on the territory, who may also fear coming forward for testing or treatment because of the risk of detention or deportation for irregularities in immigration status. Similarly, they may face difficulties in obtaining information on risks and mitigation measures due to language barriers and communications not accessible by them.

Measures widely imposed included closing borders and restricting or stopping altogether movement of migrants, as well as refugees, asylum seekers, and stateless persons despite adverse consequences to food production, health-work, aged- and child-care, transportation and other essential work and to recovery –as well as to refugee protection; lockdown measures that left migrants, refugees, IDPs, asylum seekers and stateless persons highly exposed to infection and to transmission; retaining foreign workers in ‘essential work’ but with little or no personal protection equipment (PPE) in exposure to high risk working and living situations; expulsion and deportation from territories of foreigners, including deportation flights to homelands despite air travel shut-down and the risk of refoulement of refugees and asylum seekers.

These consequences included absence of needed health care workers, high infection and death rates among immigrant, migrant and refugee health care workers, reduction of food production due to absence of migrant workers for crucial planting, cultivating, harvesting, and processing activity for which local and native workers are not available, and constraints in transportation where many trucking, bus and railway workers are migrants and/or operate internationally.

The economic costs of constraints on mobility of workers at all skills levels continues to debilitate entire sectors of economies in countries across Africa, Eurasia, Europe, and the Americas, particularly those more dependent on international mobility of people to provide labour and skills. Seasonal agricultural work, food production, health care, construction, local/regional industrial production and marketing, distribution of goods and services are among *essential* sectors adversely affected in many countries.

Migrant Workers

“The COVID-19 pandemic has had a devastating impact on migrant workers and their access to decent work. Beyond the immediate public health crisis, response measures including lockdowns and border closures had specific implications for the hiring and employment conditions of migrant workers. These measures increased the [risks faced by] migrant workers at the same time as economic and social dependence on migrant workers who deliver essential services such as healthcare and sanitation has deepened” (Jones, Mudaliar and Piper, 2021, p.vii)

Reports by human rights monitoring groups on situations in a number of countries described pre-existing and new conditions faced by migrants, refugees and forcibly displaced people worldwide that have been exacerbated by COVID-19. As a country report by a human rights monitoring body put it, “Migrant workers... face a range of entrenched abuses from employers, including deceptive recruitment practices, wage theft, passport confiscation, unsafe living and working conditions, and excessive work demands, which indicate forced labor and violate domestic and international standards. The spread of Covid-19 and the lockdown to contain it has exacerbated these conditions, as workers face job loss, unpaid leave, reduced salaries, and forced work without pay” (Human Rights Watch, 2020a).

Dire situations for migrant workers were reported in Middle East and Gulf countries, also in countries across Asia, Africa, Eurasia, Europe, North and South America and the Pacific region. Literally millions of migrant workers were arbitrarily and immediately dismissed from work across the Middle East region and elsewhere. In some countries, migrants were physically expelled from or compelled to leave cities or places where they were living and working; drastic compelled quarantines in place –such as “sealing off” migrant neighbourhoods, migrant dormitories/living quarters and/or industrial areas (Middle East Eye, 2020).

The “economic and social challenges emerging from the COVID-19 pandemic cast a new light on services at the core of functioning local economies. Sectors such as food processing, delivery, or health care are vital for the continuity of economic activity... During the pandemic, these sectors were defined as ‘essential’. The crisis has initiated a new reflection of essential services and the people that work in them, the so-called ‘key workers’. In particular, the role of migrants who often work in low-paid but vital occupations has gained greater recognition across OECD” (OECD, 2020b, p.2).

“Migrants ... account for 14% of *key workers* across European regions, 5% from EU countries and 9% from non-EU countries. ... Key sectors such as distribution, food processing, or health care strongly rely on migrants for their workers, especially in urban environments. ... Across 31 European countries, “migrants play a crucial role in health care, where 23% of all doctors and 14% of nurses are foreign-born. In cities such as London or Brussels, around half of all doctors and nurses are migrants. Capital regions have the highest share of migrant *key workers* (20%). Similarly, cities rely more on migrant *key workers* than other areas, especially in low-skilled occupations where migrants make up 25% of workers” (OECD, 2020b, p.1-2).

According to OECD research, “in all countries for which data are available, immigrants’ unemployment (in 2020) increased more, compared to their native-born peers. The largest increases for immigrants were observed in Canada, Norway, Spain, Sweden, and the United States. In Sweden, almost 60% of the initial increase in unemployment fell on immigrants” (OECD, 2020a). “Unemployment and underemployment data [in Canada] in April 2020 shows that mostly affected were those with temporary work, with less than one year

at their job and not covered by a union or collective agreement” (Triandafyllidou and Nalbandian, 2020, p.5) –situations common for many migrant workers worldwide.

Multiple Mitigation Measures

However, numerous countries around the world adopted contingency measures to keep systems operational and mitigate impacts on migrants and citizens (EMN, 2021). While many countries imposed restrictions on admission and entry of migrants at the outset of the pandemic, emergency measures allowing mobility for “essential workers” were quickly put in place at borders around the world to ensure that migrant workers including frontier, seasonal and transportation workers needed for agriculture, food production and processing, transportation and healthcare could cross borders despite lock-downs, confinement, “no travel” measures or closed borders.

EU countries and others allowed for continued admission of workers for essential occupational sectors, notably health, agriculture, and transport. Non-EU OECD countries also identified health, agriculture, and food security as essential sectors; support for critical infrastructure was cited by some countries (EMN, 2021). For example, while entry to Canada of high-skilled foreign workers was halted at the start of pandemic restrictions, migrant workers in the Seasonal Agricultural Worker Program were exempted from restrictions and the Federal Government quickly introduced special arrangements to bring foreign workers to Canadian farms and fisheries (Hennebry and KC, 2020; Triandafyllidou and Nalbandian, 2020).

In a number of countries, measures were taken to mitigate effects of the pandemic for migrants already on territories, particularly migrant workers, such as to ensure that those affected by travel restrictions or restrictions on immigration services did not fall into irregular status. “In EU Member States and Norway, these included automatic extension of residence permits, tolerated stays, removal of the obligation to leave, and/or the suspension/ extension of procedural deadlines ... Non-EU OECD countries also made similar efforts to ensure that migrants did not fall into an irregular situation, for example, in the US, where from March 2020, timely online requests for extension of stay were possible to mitigate the effects of COVID-19” (EMN, 2021, p.1).

To address labour shortages, especially in seasonal activities, some EU Member States implemented measures to facilitate employment access for third-country nationals already on the territory. “Regularisation of third-country nationals employed in certain key sectors was permitted in a limited number of cases, both in EU and non-EU OECD countries” (EMN, 2021, p.2).

“Most EU Member States reported that COVID-19 related healthcare was available for all migrants, with costs met from public health insurance or social security and/or from State public health funds. For regular [authorized] migrants who experienced a drop or loss in income, underlying rules on access to general healthcare were maintained, allowing access to general healthcare in most reporting Member States” (EMN, 2021, p.2).

Mobile, cross-border, and seasonal workers

Millions of mobile cross border workers, seasonal and temporary workers were immediately affected by lockdowns and border closings at the outset of the pandemic—and some remain so in February 2022, two years on. The immediate result and the continuing consequence in many situations, was large economic cost to local economies dependent on that labour in agricultural and industrial production and distribution, health, transportation, and other sectors as well as cross-border and regional trade and marketing of goods and services

provided by those workers.

Some countries were effectively denied supply of and/or outlets for distribution of local and national production, whether agricultural, artisanal, or industrial, including basic foodstuffs, health equipment, medications and supplies, and other *essential goods*. This was the case in regional economic communities (RECs) in Central, Eastern, Western Africa, in the MERCOSUR South American common market area, in Central America, in the Caribbean region, and South-East Asia as well as across the integrated economies of Europe in and beyond the EU and the European Free Trade Association area.

However, “Germany, Spain, and other countries in Europe (such as Switzerland) have gone to extraordinary lengths to admit seasonal agricultural workers from other countries (such as Romania and Bulgaria) or further afield (such as Morocco), including chartering flights and exemptions from travel restrictions” for passage through other countries when borders were officially closed. (Hooper, 2021 citing Hooper and le Coz, 2020). Canada –much of whose agriculture depends on seasonal workers– engaged in similar efforts to bring workers from usual source countries including Guatemala, Jamaica and Mexico.

Refugees, IDPs, stateless persons and asylum-seekers

Refugees, asylum seekers, IDPs and stateless persons, especially those in crowded camp situations, with dire sanitary and hygienic conditions and the impossibility of social distancing, are particularly at risk of coronavirus infection. Major challenges include absence of health care, insufficient food, crowded living quarters, absence of running water, poor underlying health, etc. UN news, in August 2020, reported that the World Food Programme (WFP) was forced to reduce its food and cash assistance for refugees in Eastern Africa by up to 30 per cent and feared that reductions could worsen in coming months unless urgent additional funding is received (UN news, 2020). These conditions exacerbate coronavirus transmission, serious illness resulting, and absence of, treatment for forcibly displaced populations.

The COVID-19 pandemic had far-reaching effects on all areas related to asylum and migration throughout 2020 and continuing into 2022. The COVID-19 pandemic resulted in a drastic reduction in refugee movement across borders and in resettlement due to border closures, travel restrictions and pushbacks. As of May 2020, nearly 100 countries had temporarily denied access to their territory; by May 2021 almost 60 countries still denied access (Tanner, Mugera, Tabasso et al, 2021).

While many countries in Europe had lifted travel restrictions and reopened borders by July 2020, mobility for refugees and asylum seekers remained impeded. Resettlement departures were halted for the first time in history and visa processes for complementary pathways for admission of refugees significantly delayed. People in refugee-like situations transiting through South-Eastern Europe experienced entry bans in several countries. Pushbacks on land and at sea have been reported in 2021 along frontiers between Greece and Turkey, as well as at borders of Balkan and Central European countries and recently at borders between Belarus with Poland and Lithuania.

Pushbacks were also reported in African, Asian and Middle Eastern countries as well as at borders of Mexico, Guatemala, and the USA. While some pushbacks have not explicitly cited COVID as a justification, the US executive order establishing push-back of potential refugee-asylum claimants on that country’s southern border explicitly cited a national health emergency justification.

Refugee protection itself has been undermined. Border closures and restrictions on international mobility have prevented refugees escaping from situations of persecution and refugee movement to safe havens. Access to asylum remains a vital, but threatened right. Government measures in several countries, in some cases endorsed by legislation, restricted access to the country by refugees and asylum seekers. People arriving at borders seeking safe haven have been returned to neighbouring countries, told to apply for asylum at consulates and embassies or to wait elsewhere—often indefinitely, for claims to be processed. “While States have a sovereign duty to protect public health, measures that restrict access to asylum should be temporary, necessary and proportionate and respect the prohibition on returns to persecution and danger. ... Externalization can amount to warehousing asylum seekers indefinitely in isolated places, ‘out of sight out of mind’, exposing them to danger and chain refoulement” (Triggs, 2020).

Health and well-being of refugees, IDPs, stateless persons and asylum-seekers remains the second main issue. Inability to maintain even basic hygienic conditions at vastly overcrowded refugee camps in many places, notably reception and identification centers (RICs) in Europe, led to severe and prolonged quarantines in those camps and centers. Inadequate conditions for basic health and hygiene prevail in many IDP and refugee camp facilities, particularly in African and Middle East and without considering additional measures for masking and distancing. Migrant and refugee detention facilities also became major hotspots of coronavirus transmission in many countries. IDPs and stateless persons face increased challenges in accessing healthcare due to absence of documentation, lack of availability of services and discrimination.

Surveys from eight countries, including Bangladesh, Ethiopia, Iraq, and Yemen, showed a deterioration in employment, food security and access to health and education for refugees (Tanner, Muger, Tabasso et al, 2021). The pandemic-fostered-rise in gender-based violence and violence against children, and the triggered societal stresses have hit people of concern to UNHCR hardest (UNHCR, 2021c).

“Modelling and simulation analyses conducted in specific areas estimate an increase in poverty among the forcibly displaced and their host communities as a result of the simultaneous effects of COVID-19 and other aggravating socio-economic factors. In Lebanon, due to the occurrence of COVID-19 during a deep economic and social crisis, the number of Syrian refugees below the national poverty line is expected to increase by 430,000 in 2021 compared to the period just prior to the pandemic” (Tanner, Muger, Tabasso et al, 2021, p.1).

Furthermore, at least 12 million people with disabilities are forcibly displaced worldwide according to UNHCR, while the real number may be higher. “Forced displacement disproportionately affects people with disabilities. They are often at higher risk of violence, discrimination, neglect, gender-based violence, exploitation and abuse, face barriers to access basic services, and are often excluded from education and livelihood opportunities,” said Gillian Triggs, UNHCR’s Assistant High Commissioner for Protection (UNHCR, 2021d).

Countries of Origin

Further complicating the tragedy has been the dilemmas faced by millions of people in migrant origin countries who were dependent on the incomes and remittances of migrant worker family members abroad rendered unemployed and, in some cases, deported to homelands with few possibilities to be reintegrated in remunerative activity. This was aggravated by local home country and community perceptions that returning migrant workers

—members of their own families and communities— are vectors of COVID and should be kept away (Asharq Al-Awsat, 2020).

During the first wave, several migrant worker origin countries refused return/re-entry by their own nationals, leaving citizens expelled or deported from other countries in a quasi-stateless situation and their families destitute. However, many countries organized repatriation efforts in the early months of the pandemic, including special transportation arrangements for citizens abroad. Most countries continue to permit re-entry of citizens and lawful residents despite border closures. However, migrant worker countries of origin in Africa, Asia and the Americas initially had few or no measures for testing and advising returnees upon or after arrival, leaving repatriated migrants to return to home communities across the countries when some were, usually unknowingly, coronavirus vectors.

However, data on the actual number of workers returned or deported to homelands remains non-existent, as is data on how many have since redeployed or returned abroad. Anecdotal data suggests that the actual numbers of workers returned to country-of-origin homelands was a small proportion of the global ‘migrant’ workforce.

Global remittance estimates for 2020 are \$706 billion compared with \$722 billion in 2019, a reduction by only 2.2 percent, whereas in mid-2020 predictions were that remittances would fall by more than 15%. The current forecast for 2021 is \$751 billion (Ratha, Ju Kim, Plaza, Seshan et al, 2021). In 2021, remittance flows to low- and middle-income countries (LMICs) are projected to reach \$589 billion, registering a 7.3 percent increase over 2020. The recovery in 2021 follows the resilience of flows seen in 2020, when remittance flows to low- and middle-income countries recorded only a modest 1.7 percent decline to \$549 billion compared to 2019 (\$559 billion) despite one of the deepest global recessions on record. Remittances currently represent more than three times the value of official development assistance and, excluding China, remittances are more than 50 percent higher than foreign direct investment, highlighting the importance of remittance flows in providing for local sustenance in recipient countries during periods of economic hardship (Ratha, Ju Kim, Plaza, Seshan et al, 2021).

Labor and economic problems getting worse

“The Covid-19 pandemic is not only having a seismic impact on global public health but also causing chaos for the economy, with supply chain disruptions and labor shortages a big problem for businesses around the world” (Ellyatt, 2021). Supply bottlenecks and shortages of raw materials, components, and consumer goods remain widespread in February 2022, and have worsened in recent months. One authoritative assessment by MPI highlighted, “As European countries seek to revive their economies in the wake of the COVID-19 pandemic, an acute labor shortage in a variety of sectors risks stopping the recovery in its tracks” (Hooper, 2021). Especially concerning is that “many of the supply and labor shortage issues are expected to last for many years to come” (C. Tang in Popa, Ford and Schaller, 2021, p.3), a USA assessment widely shared elsewhere.

The labor shortages are in large part attributed to the COVID-19 pandemic, its direct impacts, response measures that initially shut down labor mobility worldwide, and continuing or reimposed restrictions. The impact is serious, constricting supply, production, and distribution “from automobiles to appliances to toothpaste” in the US for example. US employers specifically cite constraints in immigration as a major impediment to resolving the current lack of workers for jobs unfilled due to pandemic related factors, including workers unable to come back to work because they’re caring for family sick with COVID-19, are sick

with the virus themselves, or lack childcare (Popa, Ford and Schaller, 2021). “Many workers are also leaving their jobs in record numbers and are delaying coming back to work. For example, in August (2021), 4.3 million Americans quit their jobs” in the *Great Resignation* as it is being called (ibid). Subsequent months saw similar levels of job leaving in the USA. Reports from the UK in the fall of 2021 reported transportation delays and breakdowns resulting in widespread fuel shortages at distribution stations, empty supermarket shelves, ‘dry’ pubs across the country unable to obtain beer, and pork and poultry unprocessed and unmarketed, all attributed to absences of workers. A shortage of 100,000 lorry drivers was widely evoked, a consequence of departure of many truck drivers in Britain natives of EU countries who departed after the coincident double wham of Brexit and COVID and could not be replaced.

Illustrative of situations facing many countries, “Even before Singapore stopped entries from India and other South Asian nations, departures and tighter travel rules were already keeping foreign workers away from the country... the crunch has led to delays of construction projects by as much as a year, resulting in a surge of 30 per cent in the price of labour and sparking worries over excessive workloads” (DT Next, 2021). Construction delays were seen to risk "badly disrupted" housing, hospital and transit line projects, slowed real estate sales, stalled industrial and commercial facility openings, and weaker consumption. Furthermore, construction industry groups warned that the current workforce is "already working at maximum capacity, increasing the risks of workplace incidents" (DT Next, 2021). Meanwhile, Russia’s Deputy Prime Minister Marat Khusnullin said in July 2021 that construction sites in Russia were short of 1.5-2 million people and called the situation “a catastrophic shortage of workers” (Hashimova, 2021); much of construction labour in Russia was provided by migrant workers from Central Asian countries, many went or were sent home after the outset of the pandemic.

While some supply and production delays and shortages and their economic consequences are attributed to transport impediments or supply chain interruptions, most assessments reveal that lack of and departure of workers combined with migration restrictions are major factors –notably in key sectors of agriculture, construction, food processing, healthcare, and transportation heavily dependent on foreign or immigrant workers in many industrialised countries. Foreign workers compelled to leave from countries at the outset have been impeded by COVID restrictions and anti-immigration measures such as Brexit in the UK from returning or arriving. The challenges are complex; some factors pre-date the COVID pandemic and others, such as more people taking early retirement, leaving jobs or the workforce altogether, are prompted or exacerbated by the pandemic situation.

The consequences of labour shortages in large part deriving from COVID-19 and subsequent mobility barriers and constraints affect everyone. As Bloomberg analysts put it: “Robots may replace us eventually, but for now COVID-19 has revealed both how desperate businesses are for workers of the human variety and the broader economic consequences of that desperation. Companies are raising wages to attract talent, which in turn is helping boost inflation, hitting 6.2% in the U.S. last month and currently running at 8.1% in Russia” (Flanders and Sasso, 2021).

Discrimination and xenophobia

A sharp and generalized rise in racist/xenophobic discourse and violence targeting foreigners, migrants, refugees, asylum seekers, IDPs and stateless persons in context of COVID is reported worldwide. Manifestations include “violence, discrimination, arbitrary denial of services, heightened exclusion or other forms of disparate negative impact in the COVID-19

crisis against minorities including Roma, people of African Descent, people of Asian descent, refugees, asylum seekers, migrants and stateless persons, internally displaced persons and religious minorities, as well as other persons and groups exposed to stigma and/or discrimination such as LGBTI people, indigenous peoples, as well as based on caste” (UN Network Racial Discrimination, 2020, p.2). UNHCR assessed that xenophobic messages on social media, in the news or in official discourse led to violence and discrimination against non-nationals including incidents of eviction, denial of medical service, or expulsion from hotels. (UNHCR, 2020b). “The COVID-19 pandemic has created a heightened risk of discrimination and exclusion of marginalized individuals, groups and communities” (UN Network Racial Discrimination, 2020, p.1).

Horrific treatment was reported in several countries. In a GCC country, more than 20,000 migrant workers, predominantly from Bangladesh, Egypt, Ethiopia, India, Sri Lanka, and Sudan, were concentrated into “squalid desert camps”, 50 to 200 persons sheltered in the same spaces with no running water and overflowing sewage. Local security forces reportedly shot tear gas, stun grenades and rubber bullets at migrant detainees who protested, while an actress and actor respectively called for foreigners' deportation and to “throw them into the desert” (Ullah, 2020).

Migrants and others presumed to be foreigners have faced deadly violence. Reports emerged in August 2020 of dozens of African migrants who had been shot on both sides of a border in the Middle East in April, with COVID 19 fears cited as a pretext (Human Rights Watch, 2020b). News reports and monitoring bodies have reported increases in violent attacks –some deadly– on persons of Chinese or other Asian appearance across Africa, the Americas and Europe. UNHCR offices also reported increasing incidents of discrimination, stigmatization and xenophobia against refugees and displaced people, exacerbating tensions with local communities. Lockdowns and increased family tensions also led to spikes in gender-based violence across the world (UNHCR, 2020b).

“There has also been a proliferation of conspiracy theories and hate- or bias-based discourse in connection with COVID-19, including with anti-Semitic, anti-Muslim, anti-Roma (based on anti-Gypsyism), or other racist, xenophobic or sectarian subtexts. Narratives stressing geography rather than medical terminology to refer to COVID-19 are stigmatizing, and encourage racist or xenophobic attitudes and attacks, including against persons and groups who are forcibly displaced and stateless who may be at greater risk during the pandemic” (UN Network Racial Discrimination, 2020, p.2). Migrants, refugees, displaced persons and other marginalized groups have been accused of spreading the virus since the outbreak of the pandemic in early 2020 (Reuters, 2020; WHO, 2021).

Such actions “exacerbate fear and worsen the situations of various minority groups, people of African descent, people of Asian descent, or people considered foreigners – persons already facing threats of discrimination or exclusion” (UN Network Racial Discrimination, 2020, p.2).

Gender: migrant women and COVID-19

The impacts of COVID-19 and ill-considered responses have been highly gendered, particularly for migrant and refugee women and girls. The pandemic highlighted risks women migrants face in employment, at home and in day-to-day activity. As migrant women tend to be concentrated in low-skilled, low-paid and informal jobs, they continue to face higher risks of job and income loss in the pandemic-provoked economic crisis (Rakotonarivo, 2020). Many migrant women were and remained employed in health care and other *essential* work on the

frontlines of the pandemic. Almost 70% of health workers across OECD member countries are women (OECD, 2020c). In many countries, women migrant workers constitute the majority of health workers (Foley and Piper, 2020). Studies conducted in Spain, Italy and the US demonstrated that between 69-75.5% of healthcare worker COVID-19 infections were in women (UN Women, 2020b).

Most migrant domestic workers are women; many lost jobs since the outset of the pandemic and had to return to their countries of origin. Travel bans and restrictions put those who had lost jobs and residence permits in a dire situation. Many faced delays or non-payment of wages, as well as violence and harassment by former employers. Those who kept their jobs generally found themselves overworked as their employers were more often at home. There were reported cases of being exposed to increased levels of stress and violence during confinement with their employers (Rakotonarivo, 2020).

Many women migrants are in essential occupations where physical distancing is difficult or impossible. Those in health care have had to work longer hours to handle large influxes of COVID patients and cover for sick colleagues. Many women workers including migrants have faced significantly increased family responsibilities related to care and education as a result of suspension of in-class schooling and childcare services.

Domestic violence against women and children has risen, while domestic violence in migrant households is likely hugely under-reported. Violence against women is already an epidemic with 137 women killed every day in the world by a family member. Living in confinement and in times of economic stress increases the risk of sexual exploitation and violence against women. Failing to take into account gendered dimensions in the response to the pandemic not only exacerbated existing inequalities but created new ones (IPU, 2020a).

Migrant women, especially those in informal work and or in undocumented situations, faced little or no social protection and faced difficulties obtaining health care, particularly sexual and reproductive health care indeed already prior to the pandemic (UN Women, 2020a). Higher incidence of poverty and poor housing conditions compounding risks of infection, lack of social protection preventing access to healthcare or sick leave, and reductions in or suspension of prenatal, birthing and maternity care by COVID-overwhelmed health systems are further challenges faced by female migrants and refugees as the pandemic continues (Rakotonarivo, 2020). An extensive survey of 170 Latin American migrant women in Valencia, Spain in the fall of 2020 concluded that the social-health crisis resulting from COVID-19 aggravated the situation of migrant women, particularly those in irregular migration situations, with loss of employment, deepening precarity and increasing anxiety and psycho-social distress including depression. The report noted that the prior absence of minimal social protection reaching those most at risk left many migrant women without any support for basic needs, a situation made both more evident and worse by the pandemic and its consequences (Palop Lainez, Rueda and Salas, 2020).

Migrant and refugee women in countries with gender discriminatory provision in nationality laws face exacerbated risks. In many countries, refugees and IDPs depend upon the informal economy, and they were among the first to feel the economic impacts of lockdowns. (UNHCR, 2020a) Many lost their jobs, were evicted from their homes and their children were out of school for many months due to COVID-19 impacts. Those who continued to work often were and remain exposed to risks of COVID-19 infection and other illnesses.

Twenty-five countries still have gender discriminatory provisions in their nationality

laws denying women equal rights with men to confer nationality to their children while at least fifty countries deny women and men equal rights to confer nationality to non-citizen spouses. (Global Campaign for Equal Nationality Rights, n.d.) Both types of legal gender discrimination can lead to statelessness and often result in family members of female citizens having to rely on visas to lawfully reside in the country of their mother or spouse. In consequence, children share the risks faced by immigrant and refugee parents of exclusion from health care, COVID prevention and mitigation efforts, as well as denial of economic assistance, basic nutrition support and *stimulus* needed for decent living, even to survive.

Vaccine Access

Eighty-five per cent of refugees, most IDPs, and a large portion of migrants reside in developing countries. However, 80 per cent of all vaccine doses have been given in high- and upper middle-income countries (UNHCR, 2021f). Huge barriers impede vaccine access for many of the world's refugees and migrants, notably vaccine unavailability along with limited allocation and little implementation capacity. Systems to monitor products and processes and identify and vaccinate people are weak in some countries –and for marginalized populations in many others, while health systems everywhere are struggling to maintain essential health services. Several refugee-hosting countries have only reached very small proportions of their population. UNHCR highlights that the activities strengthening support for local actors and addressing misinformation are key to ensuring the successful delivery of vaccines to local communities, especially those most at-risk (UN/ Red Cross/Red Crescent, 2021). However, vaccine scarcity remains a major barrier for refugees and IDPs as well as many migrants, while vaccine hesitancy adds complications (UNHCR, 2021a).

Of the 160 countries that submitted information to UNHCR, 99% of them have either explicitly included refugees in their vaccination plans or have provided that they will do so. As of September 2021, UNHCR had confirmed vaccination of refugees and/or other persons of concern in 121 countries. Vaccination campaigns commenced across all 21 countries in West and Central Africa and all countries in the region agreed to include refugees in their plans (UNHCR, 2021a).

Reliable data is crucial

The COVID-19 pandemic has underscored the critical importance of reliable data in addressing local and global humanitarian, development and social challenges and for informing the design and delivery of policies, services and interventions. Data deficiencies are acute for populations particularly at risk in the COVID-19 pandemic, among refugees, migrants, stateless persons, mobile workers and IDPs. Knowledge on access to and availability of health care, decent work/employment, basic income, education, and freedom of movement remain woefully inadequate, making appropriate responses and adequate planning and delivery impossible (Tanner, Mugeru, Tabasso et al, 2021). These populations, or portions of them, are often not included in –or are deliberately excluded from– official statistics. National statistical systems, along with other basic infrastructure notably for health are often weakest in the low- and middle income- countries hosting more than 86% of the world's refugees and IDPs (Gillsäter, 2021).

Need for urgent, appropriate action by governments and all other actors

Despite huge challenges faced by millions of migrant workers, refugees, asylum-seekers, IDPs and stateless persons worldwide, most responses to the pandemic have been and remain unilateral, national, uncoordinated, and often counterproductive. Coordination, cooperation, and common action internationally have been conspicuously weak, slow, or non-existent.

A major concern is to ensure that responses to the coronavirus pandemic are rights-respecting, appropriate and proportional to both preventing the spread of coronavirus and ensuring peoples –and economies– abilities to sustain national, community and individual welfare, to anticipate sustainable recovery and to *build forward together*.

The response lines can be categorized into ten main themes, recognising that issues are inter-related, and that a sustainable and effective response requires a comprehensive approach with interdependent policy lines and action measures across all themes. No quick fixes will resolve the complex dilemmas, nor work on their own. Instead, seeking *quick fix* solutions will divert attention from obtaining political and public support and resources to sustain the nationally and locally appropriate response packages that will *make the difference* over time.

These thematic areas listed in Table 1 (without an order of hierarchy beyond the first) are discussed below in part 6.

Table 1

A Checklist of Practical Guidelines on COVID-19 and migrants and refugees

Values-, science- and experience-based policy lines and actions/action steps on COVID-19 and migrants and refugees	
1.	<i>Right to health</i> , health-related rights, health care, vaccine access
2.	Universal non-discrimination, inclusion, equality of treatment
3.	Community support and protection measures
4.	Immigration, movement across borders, non-refoulement
5.	Employment, migrant worker protection, migrant/refugee entrepreneurs
6.	Social protection; access to schooling and education
7.	Refugees, asylum seekers, stateless persons, IDPs: specific measures
8.	Gender-specific considerations
9.	Accurate and reliable data, information, and knowledge
10.	Recovery, <i>Building Forward Together</i>

Table by authors

Overarching normative obligations for treatment of migrants and refugees

International human rights instruments and International Labour Standards (ILO Conventions and Recommendations) delineate rights and responsibilities imperative to address COVID-19, including health-related rights and rights to social protection. Most countries have ratified most of the nine core International Human Rights Treaties¹ while all ILO member States are bound to respect the eight fundamental ILO Conventions on non-discrimination/equality of treatment, abolition of forced labour, prevention of worst forms of child labour, and respect for freedom of association and collective bargaining rights². Other International Labour Standards provide normative guidance on occupational safety and health (OSH), social protection, and *decent work* as well as for payment of wages and benefits to migrant workers including upon return/expulsion.

¹ See the listing and full texts at <https://www.ohchr.org/EN/ProfessionalInterest/Pages/CoreInstruments.aspx>

² ILO. Conventions and Recommendations. <https://www.ilo.org/global/standards/introduction-to-international-labour-standards/conventions-and-recommendations/lang--en/index.htm>

Specific normative guidance on refugees, asylum-seekers, and the prohibition of refoulement, especially relevant in this time of COVID-19, are provided by the 1951 Convention and 1967 Protocol Relating to the Status of Refugees³ one or both ratified by 149 countries. The right to seek asylum and the prohibition of discrimination are also articulated in the Universal Declaration of Human Rights and the International Covenant on Civil and Political Rights.

The 1954 Convention relating to the Status of Stateless Persons and the 1961 Convention on the Reduction of Statelessness⁴ and the Guiding Principles on Internal Displacement⁵ provide normative guidance for those groups especially at risk of COVID-19.

Three international Conventions provide legal standards specifically on migration for employment, rights of migrant workers and migration governance (one or more ratified by nearly 100 countries): the International Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families (ICRMW), 1990⁶ (one of the nine core human rights Instruments), ILO Convention on Migration for Employment (Revised), 1949 (No. 97)⁷ and the Migrant Workers (Supplementary Provisions) Convention, 1975 (No.143)⁸. The ICRMW provides definitions for migrant workers, family members and specific categories applicable to nearly all international migrants worldwide.

“All people in the territory or under the jurisdiction of a State, regardless of their nationality or migration status, have an equal right to health. States have an obligation to guarantee the right to health to everyone without discrimination, including on grounds of nationality and migration status. The scarcity of resources is not a sufficient basis for treating migrants’ healthcare needs differently” (OHCHR, 2020a).

Although not legally binding, the Global Compact on Refugees (UN General Assembly, 2018b) and the Global Compact on Safe, Orderly and Regular Migration (UN General Assembly, 2018a), both adopted in December 2018, provide further guidance on protection of and assistance to, respectively, refugees and migrants.

A Checklist of Practical Guidelines for action, legislation, policy and monitoring

The following *checklist* provides values-, science- and experience-based policy lines and actions/action steps on COVID-19 and migrants and refugees. These guidelines consider social, political, legal, environmental and health determinants and draw on lessons from other pandemics notably HIV and AIDS, as well as knowledge and experience in salient reports on migration, health epidemiology and pandemics (ILO, 2017; WHO, 2018; WHO, 2019). Thus, there is also a comprehensive synthesis of approaches and recommendations contained in thirty guidance documents by international organisations on COVID-19 and migrants/refugees listed below in Table 2.

³ See full texts at <https://www.unhcr.org/3b66c2aa10> ; background information and lists of States parties at <https://www.unhcr.org/1951-refugee-convention.html>

⁴ <https://www.unhcr.org/un-conventions-on-statelessness.html>

⁵ <https://www.unhcr.org/protection/idps/43ce1cff2/guiding-principles-internal-displacement.html>

⁶ Text and ratification status at: <http://www.ohchr.org/EN/ProfessionalInterest/Pages/CMW.aspx>

⁷ Text at:

https://www.ilo.org/dyn/normlex/en/f?p=NORMLEXPUB:12100:0::NO:12100:P12100_INSTRUMENT_ID:312242:NO

⁸ Text at:

https://www.ilo.org/dyn/normlex/en/f?p=NORMLEXPUB:12100:0::NO:12100:P12100_INSTRUMENT_ID:312288:NO

Table 2

List of guidance documents by international organizations on COVID-19 and migrants, migrant workers, refugees, stateless persons, and IDPs consulted for the checklist

WHO	ILO	IOM	UNHCR	OHCHR	UN Women	IASC, IFRC, IPU
WHO (World Health Organization), 2020	ILO (International Labour Organization), 2020a	ICC-IOM (International Chamber of Commerce-International Organization for Migration), 2020	UNHCR (UN Office of the High Commissioner for Refugees), 2020c	OHCHR (Office of the UN High Commissioner for Human Rights), 2020a	UN Women, 2020a	IASC (Inter-Agency Standing Committee), 2020
WHO Europe, 2020	ILO, 2020b	IOM, 2020	UNHCR, 2020d	OHCHR, 2020c	UN Women (Asia and the Pacific), 2020a	IFRC (International Federation of Red Cross and Red Crescent Societies) et al, 2020
WHO, 2021b	ILO, 2021b	IOM, 2021a	UNHCR, 2020e	OHCHR-ACHPR-Council of Europe-IACHR, 2021	UN Women (Asia and the Pacific), 2020b	IPU (Inter-Parliamentary Union), 2020a
		IOM, 2021b	UNHCR, 2020f		UN Women (Asia and the Pacific), 2020c	IPU, 2020b
		IOM, n.d.	UNHCR, 2020g		UN Women (Asia and the Pacific), 2020d	
			UNHCR, 2021g		UN Women (Europe and Central Asia), 2020	

Table by authors

Health, the *right to health* and health-related rights and health care, including vaccine access.

Main concerns include inclusion of access by migrants and refugees to preventive, palliative and curative health care, in particular reliable information, testing, treatment and vaccination for COVID-19, and occupational health and safety protection, notably personal protective equipment (PPE) for migrants in health, industrial, commercial, etc. employment. Response lines include:

- Include all migrants, refugees, stateless persons, IDPs and asylum seekers in local and national COVID-19 testing, prevention, mitigation, vaccination and treatment.
- Waive fees for COVID-19 testing, vaccination and treatment, regardless of a person's citizenship, nationality, or legal migration/resident status in the country.
- Provide information on prevention of spread, early diagnosis, vaccination, and treatment of COVID-19 in languages migrants, refugees and IDPs understand, in accessible formats.
- Create information materials in migrant and refugee languages suitable for low literacy levels.
- Ensure timely and effective access to health facilities, goods, and services to all, regardless of immigration status, by legislative, policy, administrative, and practical

measures, including the flexibilization of movement and documentation requirements.

- Create/maintain *firewalls* between health and immigration services, allowing stateless persons, persons at risk of statelessness, migrants in unauthorised situations and others to access services without intimidation and fear that they will be identified to immigration control authorities.
- Implement fully all necessary measures for protection and support of migrant workers in *essential work*, especially those in health-related and care work, notably risk mitigation and prevention training, provision of PPE, and protective workspaces.
- Ensure inclusion of migrants, IDPs, stateless persons, asylum seekers and refugees on an equal basis in mental health and psychosocial support.
- Implement training programmes for healthcare professionals to build basic psychosocial helping skills to people directly or indirectly affected by COVID-19.
- Include migrants, IDPs, stateless persons, asylum seekers and refugees on an equal basis in vaccination.
- Increase support for local delivery mechanisms and capacity to deliver vaccines quickly and fairly and to strengthen national and local health systems for preparedness and response.
- Ensure that vaccines get from suppliers to those most at risk including refugees, migrants, asylum seekers, marginalised groups, stateless persons, and those in areas affected by armed conflict.
- Waive the indemnity and liability requirements for humanitarian buffer applicants.

Non-Discrimination and Inclusion

Universal non-discrimination, inclusion, and equality of treatment are *essential* for effective pandemic response, mitigation, and recovery.

- Ensure that non-discrimination, equality of treatment and inclusion are core legal, regulatory, and institutional parameters for all public and private health and social protection measures for all persons present, including migrants, refugees, asylum-seekers, stateless persons, and internally displaced persons.
- Build on, adapt, and utilize existing legislative frameworks on anti-discrimination, explicitly incorporating nationality as well as national origin, ethnicity, race, and religion among prohibited grounds.
- Ensure that migration status is excluded as grounds for exclusion or limitations on provision of health services, vaccination, social protection and social and human services access and delivery.
- Take measures to prevent, monitor and address racism, xenophobia, discrimination, hatred, and violence including holding perpetrators to account.
- Engage local and national anti-discrimination and human rights monitoring bodies in monitoring compliance with non-discrimination law and regulations, reviewing government and other actor policy and actions, taking up complaints, documenting evidence, and otherwise supporting migrants, refugees, mobile workers and other non-nationals, stateless persons and IDPs, vis a vis discrimination and xenophobia.
- Include participation of migrants and refugees, as well as worker unions and civil society actors, in developing, implementing, and monitoring anti-discrimination and inclusion strategy, policy and actions.
- Initiate and support campaigns combating xenophobia and racism and ensure that public discourse and responses to COVID-19 do not contribute to those.

Community support and protection measures

Providing for effective coronavirus prevention, protection and treatment measures is vital at the local, community level. Key is taking account of conditions of localities and housing where migrants and asylum seekers reside; situations of refugee and IDP camps; and circumstances where adult populations depend on day-to-day work outside home –when they can get it– to survive, where social distancing is impossible, and stay-at-home lockdowns unsurvivable. Response measures include:

- Determine and apply viable, appropriate measures for access to sustenance and/or remunerative activity in situations where social distancing and isolation are effectively impossible, such as crowded housing, slum neighbourhoods, migrant worker dormitories, refugee camps.
- Implement *safe-work* measures in crowded workplaces (e.g., meat packing plants, garment mills), that may be hotspots of transmission.
- Allow for free movement with masks, social distancing guidelines and PPE where people and economies depend on day-work for sustenance, especially where basic needs support is not feasible or deliverable due to absence of resources, lack of infrastructure, weak or ineffective government institutions, etc.
- Implement/continue measures of income-loss compensation and/or minimum income/resources to sustain essential food and housing for migrants, refugees, and other displaced people in place.
- Establish and implement adequate measures to respond to heightened risks of violence, including gender-based violence, due to the pandemic.
- Support the engagement of migrants, refugees, and displaced people in COVID-19 responses, particularly professionals, healthcare trained professionals and community leaders.

Immigration, movement across borders and non-refoulement

Cross border movement of workers remains vital to sustaining food supply, health care, agricultural and industrial production, construction, transportation, and economies in general in many countries worldwide, particularly in regional economic communities and common markets. Providing or maintaining recognition and status to all migrants and refugees present in a country is paramount to ensure that appropriate coronavirus information, prevention, testing, vaccination, and treatment reach all persons equitably in every community and place. Imperative measures include:

- Eliminate border barriers impeding movement to work of seasonal, frontier, temporary, posted, transportation and other workers needed/employed in national economies and/or across borders, particularly in regional free movement regimes.
- Facilitate adjustment of status, temporary extension and/or renewal of permits, and group determination/actions (such as extension of permits for classes of migrants rather than individual procedures) permitting migrants to remain in authorized status.
- Conduct regularisation of status for migrants to ensure legal recognition, access to vital services, and employment in regular situations with protection of rights and decent work.
- Ensure that access across borders to seek refugee protection by asylum seekers and refugees is not impeded in the guise of coronavirus restrictions or for other reasons.
- Maintain explicit legal protection for migrants and refugees' rights and dignity during measures of mandatory confinement as well as travel/movement restrictions.

- Maintain unfettered access to asylum/refugee claimant and determination procedures.
- Designate birth and death registration services as ‘essential services’ and continue to operate, with temporary operational modifications as necessary and appropriate.
- Allow online notification and registration of vital events, extend timelines for registration of birth, and put in place a fee waiver for late birth registration.
- Enact reforms to uphold citizens’ right to confer nationality on spouses and children and to acquire, change, and retain nationality on an equal basis regardless of gender.
- Suspend all detention of migrants/asylum seekers, non-nationals except for criminal violations.
- Ensure that any returns are carried out on a voluntary basis, meeting requirements of a fully informed decision, without coercion and supported by availability of valid alternatives.
- Ensure that all returns comply with *non-refoulement* and the prohibition of collective expulsions, as well as guarantees of due process, access to lawyers and translators, and the right to appeal, and that any returns are compatible with sustaining public health in the country of return.

Employment, migrant worker protection, inclusion of migrant/refugee entrepreneurs

Dismissals and layoffs of workers –particularly migrants, closures of businesses, border closures, and departure and deportations in reaction to the pandemic reduced capacity and competence of entire workforces as well as specific sectors in local and national economies. These, and ongoing restrictions on mobility and migration have contributed to ongoing shortages of goods and services, notably in food supply and essential health care and to aggravated deficits of workers in demand as of 2021. Immediate measures are imperative to:

- Uphold strict conditionalities of/for layoffs and for departure from the country of employment, including adequate notice period, payment of all wages/salary owed, and transfer of earned social security contributions and entitlements.
- Ensure that employers comply with all national and local requirements for public health and occupational safety and health and communicate critical information to employees, particularly (im)migrant and refugee workers.
- Assess where presence and availability of international workers (in complementarity with native workers) are required to maintain and/or rebuild production and distribution activity and to provide for needed skills, productivity, and innovation across workforces.
- Include migrant, refugee and other displaced entrepreneurs in economic incentives and in credit provided to small and medium enterprises (SMEs).
- Facilitate recognition of qualifications, notably for refugee and migrant workers in health and other essential occupations and sectors.
- Take measures to retain employment and available foreign workers and skills.
- Formulate guidelines and provide incentives for reanimating local and national economies during and after periods of continued special measures (such as lockdowns), with attention to facilitating access by needed foreign skills and labour.

Social protection and education

Social protection and access to schooling have been devastated worldwide by the COVID-19 pandemic and measures taken to impede its propagation; migrants and refugees are among those most devastatingly affected. Urgent measures to ensure provision of social protection and schooling for migrants and refugees and others similarly affected include:

- Guarantee access to social services, including mental and psychosocial support for all, particularly children and adolescents and unaccompanied and separated minors.
- Ensure provision of basic health care and attention to all children, including migrant and displaced children, and children remaining 'at home' with parents abroad.
- Provide for social protection safety net coverage of all migrants and displaced people.
- Establish/maintain special basic needs support measures to families cut off from overseas migrant *breadwinner/s* support.
- Extend financial support packages to all those residents in the territory who meet needs, risk, or vulnerability criteria, regardless of legal status.
- Ensure access by all migrant, refugee, asylum seeker, stateless and displaced children to virtual learning if/when classroom learning is restricted due to coronavirus measures, including by providing devices or alternatives to those who do not have reliable telecommunications connectivity or personal computer or cell-phone hardware.
- Provide for continued access to emergency shelters for migrants in transit, homeless people, and victims of disasters with no barriers as to their migratory status.
- Extend rent/housing payment moratoriums and/or payment support aid for COVID-related impediments and suspend evictions from homes and shelters.

Refugees, stateless persons, IDPs and asylum seekers' specific measures

Upholding refugee protection is crucial under any circumstances, as is maintaining the mechanisms of access to protection and of adequate assistance. Precautions for preventing spread of COVID can easily be maintained or applied without impeding access to protection, to legal recognition and to decent living situations for refugees, asylum-seekers, stateless persons and IDPs:

- Maintain access to refugee protection, including by ensuring access to asylum, individual assessment, best interest assessment and determination, and *international protection* under international human rights and refugee law.
- Adapt registration and processing of new asylum applications by mail, phone, email, and other virtual communication tools, as well as by making adjustments to facilities in accordance with public health guidelines, so those seeking protection are still able to do so.
- Automatically extend asylum documents and civil registration deadlines, while services are suspended and for a reasonable period after registration services have restarted to allow persons to renew their documents before they become invalid.
- Facilitate nationality procedures and change discriminatory nationality laws and practices, particularly those tolerating gender discrimination.
- Reinstate/Allow rescue at sea operations in the Mediterranean region, South Asia and elsewhere.
- Provide full access by refugees, IDPs, stateless persons to healthcare, including coronavirus treatment, testing, prevention, and vaccination, similarly to local populations.
- Ensure adequate health facilities as well as food, water, sanitation, and hygiene for all displaced people, those in camp situations and holding facilities.
- Provide for adequate space and reduce/prevent overcrowding at refugee and IDP camps and processing centers, by expanding facilities and/or transferring refugees from overcrowded facilities to decent housing, respecting the family unit.

- Include forcibly displaced people in national response plans and programmes, as well as in social safety nets and in-kind support responding to the socio-economic impact of the pandemics.
- Advocate for/ensure appropriations of additional allocations to UNHCR and the WFP to enable decent housing/shelter and adequate nutrition for all at refugee and IDP camps/facilities.
- Re-establish resettlement, complementary pathways, and regional and national relocation operations and programmes.

Gender specific considerations

The impact of COVID-19, and especially of often ill-considered response measures, has been and remains highly gendered for migrant and refugee women and girls. A comprehensive set of measures is needed to:

- Ensure that all COVID prevention and mitigation efforts and education are gender responsive and gender appropriate.
- Directly address specific risks for women migrants and refugees, including those in healthcare, aged care, and other essential work.
- Encourage prevention measures and provide PPE to reach women at workplaces and at home.
- Ensure focused and targeted outreach to provide health information, including specifically about COVID, to migrant, asylum seeker, IDP, stateless and refugee women and girls including in isolated 'hard to reach' situations.
- Ensure that all pregnant women and mothers of infants enjoy adequate and appropriate pre-natal, birthing, and post-natal attention, including equipping care providers and maternity facilities with PPE material for all women receiving care.
- Maintain or provide (if non-existent) reproductive health, family planning and contraceptive information, services and products for all refugee and migrant women and adolescent girls.
- Recognize, suppress, and provide safety options and shelters for victims of increased domestic violence against women and children during the pandemic, particularly during lockdowns.
- Provide access to menstrual hygiene products, particularly to women and girls in camp situations.
- Support prevention and response initiatives targeting men and boys, highlighting positive male role models, and promoting non-violent behaviour.
- Support helplines, safe-houses, support groups and other mechanisms of solidarity for migrant/refugee women.

Data, Narrative and Communications

Obtaining and providing accurate, reliable information and knowledge reaching all populations and individuals is primordial to overcoming the pandemic and the detrimental effects it and many response measures have had. Communication of accurate information and narratives of respect and solidarity is indeed key to rolling back discrimination, exclusion, and racist-xenophobic violence.

- Collect, analyze, and apply gender-, age-, and migration-situation disaggregated data locally and nationally on needs for, access to and availability of health care; decent work/employment; basic income; social protection; schooling and education; and freedom of movement as well as COVID-specific information.

- Articulate and popularize a narrative of solidarity, respect and common interest regarding migrants, immigrants, refugees, IDPs, stateless persons and asylum seekers.
- Emphasize that migrants, refugees, and other displaced people are part of our communities and make essential contributions to economic and social well-being for all.
- Clarify that migration and refugee protection are not major risk factors for transmission; rather travel *per se* –for business, tourism, or holidays– is a concern, specifying that most transmission was, remains and will be domestic «community» exposure everywhere.
- Provide communications and dedicated outreach efforts in locations, languages, and channels of communication of populations present, including immigrant, migrant, refugee, stateless and displaced persons.
- Monitor and correct misinformation, including by engaging trusted community members and leaders to promote circulation of accurate knowledge and to contest misinformation.

Recovery, Building Forward Together

While the end of the pandemic and general social, employment and mobility recovery remains less than imminent, it is timely to prepare for *rebuilding forward together*. Main challenges include employment reduction and stagnation remaining unabated in major economic sectors in many countries; business failures rising particularly among SMEs; controls on cross-border mobility remaining in place or being reimposed; and socio-economic situations for large numbers of people worsening as relief funds are not extended, moratoriums on rent and mortgage payments expire, and crises in governments remain unresolved. Sustainable recovery and rebuilding of economies and societies will necessarily include:

- Strengthening *universal quality services and social protection* made available to, accessible by, and with, equality of treatment for all migrants and refugees. Implementation of the Universal Social Floor in all countries is key. Explicit inclusion of all migrants, refugees, stateless persons, and displaced persons in COVID prevention, testing, PPE, vaccination, and treatment as needed.
- Establishing *UBI –universal basic income* with coverage of all resident migrants and refugees, regardless of status, as the only way to *leave no-one behind*, particularly in contexts of aggravated unemployment and accelerated business failures.
- Articulating *employment rich* recovery plans with employment support measures, both immediate and for sustainable recovery, ensuring equal access to employment for migrant workers and support for migrant and refugee entrepreneurs.
- Strengthening *decent work, workers' rights and labour standards* regulation, implementation, monitoring and enforcement, with explicit inclusion of equality of treatment/non-discrimination in law, application of international labour standards, and labour inspection covering all migrant workers.
- *Regularising status of migrants in irregular situations* recognizing that most migrants enter destination countries by regular means although some overstay permits and/or take up employment without authorisation, while many migrants worldwide are in free-movement spaces with rights to mobility, residence, and establishment.

Conclusions

Migrants, mobile workers, refugees, asylum seekers, stateless persons, and internally displaced persons (IDPs) remain among the most severely impacted, most at risk, and least protected peoples in the ongoing pandemic. Ill-considered response measures excluding or ignoring migrants and refugees –or targeting them as scapegoats- have significantly worsened health, social, economic, and political impacts of the pandemic crisis. While some improvements in health and pandemic-response policy and practice have been implemented, the pandemic appears set to continue. Without deliberate and comprehensive attention to the situations of migrants and refugees and their inclusion in overall response, prevention and recovery measures, the pandemic itself and its nefarious impacts on populations and communities worldwide will not be overcome.

There are no simple solutions, quick fixes, or easy remedies; a comprehensive package of measures is imperative. While some can be accomplished by administrative action, all need public oversight and legislative enabling, including by ensuring that resources are in place to include migrants, refugees, asylum seekers, stateless persons and IDPs in national and local COVID-19 responses and recovery.

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References

- Asharq, A. (2020). “Moroccan Immigrants Accused of Spreading Coronavirus in Their Country.” 14 April 2020. <https://english.aawsat.com/home/article/2233126/moroccan-immigrants-accused-spreading-coronavirus-their-country>
- Balasubramanian, S. (2021). “Covid-19 Continues To Propagate Dire Shortages Across Multiple Industries.” *Forbes*. 24 September 2021. <https://www.forbes.com/sites/saibala/2021/09/24/covid-19-continues-to-propagate-dire-shortages-across-multiple-industries/>
- DT Next (2021). Singapore labour shortage deepens amid entry ban on India, S Asian countries. Dina Thanthi, Chennai, India. 2 June 2021. <https://www.dtnext.in/News/TopNews/2021/06/02133502/1298221/Singapore-labour-shortage-deepens-amid-entry-ban-on-.vpf>
- Ellyatt, H. (2021). There are millions of jobs, but a shortage of workers: Economists explain why that’s worrying. CNBC News. 20 October 2021. <https://www.cnbc.com/2021/10/20/global-shortage-of-workers-whats-going-on-experts-explain.html>
- EMN (2021). The impact of COVID-19 in the migration area in EU and OECD countries. EMN- OECD - UMBRELLA INFORM. April 2021. <https://www.oecd.org/migration/mig/00-eu-emn-covid19-umbrella-inform-en.pdf>
- Flanders, S. and Sasso M. (2021). What’s Really Causing the Labor Shortage. Bloomberg. (USA). 11 November 2021. <https://www.bloomberg.com/news/articles/2021-11-11/what-s-really-causing-the-labor-shortage-all-over-the-world>
- Foley, L. and Piper, N. (2020). *Covid-19 and women migrant workers: impacts and implications*. IOM. August 2020. <https://publications.iom.int/system/files/pdf/the-gender-dimensions-of-the-labour-migration.pdf>

- Gillsäter, B. (2021) Why it's time to bring refugees out of the statistical shadows. World Economic Forum, 15 Novemebr 2021. <https://www.weforum.org/agenda/2021/11/refugees-internally-displaced-people-data/>
- Global Campaign for Equal Nationality Rights (n.d.). The Problem. <https://equalnationalityrights.org/the-issue/theproblem>
- Hashimova, U. (2021). Russia's Dependence on Cheap Central Asian Labor Exposed. The Diplomat, 18 October 2021. <https://thediplomat.com/2021/10/russias-dependence-on-cheap-central-asian-labor-exposed/>
- Hennebry, J. and Hari, K. C. (2020). *Quarantined! Xenophobia and migrant workers during the COVID-19 pandemic*. International Organization for Migration (IOM). Geneva, August 2020. <https://publications.iom.int/books/covid-19-and-transformation-migration-and-mobility-globally-quarantined-xenophobia-and>
- Hooper, K. (2021). *Labor Shortages during the Pandemic and Beyond: What Role Can Immigration Policy Play?* Migration Policy Institute (MPI), October 2021. <https://www.migrationpolicy.org/news/labor-shortages-pandemic-immigration-policy-role>
- Hooper, K. and le Coz, C. (2020). A Race Against the Clock: Meeting Seasonal Labor Needs in the Age of COVID-19. Migration Policy Institute (MPI), March 2020. <https://www.migrationpolicy.org/news/meeting-seasonal-labor-needs-age-covid-19>
- Human Rights Watch (2020a). Maldives: Covid-19 Exposes Abuse of Migrants. HRW. 25 August 2020. <https://www.hrw.org/news/2020/08/25/maldives-covid-19-exposes-abuse-migrants>
- Human Rights Watch (2020b). Yemen: Houthis Kill, Expel Ethiopian Migrants. HRW. 13 August 2020. <https://www.hrw.org/news/2020/08/13/yemen-houthis-kill-expel-ethiopian-migrants>
- ILO (2021a). Global Estimates on International Migrant Workers – Results and Methodology – Third edition. International Labour Office – Geneva: ILO, 2021. https://www.ilo.org/wcmsp5/groups/public/---dgreports/---dcomm/---publ/documents/publication/wcms_808935.pdf
- IPU (2020a). *Gender and COVID-19: A guidance note for parliaments*. Inter-Parliamentary Union (IPU), Geneva, 2020. <https://www.ipu.org/gender-and-covid-19-guidance-note-parliaments>
- Jones, K., Mudaliar, S. and Piper, N. (2021). *Locked down and in limbo: The global impact of COVID-19 on migrant worker rights and recruitment*. ILO, 22 November 2021. https://www.ilo.org/global/topics/fair-recruitment/publications/WCMS_821985/lang--en/index.htm
- Middle East Eye (2020). Uncertainty reigns in Qatar worker area sealed off over coronavirus fears. 22 March 2020. <https://www.middleeasteye.net/news/uncertainty-reigns-qatar-worker-area-sealed-over-coronavirus-fears>
- OECD (2020a). COVID-19 crisis puts migration and progress on integration at risk. 19 November 2020. <https://www.oecd.org/migration/covid-19-crisis-puts-migration-and-progress-on-integration-at-risk.htm>
- OECD (2020b). OECD Policy Responses to Coronavirus (COVID-19). COVID-19 and key workers: What role do migrants play in your region? 26 November 2020. <https://www.oecd.org/coronavirus/policy-responses/covid-19-and-key-workers-what-role-do-migrants-play-in-your-region-42847cb9/>
- OECD (2020c). OECD Policy Responses to Coronavirus (COVID-19). Women at the core of the fight against COVID-19 crisis. Version 1st April 2020. <https://www.oecd.org/coronavirus/policy-responses/women-at-the-core-of-the-fight-against-covid-19-crisis-553a8269/>
- OHCHR (2020a). *COVID-19 And The Human Rights Of Migrants: Guidance*. 7 April 2020. https://www.ohchr.org/Documents/Issues/Migration/OHCHRGuidance_COVID19_Migrants.pdf
- OHCHR (2020b). International Migrants Day Video Message from High Commissioner Michelle Bachelet, 18 December 2020.

<https://www.ohchr.org/en/NewsEvents/Pages/DisplayNews.aspx?NewsID=26617&LangID=E>

- Palop Lainez, C., Rueda, R. and Salas, J (2020). *Covid-19: Su Impacto en las Mujeres Inmigrantes de la Ciudad de València*. Por Ti Mujer. Valencia, November 2020. <https://asociacionportimujer.org/wp-content/uploads/2020/11/Informe-Covid-PortiMujer.pdf>
- Popa, R., Ford, C. and Schaller, J. (2021). How the Labor Shortage is Impacting the Supply Chain: Would Immigration Reform Help? *National Law Review*. Volume XI, Number 302. USA. 29 October 2021. <https://www.natlawreview.com/article/how-labor-shortage-impacting-supply-chain-would-immigration-reform-help>
- Prange, A. (2020). Global poor hit as COVID-19 causes drop in remittances. Deutsche Welle, 18 October 2020. <https://www.dw.com/en/global-poor-hit-as-covid-19-causes-drop-in-remittances/a-55306293>
- Rakotonarivo, A. (2020). Who are the women on the move? A portrait of female migrant workers. ILO, 18 December 2020. <https://ilostat.ilo.org/who-are-the-women-on-the-move-a-portrait-of-female-migrant-workers/>
- Ratha, D., Ju Kim, E., Plaza, S., Seshan, G., Riordan, E. J., and Chandra, V. (2021). Migration and Development Brief 35: Recovery: COVID-19 Crisis through a Migration Lens.” KNOMAD-World Bank, Washington, DC. November 2021. https://www.knomad.org/sites/default/files/2021-11/Migration_Brief%2035_1.pdf
- Reuters (2020). Malaysia rounds up migrants to contain coronavirus, U.N. warns of detention risks. 2 may 2020. <https://www.reuters.com/article/us-health-coronavirus-malaysia-migrantsidUSKBN22E04A>
- Tanner, J., Mugerá, H., Tabasso, D., Lazić, M. and Gillsäter, B. (2021). *Answering The Call: Forcibly Displaced During The Pandemic*. UNHCR and World Bank Joint Data Center on Forced Displacement (JDC) Paper Series on Forced Displacement, No. 2. 5 August 2021. https://www.jointdatacenter.org/wp-content/uploads/2021/08/ANSWERING-THE-CALL_-FDP-paper-series-2_final.pdf
- Taran, P. (2018). *Migration, Development, Integration & Human Rights: Global Challenges in the 21st Century*. Global Migration Policy Brief for the Global Parliamentary Consultation on International Migration and the Global Compact on Migration, Inter-Parliamentary Union and Parliament of the Kingdom of Morocco. Rabat, Morocco, 6-7 December 2018. <https://www.ipu.org/event/parliamentary-conference-migration-in-lead-up-adoption-global-compact-migration#event-sub-page-documents/>
- Taran, P. and Solorzano, N. (2021). *La Pandemia de Covid y Los Migrantes: una Agenda de Diez Puntos Para Mitigar el Desastre en Curso*. Revista Compendium: Cuadernos de Economía y Administración 2021, Vol.8, No.1, 1-24. Guayaquil, Ecuador, Mayo 2021.
- Triandafyllidou, A. and Nalbandian, L. (2020). “Disposable” and “essential”: Changes in the global hierarchies of migrant workers after COVID-19. International Organization for Migration (IOM). Geneva, August 2020. <https://publications.iom.int/books/covid-19-and-transformation-migration-and-mobility-globally-disposable-and-essential-changes>
- Triggs, G. (2020). *Statement by Assistant High Commissioner for Protection to the 71th session of the Executive Committee of the High Commissioner’s Programme*. United Nations High Commissioner for Refugees (UNHCR). Geneva, 7 October 2020. <https://www.unhcr.org/admin/dipstatements/5f7e26744/statement-ms-gillian-triggs-assistant-high-commissioner-protection-71th.html>
- Ullah, A. (2020). “Like sardines’: Migrant workers suffering in Kuwait’s desert detention camps.” Middle East Eye. 15 May 2020. <https://www.middleeasteye.net/news/coronavirus-kuwait-migrant-workers-bangladesh-detention-camps>
- UN General Assembly (2018a). Global Compact on Safe, Orderly and Regular Migration. UN General Assembly Resolution A/RES/73/195 adopted on 19 December 2018. New York: United Nations. https://www.un.org/en/ga/search/view_doc.asp?symbol=A/RES/73/195

- UN General Assembly (2018b). Resolution on the United Nations High Commissioner for Refugees (text of Global Compact on Refugees). Adopted 17 December 2018 by the UN General Assembly. In UNGA document A/73/583 pp 13-21. New York: United Nations. <https://undocs.org/en/A/73/583>
- UN Network on Racial Discrimination and the Protection of Minorities (2020). “Leave No One Behind. Racial Discrimination and the Protection of Minorities in the COVID-19 Crisis.” Statement by the United Nations Network on Racial Discrimination and the Protection of Minorities. 29 April 2020. https://www.ohchr.org/Documents/Issues/Minorities/UN_Network_Racial_Discrimination_Minorities_COVID.pdf
- UN news (2020). “Refugees at risk of hunger and malnutrition, as relief hit in Eastern Africa.” 26 August 2020. <https://news.un.org/en/story/2020/08/1071062>
- UN Women (2020a). *Guidance note: Addressing the impacts of the COVID-19 pandemic on women migrant workers*. April 2020. <https://www.unwomen.org/-/media/headquarters/attachments/sections/library/publications/2020/guidance-note-impacts-of-the-covid-19-pandemic-on-women-migrant-workers-en.pdf?la=en&vs=227>
- UN Women (2020b). COVID-19: Emerging gender data and why it matters. 26 June 2020. <https://data.unwomen.org/resources/covid-19-emerging-gender-data-and-why-it-matters>
- UN/ Red Cross/Red Crescent (2021). “Actions must speak louder than words: five asks to achieve equity in vaccine delivery.” Joint UN/ Red Cross/Red Crescent Statement. 28 October 2021. <https://www.unhcr.org/news/press/2021/10/617ad7ea4.html>
- UNDESA (2021a). “International Migration 2020 Highlights: Ten Key Messages” UN Department of Economic and Social Affairs, January 2021. https://www.un.org/development/desa/pd/sites/www.un.org.development.desa.pd/files/international_migration_2020_highlights_ten_key_messages.pdf
- UNDESA (2021b). International Migration 2020 Highlights. 15 January 2021. <https://www.un.org/en/desa/international-migration-2020-highlights>
- UNHCR (2020a). Inclusion key to protecting refugees and their hosts amid COVID-19 pandemic. 4 November 2020. <https://www.unhcr.org/news/press/2020/11/5fa2f16b4/inclusion-key-protecting-refugees-hosts-amid-covid-19-pandemic.html>
- UNHCR (2020b). *Report on UNHCR’s response to COVID-19 (March-September 2020)*. 4 October 2020. <https://reporting.unhcr.org/sites/default/files/COVID-19%20progress%20report%20-%2004.10.20%20-%20FINAL.pdf>
- UNHCR (2021a). 2021 Midyear Results. COVID-19 Multisectoral Monitoring (1 January - 30 June 2021). <https://reporting.unhcr.org/sites/default/files/COVID-19%20Multisectoral%20Monitoring%20midyear%20results%202021.pdf>
- UNHCR (2021b). *Coronavirus outbreak*. <https://www.unhcr.org/coronavirus-covid-19.html>
- UNHCR (2021c). *Global COVID-19 Response*. 20 October 2021. https://reporting.unhcr.org/sites/default/files/COVID-19%20update_October%202021.pdf
- UNHCR (2021d). Prolonged COVID-19 pandemic deepens hardship for over 12 million forcibly displaced people with disabilities. 3 December 2021. <https://www.unhcr.org/news/press/2021/12/61aa3eb74.html>
- UNHCR (2021e). Refugee Data Finder (update 10 November 2021): <https://www.unhcr.org/refugee-statistics/>
- UNHCR (2021f). UNHCR warns of dire consequences for refugees from COVID-19 underfunding. 17 September 2021. <https://www.unhcr.org/news/briefing/2021/9/614457bf4/unhcr-warns-dire-consequences-refugees-covid-19-underfunding.html>
- UNHCR (n.d.) Statelessness around the world. <https://www.unhcr.org/ibelong/statelessness-around-the-world/>
- Vishwanath, T., Alik-Lagrange, A. and Aghabarari, L. (2020). *Highly vulnerable yet largely invisible. Forcibly displaced in the COVID-19-induced recession*. JDC Paper Series on Forced Displacement, No. 1. 20

November 2020. https://www.jointdatacenter.org/wp-content/uploads/2020/12/JDC-Paper-Series-on-Forced-Displacement_No.1_Final.pdf

WHO (2021a). *A virus that respects no borders: protecting refugees and migrants during COVID-19*. World Health Organisation. 25 March 2021. <https://www.who.int/news-room/feature-stories/detail/a-virus-that-respects-no-borders-protecting-refugees-and-migrants-during-covid-19>

Guidance documents from international organisations on COVID-19 and migrants/refugees:

ICC-IOM (2020). ICC COVID-19 Response: Guidance on Protection for Migrant Workers during the COVID-19 Pandemic. International Chamber of Commerce & IOM. August 2020. https://www.iom.int/sites/default/files/default/2020_icc_guidance_for_migrant_workers_02.pdf?utm_source=IOM+External+Mailing+List&utm_campaign=68bcfa2ccc-EMAIL_CAMPAIGN_2020_08_10_11_24&utm_medium=email&utm_term=0_9968056566-68bcfa2ccc-43608941

IFRC et al (2020). Practical Guidance for Risk Communication and Community Engagement (RCCE) for Refugees, Internally Displaced Persons (IDPs), Migrants, and Host Communities Particularly Vulnerable to COVID-19 Pandemic. International Federation of Red Cross and Red Crescent Societies (IFRC), UNICEF, IOM, John Hopkins Center, UNHCR, WHO; UNODC. 26 June 2020. <https://www.ifrc.org/sites/default/files/Practical-Guidance-RCCE-Refugees-IDPs-Migrants.pdf>

ILO (2020a). Protecting migrant workers during the COVID-19 pandemic. Recommendations for Policy-makers and Constituents. April 2020. https://www.ilo.org/global/topics/labour-migration/publications/WCMS_743268/lang--en/index.htm

ILO. (2020b). Protecting the rights at work of refugees and other forcibly displaced persons during the COVID-19 pandemic. Recommendations for Policy-makers and Constituents. June 2020. https://www.ilo.org/global/topics/labour-migration/publications/WCMS_748485/lang--en/index.htm

ILO (2021b) ILO Monitor: COVID-19 and the world of work. Eighth edition. Updated estimates and analysis. 27 October 2021. https://www.ilo.org/wcmsp5/groups/public/---dgreports/---dcomm/documents/briefingnote/wcms_824092.pdf

Inter-Agency Standing Committee (2020). Interim Guidance: Scaling-Up Covid-19 Outbreak Readiness and Response Operations in Humanitarian Situations, Including Camps and Camp-Like Settings. Version 1.1, March 2020. IFRC, IOM, UNHCR, WHO. <https://www.unhcr.org/5ec808c84>

IOM (2020). COVID-19: Guidance for employers and business to enhance migrant worker protection during the current health crisis. Version 2.0 – 26 May 2020. https://iris.iom.int/sites/default/files/IOM-COVID%2019_Employer_Guidance_V2_Final%20%28English%29.pdf

IOM (2021a). Migrant Protection and Assistance during COVID-19: Promising Practices. <https://publications.iom.int/system/files/pdf/migrant-protection-during-covid-19.pdf>

IOM (2021b). Policy Brief: Labour mobility and skills in response, recovery and post COVID-19 pandemic. 27 January 2021. https://www.iom.int/sites/g/files/tmzbd1486/files/documents/policy_brief_labour_mobility_and_skills_in_covid_time_final_final_0.pdf

IOM (n.d.). IOM Experts' Voice on Inclusive COVID-19 Response for Migrants in Vulnerable Situations. https://www.iom.int/sites/g/files/tmzbd1486/files/documents/iom_experts_on_covid-19_and_specific_migrant_groups.pdf

IPU (2020a). Gender and COVID-19: A guidance note for parliaments. Inter-Parliamentary Union (IPU), Geneva, 2020. <https://www.ipu.org/gender-and-covid-19-guidance-note-parliaments>

IPU (2020b). Human Rights and COVID-19: A guidance note for parliaments. <https://www.ipu.org/human-rights-and-covid-19-guidance-note-parliaments>

- OHCHR (2020a). COVID-19 And The Human Rights Of Migrants: Guidance. 7 April 2020. https://www.ohchr.org/Documents/Issues/Migration/OHCHRGuidance_COVID19_Migrants.pdf
- OHCHR (2020c). Joint Guidance Note on the Impacts of the COVID-19 Pandemic on the Human Rights of Migrants. UN Committee on the Protection of the Rights of All Migrant Workers and Members of their Families and UN Special Rapporteur on the human rights of migrants. 26 May 2020. <https://www.ohchr.org/Documents/Issues/Migration/CMWSPMJointGuidanceNoteCOVID-19Migrants.pdf>
- OHCHR-ACHPR-Council of Europe-IACHR (2021). Joint Guidance Note on Equitable Access to COVID-19 Vaccines for All Migrants. Office of the High Commissioner for Human Rights, African Commission on Human and Peoples' Rights, Council of Europe, Inter-American Commission on Human Rights. <https://www.ohchr.org/Documents/Issues/Migration/JointGuidanceNoteCOVID-19-Vaccines-for-Migrants.pdf>
- UNHCR (2020c). Communities getting involved: Supporting Community Leadership in the Response to the COVID-19 Pandemic. June 2020. https://reporting.unhcr.org/sites/default/files/DIP%20CBP%20brief_C-19-Communities%20Getting%20Involved%20June%202020.pdf
- UNHCR (2020d). COVID-19 Emerging Practices on Livelihoods and Economic Inclusion, May 2020. <https://www.unhcr.org/publications/brochures/5ecfacab4/covid-19-emerging-practices-livelihoods-economic-inclusion.html>
- UNHCR (2020e). Emerging Practices: Mental health and psychosocial support in refugee operations during the COVID-19 pandemic. <https://www.unhcr.org/5ee2409b4.pdf>
- UNHCR (2020f). Gender-based violence prevention, risk mitigation and response during COVID-19. Manual and Guideline. April 2020. <https://reliefweb.int/report/world/gender-based-violence-prevention-risk-mitigation-and-response-during-covid-19>
- UNHCR (2020g). Supporting continued access to education during Covid-19. Emerging Promising Practices, Issue 2. July 2020. <https://www.unhcr.org/5f06d92e4.pdf>
- UNHCR (2021g). The Impact of COVID-19 on Stateless Populations, June 2021. <https://www.refworld.org/docid/60b8d6d84.html>
- UN Women (Europe and Central Asia) (2020). Brief on the gender perspective and guidance for all efforts related to COVID-19. April 2020. <https://eca.unwomen.org/en/digital-library/publications/2020/05/brief-on-the-gender-perspective-and-guidance-for-all-efforts-related-to-covid19>
- UN Women (Asia and the Pacific) (2020). Guidance Note for Action: Addressing the Emerging Impacts of the COVID-19 Pandemic on Migrant Women in Asia and the Pacific for a Gender-Responsive Recovery. UN Women Regional Office for Asia and the Pacific. <https://asiapacific.unwomen.org/sites/default/files/Field%20Office%20ESEAAsia/Docs/Publications/2020/04/Migration-f-spotlight.pdf>
- UN Women (Asia and the Pacific) (2020). Guidance Note for Action: Gender-Sensitive Private Sector Response to COVID-19 for Accelerated and Inclusive Economic Recovery. UN Women Regional Office for Asia and the Pacific. <https://asiapacific.unwomen.org/sites/default/files/Field%20Office%20ESEAAsia/Docs/Publications/2020/04/guidance%20for%20action%20Private-Sector-f.pdf>
- UN Women (Asia and the Pacific) (2020). Guidance for Action: Supporting SMEs to Ensure the Economic COVID-19 Recovery is Gender-Responsive and Inclusive. UN Women Regional Office for Asia and the Pacific. <https://asiapacific.unwomen.org/sites/default/files/Field%20Office%20ESEAAsia/Docs/Publications/2020/04/SMEs-f.pdf>

UN Women (Asia and the Pacific) (2020). Action Brief: Women as a Force for Accelerated and Inclusive Economic Recovery Post-COVID-19 in Asia-Pacific. UN Women Regional Office for Asia and the Pacific.
https://asiapacific.unwomen.org/sites/default/files/Field%20Office%20ESEA/Docs/Publications/2020/04/200414_COVID%20Action_V13.pdf

WHO (2020). Preparedness, prevention and control of coronavirus disease (COVID-19) for refugees and migrants in non-camp settings: Interim guidance. 17 April 2020. Geneva: WHO.
[https://www.who.int/publications/i/item/preparedness-prevention-and-control-of-coronavirus-disease-\(covid-19\)-for-refugees-and-migrants-in-non-camp-settings](https://www.who.int/publications/i/item/preparedness-prevention-and-control-of-coronavirus-disease-(covid-19)-for-refugees-and-migrants-in-non-camp-settings)

WHO Europe (2020). Promoting the health of migrant workers in the WHO European Region during COVID-19. Interim guidance, 6 November 2020. Copenhagen: WHO Regional Office for Europe.
<https://apps.who.int/iris/handle/10665/336549>

WHO (2021b). Refugees and migrants in times of COVID-19: mapping trends of public health and migration policies and practices. 17 June 2021. <https://www.who.int/publications/i/item/9789240028906>

Salient background reports on migration and health, epidemiology and pandemics:

ILO (2017). Promoting a Rights-based Approach to Migration, Health, and HIV and AIDS: A Framework for Action. Geneva: ILO. www.ilo.org/wcmsp5/groups/public/---dgreports/---gender/documents/publication/wcms_605763.pdf

WHO (2018). Health promotion for improved refugee and migrant health. Copenhagen: WHO Regional Office for Europe; 2018 (Technical guidance on refugee and migrant health).
https://www.euro.who.int/__data/assets/pdf_file/0004/388363/tc-health-promotion-eng.pdf

WHO (2019). Promoting the health of refugees and migrants. Draft global action plan, 2019–2023 Report by the Director-General. 25 April 2019. https://apps.who.int/gb/ebwha/pdf_files/WHA72/A72_25-en.pdf