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THE GREAT DISRUPTER: COVID-19'S IMPACT ON MIGRATION, MOBILITY AND MIGRANTS GLOBALLY¹

Introduction

The year 2020 will go down in history as the "Year of COVID-19", when a new coronavirus emerged and spread across the world in a series of waves that by 2021 had impacted the lives of almost every person on the planet. New words emerged in common discourse that just a year prior would have had different or little meaning: "zoom", "lockdown", "social distancing", "PPE", "face mask" or "contact tracing". Two other words have particular implications for migration: "border closure" and "quarantine".

Over the course of the first year of the pandemic, more than 108,000 COVID-related international travel restrictions were put in place by countries, territories or areas, in addition to the rolling implementation of internal movement restrictions within countries.² Consequently, the global travel industry has been decimated by the pandemic. The initial race to implement restrictions had a significant and immediate impact on air travel around the world. By early May 2020, for example, the number of international flights had decreased by around 80 per cent globally.³ As a result, tourism – one of the largest industries in the world – faced a similar decline in 2020, with losses of about USD 2 trillion or 2 per cent of global GDP.⁴ Further, COVID-19 acted as a brake on international migration, with the United Nations estimating that the pandemic had slowed the growth in the stock of international migrants by around two million by mid-2020, or 27 per cent less than the growth expected.⁵

Although the COVID-19 pandemic is first and foremost a health crisis, it is also an economic crisis, with businesses forced to close and workers laid off or furloughed. Economies went into recession with a 5.2 per cent decline globally for 2020, the deepest recession since the end of the Second World War.⁶ In the initial phase of the pandemic, priorities shifted as low-paid (often undocumented) workers emerged as providers of "essential services", harvesting crops, processing, packing and delivering food, serving in supermarkets and caring for the vulnerable in residential and care homes. Nurses and doctors became heroes, and many other professionals began to work from home, transforming the nature of work.

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² IOM, 2021a (as at 8 March 2021).

³ Santos, 2020.

⁴ UNWTO, 2021.

⁵ UN DESA, 2021a.

⁶ World Bank, 2020a.

By the end of the first year,⁷ around 116.2 million cases of COVID-19 had been recorded globally and 2.58 million people had died.⁸ Much remains unknown about the disease, but what is clear are the variations across the world in terms of its spread and impact: variations by age, sex, class, ethnicity and country. An important contributor to this variation has been the type and effectiveness of government policy around the world, which has varied from effective response through complacency to denial. As a new disease with no available vaccine, COVID-19 had already killed far more people in 2020 than the annual expected number of deaths from influenza in any year, which ranges between 290,000 and 650,000.⁹ It was also far deadlier than malaria, which caused some 409,000 deaths in 2019.¹⁰ Further, "excess mortality" estimates indicate that the total number of global deaths attributable to COVID-19 in 2020 is at least 3 million, representing 1.2 million more deaths than officially reported.¹¹

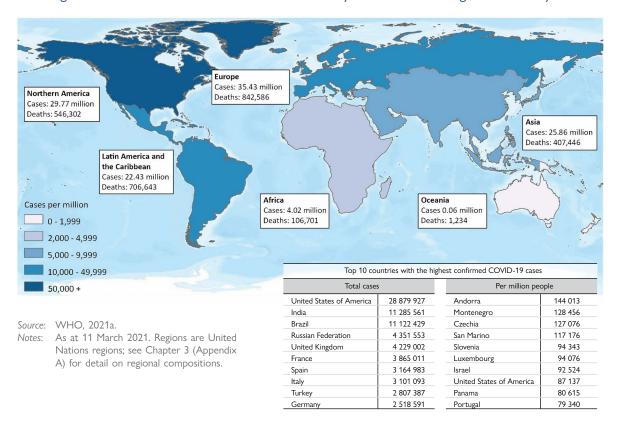


Figure 1. COVID-19 confirmed cases and deaths by United Nations region after one year

While the focus of this chapter is on migration and mobility, the pandemic has had significant impacts on a wide range of social, economic and environmental issues globally, as summarized in Appendix A.

⁷ The virus was first reported on 21 December 2019; WHO declared COVID-19 a global public health crisis on 30 January 2020 and declared a pandemic on 11 March 2020 (WHO, 2020a).

⁸ WHO, 2021a; Johns Hopkins CRC, 2021.

⁹ Steenhuysen, 2017.

¹⁰ WHO, 2021b.

¹¹ WHO, 2021c. "Excess mortality" is defined by WHO as "the difference in the total number of deaths in a crisis compared to those expected under normal conditions." In relation to COVID-19, excess mortality accounts for both the total number of deaths directly attributed to the virus as well as the indirect impact, such as disruption to essential health services or travel disruptions. See WHO, 2021c for further information.

This chapter provides an analysis of the impacts of the pandemic on migration and mobility, with particular reference to migrants' immobility and vulnerabilities. It provides examples of country responses in policy and practice and considers the longer-term consequences of the pandemic on migration and migrants. In doing so, it is important to note that the aim of this chapter is to provide an analytical overview of the main impacts and implications of the pandemic in its first year.¹² Given the volume of material produced on COVID-19 and the ongoing production of new findings and knowledge, the chapter does not attempt to capture all aspects or explore every nuance related to COVID-19 and human mobility. Rather, it includes new statistics, such as data on COVID-19 confirmed cases, deaths and travel restrictions, but does so in the context of existing, long-term statistics and other information on migration. Understanding COVID-19 impacts requires a big-picture analysis of a seismic global event within the context of long-term trends,¹³ all the while recognizing that the precise consequences of the pandemic will continue to unfold over years to come.

Unpacking "migration" and "mobility" through a COVID-19 lens

According to current estimates of international migrants, there were some 281 million migrants in the world in mid-2020.¹⁴ Estimates of the number of internal migrants are more problematic, but more than 10 years ago the estimate was 740 million, or over three times the number of international migrants at the time.¹⁵ These estimates of both internal and international migrants are crude; based on stock data to measure migration from one large geographical unit to another, they are of limited use in tracking human movement related to the spread and impact of a disease such as COVID-19.

In the context of a global pandemic, policymakers need information on movements over both short and long distances, particularly on local interactions and on short-term movements, precisely the kinds of movements that are excluded from the international migrant estimates referred to above. Hence, the focus needs to be on "mobility", a term that covers short-term movements such as international business and tourist movements, as well as commuting, cross-border workers and other forms of short-distance interaction, as well as longer-term migration and displacement. The need to rethink conceptualizations of "migration" and "mobility" has been recognized by many experts, as highlighted in the last edition of the World Migration Report as well as by the expert task force on conceptual frameworks as part of the United Nations' review of the 1998 Recommendations on Statistics on International Migration.¹⁶ Migration-related policy settings extend well beyond immigration and asylum, and are principally related to public health, internal movement and international travel, which significantly impact upon planning. COVID-19 has intensified the tensions between migration and mobility by drawing further attention to how mobility underpins and enables different forms of migration, as well as the fact that immobility can act as a major disrupter to migrants throughout the "migration cycle", as shown in the next section.

¹² The first year is defined as 11 March 2020 (when WHO declared the pandemic) to 10 March 2021.

¹³ McAuliffe et al., 2020.

¹⁴ UN DESA, 2021b. See the IOM World Migration Report 2020, Chapter 2 for discussion and definitions.

¹⁵ UNDP, 2009.

¹⁶ IOM, 2019:5; Skeldon, 2018; United Nations Statistical Commission, 2021. An extract of the expert task force's final paper can be found in Appendix A of Chapter 2 of this report.

One of the key aspects of the response to COVID-19 has been the various attempts to curtail, if not stop completely, the movement of people as hosts of the virus. From a biological perspective, the virus does not discriminate or show a preference for particular human hosts. The virus is oblivious to citizenship, ethnicity, sex, age, creed and migration status. Whoever is in proximity of the virus is susceptible to becoming infected. For this reason, and consistent with previous pandemics, migrants have not been the main priority in pandemic response:

Evidence and experience resulting from practically all significant events...has demonstrated that while international and domestic travel are important factors involved in the spread of infection, migration (in terms of both traditional regular immigration and irregular migration) has not been a large risk factor.¹⁷

In fact, people have been largely unable to undertake migration during the pandemic, as is discussed in the next section. However, the degree to which people are in proximity to the virus does relate to systemic inequalities and socioeconomic factors, such that international migrants already in destination countries, particularly the lower-skilled/lower-paid, are more likely to be working in jobs that place them at risk of coming into contact with the virus.¹⁸ Migrants have often erroneously become targets for xenophobic racism during this and previous crises – especially those of Asian descent during COVID-19 – regardless of facts and evidence.¹⁹

COVID-19 in context

COVID-19 has been the most acute pandemic in over a century and since the 1919 (so-called "Spanish") flu pandemic. It resulted in 10,185,374 confirmed cases and 503,863 deaths in the first six months after the virus was detected.²⁰ This far exceeds other recent coronavirus pandemics, such as SARS (2003) and MERS (2012), and has seen much larger initial infection numbers compared with previous severe pandemics, such as those experienced in 1957 (so-called "Asian flu") and 1968 (so-called "Hong Kong flu"). Evidence from previous modern-day pandemics indicates that a key response has been on preventing the movement of people (as transmitters of the virus) internationally and within countries.²¹ This has become much more challenging as globalization has deepened transnational connectivity, with global reliance on international transportation surging in recent years (see Figure 2).²²

19 IOM, 2020b; Hennebry and KC, 2020; Majidi et al., 2019.

- 21 Greenaway and Gushulak, 2017.
- 22 McAuliffe et al., 2017.

¹⁷ Greenaway and Gushulak, 2017:322.

¹⁸ IOM, 2020a.

²⁰ WHO, 2020b.

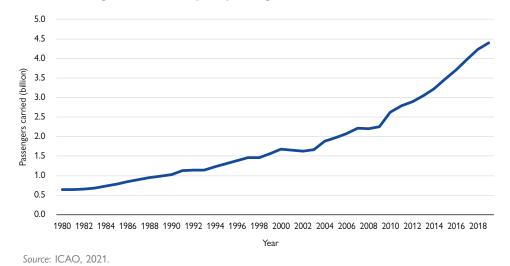


Figure 2. Air transport passengers carried, 1980 to 2018

The increase in international air travel and the heightened risks of zoonotic coronaviruses due to an increase in human–animal interactions led public health experts to warn over several years of the impending "big one".²³ In a 2014 book on globalization, the authors warned of the major looming risks caused by intensifying globalization, including the risk of an extreme global pandemic:

It is almost inevitable that as we connect more, as more and more people live in big cities close to airports, which are not only the super-spreaders of the "goods" of globalization, but also the "bads", that contagion would cascade around the world.²⁴

Despite warnings of a global pandemic and the urgent need to strengthen preparedness, the earliest stage of the pandemic placed extreme pressure on governments, the World Health Organization (WHO) and non-State actors to respond urgently to COVID-19.²⁵ A combination of high rates of transmission and severity forced many policymakers worldwide into uncharted territory. As a result, governments implemented a range of measures to limit the spread of the virus, including restrictions on movements (international and internal) as well as on assembly for public events. Businesses and schools were forced to close, public and private transport systems were shut down, and social activities were severely discouraged or prohibited.²⁶ Some countries, such as El Salvador, Israel and Qatar, quickly imposed significant international restrictions on movement in early to mid-March, while others took similar action weeks later. Some countries banned the entry of citizens of specific (high-risk) countries, others banned entry of all foreign nationals, or completely closed borders to departures and entries of all people, including their own citizens.²⁷ That said, there were exceptions to closures for a range of different reasons, as discussed in the text box below.

²³ Hoffower, 2020. Warnings have been issued by many, including Bill Gates, Vaclav Smil, Michael Osterholm and Robert G. Webster.

²⁴ Goldin and Mariathasan, 2014.

²⁵ Goldin, 2014; Greenaway and Gushulak, 2017; McAuliffe et al., 2020.

²⁶ In addition, public health measures such as mandatory guarantine have been implemented.

²⁷ McAuliffe, 2020.

Exceptions for society's essentials workers

International travel was banned in many countries early in the pandemic, although selective exemptions emerged.^a Even where lockdowns were rigorously imposed, certain mobilities persisted to ensure the continued provision of essential goods (e.g. food, medicines, medical products) and services (e.g. hospital/ health, food retail/delivery, sanitation, postal, security). The lowly paid, in positions often filled by migrant workers, were in the "front line" with greater exposure to the virus, while more highly paid professionals had the ability to restrict their mobility. Some of the most low-paid and precariously employed migrant workers, such as seasonal agricultural workers, were recognized as essential to the functioning of societies and exempted from travel restrictions, thereby highlighting the long-standing tension between the critical role some play in the day-to-day functioning of societies, despite their low status.^b

a EC, n.d.

b ILO, 2020a.

Analysis of international travel restrictions over the first 12 months of the crisis pointed to three different phases of (im)mobility, as summarized below in the extract of the Migration Policy Institute and IOM report of April 2021.²⁸

COVID-19 and the State of Global Mobility in 2020

Cross-border mobility in 2020 can be divided into three phases:

1. Mobility lockdowns: January to May 2020. In this early phase, countries introduced a raft of travel restrictions and health requirements to respond to the fast-evolving public health situation. In the first three months of the year, many completely closed most points of entry and/or banned travel from affected regions. The scale of border closures was unprecedented – even countries in Europe's border-free Schengen Area reimposed makeshift borders with their neighbours – and many closures occurred with limited planning and coordination. By the end of March, governments and authorities in subnational regions had issued or extended 43,300 travel measures, and every country, territory and area worldwide was subject to at least 70 travel bans. Movements of all kinds were dramatically curtailed from March to May as populations sheltered under national lockdowns.

2. Phased reopening: June to September 2020. The next phase of the crisis response brought the staggered reopening of some points of entry, especially of airports but also, to a lesser extent, land and maritime ports. Bans on travellers from or crossing through particular areas were increasingly replaced during this period by health measures, including certificates of pre-departure COVID-19 tests, quarantine measures or health declaration forms. In many areas, air travel was the first to open back up because of the greater capacity to implement new health measures and/or regional arrangements, such as "travel bubbles".

3. Responses to new outbreaks and virus mutations: October to December 2020. The remainder of the year was a mixed picture, as countries sought to both build their capacity to operationalize health measures in place of travel restrictions, while battling a second (and in some cases, third) wave of infections and grappling with the emergence of new variants of the virus. Some countries, including Chile, Mexico and the United Arab Emirates, opened even to tourists. Health certificates became the most common health-related travel measure, while quarantine requirements and screenings became less widespread over time (perhaps because quarantine had been shown to be costly and screenings to be ineffectual). In December, governments implemented route restrictions against the United Kingdom and, to a lesser extent, South Africa in response to the B.1.1.7 and B.1.351 variants of the virus identified in those countries.

Source: Abridged extract from Benton et al., 2021:1–2.

Travel restrictions were only one type of measure, but one of the most significant. This was especially the case for international travel restrictions, which were implemented quickly and largely remained in place over the course of the first year. Nevertheless, when the broader suite of government responses to minimizing the transmission of COVID-19 is examined globally, we can see different patterns emerge following the initial rapid imposition of a wide range of measures between March and May 2020. The University of Oxford's Government Response Tracker data (Figure 3) show that international travel controls related to COVID-19 consistently remained the highest throughout the period January 2020 to March 2021.²⁹ Other measures, such as school closures and internal movement restrictions, have gradually declined over time, while key measures involving workplace closures, restrictions on gatherings and "stay-at-home" requirements all declined in mid-2020, only to creep back up as transmission rates increased and new variants were detected.

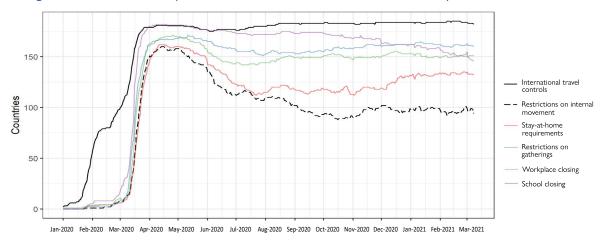


Figure 3. Government responses to minimize COVID-19 transmission, by number of countries

Source: Hale et al., 2021.

Notes: As at 10 March 2021. The term "international travel controls" is used by Oxford, and includes screening arrivals, quarantining arrivals, banning arrivals or total border closure. It is also important to note that categories are COVID-19-related only and do not reflect other travel restrictions that may have already been in place, such as those related to visa restrictions, entry bans based on specific citizens, and departure/exit restrictions.

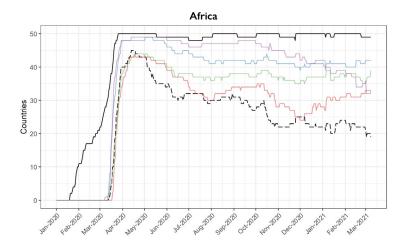
²⁹ The term "international travel controls" is used by Oxford – see notes under Figures 3 and 4 for details. Also note that the passing of restrictions did not necessarily lead to effective implementation. The complexity of types of movement across borders at times resulted in confused messaging and uneven application of legislation.

In constantly adjusting policy on measures to reduce virus transmission, governments have had to grapple with rapidly evolving epidemiological situations, the need to mitigate the negative economic impacts, and reduce or counter negative social and educational impacts, while ensuring that the health impacts remain the foremost concern. The need for trade-offs in juggling the implementation of complex multitudes of measures and their impacts is connected to broader governance and political considerations, of which human mobility is a key part:

All countries therefore face a difficult task in balancing the uncertain and unequal impacts of public health and social measures on health, income, liberty, education and other goods. In making such decisions, there is reason to believe that the degree of trust in government and consensus on public measures substantially influence which policies are feasible and the balance of benefits and burdens of those policies.³⁰

We can see signs of this interplay when we disaggregate government measures by region (Figure 4). Feasibility as well as public consensus were key considerations in some parts of the world, for example, as the very different patterns by region show. Asia maintained the highest level of all restriction measures throughout the first 12 months of the pandemic, whereas Africa experienced gradual declines in all measures except international travel restrictions. The patterns in Europe differ markedly from the other regions. Europe was the only region that saw a dip in international travel restrictions while also seeing large declines (with subsequent reimposition) in internal movement and "stay-at-home" measures. The European summer holiday period placed economic pressure on authorities to open up tourism, as well as meet the expectations of customers for holiday-related travel access. These market-related pressures appear to have resulted in policy trade-offs facilitating greater international travel would result in winter lockdowns.³²

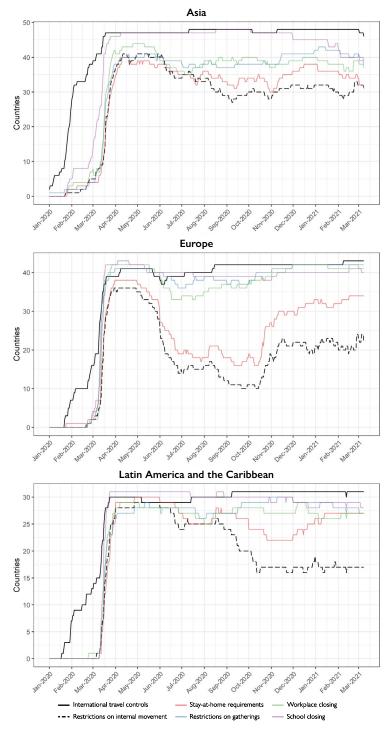
Figure 4. Government responses to minimize COVID-19 transmission in Africa, Asia, Europe and Latin America and the Caribbean, by number of countries



30 Norheim et al., 2020.

³¹ Dole and Whalan, 2020; Grech et al., 2020.

³² Sridhar, 2020.



Source: Hale et al., 2021.

Notes: As at 10 March 2021. The term "international travel controls" is used by Oxford, and includes screening arrivals, quarantining arrivals, banning arrivals or total border closure. It is also important to note that categories are COVID-19-related only and do not reflect other travel restrictions that may have already been in place, such as those related to visa restrictions, entry bans based on specific citizens, and departure/exit restrictions.

The large-scale impact of the COVID-19-related travel restrictions becomes very clear when air passenger data are examined. We can see from long-term air passenger figures that COVID-19 travel restrictions had a major impact on both international and domestic air travel in 2020. Total air passengers carried dropped by 60 per cent from around 4.5 billion in 2019 to 1.8 billion in 2020 (Figure 5).

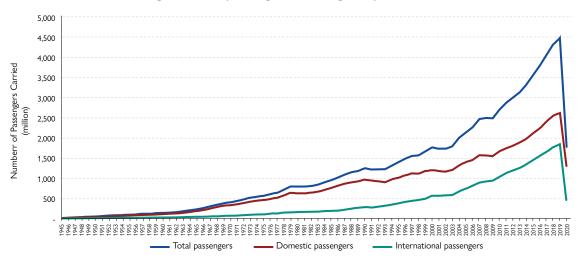


Figure 5. Air passengers carried globally, 1945–2020

Source: ICAO, 2021.

More on COVID-19 mobility restrictions

Further analysis of COVID-19-related international and internal travel restrictions, as well as the evolution of international travel restrictions by border and health aspects, are provided in Chapters 2 and 3 of this report. Chapter 2 provides global data and analysis, while Chapter 3 provides analysis at the United Nations regional level.

Impacts and implications of COVID-19 on forced immobility and migrant vulnerability

COVID-19 has proved to be a great disrupter, negatively impacting migrants throughout the international migration cycle, starting with departure from countries of origin, entry into transit and destination countries, stay in transit and destination countries, and the return to countries of origin.³³ COVID-19 forced immobility, emphasizing certain types of mobility, or by pushing mobility into informal channels. However, the form, effectiveness and relative impact of these measures has varied depending upon context. This section will briefly examine the types of measures

³³ Gmelch, 1983; McAuliffe and Koser, 2017; IOM, 2020c.

and variations of origin and destination countries, following the trajectory of migration through transit countries. It will then discuss forced immobility and the increased vulnerability of migrants in more detail. In all contexts, a tension has emerged between migrations brought about through the loss of opportunity (essentially jobs, but also education) and the policies implemented to stop movement because of the pandemic, a tension that has brought hardship for many migrants. In this section, the emphasis is on international migration and migrants, rather than on short-term mobility or internal movements. Table 1 presents a summary of these disruption impacts.

Setting	Impacts
Departure from countries of origin	Migrants have been unable to depart on planned migration journeys, such as for work, study or family reunion. People needing to seek asylum or otherwise depart unstable countries have been prevented from leaving, exposing them to the risk of violence, abuse, persecution and/or death.
Entry into transit or destination countries	Migrants (including refugees and asylum seekers) have been increasingly unable to enter transit and destination countries, as restrictions have been progressively implemented and/or strengthened. Impacts have been felt acutely in specific sectors, such as agriculture during harvest seasons, and global food supply chains have been disrupted.
Stay in transit and destination countries	Impacts on migrants have been profound, especially for the most vulnerable in societies, who are without access to social protection and health care, and have also faced job loss, xenophobic racism and the risk of immigration detention, while being unable to return home. Further, refugees and internally displaced persons in camps and camp-like settings are subject to cramped and poor living conditions that are not conducive to physical distancing and other COVID infection-control measures.
Return to countries of origin	Border-closure announcements in some countries caused mass return to origin for fear of being stranded without income or access to social protection. The inability to return has resulted in large numbers of migrants being stranded around the world. Some States implemented mass repatriation operations, but many others have been unable to afford or organize repatriations, leaving migrants at risk.

Table 1. Impacts of COVID-19 throughout the migration cycle

Source: McAuliffe, 2020.

Issues arising from COVID-19 often reflect historical and contemporary emigration, immigration and displacement dynamics and policies within country and regional settings. While this chapter is not able to cover the breadth of impacts around the world, the short case studies in Appendix B help to show the diversity of issues and impacts being felt by different countries. These studies cover one country per United Nations region:

- Kenya (Africa) mobility hub of East Africa;
- Bangladesh (Asia) international remittances;
- · Germany (Europe) recognition of migrant/refugee skills in COVID-19 response;
- Colombia (Latin America and the Caribbean) displaced populations;
- United States of America (Northern America) hardening immigration policy and practice;
- Fiji (Oceania) reliance on tourism.

From the case studies, we can see that the pandemic's impacts and implications can differ by country. In Fiji, for example, the travel restrictions have devastated the tourism industry, from which the country has historically generated 40 per cent of its GDP, with major economic consequences. In Bangladesh, the restrictions to movement and closures of public services like banks, along with experiences of unemployment among its diaspora community, have meant unpredictability in the flow of remittances, the country's second largest source of foreign income. In Germany, immobility disrupted long-standing migration patterns and processes, causing significant labour shortages in key sectors such as the agriculture and horticulture. As a regional transit hub for both passengers and cargo, Kenya has been impacted significantly by major threats to the aviation industry and key export industries, exacerbating health concerns at busy border points and impacting the food security of individuals across the region. In Colombia, the pandemic has heightened political tensions and the conditions of precarity among its growing displaced population, prompting a mass regularization initiative and the need for greater humanitarian assistance. Further details are in Appendix B.

Forced immobility

Aspiring migrants were severely affected by COVID-19-related border closures and travel restrictions. As discussed above, virtually all countries introduced some form of restrictions on entry early in the pandemic. Four major interrelated measures acted to slow, or even stop, migration: (a) border restrictions/closures; (b) visa programme disruptions; (c) quarantine measures; and (d) no/limited flights. Integral to the achievement of halting mobility was the closure of borders to all but essential travellers. People were prevented from leaving their home countries due to border closures and exit restrictions imposed by their own governments, but especially by the entry restrictions of destination countries. Countries introduced such restrictions despite WHO's recommendations not to implement travel restrictions, following the International Health Regulations (IHR) agreed by WHO Member States.³⁴ The IHR state a preference for borders remaining open and for controls being put in place in only very limited circumstances,³⁵ which include not only public health issues, but also national security or emergency situations.³⁶

The IHR are consistent with existing human rights law, which provides for the right to leave any country and return to one's own country.³⁷ The implementation of departure restrictions preventing States' own citizens from leaving are of special historic significance, given that in the post-Cold War era such restrictions were limited to a few authoritarian countries prior to COVID-19.³⁸ The right to leave one's own country under international law does not come with a corresponding right to enter another country, and the decision to let in most migrants (usually exercised in the form of entry visas) is made at the State level, on the basis of bilateral relations in the context of political, economic and other considerations.³⁹ Based on the principle of non-refoulement, this should not apply to refugees. Nevertheless, during the pandemic countries even excluded asylum seekers from entry at land borders and pushed them back into countries of transit. It is worth noting that while exceptions to travel restrictions were commonplace for essential workers based on economic considerations (e.g. agricultural workers), few such exceptions were made on the basis of human rights considerations.⁴⁰

³⁴ Ferhani and Rushton, 2020. The current IHR, as agreed by Member States of WHO, were revised after SARS. The IHR institutionalize the concept of "global health security", stressing that the security of individual States is dependent on the security of all.

³⁵ Ibid.; Greenaway and Gushulak, 2017.

³⁶ Chetail, 2020; Ponta, 2020.

³⁷ As per the Universal Declaration of Human Rights (UNGA, 1948) and the Covenant on Civil and Political Rights (UNGA, 1966).

³⁸ Czaika et al., 2018.

³⁹ Stringer, 2004.

⁴⁰ Chetail, 2020; Crawley, 2020; Gonzalez Morales, 2021.

Indeed, asylum seekers, refugees and other displaced people were disproportionally affected by travel restrictions. Asylum seekers were routinely blocked from making claims at borders in the context of the pandemic. For example, in April 2020, hundreds of Rohingya were left stranded in the Bay of Bengal and the Andaman Sea after their boats were turned away by Malaysia, citing fears over the virus.⁴¹ Similarly, along Europe's Mediterranean coastline people were increasingly pushed back, with analysts noting that while such practices occurred prior to COVID-19, the pandemic was used as a means to further legitimize these operations.⁴² In some countries, travel restrictions resulted in the reduction of irregular migration and asylum claims.⁴³ In other countries, governments voiced COVID-related concerns not only for border closures, but also for the militarization of borders, which led to an increase in irregular migration and migrant smuggling.⁴⁴ Migrants' vulnerability increased, especially when not supported by measures aimed at the protection of vulnerable populations in the context of ongoing humanitarian displacement.⁴⁵ Restrictions also limited the access to basic public goods, including health care, for migrants with a structural dependence on neighbouring countries' public services through cross-border migration, such as in the case of Venezuelans' dependence on Colombia's public health-care system.⁴⁶

Migrants around the world became stranded in transit and destination countries for reasons that go beyond international travel restrictions. Loss of jobs and income, lack of employment, lack of flights, loss of residence permits and lack of resources to return home are among the factors that have affected mobility.⁴⁷ Many migrant workers were held in crowded workers' accommodation in environments ripe for the rapid spread of disease, as they were held in limbo waiting for their destination countries to reopen,⁴⁸ or faced harsh restrictions on movement while living in migrant worker dormitories with little or no possibility of return.⁴⁹ In West and Central Africa, 25,000 migrants became stranded in detention centres with no option but to wait for borders to reopen,⁵⁰ In North African countries such as Libya, and Gulf countries such as Saudi Arabia and Yemen, detained migrant workers faced ill treatment and unhygienic living conditions.⁵¹ In parallel, COVID-19 outbreaks were detected in camps or migrant reception centres in the United States,⁵² Greece, Malta, Germany and the Netherlands.⁵³ In some countries, such as Portugal, people in immigration detention were released due to public health concerns related to higher risks of transmission within facilities.

Return and quarantine

Border closures also trapped thousands of migrants, who lost their jobs or were in fear of losing their jobs, preventing them from returning home. In developing countries, returning populations included migrant workers who had established themselves in destination countries that were within the vicinity of their countries of origin, such as was witnessed in South-East Asia when thousands of migrant workers departed Thailand to the Lao People's Democratic Republic, Cambodia and Myanmar early in the pandemic.⁵⁴ Migrants tried to escape from the virus

- 43 OECD, 2020.
- 44 Freier et al., 2021.
- 45 Ibid.; MMC, 2021; UNODC, 2020.
- 46 Freier, 2020.
- 47 IOM, 2020I.
- 48 ADBI et al., 2021.
- 49 McDonald, 2021.
- 50 IOM, 2020I.
- 51 OHCHR, 2020a.
- 52 Center for Migration Studies of New York, 2020.
- 53 ECDC, 2020.
- 54 Thepgumpanat, 2020.

⁴¹ IOM, 2020d; BBC News, 2020.

⁴² Al Jazeera, 2020a; Crawley, 2020.

itself, as well as economic hardship, given that the lack of social protection for many migrant workers would mean that not returning to their home countries (and suffering job loss in destination countries) would risk starvation and homelessness.⁵⁵ The pandemic created such despair that migrants decided to return home to countries they had fled due to socioeconomic hardship. However, not all migrants could successfully return, either independently or through repatriation schemes sponsored by their governments. For example, thousands of Nepalese workers were left stranded at different points of the 1,700 km border with India after complete lockdown was imposed in that country.⁵⁶ Tensions also emerged between destination countries and origin countries that were unwilling or unable to provide repatriation flights.⁵⁷ In some cases, such as the Bolivarian Republic of Venezuela, governments even refused to grant their own citizens unlimited access to their territory.⁵⁸

Rather than impose blanket limitations on mobility and migration, some countries moved towards a more targeted and indirect form of control: quarantine. Many States imposed 7- to 14-day periods of isolation on people arriving from locations seen to have a prevalence of the pandemic and who might pose a risk to the home population. Quarantine regimes allowed for residents to return home, for example, but often at substantial financial cost, which some analysts argued was designed as a disincentive to return.⁵⁹ Some quarantine regimes applied to entire countries, causing resentment among those coming from parts of those countries little affected by the virus, while other regimes were implemented at subnational levels.

In some countries, returning migrants were criminalized. In the Bolivarian Republic of Venezuela, the Government initially criminalized returnees as "bioterrorists" guilty of the transmission of the virus,⁶⁰ and proceeded to jail its own returning citizens who tried to bypass official border crossings. Also, upon return, the mandatory quarantines were often carried out in unhealthy conditions, in some cases without access to running water and health-care services; returnees were often locked in government facilities without certainty about the timing of their release. These situations resembled arbitrary detention rather than protection measures.⁶¹

Return from the Gulf - but now what?

On 7 May, Kerala waited with bated breath for the first Vande Bharat repatriation flight from Abu Dhabi to land at the Cochin International Airport. At 10:57 p.m., Air India touched down on the runway with 177 Malayalis. Television cameras zoomed into the arrival terminal exit to catch a glimpse of the first passenger to step out of those glass doors. What was his or her story? Terminated from his company or expiry of job visa? Pre-existing medical conditions or a wife who is pregnant? COVID-positive or not? Whatever be the reason, the expat has got to be relieved to return, for sure.

That was two months ago.

Today, his sense of relief has been replaced by something more sinister. The compulsory quarantine period is over; the voluntary self-isolation week is also complete. It's not the likelihood of mortality that's worrying him now. He's faced with a deeper, disturbing fear – what next?

- 57 Information in this paragraph is from Cole, 2020.
- 58 OAS, 2020.
- 59 Taylor and Mills, 2020.
- 60 La Vanguardia, 2020.
- 61 Grattan, 2020; HRW, 2020a; OAS, 2020.

⁵⁵ IOM, 2020I.

⁵⁶ Al Jazeera, 2020b.

"We knew things were turning for the worse when my salary payment started to get delayed from February itself," says Shelton Das, 36, who was working in the sales section of a prominent real estate company in Doha. "My wife, who is a nurse, also had February's salary pending. Once COVID-19 struck, her clinic cut down her hours and days of work. It was an excuse to reduce her salary. My company terminated five of us within a week after that. We were stuck with two kids aged 4.5 and 1.5 years, my mother-in-law was also staying with us. We had already booked our tickets home for the summer in April. But that got cancelled without refund. The second time, friends and family back home wired the money to us. Even the vehicle I owned in Doha there was no time to sell, so I transferred the ownership to a friend of mine."

Shelton is now living with his parents, older brother, his family and an unmarried younger brother, all in the same house. "Where can I go?" he asks. His wife's family supported him during the quarantine phase by giving them a house to stay in. "But I can't depend on either of our folks to support my family. I have to go back or re-migrate to some other country. I have no options here."

According to Irudaya Rajan, professor, Centre for Development Studies, Trivandrum, it is not the first time that Malayali NRIs [non-resident Indians] in the Gulf are being forced to return. "We had the Iraq–Kuwait invasion in the 1990s, the enforcement of the Nitaqat law in Saudi Arabia and the recessions in Dubai – all of which caused scores of Malayalis to return. Also, the concept of 'return' is a certainty for all Gulf Malayalis. Unlike in the West, these countries do not offer permanent resident status. So even if he has worked there for 30 to 40 years, he still has to return."

Source: Abridged extract from George, 2020.

Increased vulnerability

Migrant workers who stayed in their destination countries, and particularly low-paid workers employed in the informal economy and/or in economic sectors that were highly affected during lockdowns, often faced significant economic hardship. This has been especially true for migrants from developing countries caught in destination countries without social welfare systems, as is typically the case in the Gulf region and parts of South-East Asia.⁶² Loss of income impacted the quality of life of the migrant population in diverse aspects, such as access to and quality of housing, but also affecting the possibility of sending remittances to their families. Additionally, migrants (in particular, irregular migrants) were often excluded from public benefits, including health insurance or unemployment insurance,⁶³ and irregular migrants were especially excluded from health services or feared approaching hospitals or health institutions for fear of being detained or deported.⁶⁴

Additionally, xenophobia and especially anti-Asian racism rose worldwide, with some mass media, public figures and political groups erroneously linking migrants to the spread of the virus.⁶⁵ Hate and discrimination against migrants in many countries globally was exacerbated due to misinformation and fears associated with the COVID-19 pandemic. Since the beginning of the pandemic, numerous xenophobic incidents, on the basis of real or perceived national origin, have been reported.⁶⁶ In May 2020, the Secretary-General of the United Nations referred to COVID-19-related incidents as "a tsunami of hate and xenophobia".⁶⁷

⁶² ADB Institute et al., 2021.

⁶³ Martin and Bergmann, 2020.

⁶⁴ Zambrano-Barragán et al., 2021.

⁶⁵ HRW, 2020b.

⁶⁶ OHCHR, 2020b.

⁶⁷ UN SG, 2020.

All of these issues negatively affected the mental health of migrants worldwide. As mentioned above, migrant populations tend to have less access to health care, including services related to mental health, while there are specific stressors affecting this population.⁶⁸ Some migrants are on the front line, working in essential sectors. This includes both high-skilled migrants (particularly in the health-care sector) and low-skilled migrants (for example care workers, hospital cleaners, security guards and workers in agriculture or in retailing, particularly supermarkets). More vulnerable migrants have lost their jobs and are homeless or forced to live in overcrowded conditions. Also, being in irregular situations, lacking social support networks from family and friends, and not understanding the language of the destination country are factors that worsen the emotional situation of migrants worldwide. International students, who were often left stranded in destinations after their institutions moved to off-campus learning, also faced financial and emotional hardship. In countries where student housing closed down due to lockdown, many international students had to find and pay for a place to live on their own, without strong support networks in their destination countries.⁶⁹

Longer-term migration and mobility implications of COVID-19

As highlighted in the preceding section, some of the most disturbing impacts of the pandemic on migrants are related to forced immobility and resultant vulnerabilities arising from radical shifts in the imposition of emergency powers,⁷⁰ thereby creating a high degree of uncertainty and instability persisting well beyond the initial phase of COVID-19. Some commentators have questioned whether the so-called "age of migration" may be coming to an end, brought about by the pandemic intensifying some important longer-term trends, such as the growth in autocratic tendencies that restrict diversity in populations and fuel anti-immigrant sentiment.⁷¹ The growth in misinformation and disinformation (e.g. false news) related to COVID-19 – the so-called "misinfodemic"⁷² – has also underscored the emergence of tech-enabled tribalism used to deliberately undermine and obscure the many benefits of migration in the modern era,⁷³ making the environment for post-pandemic migration and mobility recovery more challenging.

We have also witnessed the initial impacts of the pandemic being highly variable, depending upon location within the global system. Variations in demographic structures include situations where older populations have higher mortality rates than youthful populations; varying seasonal, climatic and air-quality conditions; and the uneven effectiveness of policies and government responses. In terms of control of migration and mobility, all of these factors have been important. The recessions in some developed destination countries, and the related restructuring of economies, may well result in a decline in international migrant numbers, with profound implications for countries of origin. While economic impacts have been uneven globally, there is no doubt that COVID-19 has reduced migration. The most recent international migrant stock estimates indicate that migration has been sharply disrupted, with migrant stock lower by around 2 million globally compared with (pre-pandemic) long-term trends.⁷⁴ With this in mind, two aspects are likely to have significant long-term implications for what migration and mobility will look like in years to come: socioeconomic impacts and deepening digitalization.

⁶⁸ IOM, 2020e.

⁶⁹ Beckstein, 2020.

⁷⁰ Chetail, 2020; Ponta, 2020.

⁷¹ Gamlen, 2020; Castles and Miller, 1993; de Haas et al., 2020.

^{72 &}quot;Misinfodemic" combines the concepts of misinformation and pandemic. See WHO et al., 2020.

⁷³ Gyenes and Mina, 2018; McAuliffe et al., 2019.

⁷⁴ UN DESA, 2021a.

Socioeconomic impacts

The long-term socioeconomic impacts of COVID-19 are potentially as great as the acute public health issues, with response measures designed to cushion the socioeconomic impact ranking high on international and national agendas. It is estimated that around 49 million people worldwide could be pushed into extreme poverty in 2020 because of COVID-19.⁷⁵ The pandemic has already revealed and exacerbated pre-existing socioeconomic inequalities, including those of migrants, and will also affect their countries and communities of origin.⁷⁶ Despite migrants' contributions to the pandemic response worldwide,⁷⁷ migrants risk being particularly vulnerable as labour markets contract and job opportunities tighten significantly.

Despite the initially projected 20 per cent decline in international remittances globally for 2020 (made in April 2020 by the World Bank),⁷⁸ the annual data show that there was only a slight dip in remittances globally (2.4% decrease) in 2020, down from USD 719 billion in 2019.⁷⁹ International remittances displayed resilience, with some corridors posting record highs. Four key factors appear to have affected international remittances:

- (a) the move from informal channels to formal channels, as COVID-19 has seriously impacted or closed off informal remittance channels, such as carrying cash across borders and increased digitalization of remittance flows;⁸⁰
- (b) the fact that migrants remit more in times of crisis to home countries and communities, when they are able;⁸¹
- (c) the "maturity" of key migration corridors, as more established diaspora were able to maintain more stable economic conditions and managed to continue sending money, unlike some newer corridors with migrants in more precarious economic and immigration status situations, less able to build reserves;⁸² and
- (d) the fact that essential workers in affected countries often have high shares of migrants, which softens overall increases in unemployment rates of migrant worker populations.⁸³

The revision of the global projections indicates that informal remittances, not included in official statistics, were likely to have been higher than previously imagined.⁸⁴ This is supported by household survey results in some countries that indicate an overall decline in remittances received during COVID-19 (households not distinguishing between formal and informal), despite formal remittance channels remaining high.⁸⁵ This is also supported by some countries (e.g. Mexico, Bangladesh, Pakistan) posting record high inflows by the end of 2020 due to formal channel uptake.⁸⁶ Impacts on inflows, however, have not been not uniform, with countries hardest hit over the short to medium term including those that have very high reliance on international remittances as a share of GDP (such as in Central Asia). Further, countries with concentrations of migrant workers located in deeply affected sectors, such as travel and tourism, are also facing negative impacts to a greater degree than other countries. However, it is also important to note that we are witnessing some remittance corridors (such as those from the United States and the United Kingdom to Pakistan) shift out of necessity from informal remittances (such as cash being brought back

78 Ratha et al., 2020.

- 80 Bradbury et al., 2021; Dinarte et al., 2021; Jawaid, 2020.
- 81 Kalantaryan and McMahon, 2020.

82 The Kenyan diaspora in North America, for example, sent far larger amounts in remittances compared with the amounts sent from Kenyan migrants in other regions (Oucho, 2021). See also IFAD, 2021; Mandelman and Vilán, 2020.

83 Foresti, 2020; Oxford Business Group, 2020.

85 Avdiu and Meyer, 2021.

⁷⁵ Mahler et al., 2020.

⁷⁶ Crawley, 2020.

⁷⁷ IOM, 2020f.

⁷⁹ World Bank, 2021.

⁸⁴ World Bank, 2021.

⁸⁶ IOM, 2021b.

home on return trips) to the use of formal remittance channels via money transfer operators and banks.⁸⁷ This is just one example of COVID-19's digitalization multiplier effect.

Long-term trend analysis of international remittances, including recent COVID-19 impacts, is included in Chapter 2 (global) and Chapter 3 (regional) of this report.

Complex digitalization of migration, including via artificial intelligence

Alongside other key domains, international migration as a growing phenomenon in recent years and decades is increasingly affected by digitalization processes and related technological advances. Migration scholarship has resulted a rich body of knowledge on the impacts of technology throughout history.⁸⁸

In migration policy and practice, there has been significant investment by States in digitalization and automation over recent years (and in some cases, decades), to realize efficiencies and manage significant increases in volume, among other applications. Digitalization has impacted all aspects of migration management, such as information collection/ dissemination, visa application and processing systems, border management systems, identity management (e.g. biometrics) and identity documents, integration support and related programming, integrity checking, compliance and fraud prevention, and refugee resettlement. Profound technological change was deepening before COVID-19, but has significantly intensified during the pandemic, as States, industries and communities have needed to adapt quickly.

At the same time, we are witnessing the intensification of the use of artificial intelligence (AI) in migration. While AI has increasingly being deployed in migration management settings since at least the 1990s, initially in visa entry and border processing systems, but increasingly throughout the entire migration cycle (see Chapter 11 of this report), the pandemic has intensified the race for AI solutions to the rolling COVID-19 crisis. This has been most evident in the public health context and its intersection with mobility. Contact tracing, population surveillance and quarantine tracking have been quickly developed as digital tools, albeit with remarkably different efficiencies in terms of policy implementation, building on recent developments in machine learning such as those related to facial recognition and biometric analysis. The implications for privacy during and after the pandemic is a topic of intense scholarly and policy interest.⁸⁹

Migrants themselves are using the new technologies in innovative ways and a recent focus has been on the realm of information and communications, and how migrants, potential migrants and their families and networks engage with migration through ICT (including mobile money transfers).⁹⁰ The focus on ICT and migrants was heightened during the 2015–16 mass migration to and through Europe, when online apps were heavily relied upon by migrants during their journeys.⁹¹

The intensification of reliance on digital solutions brought on by the pandemic, as States, industry, communities and the migrants themselves needed to adapt quickly to physical isolation and immobility, has presented challenges, but also demonstrable opportunities and efficiencies. On the one hand, greater digitalization offers improved access

⁸⁷ Dinarte et al., 2021; Iqbal, 2020; IOM, 2020g; IOM, 2021b.

⁸⁸ The industrial revolution, for example, spawned Ravenstein's "laws of migration" in late nineteenth century United Kingdom (Ravenstein, 1885).

⁸⁹ Humer and Taylor, 2020; Privacy International, 2020.

⁹⁰ Metykova, 2010; Nedelcu, 2013.

⁹¹ McAuliffe, 2016; Sanchez, 2018; Zijlstra and van Liempt, 2017.

to virtual platforms for work, study and socialization, as well as for information dissemination in real time. Digital platforms enable a great diversity of inputs and experiences to be communicated through practical inclusion; examples include United Nations and other multilateral engagements on COVID responses, the proliferation of COVID online information platforms, COVID webinars, online conferences and virtual workshops, as well as the increase in day-to-day virtual meetings and initiatives transcending geographic divides. On the other hand, challenges such as the rise in surveillance tech capabilities by States, the inequality of access to digital solutions and initiatives (the so-called digital divide), as well as the increasing need for people to demonstrate "digital literacy" in navigating everyday life, pose difficulties for many migrant groups, including those who have been displaced. Further, indications are that States and industry are increasingly turning to automation and AI for key sectors, such as agriculture and social care, in order to minimize risk and reduce labour costs in a post-COVID-19 world (and in anticipation of the next "big one").

Strategic migration futures and COVID-19: is it too early to predict?

COVID-19 came at a time of tremendous global change, when decades-old systems, standards and assumptions about security, politics and economics were already being challenged.^a In assessing what migration and mobility systems might look like in the future, it is important to situate them within the broader systemic change that is acting to shape, facilitate and impede responses by both government and non-State actors. While it is too early to determine the key features of migration in future decades, and the extent to which these systems have been reshaped by COVID-19, three significant geopolitical and technological transformations remain central in strategic analysis of migration futures (see Chapter 1 of this report for discussion):

- (a) Technological advances since 2005 resulting in the so-called "fourth industrial revolution" are profoundly changing how social, political and economic systems operate globally;^b
- (b) Increased competition between States is resulting in heightened geopolitical tension and erosion of multilateral cooperation;^c
- (c) Intensification of ecologically negative human activity: overconsumption, unsustainable economic growth, resource depletion and biodiversity collapse, climate change.^d

Profound technological change was deepening before COVID-19, but has significantly intensified during the pandemic, including in relation to migration and mobility. The environment of intensifying competition between key States (and involving a larger number of States) is rendering international cooperation via multilateral mechanisms more difficult;^e however, the finalization and implementation of the Global Compact for Safe, Orderly and Regular Migration demonstrates the importance of migration to the vast majority of States.^f While COVID-19 has dampened human activity in key spheres (e.g. transportation/travel), enabling a mini environmental recovery,^g it may just be a pause. Intense human activity may rebound once the pandemic is over, wiping out the pandemic-related environmental benefits.

- b Friedman, 2016; Schwab, 2016.
- c Menon, 2015.
- d UNEP, 2019.
- e Natalegawa, 2020.
- f Newland et al., 2019.
- g Arora et al., 2020.

a Muggah and Goldin, 2019.

Conclusion

Taking stock of the impacts of COVID-19 pandemic one year after the WHO declaration in mid-March 2020 highlights just how much migration and mobility have been disrupted, and how sustained the disruptions have been. COVID-19 has not only taken millions of lives globally; it has changed our daily lives. No community has been left untouched by the pandemic, but for people who had migrated, been displaced and/or were part of a highly mobile group of workers/travellers prior to COVID-19, the likelihood of having been directly affected by the pandemic is especially high. Aside from health-related impacts, many became trapped in immobility and unemployment, without income support or other social protection. COVID-19 has led to large-scale stranding of migrant populations, with some experiencing destitution, detention and abuse.

International travel is no longer taken for granted by those who had previously experienced easy access to most of the world.⁹² Those with "strong" passports enabling visa-free travel to large sections of the globe have been unable to travel, with many States being on "high-risk country" lists and their citizens banned from entering other countries. The inability to travel, the loss of income and the high degree of uncertainty experienced by many in high-income countries provides an insight into the daily lives of many of the world's poor before the pandemic.⁹³ That some of the most marginalized in our communities were also the most essential during a time of crisis should further underscore the systemic and increasing inequality brought about by unbalanced economic, fiscal and social systems.⁹⁴ Whether these experiences will enable empathy to inform responses designed to "build back better" remains to be seen. Ultimately our pattern of increased consumption of travel may prove to be unsustainable.

The manifestations of COVID-19-related impacts and implications will, without any shred of doubt, vary significantly across different locations. This has been highlighted in the country-level case studies that cover each of the six United Nations regions (see Appendix B). The country case studies show that during its first year, COVID-19 posed very significant challenges to migration systems (especially the regulation of mobility) and had highly variable impacts on migrants, including displaced populations, that related to underlying pre-pandemic socioeconomic, geographic and political contexts and histories. The pandemic is by no means over, with new challenges emerging regarding vaccination roll-outs, virulent new variants, and public fatigue and impatience at ongoing COVID-19 measures. And yet, the first year has shown us that COVID-19 massively disrupted migration and migrants around the world, while also placing high demands on how such impacts were being measured, so as to inform responses to what was (is) a rapidly evolving global health emergency.

In terms of disruptions to migration and mobility systems, and migrant populations globally, analysis of the first year has highlighted that:

The imposition of emergency powers resulted in major disruptions right the way through the migration cycle, as the previously widely accepted norms considered to be cornerstones of international mobility were set aside by countries very early in the pandemic. The right to leave one's country (including for protection reasons), as well as the right to return to one's country, were both upended; the principle of non-refoulement as a cornerstone of human rights globally was severely tested or set aside, including by some of the initial architects of the international protection system.⁹⁵ On the one hand, the desire to return to the pre-pandemic

⁹² See, for example, the Henley Passport Index (Henley & Partners, 2019).

⁹³ McAuliffe and Bauloz, 2020; McAuliffe et al., 2017.

⁹⁴ Crawley, 2020; Hickel, 2020.

⁹⁵ At the time of writing, for example, the United States continued to maintain Title 42, allowing for expulsion of non-citizens at borders on the basis of health emergency grounds.

"normal" with more predictable travel, visa, border and migration systems is clearly evident in many parts of the world, especially those that rely heavily on high mobility, such as destinations for international tourism. Reopening migration-related services and offices and the dismantling of total or strict travel bans is being carefully considered in the context of new variants and vaccination programming. On the other hand, deepening digitalization and the rapid development of technologies to support greater automation suggest that for some migrant workers there will be no return to normal, as industry and governments seek to expand digitalization for efficiency, responsiveness and risk mitigation, thereby reducing reliance on migrant workers.

- Previously held assumptions concerning high mobility within migration systems, including the supply of essential goods and services, point to longer-term globalization as well as pervasive inequalities that are deeply rooted in modern-day societies around the world. Structural settings and barriers shaping migration patterns, as well as exploitation of migrant workers over recent years and decades, were laid bare during the early stages of the pandemic, in which many industrialized economies needed to ensure that travel exemptions were provided for some of the most marginalized international labour (e.g. seasonal migrant workers). For origin countries, the extent of the consular assistance needs of citizens working and living overseas highlighted how quickly migrant workers can find themselves in situations of vulnerability, especially in countries that provide little or no social protection to non-citizens. This placed additional strain on countries battling to contain the virus at home, while also responding to citizens overseas. Contrary to predictions, some origin countries posted record high international remittances, as migrants and diaspora turned to formal digital channels to help support families back home during the crisis further highlighting the extent to which international labour flows and remittances are shaping societies and economies.
- The pandemic further exposed harsh realities in relation to forced migration, displacement and humanitarian response. While travel exemptions for essential workers became key features in many domestic policy settings, similar exemptions were not routine for people seeking protection. Borders remained closed and, in some countries, expulsions were enabled by the use of emergency powers based on health concerns. In other countries, however, measures such as mass regularization programmes, release of people from immigration detention and wide access to health care regardless of immigration status demonstrated the primacy of public health for entire populations.

Health (non-virus)	Environmental	Social	Economic	Education
A significant decrease in HIV testing services was reported in nearly all countries with available data between January and July 2020. ^a However, in many cases the disruption to HIV treatment had been reversed by July 2020. ^b	The pandemic has led to a proliferation in the use of single-use plastics – including an estimated monthly usage of 129 billion face masks – which is driving the accumulation of waste. ^{ab}	While violence against women and girls has intensified since the onset of COVID-19, lockdowns have made it difficult to request help, with fewer requests made in areas where movement has been restricted. ^a	The ILO estimates that global working time declined in the second quarter of 2020 (compared with the final quarter of 2019) by 17.3%, equivalent to 495 million full-time jobs. ^a	According to UNESCO, in April 2020 75% of enrolled learners (over 1.32 billion learners) were affected by school closures, with 139 nationwide closures. ^a
Vehicular collisions in the United States are estimated to have fallen by 50% following the introduction of lockdowns. ^c	Across all major regions, the power mix has shifted towards renewable energy following lockdowns, due to depressed electricity demand and lower operating costs. ^c	In El Salvador, gangs announced mandatory curfews in areas where government presence is weak, with reports of "violent punishings" of individuals who disobey public health measures. ^b	According to World Bank predictions, between 88 and 115 million people will be pushed into poverty – defined as living on less than USD 1.90 per day – due to the pandemic. ^b	While distance learning reaches around 80% of learners in high-income countries, this reach drops to less than 50% in low- income countries. ^b
By disrupting services and increasing stress and isolation, public health measures such as lockdowns are likely to negatively impact the mental health status of people with severe mental illness. ^d	Tropical deforestation increased in Africa, Latin America and Asia–Pacific following the imposition of lockdowns, particularly in areas where legal enforcement plays a key role in reducing forest loss. ^d	Several studies have found that the gender care gap has narrowed during COVID-19 lockdowns; however, this is largely dependent on changes in men's employment status out of paid work. ^c	Despite predictions that international remittances would decline by 20% globally in 2020, remittances to some countries have increased during COVID- 19. ^c	It has been predicted that the United Kingdom's university sector could incur long-run losses of up to GBP 19 billion, with institutions that have a large share of international students most affected. ^c
Marie Stopes International estimates that the closure of their reproductive health services across 37 countries has led to 1.5 million additional unsafe abortions and 3,100 pregnancy-related deaths. ^e	The restrictions of economic activity caused by lockdowns led to improvements in air quality, with a decline in nitrogen dioxide concentration levels across the world. ^e	The Republic of Korea saw a 30% increase in mobile game downloads in the first quarter of 2020 following the imposition of mobility restrictions. ^d	Commuting time in the United States of America is estimated to have fallen by 62 million hours per day, with 35% of workers using this time to work on their primary job and 30% on leisure activities. ^d	Using overhead cameras, medical students at a Tokyo university are able to livestream surgeries with real-time communication between the surgeon and students. ^d
Under pessimistic scenarios, COVID-19-related disruption to malaria control in Africa could almost double malaria mortality in 2020, with potentially greater increases in subsequent years. ⁶	Sightings of wildlife, including whales and turtles, increased at Ecuadorian beaches following a reduction in noise levels. ^f	Of the adults from the United States of America who reported watching religious services online in July 2020, over half of them -18% of all adults $-$ only began doing so since the onset of the pandemic. ⁶	A huge rise in the use of video conferencing platforms has been recorded. For example, daily meeting participants on the Zoom platform increased by 300 million in the first half of 2020.°	A Canadian study has estimated that school closures induced by COVID-19 could widen the socioeconomic score gap by up to 30%.°
Sources: Health a UNAIDS, 2020a. b UNAIDS, 2020b. c Brodeur et al., 2020. d Centre for Evidence-Based Medicine, 2020. e Marie Stopes International, 2020. f Weiss et al., 2020.	Environment a Love and Rieland, 2020. b Adyel, 2020. c International Energy Agency, 2021. d Brancalion et al., 2020. e Narain, 2020. f Ormaza-González and Castro- Rodas, 2020.	Social a UN-Women, 2020. b Sandin and Topa, 2020. c UN DESA, 2020. d Kang, 2020. e Cooperman, 2020. rro-	Economic a ILO, 2020a. b Lakner et al., 2020. c IOM, 2020h. d Barrero et al., 2020. e Zoom, 2020.	Education a UNESCO, 2021. b UNSDG, 2020. c Drayton and Waltmann, 2020. d Jack et al., 2021. e Haeck and Lefebvre, 2020.

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Appendix B

Country case study (Africa): Kenya

Key statistics

Total population (2020) ^a	53.77 million
Human Development Index category ^b	Medium
GDP (2020) °	USD 98.84 billion
GDP per capita (2020) °	USD 1 838
Immigrants (2020) d	
Millions	1.05
Percentage of population	1.95%
Emigrants abroad (2020) d	
Millions	0.53
Percentage of population	1.00%
Refugees and asylum seekers hosted (2020) $^{\circ}$	505 000
Internally displaced persons (as at end 2020) $^{\rm f}$	394 000
COVID-19 confirmed cases (as of 11 March 2021) ^g	
Total	109 643
Per million	2 039
COVID-19 deaths (as of 11 March 2021) ^g	
Total	1 886
Per million	35
Air passengers (2019) ^h	6.42 million

Sources: a) UN DESA, 2019; b) UNDP, 2020b; c) World Bank, n.d.; d) UN DESA, 2021b; e) UNHCR, n.d.; f) IDMC, 2021; g) WHO, n.d.; h) ICAO, n.d.

COVID-19 and Kenya as a mobility hub

Major impacts on populations

For over a decade, the Government of Kenya has been seeking to make the country a regional transit hub for both passengers and cargo. As part of its Kenya Vision 2030 programme, the Government modernized and expanded its aviation facilities, and the number of passengers carried in the country reached 6.4 million in 2019, an increase of more than 120 per cent compared with 2008, when the programme was launched.⁹⁶ Vision 2030 also led to an increase in the capacity of the Port of Mombasa, the African point of entry for billions of dollars' worth of goods that are subsequently transported by road to inland countries across East and Central Africa.⁹⁷

⁹⁶ Government of Kenya, 2008; World Bank, 2020b.

⁹⁷ Kenya Ports Authority, 2020; IOM, 2020i.

This trend towards increased mobility was dramatically reversed following the onset of COVID-19. On 15 March 2020, travel was suspended for almost all persons entering Kenya from a country with reported COVID-19 cases, with only Kenyan citizens and those with valid residence permits allowed to enter.⁹⁸ Further, by 29 March 2020 the country's borders with Ethiopia, South Sudan and Uganda had been closed, while the borders with Somalia and the United Republic of Tanzania were closed on 16 May 2020.⁹⁹ One year later in March 2021, new waves of the virus had again impaired mobility, as no road, rail or air transport was permitted in Nairobi, Kajiado, Kiambu, Machakos and Nakuru.¹⁰⁰ Additionally, international travel was allowed, but subject to proof of a negative COVID-19 test, along with curfew measures reflecting the increasing COVID-19 positivity rate and hospital admissions in Kenya.¹⁰¹ Such a turbulent year therefore created significant mobility challenges across all modes of transport, and in turn for the Kenyan economy and the food security of individuals across the region.

Key challenges for authorities and practitioners

Passenger aviation fell sharply following the imposition of mobility restrictions, with international visitor arrivals 72 per cent lower between January and October 2020 than in the same period a year earlier.¹⁰² This decline in air traffic had a major economic impact on airlines, including Kenya Airways, which reported a decrease in total revenue by 48 per cent in the six months to June 2020.¹⁰³ Yet this collapse also impacted the wider Kenyan economy: the cut flowers industry – which in 2018 was the second most exported good or service in Kenya – experienced a sharp decline in exports between March and May 2020 due to the suspension of international flights.¹⁰⁴ As European markets began to open after lockdowns in July 2020, the flower industry in Kenya slowly began to recover, with some companies reporting that demand rose back up to 85 per cent.¹⁰⁵ To sustain growth, the Kenyan Government worked with multiple stakeholders to ensure operations, which contributed to an increase in demand for four months from November 2020, despite new waves of the virus and subsequent lockdowns.¹⁰⁶

While the Port of Mombasa was largely unaffected by mobility restrictions, the closure of borders created difficulties for the transportation of cargo via road.¹⁰⁷ Despite being exempt from Kenya's border closures, truck drivers were identified as a high-risk group for the spread of COVID-19. As a result, they were required to either show a negative test taken in the previous 14 days or to take a test before being permitted to cross the border.¹⁰⁸ This led to queues at one-stop border points of up to 60 kilometres, in some cases taking drivers between five and 10 days to clear.¹⁰⁹

This disruption had severe implications in light of the largest locust outbreak seen in some East African countries for decades in 2019.¹¹⁰ Indeed, the United Nations World Food Programme warned that bottlenecks at borders were putting the delivery of vital food supplies at risk, including food destined for refugee camps.¹¹¹ Concerns were also

- 102 Kenyan Tourism Research Institute, 2020.
- 103 Dar es Salaam Stock Exchange, 2020.
- 104 Mold and Mveyange, 2020; Banga et al., 2020.
- 105 Mohammed, 2020.
- 106 Kantaria, 2021.
- 107 Hellenic Shipping News, 2020.
- 108 Ratner, 2020.
- 109 Ibid.
- 110 FAO, 2020.
- 111 Biryabarema and Obulutsa, 2020.

⁹⁸ Kenyan Ministry of Health, 2020.

⁹⁹ KTN News, 2020; Malak, 2020; Tubei, 2020.

¹⁰⁰ Africanews and AFP, 2021.

¹⁰¹ Ibid.

raised that these queues were facilitating the spread of COVID-19, as drivers were required to sleep in unsanitary conditions and, because they had no food or water, to interact with the local communities near the border.¹¹² Food security in the region was further threatened by the inability to engage in agriculture and informal activities amid the restrictions to mobility and the precarity of remittances.¹¹³

Good practices

Although passenger flights endured acute disruption due to the pandemic, cargo flights continued at higher levels. The airline Astral Aviation increased its air traffic within Africa, operating cargo freighters between its Nairobi hub and 13 destinations on the continent, while Kenya Airways converted some of its passenger aircraft into cargo flights.¹¹⁴ This not only bolstered the airlines themselves, but also increased exports, such as for the cut-flowers industry.¹¹⁵ The Government also moved to nationalize Kenya Airways in an attempt to financially support the airline, although this stalled in September 2020 following the rejection of a key bill by the Kenyan Lawyers Lobby, which cited "significant legal issues".¹¹⁶

Further, in order to strengthen Kenya's COVID-19 testing capacity at two of its busiest border points, the East African Community (EAC) provided the Kenyan Government with two mobile laboratories in May 2020, which were built using funding from the German Federal Government.¹¹⁷ IOM also helped clear the queues of trucks through the deployment of medical staff, which enabled the testing of 400 samples per day.¹¹⁸ However, a more permanent solution emerged in September 2020 when the EAC launched the Regional Electronic Cargo and Driver Tracking System, a mobile contact-tracing application that issued drivers with a digital health declaration recognized by all EAC members.¹¹⁹ This minimized the need for multiple COVID-19 tests on a single trip and reduced bottlenecks at borders.¹²⁰

Lessons learned after 12 months of COVID-19

Following their pivot towards cargo flights, towards the end of 2020 Kenyan airlines moved to play a role in the vaccination phase of the pandemic: in preparation for the roll-out of COVID-19 vaccines, Kenya Airways invested in a pharmaceutical facility located at the Jomo Kenyatta International Airport in Nairobi, while Astral Aviation announced that it would offer an on-demand charter service for vaccines to Africa.¹²¹ By March 2021, Kenya received the first batch of COVID-19 vaccines and launched a national campaign prioritizing front-line health workers and essential staff.¹²²

Meanwhile, in light of the disruption to the transportation of cargo caused by the virus, the Kenyan Government sought to enhance the efficiency and coordination of the transport sector through the creation of the Kenya Transport and Logistics Network (KTLN) in August 2020. Upon its formation, the Government declared that the KTLN would help achieve Kenya's strategic agenda of becoming a regional logistics hub by allowing the centralization of operations and the lowering of transportation costs.¹²³

120 Ibid.

- 122 WHO, 2021d.
- 123 Kenyan Digest, 2020

¹¹² Mold and Mveyange, 2020; Muhumuza and Odula, 2020; Kazibwe, 2020.

¹¹³ Nechifor et al., 2021.

¹¹⁴ Gledhill, 2020; IOM, 2020i.

¹¹⁵ Banga et al., 2020.

¹¹⁶ Ombok, 2020.

¹¹⁷ EAC, 2020a; EAC, 2020b.

¹¹⁸ IOM, 2020i.

¹¹⁹ EAC, 2020a.

¹²¹ Brett, 2020; Astral Aviation, 2020.

Country case study (Asia): Bangladesh

Key statistics

Total population (2020)	164.69 million
Human Development Index category	Medium
GDP (2020)	USD 324.24 billion
GDP per capita (2020)	USD 1 968
Immigrants (2020)	
Millions	2.11
Percentage of population	1.28%
Emigrants abroad (2020)	
Millions	7.40
Percentage of population	4.49%
Refugees and asylum seekers hosted (2020)	866 000
Internally displaced persons (as at end 2020)	772 000
COVID-19 confirmed cases (as of 11 March 2021)	
Total	553 105
Per million	3 358
COVID-19 deaths (as of 11 March 2021)	
Total	8 496
Per million	52
Air passengers (2019)	5.96 million

Sources: Please refer to the (Africa) Kenya country case study table for sources.

COVID-19 and remittances in Bangladesh

Major impacts on populations

Despite living beyond the country's borders, Bangladesh's diaspora plays a key role in its development. The World Bank estimates that the emigrant population together sent home over USD 18 billion in 2019, with 73 per cent coming from Bangladeshi labourers working in predominantly "low-skilled" jobs in the Gulf Cooperation Council (GCC) countries.¹²⁴ These remittances, which account for over 6 per cent of GDP and represent the country's second largest source of foreign income, are a lifeline for many Bangladeshis. Remittances account for 85 per cent of daily expenditures for the families of overseas migrants, with 60 per cent of these families totally dependent on remittances for their daily expenses.¹²⁵

¹²⁴ World Bank, 2020c; Sorkar, 2020.

¹²⁵ Sorkar, 2020; Fitch Ratings, 2020.

Disruptions induced by the COVID-19 pandemic posed a serious threat to the financial security of dependants back home. The World Bank initially projected a 20 per cent decline in total remittances to Bangladesh, and in the months of March, April and May 2020 these projections were confirmed.¹²⁶ Yet in contrast with pessimistic predictions, international remittances to Bangladesh rose overall between January and October 2020; for example, they were 17 per cent higher than over the same period a year earlier, and a record figure of USD 2.6 billion was remitted in July 2020.¹²⁷ This was in contrast to the wider South Asia region, where remittances were forecast by the World Bank to fall by 4 per cent in 2020 and around 11 per cent in 2021.¹²⁸ Since the surge in May and June 2020, the remittances flow accumulated above USD 2 billion monthly for the remainder of 2020.¹²⁹ As recently as March 2021, the Bangladeshi diaspora were reported to have sent USD 1.91 billion, up 50.16 per cent from the same month the previous year, owing to government and central bank initiatives to boost remittances, as well as Bangladeshi expatriates sending more money to relatives who have lost their sources of income.¹³⁰

The long border between Bangladesh and India posed challenges for containing the highly infectious Delta variant, with Bangladesh regions bordering India being the first to report major surges in infections due to cross-border movement.¹³¹ Further, and despite internal travel restrictions, the rapid rise in infections caused thousands of internal migrants living in the capital Dhaka to return to their villages, prompting further concerns of transmission.¹³²

Key challenges for authorities and practitioners

The surge in international remittances was unexpected and made it difficult for the Government and financial institutions to determine the correct policy response. Although the headline figure was positive, it was suggested that this was caused in part by a diversion of remittances from informal to formal channels, due to difficulties carrying money by hand under COVID-19 travel restrictions and a narrowing in the discrepancy in exchange rates of U.S. dollars between the two channels.¹³³

More significant, however, was the suggestion that remittance growth was due to migrant workers repatriating their savings before returning home, implying not only a longer-term decline in remittances, but also signalling an intensification of unemployment in Bangladesh: before borders closed in Bangladesh in March 2020, approximately 400,000 workers returned, mostly due to the pandemic.¹³⁴ Among migrant workers who had returned from abroad since the onset of the pandemic, a July 2020 report found that 70 per cent were unemployed.¹³⁵ Unemployment within Bangladesh and abroad is reflected in the disruption to migrant outflows, where the number of emigrants between January to May 2020 was only 181,200 compared with 302,400 for the same period in 2019.¹³⁶ The challenge to secure employment among Bangladeshi migrant workers continues as the second and third waves of the coronavirus pandemic disrupt cross-country travel.¹³⁷ This is particularly true for South Asian migrant workers in GCC countries, where there has been a steep decline in the demand for migrant workers in sectors such as food service, hospitality

- 132 DW, 2021.
- 133 World Bank, 2020a; Mahmud and Uddin, 2020.
- 134 UNDP, 2020b.
- 135 Fitch Ratings, 2020; IOM, 2020j.
- 136 Chowdhury and Chakraborty, 2021.
- 137 Ibid.

¹²⁶ Chowdhury and Chakraborty, 2021, using data from Bangladesh Bank.

¹²⁷ Fitch Ratings, 2020; Bangladesh Bank, 2020.

¹²⁸ World Bank, 2020c.

¹²⁹ Chowdhury and Chakraborty, 2021.

¹³⁰ Dhaka Tribune, 2021.

¹³¹ Alam, 2021.

and manufacturing.¹³⁸ The prolonged lockdowns and consequential unemployment will impact migrant workers' incomes and their ability to send remittances, making families in Bangladesh vulnerable and potentially unable to meet immediate needs such as food, clothing and education.¹³⁹

Good practices

While the growth may have been due (in part) to shifts between remittance channels, it was also the result of actions by policymakers to encourage and facilitate the sending of remittances. The Central Bank more than tripled the ceiling on its 2019 cash incentive scheme – whereby remittance beneficiaries receive a two per cent bonus on transfers made using formal systems – up to USD 5,000, while some commercial banks provided an additional one per cent incentive to further increase the attractiveness of sending remittances.¹⁴⁰ A partnership between mobile financial service providers and commercial banks also facilitated the sending of remittances via online-to-wallet money-transfer companies, increasing the daily average amount sent by 150 per cent in April 2020.¹⁴¹ Meanwhile, the Ministry of Expatriates' Welfare and Overseas Employment (MoEWOE) sought to address the potential for worsening unemployment announcing loans of up to USD 8,260 for returning migrant workers to pursue incomegenerating activities, particularly related to agriculture.¹⁴²

However, the most significant driver of international remittance growth was the agency of migrants themselves. While interest rates on deposits in the United States and European countries fell to around zero, the 5 per cent rates offered by Bangladeshi banks became more appealing, as did Bangladeshi land.¹⁴³ Expatriates also sent money to support relatives who had suffered a loss in their income due to the pandemic or had been impacted by the severe floods that followed Cyclone Amphan in May 2020, inundating a quarter of Bangladesh's landmass.¹⁴⁴

Lessons learned after 12 months of COVID-19

The pandemic has led to a push for the development of a formal and widely accepted skills recognition system to improve the perceived economic value of migrant workers. Anticipating large arrivals of expatriates following the resumption of international travel, the MoEWOE looked to strengthen its Recognition of Prior Learning system, which, according to the International Labour Organization, enables returning migrants to reintegrate themselves within the domestic job market more easily.¹⁴⁵ Similarly, the Embassy of Bangladesh in Saudi Arabia initiated a dialogue with two agencies responsible for the Skills Verification Programme in the country, with the intention of boosting the earnings and facilitating the career progression of Bangladeshi migrant workers and, in turn, increasing the value of remittances sent in the longer term.¹⁴⁶

Moreover, the Government of Bangladesh is working to diversify work opportunities for migrant workers specifically in the agricultural and health-care sectors in Africa and Europe, given the disruption to traditional labour markets in the GCC countries and South-East Asia.¹⁴⁷ Amid the challenges to mobility and migrant workers, Bangladesh is in dialogue with Malaysia to regularize the estimated 200,000 undocumented Bangladeshi migrant workers in the country.¹⁴⁸

- 142 Karim et al., 2020.
- 143 Mahmud and Uddin, 2020.
- 144 BRAC, 2020.
- 145 ILO, 2020b.
- 146 Ibid.
- 147 UNDP, 2020b.
- 148 Ibid.

¹³⁸ Ibid.

¹³⁹ Ibid.

¹⁴⁰ HSBC, 2020; Aneja and Islam, 2020.

¹⁴¹ Aneja and Islam, 2020.

Country case study (Europe): Germany

Key statistics

Total population (2020)	83.78 million
Human Development Index category	Very high
GDP (2020)	USD 3 806 billion
GDP per capita (2020)	USD 45 723
Immigrants (2020)	
Millions	15.76
Percentage of population	18.81%
Emigrants abroad (2020)	
Millions	3.85
Percentage of population	4.60%
Refugees and asylum seekers hosted (2020)	1 453 700
Internally displaced persons (as at end 2020)	-
COVID-19 confirmed cases (as of 11 March 2021)	
Total	2 518 591
Per million	30 061
COVID-19 deaths (as of 11 March 2021)	
Total	72 489
Per million	865
Air passengers (2019)	109.63 million

Sources: Please refer to the (Africa) Kenya country case study table for sources.

COVID-19 and the recognition of migrants' skills in Germany

Major impacts on populations

With 1.2 million unfilled vacancies in 2018 and a net loss of 300,000 employees per year, labour shortages pose a significant risk for the German economy.¹⁴⁹ Attracting migrant workers is viewed as central to responding to these shortages, with 73 per cent of the German population believing that migrants "help to fill jobs for which it's hard to find workers in Germany".¹⁵⁰ However, it has been argued that many of the shortages that migrants currently attenuate are in industries that are characterized by low wages and poor working conditions, while administrative hurdles have prevented the hiring of migrants in occupations classed by the German Government as "high skilled".¹⁵¹

¹⁴⁹ ODI, 2020.

¹⁵⁰ EC, 2018.

¹⁵¹ Duell and Vetter, 2020.

With 35 per cent of migrants classed as key workers, compared with under 30 per cent of German-born workers, they are also overrepresented in "key worker sectors" – such as teaching, health care and agriculture – which came to the forefront following the onset of COVID-19.¹⁵² As a result, the German Government was required to go to unprecedented lengths to keep key sectors running, addressing both obstacles to migrant employment induced by lockdowns, as well as longer-term obstacles that hindered migrant labour market integration prior to the pandemic.

Key challenges for authorities and practitioners

Lockdown-induced immobility represented the biggest driver of labour shortages in key sectors. In the agriculture and horticulture sector, for example, the imposition of travel restrictions in March 2020 prevented the arrival of the 286,000 seasonal migrant workers from Eastern Europe on which the sector relies.¹⁵³ The agriculture ministry sought to mitigate this disruption to the sector by launching an online platform to match German volunteers with farmers, but the number of volunteers registered fell far short of what the sector required.¹⁵⁴ Similar difficulties were experienced in the care sector, which is dependent on live-in carers from Poland who work 2- to 12-week shifts before returning home over the border, often on minibuses organized by care agencies. The reinstatement of border controls, and the requirement to undergo a 14-day quarantine upon arrival, made these working patterns unfeasible, and led many live-in carers to return home.¹⁵⁵

Another key driver of labour shortages was a lack of qualified professionals in the face of increased demand, which was exacerbated by the design of recent labour migration policies. For example, would-be migrant workers with vocational skills have struggled to gain recognition for their qualifications when applying for certain categories of visa, while asylum seekers living in Germany whose applications have previously been refused cannot apply for newly created visa categories unless they travel to the German embassy in their home country.¹⁵⁶ The effect of these administrative obstacles became more acute during the COVID-19 pandemic: in the health-care sector, for example, existing staff were required to increase their working hours as their colleagues entered quarantine.¹⁵⁷

Good practices

In March 2020, state governments sought the help of migrant doctors whose accreditation to practice medicine was pending. The Saxon State Medical Association used social media to appeal for support, which was followed by a similar appeal from the Bavarian State Medical Association and the expediting of applications to recognize foreign qualifications by the administration of North Rhine-Westphalia.¹⁵⁸ More drastic efforts were taken to address the shortage of labour in the agricultural sector. Following intense pressure from the German Farmers Union and regional farmers associations, the German Government reopened its border for 40,000 seasonal workers across April and May 2020, with one of the reasons cited for this decision being that German-born workers were slower than migrant workers and often quit after a short period.¹⁵⁹ The maximum period for which foreign workers were allowed to work in Germany without needing to contribute to the German social security system was also raised, which enabled

¹⁵² Fasani and Mazza, 2020.

¹⁵³ Hooper and Le Coz, 2020.

¹⁵⁴ Buck et al., 2020.

¹⁵⁵ Safuta and Noack, 2020.

¹⁵⁶ Grüll, 2020.

¹⁵⁷ Kramer et al., 2021.

¹⁵⁸ Goßner, 2020.

¹⁵⁹ U.S. Foreign Agricultural Service, 2020.

seasonal workers already in Germany to remain there for longer.¹⁶⁰ As the 2021 season begins, seasonal migrant workers will have to show proof of a negative COVID-19 test upon arrival and receive a test again on the farm.¹⁶¹

Lessons learned after 12 months of COVID-19

By highlighting the crucial role that migrants play in key sectors, the pandemic has led to calls for more accurate data to be collected so that Germany's true dependence on migrant workers can be gauged and safe legal mechanisms developed to facilitate their arrival.¹⁶² Yet it has also opened up a wider discussion about the conditions under which migrants work: in May 2020, the German Government announced a series of reforms of the meat industry following outbreaks of COVID-19 – in part due to poor working and living conditions for migrant workers – while changes to the wage structure in the care sector were also discussed.¹⁶³

¹⁶⁰ Ibid.

¹⁶¹ Kinkartz, 2021.

¹⁶² Popp, 2020.

¹⁶³ Young, 2020; Bruzelius and Ratzmann, 2020.

Country case study (Latin America): Colombia

Key statistics

Total population (2020)	50.88 million
Human Development Index category	High
GDP (2020)	USD 271.35 billion
GDP per capita (2020)	USD 5 332
Immigrants (2020)	
Millions	1.90
Percentage of population	3.74%
Emigrants abroad (2019)	
Millions	3.02
Percentage of population	5.94%
Refugees and asylum seekers hosted (2020)*	1 750 000
Internally displaced persons (as at end 2020)	4.94 million
COVID-19 confirmed cases (as of 11 March 2021)	
Total	2 282 372
Per million	44 855
COVID-19 deaths (as of 11 March 2021)	
Total	60 676
Per million	1 192
Air passengers (2019)	37.03 million

Sources: Please refer to the (Africa) Kenya country case study table for sources. * Includes displaced Venezuelans

COVID-19 and vulnerable and displaced populations in Colombia

Major impacts on populations

Over five million people have left the Bolivarian Republic of Venezuela since 2015, when the country entered a period characterized by violence, persecution, and economic and political instability.¹⁶⁴ Colombia has been the major destination for the displaced, with almost 1.8 million Venezuelans entering the country by the end of January 2021.¹⁶⁵ Despite going to great lengths to accommodate these arrivals – including the creation of mass regularization initiatives – 56 per cent of Venezuelans lack regular status.¹⁶⁶ On regularization, Colombia implemented a policy in February 2021 that provides Venezuelan migrants and refugees with a 10-year temporary protection status, giving them access to essential services like national health care.¹⁶⁷

¹⁶⁴ IOM and UNHCR, 2021.

¹⁶⁵ Ibid.

¹⁶⁶ Migración Colombia, 2021.

¹⁶⁷ UNHCR, 2021a.

Among challenges to obtain legal status, other barriers, including limited access to finance and discrimination in hiring, have meant that many face difficulties accessing education, employment and health care.¹⁶⁸ The pandemic has made the situation of displaced Venezuelans in Colombia even more precarious. In an attempt to slow the spread of the virus and reduce the significant pressure that had been placed on the already-strained health system, in March 2020 Colombia's national Government imposed restrictions on mobility and economic activity.¹⁶⁹ This added an economic dimension to the health crisis and deepened the support required by these vulnerable groups.

Key challenges for authorities and practitioners

First and foremost, the pandemic presented a threat to displaced Venezuelans' health, with migrants tending to face a greater risk of exposure to COVID-19 than Colombian-born individuals – many live in overcrowded households, with an average occupancy of five to nine people depending upon the city, while others live in informal settlements with little access to drinking water, bathrooms and other basic needs.¹⁷⁰ Moreover, despite being eligible for some health services – regardless of status – displaced Venezuelans also have limited access to health care, particularly in border regions where they are most populous, as in many of these regions the level of demand for health services exceeds the capacity.¹⁷¹

The health risks of the virus are compounded by the economic impacts. Venezuelans are observed to be 36 per cent more likely to be financially impacted by the global pandemic than Colombians.¹⁷² Venezuelan migrants are more likely to work in Colombia's informal sector, which overlaps significantly with those sectors that were more highly impacted by the country's economic lockdown.¹⁷³ Indeed, 64 per cent of Venezuelans were working in highly impacted sectors prior to the pandemic, with this figure rising to 78 per cent among Venezuelan women.¹⁷⁴ The impact of the lockdown could be seen in an August 2020 assessment by IOM and the United Nations World Food Programme: 72 per cent of Venezuelan migrants and refugees living in Colombia, Ecuador or Peru reported concerns about food security, a 10 percentage point rise compared with the pre-pandemic period.¹⁷⁵ Mass evictions also occurred following the lockdown as migrants were unable to pay rent, leading to protests in the capital city of Bogotá.¹⁷⁶

As a result, some migrants opted to return to the Bolivarian Republic of Venezuela in spite of the acute risk the journey entailed, with the suspension of public transport and closure of border crossings leaving returnees vulnerable to armed groups and human traffickers.¹⁷⁷ By the end of October 2020, over 120,000 Venezuelans had made the journey.¹⁷⁸ By May 2021, the border crossings between the Bolivarian Republic of Venezuela and Colombia had become increasingly dangerous as gangs incited violence for control over illicit pathways and the spread of COVID-19 became more rampant amid the outbreak of new variants.¹⁷⁹

¹⁶⁸ Graham et al., 2020; UNHCR, 2020b.

¹⁶⁹ Graham and Guerrero Ble, 2020.

¹⁷⁰ IOM and UNHCR, 2021; Rotunno, 2019.

¹⁷¹ Quintero and Hodgson, 2020; Panayotatos and Schmidtke, 2020.

¹⁷² Center for Global Development, 2020.

¹⁷³ Graham and Guerrero Ble, 2020.

¹⁷⁴ Ibid.

¹⁷⁵ IOM and WFP, 2020.

¹⁷⁶ Panayotatos and Schmidtke, 2020.

¹⁷⁷ UNHCR, 2020a.

¹⁷⁸ IOM and WFP, 2020; Luzes and Freier, 2020.

¹⁷⁹ McColl, 2021.

Good practices

Apart from its large-scale regularization policy, Colombia's national Government took several measures in the early weeks of the pandemic. In light of the decision to close migration services offices, on 26 March 2020 it was announced that expiration terms and processing deadlines for migrant permits and documents would be suspended, reducing the risk of detention or deportation of Venezuelans without valid documentation.¹⁸⁰ In early April a six-point plan was announced, which detailed how Venezuelans would be integrated into the national COVID-19 response. The plan sought to guarantee health-care access for all migrants, regardless of their documentation status, while regular migrants were included in food distribution and economic support initiatives, such as the "solidarity income programme", which provided assistance to those working in the informal sector (and so were ineligible for other support programmes).¹⁸¹ A moratorium on evictions was also announced in April 2020, with government officials fining those who subsequently evicted vulnerable populations, although evictions continued to be reported after its introduction.¹⁸²

Humanitarian organizations also played a key role in supporting vulnerable Venezuelans. For example, as of June 2020 IOM had provided over 85,000 Venezuelans with non-food items, including hygiene kits and personal protective equipment, while UNHCR helped migrants through the regularization process via 59 helplines, and other aid organizations distributed cash assistance through debit cards.¹⁸³ A web platform titled "Response for Venezuelans" also exists to strengthen data management and coordination efforts among organizations and agencies aiming to assist and protect refugees and migrants from the Bolivarian Republic of Venezuela.¹⁸⁴ Access to vaccination programming has also been critical.

Lessons learned after 12 months of COVID-19

The disproportionate impact of COVID-19 on displaced Venezuelans in Colombia has underscored the vulnerability of those facing barriers to social and economic inclusion, leading some to call for these barriers to be eliminated.¹⁸⁵ Yet the pandemic has also drawn attention to the Colombian Government's lack of resources to meet the needs of these vulnerable groups, and the need for international organizations and national governments from around the world to help meet the shortfall.¹⁸⁶ As of April 2021, UNHCR and IOM jointly lead the coordination of 73 international organizations and agencies, currently working across 14 states in Colombia in alignment with existing national humanitarian efforts.¹⁸⁷

- 183 IOM, 2020k; UNHCR, 2020a; USAID, 2020.
- 184 IOM and UNHCR, 2021.
- 185 Graham et al., 2020.
- 186 Ibid.
- 187 Frydenlund et al., 2021.

¹⁸⁰ Migración Colombia, 2020.

¹⁸¹ Van Praag and Arnson, 2020; Fradique-Mendez and Rodriguez, 2020.

¹⁸² Van Praag and Arnson, 2020.

Country case study (Northern America): United States of America

Key statistics

Total population (2020)	331.00 million
Human Development Index category	Very high
GDP (2020)	USD 20 937 billion
GDP per capita (2020)	USD 63 543
Immigrants (2020)	
Millions	50.66
Percentage of population	15.30%
Emigrants abroad (2020)	
Millions	2.99
Percentage of population	0.91%
Refugees and asylum seekers hosted (2020)	1 338 800
Internally displaced persons (as at end 2020)	126 000
COVID-19 confirmed cases (as of 11 March 2021)	
Total	28 879 927
Per million	87 250
COVID-19 deaths (as of 11 March 2021)	
Total	523 986
Per million	1 583
Air passengers (2019)	926.74 million

Sources: Please refer to the (Africa) Kenya country case study table for sources.

COVID-19 and the hardening immigration policy and practice in the United States

Major impacts on populations

Following the outbreak of COVID-19 in early 2020, the United States enacted a range of far-reaching policy changes relating to migrants and migration. While many of these policies had been replicated in other nation States – such as travel bans on countries with high incidences of COVID-19, for example – others were viewed as doing more to advance the then administration's long-standing migration goals than to halt the spread of the virus.¹⁸⁸

These policy changes – which were both rapid and widespread – can be grouped into one of two broad policy areas. The first relates to the tightening of entry to the United States, encapsulated by the suspension of routine visa services and closure of the United States–Mexico border for "non-essential travel" in March 2020, as well as the subsequent halting of the issuance of visas, including for permanent immigration categories in April 2020 and for temporary work

visas in June 2020.¹⁸⁹ These changes were enacted with the stated aim of preserving employment opportunities for United States citizens affected by the economic impact of the pandemic.¹⁹⁰ In March 2020, the practice of expelling individuals who arrived at the Mexican or Canadian borders also began following an order issued by the Centers for Disease Control and Prevention (CDC), otherwise known as "Title 42", which cited a danger to public health, with those expelled being returned predominantly to Central American countries.¹⁹¹

The second area concerns the interior enforcement of migration rules, and notably the restricted access for migrants to COVID-19 economic support programmes, such as the USD 2.3 trillion CARES Act. For example, under the Act, economic impact payments were restricted to those in households where all individuals filed federal taxes using a social security number.¹⁹² This therefore excluded not only migrants who entered the United States through irregular pathways or were residing on temporary visas, but also their United States-born household members.¹⁹³ Further, despite calls to release people from immigration detention due to concerns of transmission in facilities, immigration detention policies were maintained, with people continuing to be detained (albeit at reduced rates).¹⁹⁴ In addition, despite borders being largely closed or severely contained, deportations continued during the pandemic, including to high-risk COVID-19 locations.¹⁹⁵

With the change of administration in January 2021, a number of immigration policies were reversed, including the recission of the travel ban, the suspension of construction at the southern border, and the restoration of the Deferred Action for Childhood Arrivals (DACA) programme.¹⁹⁶ However, there was also an influx at the southern border, posing challenges to the reformation of the immigration system and the implementation of public health safety measures concerning the monitoring of outbreaks and testing individuals at the border.¹⁹⁷

Key challenges for authorities and practitioners

Aspects of federal policy introduced during the pandemic were criticized for hindering the ability of the United States to respond effectively. In March 2020, for example, a coalition of agriculture trade groups wrote to the Secretary of State to warn that the decision to suspend routine visa services would "undoubtedly cause a significant disruption to the US food supply", while in July 2020 the American Medical Association called upon the Secretary of State to reopen visa processes for physicians seeking to join residency programmes, in order to avoid significantly compromising the health of the country's "most vulnerable patients".¹⁹⁸ Concerns over visa issuances continued under the subsequent administration, where the Department of State faces new lawsuits for refusing to issue visas in countries where there are high COVID-19 incidences.¹⁹⁹ The refusal of visa issuances is argued as not advancing the protection of public health, as individuals who acquire a visa must show proof of a negative COVID-19 test before arriving in the United States and can quarantine.²⁰⁰

189 Ibid.

- 191 Pierce and Bolter, 2020; AIC, 2021.
- 192 U.S. Congress Joint Economic Committee, 2020.
- 193 IRS, 2021.

- 195 Blitzer, 2020; Loweree et al., 2020.
- 196 Chishti and Pierce, 2021.
- 197 Banco and Rodriguez, 2021.
- 198 Agriculture Workforce Coalition, 2020; American Medical Association, 2020.
- 199 Anderson, 2021.
- 200 Waldron and Ali, 2021.

¹⁹⁰ Loweree et al., 2020; McAuliffe, 2020.

¹⁹⁴ Loweree et al., 2020.

A further subset of policies was considered to inhibit the spread of the virus. For example, there was concern that the decision to exclude migrants from social support was interacting with the Public Charge Rule – which enabled migrants who were deemed "more likely than not" to use public benefits at any point in the future to be denied permanent residence – to discourage migrants from accessing health care and, in turn, "impeding efforts to stop the spread" of COVID-19.²⁰¹

Other policies were perceived not as exacerbating the response to the pandemic, but instead to be eroding humanitarian protections. Among those expelled under the CDC's March 2020 order were unaccompanied migrant children, with UNICEF warning that those who were returned to their countries of origin were a protection risk, as they faced violence and discrimination upon their return.²⁰² The New York City Bar raised similar concerns, arguing that safety protocols could have been implemented at the border that would have protected public health while simultaneously preserving the rights of asylum seekers.²⁰³

Good practices

The United States outlined a number of exceptions to border restrictions with the aim of supporting essential services. Shortly following the decision to suspend routine visa services, the Department of State acknowledged H-2 visa holders as essential to the United States economy and food security, and announced that the visa interview requirement would be waived for a range of applicants, including some agricultural workers, while emergency visa services were restarted for medical professionals.²⁰⁴ The United States also continued to permit "essential travel" across the United States–Mexico border, which included the movement of agricultural workers, individuals engaged in cross-border trade, and those travelling for emergency response and public health purposes.²⁰⁵ In August 2020, exceptions were announced following the suspension of certain types of temporary work visa, including public health or health-care professionals and researchers whose work would "help alleviate the effects of the pandemic".²⁰⁶

A number of state governments introduced policies to support migrants. In California, for example, one-time cash payments of USD 500 were distributed to those who were ineligible for support under the CARES Act because of their immigration status, while migrant and refugee communities in Chicago were able to access the city's COVID-19 Housing Assistance Grant programme.²⁰⁷ Meanwhile, other policies were suspended at the federal level. The Public Charge Rule was temporarily halted after a federal judge in New York issued a nationwide injunction in July 2020, although this was subsequently overturned in September 2020 by the United States Court of Appeal for the Second Circuit.²⁰⁸ Further, in November 2020 the expulsion of unaccompanied migrant children was blocked by a federal judge on the grounds that the minors could be subject to sexual abuse, torture or death upon returning to their country of origin.²⁰⁹ The vaccine roll-out has also included migrants and refugees, ensuring that every individual, regardless of their immigration status, can access a vaccine.²¹⁰ As of 10 March 2021, close to 10 per cent of the population was fully vaccinated,²¹¹ and by April 2021, the CDC reported that 40.9 per cent of the population had received at least one dose.²¹²

²⁰¹ U.S. Congress Joint Economic Committee, 2020; City of New York, 2020.

²⁰² UNICEF, 2020.

²⁰³ New York City Bar, 2020.

²⁰⁴ U.S. Department of State, 2020a; U.S. Department of State, 2020b.

²⁰⁵ U.S. Customs and Border Protection, 2020.

²⁰⁶ U.S. Department of State, 2020a.

²⁰⁷ California Department of Social Services, 2021; City of Chicago, 2020.

²⁰⁸ U.S. Citizenship and Immigration Services, 2020.

²⁰⁹ Hesson and Rosenburg, 2020.

²¹⁰ U.S. Department of Homeland Security, 2021.

²¹¹ AJMC, 2021.

²¹² CDC, 2021.

Lessons learned after 12 months of COVID-19

Changes to United States migration policy settings – as well as the Federal Government's broader COVID-19 response – largely reflected the change in administration in January 2021. Extensive criticisms of the previous administration's handing of the pandemic, predominantly around public health, but also including migration aspects, were voiced from early in the pandemic when its response measures were inadequate, delayed and/or fragmented.²¹³ The strong focus on the United States' domestic economic considerations within the context of a global public health emergency were compounded by what some experts considered to be discriminatory and ineffective measures that locked out migrants across the country from economic relief available to others.²¹⁴ While the immigration system has seen some important changes under the new administration (such as rescinding the so-called "Muslim ban" and increasing the refugee resettlement programme cap), changes related to COVID-19 aspects have also come about through the expiry of previous orders (such as those related to COVID-19 travel bans or restrictions).²¹⁵ At the time of writing, other COVID-19 measures, such as Title 42 allowing for the expulsion of people at United States borders, remained in place, despite calls for their removal as the United States incrementally improves its COVID-19 situation and response.²¹⁶ The need to reduce COVID-19 barriers has been offset by concerns over the increased arrivals at the southern border, where nearly 180,000 people arrived between January and March 2021.²¹⁷

²¹³ Altman, 2020; Lipton et al., 2021.

²¹⁴ Goodwin and Chemerinsky, 2021; Loweree et al., 2020.

²¹⁵ Montoya-Galvez, 2021.

²¹⁶ UNHCR, 2021b.

²¹⁷ Zakaria, 2021.

Country case study (Oceania): Fiji

Key statistics

Total population (2020)	0.9 million
Human Development Index category	High
GDP (2020)	USD 4.38 billion
GDP per capita (2020)	USD 4 882
Immigrants (2019)	
Millions	0.01
Percentage of population	1.57%
Emigrants abroad (2020)	
Millions	0.23
Percentage of population	26.09%
Refugees and asylum seekers hosted (2020)	19
Internally displaced persons (as at end 2020)	14 000
COVID-19 confirmed cases (as of 11 March 2021)	
Total	66
Per million	74
COVID-19 deaths (as of 11 March 2021)	
Total	2
Per million	2
Air passengers (2019)	1.70 million

Sources: Please refer to the (Africa) Kenya country case study table for sources.

COVID-19 and tourism in Fiji

Major impacts on populations

When COVID-19 reached the Pacific island State of Fiji, the country moved swiftly to halt the spread of the virus. On 25 March 2020, six days after the country announced its first confirmed case, the main airport was closed, while a curfew was enacted and quarantine measures for returning nationals were introduced.²¹⁸ As a result, Fiji was spared the worst of the health crisis, and on 4 November 2020 marked 200 days without any transmission in the community,²¹⁹ recording 66 cases and two deaths as of 11 March 2021, one year after the onset of the global pandemic.²²⁰

However, these actions simultaneously shut down the tourism sector on which the economy relies: the sector directly or indirectly employs approximately 140,000 people and contributes to 40 per cent of its GDP.²²¹ Tourism revenue

²¹⁸ Chanel, 2020; WHO, 2020c.

²¹⁹ WHO, 2020c.

²²⁰ Worldometer, 2021.

²²¹ United Nations Pacific, 2020.

was 99.4 per cent lower in June 2020 than a year earlier and, according to a July 2020 report, micro, small and medium enterprises (MSMEs) involved in the sector had lost seven times more income than MSMEs in non-tourism sectors, while large tourism businesses lost twice as much as non-tourism businesses.²²² The restrictions on mobility therefore had significant ramifications for the tourism sector and those reliant upon it.

Key challenges for authorities and practitioners

The shutdown created immediate difficulties for those working in the sector: about 45 per cent of the labour force in Fiji works in the tourism industry,²²³ with only 21 per cent of those employed prior to the pandemic still working full time in July 2020, while 52 per cent were either on leave without pay or working reducing reduced hours.²²⁴ This aligned with a survey of tourism-dependent communities in the Pacific, which found that almost 90 per cent of respondents lived in households that had seen a significant reduction of their usual income, with 85 per cent of those who owned tourism-related businesses losing over three-quarters of their usual income.²²⁵ This decline in income was particularly significant for women and vulnerable groups, who the UNDP notes typically lack access to social protection and safety nets. Indeed, they predicted that the severe downturn of the tourism sector would push marginal groups below the poverty line, exacerbate the income gap between high- and low-income earners and reinforce pre-existing gender inequalities by increasing the burden of domestic and care work for women.²²⁶ The Fiji Ministry of Women reported a significant increase in assaults against women, observing a tenfold increase between March and April 2020, with cases correlated with COVID-19, the strain on families and mobility restrictions.²²⁷

Between April and June 2020, Fiji garnered around FJD 4.2 million from tourist activities, compared with FJD 528.8 million earned in the previous year. Remaining stagnant, Fiji welcomed just over 1,000 tourists in the month of September 2020, compared with around 81,000 in the previous year.²²⁸ It is clear that the pandemic poses a long-term threat to the tourism sector, with a July 2020 survey finding that 60 per cent of tourism businesses anticipated either closure or moving away from the sector if international travel did not resume in the subsequent six months.²²⁹ This was in large part due to financial pressures, with 29 per cent of those surveyed expecting bankruptcy in this time frame, driven by a sharp decline in occupancy rates and forward bookings.²³⁰

Good practices

In their immediate COVID-19 response, the Government worked with the Fiji National Provident Fund (FNPF) – which collects compulsory contributions towards the retirement savings of Fijian workers and provides preretirement benefits – to reduce employers' and employees' mandatory contributions to the FNPF, with both schemes used by around 30 per cent of businesses. However, tourism businesses that operated informally were ineligible for this support.²³¹ Other initiatives were also introduced to support MSMEs, including short-term loans and loan repayment holidays, although take-up was initially low for these schemes, in part due to a lack of awareness among businesses.²³²

- 227 Connell, 2021.
- 228 Ibid.
- 229 IFC, 2020.
- 230 Ibid.
- 231 Ibid.
- 232 Ibid.

²²² Pacific Community Statistics for Development Division, 2020; IFC, 2020.

²²³ Connell, 2021.

²²⁴ IFC, 2020.

²²⁵ Scheyvens et al., 2020.

²²⁶ UNDP, 2020a.

Support was also provided for workers, with impacted tourism employees eligible to access monetary support through the FNPF, although again informal workers did not qualify for the initiative.²³³ As a result, many Fijians turned to traditional skills. Over half of respondents to the survey of tourism-dependent communities reported growing food for their household to adapt to the pressures of the pandemic, while many had begun fishing. In the absence of cash, 35 per cent also reported trading or bartering goods, with a Facebook page titled "Barter for a Better Fiji" amassing over 100,000 members in the weeks following the closure of the tourism sector:²³⁴ Support from NGOs such as the Foundation for Rural Integrated Enterprises and Development (FRIEND) supplied staple food packages for food banks in Fiji.²³⁵

The Fijian Government also sought a reopening of the sector. After stalled negotiations to open a "Bula Bubble" – whereby travel between Fiji, New Zealand and Australia could restart without the requirement to undergo quarantine – they instead allowed limited levels of "VIP tourism". In September 2020 a "Blue Lane" for superyachts was announced, where crew were permitted to arrive on the island if they had made no contact with people outside of their yacht for 14 days prior to arrival, while a luxury island resort opened for private hire – including chartered flights – in November 2020, so long as guests passed rigorous screening procedures beforehand.²³⁶

Lessons learned after 12 months of COVID-19

By highlighting the overreliance of the Fijian economy on tourism, the COVID-19 pandemic led to a push for its diversification. The UNDP, for example, proposed the upscaling of Fiji's agricultural response package, positing that this would not only create employment opportunities, but also reduce dependence on imports and improve food security.²³⁷ It has also drawn attention to the vulnerability of informal workers, with the Fiji Trades Union Congress calling for an extension of formal legal rights and protections to address gender imbalances in the labour market and alleviate poverty.²³⁸

238 ILO, 2020c.

²³³ Ibid.

²³⁴ Scheyvens et al., 2020; Tora, 2020.

²³⁵ Connell, 2021.

²³⁶ Rosen, 2020; Carruthers, 2020.

²³⁷ UNDP, 2020a.

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