

COVID-19 IMPACT ON INTERNATIONAL MIGRATION: UPHEAVAL IN THE SHORT RUN, BUT FEW LASTING EFFECTS

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Summary

- Border measures to prevent the spread of COVID-19 through international travel such as mandatory tests or quarantine requirements will have little effect on long-term migration, although they may discourage short-term travel for business or tourism.
- International coordination of strategies for infectious disease control and contact tracing across borders will render border measures redundant.
- When countries host irregular or undocumented immigrants, it is good public health policy to ensure that individuals can access health care and support, if they need to quarantine, without fear of being penalized for their (lack of) legal status.
- One lasting structural change due to the COVID-19 pandemic will likely be a discrete jump in the adoption of new information and communication technologies. However, digitization will leave many tasks that are now performed by immigrant workers in Europe unaffected. Demand for immigrant workers will therefore remain strong overall.
- Maintaining humane reception conditions for irregular immigrants and asylum seekers becomes more costly due to the COVID-19 pandemic. However, the right to apply for asylum exists independently of the pandemic. Fairer responsibility sharing for refugee protection becomes more urgent, both among EU member states and with non-EU countries.

Keywords: COVID-19, migration, travel restrictions, digitization, refugee protection, international coordination

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1 Introduction

In response to the spread of COVID-19, many countries have closed their borders to most international travelers. In some cases, such restrictions were stopgap measures while certain countries had lower infection rates than their neighbors. Over time, restrictions on international travel have come to complement wide-spread restrictions on travel within individual countries.

International travel restrictions are costly because they inhibit many cross-border transactions that involve movements of natural persons, including transport of goods (merchandise trade), tourism (an internationally traded service), business travel (a service industry and an input into international trade and capital movements), and international migration. While special rules already exist for transport operators to keep goods flowing across borders, many other international transactions are afflicted by travel restrictions.

This chapter focuses on the impact of likely future travel restrictions related to COVID-19 or other infectious diseases on international migration – both voluntary, especially labor, migration and forced migration by refugees seeking protection. Migration is often defined by individuals changing their country of residence for at least one year (IMF, 2009). In addition, this chapter considers forms of labor migration such as seasonal work of posted workers where migration spells are shorter but workers still depend on physically crossing borders to earn their livelihoods.

Travel restrictions affect not only those migrants who would currently want to travel to another country (but cannot) to study, take up a job or seek protection from war or persecution. Travel restrictions also affect migrants who already live abroad because many migrants maintain close personal and economic relations with relatives and friends in their countries of origin ('migrant transnationalism') and normally travel home often. Furthermore, many migrants struggle to integrate economically and socially into their host societies, especially when they are undocumented; they may therefore be hit particularly hard by COVID-19 related restrictions of all kinds.

This chapter starts by discussing what type of restrictions on international travel will likely persist in EU member states in the medium to long run and how these will affect migration (Section 2). Section 3 asks more broadly what structural change the COVID-19 pandemic will entail in high-income economies, especially in Europe, and how this will affect demand for immigrant workers in the long run. Section 4 turns to the separate issue of how ongoing restrictions affect forced migration and access to protection for refugees. Finally, Section 5 draws out some implications of our discussion for how infectious disease control and prevention can be fine-tuned to minimize disruption to international migration.

2 Border measures for infectious disease control will mostly affect short-term travel rather than migration

2.1 International travel

At present, international travel is subject to many restrictions that mirror travel restrictions within countries. The latter are expected to be gradually removed as restrictions related to the COVID-19 pandemic in general are eased. When this happens, the main rationale for any remaining border measures will be to ensure that arriving travelers pose no greater risk of spreading COVID-19 than a

country's residents.¹ Border measures come in many forms that vary greatly in their restrictiveness, including outright travel prohibitions; travel authorized only for certain purposes; quarantine requirements for arriving travelers; requirements for certification of noninfectious status; on-the-spot medical checks; or registration requirements to facilitate subsequent contact tracing if needed.

Ideally, a country may admit foreign residents without any restrictions if disease control and prevention in the partner country are equivalently strict; infection rates are similar; and relevant information about infected individuals is transmitted smoothly to permit cross-border contact tracing.² Within the EU, some countries that hope to attract foreign tourists in the summer of 2020 already proposed bilateral agreements to this effect in late April 2020. In the absence of such agreements, countries need to implement border measures unilaterally to ensure that if infected individuals arrive at the border, they are (to the extent possible) identified and receive appropriate care. Exactly what border measures satisfy the requirements of infectious disease control and prevention policies while being minimally invasive will depend on the emerging knowledge about the nature of the virus and how it spreads.

While bilateral agreements may allow some country pairs to restore unrestricted travel, especially within the EU, the resumption of many other bilateral travel corridors will likely involve some border measures to ensure that incoming travelers do not constitute an excess risk of spreading the virus. Border measures are inherently costly to implement for authorities and to comply with for travelers, both in strictly monetary terms and in terms of the time lost when crossing borders. Other than for very frequent travelers (transport operators, commuters, some posted workers) for whom special arrangements have been made from early on during the pandemic, border measures for infectious disease control will probably represent a fixed cost per entry into the destination country for most travelers (i.e. the cost does not depend on the length of the stay).

As a result, different types of cross-border movements and economic transactions will be affected differently: Relatively short international trips, such as for business meetings, provision of consultancy services, or tourism, will likely become less attractive compared with the alternatives of video-conferencing or tourism in one's country of residence.

By contrast, the extra one-time cost of moving abroad for long-term work due to border measures for infectious disease control and prevention, up to and including possible quarantine requirements, will probably not deter many migrants, given the high monetary and other costs that moving abroad entails in any case.

¹ There is an extensive debate on the usefulness and legality of international travel restrictions to contain infectious diseases in general and COVID-19 in particular. International migration patterns predict well the spread of COVID-19 to developing countries in particular, suggesting a possible role for travel restrictions in containing the disease (Ahsan et al., 2020). However, in its most current recommendations at end-February, the World Health Organization emphasizes that international travel restrictions are effective only during an early state of the transmission of infectious diseases when they may buy the authorities time to prepare and put in place more effective measures (WHO, 2020). Similarly, Chinazzi et al. (2020) show that travel bans in China and at the international level delayed the transmission of COVID-19 only temporarily. Based on the Schengen Border Code and other European law, Thym (2020) concludes that EU member states' travel restrictions within the Schengen area and with third countries can be justified in principle, but policy-makers should pay more attention to concerns about proportionality and nondiscrimination among EU citizens.

² One illustrative example is the proposed 'travel bubble' involving Australia and New Zealand which had both reduced the number of active infections sharply by early May 2020 (The Guardian, 2020c). The Baltic countries created a joint travel zone in mid-May 2020, with a 14-day quarantine for incoming travelers from outside the zone (BBC, 2020).

2.2 Circular migration

It is less clear-cut how border measures will affect various types of circular migration, such as seasonal work in agriculture where typical spells abroad range from two to six months or live-in care work in private households where caregivers typically alternate every two months. Such circular migrants maintain their main residence in their country of origin. In the worst possible case, with uncoordinated policies, they could be subject to quarantine requirements both in their country of destination and, upon their return, in their country of origin. In that case, some circular migration patterns might become unattractive.

However, in the few weeks since the onset of the COVID-19 pandemic, it turned out that many circular migrants are difficult or impossible to replace with resident workers, even with the onset of a major recession and large numbers of furloughed staff and growing unemployment in many countries of destination. In response, with some land borders in the EU closed, special arrangements were made in April 2020 to fly agricultural workers from Romania to the UK and Germany (The Guardian, 2020b; mdrAKTUELL, 2020-04-22). Live-in caregivers from abroad are considered essential workers in Germany; they may cross otherwise closed land borders and are not subject to quarantine requirements in Germany (Pflegehelden, 2020).

Although some of these arrangements are ad-hoc, at an early stage, the European Commission has emphasized the need for member states to permit intra-EU mobility for individuals with a wide range of “essential” occupations (European Commission, 2020a). There is similar guidance from the Commission on allowing health professionals and care-givers, among a few other groups, to enter the EU from non-EU countries in spite of the general ban on incoming travel (European Commission, 2020b). As member states emerge from their national lockdowns, governments can be expected to coordinate their policies on the mobility of workers within the EU even more effectively than in the recent past and keep health-related restrictions to a minimum. Therefore, although circular migration could be hit by ill-coordinated border measures for disease control, it seems likely that established migration corridors will be protected by the member state governments involved because of the critical importance of many seasonal and circular migrant workers.

In the current strategy for reducing the spread of COVID-19, two important elements are to identify and quarantine all carriers of the virus as early as possible and to trace and test (and quarantine if necessary) all their contacts. These interventions work best if medical care is easily accessible and individuals in quarantine (if they cannot work remotely) receive adequate income support. Otherwise, potentially sick individuals may delay seeking medical care to avoid treatment costs or income loss and potentially infected contacts may be slow to come forward. Contact tracing is greatly facilitated if individuals are registered at their place of residence.

2.3 Irregular immigration

In many EU member states, there are irregular immigrants and other residents for whom these conditions are not met. Informal workers often do not receive income support if they lose their incomes; other working precariously, such as in meat processing in Germany, may also have little social security (Food Processing, 2020). Their access to affordable health care may also be uncertain in practice. This applies even more strongly to undocumented immigrants who may risk deportation through any contact with authorities and may therefore be especially difficult to trace when they have been in contact with a virus carrier.

To ensure that sick people already in the country are not discouraged from seeking medical assistance, several EU member states guarantee to all who seek medical assistance that they will not be penalized

for a lack of legal status (The Guardian, 2020a). Given the uncertain duration of the COVID-19 pandemic and the large benefits of containing it sooner rather than later, measures to promote the social inclusion of marginal groups, including through access to medical care and regularization of immigrants with uncertain status, contribute substantially to the ultimate success of strategies to contain the spread of COVID-19.

At the same time, many EU member states are strengthening their efforts to close their borders to new irregular immigrants, including those who may want to make use of their legal right to apply for asylum (see Section 4 below). MEDAM (2020) discusses how joint migration management with countries of origin and transit and a comprehensive partnership based on shared interests are required to reduce irregular migration while managing borders humanely and protecting refugees.

3 Digitization due to COVID-19 will have little effect on demand for migrant workers in the long run

Beyond border measures for disease control that are costly to implement and to comply with (Section 2), COVID-19 may also affect migration in the long run by inducing structural change that impacts upon any of the numerous determinants of migration. It is assumed in this chapter that future GDP in most of the world will broadly follow the ‘V-shaped’ pattern of deep recession in 2020 and rapid recovery in 2021 forecast by *Gemeinschaftsdiagnose* (2020) and many others. In this case, most drivers of international migration that relate to international differences in living conditions and real incomes should be broadly similar to today following the expected recovery of the world economy in 2021.

One likely, lasting structural change is the rapid adoption of video-conferencing technologies and their growing acceptance as an alternative to in-person meetings and the associated travel. Although the digitization of business processes and communication has gone on for a long time, the disruption through the COVID-19 pandemic may turn incremental change into a discrete jump in technology adoption with clearly visible consequences.

As a result, many types of business communication will increasingly move online, especially as physical distancing policies will likely stay and business travel will remain cumbersome for some time. As a result, demand for some forms of passenger transport and hospitality services will likely remain subdued, along with business services like exhibition centers and conferences. In high-income countries, the hospitality industry employs many immigrants. Hence, total demand for migrant workers will be dampened to the extent that these industries face a lasting slump in demand.

Similarly, certain information-focused services, including those related to information and communication technology and consultancy of various kinds, will depend progressively less on natural persons being physically present. Hence, such services will become easier to trade across international borders. Especially high-skilled service workers will gain flexibility to live and work in a different location from where their customers are based, which may reduce incentives for international migration as well as short-term business travel. At this stage it is difficult to assess how large this effect will be.

At the same time, throughout the current pandemic, several sectors in high-income countries that employ many immigrants have seen strong demand for their services, including online retail trade and delivery services, agriculture and food processing, and health care and home care. “Essential” workers typically perform tangible tasks for which they need to be physically present at the point of service

delivery. Such tasks will likely remain difficult to trade internationally and migrant employment is entrenched in these sectors due to the prevailing combination of job requirements, working conditions, and wage levels. While some worker may move to these sectors from other industries where demand remains weak, such as hospitality, such mobility will remain limited in the long run if the predicted world-wide economic recovery materializes in 2021.

With this important caveat, it seems likely that digitization and structural change induced by COVID-19 will have little long-term effect on overall demand for immigrant workers in high-income economies. Other drivers of labor demand such as the demographic transition and the aging of populations will also change little. While aggregate labor demand is bound to decline during the current sharp recession, there is little room for any major adjustments in immigration policies: Within the EU, the free movement of labor is a core element of the European single market. For non-EU citizens, regular immigration is already tightly controlled and is determined, on the one hand, by labor market needs such as the scarcity of health care and IT professionals (which will likely persist). On the other hand, much immigration from non-EU countries is for family unification or purposes such as education and thus removed from considerations related to current labor demand.

4 Decent reception conditions for irregular migrants and access to asylum are both, humanitarian obligations and good public health policy

Several EU member states (as well as other countries like the US) have used the COVID-19 pandemic to justify the closing of their borders to all irregular migrants, including asylum seekers. This practice is not compatible with humanitarian principles or international and European law because all asylum seekers have the right to be received by an EU member state and to have their case for protection considered by the authorities.

At the same time, receiving large numbers of irregular migrants and asylum seekers is particularly challenging during a pandemic when state capacity is already stretched thin. Irregular migration risks undermining infectious disease control and prevention unless migrants are properly registered, receive medical exams, and are effectively quarantined if necessary.

While it is more difficult to ensure adequate reception conditions during the COVID-19 pandemic, serious public health risks may arise if irregular migrants and asylum seekers are left to their own devices and without access to subsistence, health care, and protection. When individuals live in cramped accommodation in unsanitary conditions, which is the case for many migrants with uncertain legal status, including in some large camps on the Greek islands, there is a high risk of infectious disease spreading rapidly among, and beyond the migrant population.

The European Commission has made clear that it expects member states to safeguard the right to asylum even during the pandemic. Hence, border closures and the suspension of asylum applications may be temporary. However, it is not clear when the pandemic will subside. Before they re-open their external borders, EU member states will want to ensure that their capacities for receiving and hosting irregular migrants and processing asylum applications will not be overstretched; in making that assessment, they will want to err on the side of caution. While EU member states are individually responsible for receiving migrants and safeguarding access to asylum, some member states are demonstrably overburdened by a large number of migrant arrivals (MEDAM, 2019: Section 4.1). Therefore, more responsibility sharing among EU member states will be required to ensure that

reception conditions can be maintained in line with humanitarian standards, especially during the COVID-19 pandemic.

Furthermore, in the medium to long run, migrant inflows into the EU will need to be managed in close cooperation with countries of origin and transit in order to implement EU immigration and visa policies effectively and contain irregular immigration while protecting refugees (MEDAM, 2020). This is particularly important during the COVID-19 pandemic because vulnerable migrants of uncertain status left to their own devices will be at risk from contracting and further spreading the virus.

Cooperation on migration management may be politically difficult for partner countries because it may involve them in hosting third-country citizens who would rather move to Europe (such as many Syrians in Turkey) or readmitting their own citizens who have travelled to Europe but have no permission to stay there. Therefore, such agreements on joint migration management need to be comprehensive and cover enough policy areas to offer significant benefits to both sides. Only then will both sides have strong incentives to fully comply with the agreement, even when they are obliged to implement politically divisive provisions. In particular, effective cooperation with countries of origin and transit will require a more equitable sharing of responsibility (including financial) for the hosting of refugees and more opportunities for legal labor migration to Europe as a viable alternative to irregular migration (MEDAM, 2020).

5 Key findings and policy implications

Most countries have imposed wide-ranging restrictions on all international travel to contain the spread of COVID-19. In the medium to long run (but before the arrival of an effective vaccine or medication), countries can rationally lift restrictions on the entry of individuals from abroad (only) if the partner country's regime for infectious disease control is equivalent to their own and there is full information exchange between national authorities on affected individuals. Otherwise, countries need to rely on border measures such as quarantine requirements, medical certificates, or on-the-spot tests to ensure that any carriers of the virus among arriving travelers are identified and supported.

While border measures will probably persist, especially for individuals arriving in EU member states from many non-EU countries, they will mostly deter short-term travel such as for business or tourism where the cost of compliance is high relative to the benefits of traveling while effective substitutes are available (video-conferencing or tourism in more easily accessible countries). However, border measures are unlikely to deter long-term regular migration. Although the evolution of labor demand during the coming recession and (hopefully) recovery is difficult to predict, many sectors that are now considered critical (health and social care; food production, processing, and distribution; delivery services) employ a large number of immigrants and there is no sign that this might change. Barring major changes in immigration policy, demand for immigrant workers will likely remain strong and regular immigration may be little affected by border measures for infectious disease control.

By contrast, irregular immigrants, including those seeking to apply for asylum, are not covered by international cooperation for infectious disease control and prevention. While it is considered good practice in international migration policy to work to reduce irregular migration (the Global Compact explicitly calls for Safe, Orderly, and Regular Migration), a pandemic in no way obviates the right of refugees to humane reception conditions and protection. A fair sharing of responsibility for refugee protection, both among EU member states and between the EU and non-EU countries of asylum, becomes especially important to ensure that no host country is overburdened and all migrants have access to health care when they are at risk from contracting and further spreading COVID-19.

In sum, the pandemic calls for international cooperation in two broad areas: First, by coordinating their measures for infectious disease control and prevention and exchanging information as needed on affected international travelers, EU member states and non-EU countries may control the cross-border spread of the virus and permit the reopening of international borders. Second, EU member states need to share responsibility for refugee protection more effectively, both amongst themselves and with non-EU countries. For vulnerable migrants to have access to subsistence and essential services, including health care, is not only a basic humanitarian requirement, but also reduces the risk of them contracting and spreading COVID-19.

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