



Social support as a bridge: A rapid realist review of migrant inclusion in the Japanese response to the COVID-19 pandemic

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ABSTRACT

Government policy to address the COVID-19 pandemic has been complex with profound impacts on vulnerable minorities like international migrants. In Japan migrants are an important and growing community but their consideration in health policy is rare. We conducted a rapid realist review about ‘what works’ for the equitable inclusion of migrants during the pandemic as a case study for other public health emergencies. Due to the time-sensitive needs of policy-makers in the ongoing COVID-19 emergency, our evidence search was purposive, yet exploratory and iterative in nature. We assessed academic and gray literature sources, published in either English or Japanese, that examined the policy response to COVID-19 in Japan and its impact on migrants. A panel of external stakeholders was also consulted during the review process. This evidence synthesis suggests that, rather than illness alone, restrictions on movement and socioeconomic background lead to the considerable impact of policy on the well-being of migrants. Many policy responses, while conceptually inclusive and flexible, were often structurally inequitable for migrants. Poor outcomes included confusion about changing virus-related regulations and need for technical assistance to access support. Social support from volunteers and non-profit organizations were consistently left to connect migrants with unmet needs to available services. Using the diverse international community of Japan as an example, we show that, during public health emergencies, social support from civil society remains crucial for bridging structural inequities. For equitable inclusion of migrants, evidence-informed policy will be key for governments to better protect migrants’ right to health and well-being in future emergencies.

1. Introduction

Structural health inequalities for minority populations can be exacerbated by public health emergencies like the COVID-19 pandemic. The likelihood of poor downstream health and well-being outcomes for vulnerable minorities like migrants are conceptualized by the social determinants of health (Bhala et al., 2020; Hayward et al., 2021a). While governments have implemented various measures to combat novel coronavirus infection, historically migrant communities have been marginalized in health policy (Andrulis et al., 2007; Orcutt et al., 2020). A 2018 review of pandemic influenza preparedness plans by 21 national governments in Asia found that only 3 (14%) mentioned migrants at all, yet 18 (85%) described border restrictions (Wickramage et al., 2018). Japan was not included in that review but the 2018 National Action Plan for Pandemic Influenza and New Infectious Diseases in Japan shows a

similar trend in reference to migrants. The plan refers to “citizens” 135 times, “residents” 35 times and “foreigners” only twice (once about providing timely information and once about border restrictions) (Office for Pandemic Influenza et al., 2017). Despite being a high-income country and a leader in universal health coverage, it is unclear to what extent, and exactly how, migrants in Japan were included in the response to the COVID-19 pandemic.

Migrants are a growing part of the domestic Japanese population. After six consecutive years of growth, by 2020 there were approximately 2.86 million foreign residents in Japan making up 2.3% of the population (Ministry of Internal Affairs and Communications, 2020). With a rapidly shrinking workforce, the Japanese government is slowly opening up to labor migration with strict regulation. About 1 in 2 migrants (1.6 million) were working in 2020 and more than 60% of working migrants had a short-term residence status with explicit restrictions on labor

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mobility (Ministry of Health Labour and Welfare, 2020a). Migrants regarded to have limited human capital are particularly vulnerable to labor shocks that come with sudden societal disruptions (Juárez et al., 2019) like the COVID-19 pandemic.

Both Sustainable Development Goal 3, to promote good health and well-being among all people, and the Tokyo Declaration on Universal Health Coverage share the goal of ‘leaving no one behind’ (World Bank, 2017). The emergence of COVID-19 forced Japanese policy-makers to suddenly refocus from hosting the Olympics to the well-being of domestic residents (Ikeda et al., 2021; Library of Congress - Law, 2020). We assessed whether migrants were ‘left behind’ in the Japanese response to COVID-19 and to answer a multi-part health policy question: “What works, for whom, in what context, and why for the inclusion of migrants in response to public health emergencies?”. To answer this question we performed a realist synthesis of multiple evidence sources (Pawson et al., 2005). Our findings on the inclusivity of policy responses may be relevant to other relatively conservative societies with growing migrant communities.

2. Methods

A realist review is a theory-driven approach to evidence synthesis that is used to understand complex social interventions and what works, for whom, in what context and why. The study design of realist review is more flexible and iterative than a conventional systematic review in order to take advantage of all streams of rigorous evidence, both quantitative and qualitative (Saul et al., 2013). The Realist and Meta-narrative Evidence Synthesis: Evolving Standards (RAMESES) (Wong et al., 2013) guided our study, as well as the six stages of realist evaluation: identify the research question, formulate a theoretical framework, search for relevant studies, select and appraise the quality of studies, synthesize the data, and refine the theoretical framework (Pawson, 2006).

In this study migrants were defined as foreign residents of Japan as determined by the Ministry of Justice. Migrants typically enter Japan on a visa which is converted to a residence card with a status of residence upon arrival if the period of stay will be more than three months. Individuals who overstay their approved period of residence are considered to be irregular migrants.

We, researchers based in Japan, started this review with the hypothesis that the response to COVID-19 in Japan was not inclusive of migrants in light of many media reports on the difficulties migrants were experiencing. This initial theory was assessed in light of the most relevant and rigorous sources with two iterative searches carried out between 14 January 2021 to 30 May 2021: (1) a core targeted academic search and (2) an exploratory gray literature search.

The search terms used for all data sources were a combination of three search term domains: (1) “coronavirus”, “pandemic”, “COVID-19”; and (2) “foreigner”, “foreign worker”, “international student”, “migrant”, “immigrant”, “foreign resident”; and (3) “Japan”. These search strings were also translated into Japanese. Searches were limited to evidence produced in 2020 or later and all study designs were acceptable. Only sources that analyzed the effects of the COVID-19 pandemic on migrants and related support responses were included. Short media articles as well as articles about foreign tourists were excluded.

First, we purposively searched for primary and secondary research articles, published in either English or Japanese, to develop a core, peer-reviewed evidence base. For these types of evidence, several academic literature sources were searched: MEDLINE (via PubMed; English), ICHUSHI (via ICHUSHI-Web; Japanese), J-STAGE (via J-STAGE; Japanese) and Google Scholar (via Google; English). Identified articles were screened for eligibility in consultation with three researchers. The reference lists of the included articles were also hand-searched for further relevant citations. Where possible, corresponding authors were contacted and asked to recommend any relevant references from their

personal files or network.

In the exploratory search stage, gray literature, such as government documents (government websites), news articles (Japan-based online media), webinars (live/recorded) and online health information (Google), were explored with a purposive search that included a mix of searching and browsing. Multiple relevant articles that were part of a series were treated as a single source.

All evidence that met the inclusion criteria were further prioritized based on their relevance to the research question and their rigor in terms of introducing new data about the inclusivity of the pandemic response. Data collection was iterative such that searches were repeated over the course of the pandemic and novel evidence was added or replaced based on its relevance. Due to the heavy reliance on gray literature and purposive searching, it was not feasible to document all non-relevant sources that were reviewed. Data collection was also completed in parallel with the evidence synthesis stage.

In line with realist methodology (Saul et al., 2013), we analyzed the identified data for ‘demi-regularities’ (semi-predictable patterns) by mapping casual relationships between the contexts (C; i.e. migration) changed by the underlying mechanisms (M; e.g. support measures) of an intervention and the resulting outcomes (O; e.g. healthcare access), so-called CMO configurations. We then refined our program theory about migrant inclusion and validated it in collaboration with a multi-disciplinary expert panel with various backgrounds (medicine, sociology, migration, international development and Japanese studies). Based on three CMO configurations that emerged from the evidence and expert feedback, we arrived at a ‘middle-range’ theory describing ‘what works’ for migrant inclusion during public health emergencies like the COVID-19 pandemic.

3. Results

Based on purposive and iterative searching, we selected 55 pieces of evidence that contained the most representative data on the inclusion of migrants in the policy response to COVID-19 in Japan. This evidence base was inclusive of English- ($n = 24$) and Japanese-language ($n = 31$) documents. The evidence originated from a wide variety of sources and document types which triangulated our understanding of relevant COVID-19 policies, programs and outcomes (Table 1).

From the perspective of migrant inclusion, the pandemic can be divided into an initial stage with many new programs before the third wave of infections in December 2020 and a prolonged second stage with only adjustments to existing policy and the end of many support programs thereafter. By the end of our review in June 2021, Japan had a cumulative total of more than 740,000 identified infections (cases) and 13,000 deaths from COVID-19 (Fig. 1).

Table 1

Evidence on migrant inclusion during the COVID-19 pandemic in Japan ($n = 55$).

Language	n	Author	n	Evidence Type	n
English	24	Japanese Academia*	6	Book Chapter	1
		Migrant Academia†	7	Academic Study	7
		Civil Society	3	Academic editorial	3
		Government	2	Pre-print study	2
		Media	4	Program report	1
		Private Sector	2	Multilingual information	5
				Newspaper article	4
Japanese	31	Japanese Academia*	13	Survey results	1
		Migrant Academia†	1	Book	1
		Civil Society	5	Academic Study	6
		Government	5	Program report	5
		Private Sector	6	Conference presentation	4
			6	Government record	4
				Survey results	11

*Academic articles by Japanese authors, †Academic articles by non-Japanese authors.

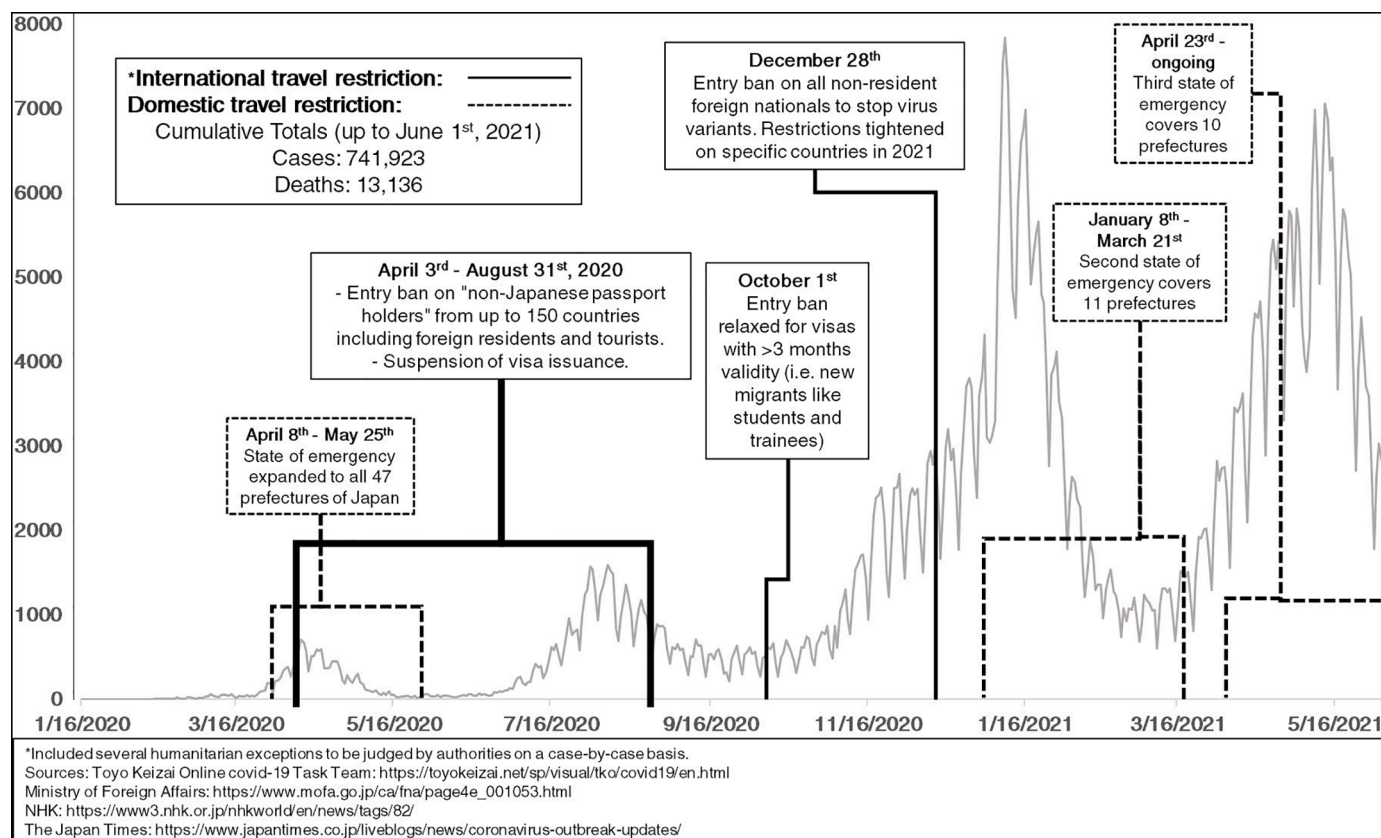


Fig. 1. Movement restrictions overlaid on daily COVID-19 case count in Japan (up to June 2021).

When COVID-19 reached Japan in January 2020, the livelihoods of middle-to-low skill migrants were rapidly affected because inbound migration, and related spending, declined from a high of over 2,500,000 monthly visits by foreign nationals (Tourism Research and Consulting Co, 2021) to record lows of about 5,000 monthly entries by March 2020. The economic shock that resulted from restrictions on domestic and international travel was particularly hard for international students who are only allowed to work up to up to 28 hours per week (Tanno, 2020) and other migrants in tourism-related or service-related positions (Asato, 2020a). Surveys (ACCESS NEXSTAGE, 2020; Fukuoka Now, 2020; Jellyfish Inc, 2020; Yolo Japan, 2020), qualitative studies (Bhandari et al., 2021; Wadhwa, 2020) and accounts of social support (Asato, 2020b; Solidarity Network and Migrants Japan, 2020) reported up to an 80% drop in monthly income and job loss for the most vulnerable parts of the migrant workforce. According to these reports, between 25–60% of migrants reported at least one of the following: a significant loss of income, reduced shifts, being put on leave from their job or losing their job. This wide range in estimates reflects the variation of the pandemic's impact as reported by individual sources. For example, studies on a specific ethnic group, status of residence (e.g. student) or occupation (e.g. manufacturing (Asato, 2020e) reported larger impacts than studies on a more general population.

The other shock in the initial phase of the pandemic were often hastily-arranged, severe border entry restrictions. All non-citizens, regardless of residence status, were barred from entry to Japan between April 3rd to August 31st, 2020 (Immigration Services Agency of Japan, 2021). These restrictions included tourists as well as foreign residents with a status of residence in Japan. According to government documents from the Headquarters for the Control of Novel Coronavirus Infections within the Ministry of Health, Labor and Welfare, these restrictions left 192,000 regular foreign residents outside of country at the start of the restrictions (Ministry of Health Labour and Welfare, 2020b). Under pressure from the international business lobbies (Osumi, 2020

and investigative reports (Furukawa) the government changed the policy so foreign residents would receive the same screening procedures as Japanese citizens. Since these restrictions took effect, strict re-entry protocols such as pre- and post-departure testing, quarantine and location self-reporting largely remained in place for returning travelers which discouraged international travel as of mid-2021.

Overall, the most salient evidence of demi-regularities in our analysis was from research on ethnic groups like Nepalese women (Tanaka, 2020), Indian restaurant owners and cooks (Wadhwa, 2020), Chinese migrants (Teng, 2020), Brazilians and Filipinos (Government of Shizuoka Prefecture, 2020) and Vietnamese technical interns (Morimatsu et al., 2021; Tran, 2020). The demi-regularities we identified in the evidence were the moderating effect of socioeconomic background and the mediating effect of government-imposed restrictions on movement (i.e. border restrictions and stay-at-home recommendations) on the disparate impact of the pandemic. We used these demi-regularities to continuously refine our conceptual framework on the impact of COVID-19 on migrants (Fig. 2).

Then, we adjusted the framework based on new evidence trends that emerged as well as feedback from the expert panel. As the framework was constructed it was also used to guide the development of CMO configurations.

Our initial theory, based largely on media reporting from early in the pandemic, was that the response to COVID-19 in Japan was not inclusive of migrants. A critical study supporting this pattern in the data was an analysis of 146 newspaper articles on the impact of COVID-19 for migrants (up to September 2020). That analysis found nine problem areas for migrants: 1) discrimination, 2) labor, 3) income, (4) place of residence, (5) education, 6) immigration, 7) religious activities, 8) doubts and concerns, and 9) exclusion (Ogino, 2020). The economic and emotional impact of the pandemic was also captured with more than nine surveys targeting migrants (total $n = 5113$) and two examining perceptions of infection risk of migrants by Japanese citizens (total $n =$

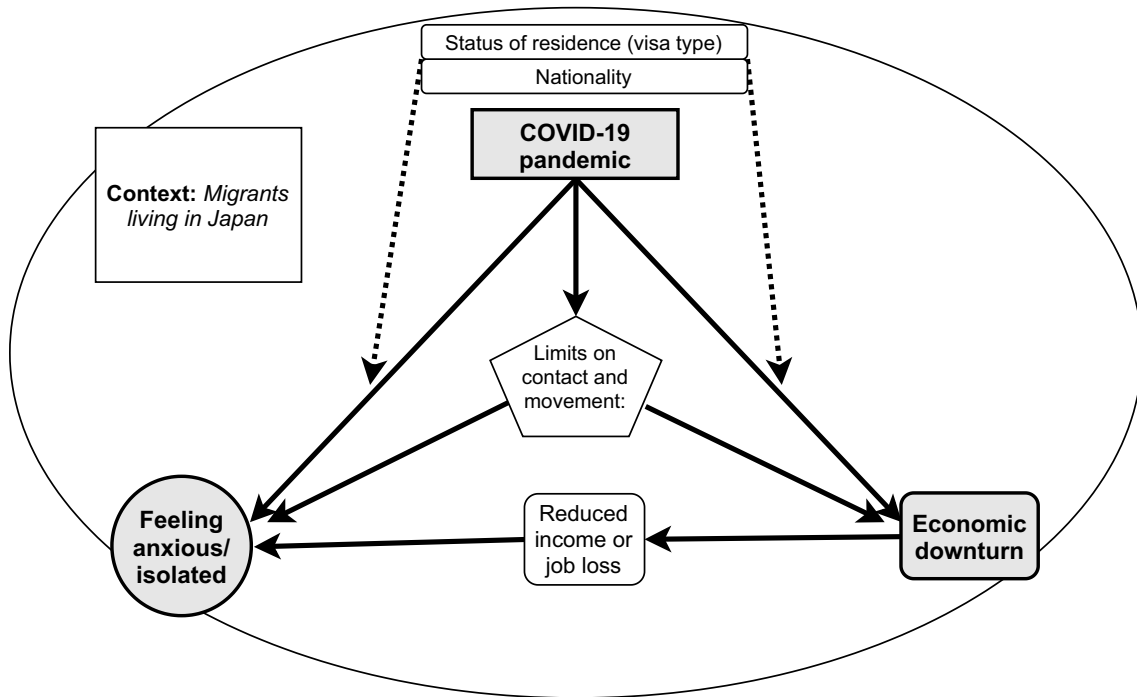


Fig. 2. Conceptual framework of the impact of the COVID-19 pandemic on migrants.

1562).

However, as we examined the evidence on policy and its implementation, a more complex picture of the robust response with many inequities became clear. We identified three main government-generated mechanisms (infection control (including border restrictions), multilingual information and economic support measures).

As shown in Fig. 3, these mechanisms linked the context (COVID-19 impacting migrants) with inequitable programmatic outcomes for migrants (confusion, need for technical assistance and poor well-being) (Fig. 3).

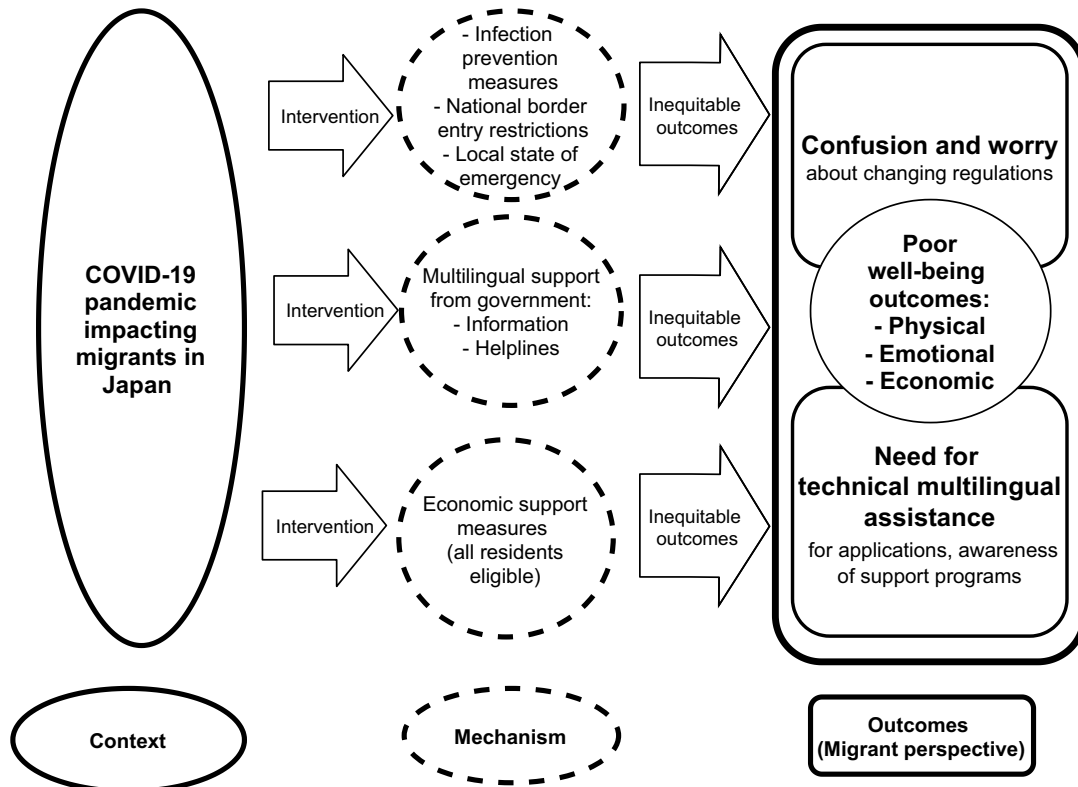


Fig. 3. Context-mechanism-outcome (CMO) configurations with poor outcomes for migrants.

4. CMOs with inequitable outcomes

4.1. Infection prevention measures

The main information hubs with information on how to prevent virus infection through non-pharmaceutical interventions and daily case counts were organized by the Ministry of Health, Labor and Welfare (Ministry of Health and Labour, 2020) and the Tokyo Metropolitan government also published substantial information on a dedicated website (Tokyo Metropolitan Government, 2020). During the pandemic and especially during the states of emergency (non-binding lockdowns with added restrictions on mass gatherings and businesses), the main message from both government entities was 'stay home' (Fujita et al., 2020). However, as the pandemic cycled through three such state of emergencies across the country, anxiety built among foreign residents as they tried to keep up with school closings (Ratala, 2020), press briefings and pandemic modeling (Brown, 2020). Several local authorities published reports about how they were targeting migrant communities with information about infection prevention (Government of Shizuoka Prefecture, 2020; Japan Center for International Exchange, 2020; Japan International Cooperation Agency, 2020; Sudo and Maeda, 2020). A central government initiative led by the Prime Minister to send two washable cloth masks to every registered household in Japan; while very expensive for taxpayers and ultimately left unused by the general public, was an inclusive policy for migrants.

One migrant group that was not included in the initial policy response to COVID-19 was those migrants in immigration detention centers. After pressure from advocates about the possibility of an outbreak and incomplete precautions, some migrants in immigration detention were given provisional release (Slater and Barbaran, 2020). However in late February 2021, an outbreak at the immigration detention center in Tokyo infected over 40% of the remaining migrants as well as several staff members (Takeuchi, 2021).

Border entry restrictions have disproportionately disrupted the lives of migrants in Japan. The Ministry of Foreign Affairs continued to announce strict entry guidelines on their website with little notice or consistency, making it difficult for migrants to understand the changing situation (Osumi, 2021a). In fact, the Japanese language ability of a non-Japanese reporter was called into question by the Foreign Minister after he was asked to clarify the restrictions (Furukawa). We identified ethnographic testimonials of migrants separated from families (Chen, 2020), academic study (Tanno, 2020) and jobs (Wadhwa, 2020). Moreover, due to travel restrictions more than 40,000 Vietnamese trainees could not return home which resulted in overstaying their status of residence (Human Rights Working Group (HRWG) 2020). Another investigative news article with government sources found little awareness about the effects of border restrictions on migrants (Osumi, 2021b). The inequitable outcome of this mechanism was confusion about changing guidelines and regulation as well as poor emotional well-being among migrants as the pandemic and movement restrictions continued.

4.2. Multilingual information

Other multilingual hubs information hubs from the government were from the Cabinet and Prime Minister's offices, Ministry of Foreign Affairs, the Immigration Services Agency, Ministry of Economy, Trade and Industry, Japan External Trade Organization, and Japan National Tourism Organization. However there was substantial heterogeneity in terms of accessibility and languages for the multilingual information was provided by each government ministry (Brown, 2020). For example, the Ministry of Health, Labour and Welfare published infection prevention measures in 17, primarily Asian, languages (Ministry of Health, 2020) while information on pandemic-related support measures by the Ministry of Economy, Trade and Industry were only available in English and Japanese.

Based on our analysis of common themes in the surveys, the majority

of migrants felt general unease about the virus. At least a third of migrants did not feel confident in accessing healthcare for COVID-19 specifically (Government of Shizuoka Prefecture, 2020), or in general (Fukuoka Now, 2020; Immigration Services Agency, 2020; Yolo Japan, 2020). This sentiment was largely associated with the structural language barrier and a perceived lack of multilingual information. In the largest survey of migrants, online media besides official Japan-based sources were the most highly ranked sources of information but endorsements varied by status of residence, presence of Japanese spouse and nationality (Immigration Services Agency, 2020).

4.3. Economic measures

The Japanese government reportedly introduced more than 100 support measures (One Visa, 2020) including financial support in response to the pandemic. Students were one of the groups that needed the most immediate help. After the government announced the first the state of emergency, 76% of self-supporting international students who relied on part-time jobs quickly lost most of their income (Imahashi, 2020). Around half of surveyed international students applied for financial assistance from the Ministry of Education and several educational institutions started food distribution programs (ACCESS NEXTAGE, 2020). The government set-up direct, one-time payments of up to 200,000 yen for all qualifying post-secondary students including international students (Ministry of Education, 2021). However, in order for international students to be eligible, they must have been in the top 30% of their class with more than 80% attendance. These additional criteria did not apply to Japanese students.

Another migrant group that required financial support were lower-skilled migrants whose work hours were reduced (Asato, 2021). Many low-skilled migrants reportedly felt pressure because of the large loans (as much as 2,000,000 JPY) they to pay back to brokers who had arranged their arrival in Japan (Human Rights Working Group (HRWG), 2020; Wadhwa, 2020). There was little information available on economic support measures other than of English and Japanese. Many migrant employees were unaware of their right to employment insurance which guarantees a percentage of wages if their employer reduces employee hours. Information on employment insurance was withheld from migrant employees in some cases and so those workers were not eligible for benefits during the pandemic economic downturn (Asato, 2020f).

The main economic policy response by the national government was a special fixed benefit payment of 100,000 yen (about 990 USD) to all registered residents which required applications to be submitted between April and August 2020. Applications had to be filled in Japanese which became a significant barrier (Asato, 2021). This direct money transfer was often used directly for return flights home by migrants who decided to leave Japan. Foreign nationals (including tourists) who were not able to book return flights home were allowed to transfer to "designated activities" status of residence with the option to work up to 28 hours per week for 6 months (Immigration Services Agency of Japan, 2020b).

Utilization of government support measures by migrants was also assessed. In one survey upwards of 90% of respondents had applied for the special fixed benefit payment (Fukuoka Now, 2020) and another survey documented a large minority of respondents calling for more financial assistance (Persol Research and Consulting, 2020). While all residents of Japan were eligible for economic support measures, migrants were often not able to access these services because of lack of awareness or language barriers.

4.4. CMO configurations addressing inequitable outcomes with social support

We also found evidence that poor outcomes could be minimized via social support interventions from civil society that made the policy

responses more inclusive (Fig. 4). The social support types were categorized as informational support, belonging (or emotional) support and instrumental support which is similar to previous studies of COVID-19 coping (McLean et al., 2022) and coping among migrants (Salgado et al., 2012).

For example, protection of workers' rights became an issue in the face of employer mandated decreases in hours or layoffs. One non-profit organization, Solidary Network with Migrants Japan, raised awareness and almost \$500,000 dollars to directly assist to 1648 refugees and migrants provisionally released from immigration detention (Solidarity Network and Migrants Japan, 2020).

5. Discussion

Policies and programs by the Japanese national government in response to COVID-19 often provided equal eligibility to regular migrants but, in reality, were not equitably accessible. The most problematic outcomes for migrant well-being were (1) confusion about changing virus-related regulations and (2) the need for technical assistance to access support programs. Based on a holistic review of the evidence, mechanisms that led to these outcomes were: (1) lack of direct communications between the government and migrant communities, (2) a paucity of detailed multilingual support for support applications, (3) limited public education about the rights of migrant residents. In light of these gaps, what worked as a bridge to inclusive COVID-19 policy in Japan was social support from civil society. Relying on social support alone is not a sustainable model for supporting the health and well-being of a growing migrant population, yet important lessons can be learned for the next public health emergency.

The first pattern that emerged from the data was that the strongest impacts of the pandemic in Japan were related to status of residence and nationality. These demographic factors largely dictate which types jobs of these migrants will obtain and therefore the financial and emotional impact of the pandemic. There were many problematic outcomes from the perspective of migrants, especially those of South/Southeast Asian nationality or limited residence status. COVID-19 similarly put

significant economic pressure on domestic workers from Southeast Asia working in Hong Kong who felt that they were not supported by the government (Lui et al., 2021). The clearest exclusion from the pandemic response was the estimated 80,000 visa over-stayers plus other foreign nationals with a limited status of residence who were ineligible for health insurance, support measures and vaccination (Human Rights Working Group (HRWG), 2020). These migrants slipped through the theoretically robust social safety responding to COVID-19 in Japan.

Another pattern that emerged from the data was confusion stemming from changing regulations for border entry and infection prevention. Keeping abreast of such updates was anxiety-inducing for migrants because of few direct contacts between government workers and migrant communities. The largest example of the disconnect between the government and migrants was the entry ban on migrants when announcements about changing border regulations were often announced on government websites outside of normal working hours (Osumi, 2020). In comparison to other high-income countries this response was not inclusive because Japan was the only OECD country to specifically ban reentry, and therefore travel, by its foreign residents (International Organization for Migration IOM, 2020). Some steps were taken for direct public health outreach by local governments (Japan Center for International Exchange, 2020; Sudo and Maeda, 2020), but these were much more rare compared to passive multilingual hotlines (World-Japan, 2021). As part of the Supporting Social Inclusion of Vulnerable Migrants in Europe project the International Organization for Migration (IOM) described grassroots outreach for migrant inclusion that could be adapted to the COVID-19 pandemic (Patuzzi, 2020). The project found activities like engaging hard-to-reach migrant populations at the neighborhood level or co-creating services with civil society were widely generalizable. There was little evidence that sustainable engagement between government and migrants during COVID-19 in Japan.

Regular migrants were, in most cases, eligible to apply for the same support measures as Japanese citizens but there were issues with actually making applications. The main coronavirus support measure from the migrant perspective was the special fixed benefit payment to all residents of Japan. Eligibility for public assistance for migrants in Japan

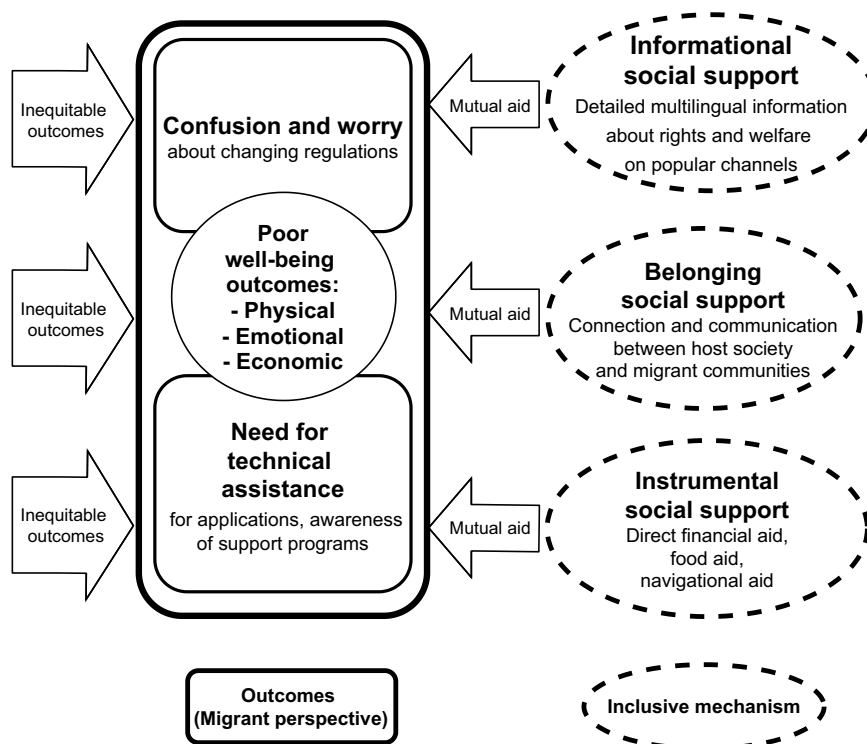


Fig. 4. Inclusive mechanisms of social support for addressing poor support outcomes.

was much more inclusive than in U.S. where a public charge rule (February 2020) made migrants who received public benefits ineligible for permanent residence (Touw et al., 2021). Japan also has universal health coverage that covers all residents regardless of nationality. In comparison, one out of four regular migrants in the US do not have health insurance (Hill et al., 2021). However, other more complicated public assistance schemes in Japan for COVID-19 (Ministry of Health Labour and Welfare, 2020c) received much less multilingual attention and evidence regarding their use by migrants was not identified in this review. Welfare services are also known to be highly stigmatized in Japan with gatekeeping practices that restrict access (Fujita et al., 2020). For these reasons, the experience of migrants in Japan during COVID-19 may be unique among high-income countries because there is less legal exclusion (Hayward et al., 2021b), but more structural exclusion, compared to other migration destinations.

Another pattern in the literature was the paucity of multilingual instructions for how to apply to support measures beyond general directions. Japan has learned lessons from a series of natural disasters about the importance of multilingual information during acute emergencies (Gómez, 2013; Kawasaki et al., 2018; Yang et al., 2017). For example, Sakurai et al. also found that when Typhoon Hagibis hit Japan October 2019, English disaster information existed but was unspecific potentially due to the centrality of information transmission systems (Sakurai and Adu-gyamfi, 2020). The sustained semi-emergency situation of COVID-19 saw some volunteers (COVID-19 Multilingual Support Project, 2021) and private companies (One Visa, 2020) trying to provide technical support service online but ultimately in-person help was most needed (Asato, 2021).

In addition, migrants in Japan are likely to have different health information-seeking methods from native Japanese. A survey of 600 Japanese citizens found that 89% searched the internet for COVID-19 related information but only 21.2% utilized social media for this task (Suppasri et al., 2021). Migrants, in contrast, cited social media as one of the most used sources of such information (Persol Research and Consulting, 2020). Another effect of the pandemic was the widespread acceptance of simplified Japanese as a language for effective form of communication with residents whose first language is not Japanese (Takeda et al., 2020). Even the national government has made use of 'plain Japanese' on their multilingual information for coronavirus which represents a significant step in linguistic integration policy of non-native speakers.

Access to online information has been suggested as one key to ensuring the safety of migrants during such emergencies (Sakurai and Adu-gyamfi, 2020). However, unlike these earlier disasters, the development of digital communication has created, what the World Health Organization (WHO) calls, 'an infodemic'; an over-abundant mix of accurate and inaccurate health information during the COVID-19 pandemic (Tangcharoensathien et al., 2020). It is against this backdrop that ensuring vulnerable groups can access proper public health information channels becomes particularly complex and yet more important than ever.

Finally, our body of evidence showed that government support was underutilized by migrants in need, possibly due to unawareness by both migrants and employers about the rights of migrants. For example, migrants, like Japanese citizens, are guaranteed 60% of their salary if furloughed at work and are entitled to public assistance but some migrants and employers did not know about these guarantees (Asato, 2020d). A study on groups vulnerable to job loss, direct payment from government and health-related quality of life did not discuss migrants which may be due to a lack of public awareness about migrants (Ikeda et al., 2021). Unawareness about migrant rights may stem from an official lack of acknowledgment about immigration by the government of Japan. The Migration Policy Index (MIPEX), one of the most comprehensive assessments of international migration and integration, describes Japan as "Integration Denied" (Migration Policy, 2020). The Japanese government has published "Comprehensive Measures for

Acceptance and Coexistence of Foreign Nationals", yet the word "migrant" or "immigrant" is not used, instead only "foreign human resources" (Japan International Cooperation Agency, 2022). Migrants, regardless of visa status, are often treated as temporary and disposable labor; not as individuals pursuing "self-actualization".

Our assessment of Japan government policy is similar to that of the Human Rights Working Group (HRWG), the most comprehensive primary research investigation of the impact of COVID-19 on migrants found during our review. Kato et al. described a "policy of no policy" where the national government holds no particular stance on migrant integration (Human Rights Working Group (HRWG), 2020). A policy of no policy means to tacitly accept migrants without commenting directly on how to accept them. Such kind of policy contribute to the low social capital of migrants on the national stage (Burgess, 2021). It became clear that migrants were marginalized partially because awareness of migrants at the highest levels of policy-making is lacking, especially in emergency situations.

While some researchers are pessimistic about continued increases in migration (Gamlen, 2020), Japan has continued to import new workers during the pandemic thus crystallizing the extent to which foreign workers are required by certain segments of the Japanese workforce as well as their vulnerable position in society. Lapses in migrant inclusion during the COVID-19 pandemic may have already left an indelible mark on future integration efforts.

5.1. Lessons learned on the inclusion of migrants in policy responses to public health emergencies

The COVID-19 pandemic is just one example of a public health emergency that can rapidly impact all aspects of daily life. By many measures Japan has done an excellent job of controlling the transmission of COVID-19 for a variety of reasons including a high degree of cooperation among society for relatively conservative public health measures (Brown, 2020). Japan is unique in many ways as a high-income country with an island geography and robust healthcare and social security system. Yet even with these advantages there were shortcomings of the policy response for migrants in Japan and in other high-income countries with many resources (Hayward et al., 2021a). Governments should learn from these shortcomings by honestly assessing how their local society is diversifying and the issues that ignoring this diversity may create during a crisis. These kind of thinking processes should be part of planning for the next public health emergency.

5.2. Strengths and limitations

This review of migrant inclusion in the COVID-19 public emergency demonstrates the value of diverse data collection methods (published literature, gray literature and expert opinion). Newspaper articles were collectively useful for contextualization but were generally excluded. Inherent in any rapid review is a non-exhaustive design that may introduce selection bias. However, the trade-off between comprehensiveness and timeliness for policy-relevant decisions (Saul et al., 2013) is most important.

6. Conclusion

Migrants in Japan were seriously affected by the policy decisions of the government during the COVID-19 pandemic. These effects were related to socioeconomic factors like status of residence and nationality. The evidence suggests that restrictions on movement and human contact led to the impact of the pandemic on the financial and emotional well-being of migrants. National level policies, while often conceptually inclusive and flexible, were often structurally inequitable in terms of infection control measures, multilingual information and economic support. Our program theory about what works for migrant inclusion during public health emergencies is that social support from civil society

is crucial for bridging structural gaps in inequitable social safety nets. The pandemic has crystallized the need for acknowledging immigration in order to protect and include migrants in society.

CRedit authorship contribution statement

Russell Miller: Conceptualization, Methodology, Investigation, Data curation, Formal analysis, Validation, Resources, Supervision, Project administration, Funding acquisition, Visualization, Writing – original draft, Writing – review & editing. **Kuniko Arita:** Investigation, Data curation, Formal analysis, Validation, Writing – review & editing. **Niaya Harper Igarashi:** Investigation, Data curation, Formal analysis, Validation, Visualization, Writing – review & editing. **Daiki Fujii:** Investigation, Data curation, Formal analysis, Validation, Writing – review & editing. **Aya Yumino:** Conceptualization, Investigation, Data curation, Formal analysis, Validation, Resources, Writing – review & editing, Supervision. **Masamine Jimba:** Resources, Writing – review & editing, Funding acquisition.

Declaration of Competing Interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

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