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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Racism and discrimination in COVID-19 responses

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Outbreaks create fear, and fear is a key ingredient for racism and xenophobia to thrive. The coronavirus disease 2019 (COVID-19) pandemic has uncovered social and political fractures within communities, with racialised and discriminatory responses to fear, disproportionately affecting marginalised groups.

Throughout history, infectious diseases have been associated with othering.[1] Following the spread of COVID-19 from Wuhan, China, discrimination towards Chinese people has increased. This includes individual acts of microaggression or violence, to collective forms, for example Chinese people being barred from establishments.[2] Rather than being an equaliser, given its ability to affect anyone, COVID-19 policy responses have disproportionately affected people of colour and migrants—people who are over-represented in lower socioeconomic groups, have limited health-care access, or work in precarious jobs. This is especially so in resource-poor settings that lack forms of social protection. Self-isolation is often not possible, leading to higher risk of viral spread. Ethnic minority groups are also at greater risk because of comorbidities—for example, high rates of hypertension in Black populations[3] and diabetes in south Asians.[4] Furthermore, migrants, particularly those without documents, avoid hospitals for fear of identification and reporting, ultimately presenting late with potentially more advanced disease.

Acts of discrimination occur within social, political, and historical contexts. Political leaders have misappropriated the COVID-19 crisis to reinforce racial discrimination, doubling down, for example, on border policies and conflating public health restrictions with antimigrant rhetoric. Matteo Salvini, former Deputy Prime Minister of Italy, wrongly linked COVID-19 to African asylum seekers, calling for border closures.[5] Similarly, President Donald Trump has referred to severe acute respiratory syndrome coronavirus 2 as the Chinese virus,[6] linking the health threat to foreign policy and trade negotiations.

Current emergency powers need to be carefully considered for longer-term consequences. Policies necessary to control populations (eg, restriction of movement, or surveillance) might be misappropriated, and marginalised groups have been traditionally targeted. Systems must be put in place to prevent adverse health outcomes from such policies.

The strength of a health system is inseparable from broader social systems that surround it. Epidemics place increased demands on scarce resources and enormous stress on social and economic systems. Health protection relies not only on a well functioning health system with universal coverage, but also on social inclusion, justice, and solidarity. In the absence of these factors, inequalities are magnified and scapegoating persists, with discrimination remaining long after. Division and fear of others will lead to worse outcomes for all.

We declare no competing interests.

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Mitjà O, Arenas À, Rodó X, Tobias A, Brew J, Benlloch JM. Experts' request to the Spanish Government: move Spain towards complete lockdown. Lancet *2020;* **395:** *1193–94*—The appendix of this Correspondence has been corrected as of March 30, 2020.

Cluver L, Lachman JM, Sherr L, et al. Parenting in a time of COVID-19. Lancet *2020;* **395:** *e64*—In this Correspondence, Gretchen Bachman's affiliation should have been "Department of Orphans and Vulnerable Children, United States Agency for International Development, Washington, DC, USA". This correction has been made to the online version as of April 9, 2020.