

EDITORIAL BOARD

Joint Managing Editors:

- Solon Arditis (Eurasylum)
- Frank Laczko (International Organization for Migration – IOM)

Editorial Adviser:

- Joanne van Selm (Eurasylum)

Editorial Coordinator:

- Valerie Hagger (International Organization for Migration – IOM)

Editorial Assistant:

- Anna Lyn Constantino (International Organization for Migration – IOM)

Editorial Committee:

- Aderanti Adepoju (Human Resources Development Centre, Lagos, Nigeria)
- Peter Bosch (European Commission, Brussels)
- Howard Duncan (Metropolis, Ottawa, Canada)
- Neli Esipova (Gallup World Poll, New York)
- Araceli Azuara Ferreiro (Organization of American States – OAS, Washington, D.C.)
- Marta Foresti (Overseas Development Institute – ODI, London)
- Andrew Geddes (Migration Policy Centre – MPC, Florence)
- Lukas Gehrke (International Centre for Migration Policy Development – ICMPD, Vienna)
- Shahidul Haque (Ministry of Foreign Affairs, Government of the People's Republic of Bangladesh)
- Bela Hovy (UN Department of Economic and Social Affairs, New York)
- Michelle Leighton (International Labour Office – ILO, Geneva)
- William McClure (Australian Department of Home Affairs)
- Pietro Mona (Swiss Agency for Development and Cooperation, Federal Department of Foreign Affairs, Berne)
- Dilip Ratha (World Bank, Washington, D.C.)
- Hilmar Schneider (Institute for the Study of Labor – IZA, Bonn)
- Nand Kishore Singh (Member of the Indian Parliament, New Delhi)
- Stephanos Stavros (Council of Europe, Strasbourg)
- Maia Welbourne (Citizenship and Immigration Canada – CIC, Ottawa)
- Klaus F. Zimmermann (Global Labour Organization – GLO)

MIGRATION POLICY PRACTICE

A Bimonthly Journal for and by Policymakers Worldwide

ISSN 2223-5248

Vol. X, Number 2, April–June 2020



Distribution of IEC material in the Lao People's Democratic Republic. © IOM 2020

COVID-19: A NEW CHALLENGE FOR MIGRATION POLICY

Introduction – Migration policy in the age of immobility 2	Risks and Challenges to Migrants, Asylum seekers and Refugees living under COVID-19 in Ciudad Juárez, Mexico 48
<i>Solon Arditis and Frank Laczko</i>	<i>Blanca Navarrete, Gabriella Sanchez</i>
Covid-19: Demography, economics, migration and the way forward 8	Addressing the mobility dimension of COVID-19: How data innovation can help 54
<i>F. Landis MacKellar</i>	<i>Marzia Rango, Emma Borgnäs</i>
The challenge of real-time analysis: making sense of the migration and mobility implications of COVID-19 15	Travel restrictions, points of entry, and mobility data: Impact in COVID-19 data models and needed solutions for proximity, location and mobility data 60
<i>Marie McAuliffe, Céline Bauloz, Adrian Kitimbo</i>	<i>Eduardo Zambrano, Gretchen Bueermann, Duncan Sullivan</i>
COVID-19 and inequalities: Protecting the human rights of migrants in a time of pandemic 21	COVID-19 and migration from West Africa to Europe: What can be learned from previous “crises”? 65
<i>Maria Grazia Giammarinaro, Letizia Palumbo</i>	<i>Irene Schöfberger, Kenza Aggad</i>
COVID-19 and migration governance: A holistic perspective 27	Interview with Diego Iturralde, Chief Director: Demography at Statistics South Africa and Co-chair of the United Nations Expert Group on Migration Statistics 70
<i>Andrea Milan, Reshma Cunnoosamy</i>	
Migrant and displaced children in the age of COVID-19: How the pandemic is impacting them and what can we do to help 32	
<i>Danzhen You, Naomi Lindt, Rose Allen, Claus Hansen, Jan Beise, Saskia Blume</i>	
A pandemic-fueled approach to immigration in the United States and the neighbouring region 40	
<i>Joanne van Selm</i>	

This publication has been issued without formal editing by IOM.

PUB2020/040/L

Published jointly by the International Organization for Migration (IOM) and Eurasylum Ltd.





Introduction – Migration policy in the age of immobility

Solon Ardittis and Frank Laczko¹

The COVID-19 pandemic is first and foremost a global health crisis. However, as we explain in detail in this special issue, it is also likely to have enormous implications for migrants and migration policy worldwide. For many years researchers talked about the “Age of Migration”, an era when more and more people were on the move. Suddenly within the space of less than two months movements across most borders have almost ceased completely – and policymakers are faced with the challenge of managing migration during a period of immobility. According to IOM, as of 23 April 2020, a total of 215 countries, territories and areas had implemented a total of 52,262 restrictive measures. As a result about 93 per cent of the world population lives in countries with restricted travel according to the Pew Research Center. How will the pandemic and these restrictions on movements affect global migration? It is too early to say precisely but policymakers are likely to face several related policy challenges.

First, there are concerns that migrants, refugees and displaced populations will be especially exposed to risk. On the **humanitarian front**, as a recent Interim Guidance issued by the World Health Organization (WHO) has highlighted,² while most refugees and migrants live in individual and communal accommodations in urban areas, and therefore face similar health threats from COVID-19 as their host populations, their degree of vulnerability may be a lot higher due to the conditions of their migratory journeys, limited employment opportunities, overcrowded and poor living and working conditions with inadequate access to food, water, sanitation and other basic services.

Furthermore, since the outbreak of the pandemic, resettlement procedures have been suspended by the UN, thus cutting off a “vital lifeline for particularly vulnerable refugees”,³ and leaving millions of refugees with an uncertain path ahead. In many countries, border closures have left migrants stranded, placing children and their families at risk of further harm and potentially separating families for longer stretches. As of 22 April, of the 167 countries that have fully or partially closed their borders to contain the spread of the virus, some **57 States have made no exception for access to asylum procedures.**⁴

A report issued recently by the International Rescue Committee (IRC)⁵ has stressed that financial and humanitarian aid was needed to help slow the global spread of the virus and avoid a major outbreak in “fragile countries”. The report, which is based on models and data from WHO and the Imperial College London, estimated there could be between 500 million and 1 billion infections globally and more than 3 million deaths across dozens of conflict-affected and unstable countries.

Since the outbreak of COVID-19, many Council of Europe member States have set out to suspend forced returns of persons no longer authorized to stay on their territories, including so-called Dublin returns. On 26 March 2020, The CoE’s Commissioner for Human Rights also called on Member States to review the situation of rejected asylum seekers and irregular migrants in immigration detention, and to release them to the maximum extent possible.

¹ Solon Ardittis is Managing Director of Eurasyllum Ltd. and Frank Laczko is Director of the Global Migration Data Analysis Centre (GMDAC) at the International Organization for Migration (IOM) in Berlin. They are the co-editors of *Migration Policy Practice*.

² See [www.who.int/publications-detail/preparedness-prevention-and-control-of-coronavirus-disease-\(covid-19\)-for-refugees-and-migrants-in-non-camp-settings](http://www.who.int/publications-detail/preparedness-prevention-and-control-of-coronavirus-disease-(covid-19)-for-refugees-and-migrants-in-non-camp-settings).

³ “COVID-19: Agencies Temporarily Suspend Refugee Resettlement Travel”, *UN News*, 17 March 2020. Available at <https://news.un.org/en/story/2020/03/1059602>, accessed 23 April 2020.

⁴ United Nations High Commissioner for Refugees, ‘Beware Long-Term Damage to Human Rights and Refugee Rights From the Coronavirus Pandemic’, Press release, 22 April 2020. Available at www.unhcr.org/news/press/2020/4/5ea035ba4/beware-long-term-damage-human-rights-refugee-rights-coronavirus-pandemic.html, accessed 23 April 2020.

⁵ See www.rescue.org/press-release/irc-world-risks-1-billion-cases-and-32-million-deaths-covid-19-across-fragile.

In several countries, most notably in the United States as Joanne van Selm (Eurasylum) discusses in her article for this special issue of MPP, policies introduced during the last three years to deter irregular immigrants and to limit opportunities for people to regularize or make more permanent their ties to the country, risk making immigrants more vulnerable. Such policies could have consequences which could seriously impact the health of everyone. Many lower paid immigrants live in over-crowded apartments or houses, which means that the type of “distancing” being recommended is not possible for them, even if they could stay at home. Those working in the agricultural or other food-related sectors are often being asked to continue working, again without appropriate distancing. Many of the estimated 500,000 undocumented migrants in New York are domestic workers. They continue to clean and look after the children of their (relatively) wealthy clients at the risk of getting ill. Furthermore, the nature of existing policies towards immigrants may also have counter-intuitive impacts on health-care provision.

This is also confirmed in the article by Maria Grazia Giammarinaro (UN Special Rapporteur on trafficking in persons) and Letizia Palumbo (Migration Policy Centre, European University Institute) on the situation in Italy, which shows that since the beginning of the COVID-19 crisis, many Italian municipalities have only provided food vouchers to socially and economically vulnerable people who were nationals or holding long-term residence permits.

Worldwide, as the article by Danzhen You, Naomi Lindt, Rose Allen, Claus Hansen, Jan Beise and Saskia Blume (UNICEF) in this special issue of MPP establishes, weakened health systems and disrupted health services, job and income losses, limited or no access to school, and travel and movement restrictions also bear directly on the well-being of children and young people, especially among those whose lives are already marked by insecurity.

One way to identify the extent to which **public policy responses** around the world may be taking such vulnerabilities into account is through the Migration Governance Indicators (MGI) collected in 51 countries and the SDG 10.7.2 data. As Andrea Milan and Reshma Cunnoosamy (IOM GMDAC) show in this special issue of MPP, access to health care for migrants is sometimes considered to be informal and uncertain. Barriers to migrants’ access to health care mentioned in one or more MGI assessments include:

strained resources in the health-care system; lack of access to health services for populations in remote areas; and the fact that migrants may not be aware of the availability of health care to them, irrespective of their status.

The COVID-19 pandemic might also exacerbate inequality in access to health care for migrants in an irregular status, especially if internal movements are restricted and information is not available in a language migrants understand. Interestingly, however, some 86 per cent of governments consulted by the 12th UN Inquiry on Population and Development reported that they provided essential and emergency health care to all non-nationals, regardless of their migratory status, while 8 per cent indicated that they provided such services only to those with a regular migratory status (6% did not respond). This is thus also likely to apply in the current pandemic, potentially leaving migrants with an irregular status without access to essential health care during the COVID-19 outbreak.

The above situation is further compounded by the inability of migrants to move out of their host countries and to redirect their migratory journeys. The result of this is that many migrant workers, in particular, have been left stranded by COVID-19 job losses and are unable to be repatriated to their home countries. *El Pais* recently reported that there was evidence that a number of Maghreb nationals were now paying smugglers to get them out of Spain and returned home – what one could refer to as “**reverse smuggling**”.⁶ This in addition to the fact that a number of African countries have now instituted a ban on the landing of many flights coming from Europe.⁷

On the **economic front**, due to travel and other restrictions, labour migration flows have been reduced drastically, resulting in declining economic activity, as well as in a range of family and food security issues. On 22 April 2020, the World Bank predicted that global remittances could decline sharply by about 20 per cent in 2020 due to the economic crisis induced by the COVID-19 pandemic and the shutdown. The projected fall, which would be the sharpest decline in recent history, is largely due to a fall in the wages and

⁶ See <https://elpais.com/espana/2020-04-23/mas-de-5000-euros-por-escapar-de-espana-en-patera.html>.

⁷ Lena Kainz (2020): As COVID-19 Slows Human Mobility, Can the Global Compact for Migration Meet the Test for a Changed Era? MPI Commentary www.migrationpolicy.org/news/covid19-global-compact-migration-faces-test.

employment of migrant workers, who tend to be more vulnerable to loss of employment and wages during an economic crisis in a host country. Remittances to low and middle-income countries (LMICs) are projected to fall by 19.7 per cent to USD 445 billion, representing a loss of a crucial financing lifeline for many vulnerable households.⁸

The article by Blanca Navarrete (DHIA, A.C.) and Gabriella Sanchez (Migration Policy Centre, European University Institute) in this special issue of MPP provides an empirical account of the day-to-day consequences of the pandemic in Ciudad Juárez, a city on the Mexican side of the United States–Mexico border and one of the main hubs for the processing of people seeking asylum at ports of entry along the United States. The article shows that the outbreak of COVID-19, and the Government’s decision to suspend all non-essential business, have brought an end to many of the employment options and income sources available to migrants, asylum seekers and refugees. As a result, many have had to turn to shelters, most of which, however, have ceased welcoming new residents as a result of the risks of contagion. The inability to afford housing or to be admitted into a shelter has further exposed migrants and asylum seekers to scams, thefts, kidnappings, temporary abductions, and torture in the city.

On the other hand, as van Selm indicates in relation to the United States, 16.5 per cent of all health-care workers, and 28.7 per cent of physicians are of immigrant origin. Many of the immigrant physicians, surgeons and other professionals in the United States are on temporary visas (H-1B), meaning they can only work in the state and hospital-system which sponsored them. This of course reflects the situation in a number of other major host countries, as illustrated in the infographic below. This shows that migrants are a key resource and that many health systems would collapse without them. In that sense, it would be misleading to continue to portray migrants only as victims of COVID-19 and to fuel unnecessarily negative stereotypes and attitudes within society.⁹

The article by Marzia Rango and Emma Borgnäs (IOM GMDAC) in this special issue of MPP stresses that the ability to access timely and accurate statistics and analysis to monitor the implications of the pandemic will mark the difference between those who are successful at containing and responding to the pandemic and those who are not. National population censuses, in particular, are costly exercises and with governments facing economic downturn and diverting resources towards responses to the pandemic, these are likely to be postponed. In an interview for this special issue of MPP, Diego Iturralde, Chief Director, Demography at Statistics South Africa and Co-chair of the United Nations Expert Group on Migration Statistics, suggests that data collection generally, including the implementation of censuses, will need to change drastically as a result of the pandemic. In particular, face-to-face data collection cannot be the norm anymore and changes in the data infrastructure will be needed in order to accommodate such a development. Questionnaires will need to become shorter in order to not lose the attention of respondents and this may mean that some questions or themes will be left out, including those on migration. In this respect, there would be merit for the migration sector to have its own survey such as a World Migration Survey.

Routine data collection through administrative systems such as population registers may also be disrupted with mobility restrictions and lockdown measures in place. On the other hand, big data – the vast and complex amounts of data generated in real time by users of mobile phones and online platforms as well as by digital sensors – have continued to be collected at little to no extra cost by private entities. The potential of these data sources lie in particular on their wide coverage (the entire population of users of mobile phone devices or social media) and the possibility to reach individuals that may be hard to reach through traditional data collection mechanisms, such as people living in remote locations or in contexts of natural disasters or political instability. These data can offer high levels of spatial and temporal resolution, rich information and can be available at virtually no cost, depending on the possibility of accessing these from the data owners.

⁸ See www.worldbank.org/en/news/press-release/2020/04/22/world-bank-predicts-sharpest-decline-of-remittances-in-recent-history.

⁹ See figure on page 5.



SHARE OF FOREIGN-BORN DOCTORS AND NURSES IN SELECTED OECD COUNTRIES, 2015–16



Note: The OECD countries in this infographic are among the 15 countries with the highest number of confirmed cases globally as of 22 April 2020 (WHO, 2020).

■ % FOREIGN-BORN DOCTORS ■ % FOREIGN-BORN NURSES

Source: OECD, *Recent Trends in International Migration of Doctors, Nurses and Medical Students* (Paris, 2019).

© IOM's GMDAC 2020
www.migrationdataportal.org

Since the beginning of the COVID-19 outbreak, a large number of reports and articles have been released to document the effects of the pandemic on migration. However, how many of them have relied on **solid data sources**? See also <https://youtu.be/3w5BBij-xl4>.

One additional data source of relevance to the pandemic is IOM's Displacement Tracking Matrix (DTM) which has been at the forefront of providing much needed information on displaced and affected populations over several years. As the article by Eduardo Zambrano, Gretchen Bueermann and Duncan Sullivan (IOM) suggests, close monitoring of measures affecting travel and transit through entry points will play a crucial role in the future of travelling. Travel restrictions were implemented so quickly around the world that many people including migrants were left stranded. Restrictions data also shows that there are exceptions in place allowing some movements under certain conditions.

Finally, the need to establish a solid data collection base to measure the impact of COVID-19 on migration is further justified by the rise in misinformation and fake news facilitated by today's digital technology, including on the origins and the spread of the pandemic. As the article by Marie McAuliffe, Celine Bauloz and Adrian Kitimbo (IOM) in this special issue of MPP shows, the significance and implications of COVID-19 can only be sufficiently understood and articulated when contextualized and rooted in current knowledge of migration. This explains a number of initiatives, such as Lancet Migration's [Migration and COVID-19 Forum](#), the UN Network on Migration's [COVID-19 Community of Practice: Voices from the Ground](#), COMPAS's [Coronavirus and Mobility Forum](#), ICVA's [COVID-19 Resources](#) and IOM's [COVID-19 Analytical Snapshots](#), since the outbreak of COVID-19. Blog posts provide a platform for experts, including academics, to share their research and analysis to a greater audience, and they also publish at a much faster pace that simply cannot be accommodated by academic publications, which incorporate peer review and other quality-related processes. The number of webinars and new websites on C19 has expanded drastically in recent weeks and IOM has recently identified some 18 portals dedicated exclusively to COVID-19. In an effort to make it easier for policymakers to access and understand data on migration and COVID-19, IOM recently added a new section to the Global Migration Data Portal on this subject.

Lessons drawn from **past global crises** may help policymakers understand and respond to the COVID-19 outbreak.

In their article for this special issue of MPP, Irene Schöfberger and Kenza Aggad (IOM GMDAC) explore the effects that the financial crisis of 2008, the Arab Spring in 2011 and the migrant emergency in 2015 have had on migration policies, migration flows and migrants' potential to contribute to household resilience and national development in their countries of origin. Building on the examples of European and West African policies on migration, the authors show that it has proved increasingly difficult for European and West African States to identify shared approaches on migration within and between regions. Divergences were linked to different needs and policy priorities regarding regular and irregular migration – for example, in Europe the economic downturn increased existing national divergences regarding demographic and labour market needs and consequently regarding regular migration opportunities for migrant workers. The Arab Spring that took place in many Arab countries in 2011 contributed to strengthening national divergences, as well. Increasing migrants' arrivals from Syria and other countries in 2015 exacerbated existing divisions within the EU, in particular between States at the external borders and others. Data shows that, during the 2008 financial crisis, flows to European countries with higher unemployment rates such as Italy and Spain decreased more and for a longer time than flows to other countries. On the other hand, data on remittances sent from EU to ECOWAS member States shows that during the economic downturn remittances have been more resilient than FDI and ODA, even if their increase rate decelerated.

So what is the **way forward**? There are probably four key policy areas that will merit special attention in the coming months as the global response to the migration-related effects of COVID-19 gains momentum: Combating xenophobia/promoting inclusion; assisting stranded migrants; ensuring that migration responses support health systems; and reducing negative socioeconomic impacts.

As an article published in *Health Hum Rights* in 2018¹⁰ had pointed out, in order to comply with international human rights law, it will be key that states provide essential health services, especially disease prevention services, to migrants as well as to their own nationals. This is despite the fact that

¹⁰ Wickramage K., Gostin L.O., Friedman E., et al., Missing: Where Are the Migrants in Pandemic Influenza Preparedness Plans?. *Health Hum Rights*. 2018;20(1):251–258. Available at www.ncbi.nlm.nih.gov/pmc/articles/PMC6039731/.

many States have explicitly indicated to international human rights bodies and in domestic legal frameworks that they cannot, or do not wish to, provide migrant groups with the same level of protection that they offer their own citizens. Migration governance is a matter of national sovereignty, whereas pandemics and other novel diseases transcend local, national and regional boundaries. Migration is framed by general international law, where the human rights of all people, including migrants, are an integral part of public international law. The legally binding nature of the right to health and its principle of non-discrimination remain key underpinnings to advocating for non-nationals' access to health care.¹¹

Furthermore, as Landis Mackellar (Population Council) reflects in this special issue of MPP, the link between migration and the health sector has long been studied in the context of brain drain. As the infographic above has shown, a disproportionate share of skilled health professionals in the North – doctors, nurses, pharmacists, nutritionists – are immigrants. And a disproportionate share of these health-sector workers will be lost to the virus, including because of attrition due to burnout. Can migration help to fill their places without exacerbating brain drain? The United States is already in the process of accelerating visa procedures for medical professionals, while in Italy, medical students have been drafted into hospital work.

On the other hand, with new waves of the virus now predicted to occur in the autumn or winter of this year, will international students from China and elsewhere be able to travel to Europe, North America and Australia and will there be any sharp fall in “talent mobility”?

One added challenge that is likely to emerge in the coming weeks and months is the possible diversion of existing budget allocations from traditional, non-COVID migration and refugee measures to the COVID-19 response.

The policy implications of COVID-19, particularly in the field of migration, will continue to drain the attention of policymakers and experts for many months to come. While the findings and analysis provided in this special issue only reflect the state of knowledge as of the end of April 2020, *Migration Policy Practice* will continue to monitor developments in this area and to publish updates and new research on a regular basis.

Lastly, this issue marks the tenth anniversary of *Migration Policy Practice*. The editors and editorial team would like to thank all their authors and readers for their contribution to the establishment and recognition of MPP as the only international journal directed at migration policymakers worldwide. ■

¹¹ Ibid.



COVID-19: Demography, economics, migration and the way forward

F. Landis MacKellar¹

This article is more a gazetteer than an analytical piece. It was written to frame the contributions in this special issue of *Migration Policy Practice*. The current mantra “Nothing will ever be the same again” is hyperbole, but COVID-19 without doubt marks a *caesura* requiring migration policymakers and practitioners to reflect on the future. Here, I set out the epidemiological basics of pandemics, then offer views on the demographic, economic, and migration impacts of COVID-19. A closing section reflects on the choices it imposes.

Epidemiology 101

A pandemic refers to a situation in which a new infectious pathogen, one to which few in the human population have immunological resistance and which is easily transmissible between humans, establishes a foothold in the human population, at which point it spreads worldwide. A pandemic is an infectious disease epidemic writ broad, crossing international boundaries and infecting large populations. In common usage, we equate the term with high mortality and death, and indeed, most pandemic agents are highly pathogenic. Yet, the pathogen does not wish to kill you; in fact, that is the worst outcome from its point of view. It wishes to keep you alive; out and about so you will spread it and its ilk to other hosts. That is the iron hand of evolution for you.

While the most infamous pandemic was the 14th century bubonic plague (“Black Death”), due to a bacterium, we are more familiar with viral pandemic influenza, which strikes, very roughly and on average, three or four times a century so far as the historical record enables us to estimate. In the twentieth century, there were three major influenza pandemics: a severe one precisely a century ago in 1918–20 (“Spanish Flu”) in which global excess mortality — mortality in excess of what would have been

expected in the normal course of affairs — may have been as high as 100 million, a mild one in 1957–58 (“Asian Flu”) in which excess mortality was about one million, and another mild one in 1968–69 (“Hong Kong Flu”), in which excess mortality was also on the order of one million. In 1918–20, overall attack rates (identified cases divided by the total population at risk for a defined period) have been estimated between 33 and over 50 per cent and, while the conventional case-fatality rate estimate is 2.5 per cent, some estimates are much higher. The 1957–58 and 1968–69 pandemics did not come close on either statistic.

How do pandemics begin? One scenario for producing a novel virus is the combination of segments from a human virus and an animal virus. However, so-called reassortment is not a necessary condition for the emergence of a pandemic virus: the deadly 1918 virus appears to have been an avian virus that mutated spontaneously to affect humans. Asia, and specifically China, have long been recognized as frequent origins of pandemics because of the propinquity of persons and animals on ill-kept farms and because of the propensity to eat exotic animals kept under unsanitary conditions in sloppy markets. There is, as of this writing, no established origin for COVID-19; nor will there, perhaps, ever be. As usual, conspiracy theories abound, gratifying their believers with the conviction that they are privy to knowledge reserved for them alone. Sober scientific opinion tends strongly to bats and wildlife markets in Wuhan, China with an intermediate host between bats and humans. WHO’s early response is debated. Bats or no bats, China or no China, WHO or no WHO, what is clear is that COVID-19 is exquisitely transmissible from human (including, and crucially, from asymptomatic carriers) to human in everyday life, with catastrophic consequences. While apparently not nearly so lethal as other recently emergent infectious diseases such as Severe Acute Respiratory Syndrome (SARS), Middle East Respiratory Syndrome (MERS), Ebola, and Human Immunodeficiency Virus Infection and Acquired Immune Deficiency Syndrome (HIV-AIDS), it is more threatening.

¹ F. Landis MacKellar is Senior Associate at the Population Council in New York and Editor of *Population and Development Review*.

How do pandemics end? While serious epidemiologists use far more complex models, a staple of the field is still the SIR model – Susceptible, Infected, Recovered. At the outset, the entire world population is susceptible because of the lack of immunological protection. A rising share become infected over time. Some die (the acronym omits these, perhaps out of delicacy; or substitutes “Removed”). Those who recover have acquired immunity, so the susceptible population diminishes – “herd immunity” is the term of art. It is because of the power of herd immunity that the scientific community is, in overwhelming majority, dismayed by the populist anti-vaccination movement.

SIR is, like all models, a simplification and in thrall to the exogenous assumptions made. Is immunity lasting? Far from clear. As in 1918–20, pandemics can be characterized by waves, and a likely longer-term outcome is that what was a pandemic disease establishes itself globally to become a recurrent, endemic one. In this scenario, it never goes away, it just becomes more manageable, perhaps because of partial immunity (at either individual or population level) or the development of a vaccine. Vaccine development would take us beyond the scope of this article, but conventional estimates of 12–18 months from identification of the virus to the Huzzah! moment are credible, if optimistic. After that, the vaccine must be manufactured by a global pharmaceutical industry that is far from well-gearred for vaccine production (only relatively exotic vaccines are profitable, so much will depend on a combination of good will, moral suasion, and subsidies) and gotten into people’s arms by a global public health system that is far from ideal. Nor is that the time to declare victory. Viruses mutate, sometimes with consequences for vaccine efficacy. COVID-19 and its viral descendants are going to be with us, and we with them, for years to come. To conclude, the many military analogies being used today, the virus as enemy to be destroyed, etc., are misleading. There is no victory over infectious disease; there is at best *pax in bello*; an uneasy truce in a deadly quarrel declared by evolution which no masterpiece of science will settle.

The demographic impact of COVID-19

Headcount statistics are like Wikipedia – a bad place to stop, but a good place to start. Aggregate statistics do not inform about impacts at regional or sub-population level, nor do they say anything about differential impacts as between the haves- and have-

nots. But a pandemic is a global event and it should, at first instance, be globally assessed. COVID-19 is a consequential demographic event, but needs to be put in perspective. The “Black Death” killed some 75 million, the “Spanish Flu” perhaps as many as 100 million. As to the first, restricting ourselves to Europe, where the estimates are more reliable, close to half the population died. Globally, the death toll may have been on the order of 20 per cent, but that number is speculative. In 1918–20, global population was a bit lower than 2 billion. “Spanish Flu” mortality of 100 million (there are also estimates much lower) would have represented 5 per cent of the world’s population.

With early (March 2020) shaky estimates of 40 million deaths from COVID-19 in a no-mitigation scenario² and a world population of about 8 billion, this virus is a bagatelle in relative global historical demographic terms. We are nowhere near the scale of 1918–20. In the United States, where statistics are reasonably sound, the “Spanish Flu” killed 675 thousand (the U.S. Centers for Disease Control estimate) out of a population of about 100 million; say two-thirds of a per cent. The Imperial College modelling group estimated that a no-mitigation scenario in the United States would result in 2 million deaths out of a population a bit over 300 million, on a par with the “Spanish Flu.” But that is a “business as usual” scenario. If current estimates from the respected Institute for Health Metrics and Evaluation at the University of Washington that build in assumptions on social distancing are correct,³ COVID-19 will kill about 70,000 Americans, nowhere near the relative toll of 1918–20. Or, consider HIV-AIDS. The UN estimates that worldwide, 35 million persons have so far died of AIDS. Taking the year 2000, when population was roughly 6 billion, as a midpoint in the HIV-AIDS pandemic to date, that represents about 0.6 per cent of the population.

The age distribution of COVID-19 morbidity and, above all, mortality, is a crucial variable. Seasonal influenza has a V-pattern – the very young and the very old are at greatest risk of death, minimizing immediate economic impact. The 1918–20 influenza pandemic, by contrast, had a lethal W-shaped attack curve, with the greatest toll being among persons

² See www.imperial.ac.uk/media/imperial-college/medicine/sph/ide/gida-fellowships/Imperial-College-COVID19-Global-Impact-26-03-2020v2.pdf.

³ See <https://covid19.healthdata.org/united-states-of-america>.

in the prime of their working years (unlike seasonal influenza, there was also a curiously pronounced sex bias; the virus mercilessly attacked pregnant women). The current view, based on preliminary evidence from developed countries, is that COVID-19 most seriously affects the aged. If it turns out to be correct worldwide, impacts on labour force and the economy will be mitigated. A significant share of COVID-19 mortality will, moreover, represent “early harvest” – those in poor health, especially the aged, who would have died shortly even absent the virus. The classic example of this is heat waves such as the deadly 2003 *canicule* in France.

That is good news. The bad news is that the demographic impact of COVID-19 on the developing world will without question be greater than its impact on the developed world. Health systems are weaker and the proportion of households living in precarity is higher. The only region which might have slight demographic edge is Africa because of its youthful age structure, but this advantage will be swamped by the prevalence of poverty and the fragility of health systems, plus the prevalence of co-morbidities such as tuberculosis, untreated hypertension, etc. Within national boundaries, it is a safe bet that the impact on the rich, with their access to medical care and generally better health status prior to the onslaught of the pandemic, will be less than the impact on the poor. A rural–urban differential is speculative at this stage. Social distance favours the rural population, but the urban population is better covered by the public health system.

The economic impact of COVID-19

Not for nothing is economics called the dismal science. In the debate over “restarting” economies, the ink spilled on balancing lives saved by economic lockdown versus dollars lost would float a battleship. Without debating the empirics, suffice it to say that the monetary value of a year of life saved or lost has been a staple of conventional economic analysis since the 17th century; the insurance industry would not exist without it, nor would tort law have any means of placing a valuation on wrongful death liability. COVID-19 presents economic and health policymakers, moral philosophers, and medical ethicists alike with nice issues, but the questions are valid and these professionals are not lacking for intellectual gear to analyse and debate them. In medical school, you are taught that death is the enemy. In the policy world, death takes its place among enemies on all fronts.

The authors of the articles that appeared in the July/August 2005 special issue of *Foreign Affairs* at the height of concerns over pandemic Highly Pathogenic Avian Influenza (“Bird Flu”) were unanimous in the view that the global economy would simply shut down in the event of pandemic influenza. This view was speculative and overlooked the fact that in 1918 the global economy did not, in fact, skid to a halt. If anything, after it took the hit, it caught up by means of accelerated rates of growth. As of May 2020, the wheels of commerce continue to grind (slowly). However, that is cold comfort when the immediate impact of COVID-19 is obvious in the form of declining household income, increased demand for precautionary balances (even real ones, like drink and toilet roll), shuttered storefronts, unpaid residential and commercial rent, plummeting appetite for risk in the financial markets, and so on. There is universal agreement among economists that we are facing, if not a global depression, then at least the Mother of All Recessions. In developed countries, there will be a tsunami of corporate bankruptcies as the bubble born of years of cheap credit collapses. “Recessions uncover what auditors failed to find” is an old Wall Street saying. Whatever the rescue operations undertaken in countries that can afford them, particularly hard-hit will be small- and medium-sized enterprises. The informal sector in emerging economies, and in particular own-account petty entrepreneurs – cigarette- and street food vendors and the like – cannot benefit from any public support at all apart from the meagre social assistance safety net. The social consequences may be appalling. Disparities of all kinds – between those working in the information economy and those whose income depends on physical presence, between those with secure employment contracts and those in the gig economy – can only widen. A crisis in social protection is unfolding.

All recessions, like all wars, must end. Whether the global economic recovery from COVID-19 will be robust and sharp or puny and prolonged is a question outside the scope of this article, but there are arguments on both sides. Your author’s view tends towards the pessimistic. Initial macroeconomic conditions in the developed world – zero or even negative real interest rates, high government debt, and ponderous central bank balance sheets – are not encouraging. The brisk response of the major economic powers to pour cheap credit into the system is well in line with lessons learned from past crises. But debt – government, corporate, household – has, like evolution, an iron hand. We borrow against

the future to scrape through the present; but that simply amounts to our shifting consumption then to consumption now. When those debts come due, that iron hand can only weigh down on the recovery from COVID-19. Consider the global economy as a train pulled by a few locomotives: the United States, China, Europe (especially Germany) and Japan. Ask yourself when and how will those locomotives pick up a head of steam.

Nor is it only consumption that will be affected. As the stock of debt out there bloats, it will go down in value and, along with it, the attractiveness to the capital-rich of lending to the capital-poor to finance the projects that fuel economic growth and escape from poverty. There is, in fact, sound empirical evidence that real interest rates, and by extension the rate of return to capital, are depressed by pandemics. Which is sensible – in a two-factor world, a shock reducing the one (labour in the case of pandemics, capital in the case of war) raises its scarcity relative to that of the other. In England, the “Black Death” raised real agricultural wages, and reduced agricultural rents, to levels not seen again until the Napoleonic Wars (1803–15) and the Year Without a Summer (1816).

The migration impact of COVID-19

However multi-dimensional migration is, it is ultimately decision-driven based on individual- and/or household-level risk-adjusted assessments of two states of the world – staying put versus migrating. “Forced” migration is not always forced; rather, the consequences of remaining in place are, however bleak the alternative, unbearable. Migration, whether the decisionmaker is the individual seeking to better her prospects or the household seeking to diversify risk in the presence of incomplete insurance and options markets, is costly and fraught with uncertainty.

The near-term impact of COVID-19 will be plunging rates of out-migration. Those who wish to migrate will be forced to delay; those who have been considering it but have not yet made up their mind will wish to defer the decision. These observations will apply equally to regular and irregular migration. There is already underway a mass return migration (Afghans from the Islamic Republic of Iran and Pakistan; Venezuelans from Colombia, Tajiks from the Russian Federation and Kazakhstan, workers from the Gulf, etc.) as jobs are lost and migrants have no access to the social

safety net. Over the longer term, the importance to communities of origin of remittances from those securely installed abroad will rise and may discourage return, but that is nowhere near on the horizon yet.

In the medium term, softening the impact on out-migration, COVID-19 is likely to affect most those (the aged) who are least likely to migrate. But, and particularly in the case of South-to-North migration, the young may persist in their migratory intentions, simply because the risk-adjusted here-versus-there comparison alluded to above is so overwhelmingly in favour of packing up and leaving. And, as it ravages the poorest countries, COVID-19 is unlikely to increase the attractiveness of staying.

In the long term, global migration responds to structural factors: demographic imbalances, labour market opportunities and real wage rate differentials, the substitutability of capital and labour, relative goods prices via the Stolper-Samuelson Theorem, etc., not to mention technological change affecting flows of information, the economic and inconvenience costs of movement, and the psychic costs of distance. As described above, COVID-19 is not on a scale to fundamentally shift the two fundamental global demographic parameters – a large, youthful population in the developing world and a small, ageing one in the developed world. Nor will it change flows of information or the psychic costs of distance.

But migration is only part of global mobility; globalization also encompasses goods, services, capital, and information. COVID-19 is already increasing “home bias” – the preference for domestically produced goods and domestic assets over imported and foreign ones. That could represent a persisting downward shock to foreign direct investment (equity investment in foreign countries), the engine of globalization and of growth in the developing world. More specifically, the pandemic has already caused a fiasco in the form of strategic export limitations – shipments by a U.S. firm of masks to Germany interdicted, exports of strategic medical products from Germany blocked, and so on. At least in the health sector, globalization’s obsessive focus on just-in-time-delivery supply chains will be discredited, with significant efficiency costs. We shall see what happens with food supply chains. One hopes that the lesson learned will be to diversify sources, not manufacture/grow at home.

In the long run, it has been argued, migration policy has little dominion over the fundamental demographic, economic, technological and environmental factors. Scholars are quick to identify inconsistencies; “You can’t get there from here” narratives. A classic of the genre is that get-tough immigration policies prompt a now-or-never surge and make irregular migrants currently in place reluctant to return home for fear of being unable to get back in. But, as Keynes famously remarked, in the long run, we are all dead, and until then, migration policy has a reasonable degree of force. Sound migration policies can mitigate the effects of COVID-19, while ill-considered ones can magnify its economic and human cost.

Travel restrictions – closing the borders – can, if prompt, delay the domestic emergence of a novel infectious disease, but by a matter of days or weeks, no longer. Prince Prospero learned that (over a slightly longer time frame) in Poe’s *Masque of the Red Death*. The border card has already been played at the COVID-19 table, with little effect. The increased friction of mobility – forms to fill out, attestations to be filed, temperatures to be taken – will persist, because restrictions of any kind are quick to appear but slow to disappear. There is the iron hand of the administrative state for you. Yet ultimately, just as we still grudgingly take off our shoes to get on an airplane, we will continue to move.

Closed borders are far less effective than in-country “social distancing,” which itself, even if properly implemented, can only mitigate the course of a pandemic over a time frame of weeks. But infectious disease has always led to scapegoating of the Other. Thucydides relates (2.48.2 of the *History*) that Athenians blamed the Peloponnesian invaders for the plague (likely typhoid fever) of 430 BCE. When your author moved to Vienna in 1994, it was common café knowledge (and probably still is) that the tick-borne encephalitis preventing you from gamboling barefoot in the park had been imported by the Russian occupier. Nationals of the Republic of Korea are predictably blaming Chinese, Chinese are blaming Africans, and Africans are blaming Chinese (and Europeans). Someone will start soon, and in no particular order, blaming the U.S. Central Intelligence Agency, the Chinese People’s Liberation Army, Jews, Freemasons, and the *Illuminati*; no doubt they already have. The instrumentalization of COVID-19 to pursue restrictive immigration agenda, as is recently emerging in the United States, is as predictable as it is regrettable. Experience with COVID-19 to date has documented

more cases of the virus carried by returning nationals (Ecuadorian circular migrants returning from Spain, Romanian circular migrants from Italy and Spain, Chinese students from universities abroad, European ski tourists from Tirol in Austria, deportees from the United States to Guatemala) than cases of foreigners importing disease.

“Keep them out” and “Kick them out” go together hand in glove. Irregular migrants are, by definition, in a vulnerable and precarious situation. To be candid, with no sick-leave protection in their precarious jobs, no access to the public health system or other forms of social protection, even social assistance; living hand to mouth, in fear of expulsion, they are infectious disease vectors of particular concern. To the public health practitioner, they are a classic hard-to-reach group who must be covered in any effective response. The response to HIV-AIDS, which directly affected primarily men who have sex with men, intravenous drug users and sex workers, established definitively the importance of outreach and open access to testing, care and support. Under pandemic conditions, any immigration policy incoherent with this – and most are – is placing the health of the entire population, not just the unwelcome irregulars, at risk.

The situation of refugees in camps and irregular migrants in detention centres is of particular concern and would require an article in itself. “Social distancing” and enhanced attention to personal hygiene are impossible under many such circumstances. Worsening the situation, UNHCR and IOM have been forced to suspend their resettlement and voluntary return and reintegration programmes.

An area of special interest is the link between migration and the health sector, long studied in the context of “brain drain.” A disproportionate share of skilled health professionals in the North – doctors, nurses, pharmacists, nutritionists, etc., – are immigrants. A disproportionate share of these health-sector workers will be lost to the virus due to exposure; others will be lost to attrition due to burnout. Can migration help to fill their places without exacerbating brain drain? The United States is already in the process of accelerating visa procedures for medical professionals. Could the process of qualifying those in place with foreign qualifications be expedited? In Italy, medical students have been drafted into hospital work. At the bottom of the health ladder, a disproportionate share of workers – nursing home assistants, home care providers, hospital cleaners, pharmacy clerks, morgue

attendants, etc., – are also immigrants, not all of them regular. Do we round up the irregulars and kick them out? What applies at the bottom of the health ladder also applies to farm workers. The United States and United Kingdom are already scrambling to ensure that temporary workers at the crop-picking end of the national food supply chain are available for the harvest despite travel restrictions.

Who took their eyes off the public health ball?

The answer to that question has got to be the worst-kept secret in show business: We all did. COVID-19 has elicited a great many descriptions of the virus as “enemy.” No. Enemies have interests opposed to our own. As stated above, the virus and humanity, far from disagreeing, have a shared interest in mutual survival dictated by the iron hand of evolution. In the words of the great American philosopher Pogo (paraphrasing U.S. naval officer Oliver Hazard Perry’s famous despatch regarding the 1813 Battle of Lake Erie), “We have met the enemy and he is us.”

Experts have warned about pandemic influenza for years. In 2005, in the pages of the March issue of *Population and Development Review*, the distinguished scholar Vaclav Smil rated a catastrophic infectious disease pandemic as the “transformational” global event most likely to occur over the next half century, easily beating out nuclear war, being hit by an asteroid, etc.

Yet, despite the logistical horror stories being played out around us, the howls of the public health lobby and its political supporters need to be taken with a grain of salt. One, you will never spend enough on public health to slake that lobby’s fiscal thirst. Its utility function is lexicographic: any policy bundle offering more to public health is preferred to all others offering less. Two, pandemics represent a classic peak-load health system problem, and in areas from energy and transportation system design to catastrophe response (earthquakes, storms, etc.), no one designs a system capable of dealing with peak load through brute strength. Opportunity costs matter; it is simply too expensive. Three, memories are short. In seasonal influenza, boom-and-bust cycles are a familiar policy story – think of the so-called cobweb model in commodity markets, complexity theory’s first tiptoe into economics in the 1960s. Either the grain bins are bulging or they are empty; it depends on what prices were like last season. When they are empty, prices skyrocket, with predictable consequences for the

planting season. Similar dynamics apply to the oil and gas industry with its exploration cycle, and elsewhere. Introduce random shocks, not even very significant ones, and the on-off system dynamics become, to use properly an overused adjective, complex. A bad flu season leads to a shortage of vaccine and public outrage at not being able to obtain it; the next season is mild and stock shelves groan under the weight of vaccine that no one showed up to be jabbed with.

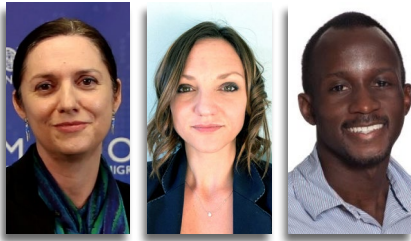
It is not scale and a fail-safe, belt-and-braces approach, but rather resilience, flexibility, and equity that we want in the public health system response to crises such as COVID-19. To the extent that these are not in evidence, policymakers have indeed failed. The scandal of the U.S. failure to design an inclusive health-care system has been thrown into relief by the differential impact of COVID-19 on African-Americans, more likely to catch it because of their living conditions, more likely to die of it if they do because of untreated co-morbidities such as obesity, hypertension, and diabetes. Immigrants to the United States at the lower end of the income distribution have similarly high rates of these co-morbidities.

The way forward

“Every problem,” the Jesuits teach (I am told), “presents an opportunity.” Every crisis contains a silver lining in that it forces the balancing of and choice between hard policy alternatives. One response to COVID-19 is to turn inward. This may be the angry populist prescription. But another is to recognize, in the face of crisis, that we are all in this together and to strengthen the fundamentally cooperative international institutions and agreements that have delivered three-quarters of a century of economic and social progress since the end of the Second World War.

A great deal has been written, particularly since the 1980s, about the globalization of disease and the dangers it poses. But against the globalization of infectious disease spread should be set the globalization of infectious disease response, both policy-related and scientific. In 1918, it took months for the scale of the catastrophe to be appreciated, virology was in its infancy, and the clinical arsenal contained little to help the ill. With COVID-19, the novel virus was identified and sequenced within weeks and the race for a vaccine was up and running. Epidemiological theory and the data

and computational power to back it up have never been stronger. Economics dissertations and articles spanning decades have analysed policy responses to Great Depression, the Third World Debt Crisis, the 1986 stock market crash, the Dot-Com Crash, and the Global Financial Crisis. *Ipsa* scholarship in the broad social and policy sciences. With a tip of the hat to the late U.S. Senator and sociologist Daniel Patrick Moynihan, the stack of academic literature on how to respond to catastrophes such as COVID-19 would, if dropped from a first-floor window, crack your skull. Science, – medical, natural, social, and policy – is on top of COVID-19. Whether governance – national, local, international, supranational, and global – is on top of it will emerge in coming years. ■



The challenge of real-time analysis: making sense of the migration and mobility implications of COVID-19

Marie McAuliffe, Céline Bauloz and Adrian Kitimbo¹

Introduction

Traditional and social media are currently flooded with new information, data and analysis on COVID-19. Most of this new output is understandably focused on the primary concerns of this unprecedented global health crisis, and yet as the pandemic expands and deepens, we are seeing more output on systemic issues, such as its migration and mobility dimensions. In fact, publishers of all types – news outlets, blogs, scientific/academic journals, government authorities, social media platforms, think tanks, UN agencies – are under pressure to remain relevant and contribute knowledge by producing analysis on COVID-19. This is, of course, not new. In 2015, for example, we witnessed an explosion in reports on the so-called mass migration crisis to Europe as writers, analysts, regulatory authorities and readers struggled to make sense of the scale of the movement and the various humanitarian and other responses it sparked.

Unlike the 2015–16 events in Europe, however, COVID-19 is a global crisis affecting almost all countries and territories around the world as well as their entire populations. As at 15 April, there were around 2 million confirmed cases of the disease in 185 countries/territories, that had resulted in over 125,000 confirmed deaths (John Hopkins University, 2020). The combination of high transmission and severity means that this pandemic is forcing all of us – policymakers, practitioners, analysts and the public – into uncharted territory. Despite many clinical, social and economic unknowns, there remains significant pressure to fill the knowledge gap, especially to inform effective responses being developed in real time.

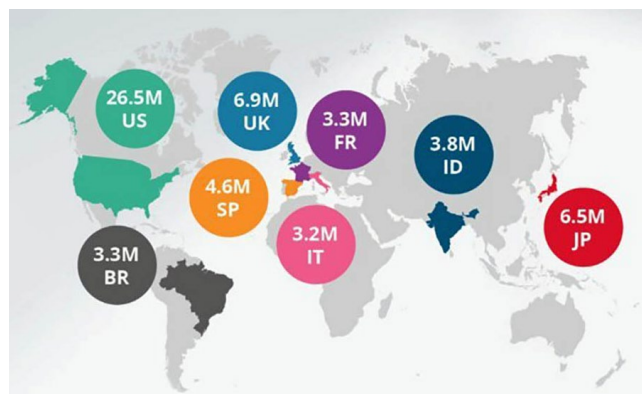
While acknowledging that much of the emerging evidence is on the health impacts of COVID-19, there is increasing analysis on its migration and mobility impacts and implications. This article examines the analytical challenges the pandemic presents,

and examines how we can make sense of these unprecedented changes by drawing on existing knowledge and rigorous analysis to understand new evidence as it emerges. A brief survey of current output is offered along with key initiatives and resources that have quickly emerged for policymakers, practitioners and researchers – all of whom will need to better understand and address COVID-19 for many months to come.

Anecdote versus analysis

The extent to which COVID-19 has gripped our collective consciousness can be reflected in social media posts, which bring together micro (self)publishing output globally by a wide range of producers, ranging from traditional media outlets, political leaders, prestigious institutions and highly decorated scholars right the way through to vocal celebrities, opinionated individuals, anonymous trolls and an increasing numbers of bots (Ko, 2020; McAuliffe et al., 2019). The current data shows that COVID-19 has not “broken the internet” but it certainly has dominated it. For the week commencing 9 March, Synthesio reported that there had been 39.2 million organic mentions of COVID-19 on social media, while Sprinklr detected 20 million mentions across social media, blogs and news sites in a single 24-hour period (Suciu, 2020).

Figure 1: Social media mentions of COVID-19 by selected countries, week commencing 6 April 2020



Infographic: Synthesio, 2020.

Note: This map is for illustration purposes only. The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the International Organization for Migration.

¹ Marie McAuliffe is Head, Migration Policy Research Division, IOM. Céline Bauloz is a Senior Research Officer, IOM. Adrian Kitimbo is a research associate, IOM.

Undoubtedly, most of the social media mentions are likely to be anecdotal or opinion-based, with platforms tending toward “venting” of emotion rather than conveying information, evidence or analysis (Jalonen, 2014). What the mentions do demonstrate, however, is the scale of engagement as well as its geography. This means that we will be experiencing the ongoing publication of more (mis)information, data, analysis and research on COVID-19 throughout the world for months, if not years, to come. The challenge to filter, digest and understand new material is not a new one for migration policymakers, practitioners and researchers as highlighted in the *World Migration Report 2020* (IOM, 2019, p.125):

The evidence for policymaking that originates from rigorous analysis and research on migration is the prime source and starting point for policymakers...A key challenge for many is how to determine the relevance and quality of an ever-growing body of migration research and analysis. It can often be overwhelming to identify what is important, and what should be afforded weight, when faced with virtual mountains of output.

Key knowledge of migration: frames of reference for analysis

Existing knowledge, evidence and analyses allow us to place new information on COVID-19 within a frame of reference as it comes to light. Rather than looking only at the here and now, we need to be understanding change in terms of longer-term migration patterns and processes. The significance and implications of COVID-19 can only be sufficiently understood and articulated when contextualized and rooted in current knowledge of migration (see Table 1). For this reason, we have seen organizations and networks working on migration advance COVID-19 analysis through a number of initiatives, including for example:

- Lancet Migration’s [Migration and Covid-19 Forum](#)
- the UN Network on Migration’s [COVID-19 Community of Practice: Voices from the Ground](#)
- COMPAS’s [Coronavirus and Mobility Forum](#)
- ICVA’s [COVID-19 Resources](#)
- IOM’s [COVID-19 Analytical Snapshots](#)

Table 1: Key selected features of migration and possible impacts of COVID-19

Key features of migration	Impacts of COVID-19
<p>Remittances For many people in developing countries and regions, remittances are a lifeline, and play a critical role in meeting basic needs such as food and shelter.</p>	<ul style="list-style-type: none"> • Millions of migrants are grappling with job losses, lockdowns and the closure of businesses, with many now unable to send money to their families and friends. • For countries that are heavily dependent on remittances, reductions in inflows will have devastating impacts on their economies (Mora and Rutkowski, 2020). The gains that many low and middle-income countries have experienced, such as reductions in poverty, could recede (Raghavan et al., 2020).
<p>Migrant workers There were an estimated 164 million migrant workers globally in 2017. Most of these (68%) resided in high-income countries and regions, such as the Gulf.</p>	<ul style="list-style-type: none"> • COVID-19 has had a devastating impact on migrant workers, leaving many without jobs, stranded abroad and at greater risk of exposure to the disease. • In some countries, concerns have been raised over their safety, as many live in crowded, unhygienic labour camps, leaving them vulnerable to contracting the disease (McAuliffe and Bauloz, 2020). • Contracting economies and rising unemployment mean that many migrant workers will have to return home over coming months, adding to unemployment in origin countries.
<p>Displaced populations There were an estimated 41.3 million internally displaced persons (IDPs) in the world in 2018, while the number of refugees stood at nearly 26 million. Most displaced populations, including refugees and IDPs, originate and are hosted in developing regions.</p>	<ul style="list-style-type: none"> • Many developing countries in which most displaced populations are hosted have health-care systems that are both under-capacitated and overwhelmed. In some cases, health-care infrastructure has been severely weakened by conflict and violence (Kurtzer, 2020). • Many refugees and IDPs live in crowded conditions with poor sanitation and where social isolation is nearly impossible, raising fears that COVID-19 could spread quickly and prove difficult to contain (IOM, 2020d). • COVID-19-related travel restrictions are already having an impact on the delivery of humanitarian assistance, while there is concern that humanitarian funding could be impacted as donors divert funding to COVID-19 response (Parker, 2020). • Some countries have closed borders to asylum seekers, while refugee resettlement programmes have been temporarily suspended due to travel restrictions (IOM, 2020b; IOM, 2020d).

Key features of migration	Impacts of COVID-19
<p>Disaster and conflict events Environmental change and disasters are pronounced in some regions and continue to influence human movement and displacement.</p>	<ul style="list-style-type: none"> • The focus on COVID-19 is impacting disaster preparedness, leaving countries ill-equipped to respond when disasters strike. • It is also affecting humanitarian response to other crises, as travel restrictions limit the movement of workers, while inhibiting the transportation of supplies (IOM, 2020e). • Prolonging displacement events such as conflicts, especially in cases where peace processes have been abandoned or where assistance has been withdrawn (ICG, 2020).
<p>Irregular migrants Migration in several regions entails high numbers of irregular migrants, influenced by multiple factors, such as conflict, political instability and socioeconomic factors.</p>	<ul style="list-style-type: none"> • Irregular migrants are more vulnerable to the impacts of COVID-19 due to inability to access health services, risk of (or actual) detention, poor working/housing conditions with greater risk of exposure (IOM, 2020f). • COVID-19-related travel restrictions could increase irregular migration, as legal entry channels are closed. They could also change irregular migration patterns, which would reduce the ability of states to screen all international arrivals for COVID-19 and potentially risk further transmission (Mbiyozo, 2020).

Note: See *World Migration Report 2020* (IOM, 2019) for discussion of key features of migration and related sources.

Some research centres and think tanks have also either created or used their existing blog platforms to quickly share research and analysis of academic and applied researchers on migration and migrants. These blogs were created by migration research centres and other research institutions with a larger thematic focus that do often feature migration-focused posts (see Table 2 below). An initial analysis of one of the most influential blogs in the world – Agenda, published by the World Economic Forum – shows that the COVID-19 blog section in English included more than 550 posts related to topics as varied as health, well-being, economy, technology, development, sport, arts/culture as well as migration.²

Blog posts provide a platform for experts, including academics, to share their research and analysis to a greater audience. Blogs also publish at a much

faster pace that simply cannot be accommodated by academic publications, which incorporate peer review and other quality-related processes. That said, a number of scientific publishers have made existing COVID-19 research free to access online³ while others are fast-tracking the publication of COVID-19 articles. Much of this remains, of course, on medical research such that some are arguing that much-needed social science research findings are being overlooked when they are central in informing effective responses (Taster, 2020). Others are suggesting there exists a risk of “codivisation” of academic research, including in relation to migration, with accrued focus on securitization and the funnelling of research funding towards pandemic-related topics, attracting experts from other fields to turn to the subject without always having the necessary expertise (Pai, 2020).

Table 2: Selected blog platforms by research centres and think tanks

Migration research centres and think tanks	Other research centres and think tanks
<ul style="list-style-type: none"> • Centre on Migration, Policy and Society (COMPAS), Oxford • Migration for Development and Equality • Migration Policy Centre, EU • Migration Policy Institute 	<ul style="list-style-type: none"> • Africa Centre for Strategic Studies • Centre for Global Development • Centre for Strategic & International Studies • European Centre for Development Policy Management • Peace Research Institute Oslo (PRIO)

Misinformation

As any other “newsworthy events [...] likely to breed rumors” (Allport and Postman, 1946), the COVID-19 pandemic has attracted its share of misinformation and fake news, facilitated by today’s digital technology. This “infodemic” has first and foremost concerned incorrect or false medical advices to protect against the coronavirus (Charlton, 2020). While the World Health Organization and other experts have endeavoured to counter the spread of such dangerous misinformation for global health (WHO, 2020), fake news have also extended to theories on the origins and the spread of the pandemic. The current global health crisis has been exploited and manipulated to accommodate diverse political and other interests. Conspiracy theories by far/ultra-right, extremist and hate groups have flourished on social media, attributing, for instance, the origins of the pandemic to the development of a bioweapon, a tool set up to impose military and totalitarian regimes, an endeavour to disrupt the forthcoming U.S. presidential election and the deployment of 5G mobile network in Wuhan (ISD, 2020). As already highly politicized before the pandemic (McAuliffe et al., 2019), migration and migrants have not been spared from fake news and conspiracy theories on the spread of the coronavirus (ISD, 2020; Maniatis and Zard, 2020).

The misinformation surrounding the pandemic is symptomatic of today’s demand and consumption of instantaneous information produced, at times, by non-experts with, more or less intentionally, little consideration for evidence-based, balanced and rigorous analysis. Social media are the archetypical medium through which misinformation and fake news are nowadays convened and propagated due to the difficulty of oversight (Zubiaga et al., 2016). They further constitute one of the prime platforms where individuals access information, especially during COVID-19 lockdowns when media consumption is increasing (Jones, 2020). The UN has recently launched its Communications Response initiative to “flood the Internet with facts and science while countering the growing scourge of misinformation”,⁴ however, given the volume of (mis)information and mentions produced daily, the challenge is a daunting one.

Longer-term implications

With most countries and territories in the world now affected by COVID-19, global governance systems have been under pressure not seen since World War II. While pressures have been felt most on health, economic and social systems, early analysis is also showing that the pandemic is affecting critical areas of security, with some arguing that the pandemic has arrived as our “frameworks to prevent catastrophic confrontation are crumbling” (Nakamitsu, 2020). On the other hand, analysts are pointing to the ability of actors caught in entrenched conflict to soften their hardened positions based on the new paradigm, such as releasing political opponents from prison, collaborating on COVID-19 response with other nations and internally, and seeking international assistance for health responses (Garrigues, 2020).

Longer-term trends of peace and stability in many regions are at risk of stagnating or reversing because of the pressures COVID-19 is placing on governance systems as the need to prioritize resources toward health, economic and social responses intensifies. In his briefing to the UN Security Council, UN Secretary-General António Guterres, stressed that the pandemic is placing peace and security at grave risk and that COVID-19 is (UN SG, 2020):

...triggering or exacerbating various human rights challenges. We are seeing stigma, hate speech, and white supremacists and other extremists seeking to exploit the situation. We are witnessing discrimination in accessing health services. Refugees and internally displaced persons are particularly vulnerable. And there are growing manifestations of authoritarianism, including limits on the media, civic space and freedom of expression.

Beyond the immediate issues of health-care access, rising tensions are tipping the balance in favour of increased discontent, human rights abuses and conflict, including because the ability to engage is face-to-face dialogue and diplomacy has been severely restricted (Munro, 2020). The implications for politicization, disruptions to social order, reduced support for displaced populations as well as geopolitical instability are very significant as the perfect storm of the risks of globalization align in a deadly way (ICG, 2020). There are genuine concerns that the world is heading toward increased displacement resulting from COVID-19-related rises in social disorder, food

⁴ See, for example, the UN Secretary-General’s video statement at www.un.org/en/un-coronavirus-communications-team/time-science-and-solidarity.

insecurity, violent extremism, rising poverty, and inadequate health care. However, with new evidence and analysis emerging on a daily basis, there is no shortage of engagement and no lack of willingness to support and inform effective responses to reduce negative impacts. As always, the challenge remains as to whether evidence-based recommendations and sound advice can gain traction in the ever-increasing “blizzard of data”, tense geopolitics and the increasing social media noise (Goldin, 2014). ■

References

- Allport, G.W. and L. Postman
1946 An analysis of rumor, *Public Opinion Quarterly*, 10(4):501–517.
- Charlton, E.
2020 How experts are fighting the coronavirus “infodemic”, *Agenda*, 5 March 2020, World Economic Forum: Geneva.
- Garrigues, J.
2020 [Conflict and peace scenarios in times of COVID-19](#), CIDOB opinion, Barcelona Centre for International Affairs.
- Goldin, I.
2014 Princeton University Press Author Q&A with Ian Goldin on *The Butterfly Defect: How Globalization Creates Systemic Risks, and What to Do about It*, Princeton University Press, New Jersey: United States of America.
- Institute for Strategic Dialogue (ISD)
2020 [Covid-19 disinformation briefing no. 1](#), briefing paper, 27 March 2020.
- International Crisis Group (ICG)
2020 [COVID-19 and Conflict: Seven Trends to Watch](#), Special Briefing 4 / Covid-19 Pandemic and Deadly Conflict, 24 March 2020. International Crisis Group: Brussels.
- International Organization for Migration (IOM)
2019 [World Migration Report 2020](#), IOM: Geneva.
2020a [COVID-19 analytical snapshot #1: Tools and resources](#), 31 March 2020, IOM: Geneva.
2020b [COVID-19 analytical snapshot #3: Travel restrictions and mobility](#), 30 March 2020, IOM: Geneva.
- 2020c [COVID-19 analytical snapshot #5: Migration research and analysis](#), 2 April 2020, IOM: Geneva.
2020d [COVID-19 analytical snapshot #7: Displaced population impacts](#), 3 April 2020, IOM: Geneva.
2020e [COVID-19 analytical snapshot #8: Displacement events](#), 7 April 2020, IOM: Geneva.
- Jalonen, H.
2014 [Social Media – An Arena for Venting Negative Emotions](#), Conference paper presented at the International Conference on Communication, Media, Technology and Design, 24–26 April 2014, Istanbul, Turkey.
- John Hopkins University
2020 [Coronavirus Resource Centre](#).
- Jones, K.
2020 [This is how COVID-19 has changed media habits in each generation](#), *Agenda*, 9 April 2020, World Economic Forum: Geneva.
- Ko, R.
2020 [Social Media Is Full of Bots Spreading COVID-19 Anxiety. Don't Fall For It](#), *The Conversation*, 2 April 2020.
- Kurtzer, J.
2020 [The Impact of COVID-19 on Humanitarian Crises](#). Center for Strategic and International Studies.
- Maniatis, G.A. and M. Zard
2020 [The COVID-19 blame game threatens us all](#), Project Syndicate, 6 March 2020.
- McAuliffe, M. and C. Bauloz
2020 The coronavirus pandemic could be devastating for the world's migrants, *Agenda*, 6 April 2020, World Economic Forum: Geneva.
- McAuliffe, M., A. Kitimbo and B. Khadria
2019 [Reflections on migrants' contributions in an era of increasing disruption and disinformation](#), in IOM's *World Migration Report 2020*. IOM: Geneva.

- Mbiyozo, A.
2020 [COVID-19 responses in Africa must include migrants and refugee](#). Institute for Security Studies.
- Mora, A.G. and M. Rutkowski
2020 [Remittances in times of the coronavirus – keep them flowing](#). World Bank.
- Munro, E.
2020 [Anticipating the International Security Implications of COVID-19](#), Global Centre for Security Policy, 19 March 2020.
- Nakamitsu, I.
2020 [Covid-19 & its Impact on the Work of Disarmament](#), *Inter Press Service*, 9 April 2020.
- Pai, M.
2020 [“Codivisation” of academic research: Opportunities and risk](#), Nature Research Microbiology Community, 10 April 2020.
- Parker, B.
2020 [Coronavirus emergency aid funding](#). The New Humanitarian.
- Raghavan, S., M. Bearak and K. Sieff
2020 [As coronavirus layoffs surge in richer countries, poorer ones lose vital remittance payments](#). *The Washington Post*.
- Sandvik, K. and A. Garnier
2020 [How Will the COVID-19 pandemic re-shape refugee and migration governance?](#) *PRIO Blog*, 27 March 2020, Peace Research Institute Oslo: Oslo.
- Suciu, P.
2020 [Can social media fill the void for spring celebrations during COVID-19 outbreak?](#) *Forbes*, 17 March 2020.
- Synthesio
2020 [Coronavirus: social media conversation tracking](#).
- Taster, M.
2020 [Social science in a time of social distancing](#), *LSE Impact Blog*, 23 March 2020.
- United Nations Secretary-General
2020 [Secretary-General's remarks to the Security Council on the COVID-19 Pandemic](#), 9 April 2020.
- World Health Organization (WHO)
2020 [Coronavirus disease \(COVID-19\) advice to the public: Myth busters](#). WHO webpage.
- Zubiaga, A., M. Liakata, R. Procter, G. Wong Sak Hoi, and P. Tolmie
2016 [Analysing how people orient to and spread rumours in social media by looking at conversational threads](#), *PLoS One*, 11(3):e0150989.



COVID-19 and inequalities: Protecting the human rights of migrants in a time of pandemic

Maria Grazia Giammarinaro and Letizia Palumbo¹

Since its outbreak, the COVID-19 crisis has sharply exacerbated the structural inequalities that characterize the socioeconomic system of European countries, including Italy, disproportionately impacting people most affected by discrimination and social exclusion. At the same time, as this paper aims to highlight, the emergency measures adopted to address the current health crisis seem to build on and foster inequalities, by exposing vulnerable people such as migrants, to the risk of being subject to further forms of discrimination and fundamental rights violations.

By focusing on the Italian context, this paper explores the human rights violations that migrants systematically experience and that the current health crisis is unveiling and, in turn, producing. In particular, we look at these dynamics by taking into account four issues/dimensions: the access to essential services and benefits, such as food vouchers; working and living conditions; conditions in reception and detention centres; and the denial of entry to reach ports of safety.

Access to essential services and discrimination

Since the beginning of the COVID-19 crisis, Italian municipalities have provided food vouchers for socially and economically vulnerable people during this challenging time. However, many municipalities have issued such vouchers only to those who are nationals or regular residents, or holders of long-term residence permits. Many NGOs and associations have contested this requirement, noting that this provision limits access to essential social services and goods,

for certain vulnerable groups such as migrants.² The Director of the National Anti-Racial Discrimination Office (UNAR) raised this issue in a letter to the President of the National Association of Italian Municipalities (ANCI), concerning the implementation of emergency food solidarity measures. The Director of UNAR called for municipalities to give special attention to the needs of those vulnerable people who are “more difficult to reach by social support interventions”.³

In line with this reasoning, the Regional Administrative Court (TAR) of L’Aquila⁴ suspended the residency requirement set by the municipality’s announcement. Furthermore, the Tribunal of Rome recognized the right to the food vouchers of an undocumented migrant, highlighting that the only criterion for providing this benefit is the condition of vulnerability and, therefore, the needs of a person. The food voucher – as the judge argued – “has been established in the current health emergency to guarantee the most vulnerable people the opportunity to satisfy a primary need and a fundamental right such as the right to food”.⁵

As this decision of the Tribunal of Rome has clearly underlined, the current crisis has exacerbated the position of vulnerability of those persons that were already in a precarious condition, in particular those persons who worked without a regular contract and, therefore, without rights and safeguards, and who have now lost their jobs. These persons, who include many migrants, are now without the necessary resources to satisfy a vital need, such as nutrition.

¹ Maria Grazia Giammarinaro is the UN Special Rapporteur on trafficking in persons. Letizia Palumbo is research fellow at the Migration Policy Centre, European University Institute.

² E. Santoro, *Buoni spesa: un diritto fondamentale che non ammette discriminazioni di sorta*, www.altrodiritto.unifi.it/adirmigranti/buoni-spesa-diritto-fondamentale/index.htm?fbclid=IwAR1Vdngxzwo_wNN8d0348qvF5D-jKqiwaBuS_Ym45d2SYmEy0-5mcZWqeTw.

³ See www.unar.it/emergenza-covid-19-lunar-scrive-allanci-no-a-ordinanze-comunali-discriminatorie-sugli-aiuti-alimentari/.

⁴ See www.giustizia-amministrativa.it/portale/pages/istituzionale/visualizza?nodeRef=&schema=tar_aq&nrg=202000124&nomeFile=202000079_06.html&subDir=Provvedimenti.

⁵ See www.altrodiritto.unifi.it/adirmigranti/buoni-spesa-diritto-fondamentale/tribunale-roma-buoni-spesa.pdf.

Referring to relevant case law of the Italian Constitutional Court, as well as to international standards, the judge of the Tribunal of Rome highlighted the universalistic character of fundamental human rights (such as the right to health) and the existence of a “minimum” core of these rights that cannot be violated and belongs to all people as such, regardless of their legal-administrative status. The constitutional principle of equality does not tolerate discrimination between citizens and foreign people with respect to the enjoyment of inviolable human rights.

With regard to the access to social services and benefits, the judge of the Tribunal of Rome pointed out that, as argued by the Italian Constitutional Court (ruling 187/2010), no differentiation is acceptable between citizens and foreign nationals when the service represents a “remedy intended to allow the concrete fulfilment of primary needs inherent in the same sphere of protection of a human person”. Similarly, such benefits must be provided to Italian nationals without discrimination, which means that they must be provided irrespective of their residency in a certain Italian region.⁶

The decision of the Tribunal of Rome has a significant implication, which goes far beyond its judgement. The decision highlights that a number of fundamental rights are at stake regarding the impact of emergency measures to contain the pandemic.

Migrant labour in core sectors and exploitation

In Italy, like in other European countries, core and essential labour sectors, such as agriculture and domestic work, rely on the employment of a migrant labour force, which is diversified by nationality, gender and legal-administrative status.

Italians are generally reluctant to work as farmworkers, mostly due to hard and substandard conditions characterizing the agri-food sector. Indeed, as several studies have revealed, many migrant labourers employed in the agri-food sector in Italy work under harsh and exploitive conditions. Some of these

situations amount to cases of severe exploitation, trafficking, slavery or forced labour.⁷

As a recent study has underlined, the recourse to a flexible, cheap and low-cost labour in the agri-food sector is driven by an interplay of factors. At the same time, this system takes advantages of the inadequacies of European and national policies on migration, asylum and labour mobility.⁸

Significantly, for the first time after the onset of the COVID-19 crisis, farmworkers, and in particular, migrant workers, have been “recognized” as essential workers needed to feed EU countries including Italy.

By highlighting the fact that Italian farming depends to a large extent on migrant labour, national farming associations have raised the alarm about wide scale labour shortages, especially with respect to the labour force from Eastern European countries, as a consequence of border lockdowns. According to official data, around 370,000 seasonal migrant workers will be missing this year, mainly from Romania, Bulgaria and Poland.⁹ A high percentage of food production on Italian land relies on the labour of these migrant workers, especially of Romanians who constitute the largest group of agricultural workers in Italy.¹⁰

A consequence of the lack of an effective entry system for third-country workers meeting labour demand in agriculture, has been offset by asylum seekers, refugees and undocumented non-EU nationals. However, measures aimed at containing the current pandemic, by establishing high mobility restriction and controls, have prevented many of these migrant workers, in particular those without a residence permit or a regular contract, to move and look for job opportunities.

⁶ E. Santoro, *Buoni spesa: un diritto fondamentale che non ammette discriminazioni di sorta*, www.altrodiritto.unifi.it/adirmigranti/buoni-spesa-diritto-fondamentale/index.htm?fbclid=IwAR1Vdgxxwo_wNN8d0348qvF5D-jKqiwaBuS_Ym45d2SYmEy0-5mcZWqeTw.

⁷ See A. Corrado, F.S. Caruso, M. Lo Cascio, M. Nori, L. Palumbo and A. Triandafyllidou, 2018, *Is Italian Agriculture a “Pull Factor” for Irregular Migration – And, If So, Why?*, Open Society European Policy Institute.

⁸ Ibid.

⁹ See www.osservatorioagr.eu/approfondimenti/coronavirus-manca-nelle-campagne-la-manodopera-straniera-2/.

¹⁰ CREA, *Il contributo dei lavoratori stranieri all'agricoltura italiana*, 2019.

In addition, in some areas of Italy, such emergency measures have had the paradoxical effect of undermining the illegal gangmaster systems – such as the so-called “caporalato” – which in some regions of the South of the country, constitute the main channel of recruitment and transport of the migrant labour force. Without the “caporali” it is difficult for many migrant farmworkers to move and to go to work in the fields. As a consequence, many workers are stuck in the informal encampments and ghettos where they live, without any possibility to work. In some areas, the “caporali” have organized, within their plots of land, small informal encampments for migrant workers in order to control these workers, avoid their long distance transportation to escape police controls.¹¹

In this context, the degrading living conditions of migrant farmworkers, especially in the South of Italy, raise even more concerns in a time of pandemic. Indeed, many migrant workers live in isolated and crowded outbuildings, in tent cities or in slums, without essential services such as access to water and sanitation. Here, the spread of the Coronavirus could have dramatic effects.

In the light of this situation, what have been the institutional reactions and proposals?

National farmers’ organizations such as “Coldiretti”, and right (and far right) wing parties have called for the recruitment of pensioners, students and unemployed nationals. The main idea behind this proposal seems to be (poor) “Italians first” but without changing the working conditions in this sector.

Trade unions and civil society organizations, on the other hand, have called for the rapid implementation of regularization mechanisms for migrants in irregular conditions. The current Italian Minister of Agriculture has immediately expressed her support for a regularization of undocumented migrants. However, the first draft of the Government decree on regularization has a number of limitations. In particular, it only applies to irregular migrants in the agri-food sector, leaving out all the other undocumented migrants, workers and non-workers.

The current draft of the Government decree on regularization, therefore, does not apply to important categories such as migrant domestic workers, which constitute a high percentage of domestic and care work in Italy.

Since the mid-1990s, Italy has addressed the inadequacies of its family-based welfare and care system by outsourcing care work to migrant workers,¹² especially women, coming from Eastern EU countries (particularly Romania and Poland) and non-EU countries (particularly Ukraine, the Republic of Moldova, Philippines, Peru and Ecuador). According to official data, in 2018 over 70 per cent of registered domestic workers were foreigners and 88 per cent were women.¹³ These estimates, of course, do not take into account undeclared work, which even in this sector, like in agriculture, is highly widespread, especially with respect to migrant workers.¹⁴

Migrant domestic workers have increasingly replaced unpaid care by local women, “accepting” work under substandard and exploitative conditions.¹⁵ While exploitation mainly consists of excessive working hours and low salaries, it can often involve more subtle and severe forms of abuse. Indeed, the combination of a lack of regular contracts, in-kind payments regarding food and accommodation, irregularity of workers’ residency, cohabitation and heavy dependence on the employer and their relatives, fosters forms of exploitation – even severe exploitation – and is sometimes coupled with sexual or other forms of abusive behaviour.

In the current health emergency, it has become difficult for many domestic workers, living outside the home where they work, especially those without a residence permit or a regular contract, to go to a family’s house to provide care and housework. Moreover, providing domestic and care support has become risky for both the workers and the recipients, in terms of the risk of infection from the COVID-19 virus.

¹¹ G. Foschini, Tra i braccianti di Foggia sequestrati dai caporali, *la Repubblica*, 27 April 2020.

¹² Bettio, F., A. Simonazzi, and P. Villa (2006). Change in care regimes and female migration: The “care drain” in the Mediterranean. *Journal of European Social Policy*, 1(3):271–285.

¹³ See www.inps.it.

¹⁴ Over 2 million domestic workers in Italy 1.2 million are undeclared workers. See www.filcams.cgil.it/il-manifesto-cura-italia-colf-badanti-2-milioni-senza-tutele/.

¹⁵ L. Palumbo (2017), *Exploiting for care: Trafficking and Abuse in domestic work in Italy*, *Journal of Immigrant & Refugee Studies*, 15(2):171–186.

As for live-in domestic workers, many of these have currently lost their jobs and accordingly their housing as a consequence of the COVID-19 crisis, and due to the high mortality of elderly persons. This seems to be particularly true in the northern Italian regions, such as Lombardy, which is the most affected by the corona virus and has the highest number of registered domestic workers.¹⁶

On the basis of these considerations, and given the importance of care work, especially in a time of a health emergency, it seems to be a paradox that the Italian Government decree presented in March 2020, named “Cura Italia” (i.e. “Care for Italy”) and concerning the financial support package for crisis-affected workers, does not cover domestic workers. Furthermore, the current migrant regularization proposal does not apply to migrant domestic workers in an irregular situation.

While being a “fundamental aspect of human life”¹⁷ necessary for the well-being and reproduction of a society itself, domestic and care work is undervalued and not seen not as a priority.

Regularization of undocumented migrants in this field, like in other sectors (including agriculture), is urgent and necessary, to ensure migrants’ access, without discrimination, to health-care services.

On the other hand, regularization is not the solution to fighting exploitation. Exploitation, including severe exploitation, occurs even in the cases of EU nationals, asylum seekers or migrants with a residence permit and, thus, irrespective of the legal-administrative status of a person.

What is also necessary is the implementation of other policies aimed to improve the wages, rights and living conditions of migrant workers employed in those sectors, such as agriculture and domestic work.

Inadequate health care and unsanitary conditions in reception and detention centres

As in the case of migrant domestic workers, and despite the acknowledgment of the key role played by migrant workers in the provision of essential goods such as food, no urgent decrees adopted by the Italian Government to contain the COVID-19 pandemic have explicitly dealt with the issues and needs of the migrant population. In particular, the requirement to stay at home as the essential measure to prevent contagion, does not deal with all the situations in which people are in homelessness, or live in overcrowded reception centres for asylum seekers, or in equally overcrowded informal settlements, and in migration detention centres.

Many migrants in reception centres live in crowded conditions, sometimes without basic hygiene, which may threaten their safety. In this context, it is almost impossible to apply health and physical distancing measures and to protect both guests and social workers from the risk of being infected by the virus. For instance, in one of the main centres in Bologna, there are more than 200 migrants who sleep in dormitories with five or even ten people, with beds close together. Many of these rooms do not even have windows. Some guests sleep in containers, which are also overcrowded and without windows. The canteen is shared.¹⁸

Moreover, as a consequence of the COVID-19 crisis, there has been a reduction in the number of social workers and cultural mediators in the reception centres. Many of these staff, working in difficult conditions, have taken holidays or parental leave, others became sick.¹⁹

At the same time, being isolated in these centres and afraid of being expelled from the reception system, migrants are currently prevented from reporting violations and looking for legal assistance and support.

On 13 March, when the health emergency had just exploded, some associations from Bologna denounced the degrading and unsafe conditions of many reception centres, asking relevant authorities

¹⁶ See <https://discoversociety.org/2020/04/16/we-are-all-affected-but-not-equally-migrant-domestic-workers-in-pandemic-times/>; See also www.internazionale.it/notizie/2020/03/24/colf-badanti-coronavirus; see also www.ingenero.it/articoli/verso-una-democrazia-della-cura.

¹⁷ Tronto, J. C. (1993). *Moral boundaries, Political arguments for an ethic of care*. London, UK: Routledge.

¹⁸ See www.asgi.it/asilo-e-protezione-internazionale/coronavirus-asilo-bologna/.

¹⁹ See www.zic.it/gli-invisibili-dei-centri-di-accoglienza-per-migranti-ai-tempi-del-coronavirus/.

to identify alternative adequate accommodation in order to ensure the health of both migrants and social workers in these centres.²⁰

Similar concerns have been raised about the inadequate health care and unsanitary conditions in administrative detention centres, where necessary physical distancing and health measures are impossible to apply. In March 2020, the Tribunal of Rome and the Tribunal of Trieste did not authorize the extension of the detention of three asylum seekers at detention centres, making also reference to the measures adopted at the national level to address the ongoing health emergency. As the judges of the Tribunal of Rome have pointed out, “deprivation of personal freedom in confined spaces would make it difficult to guarantee the measures envisaged to guarantee the health of individuals”.²¹

On 7 April, a message from the Head of the National Department for Civil Liberties and Immigration drew the attention of local prefectures, to the need to adopt emergency health measures in the reception centres as well as in detention centres. However, at the time of writing, nothing has effectively been done to guarantee the implementation of these provisions.

In this scenario, migrants’ protests are on the rise. In the administrative detention centres in Gradisca d’Isonzo, Friuli Venezia Giulia and in Ponte Galeria, in Rome, migrants fearing for their health asked to be released.²² Migrants detained in such facilities did not commit any crime and do not constitute a danger for security, but are simply waiting for deportation. The Government should thus explore urgently alternatives to detention, such as community-based solutions for accommodation and care.²³ If such alternatives cannot be found, in the context of the current health emergency, migrants in administrative detention should be released, based on a comparison of the rights at stake.

²⁰ See www.asgi.it/asilo-e-protezione-internazionale/coronavirus-asilo-bologna/.

²¹ See www.altrodiritto.unifi.it/adirmigranti/buoni-spesa-diritto-fondamentale/tribunale-roma-buoni-spesa.pdf.

²² G. Merli, Gradisca, il virus entra nel Cpr. Paura tra i migranti: “liberateci”, Il Manifesto, 27 April 2020.

²³ Felipe Gonzales Morales, UN Special Rapporteur on the human rights of migrants, US: Migrants “held for processing” should be released from COVID-19 high-risk detention centres, OHCHR Press Release of 27 April 2020.

Lastly, it is worth mentioning that the Italian Government has recently established that all expiring residence permits are extended until 15 June of this year. However, there is no indication of what will happen after that date. As it has been highlighted, most of these cases concern non-renewable permits and currently it is difficult to convert these into work permits.²⁴ Moreover, according to the “Security Decrees” passed by the former Minister of Interior Matteo Salvini and never abrogated, after 30 June 2020 all the permits on grounds of humanitarian protection will expire and will not be replaced by other types of permits. As a consequence of these concurrent factors, there is a high risk of a significant growth in the number of undocumented migrants.

Closing the ports on grounds of public health

After encouraging steps taken by the Minister of Interior Luciana Lamorgese, fostering hopes on the necessary changes in the approach to the policy of “closed harbours” adopted by the former Minister Matteo Salvini, the Ministerial Decree n. 150 of 7 April 2020 stated that Italian ports will remain closed for search and rescue operations carried out by foreign ships outside the Italian Search And Rescue (SAR) zone during the COVID-19 emergency. The justification for such a restrictive measure is the protection and efficiency of national health structures and facilities dedicated to the containment of the pandemic and COVID-19 patients.

Such a justification is inconsistent both as a matter of fact and as a matter of principle. As a matter of fact, some hundreds of migrants arriving in Italy by sea would not endanger the national health-care system. More importantly, in case of danger at sea, the right to life must prevail. The decree also mentions as a justification that in times of pandemics, migrants should be protected from contagion and the potential risk migrants would be exposed to in Italian ports during the pandemic. Ironically, however, migrants’ right to health is invoked to deny disembarkation, and therefore to deny the protection of their right to life and health, which are actually at stake in cases of protracted navigation in overcrowded ships, and in bad hygienic conditions.²⁵

²⁴ See www.zic.it/gli-invisibili-dei-centri-di-accoglienza-per-migranti-ai-tempi-del-coronavirus/.

²⁵ A. Algostino, Lo stato di emergenza sanitaria e la chiusura dei

Although this short article does not allow for a thorough analysis, it should be recalled that the denial of a port of safety is in violation of fundamental rights such as the right to life, the prohibition of inhuman and degrading treatment, the right to seek asylum, and the principle of non-refoulement. In addition, fundamental rights cannot be denied on the basis of a ship's nationality, or according to the place where a rescue took place. Regarding migrants' right to health, there are means to protect their health after disembarkation, including COVID-19 testing and quarantine.

The potential multiple violations of international, maritime and human rights law are therefore clearly evident. In fact the Decree n. 150/2020 seems to go back to the approach according to which migrants arriving by sea constitute a threat for the national community and must be stopped at any cost.

Concluding remarks

The COVID-19 emergency must be addressed keeping in mind that measures adopted should not exacerbate existing inequalities. If the pandemic is not addressed with measures targeting the most vulnerable and socially excluded, the consequences will be devastating for the migrant population. Structural inequalities, as the experience of other countries shows, will significantly limit the effectiveness of measures taken to contain the spread of the virus.

The best way to combat the COVID-19 pandemic is to recognize and protect the rights to health of every single person, regardless of whether she/he is a national, a regular migrant, an EU citizen or an undocumented migrant. Full access to health care must be ensured to every migrant, as to every national. However, migrants' access to essential

services is today hampered by the irregular residence status of many, who do not dare to ask for help for fear of detention and deportation.

This is the reason why regularization of undocumented migrants is a necessary and urgent measure. Regularization must cover all the migrant population, regardless of whether a migrant is useful in terms of their productive role in the labour market or not. Women joining their husbands and not working, women fleeing domestic violence, domestic workers losing their jobs because of the death or impoverished circumstances of their employer, for example, should not be ignored or left behind. It is worth highlighting that such problematic situations largely concern women.

However, as we have stressed, regularization is not the only response, and above all it is not enough to prevent and combat the exploitation of migrants. The COVID-19 emergency, and all the issues that the pandemic has made evident, and simultaneously has exacerbated, should induce profound changes regarding the same approach to migration and social inclusion policies, by taking human rights seriously.

First, safe and legal entry channels should be established, to offer real opportunities for regular migration. Second, the link between the residence permit and the labour contract should be removed: this is in fact a driving factor of exploitation and abuse, as any legitimate request of workers to their employers, such as the request of regular payment of salaries, could lead to the loss of their residence permit and their fall into irregularity and even worse exploitation. The COVID-19 emergency could offer the opportunity to change the perception of migrants as a "security threat".

At the same time, since vulnerabilities are not only created by irregular status but stem from poverty, illiteracy, social exclusion and discrimination, which are widespread also among EU citizens, prevention of exploitation requires, first and foremost, to ensure respect for labour rights.

Today it is clear that respecting the rights and dignity of migrants, irrespective of their position in the economic system and in the social hierarchy, is essential to promote the principle of equality and respect the rights of everyone. ■

porti: sommersi e salvati, in *Questione Giustizia, Diritti senza confini*, 21 April 2020.



COVID-19 and migration governance: A holistic perspective*

Andrea Milan and Reshma Cunnoosamy¹

Introduction

A number of international organizations and leading think tanks and universities – notably, the [International Monetary Fund \(IMF\)](#) and the [University of Oxford](#) – are tracking COVID-19 policy responses worldwide. The extent to which such policy responses are reactive to the needs and contributions of migrants is a complementary, yet only emerging, question for migration researchers and experts. Moreover, no major inquiries are embedded in longer-term, holistic approaches to migration governance that go beyond the short-termism of responses to the current crisis.

Ongoing efforts to analyse [migration data relevant to COVID-19](#) and track impacts of the pandemic [on global mobility as well as on border management](#) are important steps towards a better understanding of the impacts of COVID-19 on migration. It is equally important that while addressing the crisis, governments maintain a holistic and longer-term perspective on migration governance because their decisions today will have long-term impacts. In fact, COVID-19 can be an opportunity for governments to reassess their long-term migration governance, draw lessons from the COVID-19 pandemic and be better prepared for future crises.

This article shares insights on migration governance that are relevant to COVID-19 from [Migration Governance Indicators \(MGI\)](#) data collected in 51 countries between 2017 and the pre-pandemic months of 2020. When applicable, these data are compared with data on Sustainable Development

Goal (SDG) indicator 10.7.2 on “Number of countries with migration policies that facilitate orderly, safe, regular and responsible migration and mobility of people” that were collected in 111 countries through the 12th UN Inquiry on Population and Development in 2018–2019.

After these data are presented, the authors reflect on how comprehensive migration governance assessments, complemented by an analysis of migrant-responsiveness of key COVID-19 response policies, can help governments assess effectively their migration governance in the context of COVID-19. This approach cannot constitute in itself a comprehensive assessment of COVID-19 policies from a migration perspective, as they must be complemented by longitudinal assessments of the implementation and effectiveness of such policies, as well as their outcomes for migrants. However, this article attests that existing governance tools and institutions, when developed with a long-term and holistic perspective, can be adapted to unexpected and exceptional circumstances.

Data sources: Migration Governance Indicators and SDG 10.7.2 data

Despite differences in definitions and conceptualizations of migration governance in the academic literature and among governments, the number of migration policy and migration governance assessments has increased in recent years.²

This article will focus on two sources of data on migration governance: IOM’s Migration Governance Indicators (MGI) and Sustainable Development Goal (SDG) indicator 10.7.2. These two sources of migration governance data are unique because they look at migration governance in a comprehensive way and they are either reviewed and validated (in the case of the MGI) or submitted by governments (10.7.2). In the case of the MGI, the review and validation process allows IOM to engage with a partner government

* This article presents and builds on data that is also available on IOM’s Migration Data Portal. See references for more details.

¹ Andrea Milan is a Data Officer at IOM’s Global Migration Data and Analysis Centre. Reshma Cunnoosamy is a data analyst at IOM’s Global Migration Data and Analysis Centre. The authors would like to thank the following International Organization for Migration (IOM) colleagues for their review and comments: Frank Laczko, Susanne Melde, David Martineau and Siloé Yassa Roy. The authors are also thankful to Julia M. Blocher (Potsdam Institute for Climate Impact Research) for her review.

² For more details, see Melde et al., 2019: 8–12.

throughout the research process, which helps ensure that the MGI effectively assesses not only policies and measures but also the institutional set-up, coordination processes, and mechanisms related to migration governance (Melde et al., 2019:3; Martin and Weerasinghe, 2017:1).

Both the MGI and SDG 10.7.2 data collection frameworks are based on the three principles and three objectives to define well-managed migration enshrined in *IOM's Migration Governance Framework (MiGOF)*, which was welcomed by IOM Member States in 2015. IOM, in partnership with the Economist Intelligence Unit (EIU), operationalized these principles and objectives through the set of concrete indicators for national policies that constitute the MGI. The MGI intends to help countries assess the comprehensiveness of their migration governance frameworks and can help them build a baseline to assess their progress towards Sustainable Development Goals (SDG) relevant to migration.

The MGI matrix is composed of 90+ indicators and sub-indicators covering the following six domains of migration governance that reflect the three principles and three objectives of MiGOF (for more details, see EIU, 2016). The six domains are:

1. Migrants' rights
2. Whole-of-government approach
3. Partnerships
4. Well-being of migrants
5. Mobility dimensions of crises
6. Safe, orderly and dignified migration

Each of the MGI indicators and sub-indicators includes a question with an associated score (often with three score options: "yes", "partially" and "no") as well as a detailed justification of the score selection and accompanying references (usually official documents).

When applicable, MGI data are compared with data on well-managed migration governance collected in order to measure progress towards the achievement of *Sustainable Development Goal (SDG) indicator 10.7.2*. Data for this indicator was collected in 111 countries between late 2018 and September 2019 through 30 questions that constituted one of the three self-reporting modules of the 12th UN Inquiry on Population and Development (UN DESA, 2019). The responses for the SDG indicator 10.7.2 are mostly limited to "Yes" or "No" and they do not include a justification and references for each response. In fact,

the co-custodians for this indicator (UN DESA and IOM)³ designed a framework that strikes a balance between the need for a comprehensive approach to assessing well-managed migration policies and the need to avoid placing an excessive burden on governments.⁴

MGI assessments can offer governments valuable insights on COVID-19 in two main ways. First, countries with a comprehensive migration governance framework are likely to be better prepared to manage any shock, including COVID-19, and MGI assessments can help governments take stock of their migration policies from a holistic perspective. Second, the MGI framework includes information that can help assess countries' preparedness to ensure that no migrant is left behind – the risk of which is heightened during a crisis like the COVID-19 pandemic.

The following section highlights data from specific MGI questions that are most relevant in the context of COVID-19:

- One question on migrants' access to health care, from the first domain of the MGI (migrants' rights) which is particularly relevant for information on migrant access to these services before the pandemic;
- Two of the most relevant questions from the fifth domain of the MGI (mobility dimensions of crises): one on assistance to migrants in the country during crises and another on assistance to nationals abroad during crises.

COVID-19 and migration: insights from MGI and SDG 10.7.2 data

Migrants' access to health care

One of the over 90 Migration Governance Indicators addresses access to health care for migrants, and more specifically, whether non-nationals have the same status as citizens in accessing government-funded health services.

³ The Organisation for Economic Co-operation and Development (OECD) is a partner agency for the two co-custodians of SDG 10.7.2.

⁴ SDG data is collected through self-reporting by governments. 10.7.2 represents just one out of 231 unique SDG indicators.

A third of the 51 countries assessed through the MGIs between 2017 and 2020 (before the pandemic) provide migrants equal access to public health care as compared to nationals, regardless of their migratory status. In half of the countries surveyed, equal access to health care depends on migratory status. Some 12 per cent of the countries provide migrants with access to some public health services only (including emergency health care). There are no limitations to private health care or insurance in most cases (Melde et al., 2019).

Several MGI assessments show that countries may provide all migrants with equal access to health care, but the guardrails are not necessarily detailed in policies, directives or laws. In other countries, assessments show that health professionals are not required to verify migration status when providing care, especially emergency health services (at least on paper). Access to health care for migrants is therefore sometimes considered to be informal and uncertain. Additional barriers to migrants' access to health care mentioned in one or more MGI assessments include: strained resources in the health-care system; lack of access to health services for populations in remote areas; and the fact that migrants may not be aware of the availability of health care to them, irrespective of their status. The COVID-19 pandemic might exacerbate inequality in access to health care for migrants in an irregular status, especially if internal movements are restricted and information is not available in a language migrants understand.

Countries providing migrants access to health-care services depending on their status are in most cases those where health-care provision is linked to contributions-based insurance coverage (both public and private). Some countries provide exceptions for refugees. In this context, migrants in an irregular situation can find themselves at a further disadvantage than other migrants during a public health crisis, especially if they lose their employment.

The 12th UN Inquiry on Population and Development asked Member States a slightly different question with respect to the MGI, which related to the government provision of equal access to essential and/or emergency health care to non-nationals (UN DESA and IOM, 2019).⁵ More than four-fifths (86%) of

governments reported that they provided essential and emergency health care to all non-nationals, regardless of their migratory status, while 8 per cent indicated that they provided such services only to those with a regular migratory status (and 6% did not respond). This thus should also apply in the current pandemic, potentially leaving migrants with an irregular status without access to essential health care in a global pandemic.

Mobility dimension of crises

The fifth domain within the MGI framework focuses on the mobility dimension of crises and addresses a number of issues that are relevant to understanding how the COVID-19 response may affect migrants. This section of the article presents information related to two questions: (a) whether the government has a strategy with specific measures to provide assistance to migrants in the country before and during crisis, as well as post-crisis phases in the country, and (b) whether governments have measures in place to assist their nationals living abroad in times of crises.

Only one in five countries covered by the MGI before the pandemic indicate having specific measures in place to help migrants in their country during and after crises. These measures mainly pertain to asylum seekers and refugees as well as to the provision of humanitarian assistance on the same conditions as nationals and migrants. Some 13 per cent of countries have measures in place that are inclusive of all vulnerable communities (including migrants), without targeting migrants explicitly. Some countries temporarily relax immigration requirements, allowing migrants whose countries of origin have been affected by a crisis to remain in the country beyond the expiration of their visa/residence permit, when necessary. More than half (55%) of countries where MGI assessments took place did not include any specific measures for migrants but several assist them on an ad hoc basis. A few countries either have a strategy that has not been recently updated or they do not have governmental measures per se but they coordinate with – and in some cases rely on – non-governmental organizations (NGOs) and International Organizations to identify migrants' needs and to provide assistance.

Assisting nationals living abroad seems to be a priority for most MGI countries: 69 per cent of them do so in times of crisis. Most provide emergency travel documents as well as the possibilities to repatriate.

⁵ As explained in the Inquiry, equal access refers to parity of treatment with citizens of the State concerned.

A few countries have bilateral agreements with the receiving country or a national law pertaining to migrant workers abroad to reinforce these efforts. Nonetheless, with rapidly evolving border and immigration regulations – as well as quarantine rules and closure of ports of entry due to the pandemic – it is unclear to what extent consular bodies can assist and coordinate the return of nationals abroad. Notable positive indications have been made by Canada (Government of Canada, 2020) and Germany (*The Local*, 2020) in repatriating a number of their nationals.

Several countries (31%) only help their nationals abroad on a case by case basis in times of crisis and only where the respective country is represented through consular bodies. A key reason behind the limited assistance to their nationals abroad could be that these countries lack financial and human resources to provide such assistance. Migrants, including international students or migrant workers on cruise ships, risk being stranded if border control rules are changed in the face of the pandemic, with nationals who cannot access consular assistance being more vulnerable.

The UN Inquiry on Population and Development includes a question to countries on specific measures to provide assistance to their citizens residing abroad in countries in crisis or post-crisis situations. The formulation is slightly different from the corresponding MGI questions; nevertheless, according to the MGI, slightly more than two-thirds of the countries have such measures – a percentage consistent with 10.7.2 data. This result is interpreted to confirm that assistance to citizens abroad is a priority for most countries.

The Inquiry includes several other questions that focus explicitly on refugees and other persons forcibly displaced across international borders rather than to all migrants, so this article will not analyse them.

The way forward: MGI assessments during the COVID-19 crisis

Over the past four years, comprehensive migration governance assessments conducted through the MGI have proved extremely useful for governments to assess their migration governance frameworks in dozens of countries worldwide. Starting in 2020, in addition to assessments in new countries, a number of countries will conduct “MGI follow-up assessments” in

order to assess progress towards the achievement of their migration governance priorities and objectives since their first MGI assessment a few years earlier. These assessments will consist mostly of an update of the Migration Governance Indicators and possibly reflect a change in government priorities.

The MGI methodology has been refined and strengthened over time yet countries have appreciated the standardized methodology that allows them to learn from each other, and COVID-19 is not a reason to fundamentally rethink the MGI approach. The MGI proves relevant to assess countries’ preparedness to multiple kinds of mobility crises, including the current pandemic.

Nevertheless, particularly if the impact of the COVID-19 pandemic continues for the rest of 2020 and beyond, MGI assessments could include a few additional questions to take into account the impact of the current pandemic on migration governance:

- To what extent do the COVID-19 response policies – whether it be migration, crisis response, health or other policies – address the special needs and vulnerabilities of migrants in the country and empower them to contribute to the COVID-19 response itself, and to the economy?
- To what extent do the COVID-19 response policies recognize the needs of nationals abroad and promote their contributions to the COVID-19 response itself in their origin countries?

While these questions could help understand the specific impact of COVID-19 from a migration governance perspective, it is important to keep in mind that all migration-related policies are connected and that the holistic, long-term perspective that an indicators-based assessment like the MGI brings remains crucial for effective migration management.

Conclusion

MGI assessments focus on migration governance frameworks rather than on the implementation and effectiveness of governance frameworks and policies. For example, this article looked at issues covered by the MGI framework such as access to health care for migrants and the provision of support from governments to their nationals abroad. Assessing whether migrants end up receiving health care or support from their consulates is beyond the scope of

assessments like the MGI, yet a crucial step towards understanding the effectiveness of COVID-19 response policies from a migration perspective.

A full understanding of migration governance as well as of the outcome of COVID-19 policies for migrants also depends on understanding a number of contextual elements that go beyond the scope of the MGI. In particular, assessments of socioeconomic impacts of COVID-19 for migrants and efforts to track information on border controls and restrictive measures are needed for a full picture of global crises like the COVID-19 pandemic from a migration governance perspective. ■

References

Government of Canada

- 2020 [Coronavirus Disease \(COVID-19\): Canada's Response](#).

Global Migration Data Analysis Centre, IOM

- 2020 [Migration data relevant for the COVID-19 pandemic](#).

International Organization for Migration (IOM)

- 2019 [Glossary on Migration](#). International Migration Law (34): 139.

Martin, S. and S. Weerasinghe

- 2017 [Global migration governance: Existing architecture and recent developments](#). In: World Migration Report 2018. IOM, Geneva, pp. 25–47.

Melde, S., A. Milan, R. Shivakoti, S. Yassa Roy, D. Martineau and F. Laczko

- 2019 [Migration Governance Indicators: A Global Perspective](#). IOM, Geneva.

The Economist Intelligence Unit

- 2016 [Measuring well-governed migration: The 2016 Migration Governance Index](#). The Economist Intelligence Unit, London.

The Local

- 2020 [120,000 Germans Stranded Abroad Flown Home](#).

United Nations, Department of Economics and Social Affairs, Population Division (UN DESA) and International Organization for Migration (IOM)

- 2019 [Development, validation and testing of a methodology for SDG indicator 10.7.2 on migration policies](#). Technical Paper No. 2019/03.



Migrant and displaced children in the age of COVID-19: How the pandemic is impacting them and what we can do to help

Danzhen You, Naomi Lindt, Rose Allen, Claus Hansen, Jan Beise and Saskia Blume¹

Available data and statistics show that children have been largely spared the direct health effects of COVID-19. But the indirect impacts – including enormous socioeconomic challenges – are potentially catastrophic for children. Weakened health systems and disrupted health services, job and income losses, interrupted access to school, and travel and movement restrictions bear directly on the well-being of children and young people. Those whose lives are already marked by insecurity will be affected even more seriously.

Migrant and displaced children are among the most vulnerable populations on the globe. In 2019, around 33 million children were living outside of their country of birth, including many who were forcibly displaced across borders. At the end of 2018, a total of over 31 million children were living in forced displacement in their own country or abroad due to violence and conflict. This includes some 13 million child refugees, around 1 million asylum-seeking children, and an estimated 17 million children displaced within their own countries. It is estimated that 3.7 million children live in refugee camps or collective centres.² COVID-19 threatens to bring even more uncertainty and harm to their lives.

The challenges of day-to-day life

Worldwide, 52 per cent of migrant children and over 90 per cent of displaced children live in low- and

middle-income countries where health systems have been overwhelmed and under capacity for protracted periods of time. It is in these settings where the next surge of COVID-19 is expected, following China, Europe and the United States.³ In low- and middle-income countries, migrant and displaced children often live in deprived urban areas or slums, overcrowded camps, settlements, makeshift shelters or reception centres, where they lack adequate access to health services, clean water and sanitation.⁴ Social distancing and washing hands with soap and water are not an option. A UNICEF study in Somalia, Ethiopia and the Sudan showed that almost 4 in 10 children and young people on the move do not have access to facilities to properly wash themselves.⁵ In addition, many migrant and displaced children face challenges in accessing health care. Half of respondents aged 14–24 years in a UNICEF poll who self-identified as migrants and refugees indicated that they did not see a doctor when needed.⁶

Similarly, in high-income countries, the safety of many migrant and displaced children is also under threat. In Marseille, France, for instance, many unaccompanied minors had been left unprotected before the pandemic as authorities failed to provide care and shelter. Now

¹ Danzhen You is Senior Adviser Statistics and Monitoring at UNICEF and Coordinator of the UN Inter-agency Group for Child Mortality Estimation. Naomi Lindt is a consultant for the Division of Data, Analytics, Planning and Monitoring at UNICEF. Rose Allen is a migration research intern at UNICEF. Claus Hansen is a Data and Research Specialist at UNICEF. Jan Beise is a Statistics and Monitoring Specialist at UNICEF. Saskia Blume is a Policy Specialist on Migration and Displacement at UNICEF.

² Data from end of 2018; UNICEF analysis based on United Nations High Commissioner for Refugees, *Global Trends: Forced displacement in 2018*, Geneva, 2019.

³ “COVID-19 Will Not Leave Behind Refugees and Migrants”, Editorial, *The Lancet*, vol. 395, 4 April 2020.

⁴ United Nations High Commissioner for Refugees, “UN Refugee Agency Steps Up COVID-19 Preparedness, Prevention, and Response Measures”, Press release, 10 March 2020. Available at www.unhcr.org/uk/news/press/2020/3/5e677f634/un-refugee-agency-steps-covid-19-preparedness-prevention-response-measures.html, accessed 23 April 2020.

⁵ United Nations Children’s Fund, “Children on the Move in East Africa: Research insights to mitigate COVID-19”, 31 March 2020. Available at <https://blogs.unicef.org/evidence-for-action/children-on-the-move-in-east-africa-research-insights-to-mitigate-covid-19/>, accessed 24 April 2020.

⁶ United Nations Children’s Fund, *A Right to be Heard: Listening to children and young people on the move*, December 2018. Available at https://data.unicef.org/wp-content/uploads/2018/12/A_right_to_be_heard_youthpoll.pdf, accessed 24 April 2020.

that public child protection services have halted due to the risks posed by COVID-19, more unaccompanied migrant children have been forced to live on the streets or in unsanitary, often overcrowded squats.⁷ This has become a harsh reality for many children around the world. Children in situations like these may face the added risk of being detained by immigration authorities, potentially exposing them to violence, abuse or exploitation.

Migrant and displaced children across contexts are at risk of missing out on accurate public health information, due to language barriers or simply being cut off from communication networks. Undocumented children living in foreign countries may fear contact with public authorities. Meanwhile, misinformation on the spread of COVID-19 has exacerbated the xenophobia and discrimination that migrant and displaced children and their families face.

Legal shifts

Sudden, sweeping restrictions and regulations have been enacted to contain the virus's spread. Many further undermine displaced children's safety and security. Closed borders and restricted travel are disrupting the humanitarian supply chain and relief workers' ability to assist displaced communities. Millions are missing out on vital assistance such as food distributions and other basic medical supplies. In Yemen, where one third of children are malnourished and 80 per cent of the population depends on humanitarian aid, travel restrictions have already led to reduced relief operations.⁸

UN agencies were forced to suspend resettlement procedures due to the COVID-19 pandemic, cutting off a "vital lifeline for particularly vulnerable refugees",⁹ leaving millions of refugees with an uncertain path ahead. In many countries, border closures have left migrants stranded, placing children and their families at risk of further harm and potentially separating

families for longer stretches. As of 22 April, of the 167 countries that have fully or partially closed their borders to contain the spread of the virus, some 57 States have made no exception for access for asylum seekers.¹⁰ In the United States, people seeking asylum, including children, have been turned away or deported to their countries of origin at the United States–Mexico border as part of the response against COVID-19.¹¹

As countries instituted lockdowns and quarantines, in Ethiopia, 3,273 returnees have been registered and quarantined at various centres set up by the Government in Addis Ababa, including 434 unaccompanied children – 135 of them girls.¹² Many had not gone through prior health screenings nor received child protection assistance. UNHCR has called on States to respect international human rights and refugee protection standards, including through quarantines and health checks, stating, "Securing public health and protecting refugees are not mutually exclusive".¹³

The dimensions of risks for children

Facing many challenges and barriers, migrant and displaced children stand to be hit hard by the socioeconomic impacts of COVID-19. A UN report grouped the impacts on children in general into four dimensions: poverty, survival and health, learning and safety.¹⁴ The pandemic is exacerbating pre-

⁷ Human Rights Watch, "France: Children left in limbo despite COVID-19", 26 March 2020. Available at www.hrw.org/news/2020/03/26/france-children-left-limbo-despite-covid-19#, accessed 23 April 2020.

⁸ United Nations Children's Fund, "Yemen Crisis". Available at www.unicef.org/emergencies/yemen-crisis, accessed 23 April 2020.

⁹ "COVID-19: Agencies temporarily suspend refugee resettlement travel", *UN News*, 17 March 2020. Available at <https://news.un.org/en/story/2020/03/1059602>, accessed 23 April 2020.

¹⁰ United Nations High Commissioner for Refugees, "Beware Long-Term Damage to Human Rights and Refugee Rights From the Coronavirus Pandemic", Press release, 22 April 2020. Available at www.unhcr.org/news/press/2020/4/5ea035ba4/beware-long-term-damage-human-rights-refugee-rights-coronavirus-pandemic.html, accessed 23 April 2020.

¹¹ Hesson, Ted, and Mica Rosenberg, "U.S. Deports 400 Migrant Children Under New Coronavirus Rules", *Reuters*, 7 April 2020. Available at www.reuters.com/article/us-health-coronavirus-usa-deportations/u-s-deports-400-migrant-children-under-new-coronavirus-rules-idUSKBN21P354, accessed 23 April 2020.

¹² United Nations Children's Fund, "Heightened Risks as Thousands of Migrants Return to Ethiopia amid the Coronavirus Pandemic", 16 April 2020. Available at www.unicef.org/ethiopia/stories/heightened-risks-thousands-migrants-return-ethiopia-amid-coronavirus-pandemic, accessed 24 April 2020.

¹³ UNHCR, "Beware Long-Term Damage to Human Rights and Refugee Rights From the Coronavirus Pandemic".

¹⁴ United Nations, "The Impact of COVID-19 on Children", Policy brief, 15 April 2020. Available at https://unsdg.un.org/sites/default/files/2020-04/160420_Covid_Children_Policy_Brief.pdf, accessed 23 April 2020.

existing vulnerabilities and lack of access to services – meaning migrant and displaced children will be disproportionately affected and suffer long after the public health crisis ends.

Dimension one: Impacts on poverty

Migrant and displaced children often live in families that are more vulnerable to job loss or economic downturns. The World Bank has suggested that COVID-19 will push some 40 to 60 million people into extreme poverty, forecasting stark economic consequences.¹⁵ The ILO estimated a rise in global unemployment of between 5.3 million and 24.7 million from a base level of 188 million in 2019.¹⁶ In addition, 1.25 billion workers, or 38 per cent of the global workforce, were employed in sectors with high risk of workforce displacement.¹⁷ These economic impacts are likely to widen pre-existing vast global economic inequalities and disproportionately hit developing countries and vulnerable populations. Yet migrant families and children are less likely to be included in economic recovery initiatives, which are mainly aimed at the formal sectors and nationals.¹⁸

Migrant workers are particularly vulnerable – and among these, the young, women, and female domestic workers even more so – as restrictions are enacted on access to places of work in destination

countries and on return to families.¹⁹ Many foreign nationals are employed in short-term work in trades such as tourism, hospitality, construction, and the garment industry, and are at great risk of losing their jobs. Others are engaged in precarious work with limited provision for health care or sick leave.

In Thailand, following the closure of border points and many businesses, coupled with uncertainty around the validity of work permits, an estimated 60,000 to 200,000 migrant workers rushed home to Myanmar, Cambodia and the Lao People's Democratic Republic. Other migrant workers across Thailand reported losing their jobs but being unable to travel, putting their challenged health and economic security at greater risk.²⁰ For those who have retained work, the shuttering of Migrant Learning Centers or day care centres – where many children of migrants are able to secure food and care – introduced other difficulties.

For children staying behind with caregivers when one or both parents have migrated for work, remittances are often a critical source of income and security. This is especially the case in low- and middle-income countries, where remittances alleviate poverty, improve nutritional outcomes, and are associated with higher education spending and reduced child labour. It is estimated that three quarters of remittances are used to cover essentials such as food, housing, school and health care.²¹ The World Bank projects that remittances will decline by about 20 per cent in 2020, the sharpest decline in recent history.²² As this happens, the well-being of families and children will come under threat, potentially leading more children to drop out of school, seek work, migrate, or be subjected to child marriage or trafficking.

¹⁵ Mahler, Daniel Gerszon, et al., “The Impact of COVID-19 (Coronavirus) on Global Poverty: Why sub-Saharan Africa might be the region hardest hit”, *World Bank Blogs*, 20 April 2020. Available at https://blogs.worldbank.org/opendata/impact-covid-19-coronavirus-global-poverty-why-sub-saharan-africa-might-be-region-hardest?CID=WBW_AL_BlogNotification_EN_EXT, accessed 23 April 2020.

¹⁶ International Labour Organization, “COVID-19 and the world of work: Impacts and policy responses”, Briefing note, 18 March 2020. Available at www.ilo.org/wcmsp5/groups/public/---dgreports/---dcomm/documents/briefingnote/wcms_738753.pdf, accessed 30 April 2020.

¹⁷ International Labour Organization, “ILO Monitor: COVID-19 and the world of work. Second edition”, Briefing note, 7 April 2020. Available at www.ilo.org/wcmsp5/groups/public/---dgreports/---dcomm/documents/briefingnote/wcms_740877.pdf, accessed 30 April 2020.

¹⁸ International Organization for Migration, “IOM Launches USD 499 Million Expanded COVID-19 Response Plan to Help Address Critical Socio-Economic Impacts of Pandemic”, Press release, 15 April 2020. Available at www.iom.int/news/iom-launches-usd-499-million-expanded-covid-19-response-plan-help-address-critical-socio, accessed 23 April 2020; Guermond, Vincent, and Kavita Datta, “How Coronavirus Could Hit the Billions Migrant Workers Send Home”, *World Economic Forum*, 19 April 2020. Available at www.weforum.org/agenda/2020/04/how-coronavirus-could-hit-the-billions-migrant-workers-send-home, accessed 23 April 2020.

¹⁹ International Organization for Migration, “COVID-19 Places Migrant Workers in Highly Vulnerable Situations”, News release, 26 March 2020. Available at <https://crest.iom.int/news/covid-19-places-migrant-workers-highly-vulnerable-situations%C2%A0>, accessed 23 April 2020.

²⁰ Guadagno, Lorenzo, *Migrants and the COVID-19 Pandemic: An initial analysis*, IOM, Geneva, 2020, <https://publications.iom.int/system/files/pdf/mrs-60.pdf>, accessed 23 April 2020.

²¹ United Nations Department of Economic and Social Affairs, “Remittances Matter: 8 facts you don't know about the money migrants send back home”, 17 June 2019, www.un.org/development/desa/en/news/population/remittances-matter.html, accessed 24 April 2020.

²² World Bank, “World Bank Predicts Sharpest Decline of Remittances in Recent History”, Press release, 22 April 2020. Available at www.worldbank.org/en/news/press-release/2020/04/22/world-bank-predicts-sharpest-decline-of-remittances-in-recent-history, accessed 23 April 2020.

Dimension two: Impacts on survival and health

Many migrants and displaced children live in conditions where latrines and water supplies are inadequate and extreme overcrowding is common. Humanitarian agencies have warned of the catastrophic health consequences of COVID-19 for displaced persons around the world – especially children.²³ Across the Syrian Arab Republic, medical infrastructure and water facilities have been destroyed and there are few doctors to tend to the needs of the displaced. In the country's Idlib Province, for instance, children are living outside or in tents packed with family members, with little to no access to water.²⁴ In the Greek islands, tens of thousands of people, including children, live in reception and identification centres, where conditions are dire. UNICEF has called for the immediate transfer of these vulnerable refugees, including the 1,900 unaccompanied and separated refugee and migrant children, to appropriate accommodation facilities on the mainland, in line with public health measures and guidelines.²⁵

The situation in the Bolivarian Republic of Venezuela presents another example of the intersecting challenges presented to migrant and refugee populations. With most essential services to refugees nearly halted and work across borders scarce, as reported by the International Rescue Committee, many Venezuelans are going back to their country. But they are returning to a country where half the doctors have left and 90 per cent of hospitals face supply shortages.²⁶

²³ United Nations Children's Fund, "COVID-19 Pandemic Could Devastate Refugee, Migrant, and Internally Displaced Populations Without Urgent International Action", Press release, 1 April 2020. Available at www.unicef.org/press-releases/covid-19-pandemic-could-devastate-refugee-migrant-and-internally-displaced, accessed 23 April 2020.

²⁴ United Nations Children's Fund, "Syrian Crisis". Available at www.unicef.org/emergencies/syrian-crisis, accessed 23 April 2020.

²⁵ Sharp, Melanie, and Olga Siokou-Siova, "Refugee and Migrant Communities Brace for COVID-19 in Already Dire Conditions on Greek Islands", UNICEF, 21 March 2020. Available at www.unicef.org/eca/stories/refugee-and-migrant-communities-brace-covid-19-already-dire-conditions-greek-islands, accessed 23 April 2020.

²⁶ International Rescue Committee, *COVID-19 in Humanitarian Crisis: A double emergency*, April 2020. Available at www.rescue.org/sites/default/files/document/4693/covid-19-doubleemergency-april2020.pdf, accessed 23 April 2020; Daniels, Joe Parkin, Tom Philip, and Emily Costa, "Venezuelans Return Home as Coronavirus Piles More Misery on Migrants", *The Guardian*, 12 April 2020. Available at www.theguardian.com/world/2020/apr/12/venezuelans-return-home-coronavirus-migrants, accessed 23 April 2020.

Deprived of access to health care, underlying conditions among displaced children – such as malnutrition and communicable and non-communicable diseases – can worsen.²⁷ The Measles & Rubella Initiative has cautioned that over 117 million children in 37 African countries are at risk of missing out on life-saving measles vaccines as immunization campaigns are delayed, which would further threaten the health and well-being of vulnerable migrant and displaced children.²⁸

Access to public health services for migrant and displaced children and their families may be limited, and, in some cases deliberately avoided, particularly if they are undocumented. In conflict zones with large internally displaced populations, health systems have often been destroyed and high levels of distrust in government may exist.²⁹ In Libya, ongoing hostilities continue to threaten health care and water supplies and have led to the further displacement of thousands.³⁰

Migrants and displaced families may also be excluded from public health information programming or lack the financial means to manage periods of self-isolation or quarantine or seek health care. Poor integration of these populations in hosting countries further limits access to health care and social benefits.

There are also psychological concerns associated with COVID-19. Cases of anxiety, depression and stress have been reported in China, prompting mental health professionals to be stationed at isolation hospitals and the establishment of psychological assistance

²⁷ IRC, *COVID-19 in Humanitarian Crisis*.

²⁸ The Initiative comprises representatives from the American Red Cross, U.S. CDC, UNICEF, UN Foundation and WHO; World Health Organization, "More Than 117 Million at Risk of Missing Out on Measles Vaccines, as COVID Surges", 14 April 2020. Available at www.who.int/immunization/diseases/measles/statement_missing_measles_vaccines_covid-19/en/, accessed 23 April 2020.

²⁹ IRC, *COVID-19 in Humanitarian Crisis*.

³⁰ United Nations Office for the Coordination of Humanitarian Affairs, "Libya: Hostilities Threaten COVID-19 Response", News release, 13 April 2020. Available at www.unocha.org/story/libya-hostilities-threaten-covid-19-response, 23 April 2020.

hotlines and online counselling services.³¹ Migrant and displaced children face additional psychological harms, such as pre-existing psychological trauma; marginalization and stigma from host communities; less recreational material to offset boredom caused by lockdowns and school closures; and poor access to psychosocial support, which is already under-resourced among this group.³² In Italy, young migrants and refugees – many of whom are unaccompanied – are experiencing isolation, apathy, frustration, boredom, mood swings and sleep problems following sudden impacts on their studies, jobs, permit of stay process and appeals.³³

Dimension three: Impacts on education

The pandemic has affected the schools of 1.5 billion students worldwide and is likely to exacerbate the vulnerabilities of the millions of migrant and displaced learners around the world.³⁴ In many cases, these marginalized children have already missed critical time in the classroom and are at risk of falling even further behind. Even before the COVID-19 crisis, refugee children were twice as likely to be out of school than other children. Migrant and displaced children face numerous obstacles accessing classrooms, ranging from enrolment issues to lack of available instruction to language barriers.³⁵ For many learners living in

displacement, their education will now be more limited or disappear completely.

Where learning has switched to online delivery, access to online resources and reliable electricity is out of reach for many, especially those living in remote locations, refugee camps or informal settings. In sub-Saharan Africa, where more than a quarter of the world's refugees reside, 89 per cent of learners do not have household computers and 82 per cent lack Internet access.³⁶

Nearly 120,000 Syrians live in Jordan's two largest refugee camps, where a large portion of residents are children – many of whom have seen war deprive them of years in the classroom. As the nation came under lockdown, 32 schools in the camps were closed, impacting 18,000 students who now rely on a national television broadcast to learn. UNHCR is helping these students continue their studies by increasing the supply of electricity to camp households from eight to more than 12 hours each day, while UNICEF is providing children learning materials and life-skills messages, strengthened by positive parenting messages and related activities for parents.³⁷

Prior to COVID-19, Internet and education for the Rohingya refugees in Bangladesh had already been limited. After years of advocacy, the Bangladeshi Government recently pledged to offer these hundreds of thousands of children education, but it is difficult to see how these students can regain their chance to learn without the conditions to connect to the outside world.³⁸

³¹ Wen, Li, et al., "Progression of Mental Health Services during the COVID-19 Outbreak in China", *International Journal of Biological Sciences*, vol. 16, no. 10, 15 March 2020, pp. 1732–1738. Available at www.ncbi.nlm.nih.gov/pmc/articles/PMC7098037; Liu, Shuai, et al., "Online Mental Health Services in China During the COVID-19 Outbreak", *The Lancet – Psychiatry*, vol. 7, no. 4, 1 April 2020. Available at [www.thelancet.com/journals/lanpsy/article/PIIS2215-0366\(20\)30077-8/fulltext](http://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366(20)30077-8/fulltext).

³² Save the Children, *COVID-19: Operational Guidance for Migrant & Displaced Children*, version 1, April 2020. Available at <https://bettercarenetwork.org/sites/default/files/2020-04/OperationalGuidanceCovid19andMigrationandDisplacement.pdf>, accessed 23 April 2020.

³³ United Nations Children's Fund, "The Impact of the COVID-19 Emergency on Unaccompanied Minors and Young Refugees and Migrants in Italy", Internal document, 24 April 2020.

³⁴ United Nations Educational, Scientific, and Cultural Organization, "COVID-19 Educational Disruption and Response". Available at <https://en.unesco.org/covid19/educationresponse>, accessed 23 April 2020; *Migration, Displacement, and Education: Building bridges not walls*, UNESCO, 2018. Available at <https://en.unesco.org/gem-report/report/2019/migration>, accessed 23 April 2020.

³⁵ Right to Education, "Migrants, Refugees, and Internally Displaced Persons". Available at www.right-to-education.org/migrants-refugees-IDP, accessed 23 April 2020.

³⁶ United Nations Educational, Scientific, and Cultural Organization, "Startling Digital Divides in Distance Learning Emerge", Press release, 21 April 2020. Available at <https://en.unesco.org/news/startling-digital-divides-distance-learning-emerge>, accessed 23 April 2020.

³⁷ Dunmore, Charlie, and Rima Cherri, "Syrian Refugees Adapt to Life Under Coronavirus Lockdown in Jordan Camps", UNHCR Press release, 2 April 2020. Available at www.unhcr.org/en-us/news/stories/2020/4/5e84a3584/syrian-refugees-adapt-life-under-coronavirus-lockdown-jordan-camps.html, accessed 23 April 2020; UNICEF Middle East and North Africa Regional Office, "CoViD-19 Situation Report No.2, 1–15 April 2020". Available at www.unicef.org/mena/reports/unicef-menarocovid-19-situation-report-no2, accessed 24 April 2020.

³⁸ Human Rights Watch, "COVID-19 and Child's Rights", 9 April 2020. Available at www.hrw.org/news/2020/04/09/covid-19-and-childrens-rights-0#, accessed 23 April 2020; Reidy, Karen, "Expanding Education for Rohingya Refugee Children in Bangladesh", UNICEF, 10 February 2020. Available at www.unicef.org/rosa/stories/expanding-education-rohingya-refugee-children-bangladesh, accessed 23 April 2020.

As access to school is curtailed, more children may drop out; some will be called to work to offset economic strains, potentially making a return to school after the pandemic subsides even more difficult.

Dimension four: Impacts on protection and safety

The safety and security of migrant and displaced children stand to further erode as jobs and incomes are lost. Economic downturns typically lead to more children working, getting pregnant or married, and being trafficked or sexually exploited.³⁹ As pressures on families around the world increase, so too has domestic violence, as seen in reports from Brazil, Australia and the United States.⁴⁰ Lockdowns, income loss, and confinement to small places increase threats to the safety and well-being of children – including mistreatment, gender-based violence, exploitation, social exclusion and separation from caregivers.⁴¹ These impacts are likely to be even more acutely felt in humanitarian settings, where the stresses of daily life are already severe and child protection services less available.⁴²

In Jordan, with most case management and protection services being provided remotely, women and children are not always able to call hotlines because of proximity with the perpetrator. For refugees living in camps sharing the same limited space, privacy becomes an issue; moreover, women and children in the camps often do not own their own mobile phone.⁴³

The increasing global death toll means some children will be orphaned and become vulnerable to child protection abuses. Children from migrant and displaced families will be less likely to have extended family nearby to turn to for help, leaving many to fend for themselves.

Stigma, xenophobia and discrimination towards migrant and displaced children and their families are reaching new levels of concern in countries around the world. In Lebanon, multiple municipalities have introduced restrictions on Syrian refugees to stem the spread of the virus that do not apply to Lebanese residents, such as curfews.⁴⁴ Displaced families in the Greek islands are also facing curfews that do not apply to Greek nationals.⁴⁵ Meanwhile, in Italy there have been episodes of discrimination by the police towards young migrants and refugees simply walking on the street.⁴⁶

What needs to be done?

The COVID-19 pandemic will have broad-ranging, long-term humanitarian and socioeconomic impacts on migrant and displaced children. Many of these effects have yet to be seen. Sound policies and urgent actions are needed to put migrant and displaced children at the forefront of preparedness, prevention and response to COVID-19 – to ensure health, safety, and protection for all today, and for the long term.

Some countries are already taking action to mitigate the risks for these children: Portugal has set an example by temporarily granting residency permits

³⁹ Human Rights Watch, “COVID-19 and Child’s Rights”.

⁴⁰ The Brazilian Public Security Forum, *Domestic Violence During COVID-19 Pandemic*. Available at http://forumseguranca.org.br/publicacoes_posts/violencia-domestica-durante-pandemia-de-covid-19, accessed 23 April 2020; Peterman, et al., “Pandemics and Violence Against Women and Children”, CDG Working Paper 528, Center for Global Development, Washington D.C., April 2020. Available at www.cgdev.org/sites/default/files/pandemics-and-vawg-april2.pdf, accessed 23 April 2020.

⁴¹ United Nations Children’s Fund, “COVID-19: Children at heightened risk of abuse, neglect, exploitation and violence amidst intensifying containment measures”, Press release, 20 March 2020. Available at www.unicef.org/mena/press-releases/covid-19-children-heightened-risk-abuse-neglect-exploitation-and-violence-amidst, accessed 24 April 2020.

⁴² Ibid.

⁴³ GBV IMS Taskforce Jordan, “Preliminary Analysis of Gender Based Violence Trends During COVID 19”, 14 April 2020. Available at <https://data2.unhcr.org/en/documents/download/75490>, accessed 24 April 2020.

⁴⁴ Human Rights Watch, “Lebanon: Refugees at Risk in COVID-19 Response”, News release, 2 April 2020. Available at www.hrw.org/news/2020/04/02/lebanon-refugees-risk-covid-19-response, accessed 23 April 2020.

⁴⁵ General Secretariat for Information and Communication, “National Situational Picture Regarding the Islands at Eastern Aegean Sea”, Government of Greece, 21 April 2020. Available at <https://infocrisis.gov.gr/8631/national-situational-picture-regarding-the-islands-at-eastern-aegean-sea-21-4-2020/?lang=en>, accessed 23 April 2020; Khatib, Lina, “COVID-19 Impact on Refugees is Also Political”, Chatham House, 31 March 2020. Available at www.chathamhouse.org/expert/comment/covid-19-impact-refugees-also-political?utm_source=Chatham%20House&utm_medium=email&utm_campaign=11425646_MENA%20COVID-19%20newsletter&dm_i=1S3M,6SW32,07Z3PV,R87RM,1, accessed 23 April 2020.

⁴⁶ United Nations Children’s Fund, “The Impact of the COVID-19 Emergency on Unaccompanied Minors and Young Refugees and Migrants in Italy”, Internal document, 24 April 2020.

to all migrants and asylum seekers with pending applications, allowing them full access to health care and social services, such as social benefits and housing.⁴⁷ The Spanish Government agreed to release persons in immigration detention, after examining each case in light of the 60-day detention limit.⁴⁸ Ireland introduced an unemployment payment scheme that is accessible to all, regardless of legal status.⁴⁹ The Malaysian authorities have said non-citizens – including those who are undocumented – that come forward for testing will not be arrested or detained.⁵⁰ To better protect vulnerable migrants, Belgian authorities are transferring them to individual accommodation or other facilities, moving families together to maintain unity; new arrivals are also being medically screened.⁵¹

In Peru, where 1.2 million Venezuelans have migrated, children of asylum seekers in quarantine are being provided hygiene kits and virtual psychosocial support. The Government is implementing distance learning for all public schools, paying specific attention to rural areas and the enrolment of migrant children – 66.7 per cent of whom are out of school – while also working to provide cash transfers to at least 63,000 migrants in extreme vulnerability.⁵²

And in many contexts, governments are addressing the issue of violence against children during the pandemic, including among migrant and displaced children, with UNICEF-supported efforts taking place in countries including Cameroon, Colombia, Côte d'Ivoire, Croatia and Mexico. To increase access to remote services, child and family helplines have been set up, expanded or are being explored in many countries, such as Algeria, Bulgaria, Jordan, several Gulf States,⁵³ Mauritania and Tunisia. To reach all migrants in Libya, a national hotline has been established, and multiple channels – social media, radio, television, outdoor and print materials – are being used to share key messages. These messages have been translated into French, Somali, Hausa, Amharic and Tigrinya and are being widely disseminated to health facilities, host communities, restaurants and other public spaces.⁵⁴

With the right policies, it is possible to mitigate the risks that migrant and displaced children are facing today – and the hardships to come. The global and UN system-wide response must include a child-sensitive approach and always uphold the principle of the best interests of the child.⁵⁵

Policies and actions are needed to:

1. Include migrant and displaced children in preparedness, response, and mitigation efforts for COVID-19.
2. Provide accessible, timely, culturally and linguistically appropriate, child-friendly and relevant information on COVID-19 to children and families on the move.
3. Ensure access to clean water, basic toilets and good hygiene practices for migrant and displaced children and families when transiting or for those living in camps and in urban areas.
4. Ensure universal access to COVID-19 testing, health care, mental health and psychosocial support, and other essential services, for all those who need them, regardless of status.

⁴⁷ Serviço De Estrangeiros E Fronteiras, “Covid-19: Changes at SEF Public Service”, Portugal Ministry of Foreign Affairs. Available at <https://Imigrante.Sef.Pt/En/Covid-19/>, accessed 24 April 2020.

⁴⁸ “Interior Abre la Puerta a Liberar a Internos en los CIE por el Coronavirus”, *Lavanguardia*, 19 March 2020. Available at www.lavanguardia.com/politica/20200319/474263064358/interior-abre-puerta-liberar-internos-cie.html, accessed 23 April 2020.

⁴⁹ Gov.ie, “COVID-19 Pandemic Unemployment Payment”. Available at www.gov.ie/en/service/be74d3-covid-19-pandemic-unemployment-payment, accessed 23 April 2020.

⁵⁰ Arumugam, Tharanya, “Don’t Worry About Being Detained, Just Come Forward for Covid-19 Testing, Please” *The Straits Times*, 22 March. Available at www.nst.com.my/news/nation/2020/03/577004/dont-worry-about-being-detained-just-come-forward-covid-19-testing-please, accessed 23 April 2020.

⁵¹ United Nations High Commissioner for Refugees, “Practical Recommendations and Good Practices to Address Protection Concerns in the Context of COVID-19”, April 2020. Available at <https://data2.unhcr.org/en/documents/download/75453>, accessed 23 April 2020.

⁵² United Nations Children’s Fund, “Inspirational Models for UNICEF’s COVID-19 Response for Refugees/Migrants/the Displaced: What can be done/is being done concretely?”, Working draft, version 13 April 2020.

⁵³ Participating Gulf States are: Bahrain, United Arab Emirates, Qatar, Kuwait and Saudi Arabia; *ibid*.

⁵⁴ *Ibid*.

⁵⁵ United Nations Children’s Fund, “Quick Tips on COVID-19 and Migrant, Refugee and Internally Displaced Children” (Children on the Move), 6 April 2020. Available at www.unicef.org/media/67221/file, accessed 23 April 2020.

5. Support and advocate for safer living and housing conditions to allow for social distancing, including in shelters and camps for refugees and internally displaced persons.
6. Implement education strategies for continued learning for all children – including migrant and displaced children – and make schools safe, healthy, and inclusive environments.
7. Stop refoulement, immigration, detention, push-backs, deportations and mass expulsions of migrant and displaced children and families in the context of the COVID-19 pandemic. These practices threaten children’s rights and are a risk to public health.
8. Expand social protection policies and programmes to minimize the economic impact of COVID-19 on families.
9. Advocate proactively against xenophobia, stigma and discrimination – the virus does not discriminate, and neither should we.

Collaboration and unity are needed more than ever to ensure health, safety, and protection for all, especially for those in the most vulnerable of circumstances. Around the world, millions of migrant and displaced children on nearly every continent are already facing acute deprivations that will upend their growth and development as they mature into adults. COVID-19 presents even greater challenges and threatens to disrupt their lives even further. Protecting these children’s well-being today is the best way to invest in their future and restore hope for a calmer path ahead. ■



A pandemic-fueled approach to immigration in the United States and the neighbouring region

Joanne van Selm¹

In November 2019, the top three issues in Democratic Party presidential debates were health care, foreign policy and immigration (NYT, 2019). Within three months these hot political and policy issues would collide in the Republican administration's response to the global COVID-19 pandemic. The pandemic response, and the way it has encompassed these three policy areas, has exposed fault-lines, prejudices and protectionism in U.S. policy towards immigrants and immigration. Some of these are the result of very recent policy changes. Others pre-date the current America First administration.

The pandemic is also exposing the inequities and inefficiencies, in public health terms, of a health-care system based on private insurance, with high-end care for the privileged and limited or no access for others, including many non-citizens (Scott, 2020). When the health of all depends on health-care access for everyone, as is the case with a new virus like COVID-19, a system that reflects the inequalities of society displays its inadequacies. Meanwhile, the foreign policy roller coaster that has marked the last three years has been thrown into more twists and turns by the nationalist approach to the global pandemic, characterized as a "war" with a vocal securitizing of the arrival of non-citizens/non-residents across land borders, by sea and by air.

Immigrants and immigration policy are on the frontline of all aspects of the pandemic. The conditions in which many immigrants live; the limitations on their status and choices that come with their situations; the risks they face in terms of catching the infection, dealing with it and its consequences to their health and beyond, make this an incredibly stressful, challenging and confusing time for immigrants of all skill levels and categories in the United States. The use and abuse of immigration control for pandemic policy is also chaotic and conflicted: U.S. citizens and permanent residents can fly home, as if protected from carrying

the virus with them by their passport or Green Card; while at the southern border the pandemic is used to further the America First anti-immigrant agenda, the Department of State works overseas to actively seek new immigrant health-care workers and to continue to bring in seasonal agricultural workers, essential to the country's food security.

Immigration controls as virus limiting measures: Maybe obvious, certainly impossible

The interplay between immigration politics and public health in the face of COVID-19 in the United States has most obviously been acted out through border controls and (nominal) travel bans imposed on arrivals from China, the Islamic Republic of Iran and Europe, including the United Kingdom and Ireland. Proclamations declaring restrictions on non-U.S. citizens/permanent residents who have been in these countries during the previous 14 days (White House, 2020) caused panic returns by U.S. citizens – leading to scenes of airport overcrowding, with absolutely no safe distancing, only fear of contagion. However, these proclamations and the United States Government's approach have done nothing to stop flights landing, bringing passengers, including citizens and permanent residents, who could be contagious even if showing no symptoms of the virus, and who have been met with no more stringent testing than a short paper form at most (Epstein, 2020). The uncertainty surrounding a 60-day ban on new immigrant arrivals, causes concerns for families and businesses. The extent to which the ban is likely to limit transmission of the virus or to create jobs for unemployed Americans who the Administration suggests are protected by this measure, is difficult to assess at this stage (Dickerson and Jordan, 2020). At land borders, there seems to be a prioritizing of any means possible to deter immigration, rather than a maximizing of opportunities to protect public health. In contrast, other countries in the region have banned all arrivals: Jamaica has prevented all arrivals, by air or sea, since 21 March 2020, a ban since extended until the end of April, regardless of nationality (Jamaica Gleaner, 2020); other Caribbean islands such as Haiti, St Kitts and Nevis, Cayman, Trinidad and Tobago and Grenada have introduced complete flight and sea

¹ Joanne van Selm is Associate Director of Research at Eurasyllum.

arrival bans – the extent of these bans is a moving picture (Charles et al., 2020). The totality of bans, quarantines and restrictions across North America and the Caribbean remains mixed – partly reflecting concerns about the need to receive cargo including food supplies, and in some cases showing how nations in the region tend to follow the U.S. lead.

For the United States the major focus of entry shutdown is its land borders. Trump’s efforts to securitize the border with Canada have also re-emerged with suggestions that up to a thousand troops would be stationed along what has long been called the longest undefended border in the world, to patrol the restricted crossings for trade, local community shopping and essential purposes only (Dupeyron, 2020).

Immigrants, and an immigration system, at risk

There are various settings in which immigrants, and those who interact with them, are at significant risk of infection, as well as multiple ways in which the handling of the pandemic and its consequences impacts not only migrants but also the immigration system in general. One of the starkest changes is that, as happened after 9–11, the refugee admission programme has been immediately and fully halted. As the Trump administration had been cutting resettlement massively restarting these admissions under the current Presidency seems unlikely. The late-April announcement of a 60-day suspension on new Green Cards for immigrant entry signals potential upheaval in the traditional immigration system (Sevastopulo, 2020).

The fear from the start of the outbreak has been for infections in detention facilities at the southern border and elsewhere, as well as in the migrant camps on the Mexican side of the border, that have sprung up as a result of the Trump Administration’s restrictions and removals. At the time of writing, 6 detainees, in New Jersey and Arizona, have tested positive for the virus, as well as 5 members of staff at facilities in New Jersey, Colorado and Texas and 44 ICE personnel not employed at detention facilities (ICE, 2020). There are some 38,000 immigrants detained in 130 facilities across the country.

Among Customs and Border Patrol (CBP) agents, 160 had tested positive by early April 2020: 52 of them are in New York, and 27 are in southern border communities (Border Report staff, 2020). At the

southern border, emergency measures put in place due to the pandemic mean that CBP is deporting many irregular immigrants within as little as 96 minutes. The measures are intended to minimize the exposure of agents. However, they have not been checking the health of those attempting to enter, with entrants from Mexico, Guatemala, El Salvador and Honduras are being processed “in the field” without being taken to U.S. Border Patrol stations.

Since the measures were introduced on 21 March, arrivals have plummeted from 1,000 per day to 600 per day by 29 March. Sixty (60) per cent of the arrivals are Mexicans and about 26 per cent are from the Golden Triangle countries. Thus 85 per cent of entrants are being deported – excluding any for whom there is an existing warrant in the United States, for example. Mexico had said it would take people on a case by case basis, and include medical checks, but effectively all those refused entry to the United States are being turned around (Miroff, 2020). What is more, those arriving at the border to seek asylum are being refused – turned away without their request for asylum being assessed, in contravention of international refugee law, and of the 1980 Refugee Act – as the administration has invoked the Center for Disease Control’s power to ban the entry of people or things that might spread “infectious disease” (Lind, 2020a). Democratic Senators have, at the time of writing, demanded more information on this report from the Administration (Lind, 2020b).

The entire system of immigration status adjudication, already overloaded, suffering delays, and with a backlog of over a million cases as enforcement has increased, has faced additional problems in effecting physical distancing while upholding individual’s rights to have their cases appropriately reviewed and supported. In Los Angeles, judges were limiting the number of people in courts, sectioning off the rows of seats in front of them, with clerks armed with disinfectant wipes (Carcamo et al., 2020). With just two days warning, from 22 March ICE started to require immigration lawyers attending immigration detention centres and courts across the country to wear personal protective equipment (nitrile gloves, surgical masks or respirators and eye protection) according to AILA (American Immigration Lawyers Association). Such equipment was in high demand in hospitals, and almost impossible even for health-care providers to obtain. Courts were being kept open, and immigration lawyers expected to be present, while large sectors of society in most states were

encouraged to halt, and stay home (Gómez, 2020). Decisions on individual or system-wide court closures were out of the hands of judges, court and even state authorities, and apparently being taken at the White House itself (Madan, 2020). No one knows what it might take to actually close the immigration courts, but some fear the answer could be a death from the virus (Robbins, 2020).

Mexico, running two or three weeks behind the United States in terms of both its first infections and the spread, had a much lower rate of known infections than its northern neighbour by the last week of March (Sheridan, 2020). By early April, Guatemala had found 36 cases of COVID-19 in the country, one of whom was a man deported from the United States the previous week (Fernández and Joffe-Block, 2020). Another man deported on the same flight was found to be infected, and eight of the ten minors on the flight also arrived in Guatemala with fevers, in spite of ICE assurances that the temperature of deportees is checked prior to departure. However, as people infected do not necessarily have fever, and might indeed be asymptomatic, the virus is inevitably sometimes being exported with the deportees (Mendoza and Shoichet, 2020). The way ICE flights are routed through various U.S. cities to collect deportees was also giving rise to concerns (Resendiz, 2020). In the first three months of 2020, the United States deported some 11,600 Guatemalans. With increasing numbers of people in migrant detention acquiring the Coronavirus, Guatemala first rejected deportation flights and then allowed them with more stringent health controls, before re-imposing a ban for at least two weeks.

For immigrants in various visa categories there are concerns about extensions, changes in location of work or mode of study. With U.S. Citizenship and Immigration Services (USCIS) offices closed to the public as part of the response to the virus, renewals of employment authorizations face potential complications. Similarly, the Department of State hold on visa processing at offices worldwide means people who were ready to take up employment in the United States do not have the required paperwork (and in some cases travel restrictions might apply). H-1B temporary employment visas are linked to a specified location at which work will be conducted: with “stay at home” instructions in place, H-1B visa holders working from home should really lodge a location change – but are unable to do so (Maurer, 2020). Foreign students and trainees face similar concerns as following courses remotely would normally not qualify

for their visa status. While ICE and USCIS guidance on various status concerns tends to indicate relaxation, the situation remains unclear for visa holders and their employers or sponsors alike (ibid.).

The climate of distrust prevails, and quick changes in stance as well as differences between posted policies and political rhetoric mean that individuals have little idea where they really stand in relation to these authorities (Chisti and Pierce, 2020). What is more, exporting the virus in this way adds layers of misunderstandings and confusion to foreign policy through the exercise of U.S. immigration policy, and expands global public health concerns.

A climate of fear meets a viral pandemic

Policies introduced during the last three years to deter irregular immigrants and to limit opportunities for people to regularize or make more permanent their ties to the country, have made immigrants vulnerable, and now risk consequences which could seriously impact the health of everyone.

On 24 February 2020, USCIS implemented the Inadmissibility on Public Charge Grounds Rule nationwide, based on the notion that in order to qualify for a Green Card or permanent residence, immigrants should be self-sufficient (USCIS, 2020). On that date there were 14 cases of COVID-19 in the United States. A month later, with more than 30,000 U.S. cases confirmed, USCIS Public Charge web page added the following notice: “USCIS encourages all those, including aliens, with symptoms that resemble Coronavirus Disease 2019 (COVID-19) (fever, cough, shortness of breath) to seek necessary medical treatment or preventive services. Such treatment or preventive services will not negatively affect any alien as part of a future Public Charge analysis.” This statement could seem a vindication of those who had objected to the public charge rule, since its announcement, on the grounds of its potential detrimental effect on public health. However, immigrant health advocates indicate it is probably too little, too late (Page et al., 2020). Trust is gone. Irregular immigrants are excluded even from the coverage of the Affordable Care Act. They, and many regularized, low-income immigrants have no personal physician – no one to turn to for advice on their symptoms. They are likely to wait, to read information on the internet that may or may not be accurate, or to go to an Emergency Room, whether they need to or not,

thereby taking up resources and potentially putting themselves and others at even more risk (ibid.).

“As the coronavirus sweeps across the United States, immigrants may be among the least able to self-isolate and seek the medical care that is essential to protecting their health and slowing the spread of the disease.” (Jordan, 2020a)

Many immigrants find themselves in something of a “perfect storm”. They are disproportionately represented in industries which are either shuttered (hospitality, airports, transportation) or on the frontline (elder care, health-care settings, etc.). Their jobs typically do not offer sick leave, or many, if any, other benefits – indeed, most lower-skilled and even skilled work in the United States is with employers that do not offer sick leave.

As the Federal government has instituted measures to support Americans losing their incomes to COVID-19, and to support the economy, they have excluded many migrants, in particular the undocumented, even if these people regularly pay taxes (as many undocumented migrants do). The Democratic-led Congress had tried, but failed, to include extension of foreign temporary and seasonal worker permits, as well as provisions for the “Dreamers” into the Bill, in an effort some suggest would be akin to making a modern “New Deal” (Dinan, 2020; Tandy Shermer, 2020). Cities and states have been left to address the needs of these migrants. The mayor of Chicago has signed an order making any COVID-19 benefits available to residents regardless of immigration status, but that is an exception, not a rule (NBC, 2020). In another example, the governor of California has indicated that the state might assist undocumented migrants excluded from relief programmes (Ortiz, 2020).

Many lower paid immigrants live in over-crowded apartments or houses, so the type of “distancing” being recommended is not possible for them, even if they could stay at home. Those working in the agricultural or other food-related sectors are often being asked to continue working, again without appropriate distancing. Many of the estimated 500,000 undocumented migrants in New York are domestic workers. They continue to clean and look after the children of their (relatively) wealthy clients at the risk of getting ill, in order to maintain an income (Correal and de Freytas-Tamura, 2020). The risk to

many immigrants is, indeed, not just that they will get sick. It is also that they will become homeless, lose their job and income, be unable to afford food, and will not find support either in the United States Government’s handout, for which undocumented migrants do not qualify, or in benefit programmes for which they and/or their children – sometimes U.S. citizen children – were eligible, having withdrawn for fear of it being used against them under the reinforced public charge ruling (Page et al., 2020 and Kaiser Family Foundation, 2020).

If they do get sick, immigrants often have no health insurance to cover their medical bills. While most of the uninsured in the United States are citizens, non-citizens are significantly more likely than citizens to be uninsured. In 2018, 76 per cent of the nearly 28 million non-elderly uninsured in the United States were citizens. But 23 per cent of lawfully present immigrants and 45 per cent of undocumented immigrants were uninsured, compared to just 9 per cent of citizens (Kaiser Family Foundation, 2020).

Even insured non-citizens, however, have taken difficult decisions to quickly leave the United States as the numbers infected rose, and the inequalities of the US health-care system turned the country from a location of choice to one of potential terror. In particular those who are citizens of countries with universal health care in Europe and Australia have realized that no amount of insurance guarantees a hospital bed in a pay-as-you-go US hospital. If the system is overwhelmed, or even if there is a personal health incident not linked to COVID-19, having the ability to pay through insurance does not mean health care will be available. Some of those who could have left jobs they worked hard for, and long dreamed of, to return to a country of origin such as Australia or Canada, they’d left for adventure, opportunity or love. In other cases, that while the option to leave was appealing, it was not practical – for example citizens of countries like Italy and Spain where the virus had spread more widely ahead of its increasing prevalence in the United States (Kwai and Albeck-Ripka, 2020).

Contradictions abound

With the scramble to address the pandemic, to limit infections, boost health-care systems, and then within that context address immigration-related practicalities and concerns, it is perhaps not surprising that contradictions abound.

One example of this is in the agricultural sector. The H-2A temporary agricultural worker program saw 204,801 visas issued in 2019 (Department of State, 2020b). This number is not nearly adequate for the work required in the sector, so the migrant workforce is boosted to somewhere between 1 and 2.7 million by undocumented migrant workers (Haedicke, 2020). These farmworkers without documented immigration status, are now being issued letters declaring them essential workers so they are not part of “stay at home” orders and can travel to fields to pick fruit and vegetables Jordan (2020b). The majority of these workers are Mexican, followed by others from Central America, have limited English, and are not being provided information on the virus in Spanish. They are vulnerable, both to catching the virus as they continue to live, work and travel without protections and distancing, and to being unable to deal with the consequences of being ill as they have no insurance, no sick pay, and risk losing even the cramped accommodation that come with their jobs (Wozniacka, 2020).

Many workers employed on the H-2 program were ready to depart, or well into the visa process as the COVID-19 infection rate in the United States grew. According to the Department of State, the H-2 program (including also non-agricultural visas under H-2B) is “essential to the economy and food security of the United States and is a national security priority. Therefore, we intend to continue processing H-2 cases as much as possible, as permitted by post resources and local government restrictions.” So, although routine visa services were suspended on 20 March 2020, expanded categories of H-2 applicants, both new and returning, are being processed without in-person interviews (Department of State, 2020a).

Non-immigrant seasonal workers have therefore been arriving in the United States to undertake the “essential” jobs in the field, even as the United States becomes the centre of the pandemic, unemployment of U.S. citizens and permanent residents registering for unemployment benefits skyrockets, and irregular migrants are deported.

235 H-2A visas had been issued to Jamaicans in January and February 2020 (Department of State, 2020c), for example. As Jamaican men left for seasonal agricultural work in the United States and Canada, some of whom have been doing so for decades, others on the island wondered why they would go to the United States in particular when the risks of

catching COVID-19 are so much higher than at home. They also wonder why they would leave, when they cannot return due to the total arrival ban,² and what would be done to protect them and ensure they did not bring the virus home if they can come back in a few months’ time. But for these families, the money they can earn in several months in the United States is far greater than what they can earn in Jamaica, and even the risks involved this year seem worthwhile (Titus, 2020).

There are some suggestions that currency strengthening in United States and Europe may mean a rise in remittances (Gagnon, 2020). However, initial anecdotal evidence suggests remittances are set to drop as migrants struggle to pay for their own rent and food while trying to send at least a small amount to family left at home, and worry about the loss of informal jobs (Kahn, 2020). Indeed, it seems more likely that remittances to key countries, such as Mexico, will drop, particularly as immigrants in the United States need to hold on to their cash in case of high health-care bills, or other sudden needs in uncertain times. Indeed, remittances to Mexico are projected to drop as a result of the pandemic – in the Mexican case by 17 per cent from the high in 2019 of USD 36 billion to a projected USD 29.9 billion in 2020 – with the forecast for a recovery to 2019 levels between 2023 and 2028 (Reformer, 2020).

The nature of existing policies towards immigrants also has counter-intuitive impacts on health-care provision. 16.5 per cent of all health-care workers, and 28.7 per cent of physicians, in the United States are immigrants (New American Economy Research Fund, 2020). Many of the immigrant physicians, surgeons and other professionals are on temporary visas (H-1B) meaning they can only work in the state and hospital-system which sponsored them – so even if they want to go to New York to assist where the largest pressure for medical care is at the time of writing, for example, their status prevents them from doing so (Rose, 2020). What is more, those on J-2 visas are required to leave the country for two years following their residency, a situation which faces some newly qualified doctors right at the point when the

² Jamaica’s total arrival ban was modified in mid-April, under pressure from the United States, to allow for the deportation of Jamaicans from the United States. The U.S. embassy insists that those set to arrive on 21 April will be COVID-19 free, as their temperatures will be checked prior to departure, but Jamaicans remain unconvinced (Hall, 2020).

country in which they have trained needs them most (Narea 2020; Robeznieks, 2020). An estimated 29,000 health-care workers are DACA (Deferred Action for Childhood Arrivals) recipients, who face an imminent decision by the Supreme Court on whether the Trump Administration can end the program, at which point they risk both termination of their employment and deportation (Powell Jobs, 2020).

Not only do medical professionals on temporary visas not have mobility within the country, there are also an estimated 263,000 refugees and immigrants with medical qualifications from their home countries already in the United States, sometimes for years, who have been unable to convert those skills for appropriate employment and careers (MPI, 2020). Some of them work in lower-level health jobs, but they have the skills and training to be activated in the broader health sector should the United States so desire. Meanwhile the US Department of State has advertised additional temporary employment visas for qualified non-citizens to move to the United States to add to medical personnel numbers. So, rather than changing the rules for those already in the country to be able to help where needed, the Federal government is seeking to bring in new immigrant health-care workers. In New York and New Jersey governors have started to relax regulations, making it possible for immigrant health-care workers to join their efforts to care for those infected by COVID-19 (e.g. State of New Jersey, 2020).

Testing the current policy approach

Immigration policy, public health and foreign policy issues have fused in the very existence of a global pandemic and the United States handling of it. The political differences on the immigration question between a nationalist Republican-led Senate and White House, as well as some states, and a more global-minded Democratic-led Congress and other key states, including those on the early front-line of viral contagion have clearly come to the fore. To date, the anti-immigrant approach and messaging has led primarily to confusion, and in many ways undermined the public health needs of a system under pressure. Economic concerns as the country and the world drift towards recession only serve to buoy the protectionist approach, at least in the short term. The nationalist approach, demonstrated in part through migration control measures and their wording, also threatens the United States' position of leadership in the region, leaving smaller nations unsure of whether

they should prioritize their own needs at the risk of displeasing the long-term major power of the region. The range of measures, under the guise of pandemic response, that serve to demoralize and instill fear in migrants who are working in both health care and essential food production and delivery sectors would seem counter to the overall recovery of any country. Nationalism would seem to be failing the COVID-19 test. ■

References

- Border Report Staff
2020 [27 CBP employees in border communities test positive for COVID-19](#), *Border Report*, 6 April 2020.
- Carcamo, C., A. Castillo, M. Hennessy-Fiske, M. Dolan, B. Mejia and M. O'Toole
2020 [Coronavirus is turning an overloaded immigration system into a 'tinderbox'](#), *Los Angeles Times*, 18 March 2020,
- Charles, J., J. Tavel, J. Wyss and N. Gámez Torres
2020 [From masks to gender restrictions, Latin America and Caribbean tighten coronavirus measures](#), *Miami Herald*, 8 April 2020.
- Chishti, M. and S. Pierce
2020 [Crisis within a Crisis: United States Immigration in a Time of Covid-19](#), Migration Policy Institute, 26 March 2020
- Correal, A. and K. de Freytas-Tamura
2020 [They Cleaned Other People's Homes. Now They Fear They're Sick](#), *New York Times*, 6 April 2020.
- Dickerson, C. and M. Jordan
2020 [New Immigration Limits Cause Anxiety in Families and Business](#), *New York Times*, 21 April 2020. A
- Dinan, S.
2020 [It's about Covid: Nancy Pelosi Retreats on Stimulus Wishlist](#), *The Washington Times*, 24 March 2020.
- Dupeyron, J.
2020 [Why Trump tried to use the Coronavirus Crisis to Mexicanize the US Canada Border](#), *The Conversation*, 2 April 2020.

- Epstein, E.
2020 [Trump never actually banned flights from China or Europe. Why?](#), *The Washington Times*, 22 March 2020.
- Fernández, V. and J. Joffe-Block
2020 [Deported amid coronavirus: US sends Guatemalan family home to face new threat](#), *The Guardian*, 2 April 2020.
- Gagnon, J.
2020 [COVID-19: consequences for international migration and development](#), OECD Development Matters, 2 April 2020.
- Gómez, L.
2020 [Arizona lawyers turned away from immigration detention centers](#), *The AZ Mirror*, 26 March 2020.
- Haedicke, M.
2020 [How coronavirus threatens the seasonal farmworkers at the heart of the American food supply](#), *The Conversation*, 3 April 2020.
- Hall, A.
2020 [Deportees arriving next Tuesday will be COVID-19-free, says US Embassy](#), *Jamaica Observer*, 16 April 2020.
- U.S. Immigration and Customs enforcement (ICE)
2020 [ICE Guidance on Covid19](#) (accessed 3 April 2020).
- Jamaica Gleaner*
2020 [No Entry: incoming passengers barred under new measures announced by government](#), 21 March 2020.
- Jordan, M.
2020a [“We’re Petrified”: Immigrants Afraid to Seek Medical Care for Coronavirus](#), *New York Times*, 18 March 2020.
2020b [“Farmworkers, mostly undocumented, become Essential during Pandemic”](#), *New York Times*, 2 April 2020.
- Kahn, C.
2020 [“COVID-19 Is Cutting Into Vital Money U.S. Migrant Workers Send Back Home”](#), *NPR*, 17 April 2020.
- Kaiser Family Foundation
2020 [Health Coverage of Immigrants](#), March 2020.
- Kwai, I. and L. Albeck-Ripka
2020 [They Made New Lives in the U.S. The Coronavirus Sent Them Fleeing](#), *New York Times*, 1 April 2020.
- Lind, D.
2020a [Leaked Border Patrol Memo Tells Agents to Send Migrants Back Immediately — Ignoring Asylum Law](#), *Pro Publica*, 2 April 2020.
2020b [Democratic Senators Demand Answers on Trump’s Secretive Border Expulsions](#), *Pro Publica*, 8 April 2020.
- Madan, M.
2020 [White House itself is choosing which immigration courts get to close amid COVID-19](#), *Miami Herald*, 19 March 2020.
- Maurer, R.
2020 [COVID-19 Upends U.S. Immigration](#), *SHRM*, 22 March 2020.
- Mendoza, M. and C.E. Shoichet
2020 [The US deported him. Days later, he was hospitalized with coronavirus](#), *CNN*, 30 March 2020.
- Miroff, N.
2020 [Under coronavirus immigration measures, U.S. is expelling border-crossers to Mexico in an average of 96 minutes](#), *Washington Post*, 30 March 2020.
- Migration Policy Institute (MPI)
2020 [An Untapped Pool of Critical U.S. Health-Care Workers in a Time of Pandemic](#), Migration Policy Institute, April 2020.
- Narea, N.
2020 [The US needs foreign doctors and nurses to fight coronavirus. Immigration policy isn’t helping](#), *Vox*, 30 March 2020.
- NBC
2020 [Lightfoot Signs Order to Make City’s COVID-19 Benefits Available to Immigrants and Refugees](#), 7 April 2020.

- New American Economy Research Fund
2020 [Immigration and Covid-19](#), update 6 April 2020 (accessed 8 April 2020).
- New York Times (NYT)*
2019 [The Issues That Got the Most Time at the Debates So Far](#), 20 November 2019.
- NYT Editorial Board
2020 [Coronavirus Doesn't Care Where You Come From. Trump Still Does](#). *New York Times*, 31 March 2020. Available at www.nytimes.com/2020/03/31/opinion/immigration-coronavirus-border.html.
- Ortiz, G.
2020 [California governor says state may assist undocumented residents shut out of coronavirus relief](#), *Daily Kos*, 8 April 2020.
- Page, K.R., M. Venkataramani, C. Beyrer and S. Polk
2020 [Undocumented U.S. Immigrants and Covid-19](#), *The New England Journal of Medicine*, 27 March 2020.
- Powell Jobs, L.
2020 [Terminating DACA during the Pandemic would be a callous Error in Judgement](#), *Washington Post*, 8 April 2020.
- Reformer
2020 [Remittances to Mexico to fall by 17% in 2020-BBVA](#), *Mexico Today*, 2 April 2020.
- Resendiz, J.
2020 [Flight carrying deportee with COVID-19 lands in El Paso; safety of airport employees questioned](#), *Border Report*, 30 March 2020.
- Robbins, L.
2020 [As Coronavirus spreads, so does panic and confusion at Immigration Courts across the U.S.](#), *The Appeal*, 3 April 2020.
- Robeznieks, A.
2020 [AMA: Fix immigration issues so IMGs can help fight COVID-19](#), 25 March 2020.
- Rose, J.
2020 [Immigration System Slowdown Keeps Some Doctors From Coronavirus Front Lines](#), *NPR*, 27 March 2020.
- Scott, D.
2020 [Coronavirus is exposing all of the weaknesses in the US health system](#), *Vox*, 16 March 2020.
- Sevastopulo, D.
2020 [Donald Trump bans green card applications for 60 days](#), *Financial Times*, 23 April 2020.
- Sheridan, M.B.
2020 ["Coronavirus on the border: Why Mexico has so few cases compared with the U.S."](#), *Washington Post*, 30 March 2020.
- State of New Jersey
2020 [Governor Murphy Signs Executive Order to Remove Barriers to Health Care Professionals Joining New Jersey's COVID-19 Response and Provide Protections for Front Line Health Care Responders](#), 1 April 2020.
- Tandy Shermer, E.
2020 [Democrats have the right idea of what Covid19 relief should look like](#), *Washington Post*, 27 March 2020.
- Titus, M.
2020 [Risking COVID-19 For Work - J'can Farm workers head to US, Canada in midst of Coronavirus outbreak](#), 5 April 2020.
- U.S. Department of State
2020a [Important announcement on H-2 visas](#), 26 March 2020.
2020b [Table XVI\(B\) Nonimmigrant Visas Issued by Classification \(Including Border Crossing Cards\) Fiscal Years 2015–2019](#).
2020c [Monthly Non-Immigrant Visa Issuance Statistics](#).
- US Citizenship and Immigration Services (USCIS)
2020 [Public Charge](#).
- White House
2020 [Proclamations suspending travel, Healthcare](#).
- Wozniacka, G.
2020 [Farm workers are in the Coronavirus crosshairs](#), *Eater*, 26 March 2020.



Risks and challenges to migrants, asylum seekers and refugees living under COVID-19 in Ciudad Juárez, Mexico

Blanca Navarrete and Gabriella Sanchez¹

By the beginning of 2020 and after a frantic year of responding to the humanitarian crisis emerging from the arrivals of thousands of people seeking to apply for asylum in the United States, government, local and international organizations in the United States–Mexico border city of Ciudad Juárez, Mexico had finally achieved a certain level of operational stability and consensus. The dialogue that allowed for the establishment of streamlined procedures to assist those arriving to and waiting in Juárez for international protection also allowed migrants, asylum seekers and refugees themselves to attain a sense of balance following months of utter uncertainty.

The arrival of COVID-19 and the ensuing emergency response have however brought this fragile equilibrium to a halt. The vulnerabilities and risks faced by migrants, asylum seekers and refugees that had been attenuated are now compounded by the closing down of workplaces, the lack of income, a reduction in the availability of public transportation and the lack of mechanisms that allow expedited admission to shelters as a result of the implementation of the emergency response. In what follows, we share a few of our observations derived from our work as one of a vast range of civil society organizations operating in Ciudad Juárez. We document ongoing challenges waiting, stranded or returned migrants, asylum seekers and refugees in the city of Juárez face as a result of the COVID-19 response, and provide a series of recommendations to improve their conditions along the entire United States–Mexico divide.

The calm before COVID-19

In 2018, U.S. Customs and Border Protection (USCBP) authorities began to officially standardize admission procedures for people seeking international protection arriving at the United States–Mexico border. The redirecting of people to specific ports of entry, and the imposition of controls over the numbers

of those admitted and/or processed at these locations (a strategy broadly known as Migrant Protection Protocols or MPP), altered admission dynamics along the entire border, simultaneously creating a backlog of asylum seekers who had to wait in cities on the Mexican side of the border for their claims to be heard (Leutert et al., 2018).

Ciudad Juárez, a city on the Mexican side of the United States–Mexico border became in 2018 one of the main hubs for the processing of people seeking asylum at ports of entry along the United States. By February of 2020, the total number of people who had officially registered in the city's waiting list since October 27 of 2018 was 19,904 (COESPO, 2020). The experience of managing large numbers of arrivals was by no means new to Juárez's civil society, which over the years has systematically responded to humanitarian crises derived from migration enforcement and controls on both sides of the border. The sheer numbers of people stranded in the city, however, initially strained the capacity of the local government and civil society to respond. While USCBP officials quickly harmonized their processing and return practices, there were no systems in place in either side of the United States–Mexico border to ensure the most basic well-being of the thousands of people seeking international protection (Reyes, 2019; Aguilar, 2019), most of whom were being sent to wait for their court dates on the Mexican side of the border. Neither were provisions available to ensure the well-being and safety of migrants, asylum seekers and refugees in Juárez, which is often depicted as one of the most dangerous cities in the world.

After the initial challenges involved in responding to the needs of the large numbers of people from around the world arriving to the city in search of asylum, and having to adapt to the guidelines established by U.S. immigration authorities, government agencies, civil society and international organizations were able to devise a system that provided arriving, waiting and stranded migrants, asylum seekers and refugees in Ciudad Juárez with basic services (shelter, access to emergency medical services, legal and consular assistance, and for many, a path for employment) while they waited in Mexico for their court dates in the United States.

¹ Blanca Navarrete is Director of DHIA, A.C. (Derechos Humanos Integrales en Acción). Gabriella Sanchez is a research fellow at the Migration Policy Centre, European University Institute.

This newfound feeling of stability, however, came to a halt with the advent of COVID-19 and the responses that were put in place on both sides of the United States–Mexico border to contain its spread. The United States Government closed international borders to non-essential transits on 20 March with the claim that the decision would prevent the spread of the virus (Aguilar, 2020). On the same date, the local government of Ciudad Juárez also proceeded to shut down all non-essential activities (Olmos, 2020). As a result, while many migrants, asylum seekers and refugees are legally entitled to work in Mexico, many of the places that hire them closed down by government decree. Unable to work, they are unable to generate an income allowing them to cover for their basic expenses, including rent. The measures put into place to contain the spread of the COVID-19 have in short led many migrants, asylum seekers and refugees to become unemployed, homeless or in need of emergency accommodation, and state, local and federal authorities, along with civil society and international organizations in the city to scramble to devise an effective strategy in response to the numbers of people seeking assistance. While there has not been an official count, it is broadly estimated that there are approximately 1,600 people currently staying at the 17 shelters formally recognized in the city. Mobility restrictions related to the COVID-19 response prevent us from knowing how many migrants, asylum seekers and refugees have lost their source of income or place of residence as a result of the COVID-19 emergency, how many remain in the city at this time or how many have decided to leave.

Loss of employment stability and continuity

Prior to the COVID-19 emergency, many asylum seekers in Juárez had been able to attain a certain degree of stability in their everyday lives through employment. The Mexican Government implemented programmes granting migrants, asylum seekers and refugees a temporary right to work. In combination with a CURP (*Clave Única de Registro de Población*) or individual registry code, the identification cards issued through these programmes also allowed asylum seekers to register for state-funded medical services (COMAR, 2018). For those who had been unable to or unsuccessful at obtaining these documents, the informal economy often provided an alternative source of labour and income. Many migrants, asylum seekers and refugees (in particular, people of Cuban origin) set up food stands and small restaurants catering to the migrant community, many of whom

were having great success among local *Juarenses* eager to try new foods and flavours. Many other people were also able to find work in the abundant local and open-air markets, and at construction sites across the city.

The outbreak of COVID-19, however, brought an end to many of the employment options and income sources available to migrants, asylum seekers and refugees. The Government ordered the suspension of all non-essential business. Many small migrant-owned businesses like grocery stores, hair salons, restaurants and other shops, unable to put in place social distancing measures by virtue of their size and/or nature were forced to shut down, while construction work throughout the city has been put on hold. As a result of restrictions imposed on the availability and frequency of local public transportation (Miranda, 2020), many migrants, asylum seekers and refugees also found themselves by the end of March unable to reach their places of employment, and had no choice but to resign. Many others have reported losing their jobs.

Loss of housing and shelter policies

Local evangelical churches in Juárez rushed to fulfil the need for shelter in the context of the 2018–2019 humanitarian crisis. By the time the number of people requesting international protection had peaked (i.e. the second semester of 2019), the community of churches had created a network of 17 shelters welcoming people in need. Shelters constituted only a temporary form of housing, a stepping stone towards eventual independence, and many migrants, asylum seekers and refugees left them once they had obtained employment and/or had scheduled court dates which gave them a better indication of the approximate length of their stays in Juárez. Many others, once granted employment authorization began to look for more permanent accommodation throughout the city, renting rooms on their own or on occasion sharing flats or houses with others in an effort to improve their living conditions.

The arrival of COVID-19 to Juárez changed migrants, asylum seekers and refugees' residential dynamics. Out of work, many have reported being unable to pay rent, having to find alternative accommodation, leaving or altogether abandoning their places of residence. An undetermined number has turned to the shelters for assistance. Shelters, however, have stopped admitting

guests in light of the COVID-19 emergency. The federal migrant shelter has also ceased welcoming migrants, asylum seekers and refugees in an effort to reduce the possibility of contagion and to protect those already staying there. In the process strict regulations concerning outings were imposed (we were notified that a Salvadoran mother who had left the shelter to reschedule a court hearing and stopped on the way back to pick up a cake to celebrate her daughter's birthday was not allowed to re-enter the facility out of safety concerns and had to find another place to stay). The shelters set up by local Evangelical churches, by virtue of often being located in private homes and temples, also have limited to no resources to ensure basic social distancing measures, and are also unable to receive additional occupants.

At the time this article was being prepared, two facilities in the city were being outfitted to receive migrants, asylum seekers and refugees after the completion of a 14-day quarantine. The goal is for both facilities to serve as “filters” so that those who have shown no signs of the infection can then be placed in other shelters in the city. It is estimated that a total of 80 people are being housed at these locations. On the basis of estimates from local civil society organizations, there are however concerns that the demand for accommodation is likely to exceed the slots available in the days and weeks to come.

Increased exposure to violence and crime

The inability to afford housing or to be admitted into a shelter exposes migrants, asylum seekers and refugees to risks beyond those of contagion. According to data from Juárez's Fideicomiso para la Competitividad y Seguridad Ciudadana (FICOSEC), criminality levels have remained constant in the city despite the contingency (FICOSEC, 2020). Lacking a safe place to stay increases the exposure of migrants, asylum seekers and refugees to people who may be inclined to take advantage of their condition. The literature on security in Juárez has documented extensively the vulnerability of migrants, asylum seekers and refugees to scams, thefts, kidnappings, temporary abductions, and torture in the city (Human Rights First, 2020). Yet migrants encounter challenges beyond being targets of crime. While our organization has not itself received any reports of migrant-related violence from those who rely on our services, we have collected cases involving attempts on the part of migrants, asylum seekers and refugees to report their victimization to local authorities, and of being

denied their legal right to file a report, under the claim that said documents are used to improve people's chances for asylum in the United States. Given the current structure of the U.S. asylum process and the elevated burden of proof an application of this kind involves, we find the allegation of migrants, asylum seekers and refugees using these reports to support their asylum claims disingenuous at best.

Returns

The exact number of migrants, asylum seekers and refugees returned by U.S. authorities to Mexico at this time is unknown. Based on the reports of the people who use our services, and on reports from other civil society organizations and community actors in Juárez, it appears that migrants, asylum seekers and refugees are being returned to Juárez in small groups of 5 to 10 people. There are significant concerns with this kind of returns at this specific time: one is the fact that it is impossible to systematically establish if the people being sent back to Mexico present COVID-19 symptoms, are asymptomatic or carriers. And two, even in the existence of a mechanism to track returns at this time, there is no protocol nor tools that would allow to screen for COVID-19 and triage related cases. One proposed option was to measure the temperature of people as they were returned from the United States. However, measuring the temperature is not a substitute for testing or for the implementation of containment measures. Our collective concern as local organizations is that the U.S. immigration authorities may not be conducting screenings and/or keeping track of infections among people in detention and/or those being released or returned to Juárez.

Impacts on children

Out of the 17 shelters officially recognized by the local government in Juárez, five receive migrant children. While the exact number of children staying at the shelters in Ciudad Juárez is unknown, by December 2019 it was estimated that approximately 300 children alone were housed at the federal shelter, with two-thirds of them being from Central America (Gamboa, 2019).

While the federal shelter can house 500 people, it is estimated that approximately 700 were staying in the facility by late December 2019. It was also around this time that the shelter authorities reported an outbreak of chicken pox. The shelter was closed to visitors and

nobody was admitted during the quarantine (Gamboa, 2020). A total of 183 cases were officially recorded. The chicken pox outbreak is not only proof of the ease of contagion among those living at the shelter. It also means that by the time the COVID-19 emergency was declared, many of the people at the shelter (including children) had already been under lockdown.

During the COVID-19 contingency we have collected over the phone reports from the mothers and fathers of children aged 0 to 9 living or staying at the shelter. Parents systematically reported that their children presented behaviours indicative of anxiety, anger and depression. While many of the children already exhibited behaviours related to family separation and mourning, the mobility restrictions related to COVID-19 (and presumably to the chickenpox quarantine) have compounded their psychological vulnerability. Older children tend to be aggressive while among infants, crying bouts and periods of profound sadness are common.

Both quarantines have limited our ability to carry out in-situ, face-to-face work with the families and children we assist in the context of our gender-based violence programme, and in the provision of legal services. We have had therefore to adapt in order to continue to provide services. Currently we are facilitating legal assistance and psychological treatment to people at the shelter via a Facebook group, holding calls and videocalls with patients and clients; however the conditions at the shelter are not always conducive to privacy, which has to a degree impacted the quality of the treatment people receive (including young teenagers and girls who have experienced sexual violence in the context of their migratory journeys). While receiving psychological attention is essential to the well-being of children and teenagers and would therefore constitute a legitimate reason to exit the shelter temporarily, the availability of public transportation is, as mentioned earlier, quite limited; furthermore, more recent restrictions from the city government do not allow more than two passengers per vehicle. For this reason we have to this day continued to rely on cell phone applications to deliver activities, share information, and provide therapeutic alternatives to the families who rely on our services.

The challenges faced by children and their parents under these conditions often lead the latter to make devastating decisions with the hope of improving their children's well-being. There is anecdotal evidence

indicating that faced with the inability to protect their health, or of providing them with food or safe and dignified housing, many parents are instructing their children to present themselves to U.S. immigration authorities at ports of entry as unaccompanied children seeking international protection with the hope this will expedite their admission into the United States, even if leading to family separation.

Conclusions and recommendations

The arrival of COVID-19 to the United States–Mexico border, and specifically to the city of Ciudad Juárez, together with the measures that have accompanied the response to the pandemic, have had devastating consequences on the livelihoods of migrants, asylum seekers and refugees living on the Mexican side of the border while waiting for their claims for international protection to be heard under the Migrant Protection Protocols or MPP programme. For many migrants, asylum seekers and refugees who had been able to attain a basic level of stability, the COVID-19 response has effectively translated into the loss of income, livelihoods and places of residence. It has also reactivated the series of efforts on the part of government, civil society and intergovernmental organizations to provide basic services for a still unknown number of people.

In a letter addressed to state and federal authorities of U.S. border cities, a group of border-based, civil society organizations issued the following recommendations concerning the treatment of migrants, asylum seekers and refugees under the COVID-19 response. We repeat them here:

1. Provide timely and migrant-inclusive information on COVID-19, in accessible languages. Include migrants, asylum seekers and refugees, and migrant serving organizations in the planning and related mitigation measures.
2. Ensure immediate access to COVID-19 screenings, health care, and recovery support for all community members, including migrants, asylum seekers and refugees.
3. Call upon the federal government for the suspension of travel restrictions and the suspension of immigration checkpoints, for these impede critical access to testing, treatment, and care for migrants, asylum seekers and refugees living in rural border communities.

4. Coordinate with federal authorities the release of migrants, asylum seekers and refugees from detention facilities following medical screening and in a manner consistent with public health protocols on COVID-19. Similarly, we request measures to reduce overcrowding and provide physical distancing in prison and immigration detention facilities for those detained for non-immigration reasons.
5. Process unaccompanied children according to the safeguards that the TVPRA provides and that child welfare standards compel.
6. Protect the right to seek asylum. Restrict local support for the removal and forced repatriation of people fleeing persecution, conflict, and serious abuse of human rights.
7. Provide safe, alternative housing to migrants, asylum seekers and refugees released from detention facilities to avoid shelter overcrowding. Border cities must coordinate safe alternative housing and allow those in need of self-quarantine to decrease risks of local transmission. These measures must take into account the specific needs and conditions of children, women and the elderly.
8. Mobilize local donors to support organizations and shelters providing critical services to migrants, asylum seekers and refugees, recognizing that local organizations need additional support to cover basic operations and essential supplies such as sanitizing, hygiene, and food supplies to navigate through the emergency.
9. Provide mechanisms to obtain legal identification. Establish a local tool that allows migrants, asylum seekers and refugees access to basic rights and social programmes on health, food, education and employment.
10. Provide access, regardless of immigration status, to social programmes in each border city. Ensure the implementation of unemployment and economic relief programmes to reduce the social and economic impacts of the crisis, fully incorporating migrants, asylum seekers and refugees, including those working in the informal sector.
11. Coordinate joint actions with other cities and civil society organizations to reinstate the asylum application process in the United States, and find safe, organized, and humane alternatives to detention.

References

- Aguilar, J.
- 2019 [As El Paso closes emergency migrant shelters, Mexico scrambles to add space on the border](#). *The Texas Tribune*, 2 August 2019.
 - 2020 [To slow COVID-19, Trump administration closes southern border to non-essential travel](#). *The Texas Tribune*, 20 March 2020.
- Comisión Mexicana de Ayuda a Refugiados (COMAR)
- 2018 [Pasos para solicitar la condición de refugiado en México](#). 22 May 2018. Mexico: COMAR.
- Consejo Estatal de Población (COESPO)
- 2020 [Ficha Informativa de Movilidad Humana en Ciudad Juárez, Chihuahua: Numeralia de la Contingencia Migratoria](#). 10 February 2020. Ciudad Juárez: COESPO.
- Fideicomiso para la Competitividad y Seguridad Ciudadana (FICOSEC)
- 2020 [Relación de víctimas de homicidio doloso y seguimiento a medios de comunicación](#). Email newsletter, 23 April 2020. Ciudad Juárez: FICOSEC.
- Gamboa, P.
- 2019 [Viven en albergues 300 niños migrantes](#). *El Heraldo de Juárez*, 27 December 2019.
 - 2020 [Dan de alta a 135 migrantes de albergue Leona Vicario](#). *El Heraldo de Juárez*, 28 January 2020.
- Human Rights First
- 2020 [Delivered to Danger: Forced Returns to Mexico](#). 28 February 2020.
- Leutert, S., L. Ezzell, S. Arvey, G. Sanchez, C. Yates and P. Kuhne
- 2018 [Asylum Processing and Waitlists at the US-Mexico Border](#). December 2018 Report. Austin: Robert Strauss Center, Center for US-Mexican Studies, Migration Policy Centre.

Miranda, S.

2020 [Reducirán a la mitad el transporte público.](#)
El Heraldo de Juárez, 26 March 2020.

Olmos, J.

2020 [Inicia Juárez su cuarentena: educación reanuda hasta el 22 de abril.](#) *El Diario de Juárez*. 21 March 2020.

Reyes, B.

2019 [ICE piensa liberar 1.800 migrantes en 3 días: Casa Anunciación.](#) *Política Ya*. 20 March 2019.



Addressing the mobility dimension of COVID-19: How data innovation can help*

Marzia Rango and Emma Borgnäs¹

Big data – why we need them in times like these

The availability of comprehensive and timely statistics is critical to inform rapid and effective policy responses during a public health emergency, monitor impacts on countries' population and economies, inform measures to address those and evaluate their effectiveness over time. As countries grapple with the spread of COVID-19, the ability to access timely and accurate statistics and analysis to monitor the implications of the pandemic will mark the difference between those who are successful at containing and responding to the pandemic and those who are not.

Collecting data from traditional sources can be particularly challenging at this time. COVID-19 is severely affecting preparations and implementation of the 2020 census round in many countries.² National population censuses – a key source of demographic data, including on migration – are costly exercises and with governments facing economic downturn and diverting resources towards responses to the pandemic, these are likely to be postponed.³ Face-to-face interviews may pose enumerators and the public at risk during a pandemic and switching to internet-based data collection systems may be difficult, particularly in low- and middle-income countries.⁴ Household sample surveys regularly conducted by countries on topics such as labour,

income and expenditure and health may also have to be entirely postponed, or at best redesigned towards online or phone-based-interview methods.⁵ Routine data collection through administrative systems such as population registers may also be disrupted with mobility restrictions and lockdown measures in place; even where these can continue, accuracy and completeness of data are likely to suffer.

Meanwhile, big data – the vast and complex amounts of data generated in real time by users of mobile phones and online platforms as well as by digital sensors – continue to be collected at little to no extra cost by private entities. The potential of these data sources lie in particular on their wide coverage (the entire population of users of mobile phone devices or social media) and the possibility to reach individuals that may be hard to reach through traditional data collection mechanisms, such as people living in remote locations or in contexts of natural disasters or political instability. These data can offer high levels of spatial and temporal resolution, rich information and can be available at virtually no cost, depending on the possibility of accessing these from the data owners.

Over the past five years, an initial widespread skepticism about the use of big data sources to complement the production of official migration statistics – particularly within the international statistical community – has given way to a growing realization of the value of using these data sources for the analysis of migration and mobility-related aspects. Big data is now mentioned in key global migration policy frameworks – one for all, the Global Compact for Safe, Orderly and Regular Migration (GCM)⁶ – it is the subject of task forces and working groups at the national and international levels,⁷

* This article focuses on how new data sources, including big data, can contribute to monitoring and addressing the cross-border mobility-related consequences of COVID-19. It draws on past and current examples of collaborations between the private and public sectors to analyse the international mobility dimension of epidemics and discusses implications for data governance.

¹ Marzia Rango is a research and data officer at IOM's Global Migration Data Analysis Centre. Emma Borgnäs is a data and policy analyst, IOM's Global Migration Data Analysis Centre.

² See <https://unstats.un.org/unsd/demographic-social/census/COVID-19/> for details of disruptions provided by national statistical offices to UNSD, and the interactive application developed by UNFPA. See https://arcgis-pilot.unfpa.org/open_data/esri/census.php.

³ See www.unfpa.org/resources/technical-brief-implications-covid-19-census.

⁴ Ibid.

⁵ See www.unescap.org/resources/stats-brief-april-2020-issue-no-24-broken-down-age-and-sex-why-reliable-and-timely.

⁶ See Objective 1 of the GCM at www.un.org/en/ga/search/view_doc.asp?symbol=A/RES/73/195.

⁷ UN Global Working Group on Big Data for Official Statistics <https://unstats.un.org/bigdata/>; Eurostat Big Data Task Force https://ec.europa.eu/eurostat/cros/content/big-data_en; UN Global Pulse www.unglobalpulse.org/.

and is consistently on the agenda of global events on migration statistics.⁸ The case for stepping up efforts in the use of new data sources is stronger in times of emergency such as these, when traditional data collection methods are harder to implement and the need for timely data is particularly urgent. The pandemic is forcing countries to rethink the production of official statistics and prompting the international community to accelerate the creation of ethically responsible and privacy-safeguarding frameworks for collaboration with the private sector. This pandemic could mark a shift in the way the international statistical community thinks about new data sources for official statistics and provide a unique opportunity to advance a “data revolution” in migration statistics.⁹

How new data sources are helping to address the mobility impact of COVID-19

The innovative use of aggregated and anonymized data has successfully contributed to the understanding of evolving migration dynamics and mobility-related issues that can emerge during times of emergency. For example, data from mobile phones (call detail records) have been used to track human mobility in the context of the Ebola outbreak in West Africa and the swine flu in Mexico. In West Africa, the data were used to analyse how the regions affected by the Ebola outbreak were connected by population flows, which areas were major mobility hubs, what types of movement typologies existed in the region, and how all of these factors changed as people reacted to the outbreak and movement restrictions were introduced. Importantly, the epidemiological models developed to study the spatial spread of Ebola worked both retrospectively and for the purposes of prediction, underlining the value of evaluating hypothetical scenarios using big data. The same conclusion was drawn in the case of the swine flu outbreak in Mexico.¹⁰

Several efforts are underway around the world to use innovative data sources in support of COVID-19 response.¹¹ These efforts range from apps to track symptoms and health information maps, to global hackathons to unlock the potential of data to inform measures to address the current crisis. Many of these initiatives focus on the mobility dimension of the crisis, for example on the analysis of how mobility restrictions and social distancing measures are affecting the spread of the coronavirus. Some of the efforts use mobility data provided by private companies working on location intelligence, data visualization, location technology, social network data and data collected from smart devices as a proxy for people’s movements. Accessing these data has allowed researchers and governments to assess in near real-time the effects of public health policies on mobility patterns and social mixing and have supported efforts to address the spread of COVID-19 and its societal and economic implications.

Google has made available “COVID-19 Community Mobility Reports” for 131 countries based on data from mobile devices, allowing users to observe the impact of containment measures on people’s mobility.¹² Similarly, Facebook’s Disease Prevention Maps use anonymized and aggregated versions of the company’s mobility data (acquired from Facebook users who opt-in to have Location Services enabled) to develop maps for different countries to help vetted NGOs and researchers respond to public health crises.¹³ Apple has also released its store of aggregated mobility data to allow individuals to view mobility trends for major cities and 63 countries or regions and support research on the spread of COVID-19.¹⁴

In Austria, the country’s largest telecommunications provider – AI Telekom Austria Group – is sharing anonymized data assets and analyses of mobility to allow the Austrian Government to assess the effectiveness of social distancing measures. Similarly, the Ghana Statistical Services is working with the

⁸ See for instance, the International Forum on Migration Statistics at www.iom.int/ifms/ and UN Expert Group on Migration Statistics at <https://unstats.un.org/unsd/demographic-social/migration-expert-group/resources/>.

⁹ See <https://publications.iom.int/books/migration-policy-practice-volume-iv-number-2-april-june-2014>, p. 20.

¹⁰ See www.theguardian.com/media-network/media-network-blog/2013/sep/05/combatting-epidemics-big-mobile-data. For other applications of innovative data to map migration in relation to health emergencies, see for example www.nature.com/articles/sdata201666.

¹¹ For a full list see the Living Repository of Data Collaboratives in Response to COVID-19 crowd-sourced by the Governance Lab at New York University, available at https://docs.google.com/document/d/1JWEd1AaIGKMPry_EN8GjlqwX4J4KLQIAqP09exZ-ENI/edit.

¹² See www.theverge.com/2020/4/3/21206318/google-location-data-mobility-reports-covid-19-privacy.

¹³ See www.protocol.com/facebook-coronavirus-data-tracking-flatten.

¹⁴ See apple.com/covid19/mobility.

telecommunications company Vodafone Ghana and the Stockholm-based non-profit Flowminder to identify where mobility restrictions instituted by the Government are being adhered to on a district, regional, and national level using anonymized and aggregated mobile phone data. Other efforts include the setup of the COVID-19 Mobility Data Network, a network of researchers at institutions such as Harvard TH Chan School of Public Health, Indian University of Bombay, and Warwick University who have agreed to collaborate with technology companies to produce situation reports on COVID-19 for use by local officials.

How data innovation can help address the migration-related implications of COVID-19

Most of the efforts described above focus on tracking people's movements within country borders. Meanwhile, COVID-19 has far reaching implications for cross-border mobility, for migrants who may face specific challenges in countries of transit or destination, and for their relatives in countries of origin.

Around the world, migrants may find themselves in precarious situations as a result of the pandemic and related government responses. Following potential job losses, expiration of visas and increased vulnerabilities in camps and along routes with limited to no access to health services, many migrants may be exposed to several risks beyond the immediate risk of contracting the virus. They may be stranded in the countries of transit, following imposed travel restrictions. They may face economic destitution in host countries or become irregular, with implications on their ability to access essential services. These factors may increase their vulnerability to being exploited or stigmatized and discriminated against. Certain groups may be particularly vulnerable, such as those working on short-term contracts or informally, as well as women migrants working in the domestic care sector, who often stay with the host families, and following the on-set of the COVID-19 crisis may find themselves

without means of subsistence, accommodation and access to basic livelihood facilities.¹⁵

Cross-country cooperation to share data and coordinate appropriate response is necessary to address these challenges but has so far been insufficient. Insights gained from past private–public collaborations could be built upon and provide the basis for new collaborations to flourish in ways that address the migration-related impact of the pandemic and preserve individual privacy, liberties and security. IOM's Global Migration Data Analysis Centre (GMDAC) has been collating information about more than fifty applications of new data sources in the domains of migration and mobility, which will be made available on the forthcoming Data Innovation Directory (DID).¹⁶ The project is implemented within the framework of the Big Data for Migration Alliance (BD4M), launched by IOM's GMDAC and the European Commission Knowledge Centre on Migration and Demography (KCMD) in 2018.¹⁷ By consolidating and sharing knowledge about existing applications of data innovation in the domains of migration and mobility, the DID aims to facilitate further applications of new data sources and access to relevant networks.

¹⁵ For more on these and other mobility-related COVID-19 challenges, see, for example, DTM COVID-19 Global Mobility Restriction Overview, regularly updated at <https://migration.iom.int/>; COVID-19 stories on the UN News website <https://news.un.org/en/story/2020/04/1061062>; various calls to action including www.thelancet.com/journals/lancet/article/PIIS0140-6736%2820%2930971-5/fulltext#.XqKor1d7fqo.twitter; assessments of the implications of COVID-19 on migrant workers such as www.ilo.org/wcmsp5/groups/public/---dgreports/---dcomm/documents/briefingnote/wcms_738753.pdf, www.business-humanrights.org/en/migrant-workers-at-greater-risk-during-covid-19-outbreak-due-to-worse-access-to-health-care-poor-working-conditions-warns-ngo and www.ihrb.org/news-events/news-events/statement-covid-19-migrant-workers; field-based assessments by the Mixed Migration Centre on the impacts of COVID-19 on refugees and migrants such as www.mixedmigration.org/wp-content/uploads/2020/04/096_covid_snapshot_NA.pdf; commentaries on the impact of COVID-19 on global migration such as www.csis.org/analysis/five-ways-covid-19-changing-global-migration, www.chabernlin.org/en/news/guest-article-covid19-and-its-impact-on-migration/.

¹⁶ The Data Innovation Directory will be available on the Migration Data Portal at migrationdataportal.org in the second half of May 2020.

¹⁷ See <https://gmdac.iom.int/launch-big-data-migration-alliance>.

Based on the review conducted for the DID, here are three examples of applications that could be helpful in identifying at-risk mobile groups and monitoring the socioeconomic impact of the COVID-19 crisis on migrants and migration:

Rapid assessment of the impact of COVID-19 on migrants in destination countries through sampling via social media platforms.

Facebook has been used to sample migrants for cross-country surveys, providing a relatively cost-efficient alternative to established sampling techniques, particularly where penetration rates of the platform are high. Facebook is the most widely used social media platform globally, with close to 2.5 billion monthly active users by January 2020.¹⁸ The number of people that can be reached via the Facebook advertising platform (according to Facebook) were 1.95 billion by January 2020, or one-third of the world's population aged 18 or older. Clearly, Facebook users are not representative of the population at large (penetration rates differ by age, sex, country of origin/residence and other factors). There are also issues of reliability of self-reported information, lack of information on the methodology used by Facebook to classify its users and the inability to distinguish migrant from non-migrant users based on the UN-recommended definition of an international migrant.¹⁹ Despite these limitations, the social media platform has successfully been employed to sample migrants in a number of countries.²⁰ This approach could be used to produce a rapid assessment of the impact of COVID-19 on migrants in terms of socioeconomic conditions in countries of destination, intentions to return to origin

countries, and remittance-sending behaviour, among other aspects. These results could be compared and validated through hard-truth data collected via traditional sample surveys after the emergency.

Monitoring changes in public attitudes towards migration and migrants due to COVID-19 through sentiment analysis of social media

Monitoring of public opinion on several subjects, including migration, is usually done through surveys²¹ or qualitative methods. While surveys can be conducted on a statistically representative sample of the total population, they are usually costly and the lag between data collection, analysis and dissemination can be such that results may no longer be as relevant to inform policy by the time they are published. Qualitative research generally involves relatively small samples of the population and results can hardly be generalized. With 3.8 billion active social media users around the world,²² social media, coupled with artificial intelligence and machine learning techniques, can provide near-real-time insights into public sentiment on migration, at an unprecedented level of spatial resolution. Several applications exist in this regard.²³ Despite the sample bias inherent in use of online platforms – public opinion online tends to be more polarized than it is in reality²⁴ – these methodologies offer the potential to quickly identify rapid shifts in public online discourse in relation to migrants and migration during the pandemic, analyse potential factors associated with those and inform public policy responses to counter discrimination against migrants and promote social cohesion.

¹⁸ See We Are Social – Hootsuite Digital 2020 report, available from <https://wearesocial.com/blog/2020/01/digital-2020-3-8-billion-people-use-social-media>.

¹⁹ An international migrant is defined as someone who has changed his or her country of usual residence for at least 12 months (or crosses an international border with the intention of staying in a country for at least 12 months). The Facebook advertising platform provides information on the number of users who have changed their usual country of residence (or are living in a country outside their country of birth), but the length of stay cannot be ascertained. Nonetheless Facebook can help quantify human mobility, see for instance <https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0224134>.

²⁰ See for instance work by Steffen Pötzschke at the Leibniz Institute for the Social Sciences (GESIS) at <https://journals.sagepub.com/doi/10.1177/0894439316666262>. They also point out that it can create a biased sample if users who share certain traits (e.g., of a socioeconomic, political or cultural nature) are more likely to respond.

²¹ See for instance Gallup and Pew Research Centre as examples of cross-country surveys of public opinion.

²² See footnote 11.

²³ See for instance <https://arxiv.org/abs/1903.05072>, www.unglobalpulse.org/project/understanding-perceptions-of-migrants-and-refugees-with-social-media/ and www.unhcr.org/innovation/teaching-robot-detect-xenophobia-online/.

²⁴ See for instance www.sciencedirect.com/science/article/abs/pii/S0740624X16300375 and <https://arxiv.org/pdf/1801.01665.pdf>.

“Nowcasting” or anticipating future migration trends

As seen above, several applications exist of privately held data such as mobile phone or geolocated online activity data to monitor mobility within countries. Other sources of data are being used to monitor mobility restrictions and border closures around the world.²⁵ But what will be the short- and long-term impact of COVID-19 on international migration patterns across countries and regions, including on return migration, labour migration, student mobility, family reunification and asylum-seeking patterns? Anticipating future migration trends is an extremely difficult exercise given the uncertainty surrounding large political and economic shocks that may affect migration movements²⁶ and the complex interplay of individual, meso and macrolevel determinants of migration. Open-source data such as Google Trends Index (georeferenced online search data) can offer insights into migration potential, as shown by some studies.²⁷ The Global Database of Events, Language, and Tone (GDELT)²⁸ – where media reports (both print and online) in over 100 languages are geolocated and categorized according to type in near to real time – and other open source data are being used to build early-warning systems of asylum-seeking migration to Europe.²⁹ Analysis of these data sources, in combination with survey data, could yield some insights into the impact of the pandemic on migration intentions and future migration trends.

What implications for data governance? The Big Data for Migration Alliance

Understanding the mobility-specific dimensions of this global pandemic will be key for governments to effectively manage its spread as well as address the short- and long-term impacts of this public health crisis on groups that may be disproportionately affected by it, including migrants. With traditional data collection mechanisms largely disrupted,

developing collaborative approaches for sharing and analysing existing data between countries as well as between private and public entities will be essential in addressing the national and international dimension of this crisis, from a health, economic as well as human rights perspective.

As noted by other actors working on data innovation and open data initiatives, the response from the data community to COVID-19 has so far been arguably weak, ad hoc and slow.³⁰ The emerging collaborations and networks aimed at supporting rapid responses to the pandemic have proved to be too fragmented and insufficiently institutionalized to fully untap the potential of data innovation. Stefaan Verhulst of the Governance Lab at New York University put it very clearly:

"Those who work with data — and who have seen its potential to impact the public good — understand that we have failed to create the necessary governance and institutional structures that would allow us to harness data responsibly to halt or at least limit this pandemic."³¹

Previous applications of innovative data for managing the mobility dimension of epidemics highlighted the need to develop protocols for rapid sharing of privately-held data in response to public health emergencies. To facilitate use of these data for public purposes in the future, it is crucial to establish frameworks of reference for the creation of necessary data collaborations where needed. Designing and formalizing the governance structure needed for effectively sharing and analysing data between the public and private sectors will be key to dealing with any future public challenges.³²

²⁵ See migration.iom.int.

²⁶ See <https://migrationdataportal.org/blog/forecasting-future-migration-many-approaches-one-commonality-uncertainty>.

²⁷ See www.sciencedirect.com/science/article/pii/S0304387819304900?via%3DiDihub and www.unglobalpulse.org/projects/migration-search-data.

²⁸ See www.gdeltproject.org/.

²⁹ Work by the European Asylum Support Office (EASO) described in IOM (forthcoming).

³⁰ See <https://medium.com/data-stewards-network/a-call-for-action-813669f32244>.

³¹ See <https://medium.com/data-policy/the-potential-of-data-collaboratives-for-covid19-e88301427943>.

³² Ibid.

The Big Data for Migration Alliance seeks to promote and facilitate the responsible and ethical use of new data sources and innovative methodologies to inform migration policymaking, including in times of crisis. It aims to do so by:

- (a) **Building the knowledge base on and case for data innovation and collaboration.** One of the issues preventing a more systematic use of data innovation for migration is the limited evidence of the (realized and potential) value of using such data sources. By bringing together existing knowledge, for instance through the Data Innovation Directory, the BD4M aims to identify what innovations are more or less likely to work in different contexts, facilitating exchange of good practices and replication.
- (b) **Identifying and sourcing demand and questions for data innovation:** To unlock the potential of data innovation, a clear definition of priority issues on migration is needed. By sourcing the formulation and prioritization of questions for The GovLab's 100 Questions Initiative, answers to key migration policy questions can be provided by demand-driven data sources.³³ The BD4M will move this forward by addressing the top ten questions about migration and human mobility as defined by a global cohort of experts and validated through an open public campaign.
- (c) **Building data innovation capacities.** The value of new data sources can be particularly significant in countries with limited resources for traditional statistical activities, especially in public health emergencies. The BD4M aims to support countries interested in using big data sources for the analysis of migration and mobility by developing dedicated training activities and providing ad hoc technical assistance.
- (d) **Promoting policy-relevant analysis.** More experimentation and dedicated investments in applications of data innovation for the analysis of migration are needed so that these can be tapped into more quickly in crisis situations. The BD4M aims to facilitate such investments and create incentives towards the development of cooperative arrangements between public and private bodies for data exchange and collaborations.

- (e) **Connecting key stakeholders – including data users, providers and policymakers** to inform the development of an appropriate governance framework for use of private data sources for migration policy. This would involve the development of a set of guiding principles for ethically responsible collection, analysis, and sharing of big data for migration. By doing so, the BD4M aims to actively address the ethical challenges associated with using new data sources for migration.

Dedicated initiatives such as the BD4M should help to harness the potential of big data sources for public policy purposes and ensure that future responses to the mobility and migration dimensions of public health challenges are tackled in a timely and efficient manner.

³³ For more details, see <https://migration.the100questions.org/>.



Travel restrictions, points of entry, and mobility data: Impact in COVID-19 data models and needed solutions for proximity, location and mobility data

Eduardo Zambrano, Gretchen Bueermann and Duncan Sullivan¹

Introduction

The COVID-19 pandemic has caused global mobility to come to a near standstill with border closures, air travel suspensions, and complex mobility restrictions. Global changes in mobility affects the general population but have impacts that are specific to migrant and forcibly displaced populations.

This article outlines the current effort undertaken by the International Organization for Migration (IOM) to support the international community in its immediate as well as its medium- to long-term response to the growing impact of COVID-19. This article further explores opportunities found through an acknowledgement of existing data gaps in IOM's work and limitations to the analysis to suggest a road map into future requirements and additions to data collection, new data layers and analysis to meet the evolving information needs of the crisis. By doing so, the article aims to provide insights to data made available by IOM, to promote and seek further collaboration to embark on an exploration of new or existing data layers that augment current analysis with new or more targeted metrics.

From the onset of the crisis, it has become clear that global mobility and migration dynamics would be drastically affected. IOM Displacement Tracking Matrix (DTM) has been at the forefront of providing much needed information on displaced and affected populations over several years, developing and testing robust information management systems and controls for responsible data management. As a trusted source of timely and reliable information on displaced and other migrant populations, DTM has

been well positioned to adapt and flex to the daily and changing information needs of the response to COVID-19. Adapting to this new situation, the work undertaken to map travel restrictions was the first step in the effort to better understand the new global mobility context and information needs driven by the crisis. IOM had to define a set of new categories to classify the combination of measures applied between countries. According to that classification, as of 23 April 2020, a total of 215 countries, territories and areas have implemented a total of 52,262 restrictive measures.

Responding with data

To better understand the complex, unprecedented and changing effects of COVID-19 in shaping global mobility, IOM has developed a global mobility database and online portal to map the impacts on human mobility, across global, regional and country levels.² The portal and related database developed by IOM's DTM provides structured and frequent reporting on the rapidly changing travel restrictions being imposed in response to the pandemic.³

Harnessing the informational strength of over one hundred thousand key informants globally, and a vast network of IOM country offices, it was possible for IOM to quickly collect, process and share information related to effects of COVID-19 in international mobility and the status of points of entry (PoEs). In countries with forcibly displaced populations, IOM has utilized DTM networks to initiate a global exercise to monitor changes in mobility and mapping whether measures

¹ Eduardo Zambrano is a data scientist consultant at IOM Headquarters. Gretchen Bueermann is a data science and quality control consultant at IOM Headquarters. Duncan Sullivan is a Project Management and Liaison Officer at IOM Headquarters.

² See <https://migration.iom.int/>.

³ IOM's Displacement Tracking Matrix (DTM) is an information system and set of tools developed to gather and analyse data to disseminate critical multilayered information on the mobility, vulnerabilities, and needs of displaced and mobile populations that enables decision makers and responders to provide these populations with better context specific assistance.

such as social distancing are in place in camp and camp-like situations.

The IOM platform maps and analyses different countries, territories and areas imposing mobility restrictions, as well as those that have restrictions placed on travellers arriving from or originating from a specific country, territory or area. For example, on 10 March 2020, IOM recorded 5,430 restrictions imposed by 105 countries, territories and areas. Close monitoring then saw these restrictions increase to 33,712 restrictions imposed by 164 countries by 23 March, less than two weeks later. This data highlights the unprecedented pace and scale of the impact on mobility around the world. Additionally, the data also demonstrates the complex and multiple forms of restrictions being imposed, including new travel documents necessary for travel, stringent medical requirements as well as restrictions on airline crew.

Analysing and mobilizing a response to data gaps

While the data collected on restrictions provides a macro overview of the global context, it also presents several data gaps, and opportunities for a more comprehensive and nuanced understanding of mobility through the COVID-19 lens. To address this, IOM has built on the data layer made available by mapping travel restrictions, through the development of a global mobility survey and subsequently, database. Data is collected utilizing DTM's extensive network of local expertise from IOM offices globally in adherence with existing guidelines for systematic and structured approach to data collection.

This database maps the locations, status and different restrictions of PoEs, as well as related medical, population and logistical measures, by country or territory, globally. These PoE measures include airports, land border crossing points, water border crossing points (including sea, river and lake ports), internal transit points and areas of interest (including regions, cities, towns, or sub-administrative units).

Between 8 March and 14 April 2020, data was collected on 2,740 locations across 162 countries, territories and areas. This consists of 1,478 land border points, 613 airports, 385 sea border points and 264 internal transit points. In total, 707 (26%) PoE are assessed in Africa, 851 (31%) in Asia, 894 (33%) in Europe, 175

(6%) in North America, 81 (3%) in South America and 32 (1%) in Oceania.⁴

Of the 2,740 PoE assessed, 291 were open, 111 were open for commercial traffic only, 1,093 were closed, 135 were closed for entry, 26 were closed for exit, 951 were partially closed (i.e. reduced hours of operation or closure to specific nationalities), and 133 were unknown.

The aim of the data collection and analysis carried out by IOM is to provide a country-level understanding of the restrictions triggered by the COVID-19 outbreak and to help identify and develop response at national and subnational level.

Mapping the disproportionate impact of the most vulnerable populations

While the global mobility appears to be at a standstill, it is particularly important to emphasize the disproportionate impact of COVID-19 on displaced and vulnerable populations in camps, camp-like settings, and mobile populations who may now be stranded owing to COVID-19 related mobility restrictions and national lockdowns.

To capture data on this IOM is adapting and developing innovative ways to collect and process information to support and inform the delivery of context-specific assistance to, when possible, meet the needs faced by migrants and mobile populations.

Since the onset of the current emergency, IOM's DTM has been refining information's systems and processes to routinely and systematically track and monitor the impact of COVID-19 on migrants, IDPs and other populations of concern whose situation have been further affected by the pandemic. For example, in Burundi the closure of border points with Rwanda, the Democratic Republic of the Congo and the United Republic of Tanzania due to COVID-19 has adversely impacted IDPs and the agriculture sector. Many daily workers are no longer able to undertake their daily activities (cross-border farming, or other economic activities). This has worsened conditions for IDPs further as many IDPs have reported to be unable to afford food due to an inflation in market prices.

⁴ For more detailed country-specific information please visit: migration.iom.int. For methodology, definition and explanation please refer to the Methodology Framework.

The sheer scale of change did not allow for an immediate understanding necessary for categorizing the impacts to facilitate standardized and systematic monitoring. While some could be anticipated, such as different conditions in which migrants may find themselves stranded other areas were only possible to categorize as the problems and impacts arose. **As of 20 April, the DTM identified 300 records of unique group level events and/or situations affecting 2.7 million persons in 104 countries, territories and areas.**⁵ This illustrates the impact that the COVID-19 outbreak and the measures imposed on individuals or groups of displaced and other migrant populations. These records are a compilation of inputs from a broad range of sources, including IOMs focal points in country the field missions and regional offices, specialists, and other partners, DTM reports on flow monitoring and mobility tracking, official government sources as well as from trusted media sources. The aim of this is threefold, first to identify emerging new types of problems and inform where there is need for new types of solutions that may be necessary; second to assist and support the persons identified, when that is possible; and third to help inform and develop approaches at national and subnational level. It further facilitates to a more comprehensive and varied understanding of the diverse impacts on different groups of mobile populations.

Data limitations and difficulties

Limitations of this analysis and data collection mechanism are related to the time sensitive nature of the data being collected and the global scale of the operation as well as with the unknown that applies to categories of problems and the potential types of assistance, if and where possible to provide.

To address the issues presented by the time sensitive nature of the exercise, all DTM data is timestamped, and is kept within the database as new data records are added, to enable historical analysis and reflect on the characteristics of mobility across different tables at the specified time.

To address the scale of the operations with data collection data occurring from most countries, territories, and areas and to tackle the lack pre-defined categories related to the crisis and its growing impact initial standard categories were established, but were continuously reviewed and have been subject to regular updates. As a result, current data structured by categories that has been further defined over time may not be fully available or conversely data may not have been accurately reflected in earlier phases.

Categories being used for Travel Restrictions are mostly informed by Health, Resettlement and Movement Management, and Immigration and Border Management experts. Categories used for PoEs have been informed by the same group with input from also Labour Migration and Migrant Assistance, and Protection experts. When further exploring the impact to migrant's advice and guidance has also been provided by additional experts from across different areas of the migration sector, including IOM's Global Migration Data Analysis Centre. IOMs global databases now support data collection by 171 countries to allow for the mapping of PoEs with detailed information.

In terms of coverage, it is also important to highlight that the data collected on mobility flows represents only a part of the total flows passing through the assessed locations. Thus, the spatial and temporal coverage is not aimed to be complete, but a proxy of the total mobility dynamics. A detailed geographical overview for the PoE can be find in the Regional Atlas. Finally, the remaining problem relates to yet undefined categories of assistance that may be possible, whereby the methods for data collection could be adjusted.

Opportunities and possible applications

Addressing both immediate and long-term socioeconomic impacts and vulnerabilities of already vulnerable populations, exacerbated by COVID-19 pandemic on migrant and forcible displaced populations is a priority. However, to develop a targeted and well-informed response, a comprehensive and detail evidence base is fundamental. This is a both a process driven and complex undertaking and one that can be best achieved by working together.

⁵ At the individual record level it is possible to view the estimated number of migrants affected by each event/record but due to the rapidly changing situation IOM is unable to verify or update the figure at a rate required to ensure the records are an accurate snapshot of a particular time. This limitation undermines the possibility to determine estimates of the number of migrants affected.

To reiterate the Global Compact for Safe, Orderly, and Regular Migration, IOM is committed to “minimize the adverse drivers and structural factors that compel people to leave their country of origin,” including socioeconomic instability and lack of livelihood opportunity and is committed to work across the board with existing and new partners to respond to the crisis.

Based on insights from Esri, a global GIS company powering geospatial COVID-19 platforms for the World Health Organization (WHO), Johns Hopkins University, Oxford University’s Coronavirus Government Response Tracker, Centers for Disease Control and Prevention (CDC) and IOM to name only a few, there is a growing scale of information and data models developed for COVID-19 response.⁶ A pattern emerging suggests a common set of data layers including demographics, cases, persons tested, medical facilities, forecasted demand on medical facilities, mobility, social distancing measures and observed changes in human behaviour as a result of COVID-19. In addition, information layers mapping services such as alternate care sites, food banks and test sites are also being captured and mapped.

The application of these layers provides granular insight into the varied and continuing impact of the crisis. An analysis of health and demographic data enables an understanding of the communities that are more at risk; modelling the spread of the disease, with spatial and temporal modelling; measuring the effectiveness of social distancing measures by leveraging pre-existing and new mobility data; or perform location and population analytics to identify optimum testing and treatment site locations and/or to allocate resources (beds, equipment, etc.) are all examples of possible areas for further exploration and purpose.

In this context DTM data, pre-existing or new, may be helpful in future measurements of effectiveness, considering that it collects a set of mobility variables on global scale and leveraging internal IOM areas of expertise, the experience in large scale data collection, and the broad network present in countries. While diverse databases map the extent of internal mobility measures, a world with COVID-19 will have different

processes, conditions, and characteristics in the PoEs and travel documentation requirements mapped by IOM. Those are likely to be key mobility variables in understanding effectiveness of measures applied to international travel.

Highlighting data responsibility in times of crisis

COVID-19 triggered novel approaches to the monitoring of mobility, proximity tracking and use of epidemiological models for public health surveillance. Providing a set of key mobility variables is simultaneously driven by the concern of an emerging context where data protection, data governance, data privacy and eventually data security, are shifting. Ideas emerging in different sectors are at times borderline unclear for the future of data privacy and fundamental data rights. IOM’s DTM has long been committed to both advocative and pragmatic approach when defining solutions for the ethical use of humanitarian and mobility data.

In the context of ongoing discussions related to proximity tracking solutions without sharing location information, there is raising concern with how mobility monitoring health surveillance tools may protect individual data when information is exchanged between systems. DTM has equally identified the necessity to share mobility data with health professionals without making exact latitude and longitude available in the public domain. Information that is now useful for public health professionals requires protocols and solutions for a different type of location sharing, which may safeguard ethical and privacy concerns.

As a leading global advocate for responsible data collection and management, with a mandate to protect vulnerable populations, and as an operational actor with experience in sensitive data management amid mobility crises, DTM will continue to elaborate on a context assessment in terms of the ethics and policy related to emerging approaches to track and monitor human mobility, proximity and location.

Concluding remarks

Close monitoring of measures affecting travel and conditioning transit through entry points will play a crucial role in the future of travelling. Data on restrictions indicated early in the crisis that they would expand globally, and that many would be

⁶ See www.esri.com/about/newsroom/blog/models-maps-explore-covid-19-surges-capacity/; www.bsg.ox.ac.uk/research/research-projects/coronavirus-government-response-tracker.

impacted by the restrictions with some becoming stranded. Restrictions data also indicates an effort to identify exceptions and solutions for critical movements and concern with the impact of a standstill in international travel. When combined with data from PoEs, it seems that a global system to monitor implementation of compatible measures, processes and restrictions will be an essential mobility variable in global epidemiological models in a world living with COVID-19.

Even as global mobility remains at a temporary standstill, governments and authorities continue to develop new and diverse approaches to ease some internal restrictions while continuing to limit overall mobility, the broad impact of COVID-19 on mobility dynamics continues to unfold. Considering the easing of measures, WHO has also emphasized that the end or easing of lockdown measures and restrictions does not necessary signal the end of COVID-19. Further understanding the impact on the spread of COVID-19 of the various restrictions and measures will help guide and inform appropriate strategies to respond to ebb and flow of the disease in the future.

IOM and its DTM remain flexible and adaptive, working with experts and existing and new partners to both, tailor existing tools and develop new tools to better analyse the changing global mobility dynamics. ■



COVID-19 and migration from West Africa to Europe: What can be learned from previous “crises”?

Irene Schöfberger and Kenza Aggad¹

Introduction

The COVID-19 pandemic, as well as the measures put in place by governments all over the world to contrast its diffusion, are having and will continue to have a strong impact on societies worldwide, as well as on a broad range of economic, political and social sectors. They are also likely to have a significant influence on migration and its governance. At the current stage, it is still difficult to predict how this crisis will unfold and how it will shape migration between Europe and Africa and related policy measures. However, in the last 13 years migration and migration governance have already been influenced by other economic or political “crises”.² In 2007–2008, 2011 and 2015, the financial crisis, the Arab Spring and increased migrant arrivals respectively triggered moments of change and of intense policy negotiations. These have contributed to shape the social, economic and policy environment in which the COVID-19-related crisis is unfolding, as well as policy and programming response mechanisms. Analysing this double impact can serve as a good starting point to reflect on possible consequences of and challenges related to the COVID-19 pandemic and on appropriate policy and programmatic responses.

This contribution explores the effects that previous “crises” have had on migration policies, migration flows and migrants’ potential to contribute to household resilience and national development in their countries of origin. It highlights trends that have emerged and analyses how they have contributed to shape the context in which the COVID-19 epidemic is having an impact. Finally, the contribution formulates some policy and data-related recommendations.

It focuses on migration from West Africa to Europe and on policy negotiations within and between the Economic Community of West African States (ECOWAS) and the European Union (EU).³

Effects on European and West African policies on migration

The three “crises” had a significant impact on how European and West African States manage migration. The financial crisis in 2007–2008 and the following economic downturn, the Arab Spring in 2011 and increased migrants’ arrivals in 2015 all influenced national priorities on migration and the negotiation of international policy frameworks.

The Economic Community of West African States (ECOWAS) and the European Union (EU) are both areas of free movement. ECOWAS member States adopted the Protocol on Free Movement of Persons, Residence and Establishment on the interregional mobility of their citizens already in 1979. In 2008, they adopted the ECOWAS Common Approach on Migration, which put a strong emphasis on the potential of migrants to contribute to development, but also included provisions on regular and irregular migration and asylum. EU member States adopted the Schengen Agreement introducing freedom of movement for their nationals in 1995. At the same time, they started negotiating on a common migration and asylum system, which has however still not been established. In the meantime, in 2011 they adopted a Global Approach on Migration and Mobility, which revised the Global Approach on Migration of 2005. In 2006, the Rabat Declaration on a Euro-African Partnership for Migration and Development launched a policy dialogue including EU and ECOWAS member States, as well as further Central and North African States. This policy dialogue aimed at addressing both regular and irregular migration, but initially put more

¹ Irene Schöfberger and Kenza Aggad are both Data and Policy Analysts in IOM’s Global Migration Data Analysis Centre (GMDAC) in Berlin.

² Researchers have recently pointed at the processes of conceptualization through which specific situations are framed as crises and underlined the need to analyse them in broader contexts (Menjívar et al., 2019). This contribution looks at three situations that have been framed by policymakers and the media as “crises” by analysing them in relation to wider economic and political processes.

³ Migration within the two regions is larger than migration than between them (JRC, 2019). In addition, the COVID-19 pandemic is likely to have effects on additional migration-related aspects. Therefore, this is an exploratory, rather than comprehensive, analysis.

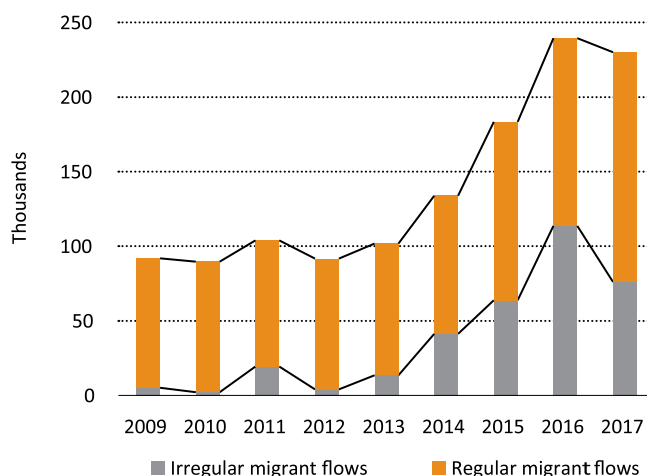
emphasis on regular migration and development. These diversified objectives were also present in the Joint Africa-EU Declaration on Migration and Development, which was adopted the same year.

Starting from 2008, however, the economic crisis, the Arab Spring and increased migrants' arrivals rendered it increasingly difficult for European and West African States to identify shared approaches on migration within and between regions. All three crises led to the emergence or strengthening of national divergences between countries and regions that were affected differently. These divergences were linked to different needs and policy priorities regarding regular and irregular migration (Schöfberger, 2019). For example, in Europe the economic downturn increased existing national divergences regarding demographic and labour market needs and consequently regarding regular migration opportunities for migrant workers. The Arab Spring that took place in many Arab countries in 2011 contributed to strengthening national divergences, as well. Increasing migrants' arrivals from Syria and other countries – which increased in the years leading to 2015 – exacerbated existing divisions within the EU, in particular between States at the external borders and others. These divergences were accompanied by different public attitudes to migration, which tended to be more negative in Southern and Eastern European countries (Dennison and Dražanová, 2018). In the absence of a common system on migration and asylum, States found it difficult to reach an agreement on how to share responsibilities on asylum and irregular migration. At the same time, they increased their efforts to share responsibilities with West African States, particularly through the Political Declaration and Action Plan adopted in Valletta in 2015. The strengthened focus on irregular migration that emerged within Europe due to national divergences was increasingly mainstreamed in cooperation on migration between European and West African countries (Lavenex and Kunz, 2008). This led to further differences between States, as regular migration channels and remittances from migrants in regular and irregular situations remained important in West African countries, where diaspora policies were on the rise and where public attitudes to migration remained positive (Borgnäs and Acostamadiedo, forthcoming). Policy areas such as migration and development and migrants' integration lost some visibility. However, the recent launch of the EU-funded EU Global Diaspora Facility suggests greater attention to migration and development also within the EU.

Effects on migration flows from West Africa to Europe

Analysing how migration flows from West Africa to Europe have changed over time is difficult, because reliable and timely data on all types of migration from and between West African countries are scarce (Mosler Vidal et al., 2019). In addition, Frontex estimates on irregular migration are only available for 2009 and following years and data on regular flows based on combined Eurostat and OECD data for 2008 and following years. Available data on regular flows for 2008 show a slight decrease from 99,404 (2008) to 86,756 (2009) arrivals.

Figure 1: Migrant flows from West Africa to Europe, 2009–2017⁴



Source: Eurostat and OECD data on regular flows, Frontex estimates on irregular flows.

Overall flows to the EU decreased in the years 2008–2010 compared to the years 2005–2007 (OECD, 2016). However, flows to European countries with higher unemployment rates such as Italy and Spain decreased more and for a longer time than flows to other countries, which started increasing again from 2011. Migrants also relocated inside the European Union according to changing economic opportunities and national immigration policies (cf. Tall and

⁴ Data refer to migration from ECOWAS member States to EU member States. Data on regular flows are based on Eurostat and OECD data. Eurostat data is mainly based on data from national statistical offices and administrative sources. OECD data is based on population registers and residence permits. For methodological questions with regard to the combination of Eurostat and OECD data, please refer to Hooge et al., 2008. Estimates on regular migration flows are based on Frontex data.

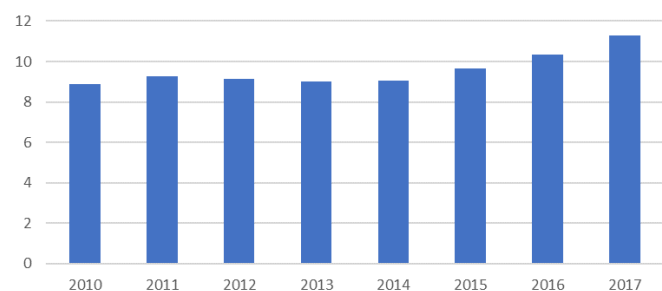
Tandian, 2011). Overall migration increased from 2012 until 2016 and most entries took place regularly. However, in this time period irregular migration increased (see figure 1). It has then decreased since 2016, in line with more policy attention to irregular migration and stronger border controls. This has led to an overall decrease of migration, whereas regular migration has slightly increased, from 125,811 (2016) to 153,966 (2017). Residence permits for work issued by European countries to West African migrants declined by 58 per cent between 2011 and 2017 (Mosler Vidal et al., 2019).

Effects on migrants' contributions to resilience and development

Through financial and non-financial remittances, many migrants contribute to household resilience and national development in West African States. This is reflected in the increasing adoption of diaspora policies in ECOWAS member States, in line with recommendations of the ECOWAS Common Approach on Migration and the revised Migration Policy Framework for Africa of the African Union (Schöfberger, forthcoming). In many ECOWAS member States, international financial remittances are a major source of income, in some cases higher than the sum of foreign direct investment (FDI) and official development assistance (ODA). In Nigeria, for example, remittance inflows were eleven and seven times larger than FDI and ODA respectively in 2017 (Nevin and Omosomi, 2019). In the Gambia and Liberia, they accounted for 13.52 per cent and 12.76 per cent respectively of the GDP in 2019. Remittances sent by migrants living in the EU (USD 11 billion) accounted for around one third of all international remittances received by West African States in 2017 (USD 31 billion).⁵ However, data on remittances remain unreliable and scarce. In addition, available estimates focus on remittances transferred through formal channels (such as bank transfers) and neglect informal channels (such as through personal connections and transport companies). Consequently, they are likely to underestimate overall remittance flows by as much as 50 per cent (Irving et al., 2010). Data on remittances sent from EU to ECOWAS member States are moreover only available for 2010 and following years (see figure 2). Previous analyses have shown that during the economic downturn

remittances have been more resilient than FDI and ODA (Gagnon, 2020). Available data for the OECD show that in 2008 and 2009 their increase rate decelerated, but not as sharply as predicted by the World Bank in 2008 (Ratha et al., 2008), because net migration flows remained positive in spite of decreasing inflows, and also because of low return rates (Mohapatra et al., 2010). Remittances have acted as an insurance mechanism for households, even if many migrants worked in sectors that were particularly hit by the crisis (e.g. construction and manufacturing) and had more precarious employment relationships than native workers (Ghosh, 2011). In 2010 and the following years, remittances sent from the EU to ECOWAS member States increased slightly and then remained more or less stable until 2014, when they started increasing again. Overall, remittance flows from the EU to ECOWAS member States increased by 27 per cent between 2010 and 2017, from USD 8 billion to USD 11 billion.⁶

Figure 2: Remittances from EU to ECOWAS member States, 2010–2017 (billions of USD)



Source: World Bank estimated data, disaggregated using host country and origin country incomes and estimated migrant stocks.

Policy and data-related recommendations

Based on the previous analysis, the following policy and data-related recommendations can be made to national and international policymakers in Europe and West Africa, with regard to migration and the COVID-19 pandemic.

Policy and programming:

- **Adopt long-term and comprehensive policies and programmes.** While the COVID-19 pandemic is likely to have huge effects on societies and on migration, it remains important to address

⁵ World Bank data, aggregated by authors.

⁶ World Bank data, aggregated by authors.

migration through longer-term policies and programmes, addressing both COVID-19-related and unrelated aspects. Such a comprehensive approach should include policy areas that have lost visibility in the last years, such as migration and development and migrants' integration into host societies and their social security and health systems. This should occur in line with established national and international policies and conventions. Emergency measures adopted as an exception to these, such as the suspension of resettlement and asylum procedures, should remain temporary. In addition, long-term and comprehensive approaches should also be reflected in the continued allocation of aid to both development and humanitarian measures.

- **Address transnational challenges through truly transnational solutions.** Both the COVID-19 and migration are transnational in nature, as related opportunities and challenges affect multiple countries and regions at the same time and can be transmitted between them. Therefore, transnational efforts are needed, based on an equal recognition of needs and priorities of involved states and in line with the Agenda 2030 and the Global Compact for Safe, Orderly and Regular Migration. Nationalist measures such as border closures need to be short term and not impede transnational solutions.
- **Support migrants and their households in countries of origin and destination.** Many migrants will likely be strongly impacted by the crisis at multiple levels, such as through changing employment conditions, migration opportunities and integration measures. This is particularly true for vulnerable migrants such as migrants with irregular status, working in the informal sector or living in camps and detention centres. In addition, their reduced ability to send remittances home will have an impact on their household members living in countries of origin, which are likely to experience simultaneous losses of other income sources. Both short-term and longer-term measures will be needed. In the short-term, their access to health services and testing should be facilitated. In the longer-term, migrants will need to be supported through multiple measures, in particular in terms of integration, employment and social security. In addition, measures supporting their ability to send remittances to other household members living in their countries of origin and in other migration destinations

will be needed. These should be complemented by measures supportive alternative livelihood and income strategies of household members in countries of origin, in order to compensate possible decreasing remittance flows.

Data and research:

- **Improve evidence and data on regular and irregular migration flows and stocks from and within West Africa.** The scarcity of such data still renders it difficult to examine short-and long-term trends. Disaggregating these data by migratory status and socioeconomic characteristics of migrants would furthermore allow to better understand differences between groups.
- **Collect evidence and data on the impact of the COVID-19 pandemic on migrants and their household members.** Migrants in different situations and with different characteristics will be differently impacted by the COVID-19 crisis. Disaggregating these data by migratory status and socioeconomic characteristics will allow to better understand factors contributing to the vulnerability or higher resilience of different migrants. It will also facilitate the identification of evidence-based policies and programmes to address these. Measuring this impact in countries of origin and destination could help to better understand how vulnerability and resilience can be transmitted between countries.
- **Collect evidence and data on financial and non-financial remittances and related challenges and opportunities at the national and transnational level.** Both formal and informal channels should be explored through quantitative and qualitative analysis. West African migrants' contribution to development and resilience of their household members in countries of origin and other countries of destination is significant, as shown by the increasing adoption of diaspora policies in ECOWAS member States. However, the current scarcity of available research and data at national and transnational level hinders evidence-based policymaking to support this. ■

References

- Borgnäs, E. and E. Acostamadiedo
2019 *Public opinion on immigration*, Global Migration Data Analysis Centre: Berlin (forthcoming).
- Dennison, J. and L. Dražanová
2018 [Public attitudes on migration: rethinking how people perceive migration](#).
- Hooghe, M., A. Trappers, B. Meuleman and T. Reeskens
2008 Migration to European Countries: A Structural Explanation of Patterns, 1980–2004. *The International Migration Review* Vol. 42(2):476–504.
- Gagnon, J.
2020 [COVID-19: consequences for international migration and development](#). OECD Development matters.
- Ghosh, B.
2011 [The Global Economic Crisis and Migration: Where Do We Go from Here?](#) IOM: Geneva.
- Irving, J., S. Mohapatra and A. Ratha
2010 [Migrant remittance flows: findings from a global survey of central banks](#). World Bank Working Paper 194.
- Joint Research Centre (JRC)
2019 [Many more to come? Migration from and within Africa](#).
- Lavenex, S. and R. Kunz
2008 The migration–development nexus in EU external relations. *Journal of European Integration*, 30(3):439–457.
- Menjívar, C., M. Ruiz and I. Ness (eds.)
2019 *Migration Crises: Definitions, Critiques, and Global Contexts*. The Oxford Handbook of Migration Crises. Oxford University Press, Oxford.
- Mohapatra S., D. Ratha and A. Silwal
2010 [Outlook for Remittance Flows 2011–2012](#), Migration and Development Brief n. 13, World Bank, Washington D.C.
- Mosler Vidal, E., E. Borgnäs and M. Rango
2019 [African migration to the EU: irregular migration in context](#). GMDAC Briefing Series: Towards safer migration on the Central Mediterranean Route.
- Nevin, S. and O. Omosomi
2019 [Strength from Abroad: The Economic Power of Nigeria’s Diaspora](#). PWC.
- OECD
2016 [International Migration Outlook 2016](#), OECD Publishing, Paris.
- Ratha D., S. Mohapatra and X. Zhimei
2008 [Outlook for Remittance Flows 2008–2010](#). World Bank Migration and Development Brief 8.
- Schöfberger, I.
2019 The EU’s Negotiation of Narratives and Policies on African Migration 1999–2019. *European Foreign Affairs Review* 24, 4:513–532.
Diaspora policies in West Africa are on the rise. Global Migration Data Analysis Centre: Berlin (forthcoming).
- Tall S. M. and A. Tandian
2011 [Cadre général de la migration internationale sénégalaise : historicité, actualité et prospective](#). CARIM notes d’analyse et de synthèse n. 54.



Interview with Diego Iturralde, Chief Director: Demography at Statistics South Africa and Co-chair of the United Nations Expert Group on Migration Statistics

Migration Policy Practice: How is COVID-19 likely to affect the collection of Migration Statistics in South Africa

Diego Iturralde: Like most parts of the world, mobility has been limited into and out of South Africa as a result of COVID-19 and any attempt to measure international migration at this point in time would possibly create distorted counts. Furthermore, prior to the lockdown which was put in place on 26 March many migrants, fearing for their economic future, decided to leave South Africa and return to their motherlands. In addition to this measures were put in place in terms of the Disaster Management Act which was invoked to manage the pandemic. This included revocation of Visas granted to citizen from countries with high COVID-19 counts. For foreign nationals already in the country and whose residence permits were about to expire but had not been renewed yet, these were renewed for 3 months. Part of the distortion at an internal level also resulted in people who work in the Johannesburg/Pretoria area to return back to their “home” villages and towns from where they came. This results in a distorted representation of where such people live and where they consume their services for which government must plan. It is expected that once the lockdown is eased and eventually lifted restrictions on movement will still exist and that it may take some time until human mobility returns to some semblance of normality. In terms of data collection nonetheless modules in household surveys will continue, although since data will be collected telephonically this may lead to a reduction in the number of questions asked. The Census will proceed as will be described in question 4. Admin statistics will continue to be collated but due to regulations in force at the moment various border posts are closed and it is unclear how smooth the reopening of these and the easing of migration-related regulations will be in the future. The use of web-based and telephonic surveying is also an added challenge as regards geo-referencing data points as well as in terms of having a sample frame with contact details that can make this kind of survey feasible.

Migration Policy Practice: Has COVID-19 created new demands for migration data in South Africa?

Diego Iturralde: In my view the response to COVID-19 has not been explicitly reaching out to migrant communities. Indeed the only migration-related intervention was the building of a 40km barbed wire fence along the Zimbabwean border at a cost of about €50 000 per kilometre. Information around migrant communities and refugees would be necessary to know where they are and to ensure that if they are contacted for screening and testing this will not compromise their standing in South Africa. The greatest demand is however on movement of people prior to lockdown and the expected surge back to the areas that people came from. Data collated by one of the big mobile telephone companies shows that on the eve of the lockdown there was a surge of movement along the major highways of the country from the heart of the Johannesburg and Pretoria metropolises. This real-time analysis of people’s movement is important to understand in order to be able to manage the pandemic more effectively. However, this type of mobility does not equate to migration per se and to where people usually consume services that the Government is expected to deliver to them. It is therefore quite realistic to expect that not only will migration slow down but movement of people to where they are not household members or usual residents for use of a better term, will be more prevalent.

Migration Policy Practice: Has there been a fall in remittances to South Africa as a result of COVID-19?

Diego Iturralde: One issue to which I did not make reference in question 2 above is indeed that of remittances. With a slowdown in economic activity remittance of money from overseas will inevitably slow down. This will no doubt exacerbate poverty, hunger and non-COVID-19 related disease. PEW Research indicates that in 2017 USD 898 million was sent to South Africa mostly from the United Kingdom,

Australia and the United States. Given the impact that the pandemic has had in those countries alone it is likely that this amount will be significantly reduced. Of greater consequence is the USD 2.59 billion that was sent from South Africa to mainly Lesotho, Nigeria and the United Kingdom to support families of migrants as well as members of the South Africa diaspora around the world. Statistics SA is currently (April to early May) conducting online rapid impact surveys as well as a household expenditure survey where the issue of remittances will be explored and quantified.

Migration Policy Practice: Will COVID-19 make it more difficult to conduct the next Census in South Africa?

Diego Iturralde: Census has taken cognisance of challenges related to the implementation of Census and is considering measures to limit face-to-face interaction in preparatory tests and during its pilot this year as well as the Census itself in October 2021. A mix of face-to-face with PPE measures using CAPI will be used alongside CATI and CAWI modes of collection. Prior to COVID-19 many of these measures had been considered and tested, and COVID-19 has merely forced plans to be accelerated. Because there is not a 100 per cent internet or mobile network penetration rate in South Africa a mixed approach is necessary to capture everyone. In terms of contents it will be important to include a reference period that reflects trends that occurred after the COVID-19 breakout. Here I am referring to usual residence in cases where people went to spend lockdown time at a family home other than their usual home, since this could distort spatial distribution as well as labour market activity, including because one may not have been working as a result of measures put in place. Recommendations on how to proceed with Census in this challenging time have been made available by UNSD and UNFPA and these should be taken on board when considering planning.

Migration Policy Practice: How will data collection in South Africa need to change in future as a result of COVID-19?

Diego Iturralde: Data collection generally will need to change drastically. It is clear that face-to-face data collection cannot be the norm anymore. Changes in the data infrastructure will be needed in order to accommodate such a change. Questionnaires need to become shorter in order not to lose the attention of the respondent and this may mean that some questions or themes are compromised, including those on migration. In this respect, there would be a need for the migration sector to have its own survey such as the proposed World Migration Survey. In terms of frames from which samples are collected, these would need to include contact details for people to be reached telephonically or via email. Fieldworkers would need to be trained to learn different skills – not least in view in a country with 11 official languages. All of this may mean that a change in reporting of indicators may prevail, which in turn will compromise comparison with data collected in previous years. These issues are currently being considered with a view to devising procedures for the next 6–12 months, when the impact of COVID-19 will be strongest, but also beyond then.

What is clear is that administrative systems must be strengthened so that their indicators are comparable and that such systems collect data which can be accessed at a lesser cost and as close as possible to the reference period. Alternative data sources, especially user generated and big data sources need to be explored and considered in order to augment traditional data sources, especially in the migration sector. ■



Call for authors/Submission guidelines

Since its launch in October 2011, Migration Policy Practice has published over 232 articles by senior policymakers and distinguished migration policy experts from all over the world.

Past authors have included, inter alia:

Eric Adja, Director General of the International Migrants Remittances Observatory (IMRO) and Special Adviser to the President of Benin; John K. Bingham, Global Coordinator of civil society activities in the United Nations High-level Dialogue on International Migration and Development and the Global Forum on Migration and Development; Ambassador Eva Åkerman Börje, Chair of the GFMD 2013–2014; Mark Cully, Chief Economist at the Australian Department of Immigration and Border Protection; António Guterres, Secretary-General of the United Nations; Khalid Koser, Chair of the World Economic Forum Global Agenda Council on Migration; Khalid Malik, Director of the Human Development Report Office, United Nations Development Programme (UNDP); Cecilia Malmström, EU Commissioner for Home Affairs (2010–2014); Ali Mansoor, Chair of the GFMD 2012; Andrew Middleton, Director of Culture, Recreation and Migrant Statistics, Australian Bureau of Statistics; Najat Maalla M'jid, United Nations Special Rapporteur on the sale of children, child prostitution and child pornography (2008–2014); Robert A. Mocny, Director of the Office of Biometric Identity Management (OBIM), formerly US-VISIT, US Department of Homeland Security; Imelda M. Nicolas, Secretary of the Commission on Filipinos Overseas (CFO), Office of the President of the Philippines; Ignacio Packer, Secretary-General of the Terre des Hommes International Federation; Kelly Ryan, Coordinator of the Intergovernmental Consultations on Migration, Asylum and Refugees – IGC, Geneva; Martin Schulz, President of the European Parliament (2012–2014); David Smith, Director of Economic Analysis Unit, Australian Department of Immigration and Border Protection; Sir Peter D. Sutherland, Special Representative of the UN Secretary-General for Migration (2006–2017); Ambassador William Lacy Swing, Director General of the International Organization for Migration (IOM); Myria Vassiliadou, EU Anti-Trafficking Coordinator, European Commission; Catherine Wiesner, Deputy Assistant Secretary of State, Bureau of Population, Refugees and Migration, US Department of State.

Migration Policy Practice welcomes submissions from policymakers worldwide. As a general rule, articles should:

- Not exceed five pages and be written in a non-academic and reader-friendly style;
- Cover any area of migration policy but discuss, as far as possible, particular solutions, policy options or best practice relating to the themes covered;
- Provide, as often as applicable, lessons that can be replicated or adapted by relevant public administrations, or civil society, in other countries.

Articles giving account of evaluations of specific migration policies and interventions, including both findings and innovative methodologies, are particularly welcome.

To discuss any aspect of the journal, or to submit an article, please contact:

Solon Ardittis (sardittis@eurasylum.org)
Frank Laczko (flaczko@iom.int)

Required citation: International Organization for Migration (IOM) and Eurasyllum Ltd., 2020. Migration Policy Practice Vol. X (2), April–June 2020. IOM, Geneva.

The views in this journal are those of the authors and don't necessarily reflect the views of the International Organization for Migration or Eurasyllum Ltd. Any errors or oversights in this publication are the sole responsibility of the authors.

ISSN 2223-5248 | © IOM 2020



Some rights reserved. This work is made available under the [Creative Commons Attribution-NonCommercial-NoDeriv 3.0 IGO License](https://creativecommons.org/licenses/by-nc-nd/3.0/igo/) (CC BY-NC-ND 3.0 IGO).*

For further specifications please see the [Copyright and Terms of Use](#).

This publication should not be used, published or redistributed for purposes primarily intended for or directed towards commercial advantage or monetary compensation, with the exception of educational purposes e.g. to be included in textbooks.

Permissions: Requests for commercial use or further rights and licensing should be submitted to publications@iom.int.

*<https://creativecommons.org/licenses/by-nc-nd/3.0/igo/legalcode>