

COVID-19 and the transformation of migration and mobility globally

Shifting forms of mobility related to COVID-19

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Introduction

COVID-19 highlights the fact that infectious disease outbreaks and human mobility are intrinsically linked, yet the links are complex. On the one hand, the movement of people can contribute to the spread of these diseases, creating pandemics in the worst cases.² On the other hand, such outbreaks also have wide-ranging consequences for human mobility. They can lessen movement directly by order of governments, and indirectly, for example through economic impoverishment. Simultaneously, pandemics can shift mobility patterns, for example by increasing urban to rural migration as a mechanism to reduce risk. Indeed, COVID-19 has turned many of the world’s human mobility dynamics upside down: international travel has plummeted, millions of internal migrant workers have been struggling to get back to their homes,³ and a third of the world population has been on some sort of lockdown constraining their mobility.⁴

This paper focuses on four potential mobility outcomes (see Table 1):⁵ Voluntary mobility, which encompasses the most prevalent forms of internal and international migration; involuntary immobility, which occurs when people want to move, but cannot do so; acquiescent or voluntary immobility, when people do not want to move regardless of their ability to do so; and involuntary mobility, when they must move regardless of their aspirations.

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2 According to the World Health Organization (WHO), “pandemic” refers to the worldwide spread of a new disease. Much of what is contained in this article also pertains to epidemics, defined by WHO as “the occurrence in a community or region of cases of an illness, specific health-related behaviour, or other health-related events clearly in excess of normal expectancy.” Pandemics generally begin as epidemics until their global spread becomes measurable. WHO, n.d.a.

3 Choudhury et al., 2020.

4 Buchholz, 2020.

5 Carling and Schewel, 2018; de Haas, 2014.



Table 1: Aspirations–capabilities derived individual mobility types⁶

		Migration capabilities		
		→		
		Low	High	
Migration aspirations (intrinsic and/or instrumental)	↓	Low	Acquiescent immobility	Voluntary immobility and Involuntary mobility
	High	Involuntary immobility (feeling “trapped”)	Voluntary mobility	

Impact of COVID-19 in reducing mobility and redirecting migration

COVID-19 is affecting mobility through numerous direct and indirect pathways, including the economic crisis that has produced massive under- and unemployment throughout the world.

Travel restrictions to combat the spread of COVID-19

Across the globe, most countries have issued travel orders aimed at containing the spread of COVID-19. The number of entry restrictions grew quickly as COVID-19 reached pandemic proportions, reaching close to 45,000 at the beginning of June 2020.⁷ In many cases, all international arrivals have been banned. In others, travel bans apply to specific countries. For example, the United States of America has imposed travel bans on Brazil, China, the Islamic Republic of Iran, Ireland, the Schengen zone in Europe and the United Kingdom.⁸ Simultaneously, it negotiated border closures with both of its contiguous neighbours, Canada and Mexico. In still other cases, restrictions based on medical and other criteria have been placed on travel. For example, Angola has put in place new documentation requirements, a 14-day quarantine on newly arriving travellers, changes in visa requirements, invalidation of some existing visas, and a mix of restrictions applied differentially to countries. Very few countries – most of them smaller territories – have no travel restrictions at all. Even without issuing travel bans, processing of visas has been suspended by many countries because of the pandemic.

The scope of imposed travel restrictions and bans differs. In some cases, the restrictions apply to all travellers and make no specific exemptions for returning citizens. In others, citizens and – sometimes – permanent residents of the destination are exempted and may return. In still others, restrictions apply to citizens and other travellers who are transiting or leaving the home country to go elsewhere, as was the case with the Philippine’s order related to China; Hong Kong Special Administrative

⁶ Adapted from de Haas, 2014:32.

⁷ IOM, 2020.

⁸ Martin, 2020.



Region (SAR), China; Macao SAR, China; and Taiwan Province of the People's Republic of China. Often, orders are confusing to travellers and have unintended consequences. For example, United States citizens in China and the Schengen zone countries believed they had a very limited time during which they could return home when the travel ban was imposed. They rushed to return, creating chaos and, arguably, helped spread the virus into communities not previously affected.⁹

Historically, such border closures and international travel restrictions have a mixed record in terms of their effectiveness. A systematic review finds that at best, they slow down, but do not prevent the spread of infectious disease.¹⁰ Some studies conclude that travel restrictions can be useful if “they can buy time to develop and deliver vaccine and institute a range of powerful non-pharmaceutical interventions ... which could sharply reduce cases.”¹¹ Others concluded that even a major ban could become ineffective if a high rate of influenza spread prevents timely vaccination responses.¹²

Early studies of travel restrictions in COVID-19, when compared to other public health interventions, are consistent with this literature. In a review study, quarantine and travel restrictions had a larger impact when combined with other prevention and control measures.¹³ Another study found that travel interventions probably slowed the rate of exportation of COVID-19 to other countries, but rapid contact tracing in both source and destination areas was essential to limit transmission.¹⁴ These studies agree that travel restrictions can buy time to coordinate an appropriate public health response.¹⁵ However, this time can be very limited, for example, between three to five days within mainland China, according to one study.¹⁶

These historical and contemporary examples show that people's mobility influences the spread of diseases, and mobility restrictions can in some cases be effective in delaying the spread or peak. However, travel restrictions alone do not constitute an effective response; only when accompanied by other public health measures – such as social distancing, hygiene practices, testing, tracing and quarantine for those found positive – were they useful.

9 Miller et al., 2020.

10 Mateus et al., 2014.

11 Epstein et al., 2007.

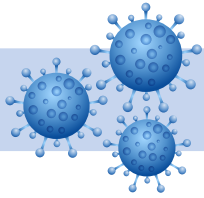
12 Brownstein et al., 2006.

13 Nussbaumer-Streit et al., 2020.

14 Wells et al., 2020.

15 Ibid.

16 Chinazzi et al., 2020.



Studies of past outbreaks have also raised questions about proportionality. Several studies point out that policymakers should take into account a wide range of economic, ethical, social, and political threats.¹⁷ For example, travel restrictions risk undercutting individual rights, and some have resulted in scapegoating and discrimination, especially against already deprived and marginalized social groups. Migrants often face the strictest control measures and repression. Because restrictions on mobility can result in profound economic hardship, they also trigger resistance and non-compliance.

Stay-at-home measures

Along with restrictions on travel, authorities have advised residents to stay at home and socially distance themselves in hopes of containing the spread of the disease. In some cases, as in China when it was the epicentre of the pandemic, the stay-at-home orders have been rigorously enforced. In many locations, they are issued with no intent to force people to comply. Usually, exceptions are made for essential activities.

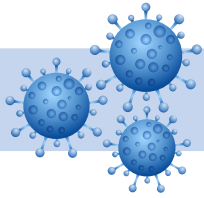
The level of compliance with stay-at-home instructions has been very high in many parts of the world, leading to a form of voluntary immobility seldom seen before. In combination with government orders related to air travel and the economic crisis, this compliance caused a drastic reduction in flights internationally and domestically. In the United States, for example, the number of flights sunk from 26,000 in mid-March, when the Government declared the COVID-19 public health emergency, to only about 5,000 at the beginning of May, when stay-at-home orders were common. A large majority of would-be passengers were still not flying as of June 2020.

Economic drivers in the context of COVID-19

One of the most significant by-products of the COVID-19 crisis has been a sharp economic contraction. Many jurisdictions only permit essential businesses to operate in order to contain the spread of the disease. Those who could work from home have been able to continue their activities, but the many people in “non-essential jobs” necessarily performed on site soon confronted unemployment. In response, many governments have made changes in social welfare provisions to enable people to survive while remaining at home. Impoverishment is a fact, however, for millions of people because of COVID-19, especially in the global South where social safety nets are rare, foreign direct investment and remittances have plummeted, and instability and bad governance can add to the challenges.¹⁸ Migrant workers who lose their jobs are among the most marginalized populations in this respect.

¹⁷ Cetron and Landwirth, 2005; Heymann, 2007; Markel, 2007.

¹⁸ UNSDG, 2020a, 2020b.



The sum total of these actions has been involuntary immobility. The chains are complex. For example, business travel took a major hit, affecting not only the airlines, as discussed above, but also manufacturing of planes and parts, the hospitality industry, and other sectors of the economy. Resulting unemployment reduced the financial resources available to people who might have travelled otherwise and will likely mean a longer recovery for these businesses. Companies planning to hire immigrants had reduced need, found it difficult to obtain visas for workers even if they had the need, or otherwise deferred the decision to sponsor immigrants in the face of massive unemployment. Migrants who had returned home for vacations often found it difficult to go back to the countries in which they were working due to travel restrictions, joining the ranks of the unemployed.¹⁹

Technology has also played a major role in increasing acquiescent or voluntary immobility in the context of COVID-19. Online platforms that support virtual meetings and access to “the cloud” have become lifelines for many companies as well as the general public. These tools have allowed businesses to cope with a workforce under stay-at-home orders. They have also allowed people to communicate with family and friends without leaving home. Although the long-term future of remote work is unknown, few believe that life will return to the status quo ante when the lockdowns and stay-at-home orders are lifted.

Shifting patterns of internal mobility

While international mobility has become harder to achieve, many people have tried to move internally. Few countries could succeed, or even try, to restrain such movements. Anecdotal evidence points to apparent increases in urban to rural movements. In some cases, rural areas presented a welcome relief from COVID-19 itself, for example, for the “unknown thousands of Metro-Manila residents [who] sought to escape the military-enforced [community quarantine] measure by fleeing the densely populated metropolis for their airier homes in the provinces.”²⁰

Economic deprivation related to COVID-19 caused still more urban–rural migration, particularly of internal migrants seeking to return to their original communities. In India, millions of people who had been working in urban areas have sought to return to the villages in which they were born, often in difficult trajectories given the restrictions in public transport systems.²¹

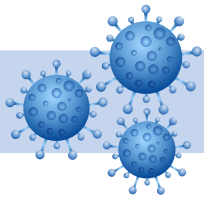
One of the few existing surveys on large-scale return migration to rural areas because of economic upheaval related to COVID-19 is from Senegal.²² The authors found

¹⁹ Charles, 2020.

²⁰ Perez-Amurao, 2020.

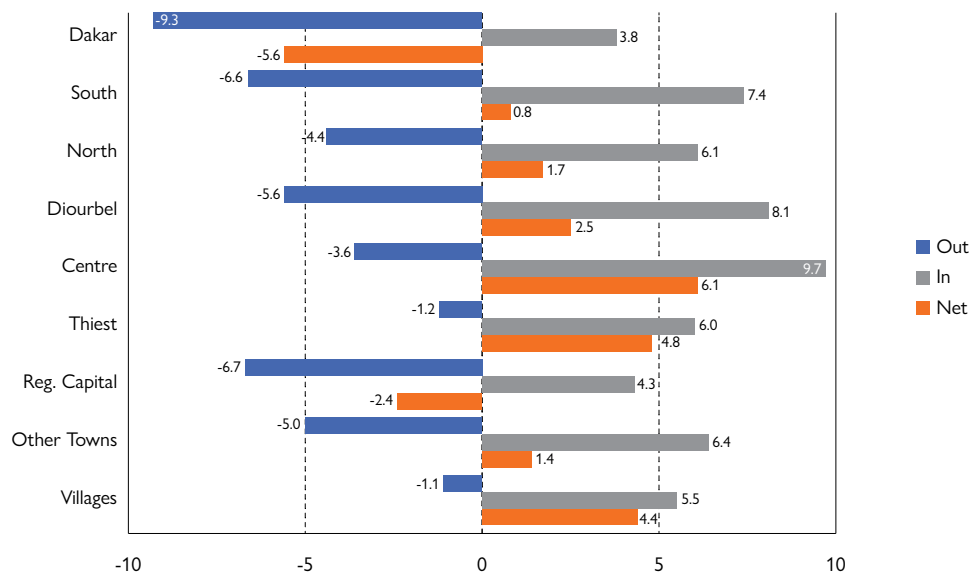
²¹ Bhowmick, 2020.

²² Le Nestour and Moscoviz, 2020.



that the crisis had caused severe hardship, and observed significant out-migration from the capital Dakar (-9.3%, leading to a -5.6% net decline) and from regional capitals (-6.7%, with a -2.4% net decline) towards smaller towns and rural areas.

Figure 1: Change in Senegal's population between 1 March and the second week of April 2020 (%)



Regions grouped because of small sample size. North: Louga/Saint-Louis/Matam. South: Tambacounda/Kédougou/Ziguinchor/Kolda/Sedhiou. Centre: Fatick/Kaolack/Kaffrine.

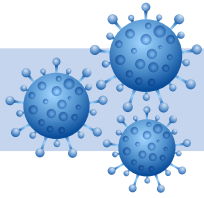
Source: Le Nestour and Moscoviz, 2020.

Cross-border return of migrant workers is another manifestation of shifting trends. Migrants have lost livelihoods, support networks and housing options as a direct or indirect result of COVID-19. Simultaneously, they may not qualify for public benefits, including health insurance or unemployment insurance, because of their immigration status or lack thereof.²³ In these situations, return may be their only option. Such pandemic-affected migrants fall into the category of “migrants in crisis”. Thousands of migrants from the Lao People’s Democratic Republic, Myanmar and Viet Nam in Thailand, as well as Afghans in the Islamic Republic of Iran, headed home through crowded bus stations and border posts, “overwhelming the management capacity of authorities on both sides.”²⁴ Some returns put migrant and refugees, such as the Rohingya and Venezuelans, at particular risk due to health threats and potential human rights violations in home countries.²⁵

23 Chia and Poh, 2020.

24 Bangkok Post, 2020; Chia and Poh, 2020; Faizi and Zucchini, 2020; Guadagno, 2020.

25 Kit, 2020; Daniels et al., 2020.



The measures that States take to restrict or channel people's movements do not occur in a legal vacuum, however. They are situated in the International Health Regulations (IHR), the principal legal norms and practices related to pandemics, as well as a second set of guidelines in the form of the Migrants in Countries in Crisis (MICIC) Initiative.

International frameworks

The IHR help States make decisions on best practices in protecting public health that are proportional to the health risk, in accordance with human rights standards and in recognition of the reality of international mobility.²⁶ In 2005, 196 countries including all WHO Member States agreed to the IHR.

The IHR set out measures at ports, airports and ground crossings to limit the spread of health risks to neighbouring countries.²⁷ These include “(a) the least invasive and intrusive medical examination that would achieve the public health objective; (b) vaccination or other prophylaxis; or (c) additional established health measures that prevent or control the spread of disease, including isolation, quarantine or placing the traveller under public health observation.”²⁸ States retain the right to deny entry if the traveller refuses to comply. The IHR require contingency plans for handling public health emergencies of international concern.²⁹

In carrying out these measures, States agree to respect the dignity, human rights and fundamental freedoms of travellers and to minimize their discomfort or distress.³⁰ States may adopt additional measures not included in the IHR, but must provide the public health rationale and relevant scientific information in support of these measures if they interfere with international travel.³¹ There are no formal enforcement mechanisms or penalties, however, for non-compliance with the IHR.³²

A second relevant framework is the MICIC Initiative guidance,³³ which offers principles and guidelines for protection of migrants, as well as effective practices to improve responses before, during and after crises. Many of the recommended steps are relevant to pandemics, as illustrated in Figure 2.

26 WHO, 2005.

27 WHO, n.d.b.

28 WHO, 2005:Article 31.

29 Ibid.:Annex 1.B.

30 Ibid.:Article 32.

31 Ibid.:Article 43.

32 Edelstein et al., 2014:97–112.

33 MICIC was developed after numerous humanitarian crises, including conflict and environmental disasters, displaced millions of migrants. The initiative was chaired by the United States and the Philippines, garnishing support from other governments, international organizations and institutions concerned with migrant rights.

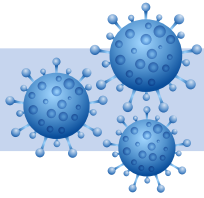
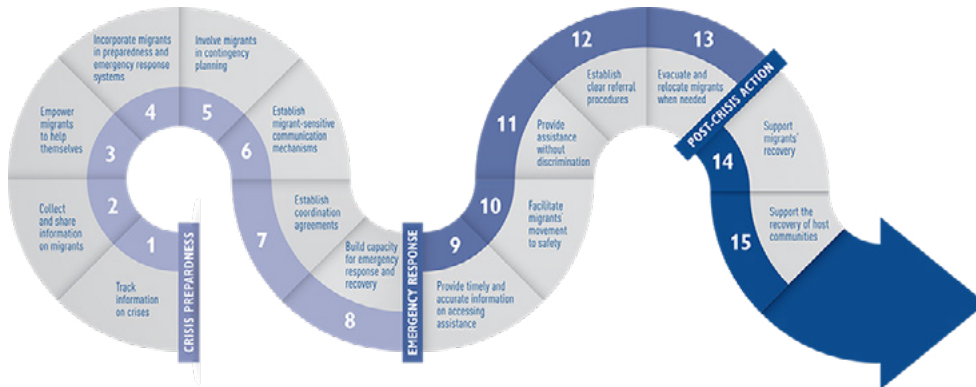


Figure 2: MICIC Guidelines



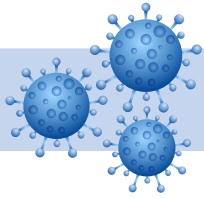
These steps include incorporating migration issues into preparedness and emergency response systems, involving migrants in contingency planning, providing assistance without discrimination, evacuating and relocating migrants when needed, facilitating migrants' movement to safety, and supporting migrant and host communities' recovery. With such policies and procedures in place, the need for travel restrictions and resulting harms to migrants and hosts would be greatly reduced in the context of pandemics.

Conclusion

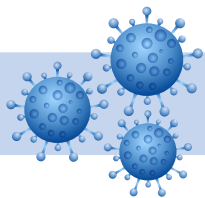
COVID-19 is having a profound impact on the drivers and processes affecting international and internal migration worldwide. To a large extent the virus and, importantly, the response to it has led to increased immobility. The evidence as to the impact of COVID-19 on (im)mobility is mostly anecdotal at this stage in the pandemic. It is too soon to project medium- to long-term effects when the threats to mobility from COVID-19 start to dissipate.³⁴ Mixed effects are possible and depend on policy responses. On one hand, for example, there may be greater political will to embark on rural development efforts, recognizing that cities are vulnerable to pandemics (and climate change impacts), which could allow more people to remain in rural areas. On the other hand, there could be short memories, no improvements in rural areas (which are now becoming harder hit by COVID-19 than cities in many countries) and a return to migration. Still, research conducted on past pandemics, as well as on the early stages of COVID-19, points to five conclusions that have policy impact:

- (1) States should be cautious in the use of broad travel bans. They have not previously been successful in and of themselves in preventing the spread of infectious diseases. Rather, they can buy limited time to put in place more effective public health interventions, such as testing, tracing, quarantine and isolation of infected persons, as well as distribution of personal protective equipment.

34 Gamlen, 2020.

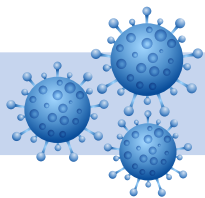


- (2) States should anticipate unintended, but predictable side effects of travel bans. Poorly conceived travel bans can do more harm than good. If they spur people who would not otherwise move in the midst of an epidemic to do so, because they fear being stranded, these initiatives can spread the disease more quickly than would otherwise be the case. The MICIC principles, guidelines and effective practices should be used in responding to the needs of foreign nationals affected by pandemics.
- (3) States should abide by the International Health Regulations, which they have already endorsed. The IHR include policies regarding mobility that are based on successful epidemiological and public health practices. These include emergency preparedness at air, sea and land ports of entry to enable authorities to identify carriers of an infectious disease, quarantine them if necessary, and contact trace potentially infected persons. The IHR are carefully balanced to protect the public from infection as well as considering individual human rights and privacy.
- (4) States should plan for the effects of pandemic responses on human mobility. Policies to address the economic impacts of pandemics can prompt harmful patterns of mobility and immobility. For example, policies that discriminate against migrants in terms of access to health care or income support – not uncommon when resources are scarce – can lead to precipitous and dangerous flight. They can also dissuade migrants from seeking health care, which in turn can spread the disease.
- (5) National and local authorities should anticipate and plan for urban to rural migration when infectious diseases disproportionately affect urban areas. To the extent possible, governments should provide safety for everyone to remain in place. However, putting up barriers to these movements may only worsen the situation. In the absence of safe means of transportation, testing, tracking, and quarantine policies, such movements may lead to the spread of the disease and even, as seen in some locations, violent responses from those already living in the receiving areas.

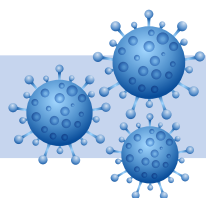


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