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Letter to the Editor

Precarious migrants and COVID-19 responses: leave no one behind



The continuous rise in forced displacement worldwide is alarming. Global inequality continues to fuel migration. The most recent Global Trends report by United Nations High Commissioner for Refugees reveals a concerning rise in forced displacement globally, with 82.4 million people displaced worldwide, with children representing 42%, with 1 million born in displacement between 2018 and 2020.¹ According to the United Nations Migration Agency's (IOM) World Migration Report 2022, global displacement is rising despite COVID-19 restrictions.²

Estimating the numbers of precarious migrants is difficult. The population is de facto hidden. In Europe, it is estimated that between 3.9 and 4.8 million precarious migrants lived in Europe in 2017, an increase on 2014, but stable since 2016.³ In the United Kingdom, the estimated population of precarious migrants ranges between 417,000 and 863,000, including a population of UK-born children ranging between 44,000 and 144,000.⁴

The COVID-19 syndemic,⁵ which began in early 2020, has posed a myriad of challenges all over the globe. COVID-19 has disrupted mobility, socio-economic opportunities and the public health of the displaced, including those who have precarious migration status, and has substantially exacerbated health vulnerabilities.⁶ Regarding precarious migrants, very little is known about their experience of government restrictions and disaster measures, nor of their ability to navigate public health guidance and protect oneself from disease. The level of social and health vulnerability faced by them is disproportionately higher than those who have access to the basic rights associated with recognised citizenship of a nation state. In the United Kingdom, for example, most stateless people are precarious migrants and can be viewed as being at significant risk of human rights violations as a result of their immigration status. A recent European situation assessment on statelessness, health and COVID-19 has revealed a series of health right violations, health inequalities and chronic ill health of immigrants, including those affected by statelessness, who often live in congested and substandard unhygienic conditions, work in informal sectors, which hampers their adherence to public health measures (self-isolation/physical distancing/hand sanitation), or who are detained in immigration detention centres.⁷ The interplay between poor environmental determinants of health, inability to access to healthcare services (including testing and vaccination) and racism and vilification are evident during COVID-19 state disaster measures.

Whilst the right to health care is a fundamental human right, with universal application and with access to healthcare services ensured to every human being without regards to race, religion or other criteria, including nationality status, this is not the case for precarious migrant communities during the COVID-19 public health and state emergency. The right to a nationality (and

realisation of the right to health and access to healthcare/public services) is now even more crucial than before and warrants an inclusive, targeted effective and culturally sensitive public health community-driven response. We cannot underestimate the need for sensitive legal, health and social response measures to tackle disease transmission in vulnerable groups, hate crime, racism, xenophobia and discrimination of those perceived to be at risk of contagion.

There is an imperative to understand the experiences and medico-legal situation of precarious migrants to generate evidence-based measures, responses and actions to protect health and those most at risk. Their hidden nature within our countries and our communities coupled with substantial health marginalisation is exacerbated by government migration policy. Early-stage participatory action research during the COVID-19 period with precarious migrants in the United Kingdom has captured such dimensions⁸ and has revealed both resilience and systemic barriers to fostering that resilience.

Enabling precarious migrants who suffer substantial health and social vulnerability to protect themselves and those around them from disease, alongside everyone else in the society should be prioritised not only in the United Kingdom, but globally.

Leave no one behind.

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