

BRIEFING NOTE N°4



MAY 2020

MIGRATION AND THE COVID-19 CRISIS: CURRENT AND FUTURE IMPACTS

PREAMBLE

As it has done regularly in the past, in connection with complex, multi-factor and potentially long-lasting crises, Groupe URD has:

- Shared lessons from previous major health crises (see: https://www.urd.org/wp-content/uploads/2020/04/20200402_Crises-sanitaires_FINAL-2.pdf)
- Established a 'real-time evaluation observatory' in order to produce synthesis reports, analysis and recommendations about the crisis.

This Briefing Note is the fourth output of the COVID Observatory. It outlines our understanding of the current crisis and its specific implications for migration. It will regularly be updated and complemented with contributions on a number of other specific topics.

Groupe URD produces strategic documents in connection with a convention with the French Ministry for Europe and Foreign Affairs (Crisis and Support Centre and the General Directorate for Globalisation) and the French Development Agency (AFD). These focus on topical issues in the aid sector, and help to improve the quality of operations before, during and after crises. The content of these documents is the sole responsibility of the authors.

SUMMARY

The spread of COVID-19 is sometimes intimately linked to migration within a country or between countries. Nevertheless, it is extremely difficult to predict how the epidemic might affect international migration, and vice versa.

People on the move are very vulnerable to the spread of epidemics due to the crowded conditions in camps and temporary settlements, their mobility, or the lack of prevention messages directed towards them, even though the presence of humanitarian actors can limit the risks. **The explosion of cases that humanitarian organisations working with uprooted populations feared has not yet taken place. These fears are nevertheless legitimate and require a high level of vigilance, and the implementation of essential preparatory and prevention measures.**

The socio-economic impact of the measures taken to stop the spread of the epidemic is being felt, notably through the reduction of money being sent by migrant workers, and is already having a major impact on the economies of households and developing countries. **It is therefore important to imagine or reinvent 'safety net' type mechanisms in order to meet the needs of numerous families and limit the risk of an explosion of social anger and food riots.**

Once the worst of the epidemic and the crisis have passed, respect for fundamental human rights will also be a concern, and particularly those related to mobility and asylum. **With the closing of borders, emergency laws, the holding up or suspension of asylum procedures, infringements on refugee and migrant rights will need to be monitored and opposed.**

INTRODUCTION

In addition to a health crisis, the COVID-19 epidemic has brought unprecedented restrictions to travel and mobility at a global level. We therefore felt that it would be interesting to analyse the impacts of this crisis on people who are on the move, from a cross-sector perspective. The number of people on the move in the world is constantly growing and is currently estimated to be 1 billion¹. Among these, we will specifically focus on the most vulnerable categories: regular and irregular migrants, asylum seekers, refugees, internally displaced persons, etc.

The closing of borders was one of the first measures implemented by numerous countries to stop the spread of the virus in March. To what extent have these decisions affected migration trajectories? What health and humanitarian risks have people on the move been exposed to by these crisis management measures?

In addition to the immediate health risks, the management of the COVID-19 crisis has created a whole series of negative side effects for people on the move which are likely to continue in the short to medium term economically, socially and politically.

¹ According to the UN DESA's Population Division, there were 272 million international migrants in 2019, to which we must add 748 million IDPs.

1. THE DIRECT EFFECTS OF THE COVID-19 VIRUS ON MIGRATION DYNAMICS AND MIGRANTS

Though it is too early to predict the medium- and long-term effects of the crisis on global migration, and consequently the global economy, there are growing concerns about migrants being refused entry and asylum rights being compromised². What is more, the living and working conditions of people on the move mean that they are at greater risk in relation to COVID-19, which means that acute and localized crises are likely to emerge. Lastly, 'enforced immobility' – which is like a side effect of the way the pandemic is being managed - has added further humanitarian problems in contexts already affected by crisis and vulnerability.

1.1. THE DIRECT IMPACTS OF THE CRISIS ON MIGRATION DYNAMICS

On both sides of the Mediterranean, the health crisis has held up migratory flows without really modifying migration routes³. At the same time, a worrying phenomenon has emerged with people seeking protection being forced to turn back in violation of international commitments. Since the borders on both sides of the Mediterranean were closed (17 March for the European Union), there has been a drop in the amount of traffic in the Central Mediterranean (IOM), as well as in the number of controls carried out by Frontex and the number of rescue missions carried out by humanitarian vessels due to the closing of ports and the risk of being stuck out at sea.⁴

The situation has also evolved a great deal at the border between Greece and Turkey, having been particularly tense before the border closures: the Turkish government announced that it would no longer prevent migrants from travelling to Europe. Some are still in Turkey but the authorities dismantled a makeshift camp on 26 March and transferred approximately 4000 people away from the border to place them in quarantine. According to the Mobile Info Team, the Border Violence Monitoring Network and Wave Thessaloniki, asylum seekers continue to be refused entry at the border between Turkey and Greece. 194 asylum seekers testified that they were sent back to Turkey from the Greek camps in Diavata and the Drama detention centre. Republika has even lodged a complaint against the Maltese Prime Minister and army who are accused of failing to rescue migrants adrift in the Central Mediterranean.⁵

In Libya, the situation of the blocked migrants – who are being detained in infamously bad conditions – can only have got worse as the struggle for power had been intensifying before the beginning of the pandemic. Migrants in the country, who number between 700 000 and 1 million) – do not have access to healthcare (71% according to the IOM). This is due to discrimination and lack of documentation, and also, more generally, because of the growing insecurity in the country⁶. For all these reasons, human rights activists are calling for all detainees to be freed, and for healthcare to be available for all.⁷

² See section 2.3.1.

³ Catherine Wihtol de Wenden, *Fact check : La fermeture des frontières modifie-t-elle l'itinéraire des réfugiés vers l'Europe ?*, The Conversation, 6 May 2020 (<https://theconversation.com/fact-check-la-fermeture-des-frontieres-modifie-t-elle-litineraire-des-refugies-vers-leurope-137730>).

⁴ The boat, Ocean Viking, which was chartered by Doctors Without Borders and SOS Mediterranean has been immobilized in Marseille since mid-April.

⁵ https://www.lemonde.fr/international/article/2020/05/14/alors-que-les-arrivees-de-migrants-sont-a-leur-plus-bas-niveau-des-accusations-de-refoulements-illegaux-se-multiplient_6039637_3210.html

⁶ <https://www.opendemocracy.net/en/north-africa-west-asia/locked-no-escape-refugees-and-migrants-libya-face-bombvirus-and-everything-between/>

⁷ <https://www.opendemocracy.net/en/north-africa-west-asia/detainees-libya-need-protection-they-must-be-released-now/>

1.2. THE HUMANITARIAN IMPACTS OF THE CRISIS ON PEOPLE ON THE MOVE

1.2.1. Acute crises are to be predicted among displaced and refugee populations

For the moment, it is impossible to predict all the impacts that the pandemic will have on people on the move, in terms of health, food security and economics. It is also difficult to predict how their choices, their ambitions and their trajectories will be affected, though these parameters are essential to evaluate their protection needs, and to give them access to basic services and information. However, it is highly likely that there will be acute crises among uprooted people with extremely precarious living conditions, whether they are blocked, detained, or living in camps or surviving in cities without access to any social programmes of any kind. There are significant risk factors: high mobility and instability, population density and overcrowding, precarious housing, limited access to clean water, healthcare and education. If there was to be an epidemic in overcrowded camps, it could cause a great deal of damage (cf. Box 1 below). Lastly, prevention and preparedness programmes may not succeed in reaching people on the move as it is a challenge for the relevant authorities to simply inform marginalized refugees and migrants.

Given the incomplete nature of the information available (absence or under-estimation of figures, people who are invisible or difficult to gain access to) and the evolving nature of the pandemic, a number of questions remain unanswered, leaving a great deal of uncertainty:

- Will the impact of the virus have a disproportionate impact among displaced and refugee populations?
- How will the virus spread in camps and other similar environments, given that lockdown and social distancing measures are difficult to put in place?

As infection rates remain unknown (limited testing), the impacts of COVID-19 may only be revealed in retrospect, if there is an unusual increase in the mortality rate, and if this is recorded by the local authorities.

Box 1: Latest updates regarding the spread of COVID-19 among certain refugee populations

The first cases of COVID-19 among displaced persons were recorded in Iraq and Burkina Faso in March. In mid-April, there were confirmed cases in Borno State in Nigeria, where there are 1.5 million displaced persons. Since then, there have been pockets of “mysterious deaths” in several states in the north of the country (Kano, Jigawa, Yobe and Bauchi).⁸

In the Rohingya camps in south-east Bangladesh, the basic hygiene that is necessary to stop the virus spreading is simply not possible. Since the first cases of COVID-19 were announced in the camps (HCR, 14 May), aid organisations have said that it will be very difficult to contain an epidemic in these densely populated camps where there are 900 000 people, and where the capacity to isolate and hospitalise those who are sick is very limited.⁹

On 12 May, two asylum seekers were tested positive for COVID-19 on the island of Lesbos (Greece) where aid organisations have been warning for some time that the over-crowded and insalubrious Moria detention centre is a veritable time-bomb¹⁰. It seems that the two contaminated people did not have any contact with the migrants

⁸ https://www.lemonde.fr/afrique/article/2020/05/13/les-foyers-de-morts-mysterieuses-se-multiplient-dans-le-nord-du-nigeria_6039518_3212.html

⁹ <https://theconversation.com/coronavirus-closes-in-on-rohingya-refugees-in-bangladeshs-cramped-unprepared-camps-135147>

¹⁰ <https://www.msf.fr/actualites/coronavirus-plus-que-jamais-l-urgence-de-l-evacuation-des-camps-grecs>

based in Moria, where there have not yet been any cases of the virus, but had stayed in a quarantine centre for people coming from Turkey.

In the province of Idlib in Syria, the majority of the million people who have fled to the Turkish border have taken refuge in schools, mosques and makeshift camps. The health situation is so bad that it seems unrealistic to put in place serious measures to limit the spread of the virus.¹¹

1.2.2. The impact of lockdown measures and restricted mobility

The measures taken to contain the COVID-19 crisis have significant humanitarian consequences for people who are displaced or on the move. In many developing countries, the restrictions to mobility in response to the COVID-19 virus have created situations of 'imposed immobility' that have hindered social assistance and have often led to mass displacement from cities to the countryside.

In West Africa, the restrictions to movement, the closing of borders and the curfews imposed from mid-March have affected millions of migrants, whether IDPs in countries where there are conflicts, urban refugees in major cities (Lagos, Accra), or seasonal workers.¹² At the external borders of the 'Economic Community of West African States' (ECOWAS), between Niger and Lybia, Niger and Algeria, and Mali and Algeria, groups of travellers were even violently refused entry and international organisations were forced to provide emergency aid.¹³

Lockdown measures also added to the precarious living conditions of migrant workers with no social or health protection, in Europe¹⁴ and India, for example.

Box 2: The humanitarian crisis caused by lockdown measures (India)

In India, lockdown measures have caused a 'reverse migration crisis' (25 March) as huge numbers of migrant workers have tried to return home in order to benefit from public distributions and the family safety net. As the government had not anticipated this and did not provide assistance, the situation became a 'humanitarian tragedy' for many migrants who died of exhaustion, blocked on roads, or stuck in cities without resources.¹⁵¹⁶

Humanitarian organisations (such as Oxfam-India), who usually respond to natural disasters, are now also providing food and shelter to the blocked migrants. 21 000 emergency camps have been hurriedly set up by state governments and charities, providing shelter for as many as 660 000 workers. 2.2 million people also depend on emergency food distributions.

The places where migrants are locked down or detained do not have the minimum health conditions that are needed to limit the spread of the epidemic. According to Michel Agier, keeping refugees in camps is dangerous¹⁷, whether in the hotspots of the Greek islands or in France (administrative detention centres, informal camps or slums), and he criticizes the fact that requests for asylum are no longer being processed. In Bosnia, migrants were

¹¹ <https://theconversation.com/la-turquie-et-ses-voisins-face-a-lepidemie-135001>

¹² <https://www.ispionline.it/it/pubblicazione/covid-19-paralyzing-one-west-africas-main-resources-migrants-25730>

¹³ <https://www.un.org/africarenewal/node/23601>

¹⁴ <http://icmigrations.fr/2020/04/07/defacto-018-03/>

¹⁵ <https://www.abc.net.au/news/2020-05-19/worlds-largest-coronavirus-lockdown-india-covid-19-barkha-dutt/12246746>

¹⁶ <https://watson.brown.edu/southasia/news/2020/lockdown-and-migrant-work-distress-india-report-stranded-workers-action-network>

¹⁷ Here, 'refugee' is understood to mean a person who has obtained refugee status (1951 Geneva Convention) or who is seeking international protection.

locked down in a newly built camp on the border with Croatia, without the minimum required health conditions.¹⁸ According to the anthropologist, who is a specialist in migrant camps: “The worrying way in which the virus is spreading shows how dangerous these camps are in terms of access to healthcare and human rights in general”.¹⁹

For certain migrants, returning to the country of origin is seen as the best option during the pandemic. But the return, for example, of Venezuelans from Colombia or Senegalese immigrants from France, is not without negative consequences: social stigma, loss of income, or having to stay in camps for emergency relief or quarantine, where conditions are rudimentary.

1.2.3. An additional reduction in the capacity of institutions to deliver aid

The international response to the epidemic has reduced the capacity of institutions to deliver aid. This is likely to exacerbate any acute and localized crises that take place. As soon as there were signs that the epidemic was spreading, NGOs (the vast majority of which are from the West) withdrew and/or considerably reduced their humanitarian activities in the field and in refugee camps. One of the reasons given for this was to protect people from humanitarian staff who are themselves a vector of contamination.

Programmes to resettle refugees in safe countries were therefore suspended, such as the evacuations from Libya, and the resettlement and voluntary return programme run by UNHCR in Libya, in Niger and for Venezuelan refugees. Aid distributions were also made more complicated by authorisation systems that did not consider humanitarian staff to be essential (Jordan). This showed the added value of community-based approaches in such contexts.

Paradoxically, restricted movement, which is presented as a measure to contain the pandemic, is hindering international cooperation and solidarity at a time when it is essential that health and humanitarian workers are able to circulate.

1.2.4. The emergence of new barriers to healthcare and information

As a consequence of the harsher policies vis-à-vis migrants²⁰, there have been increased barriers to healthcare and information, with certain host countries even reducing their assistance. For example, the Colombian government cut the aid it delivered to Venezuelan refugees in half, placing some in a veritable dilemma about returning to Venezuela. However, in a future Briefing Note²¹, we will look at a number of counter examples, such as Portugal’s initiative to rapidly and massively grant legal status to migrants and asylum seekers so that they obtain the same rights as residents, notably in terms of access to healthcare, at least for the duration of the state of emergency.

For all the reasons mentioned above, displaced persons of all kinds (migrants, asylum seekers and refugees) are therefore more vulnerable to the public health risks related to COVID-19 than the rest of the population. And this is all the more true due to the restrictive measures and harsher policies that have been implemented to address and resolve the current crisis.

¹⁸ https://www.theguardian.com/global-development/2020/mar/27/bosnia-crams-thousands-of-migrants-into-tent-camp-to-halt-covid-19-spread?CMP=share_btn_tw

¹⁹ <https://www.ehess.fr/fr/carnet/personnes-migrantes-centres-r%C3%A9tention-campements-d%C3%A9sencamper-pour-prot%C3%A9ger>

²⁰ See section 2.3.

²¹ This will focus on responses to the COVID-19 crisis and the emergence of new players, and will include recommendations.

2. THE SIDE EFFECTS OF THE COVID-19 CRISIS FOR PEOPLE ON THE MOVE

Via migration dynamics, the polymorphous COVID-19 crisis is causing a series of side effects. These are likely to continue to cause disruption in the medium and long term economically, socially and politically.

2.1. THE IMPACTS OF THE COVID-19 CRISIS ON THE ECONOMY AND FOOD SECURITY

The restrictions to mobility implemented to manage the crisis have stopped work-related migration, which is one of the drivers of the global economy. This may lead to adaptation measures in the medium term, such as the automation of tasks, redundancies, the expiry of visas and possible expulsions. Some countries may even introduce a system that gives priority to national workers for the economic recovery.

In the longer term, the question will be whether the pandemic calls into question the way work is organised globally.

2.1.1. The impact of the crisis on migrant workers and refugees

Given the restrictions to mobility and economic activities, there is a significant drop in employment and income among migrant workers who suddenly find themselves unable to provide for their families and dependent on aid systems²².

Similar economic impacts can already be seen and could continue in the following months for refugees not living in camps (often in urban areas), who also depend to a great extent on the informal sector. In Jordan, UNHCR estimated on 11 May that 40% of refugees were dependent on the informal sector and that a third of them no longer had any work and were having difficulty feeding themselves^{23,24}.

Box 3: Impacts on migrant workers and returns to the country of origin

There are already waves of immigrants returning to Africa from Europe who may lose their residence permits and be unable to return to their 'existence' in Europe, and the income needed to feed their families.

These waves of returns could also have a significant socio-economic impact on household economies in certain African countries. In Senegal, for example, the funds sent by migrants represent as much as half of household income. For certain analysts, this is why Europe should resist the temptation of imposing even stricter immigration rules.²⁵

²² See section 1.2.2.

²³ <https://www.unhcr.org/jo/13189-unhcr-begins-distribution-of-emergency-cash-assistance-appeals-for-79-million.html>

²⁴ https://www.thenewhumanitarian.org/feature/2020/05/14/Jordan-coronavirus-refugees?utm_source=The+New+Humanitarian&utm_campaign=6398603f98-EMAIL_CAMPAIGN_2020_05_15_Weekly&utm_medium=email&utm_term=0_d842d98289-6398603f98-75613077

²⁵ <https://www.compas.ox.ac.uk/2020/from-heroes-to-pariahs-senegalese-return-migrants-in-the-time-of-covid-19/>

2.1.2. The impact of the crisis on economic systems that are dependent on migrant labour

Restrictions to mobility could have repercussions on stocks and supply chains, particularly in the farming and food production sectors. Certain sectors that are more dependent on migrant workers, such as construction, agriculture, trade and 'care', may be impacted more.

Box 4: The fear that supply chains could break

In India, the reverse migration phenomenon²⁶ means that there is concern that supply chains could break. The farming sector and growing cities are highly dependent on these informal workers who are currently unable to cross the border between states.

For certain crops, such as wheat, the lockdown period coincided with that of the harvest. Certain states, such as Punjab and Haryana, are already facing an agricultural crisis. With labour shortages continuing to affect supply chains, the next challenge will be to make migrants come back to work. In the medium term, the aim will be to provide universal access to social assistance for all workers, including in the informal sector, regardless of their place of residence.²⁷ The World Bank recommends a mixture of measures, such as debt reduction, a moratorium on rents, and temporary work programmes for the newly unemployed.

2.2. INCREASED INEQUALITY INTERNATIONALLY AND WITHIN AFFECTED COUNTRIES

Beyond the fall in living standards, a drop in the amount of funds being transferred could have a domino effect internationally, with increased poverty and a slowing down of development processes, particularly in certain countries (Bangladesh, Honduras and the Philippines).

The drop in funds from diasporas that was already observed at the end of March²⁸ will have an impact on household economies in numerous developing countries. Indeed, it is important to remember that the money that migrant workers send back to their country of origin far outweighs international aid. In Somalia, for example, the estimated value of the funds sent is two to three times higher than international aid.²⁹ Research has shown that funds sent within families help to avoid poverty, to eat better and to pay for school fees.

For all these reasons, development actors are worried about the medium- and long-term effects of the COVID-19 crisis on the development gains made in recent decades (SDGs). According to a United Nations report³⁰, there is a risk that 8% of the world's population – half a billion people – will end up in poverty. And the WHO has warned that the pandemic could halt the recent progress that has been made in low-income countries in terms of life expectancy and access to healthcare for HIV, malaria and tuberculosis³¹.

²⁶ See Box 2 above, section 1.2.2.

²⁷ <https://www.thenewhumanitarian.org/news/2020/04/28/India-coronavirus-lockdown-migrant-exodus-crisis>

²⁸ The World Bank has predicted that the global transfer of funds could fall by 110 billion USD in 2020, a fifth of the 554 billion sent in 2019.

²⁹ <https://reliefweb.int/report/somalia/briefing-are-remittances-somalia-doomed>

³⁰ <https://www.un.org/fr/%C3%A9quipe-de-communication-de-la-riposte-de-l%E2%80%99onu-au-covid-19/covid-19-l%E2%80%99impact-sur-la-pauvrete%C3%A9>

³¹ https://news.un.org/en/story/2020/05/1064022?utm_source=UN+News+-+Newsletter&utm_campaign=336c137774-EMAIL_CAMPAIGN_2020_05_13_08_15&utm_medium=email&utm_term=0_fdbf1af606-336c137774-107017337

Due to the economic repercussions of the pandemic, the current crisis is going to increase the gap between rich and poor countries. In the words of Jorge Moreira da Silva, director of the Organisation for Economic Co-operation and Development's Development Co-operation Directorate (OCDE): "While the virus attacks equally, it has the cruel effect of cleaving down lines between rich and poor and eroding already fragile contexts."³² Within individual countries, inequalities are also growing; there is a risk that these will primarily affect displaced and refugee populations for whom responses are often unequal and discriminatory.

For example, the Jordanian government announced that when economic restrictions are lifted, priority will be given to residents, both with regard to the fund for those who have lost their income and in terms of access to the social protection system. Therefore, despite the lifting of economic restrictions, refugees will have difficulty finding work.

In Europe, several authorities (Slovakia, Romania and Bulgaria) have introduced additional restrictions to place Romani populations in quarantine, sometimes using the police and army to do so. These measures further stigmatise the Romani people, reinforcing the discriminatory and racist policies that are aimed at them. The alarm was sounded by organisations that defend the rights of Romani people, and was relayed by the Special Rapporteur to the Council of Europe. Certain activists are calling for special social programmes for the largest minority in Europe (between 10 and 12 million people).³³

2.3. Harsher policies and the risk of asylum rights being weakened

In terms of migration policies, the current crisis has raised some concerns about fundamental rights being weakened for refugee and mobile populations regarding asylum. Among the different reactions to the COVID-19 crisis, so-called 'security' policies have been tightened in relation to people on the move, allegedly because of the heightened risk of spreading the virus. According to Catherine Wihtol de Wenden, this is typical of the way migration policies are managed in the event of an epidemic: "In the same way as for the 'terrorist threat', the COVID-19 virus is depicted as an 'external' danger that is brought by the migrants".³⁴

Beyond closing borders to contain the epidemic, many countries have refused entry to large numbers of migrants³⁵, suspended asylum procedures and/or confined people seeking international protection in inappropriate health conditions in violation of their fundamental rights³⁶.

Box 5: Examples of temporary undermining of the right to asylum during the COVID-19 crisis

Italy and Malta closed their ports to migrant ships at the beginning of April, stating that they were dangerous due to the virus. Off the coast of Cyprus, a boat with 175 Syrians aboard was officially refused entry because of the epidemic (20 March). Associations have accused the government of Southern Cyprus of using the epidemic as an excuse to send a signal to those who want to migrate.³⁷

³² <https://www.devex.com/news/development-pros-brace-for-more-needs-less-money-post-pandemic-97245>

³³ <https://www.dw.com/en/coronavirus-europes-forgotten-roma-at-risk/a-53019522>

³⁴ <https://www.sciencespo.fr/ceii/fr/content/gouverner-les-frontieres-comme-politique-de-vie>

³⁵ See section 1.1.

³⁶ See section 1.2.2. about the risks of 'encampment', M. Agier.

³⁷ <https://theconversation.com/la-turquie-et-ses-voisins-face-a-lepidemie-135001>

South Africa has built a fence at the border with Zimbabwe.

In Myanmar, Rohingyas survivors are 'encamped' on a submersible island³⁸.

The United States is planning to close its borders indefinitely to asylum seekers on the pretext of extending the restrictions aimed at containing the pandemic (14 May). Since the end of March, the US authorities have refused entry to some 20 000 migrants at the border between the United States and Mexico, and 60 000 asylum seekers have already been refused entry due to a previous policy, known as 'Stay in Mexico'. Asylum hearings and procedures have also been suspended for an unknown duration.

In Europe, procedures for requesting asylum have been suspended in several countries (Austria, Cyprus, Hungary, the United Kingdom, the Netherlands and Lithuania) and immigration services have been closed in others (Italy, France, and Greece). These decisions have put a stop to individual interviews, a key process of the Common European Asylum Regime, whereas other Member States of the European Union have chosen to implement alternative measures, such as plastic protective equipment or online options.

Suspending requests for asylum can only increase the precarious situation of those who are waiting for their status to be decided. And yet, access to basic services is a minimum standard of reception and is an essential way of limiting the spread of the epidemic. In the long run the danger lies in extending temporary measures, in an 'endless emergency' situation, whether this concerns the closing of borders and the right to mobility, possible weakening of the right to asylum or the principle of 'non-refoulement'. In terms of international commitments, this situation raises the question of the positive obligations of states towards vulnerable groups such as migrants and refugees, notably for Europe.³⁹ For example, the extended confinement (due to lockdown measures) of people, without providing any clear perspective about when their status will be decided, can be considered to be arbitrary detention.⁴⁰

Faced with restricted mobility, potential migrants could, through lack of hope, decide to take routes that have become even more dangerous. Due to the reduction of legal and safe means of migrating (which had already been reduced a great deal before the crisis), mortality and health risks related to the spreading of COVID-19 could increase. In the end, increasing the number of illegal migration routes could eventually lead to the uncontrolled and unexpected spread of the epidemic across international borders – particularly in developing countries – which will make the work of identifying and monitoring infected people more complicated.

³⁸ https://www.lemonde.fr/international/article/2020/05/05/des-refugies-rohingya-internes-sur-une-ile-submersible-du-golfe-du-bengale_6038702_3210.html

³⁹ <https://www.kaldorcentre.unsw.edu.au/publication/will-asylum-eu-become-collateral-damage-covid-19-crisis>

⁴⁰ <https://rli.blogs.sas.ac.uk/2020/04/28/the-challenges-in-covid19-times-for-refugee-determination-and-accessing-protection/>



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