# CROSS-BORDER HUMAN MOBILITY AMID AND AFTER COVID-19

The COVID-19 pandemic is a public health, socioeconomic, political, human rights and mobility crisis that has resulted in over two million cases and the death of over a hundred thousand people (till date) and has severely impacted national economies worldwide. As noted in the recently published UN Secretary-General's brief on COVID-19 and People on the Move,[1] COVID-19 is exacerbating pre-existing inequalities, particularly for migrants.[2] The pandemic has already placed several countries into recession and severely disrupted international supply chains for essential commodities and services. While migrants may not inherently be more vulnerable to, or at risk of, contracting infectious diseases, recent news of COVID-19 outbreaks in migrant communities shown how the conditions in which they migrate, live or work can influence health outcomes for migrants themselves and, as a result, host communities.

One of the most dramatic responses has been the global suspension of international travel in the hopes of slowing down the spread of the virus. This has, in turn, revealed a critical need for the entire spectrum of migration management to adapt to a new reality. As countries contemplate removing internal restrictions and reopening borders, they are all confronted with the same challenge: there is no clear blueprint on how to safely enable cross-border human mobility in a post-pandemic world. IOM has recognized expertise in addressing complex immigration and border management challenges, including global health security challenges such as outbreaks of Ebola and pandemic flu. As such, the Organization has reviewed the various challenges and opportunities facing governments in terms of effectively integrating health concerns into global immigration and border management systems. This paper sets out our initial findings and scenarios regarding the future of cross-border human mobility, including measures that will be needed to ensure that no person, or country, is left behind. While this paper focuses on migrants and the challenges they face, it is recognized that much of this analysis also applies more broadly to travellers[3] and human mobility overall[4].

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[1]  www.un.org

[2]  IOM defines 'migrant' inclusively as : "An umbrella term, not defined under international law, reflecting the common lay understanding of a person who moves away from his or her place of usual residence, whether within a country or across an international border, temporarily or permanently, and for a variety of reasons. The term includes a number of well-defined legal categories of people, such as migrant workers; persons whose particular types of movements are legally defined, such as smuggled migrants; as well as those whose status or means of movement are not specifically defined under international law, such as international students". IOM, Glossary on Migration, IML Series No. 34.

[3]  IOM defines "traveller" as: A person who moves between different geographic locations, for any purpose and any duration. In this Issue Brief, this term is used to specify movement of persons that may be broader than migration, such as for temporary visitors, tourists, short term business or employment or family visits, daily cross-border workers, among others.

[4]  IOM defines "human mobility" as: A generic term covering all the different forms of movements of persons.
    Source: IOM, Glossary on Migration, IML Series No. 34.

## A. BACKGROUND

International human mobility has been drastically reduced, with border closures and travel restrictions of unprecedented scale.[5] With a few exceptions, such as some island States,[6] almost all countries have reported COVID-19 cases and have restricted international mobility through border closures, entry restrictions and changes to visa and/or entry requirements. At the same time, internal lockdown measures have also affected internal mobility, notably for hundreds of thousands of internal migrants in countries like India. Overall these border closures and travel restrictions have significantly reduced the regular movement of persons across borders, with just a few exceptions, such as essential medical personnel to countries like Peru, the arrival of seasonal workers to Canada and Germany, and the widespread repatriation of nationals. In other contexts, significant numbers of migrants have remained stranded. In Southern Africa, for example, it is estimated by IOM that more than 78,500 migrants have been left stranded across the region, including in the largest destination country, South Africa. Dozens of Malawian migrants were recently apprehended, including in Zimbabwe, after attempting to return irregularly back home.

In the absence of targeted therapeutics or a vaccine, and given fears that health systems would be unable to cope with this novel disease, movement restriction measures have been regarded by many States as temporarily necessary to save lives and ensure public health security. Gaps remain in our knowledge of the effectiveness of such mobility-related interventions. Some studies indicate that, while travel restrictions and border closures may not entirely prevent disease importation (except in otherwise fully isolated locations), they might delay the start of a local epidemic and enable societies and health systems to prepare and reduce transmission rates if implemented early enough.[7]

The environment is dynamic and changing rapidly. There is a high level of uncertainty regarding the future of global border management and immigration policies and systems, and a range of flexible and innovative solutions will need to be implemented and adjusted by governments at national and regional levels based on existing and emerging evidence about the pandemic, as well as the effectiveness of various medical, public health and social response measures. However, there is a growing consensus that the COVID-19 pandemic may last for several years, and that the COVID-19 virus may become an endemic infection that needs to be treated and managed sustainably across countries, even as research continues to identify an effective vaccine or therapeutic breakthrough.[8]

*Some initial considerations:*

- It seems unlikely that there will be a return to the pre-pandemic levels of mobility once these restrictions are removed. The gradual reopening of national borders will be motivated by both health and economic imperatives and requires safeguards in place, also to reassure the public and maintain trust.

- Human mobility dynamics are likely to become more localized and regional in the short term, which may be intensified through the creation of mobility corridors and "travel bubbles". This comes with the risk of increased irregularity[9] and greater costs to both migrants (and travellers in general) and States. Such trends may be dependent on other factors, such as pre-existing regional integration, including regional free movement-related measures such as visa facilitation and labour mobility channels. These may also be impacted by economic slowdown.

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[5] www.migration.iom.int

[6] Nauru, Kiribati and the Solomon Islands, for example.

[7] www.oxfordmartin.ox.ac.uk
    www.who.int

[8] www.who.int - emergencies

[9] www.reliefweb.int

- 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. When combined with the overall economic impact and loss of jobs in public and private sectors, including the devastating effect on the airline industry, it is clear that the prospects and requirements for regular migration pathways will be disproportionately affected, with a specific impact on international travel and mobility.

This background presents an unfortunate and unique conundrum for human mobility for the coming months and years. Whereas public health concerns have resulted in restrictions in movement, travel, and exchange of goods, these are also necessary to support a robust socioeconomic recovery and foster prosperous future societies. As acknowledged by the UN 2030 Agenda for Sustainable Development, migrants' intellectual, cultural, human, and financial capital and their active participation in societies and economies have always been a stellar contribution to human, social and economic development. Reigniting this positive potential will require governments and migrants to reimagine public health considerations along the mobility continuum, including before departure; during travel and transit via air, sea and land borders; upon arrival and return, for both long-term and short-term migration.

## B. SHORT- AND MEDIUM-TERM CHALLENGES AND PROPOSED SOLUTION

Blanket restrictions on international travel are not viable in the medium to long term. As and when travel and mobility resume – albeit with huge shifts within and across regions – additional health requirements from all destination countries are likely to be put in place, applying to a larger and more diverse group of migrants and travellers in general. International mobility has been limited according to country-by-country definitions of "essential" movement – such as for health-care personnel, humanitarian aid workers, food supply and essential commodities supply personnel, seasonal migrant workers, migrants in a vulnerable situation, those reunifying with family, or asylum seekers. These have not been consistent or, indeed, always based on scientific evidence. There are no internationally accepted and relevant definitions of "essential" migration. Thus, in the absence of credible, sustainable, and guaranteed means to integrate health concerns into immigration procedures and border management processes, countries and regions may decide to artificially rank various migration pathways based on national economic and political interests, leading to further inequality of access to regular channels of entry and stay.[10]

The International Health Regulations (IHR) are designed to mitigate this outcome. Several countries have been guided by the IHR that aim "to prevent, protect against, control and provide a public health response to the international spread of disease in ways that are commensurate with and restricted to public health risks, and which avoid unnecessary interference with international traffic and trade".[11] IHR require all Parties to notify such measures in a timely manner, as well as ensure that they are not more restrictive or intrusive to international travel and persons than reasonable available alternatives that would achieve the same level of health protection (Article 34).

However, countries have faced several challenges in the implementation of IHR measures as well as in adapting recommendations to national pandemic preparedness plans. A review of the pandemic influenza A (H1N1) in 2009 – the first major test of the IHR (2005) – concluded that the core national and local capacities called for in the IHR were not fully operational and the world was not yet prepared for timely implementation worldwide.[12] Similarly, a study to address challenges in reporting early information to WHO on public health events found that delays were not a result of malfunctioning IHR tools, but rather caused by barriers such as inadequate surveillance infrastructure or poor information-sharing within and between countries. Limited resources, weak administrative structures, as well as political and economic considerations all play a role.

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[10] www.compas.ox.ac.uk

[11] www.who.int

[12] www.who.int

Thus,[13] the IHR have not been fully adopted within Integrated[14] or Coordinated Border Management[15] responses.[16] Moreover, even where IHR core capacities at Points of Entry (PoE) have been proposed, they have largely been underfunded; evaluations undertaken by the World Customs Organization routinely show a lack of preparedness.[17] Thus, while the IHR is a necessary and binding framework, it is one that requires further investment and implementation. Enhancing available tools and guidelines in light of the pandemic to promote safe regular migration in the future may also be necessary.

> ### EU Integrated and World Customs Organization Coordinated Border Management approaches
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> **Integrated Border Management**, an EU concept, consists of a number of different components, including border control, search and rescue operations, risk analysis, information exchange, inter-agency cooperation, international cooperation, return and others. Fundamental rights are one of the overarching components.
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> **Coordinated Border Management,** a WCO concept, is "a coordinated approach by border control agencies, both domestic and international, in the context of seeking greater efficiencies over managing trade and travel flows, while maintaining a balance with compliance requirements." (WCO definition)
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> The two concepts can be seen complementary in their approach to ensuring inter-agency and cross-border/international cooperation. However, neither approach explicitly integrates public health, and in the case of coordinated border management – makes no explicit reference to human mobility.
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> For the purpose of this paper, the above concepts will be referred to as I/CBM.

The COVID-19 pandemic, and subsequent mobility restrictions, have now further embedded public health concerns in promoting safe and regular migration and highlighted the key role of public health authorities as key stakeholders in cross-border mobility. But integrating these health concerns will be no easy task. It will require a mutual understanding of key concepts and procedures between the health and migration sectors, alongside quick adaptation of regulatory and operational measures. Critically, it will require a rethink of immigration, travel and border processes so that they can be responsive to changes in cross-border infection rates, while maintaining consistent adherence to human rights law.[18] Emphasis should continue to be placed on protection-sensitive border management which respects human rights including: the principle of non-refoulement, the right to seek asylum, the prohibition of discrimination, the best interests of the child, protection of the right to privacy and data protection, the principle of family unity and the right to freedom of movement, notably the right to leave any country and to return to one's own country.

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[13] www.who.int/bulletin

[14] The European Integrated Border Management is defined in Article 3 of the Regulation 2019/1896 of the European Parliament and of the Council of 13 November 2019.

[15] Coordinated Border management (WCO/WTO) approach.

[16] Measures focused on sanitary and phytosanitary (SPS) aspects in order to protect humans, animals and plants from diseases, pests or contaminants. SPS measures place focus on food safety and animal and plant health measures, rather than on health and safety of travellers and the capacity of border officials in managing efficiently the risks of human-to-human disease transmission.

[17] www.wcoomd.org

[18] There is a need to fully adapt procedures followed during air travel, for sea travel and at land crossings. IOM as the co-lead on the United nations Crisis Management Team (UNCMT) together with ICAO, IMO and WHO, has been working on mapping the evolving impacts of COVID-19 on international travel, trade, immigration and border management. The ICAO Collaborative Arrangement for the Prevention and Management of Public Health Events in Civil Aviation (CAPSCA) recommends the implementation of a "Public Health Corridor" (PHC) to facilitate essential cargo, repatriation and humanitarian flights while protecting the health and safety of crew and passengers.

As borders reopen, countries are likely to impose additional health requirements for travel, increasing the need for health and border assessments, testing, screening, immunization, treatment, certification and more. Unless these measures are coordinated, temporary (based on a state of emergency), and respectful of the individual's right to privacy, and proportionate, there is a risk that countries may put in place overly burdensome, prolonged and ad hoc requirements for border management and international travel restrictions.[19] The additional resources required for the development of health and border capacities may disadvantage low income States. Similarly, individuals may be disadvantaged if stranded or detained for indeterminate periods, required to self-finance periods of quarantine or faced with disproportionate out-of-pocket health expenditures in order to travel. Necessary support for and technical cooperation with low-income countries should be prioritized to ensure they are not left behind, as an outbreak can spread through any region in the world.

### I. Prior to and during travel

In the short and medium term, given abundant misinformation about the COVID-19 infection as well as related discrimination against migrants and foreign travellers, efforts will need to be made to ensure migrants, as well as origin and receiving communities, receive adequate information and awareness about the likely course of the pandemic. This includes migration-sensitive health messaging to promote behaviour change and psychosocial support services to rebuild trust in migration processes, enhanced community surveillance, as well as activities at the PoE such as dedicated instructions to report related illness. IOM's Migrants as Messengers project in West Africa is an example of a peer-to-peer communication conducted virtually. In Côte d'Ivoire, volunteers produced and disseminated 32 videos to raise awareness about Covid-19 with similar initiatives in the Gambia, Guinea, Liberia, Nigeria, Senegal and Sierra Leone.

Travel will require comprehensive pre-departure public health measures including health education, diagnostics, therapeutics, referrals, preventive measures, and health information-sharing, for various migrant groups and travellers. An increasing number of destination countries will require pre-departure health assessments. It remains critical to use scientific criteria to determine when health assessments are needed and to whom they need to be applied, in order to avoid discrimination and stigma.

Countries with longstanding experience in carrying out pre-departure migration health assessments have shown how using the latest evidence base, when coupled with timely health information, treatment referrals, and post-arrival access to health care, can promote public health. For example, evidence from the United Kingdom shows the value of pre-entry tuberculosis (TB) screening programmes, when coupled with screening and treatment of latent TB infections, for migrants from high TB incidence countries. Similar evidence from the United States shows that enhancement of screening protocols, with the addition of diagnostic and treatment criteria based on latest scientific evidence, had a significant impact on TB among foreign-born persons, and called for further investments in post-arrival access to health care.[20]

Bilateral or multilateral health information systems such as those managed by IOM for the UK TB screening programme can enable real-time and retrospective generation of public health analytics to review and improve immigration and health policies. Similarly, innovative approaches can strengthen capacities in diagnostics (such as teleradiology or mobile laboratory specimen collection systems) and therapeutics (such as virtual health consultations, or SMS-based health information about travel or destination health systems).

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[19] www.iom.int

[20] www.sciencedirect.com ; www.thorax.bmj.com ; www.ncbi.nlm.nih.gov

It is likely that social and physical distancing measures will be required during visa application services at consulates and by visa service providers (including documentation verification). There will also be a strong push for adapted and secure visa application processes that require investment. While temporary, flexible, solutions have been implemented by adjusting immigration regulations during the pandemic, many countries will need to introduce large-scale technical changes to process applications, including efficient case management systems, addressing backlogs in visa and residency-related processing management and online platforms for migrants and travellers in general.

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### Migration Health Assessments

Even before the current pandemic, health screenings and border health interventions have been key considerations in international migration, refugee movements and general travel. Several countries have been guided by the International Health regulations (IHR, 2005), with further impetus from emerging and re-emerging infectious diseases, to require health-related assessments and information. These are particularly relevant for longer-term migrants but also short-term mobility across borders.

Migration health assessments, including those implemented by IOM on behalf of Member States, show that – when based on solid public health evidence, 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. Migrants are placed at the centre of the process, with health assessments delivered in a timely and efficient manner that is beneficial, equitable, and accessible for all, and upholds national and international health legislation. These health assessments are most beneficial when integrated within existing national health programmes as well as immigration and border management policies, ensuring collaboration with national partners, training local providers, and regular evaluations of their effectiveness.

In the future, migration health assessments may be adapted to meet additional requirements for COVID-19 infections. This may include testing (per national criteria), pre-departure screenings (including for health certificates once evidence-based systematic screening guidelines become available), conducting symptomatic surveys including through virtual outreach, and offering health education and travel support. Similarly, migration health information systems, such as those used by destination countries like the United States and United Kingdom for TB, could be enhanced to allow secure health data sharing across borders in a way that respects national and individual data protection regulations. Innovative practices such as e-consultations, teleradiology, mobile clinics and use of health informatics tools would be an asset for adapting migration health assessments, especially in low-resourced settings, and in challenging operating environments and remote locations.

More information

Remote visa processing solutions (such as web-based platforms, courier, phone, live-chat, email and remote interviews) 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, while meeting human rights standards. In a number of countries, remote processing solutions have been implemented and will need to be adapted to longer-term use. For example, Embassies of the Government of Mozambique have started receiving visa applications by post, the Republic of Korea has implemented application submission via courier, while South Africa has piloted an online platform for visa applicants from selected nationalities. Moving to remote visa processing undoubtedly requires a significant initial investment by governments to guarantee the security standards needed for identity verification and fraud prevention, while upholding data privacy standards for prospective migrants and travellers. In the long term however, these measures will result in an optimized management of costs and resources and can be seen as an acceleration of an existing move to incorporate technology into the process.

> ### The case of "immunity passports"
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> A number of countries are discussing the possibility of issuing COVID-19 medical certificates, or so-called "immunity passports". The latest guidance on this topic from WHO concludes that there is currently insufficient scientific evidence to guarantee the effectiveness or suitability of these testing procedures, therefore any steps towards the implementation of some form of an "immunity passport" will need to consider further scientific evidence, as it becomes available.
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> Beyond the current lack of reliable antibody testing, the issuance of such documents risks further entrenching inequalities in human mobility by constituting barriers that in effect will limit the access and affordability of regular migration. But these discussions across governments reflect a heightened recognition of the interdependence between immigration procedures and public health considerations. Measures that may be directly integrated into travel and visa requirements before, during and after travel, as well as at PoEs, are likely to become an essential key component of all future regular migration schemes.
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> More information

Passenger Name Records (PNR) and Advance Passenger Information (API)[21] can be an important tool in supporting health measures taken by border control agencies on the primary line at the border. Some countries, those which are legally authorized to use API and PNR on public health grounds, have done so in the past, such as during the Ebola outbreak. API, and particularly PNR data collected by the airlines and shared with governmental authorities of the destination country can indeed be useful to document a person's travel history to an outbreak area and trace contacts; for example, passengers seated within two metres of a traveller who is later confirmed to have COVID-19 could be identified, contacted, tested or asked to self-isolate. The implementation of I/CBM at the national level would require strong collaboration between immigration and health authorities.

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[21] API and PNR contain detailed information about the traveller and their journey, including biographic details, travel itinerary, seat number and contact information, among others. This data is collected by airlines at the time of check-in or ticket reservation and once the flight departs, shared with immigration authorities of the destination country prior to the person's arrival for pre-clearance. Although originally designed for air travel, it is currently expanding into rail and maritime travel, as well. The purpose for which API and PNR data is collected, analysed, stored and shared is usually restricted to countering serious crime, such as terrorism.

However, national legal frameworks would need to be adjusted to include public health (or other appropriate and legitimate bases) among the grounds justifying the collection, analysis, storage and sharing of API/PNR data. Critically, data sharing agreements that are in line with international data protection standards and applicable regional and national legislation would need to be concluded between the competent authorities presently handling API/PNR and the national health authorities. Any data shared would need to be reduced to the necessary minimum in order not to infringe a person's right to privacy - for example, limiting data to the travel itinerary and the seat number of an infected patient to facilitate contact tracing. Access to this data by health personnel would need to be strictly regulated and the data retention period specified, after which the information would need to be masked or deleted, in line with existing data privacy and API/PNR legislation.

More extensive changes – such as including new, health-related data elements in the PNR message – are unlikely in the short to medium term. At present, there is no such International Civil Aviation Organization (ICAO) Standard or Recommended Practice to guide the legislative framework, and vigorous impact assessment and consultations would need to take place to explore both feasibility and desirability, including any systemic changes that the industry and governments would need to undertake to accommodate this change.

Expanded use of the national Single Window[22] concept may be relevant in this regard. Similar to the potential reforms in visa issuance processes outlined above, digital Single Window facilities would meet a renewed demand for safe, adaptable clearance processes, in a context where increased cross-border cooperation between agencies will be essential. There is an opportunity to leapfrog administrative and financial obstacles that have not yet allowed immigration data to be systematically integrated into the model, currently centred around customs export, import and transit. If integrated, Single Window could be a powerful facilitator of cross-border mobility, accelerating lengthy clearance procedures for both travellers and traders. However, new models of inter-agency Single Window will require common policies, regulation, and legislation.[23]

While there is no harmonized concept of Single Window – and many types exist in different countries – the theory commonly refers to a single data platform where all cross-border movement related data is collected and processed by relevant agencies involved. Depending on the type of Single Window, different agencies, such as police, immigration, and health authorities, can have access to the data stored in the platform.[24] Its main advantage is to simplify border crossing procedures, as relevant data is not submitted to different agencies separately but stored into a single repository which is then accessed by multiple parties. While many countries already have national Single Window in place to facilitate cross-border trade, notably in regional economic communities such as the European Union or the Association of South East Asian Nations (ASEAN),[25] these systems are often not integrated with border management systems or accessible to health authorities.

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[22] In its most widely accepted international definition, a single window is a facility that allows parties involved in trade and transport to lodge standardized information and documents with a single entry point to fulfil all import, export and transit-related regulatory requirements. If information is electronic, then individual data elements should only be submitted once (UNECE, 2015) World Customs Journal Single window in the context of the WTO Trade.

[23] Gerard McLinden et al., Border Management Modernization (World Bank Publications, 2010, p. 126).

[24] Gerard McLinden et al., Border Management Modernization (World Bank Publications, 2010, p. 126).

[25] Vimbai Lisa Michelle Jana, Adopting a Harmonized Regional Approach to Customs Regulation for the Tripartite Free Trade Agreement (Anchor Academic Publishing, 2017).

IOM's Migration Information and Data Analysis System (MIDAS)[26] is an example of a system that can be used for expanded Single Window 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. 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. Such Single Window systems will need to ensure data protection and privacy considerations are met, but will be of particular interest for regions that are pursuing regional integration and aim to benefit from cross-border trade as part of their post-crisis economic recovery.

## II. During travel/Cross-border

The effectiveness of measures at borders and PoE, such as thermal screening and self-declaration forms, is compromised given the likely role of asymptomatic persons in spreading infection, given the long incubation period of the virus. Individuals may also mask symptoms or be deterred from self-reporting and seeking health care, in order to be able to travel or avoid follow-up and contact tracing after arrival, thereby creating a false sense of security in these measures.

As a result, there is likely to be increased pressure on authorities to maintain the recommended physical distancing along the entire journey from visa application centres and health assessment centres, to the means of travel and PoEs. Distancing and crowd control measures through the continuum of air and land travel (such as leaving seats empty on flights) are likely to increase the cost of travel.[27]

It will be necessary to physically adapt settings with large population movements (air travel hubs, crowded land borders), noting that while airports will focus on physical distancing, the majority of land PoE are designed to ensure the efficient movement of goods, not people and, as such, many border controls require close contact with people. In some instances, off site arrangements for teleworking may be possible, in particular for back office functions at PoE, as well as staggering working hours and, where relevant, increasing the operational hours of border control posts (specifically at land borders, which are not open 24/7). If fewer staff are present at the border this may increase immigration control times, while extended operational hours may place pressure on already understaffed and under-resourced immigration authorities.

Physical distancing will need to be accompanied by facilities that allow for thorough and frequent handwashing and sanitizing at regular intervals throughout the travel process. Particular attention will need to be made to ensure protection and care for the public and workers in these contexts, including the provision of personal protective equipment and of cleaning supplies for health facilities at borders or airports.

Border management and immigration procedures will also need to reduce the risk of person-to-person or surface-to person contamination, while maintaining a focus on security. Existing innovations, such as touchless biometrics and contactless passage through security and border control, will increasingly become the norm for trusted passengers, both at airports and land-crossing points. Innovative ideas such as the introduction of Digital Travel Credentials (DTC)[28] 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.

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[26] MIDAS is a user-friendly and fully customizable BMIS for States seeking a non-commercial, cost-effective yet state-of-the art and comprehensive solution. MIDAS has been designed to be compliant with international standards (ICAO and ISO) and is currently operational in 25 States: www.iom.int

[27] www.edition.cnn.com

[28] 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).

In low resource settings, physical adaptation will need to be complemented with community-based approaches so as to support with active case finding (through clinical syndromic diagnosis or laboratory confirmed diagnosis, as available) by community health workers and primary health-care providers, and enabling community engagement. This should pay due attention to stigma associated with migration and travel. For example, involvement of border communities as key stakeholders at PoEs has been shown to strengthen preparedness and response capacities for public health events in Nigeria,[29] and social mobilization has been a key strategy employed in Sierra Leone in the 2014–15 Ebola outbreak.[30]

The IHR include a number of assessment tools to ensure core capacity requirements are met at designated airports, ports and ground crossings. 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. These should be adapted and utilized in the COVID-19 context to facilitate the safe and secure lifting of travel restrictions and border closures.[31]

In addition to IHR and other WHO tools – including emerging guidance in the context of COVID-19 and PoE – 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 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, standard operating procedures (SOPs) for early warning and response, and data management and exit/entry screening SOPs.

To inform its work in public health emergencies, the **Health, Border and Mobility Management (HBMM) Framework** defines IOM's strategic role and expected outcomes in the prevention, detection and response to communicable diseases in the context of widespread and multidirectional human mobility. Through the HBMM Framework, IOM aims to support governments and communities to address the mobility dimensions of public health threats and ensure that affected and at-risk populations benefit from appropriate and timely support. The HBMM Framework should be primarily applied and used in the context of outbreak-prone communicable diseases, including, but not limited to, those that result in a declaration of a public health emergency of international concern (PHEIC) under the International Health Regulations. These can include, for example, yellow fever, cholera, plague, Ebola virus disease, novel coronavirus disease and other similar threats. The HBMM Framework addresses the complete pathway of population movement at points of origin, transit, destination and return, including the routes and congregation points along the way and the interconnectivity among them is organized around five Strategic Objectives:

- Enhance the evidence base on mobility dimensions of communicable disease prevention, detection and response.

- Build health system and border health capacity at points of entry and along the mobility continuum for communicable disease prevention, detection and response.

- Empower migrants, mobile populations and host communities in communicable disease prevention and response through community engagement.

- Promote mobility-sensitive and inclusive policy, legal and strategic frameworks.

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[29] www.ncbi.nlm.nih.gov

[30] www.tandfonline.com

[31] WHO, Joint External Evaluation Tool – second edition. IHR (2005) Monitoring and Evaluation Framework (2018).

- Strengthen multisectoral partnerships and coordination, including cross-border coordination.

The core activities to operationalize this framework need to be tailored to the specificities of the communicable disease outbreak and response in question, and adapted along the continuum of prevention, detection and response. These activities have been implemented in recent PHEIC, including the Ebola virus disease (outbreaks in West Africa and the Democratic Republic of the Congo, and the COVID-19 pandemic).

More information

These tools can, for example, support the coordination of multisectoral PoE working groups during health emergencies, as have been created in Bangladesh, Guinea, Libya and South Sudan for the COVID-19 pandemic response. They can elaborate on how to conduct participatory population mobility mapping,[32] for example, in Afghanistan and the Democratic Republic of the Congo to identify high risk mobility corridors for COVID-19 in border areas. Standardized trainings and SOPs can also help preparedness through simulations and trainings for epidemic scenarios at PoEs as has been done in Guinea, Senegal and the Democratic Republic of the Congo for Ebola preparedness. The Migration Translation App (MiTA) and Support to Migrants App, developed by IOM in Western Balkans and available for free download, are examples of innovative approaches, implemented with due data protection safeguards. Their aim is to facilitate communication between border personnel and migrants/travellers and provide them information on issues from recent travel history, to symptoms that travellers may be experiencing, as well as self-protection measures.

### III. Upon arrival/Post-entry transmission

Several countries have put into place quarantine measures for individuals arriving from countries with high transmission rates. However, these can be challenging to implement, without provision of appropriate physical facilities and access to services for when home or community-based quarantine is not possible. This may well be the case for newly arriving migrants. While quarantine measures are put in place to prevent the (re)introduction and spread of COVID-19 into communities, they may themselves carry risks to the health of quarantined migrants and staff, including mental health issues. Quarantine in the context of migrants in vulnerable situations – including mandatory quarantine measures, forced or voluntary returns, family reunification, or resettlement, – will need coordinated oversight to ensure rights are respected in a non-discriminatory way, and abiding with "do no harm" principles. There also need to be clear criteria for entry into, and exit from, quarantine and respect for migrants' own autonomy in the process.[33] Some governments, such as Australia, are providing facilities for such quarantine with support for food and accommodation, as well as clear criteria for symptomatic screening and eventual exit.[34] In Ethiopia, IOM is supporting the Government of Ethiopia to ensure that almost 10,000 returning nationals receive medical care, food, shelter and other assistance during quarantine and after, including helping them return to their villages.

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[32] This activity comprises of participatory mapping exercises to help understand population mobility dynamics and identify priority communities and locations that may be vulnerable to infectious disease outbreaks and other health threats. It includes three stages: (1) facilitated group (2) site evaluations and (3) population flow monitoring

[33] www.who.int

[34] www.smartraveller.gov.au

For regular migrants and travellers, the prospect of incurring high costs may deter compliance with quarantine or defer decisions to migrate in the case of international students or short-term labour migrants. The question of whether quarantine should be applied in blanket fashion, or gradually lifted between areas with a comparable, or lower, infection rate, once sufficient contact tracing, testing and health-care capacities can be assured, also needs to be determined. This would allow countries to transition from short- to long-term management of mobility but, again, would require close coordination between immigration, border and health authorities. Regardless, this will be challenging for countries with significant community transmission and insufficient health system capacities.

Enhanced contact tracing is an essential intervention in the pandemic response, but it presents both unique opportunities and challenges in the context of cross-border mobility. In the absence of immunization, therapeutics and reliable antibody testing, contact tracing is important to ensure that the infection spread can be monitored and controlled. But this 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. As noted above, there are existing systems and data processes that might facilitate contact tracing, such as MIDAS, but these will need to ensure data protection and privacy.

The viability and utility of post-arrival measures will be dependent on different mobility dynamics at borders; there is a greater likelihood of being able to track those arriving from international airports, compared to land borders with very high rates of daily cross-border mobility. Mobility at ports, where there is limited passenger traffic (but greater frequency of seafarers) presents other, still different, challenges to quarantine or contact tracing.

Similarly, the effectiveness of contact tracing in the context of cross-border mobility will also depend on individual compliance and community-based contact tracing capacities with readily available information in relevant languages and culturally appropriate messaging.[35] Digital health records for migrants, which have been implemented previously, such as for diseases like TB, malaria or for immunization records, could be adapted to the context of COVID-19 allowing for cross-border contact tracing, while applying the lessons learned on community event-based surveillance from previous public health emergencies. While technological applications such as biometrics and digital mobile applications for mandatory self-reporting of symptoms could be applied to great effect, it may be harder for migrants, especially those in low resource settings, to access these, and for governments to create the infrastructure to support them.

Adapt regulations to uphold legal frameworks and incorporate the necessary adjustments for migrants and travellers to maintain compliance with immigration rules. These regulations require adjusted submission and processing procedures, addressing the difficulties for submitting visa and permit applications and renewals, and any related immigration health requirements (e.g. for continuation of migrant worker visas in several countries). At the same time, immigration and border related regulations can incorporate additional public health measures, such as allowing for enhanced timely surveillance for real-time evaluation of the impact of cross-border mobility and identification of triggers for the emergence of new waves of infection or clusters of cases. Any such measures should be carefully assessed against evidence-based public health benefits and dismantled when no longer necessary. There is a need to ensure that potentially invasive surveillance measures follow the principle of proportionality and are time bound.

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[35] www.who.int

> **Contact Tracing: Viability and Limits:**
>
> Contact tracing is the process of identifying, assessing, and managing people who have been exposed to a contagious disease to prevent onward transmission. It is one of the tools that has been used by some States, such as the Republic of Korea, to effectively break chains of transmission and control outbreaks, as it allows for the rapid identification of people who become symptomatic. To do this, contact tracers map out thoroughly the places and people that a confirmed case came across, inform them of the potential risk of infection and monitor them for a set period (14 days in the case of COVID-19).
>
> Contact tracing requires technical and human resources to undertake testing and follow-up at scale. It also requires a clear legislative framework, as it involves processing private information. This is particularly crucial for any vulnerable migrant groups that may be subject to stigma or apprehensive of immigration enforcement. To encourage participation in contact tracing schemes, governments can invest in trust building measures, such as "firewalls", limiting the nature and amount of information (data minimization) sharing between health and immigration authorities, and ensuring clarity regarding the privacy measures in place.
>
> For contact tracing pursued through the use of phone-based applications, ensuring system inter-operability between States, and maximizing the possibility of advance information-sharing – feasible in air travel, less so at land border crossings – may be challenging. These are issues that will need to be addressed bilaterally, regionally and possibly internationally, taking into account the privacy aspects of international data sharing and adherence to international data protection standards, ethical considerations and applicable regional and national law.

## C. IMMEDIATE SCENARIOS

Future scenarios regarding the removal of travel restrictions do not only depend on health considerations but upon the broader geopolitical and socioeconomic context. Governments may adopt more protectionist approaches due to the economic downturn and reduced demand in key sectors for regular migration in the employment and education sectors, as well as more limited airline operations and the reduction of leisure travel and tourism. These may continue well beyond the end of the pandemic. Currently available COVID-19 disease modeling[36] suggest that the evolution of the outbreak will be context-specific. Infections and mortality burdens will take place on different scales and timelines, as well as potential multiple waves and clusters of outbreaks. This will result in significant variability in the implementation, removal and possible reintroduction of travel restrictions and border closures across the world.

This is an important finding. Whilst governments are concerned with establishing health-based border procedures, they will have to take into account a continually fluctuating situation. For those governments contemplating selective reopening based on 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.

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[36] Based on methods ranging from classic epidemiology models to spatial statistics and cellphone data

This paper provides an analysis of three potential immediate scenarios:

*I. Some international travel restrictions remain in place beyond public health needs. Borders do not reopen.*

This is the least likely scenario, as it comes with significant economic repercussions and carries a tremendous cost for societies and individuals including migrants. These costs could include major disruptions to international food supply and labour supply chains, severe impacts on communities reliant on tourism, migrant labour, remittances and seasonal and trade-related mobility linked livelihoods. This would be particularly critical for remote and landlocked countries, and those already affected by natural or humanitarian disasters with their reliance on external aid further exacerbating impact.

Within this scenario, based on a cost-risk assessment, States might open priority borders including international airports, ports and select land borders that have significant freight and goods movement, without opening borders for the movement of people. Although the public health imperative remains, this is the scenario for much of East and Southern Africa, where the immediate health concern relates to the movement of truck drivers, who are seen as increasing local transmission rates[37]. Although States are obliged to enable the re-entry of their own citizens, strict restrictions could leave migrants and travellers stranded for significant periods of time abroad, potentially falling into irregular situations if the more lenient visa and permit measures that have been exceptionally applied during lockdowns and states of emergency are not extended.

The long-term closure of borders reduces options for safe and regular migration, and may increase the likelihood of irregular migration, smuggling of migrants and trafficking in persons in the absence of those options. While border closures and travel restrictions have appeared to have reduced migrant smuggling in the immediate term, with a possible shift from land to maritime routes, in the longer term migrant smuggling and trafficking of persons may rise if the drivers for migration increase, with associated costs for migrants and the States that try to combat it. Changes in migration dynamics, accompanied by the growth of more complex (transnational organized) crime networks[38] and other associated risks and threats may exacerbate protection concerns and health vulnerabilities.

*II. Some travel restrictions are lifted, and borders reopen, albeit in an uncoordinated manner*

If States reopen their borders without close coordination with one another, then an uneven patchwork of rules and restrictions will emerge. Although the economic impacts are less severe in this scenario, it would have long-standing implications for the nature, dynamics and characteristics of international and cross-border mobility, as well as pre-existing visa and other immigration agreements. Many of these changes, and the impacts that they have on migrants, are likely to play out in the medium to longer term. Travel restrictions, if selectively removed, could impact hard on countries and nationals where visa requirements remain in place, or are reimposed, for those where legal entry streams remain curtailed, and for communities living in border areas and who are reliant on daily cross-border travel. Likewise, the potential emphasis on mobility corridors that are not part of coordinated and long-term approaches to mobility, risks delaying the resumption of other, broader migration streams, such as student mobility. A lack of coordination between States in reopening borders and mobility channels also poses a challenge on border authorities who may face confusion in implementing procedures and protocols, eroding trust and undermining cross-border cooperation, as seen in the early days of the pandemic. The resulting confusion may delay the movement of goods and freight and may place further strain on supply chains exacerbating concerns over food security and the provision of essential goods. There is also a risk of migrants and travellers being stranded if rules and regulations regarding entry and stay differ within their region of destination, as well as high levels of confusion regarding applicable rules.

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[37] www.aa.com.tr

[38] www.globalinitiative.net

> **Impact on COVID-19 restrictions on border communities and informal cross-border traders and reopening of borders**
>
> In the African context, border community mobility is an important part of everyday life. The drawing of post-colonial borders left many ethnic groups divided across borders, these communities have continued to cross borders on a daily basis for employment, education or access to basic services. Informal cross-border traders play an unprecedented but economically important role in Africa, alleviating poverty and supporting food security. Although data on the continent is scarce, observers estimate that approximately 50–60 per cent of all intra-Africa trade is informal.
>
> COVID-19 restrictions have permitted commercial flows but not the movement of informal traders, for whom these changes have had a catastrophic impact on livelihoods as they are unable to conduct their routine trade. Women, who constitute approximately 70 per cent of informal cross-border traders have been hit particularly hard.
>
> Governments have been encouraged to identify creative and innovative solutions to enable the partial reopening of borders to enable informal cross-border trade, such as alternating the days that traders can cross the border, or expanding simplified trade regimes to facilitate small-scale cross-border trade. Other proposals include impact mitigation programmes aimed at developing entrepreneurial skills, the expansion of social protection mechanisms.
>
> More information

In the short term, there could be increased migration pressure especially between countries with high economic differentials and varied social protection safety nets. Migrants stranded may still wish to pursue their journey further propelled by the job crisis generated by COVID-19. In addition, many stranded migrants and travellers in countries where no consular or visa assistance is available, will find themselves in an irregular status, left without access to regular pathways. At the same time, migrants may also prefer to migrate closer to home in the future, fearful that new lockdown measures might leave them stranded far from families and any kind of support. Even within this scenario, it is unlikely that the situation returns to the pre-pandemic levels of mobility in the short to medium term, as regular migration pathways and entry schemes will continue to be heavily impacted, while also raising the risks of irregular migration flows.

If decisions on cross-border mobility are made without a coordinated, evidence-based assessment of the COVID-19 outbreak across countries, which takes into account health systems capacities, and adherence to international standards such as the IHR and emerging travel, mobility and health COVID-19 guidelines, then there will be an increased risk of transmission. This will also require widespread application of technical tools that combine immigration procedures and public health imperatives, including integrating case management solutions with newly introduced health-related visa and permit requirements.

*III. Selective but objective and timely lifting of travel restrictions reopening of borders based on comprehensive risk assessment and international coordination*

This would be the preferred scenario with a gradual reopening, with full coordination between States, based on careful risk assessments and reconsidered regularly as the situation evolves, with international sharing of information and reports per the IHR requirements.[39]

However, there are many possibilities within this scenario, and they also do not necessarily imply a full return to the pre-pandemic levels of mobility. It is already the case that certain regions are opening their borders more quickly than others as, for example, across much of Europe. Some governments may only open up to the movement of people to countries with similar health protocols to create a "travel bubble" among a limited number of States.[40] For instance, since May 15, Latvia, Lithuania and Estonia have been allowing citizens to freely travel among the countries, while Australia and New Zealand have announced similar plans.[41] Other countries may introduce exemptions for certain categories of travellers on the basis of essentiality or worthy purpose, which risks discriminating against potential migrants and passengers based on their health status. In addition to health risk assessments, certain travel restrictions and border closures may be lifted based on vital labour needs (e.g. for health workers, seasonal agricultural workers), economic factors (e.g. economic migration including workers, students and permanent residents from countries of bilateral or regional significance, certain PoEs, with high trade needs), discretionary factors (e.g. physical proximity of neighbouring countries, regional cultural or political groupings) and humanitarian commitments (e.g. resettlement, family reunification).

Alternatively, States may impose blanket travel restrictions based on country of origin without taking into account individual attributes. Nonetheless, significant migrant caseload backlogs will still require processing for certain categories of migrants, including refugees and asylum seekers. With States establishing new preferences, COVID-19 has reopened the question of whether enough is being done to advance regional integration in Africa. Considerable emphasis has been given to the African Continental Free Trade Area (AfCFTA) as a means of strengthening intra-African trade, even if the majority of Regional Economic Communities Free Movement Protocols are not yet in force. While pre-pandemic there had been signs that the negotiations had slowed down, with the AfCFTA not expected to start implementation until 2021, the crisis could be a catalyst for concerted efforts in this regard. Indeed, despite some States considering the reinstatement of visa restrictions and putting into place more restrictive labour migration practices, some observers view the agreement as a major facilitator for the recovery of African economies post-pandemic.[42]

This scenario may come with differentiated risks of COVID-19 resurgence. For example, it may be higher for international travel hubs with complex larger scale population mobility patterns than for bidirectional local mobility patterns. Regionally integrated mobility may also risk further entrenching later waves of COVID-19 according to region.

With countries having entered this unprecedented mobility crisis with varied immigration and border capacities, their needs during the pandemic transition and recovery stage will be very different, and low resource settings may be unable to manage borders to internationally coordinated standards, such as those being issued by WHO, CAPSCA and the UN COVID-19 Crisis Management Team group on Travel and Trade. Finally, even with coordinated action to lift international travel restrictions and border closures, it is anticipated that a public reluctance to travel given fear and health concerns is likely to also impact future regular migration and travel.

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[39] www.who.int

[40] www.economist.com

[41] www.weforum.org

[42] www.un.org

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## D. LONGER TERM CONSIDERATIONS AND RECOMMENDATIONS

The longer-term impact of the COVID-19 pandemic is yet to be seen. It will undoubtedly fundamentally reshape the migration, health and border management landscape, driven by the need to find a whole-of-government and whole-of-society means to ensure human mobility takes full account of global health security concerns. Based on research and scientific advice, such reframing should be flexible enough to adapt to rapidly changing circumstances as well as lessons learnt along the way. 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.

As the pandemic and subsequent responses of countries have shown, several strategies that make up the initial "combination measures" in the absence of proven therapeutics or vaccines such as testing, contact tracing, travel restrictions, assembly restrictions, social/physical distancing, hygiene measures and border closures, among others, may be challenging to implement in many low-resource settings that have significant migration corridors and migrant populations.

Public health emergency preparedness and response measures should be a fundamental aspect of migration management, along with the various social, political, cultural, and economic determinants of health that interplay with the evolution and spread of disease. At its core, this requires a multisectoral approach and repurposing to first and foremost strengthen health system capacities that in many parts of the world remain under-resourced. A 2013 WHO report on accelerating IHR implementation further identified a need for countries to implement a range of legislative and administrative measures to meet their obligations towards implementation of the IHR.[43] Beyond international public health emergencies, while several immigration authorities have health units that oversee travel health, refugee and migrant movement policies, further integration of health concerns will require a stronger multisectoral engagement to manage cross-border mobility.

*Recommendations:*

1.  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. This is particularly important, given that the triggers for removing and reinstituting mitigation measures, including travel restrictions, will not sit along a single, global, timeline. All travel restrictions and border closures should be time-bound, and revoked once appropriate containment measures are in place, or risk of widespread and sustained local and cross border community transmission is minimized.

2.  Implementation of the IHR (2005) should be enhanced, especially for State Parties' capacity to detect all events with potential public health risk in a timely manner, and report and respond to them immediately. In a post-COVID 19 reality, there is an urgency to ensure a more holistic approach to border management by co-opting IHR mechanisms as an integral element. At the operational level this could include the facilitation and creation of national multi-agency crisis management teams, nested within a "steering committee" needed for the implementation of the I/CBM model. IHR PoE core capacities could also routinely be integrated into border migration assessment tools.

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[43] https://apps.who.int

In promoting such approach, the I/CBM concept provides a promising framework for the integration of health concerns, one that requires adaptation to regional and local contexts, but for which there is general acceptance. While this acceptance has yet to translate into continental or regional guidance on border management, and health is not yet a specific focus of the I/CBM concept, it could be included as a cross-cutting theme (within for instance information exchange, risk analysis or inter-agency collaboration). The draft African Union Strategy for Enhancing Border Governance in Africa broadly refers to the European concept of IBM as a potential model.[44] Furthermore, several Regional Economic Communities in Africa are also considering developing Coordinated/integrated border management guidelines, including with IOM assistance, with the understanding that health security threats necessitate a common approach to managing the internal and external borders of regional groupings.

This more holistic approach needs to go hand in hand with support for low resource countries to ensure that no States, or individuals, are excluded from the international travel system due to their lack of capacity to ensure health concerns are addressed at the border.

3. While maintaining current levels of immigration and customs collaboration, a more refined and structural collaboration with public health authorities should be promoted. This will require a stronger multisectoral engagement:

   a. A whole-of-government approach with resources to work across sectors and stakeholders including interior, immigration, health, finance, education, labour and other ministries across government levels, and mindful of the role of local authorities and of the legislative branch to update relevant legal standards.

   b. A whole-of-society approach which incorporates civil society organizations and community leaders, private sector actors, employers and worker organizations, and the engagement of migrants themselves as key stakeholders.

   c. An international approach addressing the absence of specialized binding international frameworks on how to manage borders from a non-health perspective.[45] To date, in addition to the IHR for health matters, the only binding instrument which relates to border management is the World Trade Organization (WTO) Trade Facilitation Agreement,[46] which includes limited provisions relating to border coordination.[47] Another non-binding framework is the Global Compact for Migration,[48] which is State-led and offers a 360-degree perspective on migration (also see IOM paper on mainstreaming migration health across the Global Compact for Migration objectives).[49]

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[44] www.peaceau.org

[45] Nevertheless, various international law instruments apply to border management (including Human Rights Treaties, Trafficking and Smuggling Protocols, Law of the sea, ICAO Regulations, etc.).

[46] 150 WTO Members have domestically ratified a Protocol of Amendment and notified the WTO of their acceptance of this Protocol.

[47] Article 8 sets out provisions for border cooperation.

[48] (11) Manage borders in an integrated, secure and coordinated manner; (12) Strengthen certainty and predictability in migration procedures for appropriate screening, assessment and referral; (15) Provide access to basic services for migrants, including health services; (16) Empower migrants and societies to realize full inclusion and social cohesion; (17) Eliminate all forms of discrimination and promote evidence-based public discourse to shape perceptions of migration.

[49] www.iom.int

Further systematic integration of health and cross-border mobility approaches will require a fundamental change in approach as well as mature partnerships and international cooperation, especially as most UN agencies and development partners have traditionally supported either coordinated (for those focusing on trade) or integrated (for those focusing on security) approaches for border management. In addition, the health sector led approaches pertain to IHR for public health emergencies; no agency or consortium has yet promoted all components in a coordinated manner.

States will need to make quick decisions about immigration and border management assessing new, relevant health data and information arriving on a daily basis. Indeed, the thousands of travel restrictions in place around the world are constantly shifting to incorporate new realities, and perceptions of risk. Ensuring that there is a common space to exchange information, establish common understanding, and identify gaps in capacity, will be key.

## E. CONCLUSION

The COVID-19 pandemic clearly demonstrates the need for strong investments in global health security as a key component of well managed migration systems, to prepare for future public health emergencies. Future risk and preparedness assessments for health and cross-border mobility will have to – at a minimum – consider national, subnational and regional COVID-19 epidemiological status, considering national health and social system preparedness against the prevailing social and economic context and needs.

Given the need to make timely decisions to facilitate mobility in the post COVID-19 context, it will be important to consider capacities along the entire mobility continuum – not only at physical or regulated borders or points of entry (including airports, ports and ground crossings), but also during immigration processes, along informal borders, travel routes, and other spaces where migrants interact with local communities, whether border residents, pastoralists or cross-border traders.

Within a comprehensive approach to border management which co-opts health imperatives, IOM has long advocated for the integration of both the security and trade perspectives for effective and efficient border management. The COVID-19 response provides an opportunity to further this approach by also integrating a critical health component. One such avenue would be for key global actors in this field (ICAO, INTERPOL, IOM, OHCHR, UNHCR, UNOCT, UNODC, WCO, WHO, World Bank, WTO and others) to work together with key regional entities to promote – where needed – a single and holistic approach to border management that integrates health, human mobility, human rights and trade considerations. This would not require a binding framework, but an agreed upon concept which could be adapted, integrated, or aligned according to national and regional realities, priorities and existing guidance. Where regional integration mechanisms exist, these could also provide a platform for further discussion, as well as within existing health and migration multilateral platforms, such as the World Health Assembly and IHR coordination mechanisms. IOM as part of, and along with, the UN system can continue to provide multisectoral fora for such exchanges.

For the foreseeable aftermath of this pandemic, a key critical priority has emerged to inform mobility cooperation policies: human security and public safety. This has resonance beyond border management itself. When migrants lack access to regular pathways and resort to irregular international mobility, they not only challenge the integrity of borders, but also the integrity of public health care: by avoiding border management measures preventing spread of communicable diseases. When migrants lack access to services (including basic health care) owing to their irregular status, individual and community exposure to pandemic increases. When migrants are returned by governments without due consideration to health-care capacities in countries of origin, the risk to individual, community and State safety multiplies. These are but some anecdotal examples of the compounding impact of the pandemic-related factors on the future of human mobility. It is therefore paramount that governments reconsider and develop new mobility cooperation platforms and frameworks, with admission and readmission of nationals and stateless persons at the centre of the agenda. Such frameworks should serve the economies, labour markets, demographics and public safety of concerned governments and migrants alike.

Watch the related videos:

- Florian Forster:  Cross-border mobility
- Jacqueline Weekers: Cross-border Human Mobility amid and after COVID-19 Policy

For additional information on this Brief please contact: mhddpt@iom.int and ibm@iom.int

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