CROSS-BORDER HUMAN MOBILITY AMID AND AFTER COVID-19

OVERVIEW

- The dramatic impacts of the COVID-19 pandemic have further embedded public health concerns in questions of migration and mobility at large, revealing the critical need to rethink policies and practices.

- International human mobility has been drastically reduced, with border closures and travel restrictions of unprecedented scale. With a few exceptions, almost all countries have restricted international mobility. As they contemplate removing internal restrictions and reopening borders, states are confronted with a high level of uncertainty and one common challenge: how to resume cross-border mobility while safeguarding global public health?

- Given this high level of uncertainty, a range of flexible and innovative public health solutions will need to be implemented at the border, which will need to be adjusted by governments at national and regional levels based on existing and emerging evidence about the pandemic, as well as their ongoing effectiveness.

- For governments contemplating selective reopening based on diverse criteria such as infection rates, geographical proximity, regional integration agreements, and high value trade and mobility corridors, they will also need to take into account the measures and capacities in partner countries to manage additional risk. No country can be left behind in the effort to integrate public health concerns into human at the border, and beyond.

- IOM has demonstrated expertise in addressing complex immigration and border management challenges, including global health security challenges. Working with States and partners, IOM can support concrete ways forward on the future of cross-border human mobility, including measures to ensure that that no person, or country, is left behind. To do this, a global conversation on future border management in the context of the pandemic will be necessary. IOM should be central to such conversation.

- IOM is building a toolkit of standardized border management and migration health tools and SOPs that could build operational capacities and provide timely information for preparedness and response along the mobility continuum, including at Points of Entry (PoEs). These are based on IOM's experience with public health emergencies such as the Ebola Virus Disease. This toolkit includes assessments at land, airport and port PoEs; minimum requirement checklists for readiness for outbreaks, standards operating procedures (SOPs) for early warning and response, and data management and exit/entry screening SOPs.

KEY CHALLENGES

- If international travel restrictions remain in place beyond the most critical needs of the current pandemic, there will be severe impacts on communities reliant on tourism, migrant labour, remittances and seasonal and trade-related mobility linked livelihoods. This is particularly the case for remote and landlocked countries, and those already affected by natural or humanitarian disasters, where reliance on external aid is further exacerbating impact.

- Conversely, uncoordinated opening and closing of borders will be deeply challenging for the future management of international and cross-border mobility, as well as pre-existing visa and other immigration agreements. It will become difficult to manage temporary immigration programmes as well as large-scale tourist events.

- While the longer-term impact of the COVID-19 pandemic is yet to be seen, it will fundamentally reshape the migration, health and border management landscape States will need to make quick decisions about immigration and border management assessing new, relevant health data, while respecting personal data and data protection regulations. Ensuring that there is an international forum to exchange information, establish common understanding, and identify gaps in capacity, will be key.

- It is likely that countries will witness multiple waves of COVID-19 cases at different intervals and in variable local contexts in the coming years. In a post-COVID 19 reality, there is an urgency to ensure a more holistic approach to border management by finding ways to adapt the International Health Regulations (IHR) mechanisms as an integral element. A central imperative will be how to fully integrate pre-departure health assessment programmes and Health, Border and Mobility Management approaches more broadly across the mobility continuum. IOM has substantive experience and expertise to provide to support Member States in these fields.

KEY SOLUTIONS

Before travel:

- To counter the effects of misinformation, migrants, foreign travellers, as well as origin and destination communities, will need to be adequately informed in languages and through channels that are adapted to the communities targeted as well as be offered psychosocial support services to rebuild trust in the migration process and in enhanced community surveillance.

- Public health measures – such as health education, medical screenings, and referrals for treatment – will be critical. Migration health assessments, including those implemented by IOM on behalf of Member States show that when based on solid public health evidence and without stigma or discrimination, they can positively impact a migrant's capacity to integrate fully into receiving societies by ensuring that the migration process does not endanger the health of either the migrant or the host population.

- Passenger Name Records (PNR) and Advance Passenger Information (API) can be an important tool in supporting health measures taken by border control agencies on the primary line at the border, but will need a strong legislative base, which will take time to agree, and implement.

- Remote visa processing solutions (such as web-based platforms, courier, phone, live-chat, email

and remote interviews) will need to be considered in the short and longer term, to help Member States respond to capacity gaps and expedite visa processing activities in a way that is compliant with social distancing and health regulations to guarantee the security standards needed for identity verification and fraud prevention, while upholding data privacy standards and respecting human rights of prospective migrants and travellers.

During travel:

- There is likely to be increased pressure on authorities and service providers to ensure that the recommended physical distancing measures are applied along the entire journey of the traveller, including through the use of technologies such as touchless biometrics and contactless passage through security and border control. This may have a strong impact on the costs of travel to States and migrants and travellers themselves. Innovative ideas such as the introduction of Digital Travel Credentials[1] (DTC) would allow for a more seamless traveller experience with fewer passenger touchpoints, resulting in a safer travel environment for both the passenger and PoE personnel. In addition, facilities that allow for thorough and frequent handwashing throughout the travel process will be critical.

- The IHR include a number of assessment tools that can be adapted and utilized in the COVID-19 context to facilitate the safe and secure lifting of travel restrictions and border closures. Related Joint External Evaluations (JEEs) can be used to assess country capacity to prevent, detect and respond to public health threats, and identify the gaps and needs within their health systems. IOM with WHO can build national capacities in conducting JEE with Member States.

- IOM's Migration Information and Data Analysis System (MIDAS) is an example of border management system that can be used for expanded Single Window purposes. It allows governments to store relevant data in one single repository which can be accessed by multiple agencies involved in cross-border clearance – be it for immigration, health, security, or trade and customs purposes. MIDAS can be connected to e-visa platforms, receive "batch" API messages and customs data, and could also be used for health-related contact tracing.

Upon arrival:

- While quarantine measures have been put in place to prevent the (re)introduction and spread of COVID-19 into communities, they may themselves carry risks to the health and well-being of quarantined migrants and staff. Quarantine for migrants in vulnerable situations requires coordinated oversight to ensure that their basic rights are respected, with clear entry and exit criteria.

- Enhanced contact tracing will be an essential tool and will require standardized health and border operating procedures to be effective across borders, so that sending and receiving locations can follow migrants and travellers' personal and health data, while respecting differing data protection regulations in different countries. Similarly, traveller data collected at points of entry (i.e. airports, seaports and land border crossings) for contact tracing, would have to be in line with international data protection standards.

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[1] A virtual identity credential that is derived and links to a formal identity document, accessed through biometric authentication (e.g. a credential stored on a mobile device or online).

IOM UN MIGRATION

KEY RECOMMENDATIONS

- The potential multiple waves and clusters of COVID-19 outbreaks around the world will result in significant variability in the implementation, removal and possible reintroduction of travel restrictions and border closures. Whilst governments are concerned with establishing health-based border procedures, they will have to take into account a continually fluctuating situation and evolving scientific evidence.

- The systematic integration of health and cross-border mobility approaches will require a fundamental change in approach as well as mature partnerships and international cooperation. Such an approach would integrate trade, mobility and human health within Integrated/Coordinated border management approaches. This could become an agreed upon concept that could be adapted, integrated, or aligned according to national and regional realities, priorities and existing guidance.

- It will be important to aim for objective and timely removal of travel restrictions based on comprehensive risk assessment and international coordination, with full coordination between States. States and other stakeholders should promote coordinated and evidence-based decision-making with only necessary, proportionate, objective and non-discriminatory measures, and with full respect for human rights, including the right to privacy. Measures will need to be based on careful risk assessments and reconsidered regularly as the situation evolves, with international sharing of information and reports per the IHR requirements.

- Public health emergency preparedness and response measures will need to become a fundamental aspect of migration management. A central imperative will be how to fully integrate Health, Border and Mobility Management approaches, including current IHR guidance and tools, so that border officials and migration authorities can adequately respond to public health threats while respecting their international obligations.

- The implementation of the IHR will need to be enhanced, with particular attention to building core national and local capacities, adequate surveillance infrastructure, and improved information-sharing within and between countries. This will require political will.

- The COVID-19 pandemic clearly demonstrates the need for strong investment in global health security as a key component of well managed migration systems, but also global dialogue, recognising also the inextricable links between mobility and trade more broadly. The COVID-19 response provides an opportunity to further this approach.