

SITUATIONAL BRIEF: DEPORTATIONS AND IRREGULAR MIGRANTS DURING THE COVID-19 PANDEMIC

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The World Health Organization (WHO)⁶, the Civil Society Action Committee⁷ and the Lancet Migration global collaboration⁸ are amongst many organisations that have advised governments against returning irregular migrants during the Coronavirus disease 2019 (COVID-19) pandemic. The expulsion of irregular migrants to under-prepared countries puts migrants and communities at risk, and is against the principles of solidarity and public health that should inspire action during these challenging times. It also puts at risk the staff who implement these policies. Detention, overcrowded conditions and lack of hygiene all render irregular migrants more vulnerable to the impact of COVID-19. Irregular laborers, agricultural and food workers, cleaners and caregivers are all essential in the response to the pandemic, therefore the temporary or longer term regularisation of migrants to facilitate their access to health, social services and employment should be considered as a humane, practical and self-interested alternative to forcible return. It is paradoxical that some governments are allowing temporary migrant workers into the country for agricultural labour while attempting to deport the ones already there. Across the world, containment of the COVID-19 pandemic risks disproportionately harsh consequences for irregular migrants and their countries of origin.⁹ This can be clearly seen already in the Horn of Africa, the Sahel, the Mediterranean Sea, Southern Italy and other regions. While thousands of people in all countries are affected by COVID-19 in the West and larger economies struggle to stay afloat, a call for attention to irregular migrants is crucial to prevent such marginalised groups being forgotten in the management of the pandemic. Rather, they need supporting through this crisis, for the benefits of the entirety of society.

KEY RISKS FOR IRREGULAR MIGRANTS DURING COVID-19 RESPONSE

- (1) Poor treatment of migrants** in host countries pre-deportation e.g. mass detention, lack of recourse to public funds for essential purchases, and the requirement to continue working in unsatisfactory conditions;
- (2) Public health risk** to staff and migrants during the process of return and then subsequently to the country of return;
- (3) Economic strain** on country of return due to cost of managing returnees and lost remittances.

DEPORTATIONS

While travel restrictions and social distancing have become interventions widely used to contain the pandemic, thousands of forcibly returned migrants are now kept in ill-prepared reception centers in Ethiopia¹⁰, Niger, and many other contexts globally for the mandatory period of post-return quarantine¹¹. The lockdown measures instituted in numerous countries

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⁶ Lancet Comment. Published Online March 31, 2020, Hans Henri P Kluge, Zsuzsanna Jakab, Jozef Bartovic, Veronika D'Anna, Santino Severoni Refugee and migrant health in the COVID-19 response. Available at [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(20\)30791-1/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)30791-1/fulltext)

⁷ Civil Society Action Committee. First, Save Lives: Solutions for the COVID-19 Pandemic and New Solidarity with Migrants and Refugees. A Global Civil Society Statement. 7 April 2020. Available at <https://www.icmc.net/sites/default/files/documents/200407-civil-society-statement-COVID-19-and-migrants.pdf>

⁸ Lancet Migration. Leaving no one behind in the COVID-19 Pandemic: a call for urgent global action to include migrants in the COVID-19 response. Available at <https://www.migrationandhealth.org/statements>

⁹ COVID-19: undocumented migrants are probably at greatest risk. BMJ. Published online 28 April 2020. R. Bhopal. Available at <https://www.bmj.com/content/369/bmj.m1673>

¹⁰ UNICEF. As migrants return to Ethiopia, social workers show they're essential to COVID-19 response, Demissew Bizuwerk, <https://www.unicef.org/coronavirus/migrants-return-ethiopia-social-workers-show-theyre-essential-COVID-19-response>

¹¹ IOM Steps Up Response for Migrants Stranded in Niger Amidst COVID-19 Lockdown Posted: 04/01/2020. Available at <https://www.iom.int/news/iom-steps-response-migrants-stranded-niger-amidst-COVID-19-lockdown>

have caused loss of employment, especially for those working in low-wage jobs or in the gig economy; additionally for migrants this may mean the loss of a residence permit. Irregular migrants are often perceived as convenient manpower for agriculture, construction, domestic work and other low-wage jobs, yet they quickly become expendable in times of crisis. In some cases, they are being blamed for being the cause or continuing source of the pandemic or for using resources that should be reserved for nationals. Besides the economic loss in terms of remittances and failed family investments for the repayment of loans obtained to migrate, mass deportations put an avoidable strain on low-income countries of return, both for local governments and humanitarian organisations called to assist them. They also represent an added risk in terms of global spread of the virus and delaying its containment¹² if they are not included effectively in COVID-19 response. For example, Africa is the region of birth for 36 million migrants, out of an estimated 272 million migrants worldwide (2019)¹³. In 2018, migrants in the Sub-Saharan Africa region sent home remittances of a value of US\$46 billion¹⁴, representing close to 2.7% of African GDP¹⁵. Money sent back in remittances by migrants and refugees are spent by families on healthcare, education, livelihood, and small investments benefitting an estimated 100 million African people. Although remittances have already been seriously impacted by economic slowdown and job losses around the world, deportations exacerbate this problem by permanently ceasing remittance income. Households which relied on remittances will find it harder to meet basic needs during the pandemic, including spending on healthcare. It is imperative we avoid the COVID-19 pandemic undermining poverty reduction achievements in low income countries.

SELECTED CASE STUDIES: AFRICAN CONTEXT

ETHIOPIA

Before the COVID-19 pandemic, there were between 10,000 to 20,000 migrants deported from the Middle East to Ethiopia per month¹⁶, which has continued during the epidemic. National governments and local communities often face great difficulty in assisting large numbers of returnees, especially with matters relating to housing, financial resources, employment, health and psycho-social support, but the need to quarantine them hugely complicates the situation. As of May 12, some 3000 Ethiopian migrants have already been returned from Saudi Arabia; another 3332 have been returned from Djibouti, 3827 from Sudan, 1336 from Somalia, 505 from Kenya, a total of approximately 11800 returnees.¹⁷ Some of these returnees have been held in crowded detention centers before expulsion. The Ethiopian government is converting schools, meeting halls, and stadiums into temporary quarantine facilities, but given the unpredictability of future scenarios, the Ministry of Health (MoH) is working with partners such as IOM, Doctors with Africa CUAMM, MSF and others on a case-by-case approach trying to find new accommodation and urgent deliveries of essential supplies. This comes amid already staggering efforts and insufficient resources to implement a COVID-19 response for the whole population.

Additionally, returnees might not have been screened or quarantined before departure, and there is a high risk of importing infection. On March 22nd, a charter flight carrying deportees from Saudi Arabia to Bole International Airport in Addis Ababa was not allowed to land due to unavailability of quarantine sites. Seven of the passengers on that flight later

¹² U.S. Deported Thousands Amid COVID-19 Outbreak. Some Proved to Be Sick. The New York Times. By Caitlin Dickerson and Kirk Semple. April 18, 2020. Available at <https://www.nytimes.com/2020/04/18/us/deportations-coronavirus-guatemala.html>

¹³ UNDESA International Migrant Stock UNDESA International Migrant Stock 2019. Available at https://www.un.org/en/development/desa/population/migration/publications/migrationreport/docs/MigrationStock2019_TenKeyFindings.pdf

¹⁴ World Bank Group/KNOMAD. Migration and Development Brief 28. Migration and Remittances. 2018.

¹⁵ World Bank Data Portal <https://data.worldbank.org/indicator/NY.GDP.MKTP.CD?locations=ZG>

¹⁶ A Region on the move/ Mobility Overview in the Horn of Africa and the Arab Peninsula, 2018. IOM Regional Office for the East and Horn of Africa. Available at https://www.iom.int/sites/default/files/dtm/east_and_horn_of_africa_dtm_201905.pdf

¹⁷ IOM Ethiopia. COVID-19 Situation Report | 12 May 2020. <https://ethiopia.iom.int/sites/default/files/IOM%20Ethiopia%20E2%80%93%20COVID-19%20Response%20E2%80%93%2012%20May%202020.pdf>

tested positive for COVID-19 in Saudi Arabia, and were isolated to receive treatment by Saudi authorities.¹⁸ Some of the returnees allowed into Ethiopia a few days later might have been on the same March 22nd flight, and may have come into contact with the seven confirmed cases. Some other Gulf countries such as the United Arab Emirates (UAE) are following the example of Saudi Arabia¹⁹. This has led the UN Resident Humanitarian Coordinator in Ethiopia, Catherine Sozi, to call for a suspension of deportations on behalf of the UN community²⁰.

NIGER

Niger has one of the highest numbers of COVID-19 cases in Africa after South Africa and Algeria. More than 8000 migrants have been deported from Algeria to Niger since January this year, but despite the current closure of borders across West Africa, deportations have not stopped. Returnees must be quarantined in makeshift tent camps in the middle of the desert, such as in Assamaka, some 15 km from the Algeria-Niger border, where the temperature can reach 50 degrees Celsius²¹. This has overwhelmed the government and humanitarian actors such as IOM, MSF, and others called upon to rescue, quarantine and assist thousands of new arrivals in strenuous environmental and operational conditions. Niger is one of the poorest countries in the world with more than 10 per cent of the population in need of humanitarian assistance and more than half a million refugees and internally displaced people living in crowded settlements amid ongoing activities by armed groups. Another half a million migrants are now stranded in the country by border closures, with resettlements and assisted voluntary returns at a stand-still.

A CALL FOR SUSPENSION OF DEPORTATIONS AND REGULARISATION OF MIGRANTS DURING THE COVID-19 PANDEMIC

The COVID-19 pandemic has highlighted an aspect of the health and migration discourse often untold: the achievement of 'health for all' requires not only that individuals practice social distancing and other protective measures, but also that states protect migrants regardless of their migration status or countries of origin. It has been said that 'No One is Saved Alone'²², and actions to alleviate situation for the most marginalised groups, such as irregular migrants, is urgently needed during the COVID-19 pandemic²³. We emphasise that this is essential not only for irregular migrants and their countries of origin but also for the current countries of residence. Without a degree of trust and mutual support irregular migrants will not be able to participate in the wider civic effort to control the pandemic, and risk being left behind.

BUILDING ON THE GLOBAL STATEMENT BY LANCET MIGRATION²⁴ WE CALL FOR THE FOLLOWING:

- 1. Transfer of migrants & refugees held in overcrowded reception, transit and detention facilities to safer living conditions:** There should be prioritised evacuation of the most vulnerable, such as the elderly and those with underlying health conditions. Since such settings are generally overcrowded with poor sanitation and hygiene measures, the spread of COVID-19 has the potential to be rapid and devastating among affected populations and those working there.

¹⁸ Financial Times April 12, 2020. D.Pilling, A. England. *Saudi Arabia repatriating thousands of migrants back to Ethiopia*. Available at <https://www.ft.com/content/b4f3c258-7ec9-477c-92f7-5607203f77fc>

¹⁹ Ethiopian workers are being expelled from Saudi Arabia and UAE on coronavirus suspicions. Addis Ababa, April 14, 2020 By Samuel Getachew. Available at <https://qz.com/africa/1837457/ethiopians-expelled-from-saudi-arabia-uae-for-COVID-19/>

²⁰ U.N. says Saudi deportations of Ethiopian migrants risks spreading coronavirus. WORLD NEWS, APRIL 13, 2020. AVAILABLE AT <https://www.reuters.com/article/us-health-coronavirus-ethiopia-migrants/un-says-saudi-deportations-of-ethiopian-migrants-risks-spreading-coronavirus-idUSKCN21V10T>

²¹ 'Hundreds of Migrants Stuck in Niger amid Coronavirus Pandemic', G. Zandonini. 9 Apr 2020. Available at <https://www.aljazeera.com/news/2020/04/hundreds-migrants-stuck-niger-coronavirus-pandemic-200409131745319.html>

²² Pope Francis on Pope pens editorial on joy in the time of coronavirus. By Junno Arocho Esteves • Catholic News Service • Posted April 17, 2020 Available at <https://catholicphilly.com/2020/04/news/world-news/pope-pens-editorial-on-joy-in-the-time-of-coronavirus/>

²³ Stop the exploitation of migrant agricultural workers in Italy. The BMJ OPINION, March 27, 2019. C. Marotta, F. Di Gennaro, P.Parente, G. Putoto, D.Mosca Available at <https://blogs.bmj.com/bmj/2019/03/27/stop-the-exploitation-of-migrant-agricultural-workers-in-italy>

²⁴ Lancet Migration. Leaving no one behind in the COVID-19 Pandemic: a call for urgent global action to include migrants in the COVID-19 response. Available at <https://www.migrationandhealth.org/statements>

2. **Deportations should be suspended**, while asylum procedures should continue according to the 1951 Refugee Convention, with no forced return (refoulement).
3. **Immediate suspension of laws that limit migrant & refugee access to healthcare services and economic support programmes**, through measures such as temporarily granting residency to migrants & refugees and suspending health care user fees for all conditions, especially those increasing susceptibility to infection, and not just for COVID-19 testing and treatment. There needs to be a special focus on migrants during lockdowns, in order to ensure that these measures do not disproportionately disadvantage these populations, and that their previous lack of access to basic shelter, water, sanitation and hygiene, or food is not compounded. There must be urgent measures to establish recourse to public funds.
4. **Rescue, dignified quarantine, and access to testing and treatment should be made available with no discrimination against irregular migrants**, as well as transparent communication and measures to relieve the social and economic consequences of the crisis.
5. **Governments should also actively counter racism and xenophobia that fuels discrimination and exclusion of migrant & refugee populations**. Xenophobia, prejudice and racism that might contribute to the exclusion of irregular migrants from measures to mitigate the impact of the pandemic should be strongly condemned. Irregular migrants must play their part, and be allowed to do so, in controlling this pandemic.
6. **Temporary citizenship for everyone within the land boundary of a country** with guarantees that once the pandemic has been controlled, there will be a just and lawful process for assessing claims for asylum and right of residence for irregular migrants, which will take into account contributions made by individuals during the pandemic period.

Organisations and acknowledgements

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This series of situational and policy briefs summarises key aspects of the COVID-19 response in relation to migrants and refugees at country or regional level. They include public health and policy recommendations and perspectives and build on the [Lancet Migration Global Statement](#) recommendations to ensure migrants and refugees: have access to healthcare; are included in prevention, preparedness and response; and are part of responsible and transparent public information strategies, during the COVID-19 pandemic. Policy and situational briefs have been authored by experts working in academia, operational, or clinical areas of migration and COVID-19, and are hosted on the Lancet Migration website (www.migrationandhealth.org). Lancet Migration is a global collaboration between The Lancet and researchers, implementers, and others in the field of migration and health that aims to address evidence gaps and drive policy change building on the recommendations of the UCL-Lancet Commission on Migration and Health published in December 2018.

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