How did support systems in Western countries transform and adapt to meet underserviced and marginalized migrants' needs? A scoping review

Achille Dadly Borvil and Lara Gautier

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Article abstract

Prior studies on the impacts of the COVID-19 pandemic on migrants with precarious immigration status (refugees, asylum seekers, and undocumented migrants who arrived in a host country fewer than five years ago) have shown that they have been disproportionately affected by the pandemic because of their migration and socioeconomic status. Across the world, support systems for these marginalized migrants at local levels had to be reinvented to face the pandemic and ensure continuity of services. The objective of this systematic review was to provide a portrait of the interventions that were set up to address underserviced and marginalized migrants' needs in Western countries during the pandemic and to categorize them by area of intervention. We identified peer-reviewed papers published in English and French between March 2020 and February 2022 in MEDLINE, Embase, PubMed and Web of Science. We included original research studies, commentaries, essays and editorials. For grey literature, we searched in Google Scholar and the websites of major health organizations and institutions that worked with underserviced and marginalized migrants. We also consulted the articles' list of references. We included 31 publications: 15 peer-reviewed articles and 16 grey literature documents. Our results indicated that in order to address vulnerable newcomers' needs, support systems intervened in the following areas: immigration, health and social services; raising awareness about COVID-19, food security, primary and secondary basic needs; and mental health and control of COVID-19 infection in settings with high concentrations of underserviced and marginalized migrants. Selected interventions adopted a collaborative approach between actors in different sectors. Most of the interventions were carried out by community-based organizations. Our scoping review highlights the role of community-based organizations in improving the living conditions of migrants with precarious immigration status during the pandemic and emphasizes the relevance of intersectoral collaboration as a strategy to respond effectively to the needs of underserviced and marginalized migrants in times of crisis.

ARTICLE THÉMATIQUE

How did support systems in Western countries transform and adapt to meet underserviced and marginalized migrants' needs? A scoping review*

Achille Dadly Borvil [1] and Lara Gautier [2]

Abstract / Résumé

Prior studies on the impacts of the COVID-19 pandemic on migrants with precarious immigration status (refugees, asylum seekers, and undocumented migrants who arrived in a host country fewer than five years ago) have shown that they have been disproportionately affected by the pandemic because of their migration and socioeconomic status. Across the world, support systems for these marginalized migrants at local levels had to be reinvented to face the pandemic and ensure continuity of services. The objective of this systematic review was to provide a portrait of the interventions that were set up to address underserviced and marginalized migrants' needs in Western countries during the pandemic and to categorize them by area of intervention. We identified peer-reviewed papers published in English and French between March 2020 and February 2022 in MEDLINE, Embase, PubMed and Web of Science. We included original research studies, commentaries, essays and editorials. For grey literature, we searched in Google Scholar and the websites of major health organizations and institutions that worked with underserviced and marginalized migrants. We also consulted the articles' list of references. We included 31 publications: 15 peer-reviewed articles and 16 grey literature documents. Our results indicated that in order to address vulnerable newcomers' needs, support systems intervened in the following areas: immigration, health and social services; raising awareness about COVID-19, food security, primary and secondary basic needs; and mental health and control of COVID-19 infection in settings with high concentrations of underserviced and marginalized migrants. Selected interventions adopted a collaborative approach between actors in different sectors. Most of the interventions were carried out by community-based organizations. Our scoping review highlights the role of community-based organizations in improving the living conditions of migrants with precarious immigration status during the pandemic and emphasizes the relevance of intersectoral collaboration as a strategy to respond effectively to the needs of underserviced and marginalized migrants in times of crisis.

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Mots clés

Pour citer cet article

Introduction

Migrants with precarious immigration status, such as refugees, asylum seekers, undocumented migrants and seasonal agricultural workers are generally among the most vulnerable populations in the world (Brickhill-Atkinson and Hauck, 2021; Lau and al., 2020; Orcutt and al., 2020). They typically have precarious jobs, difficult working conditions (Matthew, Monaghan and Luque, 2021) and live in overcrowded and unsanitary housing (Caxaj, Cohen, Buffam and Oudshoorn, 2020; Jahn, Hintermeier and Bozorgmehr, 2022). Most of them have specific health problems, such as mental health issues and trauma from injuries, violence, abuse and trafficking that require special consideration (Lau et al., 2020; Wenner, Biddle, Gottlieb and Bozorgmehr, 2022; World Health Organization [WHO], 2021). These health problems have been generally unrecognized and unaddressed (WHO, 2021) because of the migration policies of host countries and the many obstacles migrants face in accessing essential health care and other social services in the host country (Gautier et al., 2020). In addition to potential language barriers and a lack of knowledge of the health systems in their host country, migrants with precarious immigration status have poor access to medical care (Wenner et al., 2022). The waiting period to obtain health services varies considerably from country to country (Hacker, Anies, Folb and Zallman, 2015). In the majority of high-income countries, for example, the waiting period is between three (Canada) and 18 (Germany) months to obtain access to a comprehensive medical care program (Edmonds and Flahault, 2021; Wenner et al., 2022) or to be eligible for a public health insurance plan (US) (Hill, Rodriguez and McDaniel, 2021). Compared to other population groups, all these factors are likely to increase migrants' risk exposure during major health crises.

Since March 2020, the world has been facing an unprecedented health crisis caused by the appearance of the new coronavirus (COVID-19), which has affected all social categories within the population, particularly the most vulnerable. Governments have had to take quick action to curb the spread of the virus and reduce the number of victims. An increasing number of studies carried out between 2020 and 2022 (Askola, Forbes-Mewett and Shmihelska, 2021; Edmonds and Flahault, 2021; Gautier et al., 2022; Hasan Bhuiyan et al., 2021; Hayward et al., 2021; Matthew, Monaghan and Luque, 2021; Page and Flores-Miller, 2021; Tuyisenge and Goldenberg, 2021) have shown that underserviced and marginalized migrants in all categories of the population are disproportionately affected by COVID-19 because of their migration status, socio-economic status and the fact that they are working in jobs that expose them to the highest risks to their health and safety. As early as 2020, the United Nations stated that these groups are subjected to a triple burden of three interlocking crises that heighten their vulnerability: a health crisis, a protection crisis and a socio-economic crisis (United Nations, 2020).

Migrant populations (established or not) are two to three times more likely to be infected with coronavirus than other groups. The mortality rate in the UK, Canada and the US, for example, was twice as high among migrant populations (Baggio et al., 2021; Cleveland et al., 2020; Deal et al., 2021; Statistique Canada, 2021). There is a lack of empirical evidence, however, on the incidence of infection and the rate of mortality due to COVID-19 in the specific case of migrants with precarious immigration status (Baggio, Jacquerioz, Salamun, Spechbach and Jackson, 2021; Deal et al., 2021). They have been largely neglected in pandemic responses (Bhopal, 2020; Brickhill-Atkinson et Hauck, 2021; Haley et al., 2020; Hill et al., 2021; Lau et al., 2020; Orcutt et al., 2020) as their needs have not been taken into consideration. Indeed, most public health recommendations are inaccessible to the migrant population because of their specific socioeconomic conditions, institutional barriers, fear of institutions, lack of access to services, language barriers and occasionally low literacy (Matthew, Monaghan and Luque, 2021). Voices have been raised demanding that the governments of developed countries include refugees, asylum seekers, undocumented migrants and seasonal agricultural workers in their public and health policies aimed at fighting the pandemic, that they "leave no one behind" (European Public Health Association [EUPHA], 2020; Orcutt et al., 2020; Platform for International Cooperation on Undocumented Migrants [PICUM], 2020; WHO Europe, 2020). Governments have also been asked to reduce the spread of the virus among migrants, as any decrease in infections in that population helps to limit transmission in the general population (Hasan Bhuiyan et al., 2021; International Organization of Migrations [IOM], 2020). Including these groups in pandemic responses would require governments to modify their policies to facilitate "access to non-discriminatory services and to include targeted measures ensuring safeguards of migrants' entitlements and fundamental rights at work" (IOM, 2020), regardless of their migration status.

The impact of the pandemic on vulnerable populations has been well documented (Bastien et al., 2022; Bohnet and Rüegger, 2021; Burton-Jeangros et al., 2020; Hintermeier et al., 2021). To the best of our knowledge, however, there has been little research on interventions aimed specifically at refugees, asylum seekers, undocumented migrants and seasonal agricultural workers. Most research combines these groups with several others in a broader category of vulnerable populations. While these populations may share similar characteristics, migrants with precarious immigration status have to deal with unique challenges and multiple obstacles, such as the suspension of refugee resettlement programs and the constant threat of deportation (Brickhill-Atkinson and Hauck, 2021; PICUM, 2022), which increases their vulnerability and distinguishes them from others. The objectives of this scoping review are to provide an overview of the interventions implemented by diverse actors to address the needs of migrants with precarious immigration status in Western countries during the COVID-19 pandemic and to categorize them by area of intervention.

Methods

This scoping review corresponds to type 1 described by Arksey and O'Malley, aimed at summarizing and disseminating research results (Arksey and O'Malley, 2005). Our goal was to identify interventions that had been implemented to meet the needs of migrants with precarious immigration status in the context of the pandemic in Western countries from March 2020, when the World Health Organization (WHO) declared the outbreak of the COVID-19 pandemic, to February 2022, when this article was written.
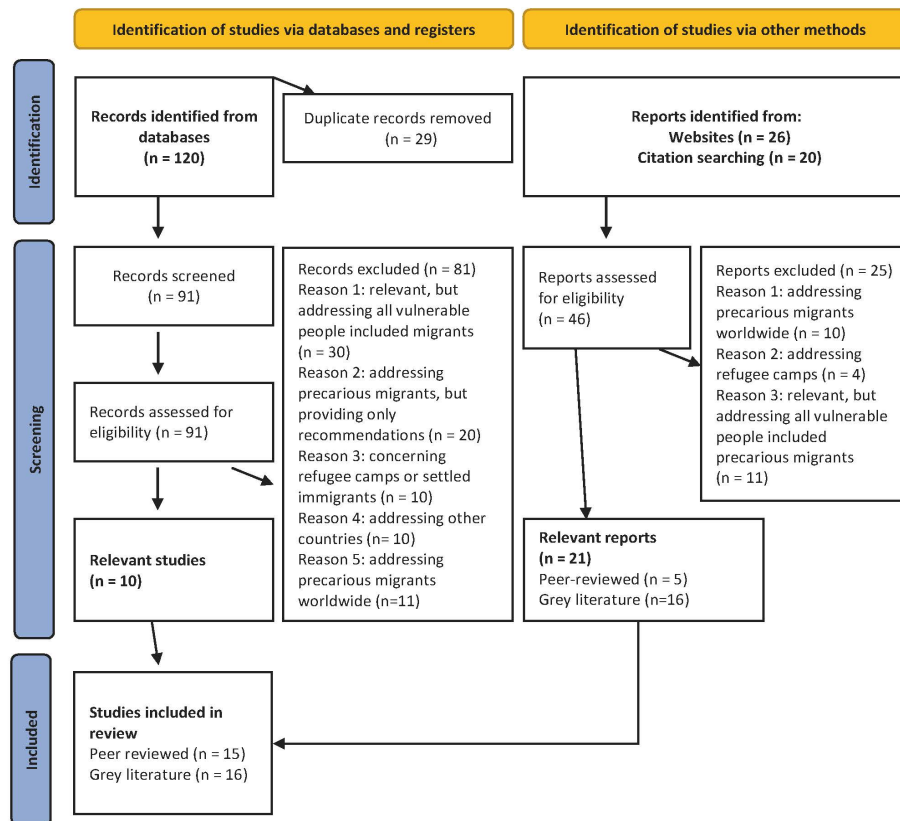
Identification of relevant studies

To achieve our research objective, we designed a search strategy to identify relevant studies. With the assistance of a public health librarian, we developed our search strategy and consulted the following four databases: MEDLINE, Embase, PubMed and Web of Science. The search terms used are shown in Table 1. We also included reviews, essays, editorials and letters to the editor. The selected peer-reviewed items were published between March 2020 and February 2022 and written in English or French. In addition, to provide a comprehensive overview of our research topic, we searched in Google Scholar and included grey literature, such as institutional reports and community organizations' activity reports. We also used the list of references of relevant papers to identify further sources. Finally, we searched the websites of key organizations that support migrants in Western countries (Figure 1).

Table 1. Search terms

Newcomer	**(refugee* or asylum seek* or displaced or migrant* or immigrant* or emigration or refugee claimant* or asylum claimant* undocumented)**
Healthcare system	("health care" or healthcare or "health care system" or "health services service provision" or "public services" or "social services" or "community-based" or "civil society" or "social care" or "care provision" or protection)
COVID-10	(SARS-CoV-2 or SARS-CoV2 or SARSCoV-2 or SARSCoV2 or SARS-CoV* or SARSCoV* or "severe acute respiratory syndrome 2" or "severe acute respiratory syndrome cov*" or Covid-19 or Covid19* or Covid or nCoV* or 2019nCoV* or 19nCoV* or HCoV-19 or coronavirus* or "corona virus*")
Adaptation	(adapt* or transform* or change* or innov*)
Interventions	(intervention* or initiative* or *program* or * action* or *project* or *activit* or *plan*)

Target population

Our population of interest included all migrants—adults and children—with precarious immigration status defined as refugees, asylum seekers, undocumented migrants, and seasonal agricultural workers who arrived in a host Western country starting in January 2016.

Figure 1. Complete document selection process

Identification of studies via databases and registers		**Identification of studies via other methods**

Identification

Records identified from databases (n = 120) → Duplicate records removed (n = 29)

Reports identified from: Websites (n = 26) Citation searching (n = 20)

Screening

Records screened (n = 91) → Records excluded (n = 81) Reason 1: relevant, but addressing all vulnerable people included migrants (n = 30) Reason 2: addressing precarious migrants, but providing only recommendations (n = 20) Reason 3: concerning refugee camps or settled immigrants (n = 10) Reason 4: addressing other countries (n= 10) Reason 5: addressing precarious migrants worldwide (n=11)

Records assessed for eligibility (n = 91)

Relevant studies (n = 10)

Reports assessed for eligibility (n = 46) → Reports excluded (n = 25) Reason 1: addressing precarious migrants worldwide (n = 10) Reason 2: addressing refugee camps (n = 4) Reason 3: relevant, but addressing all vulnerable people included precarious migrants (n = 11)

Relevant reports (n = 21) Peer-reviewed (n = 5) Grey literature (n=16)

Included

Studies included in review Peer reviewed (n = 15) Grey literature (n = 16)

Type of interventions

We included all interventions designed and implemented to meet the specific needs of underserviced and marginalized migrants and improve their well-being during the pandemic, targeting newcomer migrants of any age, including refugees, asylum seekers, seasonal agricultural workers and undocumented migrants. They could have been implemented at the local, territorial/provincial or national level and in any context (public health sector, community-based sector, etc.). The interventions had to be new cross-sectoral practices or actions involving the collaboration of at least two different types of organizations (public services, community-based services) or two fields of intervention (education, health, or social intervention, including housing, employment, and immigrant integration/settlement) in meeting the needs of underserviced and marginalized migrants during the COVID-19 pandemic.

Inclusion and exclusion criteria

Publications (peer-reviewed, reports and other web documents) were eligible for inclusion in the analysis if they provided a description of an intervention designed specifically for underserviced and marginalized migrants and implemented in Western countries. Publications on the subject of refugee camps, settled immigrants (with permanent residence status or who had arrived more than five years earlier) or vulnerable populations in general were not reviewed. Comments, essays, theoretical perspectives (providing recommendations only) and position statements were also excluded. We also excluded publications concerning underserviced and marginalized migrants around the world. We followed the same process for the other types of documents considered.

Study selection and data management and extraction

Articles identified in the databases were imported into EndNote. After excluding duplicates, we reviewed titles and abstracts that met the eligibility criteria in order to select the relevant articles. We followed the same process for other types of documents. For data extraction, we used an Excel sheet in which we compiled the following information: name of first author and year of publication, place of publication, type of publication (articles, reports, governmental documents), objectives of the interventions, period of implementation, target groups, main components (activities or services offered) and responsible sector (community-based or public; national or subnational.

Results

From our systematic database search, we retrieved 91 studies, which we imported into Endnote. Eighty-one of these were excluded for reasons explained in the Inclusion and exclusion criteria section and in Figure 1. Based on the previously defined inclusion criteria, only 10 studies were deemed relevant for our review. Another 21 items consisted of studies that were identified by other methods (citation searching, extraction from institutional websites). The 31 documents that met the criteria were included in this scoping review. The complete selection process is shown in Figure 1.

Characteristics of included studies

As shown in Table 2, documents included in the review came from nine Western countries. More than two-thirds of the interventions (23) were conducted in North America (US [12] and Canada [11]). The others were conducted in Europe, including the United Kingdom (2), Italy (1), France (1), Switzerland (1), Portugal (1), Spain (1) and the Republic of Malta (1). Almost half of the selected items were peer-reviewed articles (15). The other 16 were government documents (8), activity reports from community organizations (5), and web-based documents (3). The groups targeted by the interventions were (in descending order): seasonal agricultural workers (8), refugees (6), migrants in general (6), undocumented migrants (3), asylum seekers (3), others (including more than one group) (3), healthcare workers (1) and unaccompanied minors (1). It is important to note that of the six interventions that involved refugees, two of them targeted young people (and their families) and one focused on women. The majority (18/31) of the interventions were implemented in the spring of 2020 (between March and June). Four were implemented in the summer of 2020 (June-August), four in the autumn of 2020 (September-December), one between February and June 2021, and one in the summer of 2021 (July). Three did not specify the implementation period (see supplementary material for more details). More than half of the selected interventions involved the engagement of actors from community-based organizations (19/31), partnerships with members and organizations of the target communities, or public and/or private institutions. Government interventions (13/31) were implemented at the provincial (6) and national (7) levels.

Table 2A-2D. Selected interventions by publication category

Main areas of intervention and associated activities

We have grouped selected interventions into five categories corresponding to five complementary areas of intervention. Each area and its related interventions is presented in the following sections.

Immigration, health care and social service policies

Government interventions sought to introduce more flexible conditions for accessing permanent or regular immigration status for certain categories of migrants, and to expand access to certain health care and social assistance services. These policies consisted mainly in adopting laws or decrees in three different areas. First, they sought to temporarily resolve the status of undocumented migrants working in the agricultural and home care

sectors and to offer permanent residence permits to those working in the health sector (PICUM, 2020) during the pandemic (Immigration Refugees and Citizenship Canada [IRCC], 2020; *Ministère de l'Immigration de la francisation et de l'Intégration* [MIFI], 2020b). Second, some of them provided more job security for seasonal agricultural workers (Province of British Columbia, 2020). Third, one policy simplified the integration process for specific groups of migrants (asylum seekers and foreign workers) by deferring certain criteria (MIFI, 2020a). Government policies primarily targeted seasonal workers, refugees and asylum seekers. In addition, during the initial phase of the pandemic, several governments made changes to their policies and programs in order to expand access to a) COVID-19 testing, prevention and treatment services (British Columbia Ministry of Health, 2020; Ontario Ministry of Health, 2020; PICUM, 2020; Waldersee, 2020); b) medical insurance or financial assistance for medical care (Baggio et al., 2021; U.S. Department of Health and Human Services [US-HHS], 2020); and c) certain social assistance programs such as food and nutrition programs (PICUM, 2020; US-HHS, 2020).

Raising awareness about COVID-19: Information campaigns and training in health measures

We identified two types of COVID-19 awareness-raising interventions carried out at the local level. One targeted underserviced and marginalized migrants and another, front-line workers interacting with migrants. Their objectives were to provide newcomers with accurate information on COVID-19, inform them of the preventive measures recommended by public health authorities and make them aware of how to protect themselves. The interventions that concerned underserviced and marginalized migrants consisted of 1) an active community information and awareness campaign linguistically adapted (telephone calls by workers or volunteers from the target community, distribution of documents), dissemination of individual messages (text and voice, in several languages and using different communication channels such as WhatsApp, Facebook and Instagram) (Access Alliance, 2020; Behbahani et al., 2020; Bernstein, González, Gonzalez and Jagannath 2020; Migrant Women Association Malta [MWAM], 2020); 2) the provision of multilingual information on available COVID-19-related resources and how to access them (Centre social d'aide aux immigrants [CSAI], 2020; Page and Flores-Miller, 2021; Wieland et al., 2022); 3) the referral of migrants to relevant resources based on their needs (Coronavirus Aid, opticians and dentists, for example) (Endale et al., 2020; Farrant, Eisen, van Tulleken, Ward and Longley, 2022; Page and Flores-Miller, 2021); 4) the distribution of sanitary kits (face mask, hand sanitizer, etc.) and guidance on the use of masks (Dudley, 2020); and 5) information sessions on vaccines to combat misinformation, dispel myths and reduce vaccine hesitancy (Jewish Immigrant Aid Service [JIAS] Toronto, 2021).

Interventions that involved health professionals, external actors and volunteers were in the form of webinars on COVID-19, dissemination of the latest research findings on COVID-19 by experts (Liebman Roy, Seda, Zuroweste and Roy, 2020; Tutor Marcom et al., 2020), and training on the use of personal protective equipment (Da Mosto et al., 2021).

Food insecurity and primary and secondary basic needs

Interventions in another category were aimed at identifying and meeting the basic needs of underserviced and marginalized migrants. In the context of this review, the term "primary basic needs" refers to the need for food, medical care, shelter and safety. These interventions were implemented at the local level, with the main activities consisting in offering food aid to underserviced and marginalized migrants (cooked meals, hot meals and food baskets) (Access Alliance, 2020; Bernstein and al., 2020; Birjandian and O'Leary, 2020; CSAI, 2020; Corwin, Sinnwell and Culp, 2021; MWAM, 2020; Welcome Collective, 2020). They also consisted in a) referring families to food resources in their neighbourhood (Welcome Collective, 2020); b) offering emergency financial assistance to families (Bernstein et al., 2020; Endale, St. Jean and Birman, 2020); c) giving personal hygiene products to underserviced and marginalized migrants (mainly agricultural workers) (Corwin et al., 2021); and d) providing housing support (Bernstein et al., 2020; CSAI, 2020; MWAM, 2020). One intervention also included help for female asylum seekers who were victims of domestic violence (MWAM, 2020).

Interventions related to the secondary basic needs of underserviced and marginalized migrants included a) mediation with institutions such as schools; b) assistance in filling out forms and applying for government financial aid programs

(Access Alliance, 2020; Bernstein et al., 2020) and legal services (MWAM, 2020); c) distributing cellphones to vulnerable families (Access Alliance, 2020) and computers to children (Welcome Collective, 2020); d) building trust in the state system and institutions and encouraging a sense of belonging to the host society (Birjandian et O'Leary, 2020).

Mental health, psychological well-being and social isolation

Curiously, few interventions implemented at the local level sought to reduce the negative effects of the pandemic on the mental health of underserviced and marginalized migrants or to break their social isolation. In fact, only one intervention focused exclusively on mental health and psychological well-being (Rosenberg, McDonough Ryan, O'Brien, Ganjavi and Sharifi, 2021). This initiative was implemented in the US and involved young Afghan refugees and their families. The initiative consisted of social-emotional awareness sessions in the form of play, art and yoga activities. Three other interventions included components related to mental health and social isolation (Endale et al., 2020; Gautier et al., 2022; MWAM, 2020). These consisted of emotional support for women who were victims of domestic violence (MWAM, 2020); telephone consultations with mental health professionals (Gautier et al., 2022); regular follow-up (SMS, telephone, videoconferences, etc.) to maintain social relationships in order to mitigate the effects of social isolation (Endale et al., 2020; Gautier et al., 2022) as well as virtual book reading sessions, and reading stories for young refugees on themes related to mental health (Endale et al., 2020).

Control of COVID-19 infections in settings with a high concentration of migrants

We identified five interventions that were aimed at controlling COVID-19 infections in settings with a high concentration of migrants, such as immigration detention centers, temporary asylum accommodations and farms. Two were implemented at the national level and three, at the local level. The first, which targeted undocumented newcomers and asylum seekers, consisted in releasing undocumented migrants from detention centers to prevent disease outbreaks (PICUM, 2020) and providing temporary accommodation for asylum seekers to allow them to respect physical distancing, thereby decreasing the rate of infection (Davies, 2020). The second set of interventions to prevent and control COVID-19 outbreaks targeted primarily agricultural workers and refugees settled in reception centres. Their principal objective was to curb the transmission and spread of the virus in environments with a high concentration of newcomers, such as the workplace (farms) or living environment (i.e., reception centres and workers' dormitories). These interventions included frequent and regular COVID testing on farms such as a mobile clinic travelling from farm to farm to test workers on site), quarantining workers who tested positive, relocating workers to allow compliance with sanitary measures (Corwin et al., 2021; Johnson et al., 2022), promoting testing and contact tracing on farms (Tutor Marcom et al., 2020), and using a cohort approach, which included keeping workers in the same groups for the duration of their stay on the farm (Johnson et al., 2022). It should be noted that these local interventions were usually implemented after the discovery of a first case of contamination on the farm and generally targeted seasonal workers.

Discussion

This scoping review provides an overview of interventions implemented to address underserviced and marginalized migrants' needs in Western countries during the pandemic and categorizes them by area of intervention. Information extracted from 15 peer-reviewed articles and 16 grey-literature studies revealed five priority areas of intervention: immigration, health care and social service policies; raising awareness about COVID-19; food insecurity and primary/secondary basic needs; mental health and psychological well-being; and control of COVID-19 infections in settings with high concentrations of migrants. Most of the selected interventions fell into the COVID-19 awareness-raising category. These findings suggest that in at least nine Western countries, some effort was made to make information on public health recommendations accessible to underserviced and marginalized migrants and to ensure their safety. The next largest category consisted of interventions related to food insecurity. Our scoping review findings provide evidence of migrants' socio-economic vulnerability, which has been exacerbated by the pandemic. We identified only one intervention in the area of mental health during the COVID-19 pandemic, even though the psychological distress of migrants was greatly exacerbated by the health crisis (Brickhill-Atkinson and Hauck, 2021;

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Endale et al., 2020; Rosenberg et al., 2021). Our findings are consistent with those of other studies that have pointed to a lack of consideration for the mental health and psychological well-being of underserviced and marginalized migrants during the pandemic (Da Mosto et al., 2021). Other studies have shown, however, that this area of intervention was also neglected during previous health crises, such as SARS, H1N1, and MERS (Wang, Tian and Qin, 2020).

Our results also show that certain groups of underserviced and marginalized migrants have been excluded from responses to the pandemic. Among all underserviced and marginalized migrants qualified as "essential workers," agricultural workers were the target of 25% of the interventions we selected, while none focused on underserviced and marginalized migrants who work in other sectors, such as the meat processing industry. Possible explanations for this phenomenon could be either the poor living conditions of agricultural workers on farms (which has been well documented in the literature) (Landry et al., 2021; Unheeded Warnings, 2020) or the invaluable support they provide for the agriculture industry in Western countries (Landry et al., 2021; Unheeded Warnings, 2020). We also noted that prevention and control responses were not gender-sensitive with respect to either women or members of the LGBTQ2S+ community. For example, none of the selected interventions targeted underserviced and marginalized migrants who identified as LGBTQ2S+ and only one focused on women, even though research has shown that among newcomers, women represent a significant proportion of frontline workers and are twice as likely to be infected with COVID-19 as their male colleagues (UN Women, 2020). Although there is no data on the impact of COVID-19 on the health of LGBTQ2S+ migrants, a study of homeless LGBTQ2S+ youth in Toronto showed that the pandemic had a negative impact on their mental health, provoking or exacerbating such problems as depression, suicidal thoughts and alcohol abuse (Abramovich et al., 2021). It is important to note, however, that a few interventions have focused on external actors who work with migrants and their agricultural employers, showing that training is important to help social workers better support underserviced and marginalized migrants. Since employers are responsible for ensuring the safety of their agricultural workers, they should receive training in health measures (Caxaj, Cohen, Colindres et al., 2020).

Our research revealed that most interventions were developed and implemented at the local level by non-profit organizations. These results are not surprising. It is usually volunteer, charitable and non-governmental organizations that meet the needs of this population, as underserviced and marginalized migrants are more likely to access these types of organizations (Bhopal, 2020; Wieland et al., 2022). In addition, all the selected interventions were the result of cross-sectoral collaboration between organizations (public and private community-based) and citizen volunteers who provided support for migrants or were interested in their cause. This kind of collaboration not only brought together valuable expertise, resources and services for underserviced and marginalized migrants but also provided them with relatively comprehensive support during the pandemic. With more and more displacement being caused by wars, coups and growing hunger in low-income countries, the number of migrants is likely to grow even more in the future. Our scoping review could guide policymakers in their decisions about underserviced and marginalized migrants, assist community workers in their practices and provide researchers with new avenues of research.

Strengths and limitations

This review provides important information on the types of interventions deployed as well as areas in which to intervene to meet the needs of underserviced and marginalized migrants. The main strength of this review is that the interventions identified were designed and implemented specifically for underserviced and marginalized migrants, including all categories within that population (refugees, asylum seekers, undocumented migrants and seasonal agricultural workers). The main limitation of this review is in the relatively small number of studies included, which may indicate a certain lack of representativeness. We are aware that very few interventions implemented are disseminated and that even fewer are published in scientific journals. This may explain why we found more than half (16/31) of our selected publications in the grey literature. Also, our decision to select only those interventions that specifically targeted underserviced and marginalized migrants resulted in the exclusion of others that focused on other vulnerable populations, such as racialized communities, which may or may not have included underserviced and marginalized migrants. Furthermore, this review includes neither interventions that were implemented during the later waves of the pandemic nor interventions related to vaccines.

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Conclusion

Our results show that many different interventions were deployed at both the local and national levels to meet the needs of underserviced and marginalized migrants and improve their lives during the pandemic. However, aside from the Canadian government's policy to open pathways to permanent residence for a sub-group of migrants (asylum seekers working in health care during the COVID-19 pandemic), all the selected interventions consisted of short-term actions with apparently immediate effects. Since an urgent response was needed to meet the growing needs of underserviced and marginalized migrants in the early stages of the pandemic, most of the interventions were implemented during the first wave of COVID-19. When the pandemic showed no signs of easing, however, there was a push for long-term approaches to protect underserviced and marginalized migrants from the ongoing effects of the health crisis, as well as from its future impacts. The effectiveness of these interventions remains to be proven. It will also be necessary to determine the extent to which they can be scaled up and/or transferred to other contexts or used to improve responses to the needs of underserviced and marginalized migrants during future pandemics or other crises. Our scoping review resulted in two important conclusions: the role of community organizations in improving the living conditions of underserviced and marginalized migrants and the relevance of cross-sector collaboration as a strategy to respond effectively to their needs. Studies exploring the views and experiences of underserviced and marginalized migrants will help to determine whether and to what extent these interventions have achieved their objectives. We hope that future studies will examine the epidemiological context and COVID-19 policies in different countries in order to understand the logic behind these identified initiatives.

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Table 2A

First author, year of publication	Country	Intervention objectives	Period	Target groups	Areas of intervention	Responsible sector
Peer reviewed						
Farrant, 2022	UK	To respond to the complex needs of asylum seekers in contingency accommodation	Autumn 2020	Asylum seekers and their family	• Raising awareness about COVID-19: Information and training campaign on health measures • Food insecurity and primary/secondary basic needs	Community sector
Behbahani, 2020	US	• To facilitate the dissemination of COVID-19 information • To increase access to needed medical care	N/A	Latino community (undocumented or irregular)	• Raising awareness about COVID-19: Information and training campaign on health measures	Community sector
Tutor Marcom, 2020	US	To respond to the needs of migrant and seasonal farmworkers in North Carolina	Spring 2020	Migrant and seasonal farmworkers	• Raising awareness about COVID-19: Information and training campaign on health measures • Control of COVID-19 infections in settings with high concentrations of migrants	Community sector
Baggio, 2021	Switzerland	To facilitate underserved populations' access to the testing program	Spring 2020	Undocumented migrants and homeless persons	• Control of COVID-19 infections in settings with high concentrations of migrants	Provincial or state government
Liebman, 2020	US	To translate science into practical prevention strategies for actors providing health services to farmworkers and farmers	Spring 2020	Seasonal farmworkers	• Raising awareness about COVID-19: Information and training campaign on health measures	Community sector
Bernstein, 2020	US	To support immigrant families during the pandemic	Spring 2020	Immigrants with low incomes	• Raising awareness about COVID-19: Information and training campaign on health measures • Food insecurity and primary/secondary basic needs • Control of COVID-19 infections in settings with high concentrations of migrants	Community sector
Gautier, 2022	France	To meet the most urgent social needs of unaccompanied minors	Spring 2020	Unaccompanied minors (UMs)	• Raising awareness about COVID-19: Information and training campaign on health measures • Mental health, psychological well-being and social isolation	Community sector
Johnson, 2020	US	To reduce the number of infections among migrant farmworkers in communal living settings on a family-owned farm operation in Iowa	Summer 2020	Seasonal farmworkers	• Raising awareness about COVID-19: Information and training campaign on health measures • Control of COVID-19 infections in settings with high concentrations of migrants	Community sector
Corwin, 2021	US	To stop an early COVID-19 outbreak on a farm	Spring 2020	Migrant farmworkers in Iowa	• Raising awareness about COVID-19: Information and training campaign on health measures • Food insecurity and primary/secondary basic needs • Control of COVID-19 infections in settings with high concentrations of migrants	Community sector

First author, year of publication	Country	Intervention objectives	Period	Target groups	Areas of intervention	Responsible sector
Wieland, 2022	US	To design communication strategies for the effective communication of COVID-19 prevention messages to immigrants and refugees	Spring 2020	Immigrant and refugees	• Raising awareness about COVID-19: Information and training campaign on health measures	Community sector
Da Mosto, 2021	Italy	To contrast the spread of SARS-CoV-2	Spring 2020	Refugees and asylum seekers	• Immigration, health care and social service policies	Central or national government
Rosenberg, 2021	US	To provide families with tools to help them to stay healthy and feel safe during the COVID-19 pandemic and beyond	Summer 2020	Refugee youth	• Mental health, psychological well-being and social isolation	Community sector
Endale, 2020	US	To provide services for traumatized refugees during the pandemic	Spring 2020	Refugee youth and families	• Raising awareness about COVID-19: Information and training campaign on health measures • Food insecurity and primary/secondary basic needs • Mental health, psychological well-being and social isolation	Community sector
Page, 2021	US	To overcome language barriers	Spring 2020	Undocumented Latinx community	• Raising awareness about COVID-19: Information and training campaign on health measures • Control of COVID-19 infections in settings with high concentrations of migrants	Community sector
Dudley, 2020	US	To find creative ways to continue to support undocumented farmworkers	Spring 2020	Undocumented farmworkers	• Raising awareness about COVID-19: Information and training campaign on health measures • Control of COVID-19 infections in settings with high concentrations of migrants	Community sector

Abbreviations: N/A = not available; US = United States; UK = United Kingdom

Table 2B

First author, year of publication	Country	Intervention objectives	Period	Target groups	Areas of intervention	Responsible sector
Government documents						
Ontario Ministry of Health, 2020	Canada	To ensure patients have access to health care during COVID-19	Spring 2020	Migrants	• Immigration, health care and social service policies	Provincial or state government
Province of British Columbia, 2020	Canada	To better support workers	Spring 2020	Temporary foreign agricultural, food, and seafood workers	• Immigration, health care and social service policies	Provincial or state government
British Columbia Ministry of Health, 2020	Canada	Ensure migrants have access to public services during the COVID-19 outbreak	Spring 2020	Temporary foreign workers	• Immigration, health care and social service policies	Provincial or state government
Ministère de l'Immigration, de la francisation et de integration (MIFI), 2020a	Canada	To facilitate access to francization services	Autumn 2020	Asylum seekers and temporary foreign workers already in Québec	• Immigration, health care and social service policies	Provincial or state government
Immigration, Refugees and Citizenship Canada (IRCC), 2020	Canada	To recognize the significant contribution of refugee claimants working in the health sector and the risks related to their health	Autumn 2020	Refugee claimants working in Canada's health sector during the COVID-19 pandemic	• Immigration, health care and social service policies	Central or national government
Ministère de l'Immigration, de la francisation et de l'Intégration (MIFI), 2020b	Canada	To allow asylum seekers working in health care workers to obtain their permanent residence card	Autumn 2020	Asylum seekers working in health care during a pandemic	• Immigration, health care, and health care social and social service policies	Provincial or state government
U.S. Department of Health and Human Services US-HHS), 2020	US	To provide temporary access to healthcare	Spring 2020	Uninsured patients	• Immigration, health care and social service policies	Central or national government
Davies, 2020	UK	To accommodate and support asylum seekers and allow them to follow social distancing guidelines	Summer 2020	Asylum seekers	• Immigration, health care and social service policies	Central or national government

Abbreviations: US = United States; UK = United Kingdom

Table 2C

First author, year of publication	Country	Intervention objectives	Period	Target groups	Areas of intervention	Responsible sector
Reports						
Birjandian, 2020	Canada	To meet the specific needs of migrants and refugees, and foster a sense of belonging to the community	N/A	Precarious migrants	• Raising awareness about COVID-19: Information and training campaign on health measures • Food insecurity and primary/secondary basic needs • Control of COVID-19 infections in settings with high concentrations of migrants	Community sector
Welcome Collective, 2020	Canada	To provide emergency services to refugee claimants	Spring 2020	Refugee claimants	• Raising awareness about COVID-19: Information and training campaign on health measures • Food insecurity and primary/secondary basic needs	Community sector
Jewish Immigrant Aid Service (JIAS) Toronto, 2021	Canada	To address vaccine hesitancy and misinformation and to minimize the barriers that precarious migrants experience in accessing vaccines	Summer 2021	Yazidi refugees	• Raising awareness about COVID-19: Information and training campaign on health measures	Community sector
Centre social d'aide aux immigrants (CSAI), 2020	Canada	To support refugees arriving in Canada	Winter-spring 2021	Refugees	• Raising awareness about COVID-19: Information and training campaign on health measures • Food insecurity and primary/secondary basic needs • Control of COVID-19 infections in settings with high concentrations of migrants	Community sector
Access Alliance, 2020	Canada	To respond to the needs of new migrants	N/A	New migrants	• Raising awareness about COVID-19: Information and training campaign on health measures • Food insecurity and primary/secondary basic needs	Community sector

Abbreviation: N/A = not available.

Table 2D

First author, year of publication	Country	Intervention objectives	Period	Target groups	Areas of intervention	Responsible sector
Web documents						
Waldersee, 2020	Portugal	To ensure migrants have access to public services during the COVID-19 outbreak	Spring 2020	Migrants	• Immigration, health care and social service policies	Central or national government
Platform for International Cooperation on Undocumented Migrants (PICUM), 2020	Spain	To avoid uncontrolled COVID-19 outbreaks in immigration detention centers	Spring 2020	Undocumented migrants	• Immigration, health care and social service policies	Central or national government
Migrant Women Association Malta (MWAM), 2020	Malta	To support women at high risk of sexual and gender-based violence and exploitation during the lockdown(s)	Summer 2020	Migrants and asylum seekers, particularly migrant women	• Raising awareness about COVID-19: Information and training campaign on health measures • Food insecurity and primary/secondary basic needs • Mental health, psychological well-being, and social isolation	Community sector