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The neglected health of international migrant workers in the COVID-19 epidemic

Of the 150 million international migrant workers (IMWs) worldwide, 95% reside in the five WHO regions in which cases of coronavirus disease 2019 (COVID-19) have been confirmed. The absence of a coordinated response for IMWs highlights a key deficiency in public health planning.

Compared with other international migrants (ie, international students), IMWs encounter more barriers in accessing health services in host countries (eg, inadequate health insurance), particularly migrant domestic workers.² Under normal conditions, IMWs have a high burden of common mental disorders (eg, depression) and a lower quality of life than local populations.^{2,3} This situation could worsen during the COVID-19 epidemic due to the potential and fear of governmental-imposed quarantine and lost income. For instance, some migrant domestic workers in Hong Kong and Macau have lost their jobs because their employers have left the territory. Many domestic workers cannot obtain masks from the pharmacy because they must stay with employers and adhere to government-recommended self-quarantine.⁴

In the absence of reliable information in their own language, IMWs may also not recognise the seriousness of the epidemic or receive accurate information on how to protect themselves from infection.⁵ However, most IMWs have smartphones,³ which can be a useful aid in providing informational and social support during the epidemic, like during the previous MERS epidemic.⁵ For instance, WeChat (a Chinese social network platform) is used by IMWs in Hong Kong and Macau for sharing key health messages and official information to the community and

providing one another with emotional support. It can, however, also spread inaccurate information and panic that could lead to IMWs delaying visits to health centres due to stigmatisation of those who are infected.⁵

Regardless of IMWs communities' self-reliance and resilience, addressing their health needs should be made an urgent public health priority because infection among these individuals could also lead to community infection, eventually affecting the entire population's health. For instance, during the epidemic, IMWs should be provided more accessible health care. Public health campaigns should be available in multiple languages and diffused through various communication channels and networks of IMWs as soon as possible. In addition, more countries should ratify the International Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families to provide global health equity and ensure that migrant workers' health is not neglected in future epidemics and disasters.

We declare no competing interests.

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