

Policy Brief:
**COVID-19 and
People on the Move**

JUNE 2020

Executive Summary

COVID-19 leaves few lives and places untouched. But its impact is harshest for those groups who were already in vulnerable situations before the crisis. This is particularly true for many people on the move, such as migrants in irregular situations, migrant workers with precarious livelihoods, or working in the informal economy, victims of trafficking in persons as well as people fleeing their homes because of persecution, war, violence, human rights violations or disaster, whether within their own countries – internally displaced persons (IDPs) – or across international borders – refugees and asylum-seekers.

The disproportionate impact of the COVID-19 pandemic on people on the move presents itself as three interlocking crises, exacerbating existing vulnerabilities.¹

- First, a **health crisis** as people on the move find themselves exposed to the virus with limited tools to protect themselves. In addition to their often poor or crowded living or working conditions, many people on the move have compromised access to health services due to legal, language, cultural or other barriers. Particularly impacted are those migrants and refugees who are undocumented and who may face detention and deportation if reported to immigration authorities. Many people on the move also lack access to other basic services – such as water and sanitation or nutrition – and those in fragile, disaster-prone and conflict-affected countries are facing higher risks owing to weak health systems, which is compounded by travel restrictions constraining delivery of lifesaving humanitarian assistance.
- Second, a **socio-economic crisis** impacting people on the move with precarious livelihoods, particularly those working in the informal economy with no or limited access to social protection measures. The crisis has also exacerbated the already fragile situation of women and girls on the move, who face higher risks of exposure to gender-based violence, abuse and exploitation, and have difficulty accessing protection and response services. Meanwhile, loss of employment and wages as a result of COVID-19 is leading to a decline in migrant remittances, with devastating effects for the 800 million people relying on them.
- Third, a **protection crisis** as border closures and other movement restrictions to curb the spread of COVID-19 have a severe impact on the rights of many people on the move

¹ While all people on the move are equally entitled to the same universal human rights, the impact of these three inter-locking crises is not uniform across the wide span of people on the move covered in this policy brief as it depends on the context, their socioeconomic situation and legal status under national and international law, as well as intersecting factors like age, gender and disability. While IDPs are mostly citizens or habitual residents of their own countries and should have access to equal rights as their fellow nationals, international migrants and refugees are distinct groups governed by different legal frameworks, with refugees entitled to the specific international protection defined by international refugee law. Victims of trafficking in persons are afforded specific protections as outlined in various United Nations Conventions and Instruments.

who may find themselves trapped in deeply dangerous situations. Asylum-seekers may find themselves unable to cross international borders to seek protection and some refugees may be sent back to danger and persecution in their country of origin. In other instances, migrants may be forcibly returned to their home countries with fragile health systems, which are ill-prepared to receive them safely, while returning IDPs may face a similar predicament in their home localities. Additionally fear of COVID-19 is exacerbating already high levels of xenophobia, racism and stigmatization and has even given rise to attacks against refugees and migrants. In the long-run there is a risk that COVID-19 may entrench restrictions on international movement and the curtailment of rights of people on the move.

COVID-19's disproportionate impact on people on the move contrasts with their outsized role on the frontlines of responding to the crisis - highlighting their broader contributions to societies around the world - while caring for the sick and elderly or keeping up food supplies during lockdowns.

Against this background, the COVID-19 crisis presents us with an opportunity to reimagine human mobility for the benefit of all while advancing our central commitment of the 2030 Agenda to leave no one behind. In the pursuit of this objective, this Policy Brief offers **four basic tenets** to guide our collective response:

1. *Exclusion is costly in the long-run whereas inclusion pays off for everyone:* Exclusion of people on the move is the very same reason they are among the most vulnerable to this pandemic today. Only an inclusive public health and socio-economic response will help us suppress the virus, restart our economies and stay on track to reach the Sustainable Development Goals.

2. *The response to COVID-19 and protecting the human rights of people on the move are not mutually exclusive:* COVID-19 has not stopped people from fleeing violence or persecution. Many countries have shown that travel restrictions and border control measures can and should be safely implemented in full respect of the rights of people on the move.
3. *No-one is safe until everyone is safe:* We cannot afford to leave anyone behind in our response and recovery efforts, especially those people on the move who were already most vulnerable before the crisis. Lifesaving humanitarian assistance, social services and learning solutions must remain accessible to people on the move. For all of us to be safe, diagnostics, treatment and vaccines must be universally accessible, without discrimination based on migration status.
4. *People on the move are part of the solution:* The best way to recognize the important contribution made by people on the move to our societies during this crisis is to remove barriers that inhibit their full potential. This means facilitating the recognition and accreditation of their qualifications, exploring various models of regularisation pathways for migrants in irregular situations and reducing transaction costs for remittances.

There are encouraging steps already taken by many governments in this direction, some of which are highlighted in this Brief. The four basic tenets offered by this Brief are underpinned by our collective commitment to ensure that the responsibility for protecting the world's refugees is equitably shared and that human mobility remains safe, inclusive, and respects international human rights and refugee law, as envisaged not least by the Global Compacts on Refugees and for Safe, Regular and Orderly

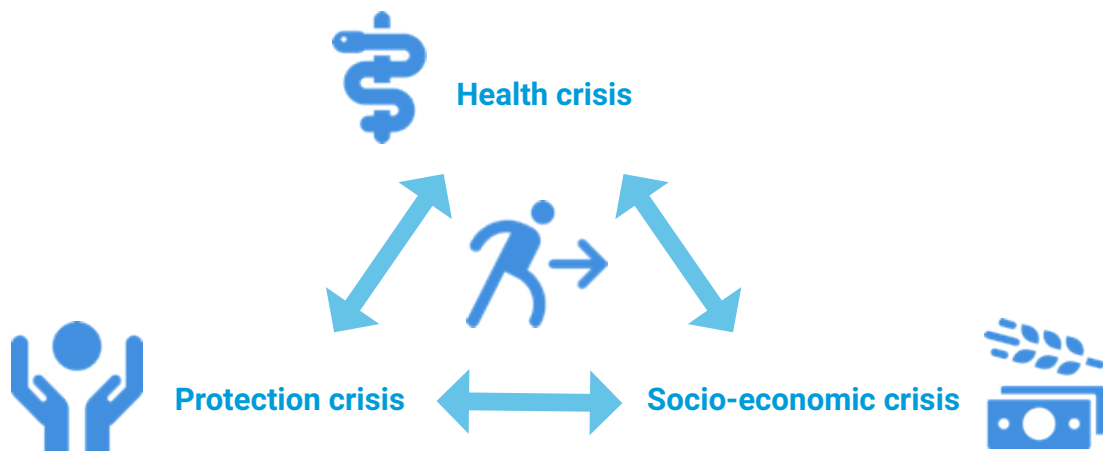
Migration. They also reinforce the notion that no one country can fight the virus alone and no one country can manage migration alone. But together, we can do both: contain the virus's spread, buffer its impact on livelihoods and communities and recover better.

FOUR BASIC TENETS TO ADVANCING SAFE AND INCLUSIVE HUMAN MOBILITY DURING AND IN THE AFTERMATH OF COVID-19:

1. Exclusion is costly in the long-run whereas inclusion pays off for everyone.
2. The response to COVID-19 and protecting the human rights of people on the move are not mutually exclusive.
3. No-one is safe until everyone is safe.
4. People on the move are part of the solution.

THREE CRISES IMPACTING PEOPLE ON THE MOVE

- Unsanitary and crowded living conditions (e.g. some refugee camps have a population density that is 1,000 times that of surrounding host communities.)
- Compromised access to health services
- Food insecurity (e.g. more than half of the world's refugees and IDPs live in countries and communities that feature high levels of food-insecurity.)



- Curtailed access to asylum an (e.g. 99 countries are making no exceptions for admission of asylum seekers at closed borders)
- Detention, forced returns and deportations
- Stranded migrants, family separation and human smuggling

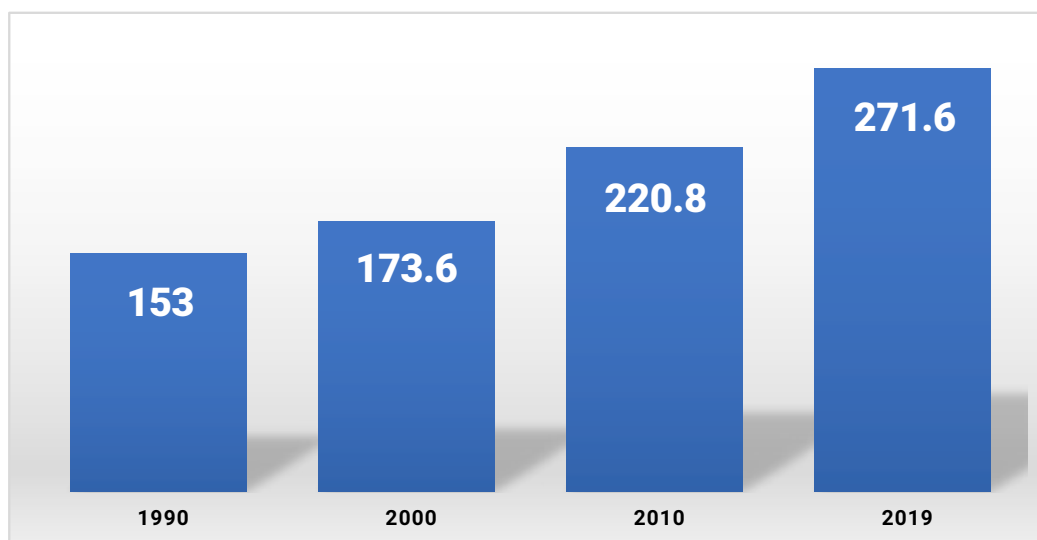
- Rising unemployment and loss of livelihoods (e.g. over half of the refugees surveyed by UNHCR in Lebanon reported having lost their already meagre livelihoods)
- Decline in remittances (e.g. remittances will drop by a total of USD\$109 Billion in 2020 due to COVID-19)

Migrants, Refugees and Internally Displaced Persons in Numbers

International Migrants

Based on official government data, the number of international migrants at mid-2019 is estimated to be around 272 million persons, defined for statistical purposes as persons who changed their country of residence, including refugees and asylum-seekers. Since 1990, the global number of international migrants has increased significantly faster (78 per cent) than the global population (45 per cent). The share of international migrants in the total population increased by more than six percentage points in Northern America, by around four percentage points in Europe and Oceania, and by more than three percentage points in Northern Africa and Western Asia. In other regions it remained stable or declined slightly (United Nations, 2019).

TOTAL NUMBER OF INTERNATIONAL MIGRANTS, 1990–2019 (MILLIONS)



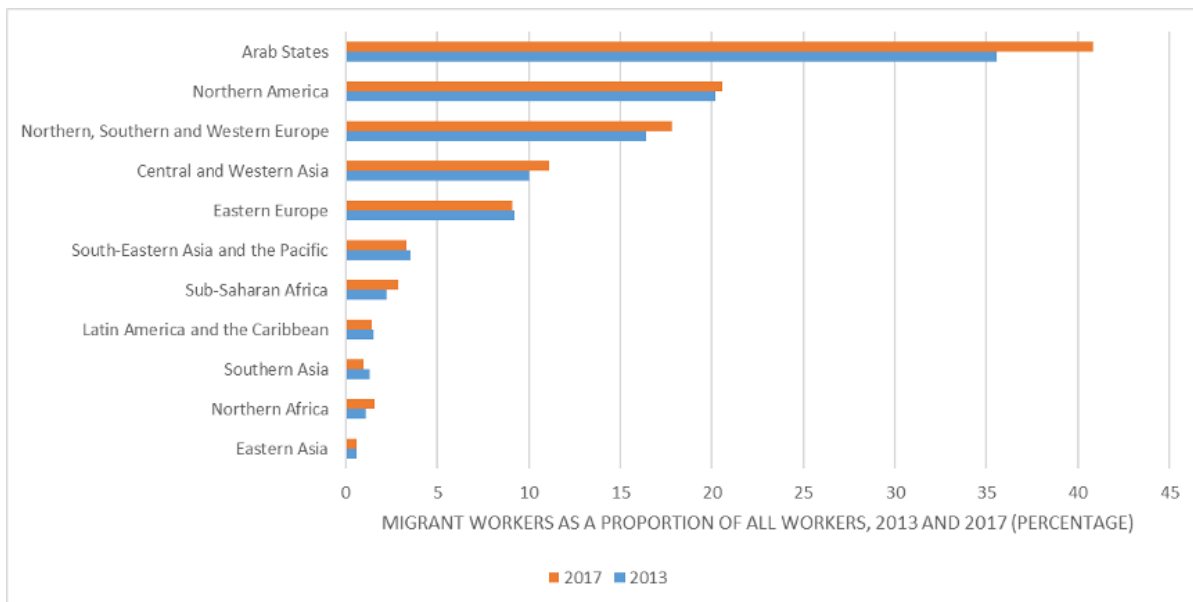
UNDESA²

² United Nations, Department of Social and Economic Affairs (2019), International Migration 2019, available at: https://www.un.org/en/development/desa/population/migration/publications/migrationreport/docs/InternationalMigration2019_Report.pdf

International Migrant Workers

According to the International Labour Organisation, globally there are 164 million international migrant workers around the world. In terms of the share of migrant workers in all workers, figures are highest – and have been increasing in recent years - in Arab States, Northern America, Western Europe, and Central and Western Asia.

MIGRANT WORKERS AS PROPORTION OF ALL WORKERS, 2013 & 2017 (PERCENTAGE)



Source: ILO

Migrants, Refugees and Internally Displaced Persons in Numbers

Refugees

The global refugee population stood at 25.9 million at the end of 2018 and is now at the highest level ever recorded. Eighty-four percent of the world's refugees are in countries in regions surrounding their countries of origin, while one third (6.7 million) are in Least Developed Countries. Altogether, nine of the top ten refugee-hosting countries were in developing regions and 84 per cent of refugees lived in these countries.

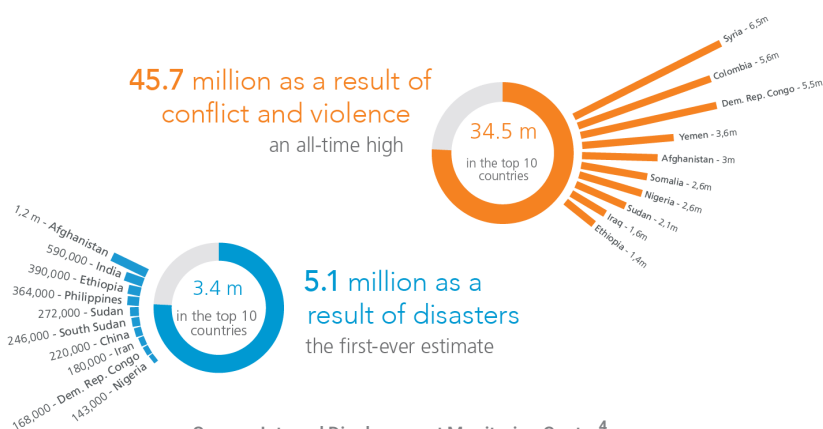


Source: UNHCR³

Internally Displaced Persons

The global number of Internally Displaced Persons is estimated at 50.8 million persons as of the end of 2019. 45.7 million are displaced as a result of conflict, 5.1 million as a result of disasters. This number has never been higher.

TOTAL NUMBER OF INTERNALLY DISPLACED PERSONS



Source: Internal Displacement Monitoring Centre⁴

3 UNHCR (2019), UNHCR Global Trends Report, available at: <https://www.unhcr.org/dach/wp-content/uploads/sites/27/2019/06/2019-06-07-Global-Trends-2018.pdf>

4 Internal Displacement Monitoring Centre (IDMC) (2020), Global Report on Internal Displacement (2020), available at: <https://www.internal-displacement.org/publications/2020-global-report-on-internal-displacement>

1. The health and humanitarian impact

People on the move in vulnerable situations are particularly exposed to the health impact of COVID-19. Many live or work in crowded or unsanitary conditions where COVID-19 can easily spread. Their access to health may be compromised, particularly when they are undocumented or excluded. They also often lack access to other basic services – from housing to water and sanitation, from food to social services and from education to social protection.⁵

The health risks are compounded in fragile, conflict-affected and humanitarian settings, in which large numbers of refugees and IDPs live and where health systems are weak. While recent reports of cases in crowded refugee and IDP camps and settlements, such as those in South Sudan, Bangladesh and Kenya, remain comparatively low, there are fears that it will rise in weeks and months to come, as capacities to contain the virus and deal with its impact are limited. For example, according to the UN-OCHA COVID-19 risk index, which reflects both vulnerability and response capacity,⁶ the 10 countries most at risk of COVID-19 host a combined 17.3 million IDPs.⁷ These risks are compounded by weak health systems and travel restrictions, which are severely impeding access to lifesaving humanitarian assistance.

Urgent action to include people on the move and their host communities in COVID-19 responses and protect them from the pandemic's worst impact is in everyone's best interest.

UNSANITARY AND CROWDED LIVING CONDITIONS AND LIMITED ACCESS TO BASIC SERVICES

Many people on the move lack an adequate standard of living which makes them extremely vulnerable to the pandemic. IDPs, refugees and many migrants – especially those in irregular situations – live in crowded conditions – in camps or informal settlements, in slums, collective shelters, dormitories, immigration detention centres, or situations of homelessness – where washrooms, cooking and dining facilities are shared, conditions are unsanitary and physical distancing and stay-at-home measures virtually impossible to implement. For instance, Kakuma refugee camp in Kenya has a population density about 1,000 times that of the host Turkana community.⁸ In Somalia, there are around half a million IDPs who fled a combination of conflict and climate factors living in crowded settlements throughout Mogadishu, one of the fastest growing cities in the world.

5 OHCHR (2014), The Economic, Social and Cultural Rights of Migrants in an Irregular Situation, available at: https://www.ohchr.org/Documents/Publications/HR-PUB-14-1_en.pdf

6 OCHA (2020), Global Humanitarian Response Plan Covid-19, available at: https://www.unocha.org/sites/unocha/files/GHRP-COVID19_May_Update.pdf

7 Internal Displacement Monitoring Centre (IDMC) (2020), Global Report on Internal Displacement (2020)

8 <https://sfd.susana.org/about/worldwide-projects/city/122-kakuma>

Many people on the move also have limited access to water, hygiene and sanitation, making it harder for them to practice handwashing. 37 per cent of children and young people on the move in the Horn of Africa do not have access to basic sanitary facilities.⁹ Access is even further restricted for some people on the move, such as women and girls, older persons and those with disabilities.

COMPROMISED ACCESS TO HEALTH SERVICES

IDPs, refugees and many migrants, especially those in vulnerable situations, also face barriers to accessing health services due to various factors, including their migration status, lack of awareness or social protection, costs, language, disability, gender norms and cultural barriers, or as a result of discriminatory laws, policies and practices. In cases where no firewalls are in place between immigration enforcement activities and health services, refugees and migrants who are in irregular situations or lacking proper documentation may be unable or unwilling to access health services, including testing, due to fear of detention, deportation or other penalties. People on the move also have limited access to mental health and psychosocial services, which have become all the more important as the crisis exposes them to immense stress exacerbating their already precarious conditions.¹⁰ Furthermore, the crisis has also disproportionately exposed women on the move to health risks as they play an outsized role in essential health services.

Compounding the compromised access to health care of people on the move is their generally limited access to critical health information, in formats and languages they understand and trust. Moreover, accessing health care and other basic services is even more difficult for those who face multiple and intersecting layers of discrimination and exclusion in addition to their migration status, due to their gender, sexual orientation, gender identity, age, race and ethnicity, disability,¹¹ or as a result of poverty, or homelessness.

Further, the disruption or discontinuity of essential health services, including sexual and reproductive health services, as a result of COVID-19 will severely impact people on the move, especially women, new-borns and adolescent girls and those living in fragile, disaster-prone or conflict-affected countries. Reductions in routine health service coverage could result in an additional 1.2 million under-five deaths in just six months – with children on the move and in conflict-affected countries being most at risk.¹²

RISING FOOD INSECURITY

People on the move in vulnerable situations are also at greater risk of being affected by COVID-19-related food insecurity resulting from reduced agricultural activity, supply chain disruptions, and price increases for essential goods and a decline in purchasing power due to the economic crisis. More than half of the world's refugees¹³ and IDPs live in countries and communities that even before the

9 UNICEF (2020), Children on the Move in East Africa: Research insights to mitigate COVID-19, available at: <https://blogs.unicef.org/evidence-for-action/children-on-the-move-in-east-africa-research-insights-to-mitigate-covid-19/>

10 For more details see Policy Brief on COVID-19 and the Need for Action on Mental Health, available at: https://www.un.org/sites/un2.un.org/files/un_policy_brief-covid_and_mental_health_final.pdf

11 For more details see Policy Brief on A Disability-Inclusive Response to COVID-19, available at: https://www.un.org/sites/un2.un.org/files/sg_policy_brief_on_persons_with_disabilities_final.pdf

12 <https://www.unicef.org/press-releases/covid-19-devastates-already-fragile-health-systems-over-6000-additional-children>

13 50% of the world's refugees are hosted in 8 food crisis countries: Turkey, Pakistan, Uganda, The Sudan, Lebanon, Bangladesh, Jordan and Ethiopia. Global Network against Food Crises (2020), Global Report On Food Crises, available at: <https://www.wfp.org/publications/2020-global-report-food-crises>

current pandemic featured high levels of food-insecurity.¹⁴ In East Africa, for instance, at least 60 per cent of refugees in the region are already experiencing food ration cuts forcing them to resort to alternative means to cover their basic needs. Disruptions in children's diets will result in acute wasting and stunting among children on the move, exposing them to a lifelong impact.

CONSTRAINED HUMANITARIAN ACCESS

All of the above risks are compounded by the difficulty of delivering humanitarian assistance to the world's most vulnerable people on the move in light of cancelled flights, closed borders, lockdown, and some countries placing export controls on medical supplies and equipment. This impact is especially felt among refugees and IDPs, most of whom are dependent on humanitarian aid. Lockdowns and restricted access to camps in countries, such as Iraq and Nigeria, have meant that provisions of goods and services to IDP populations have been reduced or limited to 'life-saving' activities only. There are particular concerns that delayed preparedness and contingency actions will increase the risk and vulnerabilities facing IDPs and refugees in several countries in the coming months.

The mortality resulting from a combination of constrained humanitarian access, increased food insecurity and the economic downturn may well outstrip that caused by the disease itself. This reinforces the importance of countries exempting humanitarian goods and personnel from movement restrictions and of Governments supporting the UN's [COVID-19 Global Humanitarian Response Plan](#)

along with existing Humanitarian Response Plans to protect the world's most vulnerable people from the worst effects of COVID-19.

EXAMPLES OF GOOD PRACTICES IN ADDRESSING THE HEALTH IMPACT OF COVID-19 ON PEOPLE ON THE MOVE

- The [UK](#) government announced that no charges will apply for the diagnosis or treatment of COVID-19 for all foreign visitors, regardless of their residency/immigration status.
- In [Lebanon](#), humanitarian agencies and health partners undertook outreach campaigns to provide information to refugee populations on COVID-19.
- [Peru](#) approved temporary health coverage for refugees and migrants suspected of or testing positive for COVID-19.
- [Thailand](#) has long allowed migrants in irregular situation to enroll in the national health insurance scheme, ensuring that they are provided with universal health care.

¹⁴ WFP (2020), Global Report On Food Crises, available at: https://docs.wfp.org/api/documents/WFP-0000114546/download/?_ga=2.210567581.944391335.1590667476-100388348.1590667476

2. The socio-economic impact

Necessary lockdowns, travel bans, and physical distancing have brought many economic activities around the world to a severe slowdown, causing a global recession. According to the International Monetary Fund, the world economy is expected to contract by 3 per cent in 2020. Even countries with extremely low infection rates will be severely hit by this economic crisis. The World Bank estimates that COVID-19 could push-up to 60 million people into extreme poverty in 2020 alone.¹⁵

Many people on the move tend to have few, if any, reserves that might soften socio-economic shocks. They are therefore among the hardest hit by reduced incomes, increasing unemployment, as well as increasing expenses and price hikes for basic commodities. The crisis has also exacerbated the already precarious situation of women and girls on the move, who face higher risks of exposure to gender-based violence, abuse and exploitation, and have increasingly limited access to protection and response services.¹⁶ Heightened stigma and discrimination against persons with disabilities within communities has also been reported.

Many migrant workers and refugees will be deprived of their ability to contribute to economic recovery in countries of destination

as well as to support families and communities in their home countries. COVID-19 is projected to result in a decline in remittances of USD\$109 billion – equivalent to 72 per cent of total official development assistance (ODA) in 2019 - causing hardship for the 800 million people in those low-and-middle-income countries that heavily depend on them.¹⁷

At the same time, this crisis is an opportunity for countries to ‘recover better’ through socio-economic inclusion and decent work for people on the move, and the provision of avenues for regular migration. This will allow countries to build on the positive contributions of people on the move to their societies, which the ongoing crisis has shone a light on. Indeed, as recognized in the 2030 Agenda for Sustainable Development, human mobility is inextricably linked with sustainable development.

RIISING UNEMPLOYMENT AND LOSS OF LIVELIHOODS

COVID-19-related movement restrictions and the economic downturn are depriving many people on the move of their livelihoods by threatening jobs, particularly those in the informal sector.

¹⁵ <https://www.worldbank.org/en/news/press-release/2020/05/19/world-bank-group-100-countries-get-support-in-response-to-covid-19-coronavirus>

¹⁶ Protection Cluster Yemen, Preparedness and Response to Covid-19 - Protecting Groups at Disproportionate Risk, available at: <https://www.globalprotectioncluster.org/wp-content/uploads/Protecting-Groups-Preparedness-and-Response-to-Covid.pdf>

¹⁷ World Bank (2020), COVID-19 Crisis Through a Migration Lens, available at: https://www.knomad.org/sites/default/files/2020-04/Migration%20and%20Development%20Brief%2032_0.pdf

SUSTAINABLE DEVELOPMENT GOALS AND TARGETS RELEVANT TO MIGRANTS



Source: IOM¹⁸

The 164 million migrant workers¹⁹ and their families around the world tend to be more exposed to the loss of employment and wages during an economic crisis compared to nationals. For instance, during the 2008 global financial crisis, the increase in unemployment of foreign-born workers in the EU-28 countries dwarfed that of native-born workers.²⁰ This is due to a combination of factors, including the fact that cyclical sectors (construction, service jobs) were hardest hit, and that immigrants are frequently the last hired and first fired.

The pandemic's socio-economic consequences will affect in particular those migrant workers and refugees in the low-wage informal economy who are excluded from decent work and social protection measures.²¹ Recent ILO research highlights the high incidence of informality among migrant workers with nearly 75 per cent of migrant women and 70 per cent of migrant men working in the informal economy in many low and middle-income countries.²² With 30 per cent of migrants being under 30 years of age, a generation already faced with high youth unem-

¹⁸ IOM, IOM Issue Brief on Why Migration Matters for Recovering Better from COVID 19, forthcoming

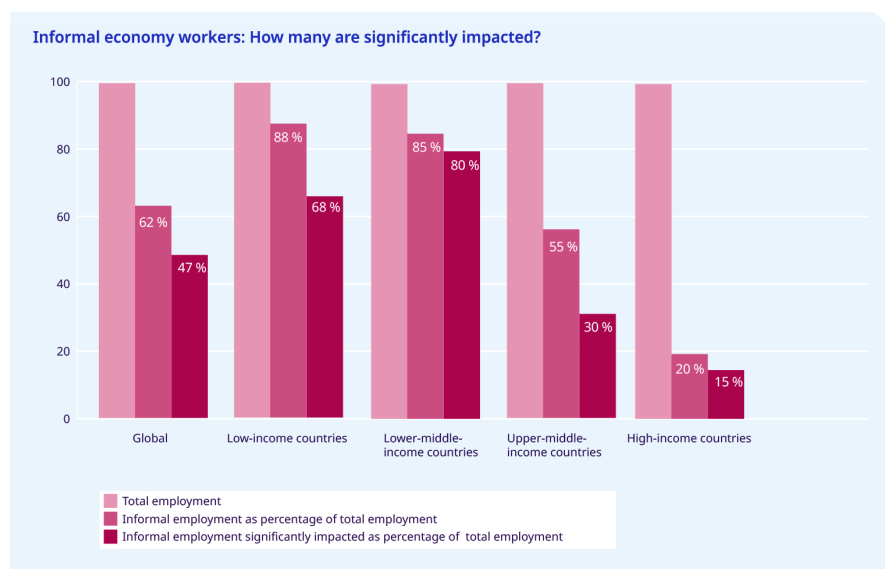
¹⁹ ILO (2018), Global Estimates on International Migrant Workers: Results and Methodology, available at: https://www.ilo.org/wcmsp5/groups/public/---dgreports/---dcomm/---publ/documents/publication/wcms_652001.pdf

²⁰ World Bank (2020), COVID-19 Crisis Through a Migration Lens

²¹ ILO (2020) Protecting migrant workers during the COVID-19 pandemic, available at: https://www.ilo.org/wcmsp5/groups/public/---ed_protect/---protrav/---migrant/documents/publication/wcms_743268.pdf

²² Amo-Agyei, S. An Analysis of the Migrant Pay Gap, Technical Report, ILO Geneva (2020, forthcoming, available at <https://www.ilo.org/global/topics/labour-migration/>); Data on informal migrant workers were available for 14 out of the 49 countries covered by the research. Nationals also made up 70% of informal workers in the same countries examined.

IMPACT OF COVID-19 ON INFORMAL ECONOMY WORKERS (AS OF 29 APRIL 2020)



Source: ILO²⁵

employment risks falling further behind. ILO estimated that, in the second quarter of 2020 alone, the drop of global working hours among workers in the informal economy would be equivalent to the loss of over 305 million full-time jobs.²³ In Libya, for instance, unemployment among migrants rose from 7 per cent in February to 24 per cent by late April 2020.²⁴

Loss of employment among migrant workers is compounded by the fact that they are often not covered by protections of standard labour law or social protection systems and the risk that layoffs could trigger the expiration of visa or work permits, forcing them into undocumented or irregular status or to return to their home countries.²⁶

IDPs and refugees are also hit hard by the economic downturn. Across the Middle East and North Africa, UNHCR and its partners have received over 350,000 calls from refugees and IDPs during the first five weeks of lockdown asking for urgent financial assistance to cover their daily basic needs. In Lebanon, over half of the refugees surveyed by UNHCR reported having lost their already meagre livelihoods, and 70 per cent reported that they had to skip meals. In several countries, movement restrictions imposed on IDPs have impeded livelihood activities and access to land for subsistence farming.

As demonstrated during the 2008 financial crisis, countries with strong social protection systems and basic services suffered the least and recovered the fastest.²⁷ As of 22 May 2020, 190 countries had planned, introduced or adapted

²³ ILO (2020), COVID-19 and the World of Work: Third edition, available at: https://www.ilo.org/global/topics/coronavirus/impacts-and-responses/WCMS_743146/lang--en/index.htm.

²⁴ Survey of 1,350 migrants conducted by IOM's Displacement Tracking Matrix (DTM) in April 2020.

²⁵ ILO (2020), COVID-19 and the World of Work: Third edition

²⁶ ILO (2020) Protecting migrant workers during the COVID-19 pandemic

²⁷ UNDP (2010), The Global Financial Crisis of 2008-10: A View from the Social Sectors, available at: https://www.researchgate.net/publication/46468404_The_Global_Financial_Crisis_of_2008-10_A_View_from_the_Social_Sectors

social protection programmes in response to COVID-19, with cash transfers being the most commonly used measure.²⁸ However, migrant workers and others in the informal economy, including refugees, are often not included in social protection measures. That lack of income security creates a necessity to work while sick, with potential consequences for everyone.

DISPROPORTIONATE IMPACT ON WOMEN, CHILDREN, PERSONS WITH DISABILITIES AND OLDER PERSONS ON THE MOVE

Women and girls²⁹ on the move tend to be particularly exposed to a number of specific impacts of the pandemic. Women represent approximately 42 per cent of all migrant workers worldwide,³⁰ and play an outsized role in health services, which disproportionately expose them to health risks. Furthermore, owing to entrenched gender stereotypes, women on the move also carry the majority of the burden of both paid and unpaid domestic and care work, which is exacerbated by the quarantines. They are also at heightened risk of gender-based violence, in particular intimate partner violence exacerbated by confinement and lockdown measures.³¹ Risk of sexual harassment and exploitation in light of their often-crowded living and unsafe working conditions are also increasing. Moreover, female migrants and refugees often face barriers in reaching out to police, justice

or gender-based violence (GBV) services, particularly when they are undocumented, for fear of retaliation, stigma, detention and possible deportation, reinforcing the need for 'firewalls.'³² This situation is further exacerbated by the fact that in some situations sexual and gender-based violence protection and response services have not necessarily been declared essential, making it even more difficult for women and girls on the move to access them.

Children³³ constitute more than half of the world's refugees and 42 percent of all IDPs.³⁴ The COVID-19-related lockdowns and the economic downturn place many families on the edge of survival, disrupting learning, children's diets and exacerbating protection risks for many children on the move. The socio-economic fall-out of the pandemic also increases the risk of violence, abuse and exploitation, for instance in the form of child labour, trafficking for sexual exploitation, or child marriage affecting adolescent girls in particular. For example, UNHCR reports an increase in cases of child labour and child abuse among Syrian refugees.

1.5 billion young people, over 90 per cent of the world's students, in 188 countries have had their education disrupted. For children and youth on the move, this disruption adds to an already precarious access to education. Even before the pandemic, refugee children were twice as likely to be out of school than other children.³⁵ As access to schools is curtailed, more children may drop out. Learning

28 <http://www.ugogentilini.net/>

29 For more details see Policy Brief on the Impact of COVID-19 on Women, available at: https://www.un.org/sites/un2.un.org/files/policy_brief_on_covid_impact_on_women_9_apr_2020_updated.pdf

30 IOM (2020), World Migration Report 2020, available at: https://publications.iom.int/system/files/pdf/wmr_2020.pdf#page=232

31 <https://www.un.org/press/en/2020/sqsm20034.doc.htm>

32 Global Protection Cluster (2020), Covid19 Protection Risks & Responses Situation Report No 2, available at: <https://www.globalprotectioncluster.org/2020/04/09/covid19-protection-risks-responses-situation-report-no-2/>

33 For more details see Policy Brief on the Impact of COVID-19 on Children, available at: https://www.un.org/sites/un2.un.org/files/policy_brief_on_covid_impact_on_children_16_april_2020.pdf

34 UNICEF (2020), Lost at Home, available at: <https://www.unicef.org/media/68826/file/Lost-at-home-risks-and-challenges-for-IDP-children-2020.pdf>

35 UNICEF (2017), Education Uprooted, available at: https://www.unicef.org/publications/files/UNICEF_Education_Uprooted.pdf

outcomes will worsen, and some will be forced to work to offset economic strains, potentially making a return to school after the public health crisis subsides even more difficult. Especially refugee or IDP girls may never return to school. A whole generation of young people on the move will struggle all the more to find jobs or start businesses.

Considering COVID-19's disproportionately high mortality rates among older persons,³⁶ older people on the move are particularly vulnerable to the pandemic's health impact. This is further exacerbated by limited access to health services, accurate and reliable health information and unsanitary living conditions, making this specific group among the most exposed to the virus.

Persons with disabilities, including those who are on the move, are also disproportionately affected by the health impact of the pandemic, as they are more susceptible to secondary conditions and co-morbidities. Such impact is exacerbated by the pre-existing inequalities faced by persons with disabilities, including higher levels of poverty and exclusion from education.

DECLINE IN REMITTANCES

The impact of job losses and reductions in wages on migrant and refugee workers will also be painfully felt by their families in their countries of origin. According to the World Bank estimates, remittances will decline by USD\$109 billion as a result of the pandemic.³⁷ Remittances account for over 10 per cent of the GDP of 30 countries in the world³⁸ and are a critical source of income for over 800 million people.³⁹ Early data from Central American countries indicate that remittances fell by 40 per cent in the latter part of March.⁴⁰ Migrant workers' reduction in earnings is compounded by limited access to remittance services due to lockdowns and the fact that remittance service providers are not considered essential businesses. Falling business volumes and ongoing operating costs could drive many of these remittance service providers out of business, reducing market competition and thereby impacting the global efforts to reduce remittance transaction costs.

This resultant drop in remittances will also impose economic hardship on the families and communities of migrant workers, with direct impact on household spending on education for children of migrant workers and health care in countries of origin. On average, 75 per cent of remittances are used to cover essentials, such as food, school fees, medical expenses and housing.⁴¹ This decline in remittances will be all the more painful for many developing

36 For more details see Policy Brief on the Impact of COVID-19 on older persons, available at: https://www.un.org/sites/un2.un.org/files/un_policy_brief_on_covid-19_and_older_persons_1_may_2020.pdf

37 World Bank (2020), COVID-19 Crisis Through a Migration Lens

38 IOM (2020), Migration-Related Socioeconomic Impacts of COVID-19 on Developing Countries, Issue Brief, May 2020, available at: https://www.iom.int/sites/default/files/documents/05112020_lhd_covid_issue_brief_0.pdf

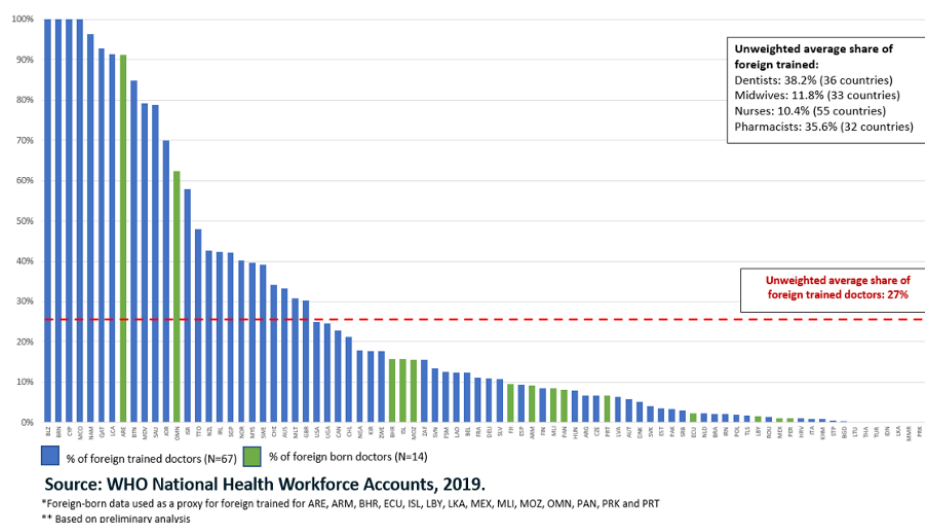
39 <https://www.un.org/development/desa/en/news/population/remittances-matter.html>

40 <https://voxeu.org/article/perfect-storm-covid-19-emerging-economies>

41 <https://www.un.org/development/desa/en/news/population/remittances-matter.html>

SHARE OF FOREIGN-TRAINED MEDICAL DOCTORS IN SELECTED COUNTRIES

Share of foreign-trained* medical doctors in selected countries, latest year available (2006-2018)**



Source: WHO⁴⁵

countries, particularly as direct foreign investment is expected to fall by an even larger share in 2020 than remittances.⁴²

THE CONTRIBUTION OF PEOPLE ON THE MOVE TO SOCIETIES

The significant impact of COVID-19 on migrant workers and refugees notwithstanding, the pandemic has shown the immense contribution that these groups make to the societies they live in. Millions of migrants and refugees are at the frontline of the response or play a critical role as essential workers, in particular in the health sector, the formal and informal care economy, and along food supply chains. Data from over 80 WHO Member States indicate that across countries over a quarter of doctors and a third of dentists and pharmacists are

foreign-trained and/or foreign-born.⁴³ About one in eight of all nurses globally is practicing in a country different from where they were born.⁴⁴ Migrant and refugee workers form a significant percentage of health workers involved in the COVID-19 response in developed countries. Across the globe, thousands of migrants and refugees are working with national health systems responding to the pandemic, and several countries are accelerating the accreditation of refugee and migrant health workers so that they can contribute to the response. While health workers are considered essential, some of them remain undocumented in the country where they reside.

The important contribution made by people on the move to the societies they live in has also been felt in other essential sectors, such as the food supply chain. For example, the crisis has

⁴² World Bank (2020), COVID-19 Crisis Through a Migration Lens

⁴³ Data extracted from the WHO NHA Data Platform, available at: <https://apps.who.int/nhwportal/>

⁴⁴ WHO (2020), State of the World's Nursing Report, available at: <https://www.who.int/publications-detail/nursing-report-2020>.

⁴⁵ Data extracted from the WHO NHA Data Platform, available at: <https://apps.who.int/nhwportal/>

led to a shortage of seasonal farm workers in the agriculture sector in North America, which is heavily dependent on migrant workers. Similarly, in Europe, there is an estimated shortfall of up to one million seasonal agricultural workers.⁴⁶

This crisis therefore offers an opportunity to evaluate the positive contributions of people on the move to societies and the critical role of migration in countries of destination more broadly. For countries to “recover better”, it will be important to explore further how to facilitate the recognition of academic and professional qualifications earned abroad, include migrants and refugees in social protection systems, and facilitate safe, orderly and regular migration so that societies may benefit from the full potential of migrants and refugees.

Similarly, record numbers of IDPs and refugees continue to live in protracted displacement.⁴⁷ The response to COVID-19 has the potential to strengthen efforts to end protracted displacement and support durable solutions, through economic and social integration, and to inclusion of displaced persons in national development plans. Earlier this year, the Secretary-General launched a High-Level Panel on Internal Displacement to bring visibility to the issue and to elaborate recommendations for improving the response and achievement of durable solutions for IDPs, which have become all the more pressing in light of the current pandemic.

⁴⁶ IOM (2020), Covid-19: Policies and Impact on Seasonal Agricultural Workers, available at: https://www.iom.int/sites/default/files/documents/seasonal_agricultural_workers_27052020_0.pdf

⁴⁷ OCHA (2017), Breaking the Impasse, available at: <https://www.unocha.org/sites/unocha/files/Breaking-the-impasse.pdf>

EXAMPLES OF GOOD PRACTICES IN ADDRESSING THE SOCIO-ECONOMIC FALL-OUT OF COVID-19 ON PEOPLE ON THE MOVE

- [Peru, Chile and Argentina](#) recently began allowing foreign-trained refugee doctors, nurses and others with medical training to work during the COVID-19 response.
- In [Ireland](#), the Medical Council has announced it would allow refugees and asylum-seekers with medical training to help in providing essential medical support by taking up roles, including as healthcare assistants.
- [Ukraine](#) passed a law to ensure that IDPs receive social benefits throughout the lock-down period.
- Humanitarian actors in [Burkina Faso, Chad, Guinea, and Liberia](#) continue to pay teacher incentives during the closure of schools for refugee teachers to ensure continuity of income.
- The South African Government confirmed that 30 per cent of financial support for small convenience shop owners will go to foreign-owned businesses, including those owned by refugees.
- [The Philippines](#) is extending stipends to migrant workers to ensure that migrant workers are still able to travel when they have valid employment contracts.
- [Bahrain](#) has established specific responsibilities for employers (and workers) in the private sector to ensure appropriate accommodations and facilities for migrant workers during the pandemic.
- In [Turkey](#), the government has long been providing training, certification and authorization for refugee health professionals to practice in refugee health centres and deliver primary health care services to refugees free of charge.

3. The human rights and protection impact

As a result of COVID-19 international mobility has been severely constrained with often dramatic implications for people on the move. In an effort to contain COVID-19's spread, countries around the world have implemented border closures, travel restrictions, and lockdowns. As of 21 May 2020, IOM reports that 221 countries, territories and areas have implemented travel restrictions.⁴⁸

While many of these measures have been necessary in light of our collective struggle against the pandemic, it is clear that keeping human rights considerations at the fore ensures better outcomes for everyone.⁴⁹ But the impact on the human rights of people on the move and the specific rights and protections afforded to refugees and IDPs has not always been sufficiently taken into account.⁵⁰ As a result, many people on the move now find themselves trapped in deeply precarious situations. People trying to flee persecution, war, violence and other human rights violations are prevented from accessing the protection they need. Migrants, including unaccompanied and separated children, have been deported to

their home countries, which are ill-equipped to receive them in safety, or have been stranded in border areas unable to return home.

Growing incidents of stigmatisation, xenophobia and discrimination have in certain situations led to forced evictions of refugees, migrants and IDPs from their homes, leaving many without shelter and prone to forced returns.

CURTAILED ACCESS TO ASYLUM AND PROTECTION

Travel restrictions and border closures have put the fundamental norms of international human rights and refugee law under strain. As of 22 May 2020, UNHCR reports that 161 countries have so far fully or partially closed their borders to contain the spread of the virus. At least 99 States are making no exception for people seeking asylum seriously limiting their rights. Denials of entry and pushbacks of asylum-seekers and unaccompanied migrant children at frontiers have been reported in different regions and so have been refusals to allow refugees and migrants rescued at sea to disembark. In some cases, States have returned asylum-seekers to transit countries to await

⁴⁸ IOM (2020), Global Mobility Restriction Overview, available at: <https://migration.iom.int/reports/dtm-covid19-travel-restrictions-output-%E2%80%9414-may-2020?close=true&covid-page=1>

⁴⁹ For more details see Policy Brief on the COVID-19 and Human Rights: We are all in this together, available at: https://www.un.org/sites/un2.un.org/files/un_policy_brief_on_human_rights_and_covid_23_april_2020.pdf

⁵⁰ Zolberg Institute on Migration and Mobility (2020), Human mobility and human rights in the COVID-19 pandemic: Principles of protection for migrants, refugees, and other displaced persons signed by 1,000 academics from around the world, available at: <https://zolberginstitute.org/covid-19/>

lifting of the restrictive measures, while in other countries refugees were forcibly sent home in violation of the principle of *non-refoulement*. In addition, access to asylum procedures has been hindered in some countries, while others have suspended processes for providing refugee or other forms of protection.

DETENTION, FORCED RETURNS AND DEPORTATIONS

Government responses to COVID-19 have also exposed migrants to increased risk of immigration detention, family separation and forced or risky returns without due process and basic safeguards. Some States have used public health concerns to justify certain types of immigration enforcement measures, including raids and arbitrary detentions of undocumented migrants and refugees who are often held in overcrowded facilities, with both detainees and staff exposed to heightened risks of infection.⁵¹ Several countries expelled and forcibly returned migrants to States with fragile health systems,⁵² exposing them and their receiving communities to serious public health risks.⁵³

STRANDED MIGRANTS, FAMILY SEPARATION AND HUMAN SMUGGLING

As borders were shut, many migrant workers found themselves stranded in countries of destination or transit, while others who lost their jobs have had their visas revoked or suspended and were placed in overcrowded facilities before being returned home. COVID-19 is also leading to protracted separation of families on the move as family reunification procedures are put on hold, or because families are split across borders that remain closed without allowing for humanitarian exceptions.

With borders closed, both refugees trying to flee war and persecution and stranded migrants desperate to make it home or to their destination are more prone to seek the services of human smugglers, exposing themselves to the threat of human trafficking, exploitation and endangering their lives, as we already see happening in different parts of the world.⁵⁴ Due to their more precarious working and living conditions, undocumented migrants and seasonal workers, especially those engaged in domestic work, face greater vulnerability to falling prey to criminal networks engaged in trafficking in persons. Further, with movement restrictions diverting law enforcement resources and reducing social and public services, trafficking victims face little hope of accessing justice and essential services, with the closure or reduction of specialized hotlines and shelters.⁵⁵

51 United Nations, Network on Migration (2020), COVID-19 & Immigration Detention: What Can Governments and Other Stakeholders Do?, available at: https://migrationnetwork.un.org/sites/default/files/docs/un_network_on_migration_wg_atd_policy_brief_covid-19_and_immigration_detention.pdf

52 R4V (2020), COVID-19 Update, available at: <https://r4v.info/en/documents/download/75767>

53 https://migrationnetwork.un.org/sites/default/files/network_statement_forced_returns_-_13_may_2020.pdf

54 <https://www.ozy.com/around-the-world/the-coronavirus-is-driving-the-biggest-migration-in-the-americas-underground/291984/> and <https://lasillavacia.com/silla-llena/red-de-venezuela/los-migrantes-se-llevan-lo-peor-de-la-crisis-del-covid-19-76290>;

55 UNODC (2020), Impact of the COVID-19 Pandemic on Trafficking in Persons, available at: https://www.unodc.org/documents/Advocacy-Section/HTMSS_Thematic_Brief_on_COVID-19.pdf

THE SPECTRE OF COVID-19 DRIVING FURTHER DISPLACEMENT

There is the risk that the current pandemic will cause further displacement in some places where people do not feel protected. The experience during the Zika and Ebola epidemics suggest pandemics can cause displacement as people look for protection elsewhere. Today, some IDPs are already reported to be fleeing camps or informal settlements out of fear of COVID-19, whereas internal migrant workers are compelled to move back to rural communities in large numbers due to the lockdown. And diminished access by refugees and migrants to local services and economic opportunities in their host countries could trigger irregular onward movements to other countries.

Moreover, in several countries, governmental responses to the pandemic, with sometimes heavy-handed or militarized approaches, have led to social unrest and erosion of trust in public authorities, especially in areas where the social contract was already weak. Decisions to postpone elections due to the pandemic or to hold them despite the crisis might be exploited for political gains and may increase political tensions. The pandemic's socio-economic fall-out will also add stressors especially on fragile countries. And while several conflict parties have committed to abide by the Secretary-General's call for a global ceasefire, in a number of conflict settings, we have seen armed groups stepping up attacks presumably

in efforts to take advantage of COVID-related lockdowns. All these developments could, in turn, lead to further displacement.

EPIDEMICS AS A DRIVER OF DISPLACEMENT

The Ebola epidemic, which spread through various West African countries in 2014, provides some insights into how epidemics can cause displacement. An analysis by the Internal Displacement Monitoring Centre (IDMC) from 2014 demonstrates that the Ebola epidemic led to five internal displacement trends – these trends could, however, play out both within a country's border as well as across international borders:

- 1. Fleeing the virus:** Fear of being exposed to the virus and falling ill due to lack of protective measures has driven people to move as a preventive measure.
- 2. Fleeing quarantine:** Displacement due to communities fleeing from quarantine, either before or after quarantines were imposed.
- 3. Seeking health care:** As rural areas tend to be poorly served by health care facilities, this forced many to flee to urban areas in need of better health care.
- 4. Forced evictions and fleeing stigma:** Patients who recovered could face stigma and other challenges, including forced eviction, forcing them to flee.
- 5. Fleeing violence and rights violations:** Violence and human rights violations as a result of the epidemic could also force people to flee.

Source: Internal Displacement Monitoring Centre (IDMC)⁵⁶

56 <https://www.internal-displacement.org/expert-opinion/displaced-by-disease-5-displacement-patterns-emerging-from-the-ebola-epidemic>

EXAMPLES OF GOOD PRACTICES IN ADDRESSING THE PROTECTION IMPACT OF COVID-19 ON PEOPLE ON THE MOVE

- The [Portuguese](#) government announced that all migrants and asylum-seekers with pending residence applications will be treated as permanent residents until 30 June 2020. This measure will grant migrants full access to public social security systems, including health care.
- [Ecuador](#) has extended the deadline for Venezuelan migrants on its territory to apply for a humanitarian visa until the end of the state of emergency.
- Immigration and international protection permissions issued by the government of [Ireland](#) due to expire before 20 May are automatically renewed for a period of two months on the same conditions as the existing permission.
- [Chile](#) has set up an online system through which visas and stay permits are automatically extended for six months, upon request.
- [Uganda](#) has waived the usual fines applied to visa overstayers for permits expiring during the lockdown period.
- The [European Commission](#) adopted guidance on the implementation of relevant EU rules on asylum and return procedures and on resettlement in the context of the coronavirus pandemic for its Member States, underlying that any restrictions in the field of asylum, return and resettlement must be proportional, implemented in a non-discriminatory way and take into account the principle of non-refoulement and obligations under international law.
- According to UNHCR, several States have adapted their systems to carry out remote asylum processing or have extended documentation and rights to remain pending capacities to carry out asylum procedures safely. Some 82 States are adapting registration of new asylum applications by mail, phone, email or other online mechanism, while some 86 States are adapting measures to issue new or extend the validity of asylum documentation.
- [New Zealand](#) and [Australia](#) have extended the visas of the seasonal migrant workers to enable them to remain in the countries, thus allowing them to continue working during the lockdown.
- [Panama](#) is offering shelter to stranded migrants while international travel restrictions are in place.

4. The future of human mobility

As mobility in many parts of the world has ground to a halt, there are concerns that in the mid- to long-term some of the current movement restrictions could outlast the immediate crisis. This could erode legal obligations related to access to protection under international human rights and refugee law, as well as established practices and norms around mobility. It also risks reducing the beneficial impact of migration to countries of destination and origin.

Based on current developments, it is likely that countries, as they gradually reopen international borders, will impose additional health requirements for travel, increasing the need for health assessments, testing, screening, immunization, treatment, and certification. These requirements might disadvantage vulnerable individuals, who may be stranded or detained for indeterminate periods, have to self-finance periods of quarantine or face disproportionate health expenditures. Such efforts could also drive more people into irregular pathways. Furthermore, ad hoc measures, put in place by governments focused on containing the threat of the virus, may engender an unworkable patchwork of travel requirements, which would make

journeys more arduous and uncertain than before and create new burdens on private sector actors facilitating travel.

To prevent such requirements and ad hoc measures from imposing overly burdensome and prolonged constraints in international travel and from running counter to their commitments under International Health Regulations (IHR, 2005),⁵⁸ it will be important to ensure that such measures remain proportional to public health risks and evidence-based. It is equally important for countries to work together to ensure common standards for border management and travel which respect human rights, privacy and data protection.⁵⁹

If some channels of migration are not reopened once the crisis has subsided – whether due to economic, political or public health risk concerns – then the dynamics of migration are likely to shift, with concomitant effects on people and communities globally. Furthermore, the recognition during this crisis of some migrant workers as ‘essential’ should not serve as a basis for a two-tier future migration system purely based on essential and non-essential. Our collective dependence on the vital contributions of workers across sectors and industries with a migrant or refugee background helps to propel us to rethink human mobility, turn the tide on anti-migrant discourses and make our immigration systems pandemic-resilient.

58 WHO (2005), International Health Regulations, available at: <https://www.who.int/ihr/publications/9789241580496/en/>

59 IOM (2020), COVID-19 Emerging Immigration, Consular and Visa Needs and Recommendations, available at: https://www.iom.int/sites/default/files/documents/issue_brief_2_-_ibm_052020r.pdf

Four basic tenets to advancing safe and inclusive human mobility during and in the aftermath of COVID-19

As this crisis unfolds, we are reminded again of the importance of addressing human mobility in a safe and inclusive way for the benefit of our own communities and economies, as well as migrants, IDPs and refugees themselves. This crisis is an opportunity to reimagine human mobility for the benefit of all while advancing our central commitment of the 2030 Agenda to leave no one behind. It is fitting to build on the recognition of the vital role played by people on the move to redouble our efforts to combat discrimination against them; to ensure that those in need of protection are able to safely and promptly access it; to health-proof human mobility systems; and to strengthen global migration governance and responsibility sharing for refugees, as already envisaged by the Global Compacts on Refugees and for Safe, Regular and Orderly Migration and as spelled out in relevant international human rights and refugee instruments.

To this end, the following four areas are of particular relevance.

- 1. Exclusion is costly in the long-run whereas inclusion pays off for everyone.** As the virus does not discriminate by nationality or migration status, we cannot afford to discriminate in our response. Exclusion of people on the move is the very same reason they are among the most vulnerable to this pandemic today. Only an inclusive public health response will enable us to address the virus. This also requires dedicated efforts to ensure equitable access to a COVID-19 vaccine for people on the move, once such a vaccine becomes available. Only inclusive socio-economic recovery packages that include migrant workers, refugees and IDPs will help our economies restart and stay on track to reach the Sustainable Development Goals.
- 2. Responding to the pandemic and protecting human rights of people on the move are not mutually exclusive.** We should not let our resolve to address this unprecedented crisis undermine our collective responsibility to respect the rights of people on the move and protect them from further harm. As many countries have demonstrated, travel restrictions and border control measures necessary to control the pandemic can be safely implemented in full respect of international human rights, international humanitarian and international refugee law, as well as labour standards.
- 3. No-one will be safe until everyone is safe.** The pandemic and its knock-on effects will hit hardest those who were already the most vulnerable before the crisis. This includes people on the move in precarious circumstances, as well as those in fragile and conflict-affected countries, in particular women, children and older persons. Lifesaving humanitarian assistance must continue to reach persons in need even during times of lockdown. Social services

that prevent and respond to gender-based violence, child abuse or exploitation must continue to operate without disruptions. All children on the move must continue to have access to learning – whether by extending access to no tech, low tech or digital solutions while schools are closed or safely reopening education services as soon as possible. For all of us to be safe, access to diagnostics, treatment and vaccines must be universally accessible, without discrimination based on migration status.

4. People on the move are part of the solution.

They are at the frontline providing health care services and keeping our global food production and supply chains going. We need to value and recognize their contributions to our societies. The best way to do so is by facilitating the recognition of their qualifications; by ensuring that human mobility remains safe, inclusive and respectful of international human rights and refugee law; and by exploring various models of regularisation pathways for migrants in irregular situations. Furthermore, by keeping remittances flowing and bringing transaction costs as close to zero as possible, we can help them support their families and communities in their home countries, contributing to our collective efforts to achieve the Sustainable Development Goals by 2030.

No one country can fight the virus alone and no one country can manage migration alone. But together, we can do both: contain the spread of the virus, buffer its impact on livelihoods and communities and recover better, together.