



Migrant Workers, the COVID-19 Pandemic, and the Prospects for Human Mobility in the Post-COVID Recovery Period

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Introduction

The COVID-19 pandemic has had an enormous impact on human mobility, bringing a halt to travel around the world. Travel restrictions to prevent the spread of the virus across borders have been implemented in 179 countries.¹ Across the Organisation for Economic Cooperation and Development (OECD) countries, the issuance of new visas and permits fell by 46% in the first half of 2020 compared with the same period in 2019, the largest drop ever recorded.² As well as the numerous negative impacts on migrants themselves, travel restrictions have had major implications for countries with labour shortages, obliging governments to respond in a variety of ways. The Overseas Development Institute's (ODI's) Human Mobility Initiative has tracked these responses over the past year in a [data visualization](#) that captures both the policy reforms and the broad nature of the contribution of migrant workers to the COVID-19 response.³

The Migrant Workforce, Labour Shortages, and COVID-19's 'Essential' Workers

Travel restrictions have had major implications for OECD countries that were already exceptionally reliant on migrant workers before the COVID-19 pandemic. The healthcare sector is an emblematic example. In the United Kingdom, for example, 22% of essential workers across the health and social care sectors are foreign-born, with two-thirds of these workers coming from outside of the

European Union.⁴ During the last decade, many OECD countries have seen their reliance on migrant health workers increase.⁵ Even within a trend of increasing recruitment, the persistent and chronic staff shortages in health sectors of OECD countries were a major concern before the onset of the COVID-19 pandemic.

Perhaps one of the most compelling insights of the pandemic is how reliant OECD countries are on migrant workers across multiple sectors and occupations. The last year has shone a spotlight on 'key workers'—the 'essential workers' or 'critical infrastructure workers' who work in the occupations deemed fundamental to keep societies and economies running. While, globally, migrants make up only 4.7% of the workforce,⁶ they are far more important when workforces are analysed by 'essential' functions. In the United Kingdom and the United States, foreign-born workers account for 18% of the essential workforce.⁷ Many countries across Europe have even higher rates: Luxembourg (53%), Cyprus (29%), Ireland (26%), and Sweden (24%), for example.⁸ Analysis across Europe has shown that these essential migrant workers are particularly over-represented in occupations deemed 'low-skilled'.⁹ In the United States, the contribution of migrants with irregular status is also notable: nearly three quarters of all undocumented migrants are working in sectors deemed essential to the nation's critical infrastructure, making these workers simultaneously 'essential' and at daily risk of detention and deportation.¹⁰ This has prompted significant reflections: how can

a label of ‘low-skilled’ or a status of ‘irregular’ be compatible with a classification of ‘essential’?

Responding to Labour Shortages during the Pandemic

As the pandemic has unfolded across the globe, governments have taken rapid action to confront the crisis, including by reforming restrictive immigration rules. ODI’s tracking efforts reveal just how important it has been for countries, particularly in Europe and North America, to fast track migrant workers into their health workforces. Operational responses have been similar, with foreign doctors awaiting official credentials to practice, and refugees with foreign medical qualifications who were already in country, fast-tracked to join health workforces. Countries also extended the work visas of migrant healthcare professionals and provided emergency visas to medical professionals. Such responses were not limited to the world’s richest nations. Similar fast-track measures were applied in Mexico, Peru, and Argentina, with the contribution of Venezuelan doctors standing out, in particular.¹¹ ODI’s media tracking has shown that while countries have quickly expanded migrants’ role in their health workforces, efforts to ensure all migrants have access to healthcare themselves have been much less common.¹²

A similar story emerges regarding the agriculture sector, with ODI’s tracking recording measures such as arranging special charter flights, adapting rules to hire irregular migrants and allowing asylum seekers without work permits to take up work.¹³ Yet again, media tracking revealed a far greater emphasis on changes to visa and permit rules to enable migrants

to work in the sector, compared to the very few examples of support for the living and working conditions of agricultural migrant workers to increase their safety as the virus spread. Arguably many would have expected the serious public health concerns raised by COVID-19, and the desire to reduce the risk of transmission in the community, to accelerate meaningful progress in this area. However, migrants have been left particularly vulnerable during the pandemic, exposed to a higher risk of infection and often with less access to healthcare, increasing their health risks significantly.¹⁴

Post-COVID Recovery Period

A post-COVID global recovery containing draconian travel restrictions or permanent restrictions on global mobility would be unwelcome. Such action would curtail the widespread contributions migration makes to positive development outcomes in both origin and host countries.¹⁵ It would also likely impact innovation, including with regard to global public health, given how well recognised it is that immigrants make a disproportionate contribution to scientific innovation¹⁶ and play a central role in the global knowledge network.¹⁷ In addition, while the pandemic has interrupted mobility, it cannot fundamentally alter the long-term challenges facing industrialised nations. In Europe, the scale of the demographic challenge is stark, with numerous countries facing serious population contractions over the 2020-2040 period.¹⁸ Looking ahead to the post-COVID period, it is clear that migrant workers will still be needed. Countries require a realistic assessment of areas where they have labour shortages and skills gaps, particularly in the context of their recovery plans and the significant

transformations required for the low-carbon transition.

The rapid fixes adopted by governments during the pandemic demonstrate that – regardless of today’s increasingly polarised debates – migration policies can and do change when necessary. An important, immediate priority for migration reform is that countries enhance pathways to regularisation for migrants, in recognition of their vital contribution to essential services. Some countries, such as Portugal, France, and Colombia, have already taken significant steps in this direction.¹⁹ Others should follow suit.

When it comes to re-opening borders safely, expanding legal migration pathways and ensuring safe working conditions for all must be a central aspect. Expanding legal migration pathways will serve multiple public policy aims. It would reduce irregular migration, leading to a better management of borders and enhanced health security, as well as reducing the numbers of those working without legal status and at risk of unsafe living and working conditions. The expansion of legal migration opportunities can also be directed at priority sectors to support essential occupations experiencing shortages and to serve long-term labour market policies linked to the structural transition all industrialised nations are facing. Increased, well-managed, safe migration pathways can thus simultaneously serve public health and economic development goals in the post-COVID recovery period.

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