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# Health Security of Refugees and Asylum Seekers during COVID-19: The Role of Cities


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**Abstract:** In the context of the major threat posed by the COVID-19 pandemic on the health security of all individuals, the vulnerable situation of refugees and asylum seekers was aggravated. In Europe, while the management of irregular migrants during the pandemic was discussed and decided upon by national governments, the consequences were felt at the local level. Given the local turn within the multi-level governance framework in the field of migration, this paper asks the following research question: *how have European cities ensured the health security of refugees and asylum seekers during COVID-19?* It hypothesises that the urban regime system within the MLG framework explains the way in which local governments develop responses aimed at protecting the health security of irregular migrants during the pandemic. By employing the Narrative Policy Framework, the paper compares policies developed by local governments in Bristol, Frankfurt and Timișoara regarding health security and irregular migration during the period March 2020 to March 2022. It finds that both the vertical (local government - national government) and horizontal (local government - civil society) relationships within the multi-level governance framework influence local policies. In addition, the paper shows that coordination between the national and local governments leads to increased health security for irregular migrants during the pandemic, and identifies a "North-Western European" model based on the similarities recognized in the case of Bristol and Frankfurt. Thus, this paper underlines the salience of urban governance within the MLG framework for the insurance of health security of irregular migrants during a global health crisis.

***Keywords:*** *health security, human security, multi-level governance framework, cities, refugees and asylum seekers, COVID-19*

## 1. Introduction

The recent global COVID-19 pandemic represented a major threat to the health security of individuals, causing over a million deaths and tens of millions of infections across Europe (European Centre for Disease Prevention and Control, 2020). In spite of their already vulnerable situation, refugees and asylum seekers became victims of human rights violations in various European states, as they were blamed for the spread of the virus and the endangerment of the well-being of national citizens (Trilling, 2020). Nevertheless, while decisions regarding the management and protection of refugees and asylum seekers during COVID-19 were taken by national governments, their implementation and consequences were felt at the local level (Geuijen et al., 2020, p. 246). This paper focuses on local governments across Europe and explores their role in ensuring the health security of irregular migrants during the pandemic.[1] Thus, the research question examined in this paper is the following: *how have European cities ensured the health security of refugees and asylum seekers during COVID-19?*

Health security has been identified as one of the main components of human security by the UN (UNDP, 1994, p. 27). In contrast to the traditional state-centric view of security as security of a state's territory, the human security approach places the security of individuals at the centre of security policies, linking it to the protection of human rights, human development, and global peace (Gasper, 2013, p. 67, Haq, 1995, p. 115, Gasper, 2005, p. 222). Within the human security approach, health security has been defined by the WHO as "a state of complete physical, mental and social well-being", whereby "the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human" (WHO, 1948, p. 1). While not enjoying a commonly agreed definition in academia (McInnes, 2015, p. 7), the scarce scholarly employment of the concept of health security in relation to irregular migration has underlined the state of health *insecurity* of refugees and asylum seekers (see for eg. Papadimos *et. al.*, 2021, Alexander, 2010, Johnston, 2009).

Furthermore, given the current globalised world, health threats, such as the COVID-19 pandemic, need to be addressed through multi-level cooperation between various actors from different fields (Harman, 2012, pp. 1–26, 139–145). In that sense, academics have pointed to the "local turn" within the multilevel governance framework (MLG), where cities are becoming increasingly powerful actors

[1] This paper uses the term "irregular migrants" in order to refer to refugees and asylum seekers specifically. Thus, for the purposes of this paper, irregular migrants do not include other categories of people, such as victims of human trafficking or persons who have overstayed their visa within a country.

in designing public policies in different fields (Zapata-Barrero et al., 2017, p. 241). As regards irregular migration, local governments are using their vertical relationships (with regional, national and international governments) and their horizontal relationships (with the civil society sector and within national and transnational networks) to respond to social challenges posed by immigration (Polat & Lowndes, 2021, p. 52). Cooperation and coordination on both axes of the relationship has led to innovative practices developed at the local level in managing and protecting refugees and asylum seekers (Oliver et. al., 2020, p. 7).

Thus, this paper posits that the urban governance systems within the MLG framework explain the way in which cities ensure the health security of refugees and asylum seekers during the COVID-19 pandemic. Given their different national contexts but strong link and active experience with irregular migrants, this research conducts a comparative case-study between the cities of Bristol (England), Frankfurt (Germany) and Timișoara (Romania). By using content and discourse analysis within the Narrative Policy Framework, it contrasts local policies regarding the health security of irregular migrants developed during the period March 2020 to March 2022, as a result of the coordination and cooperation on the vertical and horizontal axes within the MLG framework.

Therefore, this paper presents three main interrelated innovations. First, the concept of health security has been predominantly studied at the state level (see for eg. Papadimos et. al., 2021, Alexander, 2010, Johnston, 2009). Thus, this study contributes to the existing literature by moving the focus to the local tiers of government and analysing its employment by local policy-makers. Second, the protection of irregular migrants during COVID-19 by local governments has been studied only outside of Europe (Paquet et al., 2022, Thouez, 2021). Thus, this paper fills in the gap in the literature by extending the geographical area to Europe and analysing policies of European local governments. Third, its comparative methodology enables the identification of common and contrasting tendencies in European local governments' use of a health security approach to irregular migrants during COVID-19, laying the path for future and more extensive comparisons. Thus, the current paper contributes to a better understanding of cities' innovative power within the MLG framework, as well as the growing importance of health security in European municipal policy-making and policy-framing processes during a global health crisis.

The paper proceeds as follows. The next section presents the theoretical framework of the study, defining the concept of health security within the human security paradigm and discussing the link between health security, irregular migration, urban governance and the COVID-19 pandemic. The

third section discusses the comparative research design. The subsequent two sections present and discuss the results. The findings confirm the general expectation that the urban governance systems within the MLG framework explain the local approach to health security of refugees and asylum seekers during the pandemic. Moreover, they show that coordination on the vertical axis leads to increased health security. The paper also identifies a "North-Western European" model based on the strong commonalities recognized in the cases of Bristol and Frankfurt. The last section of this study presents some concluding remarks, as well as its limitations and new avenues for future research.

## 2. Theoretical Framework: Key Concepts and Debates, Academic Relevance and Hypothesis

This section comprises several parts. Firstly, it discusses the emergence of the concept of health security, its definition, relevance, and its employment in the area of irregular migration. Secondly, it presents the "local turn" within the MLG framework in the field of irregular migration, underlining the salience of cities in designing immigration policies. The subsequent part links the COVID-19 pandemic and irregular migration, discussing the relevant academic research conducted on this topic. Finally, the academic relevance of the present paper and the hypothesis proposed by this study are presented in the last two parts of this section.

### a. Health Security: An Emerging Topic in the International Context

The 1948 UN Universal Declaration of Human Rights defined human rights as *universal* and *natural*, meaning that (a) human rights are granted by the simple virtue of being a person and that (b) they are held equally by all persons "without distinction of any kind" (Donnelly, 1982, p. 401). One of the universal human rights guaranteed by the Declaration is "the right to the highest attainable standard of health" (Gasper, 2005, p. 231). In spite of becoming a source of academic debate due to its lack of clarity (Kinney, 2001, p. 1457), the UN advanced the right as broad and inclusive, ensuring both freedoms (freedom to control one's health and body) and entitlements (right to equal health protection) (ibid, p. 1468). Additionally, the right to health provides that health care systems within states ensure availability, affordability, acceptability and quality of medical services and facilities, and it acknowledges that social factors, apart from pathological ones, influence the health of a person (Tobin, 2011, p. 11).

In one of her most significant works, Hannah Arendt introduces the notion of a universal "right to have rights" (Arendt, 1968). Referring to the stateless migrants, she underlines the legal *limbo* in

which these find themselves, unable to access their human rights. Thus, she uncovers the paradox behind human rights: although they represent *human* rights, they can only be enjoyed by the members of political communities. For this reason, she advocates for the right to membership and participation in a broader polity as a prerequisite to accessing human rights and receiving protection (Oman, 2010, pp. 296-297). With the aim of alleviating the same types of human suffering as Arendt, academics and policymakers developed the concept of human security during the 1990s (ibid, p. 279, Gasper, 2013, p. 67). Acknowledging that humans are no longer threatened only by "old wars", where the perpetrators are states, but also by new wars, such as diseases, environmental degradation, economic downturn etc. (Kaldor, 2007, p. 10), security was understood as security of people, in contrast to its traditional state-centric interpretation as the security of a state's territory (Haq, 1995, p. 115). This new paradigm presumes that security of the individuals leads to global security (Hampson, 2008, p. 282).

There are two main definitions of human security: the narrow and the broad view (Fukuda-Parr & Messineo, 2012, p. 5). The broad interpretation was first officially articulated by the UN in its 1994 Human Development Report, which defined human security as "freedom from fear" (freedom from armed conflict) and "freedom from want" (freedom from socio-economic threats) (UNDP, 1994, p. 3). The narrow view understands it only as freedom from fear (Macfarlane & Khong, 2006, p. 245). Thus, the broad definition of human security is strongly linked with the protection of human rights and human development, based on equity and social justice (Penny, 2018, p. 739, Gasper, 2005, p. 222). Moreover, the state is seen as central in ensuring human security, alongside NGOs, civil society and regional organisations (Commission on Human Security, 2003, p. 6).

The concept has been applied in the field of irregular migration. In that regard, scholars have claimed the superiority of a human security approach in the management of irregular migration due to its increased effectiveness and comprehensiveness compared to the traditional state-centric approach (Vietti & Scribner, 2013, p. 18). They have also argued that the human security approach and the refugee protection framework share many commonalities, the former becoming thus a catalyst for the realisation and the universality of the human rights of irregular migrants (Estrada-Tanck, 2013, p. 167, Edwards, 2009, p. 806). Furthermore, academics have underlined the dichotomy between national security and human security in the field of irregular migration, whereby states possess a legitimate interest to protect their territorial security while also being bound by domestic and international norms of protecting the rights of irregular migrants (Crépeau et al., 2007, p. 312). Notably, Jacobsen (2002) argued that the protection of refugees does not only increase their own human security but that of the

host communities as well (pp. 115-116). In addition, another line of research has applied the concept to the flows of irregular migrants, discussing the threats these face on their journeys to their destination (O'Sullivan, 2010), while also claiming that a human security approach enables the identification of the root causes behind irregular migration movements (Yousaf, 2017, p. 210).

Within the human security paradigm, the 1994 HDR identified health security as one of its main components, relating it to the access to healthcare and to protective healthcare regimes (UNDP, 1994, pp. 27-28). Nevertheless, the WHO (1948) had already linked the notions of health, security and peace in its 1948 Constitution, underlining that:

> "Health is a state of *complete physical, mental and social well-being* and not merely the absence of disease or infirmity.
>
> The enjoyment of the highest attainable standard of health is one of the fundamental rights of *every human being without distinction* of race, religion, political belief, economic or social condition.
>
> The health of all peoples is fundamental to the attainment of *peace and security* and is dependent on the fullest cooperation of individuals and States." (p. 1) (emphasis added)

In academia, the fairly new concept of health security does not enjoy a commonly agreed definition (McInnes, 2015, p. 7). On the contrary, apart from being linked to human security, it has alternatively been used as inherent to other concepts, namely: national security (where the health threats are seen as endangering internal state security, state interests trumping individual interests) (Rushton, 2011), global public health security (concerned with the promotion of public health on the international scale) (Chen & Narasimhan, 2003), and biosecurity (concerning biological weapons/bioterrorism) (Aginam, 2005).

This paper aligns with the view of other scholars and uses the human security framework in order to understand, analyse and employ the concept of health security. In that sense, it adopts a human right reading to health, defining health security as the insurance of the right to health. It emphasises the principles of "availability, accessibility, affordability and quality" of health services (Caballero-Anthony & Amul, 2015, p. 37). It also acknowledges that health threats in the current globalised world need to be addressed through the multi-level cooperation and coordination of different actors from different fields (Harman, 2012, pp. 1–26, 139–145). Additionally, in the extraordinary context of the COVID-19 pandemic, hygiene rules and social distancing measures were regarded as essential to the

protection of the well-being of individuals. Thus, this paper understands health security as extending beyond the provision of healthcare and encompassing also the insurance of adequate sanitary conditions and the provision of COVID-19-related information by public authorities.

The distinctive use of the concept as a component of various security paradigms mentioned above reflects different interests and agendas employed by different actors. In that sense, Nunes underlines the importance of considering health security as a political category, since the notion is based on political premises and mechanisms, entailing thus political consequences (Nunes, 2015, p. 68).

Therefore, acknowledging the political aspect of health security has highly significant socio-political implications and makes the concept crucially important for analysis. On the one hand, health is an important part of day-to-day policy-making, gaining increased salience when coupled with the idea of security, since the latter is intimately connected to the politics of fear. Applying a security rationale to the field of health opens the way to the legitimization of exceptional measures and can thus have the ability to lead to power reconfigurations among various actors and to restrict other human rights (Nunes, 2015, pp. 64-65, Amon, 2015, p. 300). On the other hand, health security has been positively linked to the sustainment of peace through, for example, the provision of healthcare as a way of transcending social differences, or by diminishing the destructiveness of war (MacQueen & Santa-Barbara, 2000, pp. 294-296). Finally, analysing health security and its employment in politics uncovers the effects of health governance on a political community, between groups, and between countries and regions, allowing for the identification of transformative practices (Nunes, 2015, p. 68).

The employment of the concept of health security in the field of irregular migration is highly scarce. Papadimos et. al. (2021) have employed the concept in order to analyse the situation of refugees and asylum seekers in Greece, showing the lack of health security enjoyed by this population (p. 115). Similarly, Jayaweera (2017) used the concept in order to analyse the access to healthcare for vulnerable migrant women as provided by English national and local health policies and practices. In addition, Simich et. al. (2007) examined the health security of irregular immigrants in Toronto, pointing to their unmet medical needs (p. 369). In spite of these examples, the bulk of academic literature on irregular immigration has not explicitly employed the concept of health security as part of a human security approach. Instead, it has rather focused on the right to health of refugees and asylum seekers, with a specific focus on access to healthcare. Thus, a large body of research presents national case-studies where the access to medical care of irregular migrants is examined, and which predominantly shows that refugees and asylum seekers face socio-cultural barriers in that regard (see for eg. Alexander, 2010,

Johnston, 2009). Although one can argue that a rights-approach to health and a human security approach to health are highly similar, the fact that the concept of health security has not been *explicitly* employed in the literature on irregular migration shows its underdevelopment both as a conceptual category as well as an analytical approach within this field.

### b. Multi-level Governance and Irregular Migration: The Role of Cities

As can be inferred from the above-mentioned, health security and the protection of the right to health in the field of irregular migration has been predominantly analysed at the state-level, focusing on actions taken by national governments. However, with the ongoing process of globalisation, academics have pointed to the "local turn" within the multi-level governance framework (MLG), where the role of cities in designing policies has increased substantially (see for eg. Zapata-Barrero et al., 2017, Thouez, 2021).

A large strand of research has examined the "local turn" within the MLG framework in the field of immigration. In that regard, academics have shown that cities play an important role in developing immigrant integration policies through their vertical (local governments - regional/national/supranational governments) and horizontal (local governments - civil society actors/transnational networks of local actors) relationships (Zapata-Barrero et al., 2017, p. 243), as well as in informing national policy through local knowledge and motivating national responses through local action (Thouez, 2021, p. 3). Furthermore, scholars have argued that various actors with conflicting interests interact in the field of immigration policy, both on the vertical (Jørgensen, 2012, p. 245) and horizontal (Campomori & Ambrosini, 2020, p. 16) axis. In regard to the vertical relationship, the process of decoupling - meaning the disjunction between local and national policy processes (Oliver et al., 2020, p. 2) - can lead to immigrant policy contradictions and conflicts, and consequently to local entrepreneurship (Garcés-Mascareñas & Gebhardt, 2020, p. 2). Concerning horizontal relationships, cooperation is seen as highly important in the implementation of local policies and has led to policy innovation in the area of refugee reception (Oliver et al., 2020, p. 12). Notably, Thouez (2021) has shown that city networks across the US played a significant role in the development of local practices aimed at protecting refugees and asylum seekers during COVID-19 (pp. 5-7). Moreover, it has been shown that the level of power centralisation in the field of immigration has an impact on the patterns of similarity and differences between local approaches within the same country (Campomori & Caponio, 2014). Emilsson and Öberg (2021) argue that power decentralisation leads to fragmented local responses (p.619) and Mescoli (2021) claims that it enables the development of

practices of migrant inclusion through horizontal partnerships (p. 296). Other scholars have also examined the management and promotion of diversity within immigrant integration policies by local governments through the lens of interculturalism (for eg., Zapata-Barrero, 2015).

### c. COVID-19 and Irregular Migration

As already mentioned in the introduction of this paper, COVID-19 created additional struggles for refugees and asylum seekers, which were already finding themselves in a vulnerable situation prior to the pandemic. Given this, academic research has developed in the area of irregular migration and the COVID-19 pandemic. The literature seems to have two main focuses. One the one hand, scholars have examined the impact of the pandemic on the situation of refugees and asylum seekers, both generally and in specific national contexts. In that sense, the increased vulnerability of refugees and asylum seekers to COVID-19 has been underlined in comparison to that of the national citizens (Kondilis et al., 2021, Solà-Sales et al., 2021). During the pandemic, refugees and asylum seekers experienced increased barriers to access to healthcare (Elisabeth et al., 2020, p. 2), faced higher infection rates (Kondilis et al., 2021, p. 4), suffered a worsening of their mental health (Ceccon & Moscardino, 2022, p. 11), and lived in substandard conditions in view of the COVID-19 hygienic guidelines (Fouad et al., 2021, p. 4).

On the other hand, scholars have focused on the political responses adopted by various countries which targeted irregular migrants during the pandemic. Most notably, they pointed out the lack of inclusion of refugees and asylum seekers by national governments in their COVID-19 response (Lupieri, 2021, p. 1375), as well as the securitizing approach to migration management employed at the national level (Freedman, 2021, p. 92). These resulted in the restriction of the human rights of irregular migrants during the pandemic, including the right to asylum (Ghezelbash & Tan, 2021, p. 669). Thus, the academic debate has predominantly adopted a state-centric perspective in regard to irregular migration in the context of the COVID-19 pandemic. To our knowledge, there are only two studies which have examined local measures aimed at providing protection to refugees and asylum seekers during COVID-19, one focusing on Canadian Sanctuary Cities (Paquet et al., 2022) and the other on city networks across the US (Thouez, 2021).

Taking into account all of the above mentioned, the research question proposed by this paper - *how have European cities ensured the health security of refugees and asylum seekers during COVID-19?* - is interesting for the following reasons: (1) the underdevelopment of the concept of health

security and its scarce study by scholars in relation to (2) irregular migration and to (3) local governments' practices, (4) the increased salience of cities in the design of public policies in the field of irregular migration, and (5) the significant impact of the COVID-19 pandemic on the situation of refugees and asylum seekers.

### d. Academic relevance

This paper adds value to the existing literature in multiple ways. As previously discussed, the concept of health security has been predominantly analysed at the state level, both generally and in the context of the COVID-19 pandemic. Apart from the two examples specified above - one analysing health security of refugees and asylum seekers as part of both national and local measures in England (Jayaweera, 2017), and the other focusing on health security of irregular migrants in Toronto (Simich et. al., 2007) - no other research has, to our knowledge, examined *explicitly* the concept of health security of irregular migrants within local policy frameworks. Moreover, only two studies have so far, to our knowledge, analysed the protection offered to refugees and asylum seekers by local governments during the COVID-19 pandemic (Paquet et al., 2022, Thouez, 2021). However, these focused on non-European local governments. No prior research has analysed the insurance of health security by local governments during the COVID-19 pandemic in the European context. Thus, this paper fills in the existent gap in the literature.

Following from these, this paper is innovative as it (1) moves the attention from the state level to the local level, (2) extends the geographical focus to Europe during COVID-19 and (3) performs this through a comparative analysis between three cities from three different European countries. In this manner, the current paper expands the understanding of the innovative power of cities within the MLG framework, as well as of the emergent salience of the concept of health security within European local policy-making and policy-framing processes during a global health crisis. Through its comparative approach, it identifies common and divergent patterns in the employment of a health security approach to refugees and asylum seekers during COVID-19 by local governments across Europe, while paving the way for future and more extensive comparisons. In addition, given the underdevelopment of the concept of health security in academia, this paper brings increased clarity to the notion as it analyses its understanding and use by local European actors.

### e. Hypotheses

The academic literature has identified various social, political and economic factors which explain local approaches to the management of refugees and asylum seekers. These include, among others, the size of cities, their economy, their administrative and bureaucratic structure, and the political identity of local governments (Memişoğlu & Yavçan, 2022, p. 508). All these factors can be understood as encompassing the context within which local governments function However, following from the "local turn" within the MLG framework in the field of migration discussed above, the urban governance context understood in terms of the vertical and horizontal relationships of local governments becomes an additional factor which influences local approaches to irregular migration. As previously mentioned, the level of coordination and cooperation present on both axes of the relationship, as well as the level of power centralisation within the political systems, have an impact on the local politics and practices and explain common or divergent trends between local approaches to similar challenges (Joppke & Seidle, 2012, Oliver et. al., 2020, p. 7). Furthermore, city networks play an important role in the development of initiatives by local governments regarding the protection of irregular migrants during COVID-19 (Thouez, 2021, pp. 5-7). Additionally, it has been shown that the MLG system of cities impacts the ability of European urban governments to respond to social challenges during times of crisis (Cucca and Ranci, 2021, p. 25). Based on these, it is expected that the urban governance system enables or restrains the way in which cities ensure the health security of irregular migrants during the pandemic. Thus, the hypothesis proposed by this paper is the following:

H1: The urban governance system within the MLG framework explains the way in which cities ensure health security for refugees and asylum seekers during COVID-19.

## 3. Methodology

This section presents the methodology of the present study. More specifically, the first part presents and justifies the case selection. The second part explains and substantiates the choices for the timeframe of the study, the data sources and the specific techniques of analysis. At the same time, it also presents the parameters on which the empirical analysis is conducted.

### a. Case selection

This paper presents a comparative analysis between the cities of Bristol, Frankfurt and Timișoara. The three cities are situated within countries which have had rather different experiences with, and approaches to, the reception of migrants and asylum seekers during the past decade.

Germany's liberal policy in that regard is substantiated by its reception of 1 million refugees and asylum seekers during the 2015 refugee crisis (Deutsche Welle, 2017). The country was hosting about 1,5 million refugees and asylum seekers in 2021 (UNHCR, n.d.-b). In contrast, the UK and Romania have shown more reluctance towards accepting refugees and asylum seekers during and in the aftermath of the 2015 migration crisis. As regards the UK, the general anti-immigrant sentiment became highly visible through the 2016 Brexit vote of the electorate (Garrett, 2019). In 2021, the state hosted approximately 140 thousand refugees and asylum seekers (UNHCR, 2021). Furthermore, Romania was strongly opposed to the mandatory refugee quota discussed at EU level during the migration crisis (Reuters, 2015). In 2018, the country hosted around 4000 refugees and asylum seekers (UNHCR, n.d.-a).

Nevertheless, in spite of these different approaches towards the reception of irregular migrants in the three countries, the comparison proposed by this paper is motivated by one very strong similarity and namely, the strong link, active experience and vast openness to refugees and asylum seekers present in all three cities. Bristol is known for its multiculturalism and openness to refugees (Wallis, 2019). It was declared a City of Sanctuary in 2010 (What do we do?, n.d.) and has adopted a local Refugee and Asylum Seeker Strategy in 2019 (Bristol City Council, 2019). Frankfurt is one of the most international cities in Germany (Homayun, 2021, pp. 1-2). It represents one of the main points of arrival for refugees and asylum seekers by air in Europe (Kalkmann & Hesari, 2019, p. 47), and it has been one of the first cities to join the transnational city network "City Initiative on Migrants with Irregular Status in Europe" (C-MISE) (C-MISE, n.d.). Although more modest if compared to Bristol and Frankfurt, Timișoara represents the most important refugee and asylum spot in Romania. It is the city hosting the largest centre for irregular migrants in the country (Pantea, 2022), it has received the most asylum applications in 2020 (Lazarescu, 2021), and it represents the place where the first European Emergency Transit centre opened in 2009 (IOM, 2009). All the three cities enjoy a significant presence of civil society organisations dedicated to refugees and asylum seekers (see for eg. Bristol City of Sanctuary, 2022, Stadt Frankfurt am Main, n.d., LOGS, n.d., Both, 2021). Thus, given their different national contexts but similar experiences with refugees and asylum seekers, the comparison between these three cities becomes intriguing.

### b. Research Design

The timeframe of the present study encompasses the period between March 2020 and March 2022, representing the time span in which the COVID-19 pandemic has been regarded as a highly

salient issue by European governments. The end time of the research (March 2022) coincides with the abandoning or loosening of the majority of COVID-19 measures in the UK, Germany and Romania (Cabinet Office, 2022, Euronews, 2022, Vulcan, 2022).

Furthermore, this paper examines the policies formulated and adopted at the local official level concerning refugees and asylum seekers during COVID-19 with the aim of identifying the employment of a health security approach. In order to identify the local policies, primary data in the form of research reports, newspaper articles, and editorial and opinion pieces were analysed. In addition to these, official statements and speeches by local politicians were used to examine the policy narratives developed to justify the adopted policies. The examples included in the empirical analysis represent the most relevant instances within the designated time frame.[2] Thus, this paper acknowledges that the overall picture is more complex, however, given the scope of this paper, only the most illustrative examples were selected.

Thus, this research represents a qualitative, documentary analysis within the Narrative Policy Framework (NPF). The NPF assumes that narratives play an essential role in policy processes (Jones & Radaelli, 2015, p. 341). In that sense, it adopts a poststructuralist and postpositivist view and embraces the idea that policy problems and processes are socially constructed by the actors involved (Jones & McBeth, 2010, p. 333). Given the focus of the present paper, the current research concentrates on the meso-level within the NPF, i.e. on how political actors construct and employ policy narratives (Shanahan et al., 2017, p. 179). In that regard, policy narratives are understood as policy formulation and policy action. They relate to individual policy announcements, providing explanation for these and justifying their necessity (Grube, 2012, pp. 569-570).

In addition to this, the paper employs content and discourse analysis in a complementary way. Discourse analysis is applied to official statements and speeches by local actors with the aim of identifying the policy narratives adopted at the local level in regard to the protection of irregular migrants during COVID-19. More specifically, this technique is used to uncover how local politicians use language within a human and health security approach, how and what narratives they construct in that sense, and how these narratives relate to the broader context - irregular migration during COVID-19. Content analysis is applied in order to identify and categorise the various policies and practices employed at the local level. In that sense, content analysis is employed with the aim of discovering

[2] The sources of the collected data used for the empirical analysis are attached in the Annex of this paper.

patterns and correlations between the practices adopted in the three cities as well as the motivations behind them.

Thus, by using these techniques of analysis, this research conducts the empirical analysis by first distinguishing between and analysing the vertical and horizontal relationships within each of the cases. Second, it differentiates between coordination on the vertical axis and cooperation on the horizontal axis. Regarding the former, coordination is understood as the division of tasks between the national and local governments based on their legislative competences. In that sense, this paper proposes the following parameters for assessing the coordination on the vertical axis: (1) organised/disarticulated coordination, and (2) centralised/decentralised coordination. In that regard, organised coordination is understood as clear, level and stable allocation of tasks between local and national governments, where the interests of the two are in alignment, complementary and mutually reinforcing. On the contrary, disarticulated coordination refers to unclear, inadequate and disrupted division of competences between the local and national governments, where the management and organisation of tasks between the two tiers is weakened or impeded by the lacking legal frameworks or their conflicting interests or priorities. Furthermore, centralised coordination refers to the high degree of power concentration at the national level, implying less discretion for local governments in policy design. Hence, decentralised coordination is understood as the low degree of power concentration at the national level resulting thus in a higher level of autonomy for local governments in the design of policies.

Regarding the horizontal relationship, cooperation is understood as collaboration between local governments and the civil society sector, where the two work together with the aim of ensuring increased health security for refugees and asylum seekers during the pandemic. In assessing the presence or absence of cooperation at the horizontal level, attention is placed on two aspects: (1) the profiles of the actors within the civil society sector (NGOs, charities, religious/medical/cultural associations, volunteer groups, national and transnational city networks etc.) and (2) the typology of practices resulting from their cooperation (provision of healthcare services, medical products, food, accommodation etc).

## 4. Analysis and Findings

This section presents the findings of the empirical analysis within each of the three cases based on the methodology and parameters presented above. Table 1 encompasses a summary of these results.

*Table 1.: Summary of Results*

| | Bristol | Frankfurt | Timișoara |
|---|---|---|---|
| **Vertical relationship** | organised & centralised coordination | organised & decentralised coordination | disarticulated & centralised coordination |
| **Horizontal relationship** | (1) provision of accommodation: charities<br>(2) provision of healthcare: regional membership organisation of healthcare professionals, local community leaders and influencers +international network | (1) provision of accommodation: charities<br>(2) provision and access to healthcare: Frankfurt University, religious charities and NGOs, local Health Department +transnational city network | (1) provision of food, clothes, medical and hygiene supplies: NGOs, religious communities, charities, community volunteers, dance clubs, foreign students and businesses<br>(2) information about COVID-19: charities |
| **Justification for policy narratives** | Principle of equality | Principle of equality | Concept of humanity |

### a. Bristol

*Vertical relationship*

The coordination between the UK government and the Bristol City Council (BCC) regarding the protection of refugee and asylum seekers during COVID-19 was organised and centralised. More specifically, during COVID-19, the BCC complied with the government policies aimed at supporting these vulnerable persons and ensured that it coordinated its practices in accordance with the government's guidelines and provisions. For example, in March 2020, the government provided financial support for local authorities under the "Everyone In" initiative in order to ensure that rough sleepers, including refugees and asylum seekers, were placed in appropriate accommodations which respected adequate health and hygiene standards in the light of the pandemic (Ministry of Housing, Communities & Local Government, 2021). By using government funding, over 400 rough sleepers and at least 75 persons with no recourse to public funding (NRPF) - a status under which asylum seekers fall - were accommodated by the BCC in hotels, hostels, B&Bs and privately rented properties in Bristol (Barclay & Alcock, n.d., p. 1). Furthermore, in August 2021, the BCC used additional

government funding in order to ensure access to healthcare and accommodation in emergency hotels for refugees arriving from Afghanistan. The local medical authorities committed to providing full health checks for all the arriving refugees, as well as ensuring access to mental health support and needed medication (Postans, 2021).

In spite of the organised coordination between the national and local governments, the BCC criticised several of the UK government's restrictive policies in the field of immigration during COVID-19. More specifically, Mayor Rees expressed his disappointment with the Nationality and Immigration Bill which foresees, among others, the accommodation of refugees and asylum seekers in large-scale centres instead of community housing, and the criminalisation of known entry without permission in the UK (Refugee Council, 2021). He claimed that the government's approach was "without compassion", "low on values" and that it was "not in line with our approach as a city of sanctuary" (Pipe, 2021). All the more, Mayor Rees was also one of the many actors, alongside other local leaders, NGOs and MPs, who appealed to the government and called for the suspension of the national NRPF policy during the pandemic. In his letter, he advocates for "the access to a safety net" for all, "a city where nobody is left behind" and a "recovery from COVID [...] on the basis of fundamental equality, inclusion and fairness" (Bristol City of Sanctuary, 2020, Broadhead & Kierans, 2021, p. 12).

*Horizontal relationship*

During COVID-19, the BCC cooperated with the civil society sector in order to ensure health security of refugees and asylum seekers in two main ways: through the provision of (1) adequate accommodation and (2) healthcare. Regarding accommodation, the BCC collaborated predominantly with local charities. For example, during the "Everyone In" programme, the BCC held regular meetings with the Bristol Refugee Rights, Bristol Hospitality Network (BHN), the Red Cross and St. Mungos, with the aim of guaranteeing advice and support regarding immigration status for those housed under the government's programme, as well as ensuring a sustainable transition for them after the end of the programme. Following the end of the government's scheme, the BCC established two "One City" working groups which brought together expertise and resources both from the Council and the voluntary sector in order to deal with this issue (Barclay & Alcock, n.d., p. 2). In addition, the BCC collaborated with the BHN in order to find local hosts and volunteers for homeless asylum seekers after the end of "Everyone In". The BCC employed a human security approach in its attempt to persuade local citizens to help host asylum seekers. Mayor Rees underlined that this initiative

represents "a great opportunity to make sure that no one has to return to the streets following the Covid-19 crisis, and that includes people seeking asylum in our city" (Trevena, 2020).

Concerning healthcare, the BCC cooperated with the regional membership organisation of healthcare professionals "Bristol, North Somerset and South Gloucestershire Clinical Commissioning Group" (BNSSG) and with local community leaders and influencers. More specifically, the BCC and the BNSSG organised "The Healthier Together COVID-19 Mass Vaccination Programme" in order to address inequalities in health and support people from vulnerable groups to get the COVID-19 vaccine (Hamilton, 2021, p. 7). A narrative was built around the principle of equality and the right to health of vulnerable groups. According to the organisation, the vaccination campaign had "equity" at the core of its strategy, aiming "to leave no-one behind", including refugees and asylum seekers (ibid, pp.7-8). Furthermore, in order to ensure engagement and outreach of the vaccination campaign, the BCC worked closely with community leaders and influencers in the region with the aim of communicating health messages to the vulnerable groups and encouraging them to take the vaccine (Vickers et al., 2021). Council workers and vaccination teams reached irregular migrants directly by bringing vaccines to the hostels where these were accommodated, or by setting "pop-up" vaccination clinics in various mosques and community centres (Local Government Association, 2021b). A similar approach was undertaken regarding testing of asylum seekers and undocumented migrants. Using again the community network, asylum seekers were directly approached at their hostel accommodation in order to provide explanations about the importance of COVID-19 testing (Local Government Association, 2021a).

In addition, Mayor Rees used his international network, the Mayors Migration Council, to call for the inclusion of refugees and asylum seekers in the COVID-19 response. The joint statement of the Council underlined the precarious situation of irregular migrants during the pandemic, pointing to their lack of access to public services, inadequate living conditions in accommodation centres and limited access to information due to language barriers. It advocated for an inclusive approach at the local level, whereby "no one is left behind", in order to guarantee "safe, equitable access to services regardless of migration status, including healthcare" (Mayors Migration Council Leadership Board, 2020).

### b. Frankfurt

*Vertical relationship*

Given that Germany is a federal republic, the vertical relationship in this case is more complex involving three entities: the Frankfurt City Council (FCC), the state of Hesse, and the federal state. Accordingly, the division of powers varies depending on the policy fields (Vogel et al., 2021, p. 4). Consequently, the coordination between the three tiers of government is characterised firstly as decentralised. For example, regarding conditions in the shared accommodation centres, the federal government did not issue any uniform regulations during the pandemic (ibid, p.4). Thus, responsibility for this remained divided as previous to COVID-19: the Hessian government was responsible for the accommodation of refugees and asylum seekers in the initial reception facilities, whereas the local authorities were responsible for their subsequent accommodation on site (Ministry for Social Affairs and Integration, 2020, p. 1). Thus, both the Hessian state and the FCC retained substantial discretion in the way in which they ensured health and hygiene standards in those facilities. Nevertheless, the Hessian state confirmed that it was following the health and hygiene recommendations provided by the Robert Koch Institute, the federal government agency responsible for disease control and prevention (ibid, p. 2).

Secondly, generally speaking, regarding the management of refugees and asylum seekers during the pandemic, the relationship between the three levels of governments is characterised by organised coordination. In that sense, when policies were issued at the federal level, these were complied with at the regional and city level. For example, the federal government included irregular migrants living in communal accommodations and reception centres in the second priority group for COVID-19 vaccination (ibid, p. 13). Accordingly, the city of Frankfurt conducted vaccination campaigns in these accommodations following the federal plan (Voigts, 2021).

*Horizontal Relationship*

Similarly to the BCC, the FCC cooperated with the civil society sector during the pandemic in order to ensure both adequate accommodation and access to healthcare for refugees and asylum seekers. In the case of FCC however, the City Council collaborated with a wider range of civil society actors than the BCC. Concerning the provision of healthcare, the FCC launched the “Clearingstelle 1.0” initiative in February 2021, which is aimed at providing advice for people with unclear health insurance coverage and integrating them into the regular medical system for the purposes of accessing

healthcare services (Stadt Frankfurt am Main, n.d.). The inspiration for adopting this project came from the participation of the local authorities in the European transnational city network "C-MISE" (C-MISE, n.d.). The project also represents an addition to the nationwide network of these "clearing houses" which were already present in Berlin, Hamburg, Thuringia and North Rhine-Westphalia. The organisation of the initiative is the result of the collaboration between the Frankfurt University of Applied Sciences, the Youth and Social Welfare Office in Frankfurt and the local Health Department (Stadt Frankfurt am Main, n.d.). In addition, the implementation of the project is ensured with the help of the religious charity Caritas, the charity Maisha, and the NGO Malteser Migranten Medicine (Mallet-Garcia & Delvino, 2020, p. 15).

The public authorities in Frankfurt advocated for the "Clearingstelle 1.0" project by employing a narrative focused on equality, irrespective of immigration status. In that sense, the head of the local Health Department underlined that the project aims at ensuring "sustainable health care for everyone" (Stadt Frankfurt am Main, 2021b). Moreover, the head of the Department for Social Affairs, Youth, Family and Senior Citizens stressed that "it is important to us that everyone in Frankfurt has access to medical care" (*Schritt Für Schritt Zur Krankenversicherung*, 2021).

Furthermore, the FCC worked closely with a variety of civil society actors also regarding vaccination campaigns for irregular migrants. In that sense, together with the association Kinder im Zentrum Gallus, the Health Department launched the project "Gesundheit in Gemeinschaftsunterkünften" (health in community accommodations). The project aimed at providing health information about the COVID-19 vaccine to refugees and asylum seekers. The Health Department was responsible for training the voluntary "health guides", while the association was charged with preparing the adequate content for the targeted group (Stadt Frankfurt am Main, 2021a). In addition, in order to facilitate the administration of the vaccine to the irregular migrants, the FCC operated with the support of other humanitarian and medical organisations, such as the Arbeitersamariterbund, Malteser Hilfsdienst and Johanniter Unfallhilfe (Lang et al., 2021, p. 94).

Regarding the provision of accommodation, the FCC cooperated with the charity German Red Cross and ensured that refugees who contracted the virus were able to quarantine in a hotel and were taken care of during the self-isolation period (*"Frankfurt Stellt Quarantäneplätze Für Flüchtlinge Und Obdachlose Bereit,"* 2020). Nevertheless, the FCC came under criticism from various NGOs as well as irregular migrants themselves for its poor practices and lack of measures guaranteeing appropriate health and hygiene standards in the accommodation centres during the pandemic. In that sense, the

residents of the Frankfurt-Bonames refugee centre demanded "humane accommodations" (Teutsch & Reinhardt, 2020), while various organisations, initiatives and charities advocating for the rights of irregular migrants called the conditions in the centre "inhumane" and "not compatible with the protection against infection that is necessary in times of the Corona crisis". They claimed that the city was endangering the life of refugees and asylum seekers (Voigts, 2020, Manus, 2020).

**c. Timișoara**

*Vertical relationship*

The coordination between the Timișoara City Council (TCC) and the Romanian government regarding the protection of refugee and asylum seekers during COVID-19 was disarticulated and centralised. Legal voids in national policies caused confusion at the local level concerning the implementation of measures aimed at irregular migrants in the context of the pandemic. When clarity and guidance was asked for by the TCC, the higher-level authorities pushed the responsibility from one organ of the state to the other. The TCC was thus predominantly left alone in developing solutions to the arising problems and ensuring protection of irregular migrants in Timișoara.

For example, in autumn 2020, following a government decision, migrants coming from Serbia had to be quarantined for two weeks when entering Romania due to the high risk of COVID-19 infection. Nevertheless, due to the lack of implementation rules, no facility was designated for that purpose and the TCC was unprepared to quarantine those asylum seekers. As a consequence, asylum seekers entering from Serbia slept for two nights outside, in front of Timișoara Regional Centre for Reception, with temperatures dropping below zero degrees at night (Nica, 2020, p. 95). The Head of the Regional County, the director of the Timișoara Regional Centre, the County Committee for Emergency Situations and the Directorate for Public Health denied any responsibility to assist in that respect (Brindusa, 2020, Nica, 2020, p. 95). The TCC managed to find a solution, and the asylum seekers were quarantined in an unused dorm of the CFR High School (Hoster, 2020, Jurchela, 2020). Nevertheless, adequate norms were not respected in the accommodation, since 7-10 migrants were quarantined in the same room (Nica, 2020, p. 95). The mayor showed his disappointment and blamed the government for the situation, stating that: "we are again in a situation where we, as local authorities, need to solve a problem which the government was unable to address for months" (Pantea, 2020).

Furthermore, in the months that followed, an increased number of asylum seekers arrived in the city (Brindusa, 2021a). The mayor continuously called on the national government for assistance

in managing the asylum seekers. He employed a narrative of human and health security, asserting that "in Timișoara we are bearing the costs of this phenomenon, the social costs especially" (Redactia HotNews.ro, 2021a). He stressed the fact that the asylum seekers were homeless, some of them also facing social and health problems, and that the city did not have enough resources to deal with the situation (Redactia HotNews.ro, 2021b). Similar statements were made by the Head of the Regional County, who claimed that the migrants need the attention of all state institutions. He employed a narrative based on human security, asserting that: "We cannot pretend that these people do not exist. Let's not lose our humanity and ensure that their needs are met, both for their own protection and for the protection of our families" (Tobias, 2021).

*Horizontal relationship*

Similarly to the FCC, the TCC collaborated with a wide variety of civil society actors with the aim of protecting irregular migrants during the pandemic, ranging from NGOs, charities, religious communities to local businesses, dance clubs, foreign students and simple citizens. Nevertheless, in contrast to the BCC and the FCC, the TCC cooperated with these actors in order to ensure the provision of food, clothes, medical and hygiene supplies, as well as to disseminate information about the virus. For example, at the beginning of the pandemic, collective information sessions for refugees and asylum seekers regarding COVID-19, preventive measures and their rights and obligations were organised at the Timișoara Regional Centre in collaboration with various NGOs (Nica, 2020, p.88). In addition, the muslim community in Timișoara, local NGOs, the UNHCR and the Red Cross helped the TCC equip the CFR High School dorm and ensure three daily meals for refugees and asylum seekers, while the NGO Save the Children provided free rapid COVID-19 tests for the quarantined asylum seekers (ibid, p. 95).

At the same time, at the end of 2021, with the support of the archbishop of Timișoara, the TCC launched in collaboration with two NGOs - Timișoara Philanthropy Foundation and LOGS - an initiative aimed at providing food, sanitary products and clothes to refugees, asylum seekers and other homeless people for the duration of a year. In addition, the targeted group also benefits from assistance and counselling services. The representative of the TCC employed a human security approach in justifying the initiative, underlining the precarious situation of the homeless people in Timișoara, irrespective of their citizenship status (Deaconescu, 2021).

Nevertheless, the findings also show that the strong cooperation between the TCC and the civil society was less reflecting of the TCC's *desire* to cooperate, and more of the *need* thereof. The

centralised and disarticulated coordination with the national government impacted the ability of the local authorities to provide appropriate assistance to the irregular migrants during the pandemic. For example, the TCC did not have enough state resources to provide sufficient nutrition for the quarantined refugees and asylum seekers. Consequently, the civil society stepped in and provided additional donations in form of food and money (Brindusa, 2021b, Popa, 2021). Similarly, when the asylum seekers were sleeping in front of the Timișoara Regional Centre, various NGOs and community volunteers brought clothes, blankets and warm aliments for them, while citizens of the city donated money in support for these (Popa, 2021, Both, 2020). Moreover, in the months that followed, religious communities, charities, dance clubs, foreign students and businesses joined in and offered free meals to the refugees and asylum seekers (Both, 2021).

While the mayor thanked the civil society for its involvement and emphasised the fact that the situation should continue to be treated with "humanity, firmness and legality" (Redactia HotNews.ro, 2021b), the Director of the LOGS NGO highlighted the abnormality of the situation, claiming that civil organisations should only step in complementary to help and offer their expertise, and not *vice versa* (Brindusa, 2022). Thus, a large part of the protection offered to irregular migrants during the pandemic in Timișoara was the result of *ad hoc* initiatives of the civil society, which, as it witnessed the inability of the local authorities to offer support, assumed this task in a voluntary manner.

## 5. Discussion

The previous analysis presents multiple implications. Firstly, a "North-Western European" model in the insurance of the health security of refugees and asylum seekers by local governments during the COVID-19 pandemic can be identified based on the common features of Bristol's and Frankfurt's approaches described above. More specifically, in both these cases (1) organised coordination on the vertical axis of the relationship is present and represents the main pattern within the comparative analysis. In that sense, the clear, level and stable allocation of tasks between local and national governments appears to be the rule. This is in divergence with the case of Timișoara, where disarticulated coordination characterised the relationship between the local and national governments. Regarding the horizontal relationship, both Frankfurt and Bristol cooperated with the civil society sector in order to ensure (2) the same type of protection to refugees and asylum seekers, namely the provision of adequate accommodation and the provision of and access to health care. Contrastingly, the TCC cooperated with the civil society sector for other purposes, namely: provision of basic necessities (food, clothes, medical and hygiene supplies) and the organisation of COVID-19

information sessions for the irregular migrants. Moreover, (3) the profile of the civil society actors with which the BCC and the FCC cooperated are highly similar. Both cities collaborated with charities in order to provide suitable accommodation for refugees and asylum seekers during the pandemic. At the same time, for the provision of and access to healthcare, both cities cooperated with a much larger variety of civil society actors. In addition, both city councils developed and were part of different initiatives with the aim of protecting irregular migrants as a result of their (4) cooperation with trans-/international networks. The cooperation with any national, transnational or international networks is absent in the case of Timișoara. Finally, (5) highly similar narratives of health security of refugees and asylum seekers in the context of COVID-19 were developed by the local officials in Bristol and Frankfurt. These focused on the principle of equality, underlining the right of *everyone* to the access of health and adequate accommodation. Contrastingly, the narrative on health security developed by local officials in Timișoara was focused on the concept of humanity. Thus, these five elements highlighted above form a North-Western European model which reflects the way in which cities ensured the health security of refugees and asylum seekers during the COVID-19 pandemic.

Secondly, based on the analysis of the vertical relationships presented in the previous section, it can be concluded that the type of coordination between the local and national governments has a significant impact on the ability of local governments to ensure health security for irregular migrants during a health crisis. More specifically, when controlling for the level of centralisation of power within the political systems, organised coordination between national and local governments appears to be related to increased health security. This can be inferred when comparing Bristol and Timișoara. Both cities retained little discretion in the design of public policies as a result of the high degree of power centralisation at the national level. Nevertheless, in the case of Bristol, where organised coordination was present, the city was able to offer increased protection to refugees and asylum seekers by complying with and implementing national policies. Contrastingly, in the case of Timișoara, where disarticulated coordination was present, the city faced significant difficulties in ensuring the security of refugees and asylum seekers due to the legal voids within national policies.

Furthermore, the degree of power centralisation is also related to the insurance of the health security of irregular migrants by local governments during the health crisis. When comparing Bristol and Frankfurt, the coordination between the local and national governments was in both instances organised. However, in the case of Bristol, there was a high degree of power centralisation at the national level and the city managed to ensure the health security of refugees and asylum seekers.

Contrastingly, in the case of Frankfurt, there was a low degree of power centralisation. Thus, Frankfurt had more discretion and responsibility in the design of public policies, such as, for example, in regard to the accommodation of refugees and asylum seekers. As presented above, Frankfurt was criticised both by the refugees themselves and by various civil society actors for its deficient management of the accommodations. This does not mean that power decentralisation leads to the insurance of less health security by local governments. It shows, however, that the degree of autonomy of local governments in the design of public policies impacts the protection provided by these to refugees and asylum seekers. In the case of Frankfurt, power decentralisation led to lack of efficient action in that regard.

Thirdly, when examining the relation between the vertical and horizontal relationships of the local governments, it appears that local governments use their vertical relationship with national governments and horizontal relationship with the civil society sector in a complementary way to ensure health security for irregular migrants. In regard to Bristol, this was the case concerning the "Everyone In" initiative. The initiative was adopted at the national level and implemented accordingly at the local level. Thus, the BCC was able to ensure increased protection for refugees and asylum seekers through its vertical relationship with the government. Nevertheless, after the end of the government scheme, the BCC used its horizontal relationship with the civil society sector to guarantee the continuity of this type of assistance for the irregular migrants. Similarly, in the case of Timișoara, when the TCC lacked support from the national government in the management of refugees and asylum seekers, especially in regard to the provision of basic necessities, the local government used its horizontal relationship with the civil society actors in order to fill in the void.

Finally, when comparing the justifications for the health security approach within the policy narratives developed by the local governments, a few particularities stand out in the case of Timișoara. First, the TCC invokes the need for humanity in the management of irregular migrants during COVID-19, whereas the BCC and FCC motivate their policies based on the principle of equality. Thus, the TCC promotes its health security approach as acts of kindness, tolerance and understanding towards a vulnerable group in society, while the BCC and FCC underline the right to equal treatment of refugees and asylum seekers. Secondly, the TCC also refers to the dual object of health security, claiming that the protection of refugees and asylum seekers does not only lead to their own security but also to the security of the residents of the city. The different interpretations and justifications related to health security present in these cases show that the concept is politically understood and employed in distinctive ways by different political actors. Thus, these findings corroborate Nunes'(2015) claim that

health security represents a political category, being based on political assumptions and mechanisms (p. 68).

## 6. Conclusion

This paper has analysed local policies in Bristol, Frankfurt and Timișoara in order to answer the following research question: *how have European cities ensured the health security of refugees and asylum seekers during COVID-19?* Within the MLG framework, this study focused on their urban regimes, i.e. their vertical relationship to the national government, and their horizontal relationship to the civil society sector and networks, with the aim of identifying the causal mechanisms behind the insurance of health security of irregular migrants at the local level during a global health crisis. Employing the NPF, this paper compared the policy narratives developed by local politicians in the three cities as a result of these relationships. This comparative approach did not only enable the identification of common patterns and differences across Europe, but it also paves the way for future wider comparison with other cities. Additionally, this paper proved itself innovative by moving the focus from the state level to the local level in the analysis of the health security of irregular migrants, and by extending the geographical scope of the analysis to the European continent. Thus, the paper helps to better comprehend the entrepreneurial potential of cities within the MLG framework, as well as the increased salience of the notion of health security within municipal policy-making and policy-framing processes.

The findings confirm the hypothesis tested in this paper, which assumed that the urban governance system within the MLG framework explains the way in which cities ensure health security of refugees and asylum seekers during COVID-19. More specifically, the results showed in all three cases that the vertical and horizontal relationships impact the health security approach employed by local governments. Furthermore, this paper identified a "North-Western European" model based on the commonalities found between the health security approaches in Bristol and Frankfurt. This model is characterised by (1) organised coordination on the vertical axis, (2) similar types of practices aimed at ensuring the health security of refugees and asylum seekers, namely the provision of adequate accommodation and healthcare, (3) highly similar profiles of civil society actors present on the vertical and horizontal axis, (4) the presence of cooperation with trans-/international networks, and (5) highly similar policy narratives of health security developed by local officials. Moreover, the results also showed that the type of coordination on the vertical axis has a considerable impact on the ability of local governments to ensure health security for refugees and asylum seekers during a health crisis.

Notably, organised coordination seems to lead to increased health security. Furthermore, in all three cases, the vertical and horizontal relationships are used by local governments in a complementary way to ensure health security for irregular migrants. Finally, the findings also suggested that the policy narratives developed by local politicians motivated a health security approach by invoking various principles, such as equality and humanity. These different justifications for the employment of a health security approach within local policies substantiates the political nature of the concept.

Finally, the current paper entails certain limits which can be overcome through future research. First, this study was built predominantly on theories and literature on human rights, human security and health security, as well as on the MLG framework. However, future research could relate to additional strands in academic research, such as literature on policy making and policy analysis, or on urban justice, in order to develop further hypotheses with the aim of answering the same research question. Secondly, from a methodological perspective, this study represents a pure documentary analysis. Given the focus of the paper on local actors, the conduction of interviews both with local political and non-political actors from the three cities would provide increased insights to the issue at hand. Due to time constraints, this paper has refrained from conducting interviews in that sense. However, future research could remedy this by using the present paper in a complementary way. Thirdly, this research has focused solely on policy narratives of local officials and did not consider political narratives, meaning the meta-narratives formulated by political leaders which are closely related to their ideological stances. Further research could analyse the political narratives employed by local officials and use the present study in order to test the coherence between the local political and policy narratives.

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**Annex: Primary Sources used for the Empirical Analysis**

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