Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company's public news and information website.

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COVID-19: leaving no one behind in Latin America

The pledge to leave no one behind has been essential in making the plight of refugees more visible[1] and in highlighting the need to include migrants and refugees in national health-care systems.

In Latin America, vulnerability in contexts of human mobility does not usually reside in refugee camps. This multidimensional, layered vulnerability is everywhere, dispersed and invisible, because migrants are physically present in communities yet excluded in every other way. Migrants might not be in camps or in detention, but their situation is ever more precarious. They have little access to social protection and health care,[2,3] they are informal workers most likely to suffer abuse from their employers or lose their source of income,[4] they are marginalised and overcrowded in overpopulated urban settings or in rural areas where the virus will inevitably spread, and they are experiencing the many aspects of poverty.[5]

More importantly, migrants experiencing social vulnerability largely contribute to making lockdowns possible: they are couriers who deliver meals, they are fruit and vegetable pickers, and they are domestic workers. Leaving no one behind means considering the quiet struggle of vulnerable immigrants who make things happen as the rest of the population retreat into their homes, exposing themselves to contagion, usually with no protection and the threat of losing everything if they stop working.

Leaving no one behind in Latin America during the COVID-19 pandemic means that governments and employers alike should take responsibility for immigrants' welfare, through immediate actions and social, public health, and immigration policies in the long term.

We declare no competing interests.

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Savarirayan R, Tofts L, Irving M, et al. Once-daily, subcutaneous vosoritide therapy in children with achondroplasia: a randomised, double-blind, phase 3, placebo-controlled, multicentre trial. Lancet *2020;* **396:** *684–92*—In this Article, the spelling of author Daniel Hoernschemeyer's name was incorrect. This correction has been made to the online version as of Oct 8, 2020.

Shahar-Nissan K, Pardo J, Peled O, et al. Valaciclovir to prevent vertical transmission of cytomegalovirus after maternal primary infection during pregnancy: a randomised, double-blind, placebo-controlled trial. Lancet *2020;* **396:** *779–85*—In this Article, the eighth sentence of the final paragraph of the Results section should read "Overall, participants in the valaciclovir group had a lower odds of any cytomegalovirus-related morbidity compared with the placebo group (OR 0·38, 95% CI 0·09–1·56)." This correction has been made to the online version as of Oct 8, 2020.

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The Lancet *COVID-19 Commissioners, Task Force Chairs, and Commission Secretariat. Lancet COVID-19 Commission Statement on the occasion of the 75th session of the UN General Assembly.* Lancet *2020;* **396:** *1102–24*—In the Declaration of interests section of this Commission Statement, statements have been added for Joseph Allen and John Thwaites, and the statement for Jessamy Bagenal has been removed. This correction has been made to the online version as of Oct 8, 2020, and the printed version is correct.