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COMMENTARY

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HOW COVID-19 IS CHANGING BORDER CONTROL

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The pandemic is teaching border agencies in Europe important lessons about operational preparedness in times of crisis. This has implications for the future in terms of training, staffing, cross-border information sharing and the use of technologies.

COVID-19 has triggered an unprecedented chain reaction of border closures around the world in an effort to stop the virus, including in the Schengen area. This has raised the question of whether border controls are effective in containing such outbreaks; how well prepared were border agencies for the emergency; and where next for border management in a post-pandemic world.

Operational realities and preparedness

After the creation of the Schengen area 25 years ago, many of Europe's border guards were re-assigned to the EU's external borders or given other responsibilities inside their own Member States. Hence, when the pandemic hit, governments were suddenly under pressure to re-apply border infrastructure that has not existed in any real operational sense for decades. Some states reacted by limiting the number of entry/exit points; others mobilised border reserve units or asked the army or civil protection for support.

Furthermore, border guards did not initially have the right information or training in public health issues. It took almost two weeks for the role of border agencies to be clarified as an auxiliary/support to public health services. In practice, border officials were directing vehicles and passengers to the specialists responsible for medical checks on the spot, while strict internal checks as prescribed by the Schengen Border Code and relevant national legislation were relaxed.

At first, the new internal travel restrictions resulted in major congestion, but after a period of adjustment by travellers, border traffic actually declined sharply due to the growing awareness of the new reality. Consequently, some staff were redeployed internally to assist law enforcement with enforcing behavioural restrictions such as social distancing.

The operational realities facing border agencies in the first stages of the outbreak highlighted the need to step up capacities and technical assistance on health-related issues, including crisis management and contingency planning.

Lessons from the pandemic

The need for improvement in three other headline areas is also clear: First, base-level cooperation between border guards, customs services and sanitary agencies must improve. Although the Guidelines for Integrated Border Management (IBM) in EC External Cooperation define health agencies as key players in IBM, the part on sanitary inspections in border management has to date received less attention than aspects related to security and trade. Hitherto, in the northern hemisphere at least, this was more a nice thing to have for most national administrations rather than a necessity. COVID-19 is changing that, making clear the need for better involvement of health inspections in border management.

Second, countries need to cooperate better on early warning and risk assessment. This should start with agreed mechanisms to trigger the adoption of safeguards against the spread between countries, regions and continents. The fact that infected persons may be asymptomatic adds to the seriousness and scale of the pandemic and highlights the need to share information across borders, including threat perception and risk analysis. In addition, staff at borders must have a minimum level of awareness about sanitary risks related to persons, but also to goods.

Third, the existing trend towards modernisation needs to accelerate. The current mobility restrictions have changed communication and working methods. This will affect how services provide training, capacity building and technical assistance to staff and key partners through a combination of traditional face-to-face approaches with remote actions (e.g. e-learning, webinars). Modernisation also needs to happen downstream so that operational staff have better access to virtual platforms (including via smart devices) to improve the flow of real-time information and raise overall preparedness at the borders.

Border technology after the coronavirus pandemic

Travel to some countries in Africa has since long been preconditioned on the submission of an international vaccination certification prior passport control; a number of countries have required to present international certificate on vaccination against yellow fever, for instance. At the major airports, measuring body temperature by thermovision or contactless thermometers is a regular part of the entry processes, too. In the future, a medical

certification and medical card containing information about the current health status and health history will probably be required when traveling to countries in other regions of the world, too. This may even be required as early as at the planning or booking stages.

The current crisis might even fuel developments in the area of travel documents, with a move from the traditional paper passport to a smartphone-based one possibly being the next step. Such a digital passport (or 'AppPassport') would allow integrating sensitive and - for privacy and personal data protection reasons - highly secured medical records, including the vaccination history for example, in addition to the current biometric data already contained in passports or identity cards. Given the high numbers of smartphone users and the broad mobile coverage, this would be feasible.

The use of artificial intelligence in border management could furthermore help avoid physical contacts in situations when physical distancing is required for the prevention of infections. Increased use of contactless equipment (fingerprint scanners, facial recognition cameras, etc.) and robotic voice commands would enhance the health security of both border guards and travellers.

Finally, technology could help solve some of the conflicting objectives of border security agencies, which must reconcile secure but speedy border checks and ensure cost-effectiveness but also the convenience for travellers. Automated border controls, so-called e-gates, have improved border checks at several border crossing points worldwide, especially at air borders. Airport passengers have widely accepted the intuitive and user-friendly automatic controls. E-gates can read biometric data; there is no reason why they should not also be able to read medical data in a secured manner. There will be a need to add additional parameters, for example by equipping e-gates with body temperature measuring devices and expand their installation to arrival halls at land and maritime border crossing points. Such e-gates would provide an early warning system to take the necessary precautions in a timely manner. Installing automatic sanitiser dispensers at e-gates or in arrival hall areas is another feasible option and a strong preventive tool.

The process of reverting to regular mobility across international borders will take time as states will gradually assess the extent to which the coronavirus is contained. In the long-term, border controls as we knew them are going to change. If we manage to learn the right lessons from the crisis, this does not mean things have to change for the worse.

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