

03 April 2020

COVID-19 – MIGRATION IN THE AGE OF BIOSECURITY

by Hugo Brady

Sars-CoV-2 (Covid-19) is doing to travel and migration what the 2008 financial crash did to banks and the flow of capital. Instead of a ‘credit crunch’, the world economy is crippled by a global mobility shutdown. The road back will not be easy.

This is the fifth crisis of global openness since 2001 and by far the most serious: [more than 20 per cent of the world’s population is in lockdown](#). In the rich world, the first phase of rising infections and deaths will be dramatic but over, as with China, South Korea and Singapore, relatively quickly. However, global economic activity and regular mobility across borders will take years to return to pre-crisis levels. Even in a scenario where an effective vaccine is available worldwide by 2021, anxiety over the cross-border spread of disease will remain. Meanwhile, the pandemic looks set to cause utter havoc in the developing world. [ICMPD field operatives in the region](#) expect Covid-19 could kill up to 100,000 people in Afghanistan alone, twice the current global total, with infections set to spiral to staggering heights along the Silk Route.

Governments daily [impose new travel restrictions](#). In Europe, internal border controls have come down more quickly and profoundly [in the Schengen area](#) than at the peak of the asylum seeker crisis in 2015. The US-Canada border is sealed. From Asia to Africa to Europe, the largest mass movement in history is under way as millions return home to sit out the pandemic. This includes irregular migrants, even to unstable regions with deficient healthcare: from Iran back to Afghanistan and Pakistan; from eastern Libya back to Chad, Niger, Egypt and Algeria, and so on. Irregular arrivals to the EU’s external borders have all but ceased.

From the Black Death in the 14th century to yellow fever in the 1800s, history shows that [borders snap closed during pandemics](#), re-opening afterwards only reluctantly and in phases. Just as we put 100ml liquid containers into small plastic bags at the airport today due to events almost 20 years ago, a new era of biosecurity is dawning that will change how people move in the future. Phase One, prior to Covid-19 vaccination, will include travel/proximity restrictions, mandatory quarantining, and on-the-spot health checks in transit. Phase Two, post vaccination, will be more precautionary and rely on risk assessment, digital contact tracking, ex ante clearance for travel, and disease surveillance. Administrations will link travel authorisation to the voluntary declaration of health information. Most will comply.

Managing global mobility was no easy task before, as the drafters of the [UN's Global Pact for Migration discovered in 2018](#). It will now become even more challenging as states demand to 'trust, but verify' foreign assurances on testing, infection rates and risk in return for relaxing border controls or visa requirements. Whether travel is for tourism, work or study, national authorities are unlikely to accept mere reassurance, especially from countries claiming to have largely escaped the pandemic. To get back to freer circulation, sharper global standards will be required for health screening and disease surveillance at ports, airports, in the travel industry and customs operations. The next few years will be busy ones for, amongst others, the UN migration agency, World Health Organisation, International Civil Aviation Organisation and World Customs Organisation.

Just as the Black Death led to a steep rise in wages for unskilled labourers, the hour of the *gastarbeiter* has come. The crisis is proving positive for migrant regularisation and long-term residency rights because those already present in host countries are now a premium resource, regardless of status. [This is happening already in Portugal](#) for public health reasons, but also to sustain food security and vital agricultural exports over the coming months. The need for a regulated, predictable supply of seasonal workers will trigger a race between states to find suitable partners for deeper bilateral ties on labour migration. Notwithstanding the need for thorough health screening, people may be surprised at the speed of developments.

Different worlds, different realities

As with the 2008 financial crash, the developing world is simultaneously more and less vulnerable to Covid-19. On the one hand, fragile central authorities unable to "[flatten the curve](#)" of infections face the collapse of already weak health infrastructures. Many, such as Jordan, are finding mitigation measures like social distancing [difficult to enforce](#). On the other, several such countries already had anti-pandemic protocols in place, for example in Central and West Africa due to Ebola, or in Asia due to H5N1 avian flu. The label on these has simply switched to 'Covid-19'. Cold comfort it may be but another mitigating factor is that fragile states often have robust alternative support structures in place via community and family networks, with populations more resilient to panics and precariousness.

For people in the developing world, the difference between survival and catastrophe could well be how quickly the lifeline of global remittances from better off relatives abroad can be resumed. Here, the [International Fund for Agricultural Development](#) has sounded the alarm, pointing out that while remittances remained surprisingly stable even after the 2008 crash, the current situation is different. Low-skilled migrants in richer countries may no longer have work, at least that they can reach, nor can they physically access remittance services. Cash-

based operators like Western Union or MoneyGram already report a 40-85 per cent drop-off from countries in lockdown such as Italy and the UK. Governments should list remittances as essential activity and force operators to cut traditionally high transaction rates to zero during the crisis. Some are already doing so voluntarily.

With visa processes frozen worldwide, mobility between the developed and developing world will be akin to a new Iron Curtain in Phase One. This will lead to fresh demand for smuggling services by irregular migrants. But people smuggling will now become far riskier, more expensive and subject to zero-tolerance by authorities. In the regions from where the majority of irregular flows emerge, the crisis will critically [disrupt humanitarian aid, international peacekeeping and sensitive diplomacy](#). 'Aid wars', where global powers compete for influence in afflicted countries via gesture politics, will continue. This may even escalate to a "development race" in Phase Two, as poorer countries chase recovery after the economic carnage abates.

For refugees, the outlook is grim. Resettlement channels [remain closed worldwide](#) and the figures for this year will be [nothing like the 81,000+ reached in 2019](#). For those who arrive spontaneously, border and asylum procedures will now be more onerous and confined. In Phase One, this will likely mean a re-emphasis on enabling shelter close to the country of origin. Within host countries, limited access to schools and the informal economy will hurt refugee integration. Access to labour market opportunities is likely to improve over time out of necessity, helping host societies to digest the influxes of recent years. Ironically, it will be harder to re-integrate returning refugees and irregular migrants back home as returnees will be viewed as potential risks to public health.

What about the EU: can it protect the precious achievements of free movement and the Schengen area? The EU's legal framework in fact requires restrictions to free circulation in the event of a public health emergency. [Article 8 of the Schengen Borders Code](#) sets out the conditions under which public health threats justify refusal of entry. Thorough checks are stipulated for third country nationals. All persons, EU and non-EU, currently only permitted to cross Schengen's external borders for essential travel, are subject to systematic screening. To this, [the European Commission added on 30 March](#) that member states should put in place exit screening and refuse travel even to those possibly exposed to Covid-19, whether they test positive or not. To ensure the future health of inward EU mobility, an information-sharing revolution between European public administrations is required, including better and more inter-connected databases.

The pandemic will reframe the Union's [previously irreconcilable debates on migration and asylum](#). Asylum application numbers across the Union are in freefall and will be far below [the 714,200 of the previous year](#). The recent migrant surges at the Greek-Turkish border have ended as Turkey introduces travel restrictions between its own provinces. The Central Mediterranean route is becalmed as the infection starts to spread in Libya. Irregular arrivals to Spain remain an issue but are manageable for now. Conversely, many of the Union's member states face an immediate race against time to adapt the labour market sectors that depend on intra-EU commuters, [seasonal agricultural workers](#) and [a mix of both European and third country migrants, especially in healthcare](#). Therefore, the importance of a functioning, secure EU external border will be clearer, but so too the need for a workable system of international labour migration into the single market.

Migrants and mobile workers were the unsung heroes of 30 years of global expansion of goods and services that began with the fall of the Berlin Wall in 1989. Nobody knows yet whether Covid-19 represents the dying kick of that era or more of a short, sharp correction. It is a question of endurance, effective adaptation and the timeline towards effective levels of vaccination. In the interim, governments face a very nervous juggling act between guarding public well-being, reviving the economy, and spurring the international cooperation necessary if there is to be something upon which to build after this disease has exited our lives.

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