



COVID-19 & MIGRATION GOVERNANCE IN AFRICA



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Researching Migration & Coronavirus in Southern Africa (MiCoSA)

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This is the second in a series of occasional papers that explore the implications of Covid-19 and responses to the pandemic on migration and for migrant and mobile communities on the African continent. To view the others in this series, please see www.mahpsa.org/micosasa

This occasional paper was prepared by Nicholas Maple, Rebecca Walker and Jo Vearey, and reviewed by Thea de Gruchy. The views expressed in the paper, and any errors that it contains, remain those of the authors alone.

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- De Gruchy, Thea, and Jo Vearey. Forthcoming. “Left behind: Why South Africa Must Develop Migration-Aware Responses to Covid-19 and Future Pandemics.”
- Vearey, Jo, Thea de Gruchy, and Nicholas Maple. 2021. “Global Health (Security), Immigration Governance and Covid-19 in South(Ern) Africa: An Evolving Research Agenda.” *Journal of Migration and Health* <https://doi.org/10.1016/j.jmh.2021.100040>

About MiCoSA

The Migration and Coronavirus in Southern Africa Coordination Group (MiCoSA) is hosted by the Migration and Health Project Southern Africa (maHp) at the African Centre for Migration & Society (ACMS), Wits University, Johannesburg. MiCoSA is an informal network of migrant-led organisations, non-governmental organisations, international organisations, civil society, activists, lawyers, researchers, government officials and policy advisors. Through an online platform and virtual meetings, MiCoSA brings together national and SADC regional partners who are concerned with the health and well-being of asylum-seekers, refugees and migrants during the current Coronavirus pandemic. To date, MiCoSA has over 150 members; to join this network, please email coronavirus-migration+join@googlegroups.com

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About

The aim of this occasional paper is, via a detailed mapping exercise, to identify the various ways in which African states have approached the protection of migrants, refugees and asylum seekers during the Covid-19 pandemic. In doing so the intention is for the report to serve as an overview of the measures taken by states, highlighting the sub-regional peculiarities. This includes (i) identifying good practices in the protection of migrants, refugees, asylum-seekers and internally-displaced persons (IDPs); and (ii) identifying manifestations of discrimination, intolerance, xenophobia, attacks on physical integrity, and ill-treatment of migrants during this pandemic.

This paper reflects research undertaken in the period August – November 2020, updated with supplementary research undertaken in March and April 2021. We are aware of the fluid and rapidly changing context surrounding Covid-19 and migration governance across the continent. To this end, the recommendations presented here draw on the evidence collated up to May 2021.

The research involved an extensive desk-based review of contemporary academic literature and grey literature, as well as virtual interviews with key stakeholders involved in migration governance on the continent. The majority of key stakeholders interviewed were officials from United Nations (UN) agencies, international non-governmental organisations (NGOs) and civil society who work directly with migrant populations and have been responding to protection concerns and other issues related to the impact of Covid-19 on migrant groups. In addition, some migrant leaders and government officials were also interviewed.

Due to time constraints and ethical considerations relating to face-to-face interviews during the pandemic, the decision was taken not to interview large numbers of migrants and refugees for the study. Whilst we have captured some experiences directly, follow-up studies are required to obtain the perspective of affected migrants on the issues discussed in this paper. The authors are involved in a number of different projects and policy discussions pertaining to migration and health in the context of the pandemic. Experiences and learnings from this are also drawn upon.

Following the Executive Summary, the paper presents a series of key messages summarising the findings. An overview of Covid-19 in Africa is then provided, including an overview of State obligations to migrants, refugees, asylum seekers and IDPs.

The paper moves on to outline the key findings of the research relating to the governance of Covid-19 and migration in Africa. This includes: state responses to international migration; the management of international migration, highlighting its reductive approach; responses by various governance actors and the need for local level responses; and the evolving role of regional and continental bodies. Following this, summaries of the key findings are presented for the following regions: North Africa; Horn of Africa; East Africa; West and Central Africa; Southern Africa; and the Indian Oceans Islands.

The paper concludes by looking to the future in a Covid-19 world and beyond, ending with a series of recommendations for African states. These involve: establishing an inter-sectoral National Migration and Coronavirus Task Team (N-MCTT); developing and implementing a Firewall that provides legal protection and ensures that migrants – regardless of their documentation status - do not face penalties when accessing state services; and adapting a ‘score-card’ to guide development and effective implementation of a contextually-appropriate, sustainable migration-aware response to Covid-19. This will inform long-term planning against future pandemics and communicable disease outbreaks and incorporate indicators for establishing health systems that are migration-aware.



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Key Messages

Migration governance responses to Covid-19 tend to mirror existing approaches to the management of population movement at regional and country levels.

- In regions and countries where responses to population mobility are limited and contested – such as in the Southern African Development Community (SADC) and the Arab-Maghreb Union (AMU) regions - migration governance responses to Covid-19 were also inadequate, or absent.
- In some contexts, an intention to integrate migrants into the Covid-19 response was reported, but the lack of migrant-inclusive programming was blamed on a lack of, or limited access to, resources.
- Vaccination programmes¹ also reflect the limited engagement with migration in Covid-19 responses; few vaccine programmes across Africa make explicit if and, if so, how asylum-seekers, refugees and other migrant groups (including cross border and internal migrants) will fit into the roll-out – despite the obvious need for clarity and reassurances for groups who are historically 'left-behind' in health system responses.²


Initial migration governance responses to Covid-19 focused on (1) the closure of borders and (2) the management of the movement of goods and services across borders. Continentally, existing pandemic preparedness plans and Covid-19 response plans tended to exclude migration and migrant populations.

- (Most) National Covid-19 Task Teams did not incorporate migration and migrant populations into their planning.
- Where responses to Covid-19 that incorporated population mobility were identified, these tended to be associated with the presence of existing humanitarian coordination mechanisms or through local (sub-national) level cross-border responses. This allowed for the 'pivoting' of previous or currently active responses and knowledge to support the development of a Covid-19 response inclusive of migration and mobile populations. Approaches included:
- Making use of active United Nations (UN) coordination mechanisms, including with the involvement of international organisations and international development agencies; and
- Building on previous/current experiences of responding to Ebola, including active or recently completed infectious disease control systems.

Deportations and 'assisted' returns to countries of origin continued whilst refugee protection mechanisms, such as third country relocation programmes run by the United Nations High Commissioner for Refugees (UNHCR), were stalled.

¹ This Occasional Paper does not focus on vaccine access. For a review of the current situation relating to migrants and access to vaccines in Africa, please see the first Occasional Paper in this series by Walker, Maple and Vearey (2021) 'Migrants & the Covid-19 Vaccine Roll-Out in Africa: Hesitancy & Exclusion' <https://tinyurl.com/9baye6wu>

² For example, an internal WHO report (May 2021) raises fears that Kenya will exclude hundreds of thousands of refugees from their roll-out, despite the intention to include them in their vaccine plans and in Nigeria there are concerns that over 2.7 million IDPs are at risk of being ignored in vaccine plans. See Safi, 'Revealed' 2021.

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- Bilateral cooperation, such as between Tunisia and Libya, has been instrumental in returning people stranded at the borders at the early stages of lockdown restrictions to their home countries. However, a key concern is whether people who were assisted to return to their country of origin desired to do so
 - Some stranded people who were trying to return to their country of origin were forced to make unsafe decisions – such as irregular border crossings - in the absence of appropriate responses, including in the Southern African Development Community (SADC).
 - In SADC and the East African Community (EAC) the closing of borders was used as an opportunity for deportations.

In some contexts, existing xenophobic and anti-foreigner sentiments and actions have been exacerbated.

- Mirroring established approaches to the governance of migration and existing public and political sentiments before the Covid-19 pandemic, responses to migrants, refugees and asylum-seekers in North Africa and SADC have involved exclusionary practices, xenophobic rhetoric and expulsions.
- In some contexts, the blaming of migrants for the spread of Covid-19 – and the resultant discrimination and exclusion from responses – has been reported.
- Concerns are raised about the ways in which vaccination programmes will further marginalise migrant groups.

Different approaches, sometimes contradictory, were identified within some countries.

- This includes the provision of visa extensions or safe border crossings whilst simultaneously failing to extend security responses to non-citizens.
- Responses in urban areas differed to those in camp-settings and border regions, including implementation of stricter lockdown measures in urban areas, disadvantaging refugees who have self-settled in cities.

Opportunities to do things differently have been identified.

- The development of new and innovative mechanisms of supporting migrant populations during the pandemic may help improve support for people on the move on a more permanent basis. Examples include:
- Development of a UNHCR refugee helpline and remote registration mechanisms for asylum-seekers in Ethiopia.
- Remote training and assistance given to refugees via phone in Mauritius.
- Adapting research processes, by changing the data collected, approaches to data collection, undertaking new small Covid-19 related projects and/or embedding research on the pandemic into larger, pre-existing projects, such as work undertaken in the Horn of Africa by the Mixed Migration Centre (MMC)
- Implementing early planning and preparation for vaccine roll out with refugees as a priority group in Rwanda.

A responsive research agenda is necessary to guide appropriate responses in the immediate, mid and long-term.

- “...priority research should focus on improving our understanding of (1) the political factors influencing the (dis)connections between migration and health governance structures in the context of Covid-19, and how to overcome these in the context of a pandemic; and (2) the motivations for and implications of a ‘vaccine passport’ system on movement within and beyond the SADC region. This requires a reactive, cross-disciplinary, regional research network. In a context where funding for research is increasingly inaccessible, this requires innovative, informal, collaborative engagement.”³

³ Vearey, de Gruchy, and Maple, ‘Global Health (Security), Immigration Governance and Covid-19 in South(Ern) Africa: An Evolving Research Agenda’.



Executive Summary

The Covid-19 pandemic has amplified the challenges faced by migrants, refugees, asylum seekers and internally displaced people (IDPs) across the African continent. While African states battle against vaccine nationalism, it is essential that all responses to Covid-19 – including vaccination programmes as they slowly materialise - are inclusive of everyone. There is no question about the devastation resulting from the pandemic. But long-term programming in response to Covid-19 and future pandemic preparedness planning, presents opportunities for states and regional bodies to centre the governance of internal and international migration within a holistic approach to inter- and intra-continental trade, development, and the fulfilment of human rights. As we reach the 40th anniversary of African Charter on Human and Peoples’ Rights, the global pandemic has shown a new light on the urgent need for African Union (AU) member states to honour their obligations and responsibilities towards all persons within their territory, based on regional and international human right norms.⁴

The African continent is home to diverse forms of population mobility. Whilst most movements are associated with the search for improved livelihood opportunities, the past decade has witnessed significant increases in the numbers of asylum seekers, refugees and IDPs across the continent. Whilst the majority of people who move do so within their country of birth, intra-continental and intra-regional migration is increasing, and remains far more prevalent than movements from the continent to other regions of the globe.⁵ Migration can contribute positively to the socio-economic development of both destination and origin communities and countries. However, some groups of migrants – including those moving within and between countries - may face specific risks before, during and after their migration journey. These risks – which may include precarious employment, an irregular documentation status, or challenges in accessing healthcare - can be exacerbated in times of national and international crisis, including the Covid-19 pandemic.

The recent spread of Covid-19 across the globe has not only triggered a health emergency but has had devastating impacts on local and global economies, lives and livelihoods. As always, it is marginalised populations such as migrants that are disproportionately impacted and at an increased risk of negative effects on their health, wellbeing and protection. What is more, this report shows that the Covid-19 crisis has also led to a rapid re-configuration of the relationship between key national actors in ways that risk crowding out the voices, needs and interests of people on the move even further in policymaking and national agendas.

Across Africa, extreme lockdowns, border closures, and the resultant restrictions on population movement have highlighted – perhaps more clearly than ever before - how essential mobility is for people across the continent. As a result, Covid-19 creates a unique opportunity for encouraging states and regional bodies to make mobility across international borders central to a more holistic approach to inter- and intra-continental trade, development, and the fulfilment of human rights.

⁴ The African Charter on Human and Peoples’ Rights was adopted by the OAU Assembly of Heads of State and Government on 27 June 1981.

⁵ UNDESA, ‘International Migration 2019’.

Yet, despite the prevalence of diverse forms of population mobility across the continent, responses to Covid-19 do not adequately engage with migration.⁶ Where migration governance responses do exist in the context of Covid-19 they focus on enabling the movements of goods and services, while imposing restrictions on the movement of people. In their failure to consider how - literally - vital migration is to millions of people in Africa, such approaches not only increase existing vulnerabilities and risks for migrants, but are ultimately also detrimental to the management of Covid-19. This is in the context of a continent where public healthcare systems fail to be 'migration-aware' - a term used to describe interventions, policies, and systems in which 'population movement is embedded as a central concern in the design.'⁷ The pandemic has amplified the need for health governance responses to be migration-aware across the continent.


There is also mounting evidence that the response to Covid-19 has provided states with the opportunity to tighten and restrict the movement of people across borders. In some contexts, governments have used Covid-19 to legitimise an increasingly securitised response to immigration (i.e., reducing movement), likely to further undermine the AU's efforts towards the free movement of people on the continent. As a large body of research has documented over and over again, 'closing' or fortifying borders does not stop movement. Rather, movement across borders continues, but becomes more dangerous as those moving outside of regular channels are forced to take greater risks. This has implications for both the safety of individual migrants and for public health generally: people who move irregularly are often left out of disease control mechanisms at Points of Entry (PoE). Covid-19 has also affected migration routes to Europe with more people moving via the Canary Islands than previously. Migrants are increasingly 'stuck' in corridors to (and from) Europe. This has led to an increasing reliance on the use of smugglers and on new, more dangerous, routes. Key areas of concern include transit camps in Niger at the border with Libya and Algeria.

Currently, Covid-19 disease control responses focus on PoEs, including international airports and major land border crossings. Responses have exacerbated/amplified existing challenges faced by non-citizens, including a reliance on unsafe migratory routes and difficulties in accessing documentation, healthcare and other social welfare systems. Increased securitisation of immigration may undermine much-needed efforts to develop migration-aware and mobility-competent cross-border, regional health system responses. Therefore, there is a need for caution: the development of (im)migration interventions to address Covid-19 may provide opportunities for using health status (or perceived health risk) as an additional securitisation measure through which to further restrict movement across national borders and/or to justify deportation of non-nationals. These processes risk creating challenges that will further stall progress towards global health goals by undermining attempts to develop coordinated, cross-border, migration-aware and mobility-competent health programmes. Responses risk deterring irregular cross-border migrants from accessing prevention and treatment programmes for both communicable and non-communicable diseases

The struggle across the African continent for states to secure adequate and affordable supplies of the Covid-19 vaccine (in the context of limited supplies and global inequities in access) risk shaping

⁶ Walker, Maple, and Vearey, 'Migrants & the Covid-19 Vaccine Roll-Out in Africa: Hesitancy & Exclusion'.

⁷ Vearey, J., Modisenyane, M., and Hunter-Adams, J., 'Towards a Migration-Aware Health System in South Africa: A Strategic Opportunity to Address Health Inequity South African'.



heightened forms of ‘vaccine nationalism’ whereby asylum-seekers, refugees and other migrant groups (as well as citizens without documents) risk being side-lined, if not excluded.⁸ Excluding these groups from immunisation will not only violate their human right to health but will undermine the success of national vaccination campaigns. Planning and strengthening of systems required for rolling out the Covid-19 vaccine across African regions and countries could provide an opportunity ‘to improve all major healthcare systems for the future.’⁹ The challenges of achieving the ambitions of Universal Healthcare Coverage (UHC)¹⁰ when migrant populations are excluded from health responses is increasingly recognised¹¹ - exclusion from Covid-19 vaccination programmes will further undermine approaches to ensuring good health for all.¹² The public health consequences of excluding migrant groups from vaccination programmes are far-reaching and long-lasting; it is this bigger picture that many fail to see. Bartovic et al.¹³ argue for the need to build a migration-aware approach¹⁴ onto existing structures in order to be prepared for future vaccine distribution that is equitable and considers asylum-seekers and refugees. Doing so may assist in achieving the goals of a migration-aware public healthcare system, supporting progress towards UHC.¹⁵

In order to ensure that the continent ‘leaves no-one behind’, responses to Covid-19 must mainstream all forms of migration and all migrant groups. This includes those moving within their country of birth as well as those crossing international borders. To achieve this, states are recommended to create a National Migration & Covid-19 Task-Team (N-MCTT) to build alliances across sectors in order to increase the development, implementation and continuous evaluation of migration-aware responses. This is required to overcome the challenges identified in the operationalisation of migration governance responses to Covid-19. Composition of the task-team will differ across country contexts, but the African Commission is encouraged to produce a guidance note on the suggested composition of such a task team. Development of a ‘score-card’ to guide responses – which incorporates a Firewall that ensures migrants face no penalties when accessing services, regardless of their documentation status. Such actions will:

- Contribute to the ambitions of key global processes, including: UHC¹⁶; the Global Action Plan (GAP) for the Health of Migrants and Refugees¹⁷; the Global Compacts for Safe, Orderly and Regular Migration and for Refugees¹⁸;
- Respond to calls to ensure migrants, refugees, asylum seekers and IDPs are included in Covid-19 response, including vaccination programmes¹⁹; and

⁸ Walker, Maple, and Vearey, ‘Migrants & the Covid-19 Vaccine Roll-Out in Africa: Hesitancy & Exclusion’.

⁹ Matavire, ‘Africa’s Covid-19 Vaccine Rollout Must Include Clear Communication to Combat Vaccine Hesitancy — Experts’.

¹⁰ UHC 2030, ‘Global Compact for Progress towards Universal Health Coverage’.

¹¹ Vearey, Hui, and Wickramage, ‘Migration and Health: Current Issues, Governance and Knowledge Gaps’.

¹² Mosca et al., ‘Universal Health Coverage’.

¹³ Bartovic et al., ‘Ensuring Equitable Access to Vaccines for Refugees and Migrants during the COVID-19 Pandemic’.

¹⁴ ‘Migration-aware’ is a term used to describe interventions, policy, and systems in which ‘population movement is embedded as a central concern in the design’ Vearey, J., Modisenyane, M., and Hunter-Adams, J., ‘Towards a Migration-Aware Health System in South Africa: A Strategic Opportunity to Address Health Inequity South African’.

¹⁵ Walker, Maple, and Vearey, ‘Migrants & the Covid-19 Vaccine Roll-Out in Africa: Hesitancy & Exclusion’.

¹⁶ UHC 2030, ‘Global Compact for Progress towards Universal Health Coverage’.

¹⁷ WHO, ‘Promoting the Health of Refugees and Migrants. Draft Global Action Plan, 2019–2023. A72/25 Rev.1.’

¹⁸ United Nations, ‘Global Compact on Refugees - A/73/12’; United Nations, ‘Global Compact for Safe, Orderly and Regular Migration - A/RES/73/195’.

¹⁹ IOM, ‘Striving for Equitable Access to COVID-19 Vaccines to Leave No Migrant Behind’; UNHCR et al., ‘Joint Guidance Note on Equitable Access to COVID-19 Vaccines for All Migrants’.

- Build on the work undertaken by the African Commission Special Rapporteur on Migrants, Refugees, Asylum Seekers, Internally Displaced Persons and African Union initiatives.²⁰

The fluid and rapidly changing context surrounding Covid-19 and migration governance across the continent requires “an evolving research agenda to inform the development and implementation of appropriate pandemic responses in the region.”²¹ To this end, continuous research – including rapid reviews of emerging evidence – is central to our recommendations.

²⁰ ACHPR, ‘Resolution 470 on the Protection of Refugees, Asylum Seekers and Migrants in the Fight against the Covid-19 Pandemic in Africa.’; African Union, ‘Draft Common African Position (CAP) on the Global Compact for Safe, Orderly and Regular Migration’; African Union, ‘African Common Position on Migration and Development’; African Union Commission and UNDP, ‘The Impact of the COVID-19 Outbreak on Governance, Peace and Security in the Horn of Africa. Regional Brief’; IOM and African Union Commission, ‘Africa Migration Report. Challenging the Narrative.’; Samate, ‘The 8th Annual Humanitarian Symposium. Theme : Humanitarian Action within the Context of COVID-19 and AU Theme of the Year 2020. Silencing the Guns: Creating Conducive Conditions for Africa’s Development - Opening Remarks By H.E Cessouma Minata Samate Commissioner for Political Affairs’; Samate; UNHCR et al., ‘Joint Guidance Note on Equitable Access to COVID-19 Vaccines for All Migrants’.

²¹ Vearey, de Gruchy, and Maple, ‘Global Health (Security), Immigration Governance and Covid-19 in South(Ern) Africa: An Evolving Research Agenda’.

Background: Covid-19 in Africa

As the last continent to encounter the pandemic, the Covid-19 virus reached Africa continent in March 2020. Although it was first feared that the virus would spread rapidly and widely, rates of infection and deaths have been far lower than predicted, especially in comparison to other parts of the world. Quick responses by numerous states across the continent in the early stages of the outbreak have been praised by commentators. Initial measures which included the closing of borders and restrictions on movement as well as declaring states of emergencies triggering a 'lockdown' of social and economic activities, as well as imposing curfews, seems to have played a significant role in preventing the spread of the virus. That said, concerns about the levels and reliability of testing and data in some countries and regions, as well as incomplete pictures of what is happening on the ground, especially in marginalised spaces, mean that claims that the virus has not spread must be treated with caution.²²

In addition to the lockdown response states implemented (with varying degrees of success) a variety of interventions including medical services, social programmes and other 'safety nets' intended to mitigate the economic and social fallout from the restrictions were developed. However, despite stalling a rapid rise of Covid-19 cases, the impact of these restrictions has been devastating to the livelihoods of communities and population groups across the continent. In particular, migrants, refugees, asylum seekers and IDPs have faced some of worst effects of the pandemic, as responses have exacerbated the pre-existing vulnerabilities they face, as well as creating new ones.²³

State Obligations to Migrants, Refugees, Asylum Seekers and Internally Displaced People (IDPs)

The unfolding situation with regards to migrants compelled the African Commission on Human and Peoples' Rights (ACHPR) and the AU to remind AU Member States of their obligations under the African Charter on Human and Peoples' Rights and other relevant instruments to implement inclusive protective measures against COVID-19 for the benefit of vulnerable persons in the population ACHPR, 'African Commission on Human and Peoples' Rights.'²⁴ These obligations and commitments to all persons on their territory were restated and repeated by the AU throughout 2020.²⁵ These obligations

²² Gaye et al., 'Socio-Demographic and Epidemiological Consideration of Africa's COVID-19 Response: What Is the Possible Pandemic Course?'

²³ Africa Center for Strategic Studies, 'COVID-19 and Africa's Displacement Crisis'; Burke, 'Chaos in Harare as Zimbabwe Riot Police Violently Disperse Protesters'; Dempster et al., "Locked Down and Left Behind: The Impact of COVID-19 on Refugees' Economic Inclusion."; UN News, 'COVID-19 Pandemic Exposes Global "Frailties and Inequalities"'.
²⁴ This was replicated at the international level, with the UN Committee on Migrant Workers (CMW) and the UN Special Rapporteur on the human rights of migrants reminding states of their obligations to migrants during the pandemic (OHCHR, 2020).

²⁵ The African Union again reminded states of their obligations under regional treaties and conventions towards all within their borders in December 2020. This was based on the w rights guaranteed by the African Charter on Human and Peoples' Rights, the Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa (Maputo Protocol), the African Charter on the Rights and Welfare of the Child, the Protocol to the African Charter on Human and Peoples' Rights on the Rights of Persons with Disabilities in Africa, The Protocol to the African Charter on Human and Peoples' Rights on the Rights of Older Persons, the African Youth Charter, the African Charter on Democracy, Elections and Governance, the African Union (AU) Convention Governing Specific Aspects of Refugee Problems in Africa, and the African Union Convention for the Protection and Assistance of Internally Displaced Persons in Africa (Kampala Convention).

include respecting human dignity, protection of the right to life, the right to health, and the right of access to information.²⁶ States on the continent also have specific obligations relating to the protection of asylum seekers and refugees, in particular the 1969 OAU Convention Governing the Specific Aspects of Refugee Problems in Africa and Internally Displaced Persons, in relation to the 2009 African Union Convention for the Protection and Assistance of Internally Displaced Persons in Africa (Kampala Convention).²⁷

In addition to these legal obligations, over the past few decades the AU has produced a number of key policies relevant to migration governance, with the intention of these frameworks providing policy standards to member-states and Regional Economic Communities (RECs) in relation to contemporary challenges around migration on the continent.²⁸ Nevertheless, a chasm remains between AU migration policies and the treatment of migrants by member states²⁹. Responses have been widely critiqued on the grounds of poor implementation and a lack of accountability and reporting mechanisms.³⁰

Prior to the Covid-19 outbreak, there was some optimism around the updated 2018 AU Migration Policy Framework for Africa (MPFA), especially in relation to its focus on intra-continental migration being governed through ‘comprehensive, human-rights based and gender-responsive national migration strategies and policies.’³¹ As noted by Dinbabo and Badewa³², the updated MPFA also feeds into the priorities and vision of the AU Agenda 2063; meaning it is aligned with the continental commitment towards the political and economic integration of Africa. Yet, states responses to all forms of cross-border migrants in the aftermath of the outbreak of Covid-19 in Africa have dampened this initial optimism, as well as raising concerns over states’ commitments to continental and international human right norms. Indeed, while the heightened risks associated with the pandemic are relevant to all persons, large groups of migrants, including stranded migrants, refugees and asylum seekers have been frequently excluded from national measures in Africa. Unable to access health services, protective gear and sanitary products required to help them follow the rules of social distancing in settlement centres as well as being prevented from moving across borders or in and out of camps, migrants, refugees and asylum seekers were deprived of some of their most basic and fundamental rights. As a result, many migrants, refugees and asylum seekers have been left on the margins to fend for themselves. As we reach the 40th anniversary of African Charter on Human and Peoples’ Rights, the global pandemic has shone

²⁶ As examined by Zamore et al. 2020, within the African continent, states party to key international conventions also have a number of international obligations in relation to the treatment of migrants on their territory. For example, equal treatment and non-discrimination, under the International Covenant on Civil and Political Rights (ICCPR) arts. 2(1), 26; International Covenant on Economic, Social, and Cultural Rights (ICESCR) art. 2(2); International Convention on the Elimination of All Forms of Racial Discrimination (CERD) art. 1(1); Charter of the United Nations, preamble, arts. 1(3), 55; Universal Declaration of Human Rights (UDHR), art. 2(1); Convention Relating to the Status of Refugees (Refugee Convention), art. 3; Guiding Principles on Internal Displacement, principle 1(1).) In addition, right to health under UDHR art. 25; ICESCR art. 12; CERD 5(e)(iv); UN Committee on Economic, Social and Cultural Rights, General Comment No. 14 on the right to the highest attainable standard of health.

²⁷ 07 August 2020 Resolution on Human and Peoples’ Rights as central pillar of successful response to COVID-19 and recovery from its socio-political impacts - ACHPR/Res. 449 (LXVI) 2020

²⁸ Dinbabo and Badewa, ‘Monitoring Migration Policy Frameworks, Treaties and Conventions for Development in Africa’.

²⁹ Achieng, ‘What Is Wrong with the Narrative on African Migration?’

³⁰ Achiume and Landau, ‘The African Union Migration and Regional Integration Framework’.

³¹ Le Coz and Pietropolli, ‘Africa Deepens Its Approach to Migration Governance, But Are Policies Translating to Action?’

³² Dinbabo and Badewa, ‘Monitoring Migration Policy Frameworks, Treaties and Conventions for Development in Africa’.



a new light on the urgent need for AU member states to honour their obligations and responsibilities towards all persons within their territory, based on regional and international human right norms.³³

³³ The African Charter on Human and Peoples' Rights was adopted by the OAU Assembly of Heads of State and Government on 27 June 1981.

Key Findings : Responses to Covid-19 and Migration Governance in Africa


Covid-19 and its broader socioeconomic and political impacts have been felt across communities in all regions of the African continent. Consequently, many of the issues faced by international migrants, refugees and asylum-seekers have also been experienced by citizens – including internal migrants - living and working in the same urban and peri-urban spaces, border regions, and rural areas. Certainly, the initial response of restricting internal movements and ‘locking down/closing borders’ has had enduring impacts on economies, which will be felt for many years to come. This has been felt particularly by those working in the informal economy where job security is lacking, exploitation is prevalent and social safety nets are limited.. It is clear that Covid-19 and resulting lockdown measures have disproportionately affected the poor and marginalised within states, regardless of citizenship or legal status.

However, in addition to the collective impact of the loss of income and jobs, family bereavement, psycho-social challenges and restrictions on fundamental freedoms across all communities, research indicates that international migrants across the continent experience a heightened level of precarity. This is predominantly due to the exacerbation of pre-existing issues related to their status and related challenges in countries of destination including numerous state and community level exclusion policies and protection concerns. Indeed, in the majority of cases, Covid-19 has not created unique issues for migrant populations on the continent. Rather, it has highlighted existing challenges, including a reliance on alternative and unsafe migratory routes; difficulties in accessing documentation, healthcare and other social welfare systems; and xenophobia, stigmatisation and discrimination. Thus, many migrants are experiencing a multitude of overlapping and interconnected concerns.³⁴

As a response to these issues, many migrants on the African continent decided to move across borders from host countries to families or close networks in either their country of origin or other countries. Findings suggest that many needed assistance from states and/or international organisations and civil society in these journeys (in large part to navigate state responses to the pandemic, including lockdowns and border closures). Yet equally, a significant number undertook these journeys on their own without assistance, using well-worn routes to either cross borders formally or in more informal, irregular ways. This was illustrated most clearly in the Southern Africa context, where the delay in a coordinated response by UN agencies, embassies and host states to help migrants move back to Mozambique meant that large numbers of migrants completed the journey before assistance arrived meaning the designated platform to support regular movement was never utilised.

Furthermore, many migrants made return journeys with limited to no funds or resources. As highlighted by UN officials, these journeys and subsequent activities conducted in the country of origin helped offset many of the issues that were predicted to have been caused by a loss of remittances seen more broadly

³⁴ Nissling and Murphy-Teixidor, ‘What Makes Refugees and Migrants Vulnerable to Protection Incidents in Libya? A Microlevel Study on the Determinants of Vulnerability’.



during the pandemic.³⁵ This both reflects the agency and capacity of migrants in responding to (multiple) crises through the development of coping strategies, as well as the necessity of knowing how to respond to protracted and new barriers to accessing local economies and other resources. Recognising this again emphasises the importance of migration for social and economic development across the continent. Many international migrant groups successfully navigated their return journeys and subsequent livelihood strategies in ways that – to some extent – addressed the loss of income and remittances resulting from the pandemic.

However, this does not mitigate all difficulties faced by migrant populations, including those that were endemic across the continent prior to the Covid-19 pandemic. It is clear that there is an urgent need for assistance to large groups of migrants across the continent who have had to respond to increasing challenges in host states, including hostile local populations and exclusion measures from all levels of the state. This assistance has included support to migrants during their return or onward journeys in search of economic opportunities and basic needs, or for those who remained in countries of destination throughout 2020 (by choice or more enforced immobility).

State Responses to International Migration: Restrictions, Exclusion and Expulsions

The response to Covid-19 has provided states with the opportunity to limit the movement of people across borders and to justify increasingly restrictive approaches to migration management. Yet as has been shown in previous research, closing or fortifying borders does not stop movement. Rather, movement across borders continues while migrants are pushed into more dangerous situations as greater risks are taken outside of regular channels. For example, migration routes to Europe have altered under the pandemic with more people moving via the Canary Islands than previously. Migrants are also increasingly ‘stuck’ in corridors to (and from) Europe, including those being returned to their country of origin by state officials. This has led to an increasing reliance on the use of smugglers and on new, more dangerous, routes. Key areas of concern include transit camps in Niger at the border with Libya and Algeria. The closure of borders and the increased irregular journeys across international borders also has widespread implications for public health generally as people who move irregularly are often left out of disease control mechanisms at PoEs and also regularly face challenges accessing healthcare.

Moreover, of great concern in some contexts is the use of Covid-19 responses to legitimise an increasingly securitised response to immigration – in other words, the pandemic has provided a convenient opening to push forward state agendas to restrict immigration while appearing to be implementing humanitarian and global health security/public health responses. This increased securitisation of immigration is not only driving migrants into riskier situations as they are forced to find alternative and informal routes, but also undermines much-needed efforts to develop migration-aware and mobility-competent cross-border, regional health system responses. Thus, there is a concern that the development of (im)migration interventions centred around a securitisation approach will provide opportunities for co-opting components of the global health security movement by using health status (or perceived health risk) as an additional securitisation measure through which to further

³⁵ Although further work is needed in this area and the relationships between remittances and returnee migrants.

restrict movement across national borders and/or to justify the deportation of non-nationals as we have seen in certain states in Southern Africa. These processes risk creating challenges that will further stall progress towards global health goals by undermining attempts to develop coordinated, cross-border, migration-aware and mobility-competent health programmes. Furthermore, such processes also risk deterring irregular cross-border migrants from accessing prevention and treatment programmes for both communicable and non-communicable diseases.

In addition to the dangers of this increased securitisation of responses to most forms of migration (particularly from within the continent, including within some RECs), the research presented here has also highlighted how states have not prioritised responses targeting asylum-seekers, refugees and IDPs – often failing to even include them in planning or broader state-wide measures. For example, responses to Covid-19 based on lessons learned from Ebola Virus Disease (EVD) have often not included asylum seekers, refugees and IDPs while approaches to support refugees in camps have failed to address the plight of urban refugees – many of whom remain ‘hidden’ within urban spaces and have faced heightened vulnerabilities due to a loss of income as well as the closure of humanitarian offices and support structures. These findings confirm previous concerns relating to the lack of engagement with migration and diverse migrant groups – including refugees, asylum seekers and IDPs – in pandemic preparedness plans.


Equally, an inability to register and renew documentation has left many in precarious situations in host countries, with the prevailing risk of detention, extortion or even deportation. Finally, with the closure of borders and increased numbers of expulsions of foreign nationals (under the guise of stopping the spread of the pandemic), reports of non-refoulement and states breaching international law, specifically the right to seek asylum, have increased.

These tendencies to exclude, expel and render various groups of migrants invisible have continued throughout 2020, with such patterns in certain countries increasing as resources within host countries become further stretched. In addition, these insular and nationalistic migration governance responses to Covid-19 will likely have long-lasting effects. Indeed, the measures set in place by states have only exacerbated/amplified existing challenges faced by non-citizens, including anti-foreigner and xenophobic sentiments.

The Management of International Migration: A Reductive Approach

Despite the prevalence of diverse forms of population mobility across the continent, the research presented here highlights how state responses to Covid-19 on the continent have not adequately engaged with migration. Where migration governance responses have existed, they have focused on controlling or stopping the movement of people across international borders and, to a lesser extent, restricting movement within states.

In contrast, at the same time states have been actively facilitating the regular transfer of goods and services. The first coordinated migration governance responses at the regional level were based on developing and implementing interventions to facilitate the movement of goods, including disease control measures at points of entry for truck drivers. Certainly, the Covid-19 pandemic has emphasised



the importance of the importation of goods for many states, including in humanitarian contexts. Yet, these approaches also highlight the prioritisation of protocols for facilitating the movement of goods and services over engaging with protocols that have been developed relating to the movement of people or attempting to develop a more holistic approach to all forms of cross-border movement.

Instead, measures have been developed within sectoral ‘silos’, such as trade, without adequate consideration of the role migration plays in all aspects of the day-to-day functioning of states, as well as the proven benefits for long-term development. Extreme lockdowns, border closures, and the resultant restrictions on population movement, have starkly illustrated the essential role human mobility plays on the continent. Yet by failing to adopt a more holistic approach to inter-state and inter-regional cooperation during Covid-19 which acknowledges the role migration plays, current attempts at encouraging the movement of goods and services while simultaneously stopping movement and migration has not only amplified existing challenges but created new ones, detrimental to effective Covid-19 disease control.

There is however, evidence to suggest that as the year has progressed, there has been varying levels of recognition amongst many state departments of the wide ranging and damaging impacts of preventing movement. Indeed, the effect of restricting movement on economies, social cohesion, and trade agendas across the sub-region quickly became evident to all.

Thus, Covid-19 and the effects of state-based responses to the pandemic, may provide a unique opportunity for key stakeholders to promote the inclusion and mainstreaming of cross-border movement as part of a more holistic approach to inter- and intra-continental trade, development, and the fulfilment of human rights. It falls on civil society, international agencies, RECs, and the African Commission to take this window of opportunity, to engage and promote this approach with states. Not taking this opportunity means that there are real risks that the dominant inward-looking, nationalistic responses will further stall REC protocols on freedom of movement within regions and the AU Protocol for the Movement of People.

Responses by UN Agencies, International NGOs, Civil Society and the Research Community: Responsibility, Access, and the Need For Local Responses

Interviews with key stakeholders in UN agencies, international NGOs and civil society across the continent have highlighted an inevitable weariness around the sheer scale of the pandemic and workload required to respond to the needs of target populations. While previous ‘crisis’ templates have been adopted successfully in certain situations, many institutions and organisation have been caught unaware by the magnitude of the impact of the pandemic and accompanying responses generated - especially at the outset.

Key concerns about capacity, resources and the ability to tailor local responses have been driven by the expectation of non-state actors such as the United Nations High Commissioner for Refugees (UNHCR) and the International Organization for Migration (IOM) to respond directly to the needs of asylum seekers, refugees, IDPs and ‘stranded migrants.’ A reliance on the funding, implementation and

management of external actors is also due in part to a historical reliance by host states on external actors to take responsibility for non-national populations, particularly asylum seekers and refugees. However, this reliance can also be attributed to the exclusionary measures implemented by the majority of states on the continent, as detailed in this report which render most non-citizen populations marginalised and often – as a result - at risk of multiple shocks.


In respect of refugee and IDP camps and settlements, responses have been mixed. Interviews highlighted the inclusion of training and education services including the use of Personal Protective Equipment (PPE) as a primary response, despite the fact that social distancing is often extremely difficult in such settings. Yet, beyond these initial health responses, camp-based measures appear limited in many regions. Equally there has been a general lack of information about what is happening inside camps and settlements including in terms of the spread of cases of the virus, with many closed off to outside assistance in the early stages of the pandemic. The policy of closing humanitarian and development sites (at least in the short- to mid-term) by UN agencies (whether at the behest of host states or not) has emerged as problematic on both health and socio-economic grounds. Being unable to move in and out of camps has prevented migrants from drawing on their usual livelihood strategies, such as engaging with surrounding local communities, to supplement often inadequate assistance from humanitarian programmes. Furthermore, by acting as gatekeepers, UN agencies controlling these sites have prevented other humanitarian agencies from entering these spaces to continue existing programmes or provide Covid-19 related services.

In fact, key stakeholders in aid agencies reported numerous challenges in accessing target populations in the following ways: (i) individuals were unable to attend services or clinics during lockdown; and (ii) agencies were unable to reach populations due to lockdown restrictions, border closures and quarantine measures. However, access challenges also depended on the type of agency, mandate, length of engagement with target populations and approach. For example, many organisations were adept at reaching hard-to reach populations based on previous experiences in conflict or environmental-induced disasters situations, whereas others needed to find creative ways to contact and share information and trainings with target populations due to less experience or time in that particular location. These creative ways were usually achieved either via remote means, intermediaries or by training individuals within the populations to conduct/run programmes for them. Overall, the findings show that organisations such as the International Federation of Red Cross and Red Crescent Societies (IFRC) and the International Committee of the Red Cross (ICRC) were potentially the best placed to respond to the needs of target populations, with their affiliates and volunteers already permanently based within target communities.

These observations highlight three key issues: (1) the need to focus on local-level responses; (2) the limitations of a “Whole of UN” approach; and, (3) the challenges of conducting appropriate research during times of crisis.

Local-level Responses

In a number of contexts, refugee-led initiatives and refugee-led organisations were at the forefront of initiatives and interventions supporting asylum-seekers, refugees and other migrant groups (for example KINTSUNGI and YARID in Kenya and Uganda, respectively). As ‘experts’ in understanding the



unique context and challenges faced by vulnerable migrant groups these organisations have been able to fill in the gaps where governmental responses have fallen short or specifically excluded asylum seekers, refugees and other migrant groups.

Redirecting humanitarian and development approaches to include localised elements, enables them to become rooted in specific contexts and markets, where often unique development opportunities and challenges exist.³⁶ It also creates space to draw on local expertise and relationships of trust between refugee-led organisations and refugees.

This shift of focus to the local and the meaningful inclusion of migrants and refugees in decision-making and responses would also go some way to resist the continuing inclination by the aid industry (particularly in emergency situations) to see target populations through the lens of the vulnerabilities they face. Terms such as ‘vulnerable populations’ and ‘victims’ were commonly used in the interviews in relation to whole groups of migrants, as well as incorporated into UN documentation produced in the response to Covid-19. While long critiqued within the academic and development sector, the risks of ignoring the coping mechanisms and agency of migrants as well as the depoliticisation of what are highly unequal situations across regions needs to be flagged.

Not all migrants ‘on the move’ within the continent are poor and/or vulnerable. In fact, many faced vulnerabilities due to the undermining and erasure of their coping mechanisms and strategies by responses to the pandemic. Furthermore, the emphasis placed on victimhood over agency also risks deflecting attention from the complex political and social factors that continue to create dangerous situations for migrants, refugees and asylum-seekers, which as the findings highlight, have been intensified by Covid-19. In turn, repeated reference to vulnerability can also further stigmatise and simplify the experiences of specific groups of migrants (such as women, children or the elderly).³⁷

The “Whole of UN” Approach

While there some positive reports of UN agencies collaborating and working together under the “Whole of UN” approach, it is clear that more work is needed in this area - particularly in relation to the shrinking of funding over 2020 and the ways in which this resulted in specific agencies refocusing on their own specific mandates. The sharing and coordinating of resources alongside a focus on the local is needed, especially if agencies are serious about promoting the whole-of-society approach to states on the continent, as set out in both Global Compacts.

The Evolving Role of Regional and Continental Bodies

As previously noted, Covid-19 creates a unique opportunity for regional and continental bodies (including RECs and the AU and African Commission) to advocate to member states for the centralisation of mobility across state borders through a more holistic approach; inter- and intra-continental trade, development, and the fulfilment of human rights. Yet, as has become clear in this

³⁶ Foresti, ‘Ts4_marta_foresti.Pdf’.

³⁷ Flegar and Iedema, ‘The Use of the “Vulnerability” Label by the Committee on the Elimination of Discrimination Against Women’.

report, RECs will only be as effective as their member states permit. Migration remains a heavily politicised issue across all states and regions on the continent, with state responses to Covid-19 regularly adopting a security lens to further restrict most forms of cross-border movement. Nevertheless, the willingness of some RECs to engage substantially in issues related to Covid-19 in a proactive manor can be seen as a positive step.

Furthermore, whilst recognition of the limitations of the power of RECs and the AU/African Commission to guide state responses, the importance of the convenor and facilitator role played by these bodies is perhaps too readily overlooked or dismissed. As shown in the context of Covid-19, by bringing member states to the table, these bodies are at least creating the political space for discussions and debates on key topics relating to migration governance. The hope is that the engagements at these levels based on reaching agreements on Covid-19 responses (however tentative) could result in migration governance processes and procedures that have longer-term benefits for these populations and – subsequently – for states. Going forward, RECs and the AU are strategically placed to push these dialogues further, by taking a lead on issues such as the inclusion of groups of migrants in emergency preparedness and long-term development plans.

Regional Overviews

North Africa

- **Increasing levels of xenophobia** have surfaced due to the perception that migrants are responsible for spreading the virus, particularly in the Libyan context where they are seen as “carriers or transmitters of the virus.”³⁸
- **The Arab Maghreb Union (AMU) is one of the least functional RECS.**³⁹ Its influence on migration governance at the national level is negligible, with implications for excluding migration from its Covid-19 response.
- **Bilateral cooperation such as between Tunisia and Libya has been instrumental** in returning people stranded at the borders at the early stages of lockdown restrictions to their home countries.
- **At the city level**, local authorities in border cities such as Al Kufra and Al Jaghub implemented stricter/additional measures via municipal entry restrictions into their cities⁴⁰;
- **Vaccine access:** Although more than half of the countries in the Middle East and North Africa (MENA) region are expected to include refugees and other persons of concern in national vaccination programmes, there remains little understanding of how this will be done. While Egypt, with the support of UN agencies, has now included refugees and asylum seekers in their vaccination plan, Tunisia continues to exclude migrants and refugees from healthcare services with no clarification of whether this exclusion will extend to Covid-19 vaccinations.

Horn of Africa

- **The political will to integrate migrants into the response to Covid-19 is not lacking - resources are the issue.** It appears that good relationships with host governments and generally progressive asylum regimes aimed at socio-economic integration at both national and regional levels⁴¹ have facilitated the work of humanitarian actors towards the inclusion of people on the move in national responses to Covid-19. However, the struggle for resources, funding and capacity has impacted the development of migration-inclusive responses.

³⁸ Interview with regional migration scholar, Tunisia, November 2020

³⁹ Adepou, A. 2001. ‘Regional Integration, Continuity and Changing Patterns of Intra-Regional Migration in Sub-Saharan Africa’. In *International Migration into the 21st Century*. Cheltenham/Northampton; Aria. 2012. ‘Status of Regional Integration in Africa’; Tavares, Rodrigo, and Vanessa Tang. 2011. ‘Regional Economic Integration in Africa: Impediments to Progress?’ *South African Journal of International Affairs* 18 (2): 217–33. <https://doi.org/10.1080/10220461.2011.588826>.

⁴⁰ 2016b. ‘The Middle East and North Africa: Annual Report 2015’. <https://publications.iom.int/books/middle-east-and-north-africa-annual-report-2015>.

⁴¹ UN Djibouti, 2020. *DJI_COVID-19_Emergency_Appeal_21092020.pdf* [WWW Document]. URL https://reliefweb.int/sites/reliefweb.int/files/resources/DJI_COVID-19_Emergency_Appeal_21092020.pdf

- **Protection issues are exacerbated, including by interventions that prevent migration.** Covid has been reported as a ‘threat multiplier.’^{42,43}
- Further politicising border control measures, IOM interventions in the region – relating to both irregular migration and the pandemic – are based on the idea that **staying at home means staying safe while movement puts individuals and communities at risk.**⁴⁴ It is, however, well established that people will move regardless and on their own accord.⁴⁵

East Africa

- While the countries of the East African Community (EAC) were in many ways **well prepared** to address the pandemic due to their experience of managing the Ebola Virus, **a failure to strengthen migration and health approaches** both before and during the pandemic has exacerbated risks for people on the move. Meanwhile the emphasis on the securitisation of borders and control of movement may have undermined and eroded efforts to address migration-related challenges at a regional level.
- **Lessons learned from the Ebola response**, including the pivoting of current responses to address Covid-19, placed countries such as South Sudan in a stronger position to respond. However, these lessons have not resulted in improved responses to Covid-19 at the regional level due to a failure to understand and engage with the realities of migration.
- **Covid-19 is being used as an opportunity to justify the further securitisation of borders** whereby “[p]olitical border games that occur through which the interests of a country and especially investments in the control and securitisation of movement across borders plays out.”⁴⁶
- **Vaccines:** This region reflects polarised positions in terms of vaccinations with some, such as Rwanda and Kenya having started an early roll out of vaccinations and including asylum seekers and refugees in their plans, while others such as Tanzania and Burundi have chosen not to vaccinate their populations. Rwanda is considered a blueprint for an efficient, fast and inclusive vaccination campaign with asylum seekers and refugees prioritised from the start.

⁴² UNFPA, 2020. Pregnant in a city under siege: Yemeni refugees find safety and maternal services in Djibouti [WWW Document]. URL [/news/pregnant-city-under-siege-yemeni-refugees-find-safety-and-maternal-services-djibouti](#) (accessed 11.5.20).

⁴³ For example, Human Rights Watch (HRW) reports that ‘Houthi forces in April 2020 forcibly expelled thousands of Ethiopian migrants from northern Yemen using Covid-19 as a pretext, killing dozens and forcing them to the Saudi border...Saudi border guards then fired on the fleeing migrants, killing dozens more, while hundreds of survivors escaped to a mountainous border area’ See HRW report: ‘Yemen’ 2020.

⁴⁴ IOM, 2020h. Returned Migrants in Guinea Help Prevent Misinformation on COVID-19 [WWW Document]. Returned Migrants in Guinea Help Prevent Misinformation on COVID-19 | International Organization for Migration. URL <https://storyteller.iom.int/stories/returned-migrants-guinea-help-prevent-misinformation-covid-19> (accessed 11.2.20); IOM, 2020c. Immigration and Border Management Controls Enhanced in Ethiopia by German Government Funding [WWW Document]. International Organization for Migration. URL <https://www.iom.int/news/immigration-and-border-management-controls-enhanced-ethiopia-german-government-funding> (accessed 11.14.20);

IOM, 2020i. IOM, European Union and the Government of Ethiopia Strengthen Partnership to Support Migrants during COVID-19 [WWW Document]. International Organization for Migration. URL <https://www.iom.int/news/iom-european-union-and-government-ethiopia-strengthen-partnership-support-migrants-during-covid> (accessed 11.8.20).

⁴⁵ Amnesty International, ‘Saudi Arabia: Thousands of Ethiopian Migrants Held in “hellish” Conditions - New Investigation’.

⁴⁶ Interview with UN representative; Nairobi, November 2020

West and Central Africa

- For a region grappling with endemic poverty, limited access to basic services such as water and sanitation as well as security challenges and frequent environmental shocks it was expected that the spread of Covid-19 would be catastrophic. Yet based on the number of cases and deaths as well the overall humanitarian response, so far, a health catastrophe seems to have been avoided.⁴⁷
- In July 2020, two high level meetings of the Economic Community of West African States (ECOWAS) discussed the implications of the pandemic on migration, 'border management' and the region's free movement protocol. IOM reports that in one of these meetings, ECOWAS members **'validated five new strategies to guide migration policy in a region where intraregional movement has been severely hampered by Covid-19.'**⁴⁸
- In major cities, the lockdown had an adverse impact on rural-urban migrants. In Ghana, the lockdown was targeted at the Greater Accra and Ashanti regions as potential Covid-19 hotspots. This adversely affected rural-urban migrant traders who sell goods in city markets and live on daily wages.⁴⁹
- Despite official border closures, migration flows in Burkina Faso were only somewhat affected for two months before returning to normal levels. While borders were officially closed, it was still possible for migrants to cross using alternative routes and paying their way.
- **Vaccines:** In Central and West Africa, pressure from the UNHCR to include refugees and IDPs in national Covid-19 vaccine roll-out plans has had some success. Senegal has included refugees in their vaccination campaign from the start and the Central African Republic (CAR) has also included the current refugee population in its vaccination plan. However, in other countries in the region there is little clarity on if and how they will be included.

Southern Africa

- **A public health response to Covid-19 and migration has been used to further securitise the management of migration.** The majority of states in SADC adopted increasingly restrictive responses to managing the movement of cross-border migrants, including refugees and asylum-seekers.
- **Exclusionary practices** are experienced by migrants, refugees and asylum-seekers. Whilst exclusion, xenophobia and expulsions (at the national and city level) are not a new phenomenon in Southern Africa, the Covid-19 pandemic has exacerbated existing tensions.
- **Some examples of the inclusion of migrants in Covid-19 responses in the SADC region do exist,** including in Mozambique and Malawi.

⁴⁷ Maxmem, 'Ebola Prepared These Countries for Coronavirus — but Now Even They Are Floundering'.

⁴⁸ IOM 2020b. 'ECOWAS, IOM Join Forces to Improve Mobility in West Africa | Regional Office for West and Central Africa'. 2020. <https://rodakar.iom.int/news/ecowas-iom-join-forces-improve-mobility-west-africa>; ECOWAS 2020b. 'Heads of Immigration from ECOWAS Member States Meet to Foster Greater Cooperation | Economic Community of West African States (ECOWAS)'. 2020. <https://www.ecowas.int/heads-of-immigration-from-ecowas-member-states-meet-to-foster-greater-cooperation/>.

⁴⁹ Asante and Mills, 'Exploring the Socio-Economic Impact of COVID-19 Pandemic in Marketplaces in Urban Ghana'.

- **Vaccines:** There is little evidence across SADC that vaccination programmes will ensure the inclusion of migrant populations or, as in the case of South Africa, that migrants without documents will be able to register for the vaccine. No cross-border mechanisms to support vaccination programming have been developed.

Indian Oceans Islands

- **All four countries have low numbers of refugees and asylum-seekers.** Mauritius and the Comoros have no national legislative framework on asylum, nor any laws or procedures which establish or safeguard the rights to which asylum-seekers and refugees are entitled.
- **The impact of the pandemic on migrant workers is particularly significant,** with responses by governments increasingly exclusionary. The Covid-19 situation has not altered the negative discourse surrounding the migrant work force in Mauritius. There are over 45,000 migrant workers in Mauritius **who are integral to the economy**, but with many Mauritians losing their jobs as a result of the pandemic, negative sentiments towards migrant workers are worsening.
- UNHCR has no presence in Mauritius as it covers the country from their regional Southern Africa office in South Africa. As a result, UNHCR does not have information on the number of asylum-seekers, refugees or stateless persons on the island beyond those who reach out to UNHCR directly.
- **Vaccines:** In the Indian Ocean Islands of Mauritius and Seychelles a push to vaccinate the populations has failed to include migrant workers and migrants without irregular status.



Looking to the Future: A Covid-19 World and Beyond

Covid-19 will remain present on the continent and in the lives of all who reside in Africa for some time to come. Until an affordable vaccine is available to all, states will need to strengthen and streamline appropriate responses. As the continent moves from the acute/emergency/initial phase of the pandemic to one where Covid-19 responses are established to address the longer-term implications of the pandemic, lessons need to be applied to ensure improved migration governance responses are in place. In addition, the far-reaching effects of the pandemic will be felt long-term by migrants, refugees and asylum-seekers on multiple levels. In order to ensure that the continent 'leaves no-one behind', state responses to Covid-19 and its long-term impacts need to be addressed urgently to ensure that all forms of migration and all migrant groups are included. This includes those moving within their country of birth as well as those crossing international borders.

Yet with the ever-increasing securitisation of immigration across Africa, this remains a remote possibility. If unchecked, the increasingly securitised migration management systems will likely result in a growing population of irregular migrants who, owing to fear of arrest, detention and deportation, will avoid (and evade) communicable disease responses with negative consequences for all. As repeatedly highlighted in this report, closing borders and imposing lockdowns does not stop movement; it just alters the form and patterns of movement.

An effective response to Covid-19 is an equitable one; '[n]o particular population is safe unless all populations are safe.'⁵⁰ This is not (only) about the right to good health for all; it is basic public health programming. Failure to ensure access to preventative and treatment interventions — including vaccines — for all undermines any single nation's sovereign response to Covid-19. Vaccine nationalism is not only about addressing inequities in access to the vaccine globally, it is also about the ways that nation states roll out their Covid-19 vaccination plans. While common public health sense – the central tenet of any successful vaccination strategy – is clear that everyone must be included, will this be the case?

Beyond impacts on individual health and undermining the success of a national vaccination programme, excluding non-citizens promotes the global endeavour to further securitise borders. Given that vaccination certificates are likely to become a requirement for safe and regular international travel, vaccine nationalism may further harm non-citizens by pushing them into unsafe and irregular border crossings. How vaccine nationalism will finally play out remains to be seen. Importantly, however, there is no place for hypocrisy. African countries cannot call out the international community on issues of Covid-19 vaccine nationalism if states across the continent do not plan for an inclusive national response.⁵¹

⁵⁰ Kalebi, 'What Are the Implications of Countries like Tanzania Not Vaccinating against Covid-19?'

⁵¹ Concluding thoughts draw from <https://www.dailymaverick.co.za/article/2021-01-20-vaccine-nationalism-and-migration-implications-for-the-mismanagement-of-covid-19-in-south-africa/>

Nevertheless, numerous ‘pockets’ of good practice and windows of opportunity have been identified, highlighting how responses to Covid-19 have on occasion brought state departments together (many with specific mandates to assist migrant groups), included migrants in health responses and how key government departments have been willing to listen to advice from international aid agencies. The hope is that these incidents will pave the way for more rights-based approaches to migration post-Covid-19, if carefully monitored by UN agencies and civil society alike. Equally, the clear benefits for aid agencies on focusing on the local with the inclusion of migrant and refugee-led initiatives, programming and services should not be underestimated. In this way, the hope is that migrants become integral to responses relating to future events. At the regional and continental level, the new found appreciation of government actors for the role that human mobility and migration plays presents opportunities for re-imagining migration governance in Africa.


Finally, a responsive research agenda is necessary to guide appropriate responses in the immediate, mid- and long-term: “...priority research should focus on improving our understanding of (1) the political factors influencing the (dis)connections between migration and health governance structures in the context of Covid-19, and how to overcome these in the context of a pandemic; and (2) the motivations for and implications of a ‘vaccine passport’ system on movement within and beyond the SADC region. This requires a reactive, cross-disciplinary, regional research network. In a context where funding for research is increasingly inaccessible, this requires innovative, informal, collaborative engagement”.⁵²

Research Limitations

This research and paper are not immune from critical reflections. Due to time constraints and ethical considerations around conducting research remotely, the researchers were limited in their approach. In particular they were prevented from engaging with refugee and migrant communities when designing and implementing research, and in compiling the report. Recognising the urgent need to centralize the voices of those who are the focus of this study, the research needs to ensure that follow up studies are carried out that engage thoroughly with target populations, while also including migrants in the design and running of the research. Key here is the need to reflect on what research is necessary: who benefits from research undertaken during times of crisis and what lessons can be learned from research conducted during this time? We are aware of the fluid and rapidly changing context surrounding Covid-19 and migration governance across the continent. To this end, there is

“a need for an evolving research agenda to inform the development and implementation of appropriate pandemic responses in the region. To achieve this purpose, a research agenda has to be responsive to current needs through continuous regional consultation. ... priority research should focus on improving our understanding of (1) the political factors influencing the (dis)connections between migration and health governance structures in the context of Covid-19, and how to overcome these in the context of a pandemic; and (2) the motivations for and implications of a ‘vaccine passport’ system on movement within and beyond the SADC region. This requires a reactive, cross-disciplinary, regional research network. In a context where

⁵² Vearey, de Gruchy, and Maple, ‘Global Health (Security), Immigration Governance and Covid-19 in South(Ern) Africa: An Evolving Research Agenda’.



funding for research is increasingly inaccessible, this requires innovative, informal, collaborative engagement.”⁵³

⁵³ Vearey, de Gruchy, and Maple, ‘Global Health (Security), Immigration Governance and Covid-19 in South(Ern) Africa: An Evolving Research Agenda.’

Recommendations: Build on Opportunities for Positive Change⁵⁴

Two sets of recommendations are made; one at a continental level and the other targeting the level of states. The experiences of migrant populations, local and national governance structures, regional economic communities and continental structures are all important. Bottom-up and top-down responses are needed simultaneously, and research to determine what works in what context is required.

Recommendations to the African Union

- Establish an **African Union Migration & Coronavirus Task Team (AU-MCTT)** to develop and advocate for improved strategies for coordination across all governance actors, at multiple levels. This is essential to overcome the challenges identified in the operationalisation of governance responses to Covid-19 globally, regionally, nationally and sub-nationally and should set an actionable agenda for long-term planning in responding to both Covid-19 and future pandemics, and for ensuring that health responses become migration-aware.
- Create a 'score-card' to guide member states in developing and effectively implementing a contextually-relevant migration-aware⁵⁵ response to Covid-19. Key indicators are suggested below (Text Box 1). The score-card should respond to global guidance relating to the governance of migration and health, including in the context of Covid-19 and set an actionable immediate, medium-term and long-term indicators to support planning a sustainable response to both Covid-19 and future pandemics. Whilst recognising their sovereign status, states should be urged to develop and implement Firewalls that provide legal protection and ensures that migrants – regardless of their documentation status - do not face penalties when accessing state services.
- **Share lessons learned** globally including good practice, and lobby for participation in approaches to the global governance of migration and health. Ensure that African states have a 'seat at the table' to share lessons learned and to drive locally-led research and intervention agendas.

Recommendations to States

- **Establish inter-sectoral National Migration & Coronavirus Task Teams (N-MCTT)** to build alliances across sectors, increase coordination, development, implementation and continuous evaluation of migration-aware responses to Covid-19.

⁵⁴ Recommendations build on de Gruchy and Vearey, 'Forthcoming - Left behind: Why South Africa Must Develop Migration-Aware and Mobility-Competent Responses to Covid-19 and Future Pandemics'; Vearey, de Gruchy, and Maple, 'Global Health (Security), Immigration Governance and Covid-19 in South(Ern) Africa: An Evolving Research Agenda'.

⁵⁵ Migration-aware' is a term used to describe interventions, policy, and systems in which 'population movement is embedded as a central concern in the design' Vearey, J., Modisenyane, M., and Hunter-Adams, J., 'Towards a Migration-Aware Health System in South Africa: A Strategic Opportunity to Address Health Inequity South African'.

- **Adapt a 'score-card'** to guide development and effective implementation of a contextually-appropriate, sustainable migration-aware response to Covid-19. This will inform long-term planning against future pandemics and communicable disease outbreaks & incorporate indicators for establishing health systems are migration-aware.
- **Develop and implement a Firewall** that provides legal protection and ensures that migrants – regardless of their documentation status - do not face penalties when accessing state services.

Text box 1: The AU should urgently develop a 'score-card' to guide member states in developing and effectively implementing a contextually-relevant migration-aware response to Covid-19.⁵⁶

Key indicators should include:

Immediate

- Functioning National Migration & Coronavirus Task Teams (N-MCTT) including regular meetings, reporting mechanisms, terms of reference for members, and partnership with migrant-led networks
- Evolving research agenda to inform the development and implementation of appropriate responses, responsive to changing contexts
- Improved processes to generate and utilise real-time migration and mobility data to support the development, implementation and evaluation of appropriate responses (e.g. the African Migration Data Network⁵⁷)
- Develop and implement a Firewall that provides legal protection and ensures that migrants – regardless of their documentation status - do not face penalties when accessing state services
- Support and learn from local-level responses and coordination, including in cross-border areas
- Inclusive vaccine programming
- Rolling review of current evidence in relation to vaccine passport systems, border closures, travel bans, and quarantine measures
- Ensure border controls and travel restrictions do not co-opt public health for immigration management
- Transparency in decision making relating to migration and Covid-19, including vaccine access, by government and non-government actors, including pharmaceutical companies
- Participation in/engagement with global migration, health & Covid-19 evidence synthesis processes⁵⁸

Medium-term

- Revision of pandemic preparedness plans so that they engage with migration
- Investment in local-level responses to migration and including in cross-border areas
- Develop clear indicators for assessing whether national public healthcare systems are migration-aware and respond accordingly

Long-term

- Establish a National Migration and Health Policy and Action Framework
- Responses to migration and health are evidence-informed
- Health system responses are migration-aware

⁵⁶ Building from de Gruchy and Vearey, 'Forthcoming - Left behind: Why South Africa Must Develop Migration-Aware and Mobility-Competent Responses to Covid-19 and Future Pandemics'.

⁵⁷ <https://gmdac.iom.int/AfricaMigrationDataNetwork>

⁵⁸ E.g. <https://migrationhealthresearch.iom.int/migration-health-evidence-portal-covid-19>

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The Migration and Coronavirus in Southern Africa Coordination Group (MiCoSA) is hosted by the Migration and Health Project Southern Africa (maHp) at the African Centre for Migration & Society (ACMS), Wits University, Johannesburg. MiCoSA is an informal network of migrant-led organisations, non-governmental organisations, international organisations, civil society, activists, lawyers, researchers, government officials and policy advisors. Through an online platform and virtual meetings, MiCoSA brings together national and SADC regional partners who are concerned with the health and well-being of asylum-seekers, refugees and migrants during the current Coronavirus pandemic. To date, MiCoSA has over 150 members; to join this network, please email coronavirus-migration+join@googlegroups.com

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