

The Impact of the COVID-19 Pandemic on Migration Within the Countries of the European Union

KATICA JURČEVIĆ*
MARINA PERIĆ KASELJ
Institute for Migration and Ethnic Studies
Zagreb, Croatia

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BORNA JURČEVIĆ
Croatian Institute for Migration and Integration
Zagreb, Croatia

The COVID-19 virus was first identified in December 2019 in Wuhan (China), and as early as January 2020, the World Health Organization expressed its concern and shortly afterwards officially declared a pandemic globally. This pandemic has brought the world economy, way of life, culture and migration to a state we have never encountered before. All countries within the European Union have at one time greatly restricted or banned entry and exit from their borders. Population movements and migration, like the economy, are most affected by this pandemic. Before the pandemic, the countries of the European Union had cultivated freedom of movement within their member states, but they were suddenly forced to impose severe restrictions and controls on their borders that prevented daily migrations of the population. The measures adopted varied from country to country, depending on the assessment of experts within them and on the number of those infected and the current epidemiological situation.

Keywords: COVID-19, pandemic, migrations, European Union, Corona virus.

INTRODUCTION

One of the key responses to the COVID-19 virus outbreak was the restriction of movement. Along with this response came the precautions and hygienic measures to reduce the spread of infection. From its onset in December 2019 in Wuhan (China), the restrictions began. First they began in Wuhan with the scenes of

people locked in their dwellings and hospitals lined with sick and dying patients. The world watched as concern spread regarding how to deal with this illness if it reached one's borders. In March 2021, the World Health Organisation declared COVID-19 to be a global pandemic.

Governments began to look to one another for advice, trying to find the best

* Katica Jurčević, Institute for Migration and Ethnic Studies / Institut za migracije i narodnosti, Trg Stjepana Radića 3, Zagreb, Croatia / Hrvatska, katica.jurcevic@imin.hr

way to deal with the potential disaster, with the first reaction being to reduce the virus' ability to spread by reducing movement between countries with the initial fear of a tourist, migrant or visitor bringing COVID-19 to one's country. Once COVID-19 was identified within a country, most governments enforced strong measures with fears of situations occurring such as the outbreaks in China and Italy. There were a multitude of concerns such as mass deaths and hospital systems being overrun by patient needs leading to shortages of medicines and inadequate numbers of medical staff and medical equipment. Movement of not just foreigners but one's own citizens outside of their own country became an issue, for example, in Zagreb there was the early 2020 case of Croatian tourists, including medical staff, going to Austria to ski and contracting COVID-19, bringing more cases on their return to Croatia. The Ischgl ski resort in Tyrol became a focus of debate about responsibility regarding infections, with many being infected in late February and early March. The first hearing on tourist-launched lawsuits against the state of Austria for the coronavirus infection was held at the Federal Court in Vienna, Austria, on September 23rd, 2020. The Vienna Consumer Protection Association (VSV) received approximately 6 000 related complains. The state of Austria was the focus of lawsuits with the responsibility of the federal health minister under focus. Such circumstances, along with those related to business travellers and the healthcare system potential overload, placed attention on and questioned the responsibility of governments and their duty of care to their citizens which put great pressure on governments to act. It put a question on allowing movement between countries and the associated danger. This has resulted in large impacts on migra-

tion movements within Europe, migrants' needs and rights.

Restrictions of movement became the key measure for reducing risk between countries, within countries and within cities. Emphasis was placed on boarder control and reducing the movement of people as well as their contact with others not only from abroad, but also from inside their own countries and cities. Restriction of movement within cities included restricting contact with other people. 'Lock-downs' (the state of restricted access and movement of all its inhabitants due to the danger of contracting COVID) began with most European cities at some stage of the pandemic enforcing lockdowns of all persons in their homes except essential workers and movement was restricted to obtaining living needs such as food and medicines. This situation brought about pressure on business owners and employees of businesses closed for months, as well as education systems with students needing to learn online. One area to be heavily impacted by the restrictions is migration flows. A range of migration types within Europe were affected such as permanent migration, temporary migration, daily movements such as workers who cross borders each day or weekly for work and return. Migrant attempts to enter Europe legally and illegally were also affected. This article discusses the impact that the COVID-19 pandemic has had on migration within Europe, initially examining the impact of temporary migrants and permanent migrants. Following this, the impact that the pandemic has had on migrants' lives within their host countries is examined. Finally, the impact of legal and illegal migrant attempts to enter Europe is analysed. The article concludes by discussing the current measures taken in an attempt to restore movement between countries.

IMPACT OF THE COVID-19 PANDEMIC ON TEMPORARY MIGRATION

A key aspect of the European Union is free movement of its citizens between its countries (Treaty on the Functioning of the EU - TFEU)¹. The COVID-19 pandemic has created much tension at borders, with border closures and restrictions of movement between EU countries by its citizens. The EU parliament has acknowledged the impact that such closures have on EU citizens and brought about a resolution (19 June 2020) for quickly returning to an operating Schengen area once the COVID-19 outbreak is under control. Currently, the situation is still controlled with restrictions by governmental reactions to different COVID classifications (for example, red being a large number of infections). An influencing factor in the development of governmental strategy in dealing with the pandemic has been the identification of a variety of strains of COVID-19 such as the Delta, which has put into question the effectiveness of vaccines as a measure to opening borders. Many governments are now pushing for three vaccinations to occur for a person to be considered properly vaccinated for a year.

During the pandemic, and depending upon which stage of response, temporary migrants such as those on limited work visas or those who travel between boarders daily, may have found themselves in situations where their home country or their work host country have placed various degrees of restrictions on movement between countries and/or between regions in a country. Unfortunately, it has been acknowledged that such restrictions are most effective at the beginning and end of a pandemic as opposed to what tended to occur, as restrictions were placed on

travel once community infection and the spreading of COVID-19 had already begun (Gowreesunkar et al., 2020). These travel restrictions have impacted on migrants leaving, with some unable to go onto their desired destination, without the ability to return home. Seasonal workers may have been on site working and then unable to return home, with the added issue of reduced work hours or losing their jobs. Other temporary migrants, such as students, may have encountered difficulties related to being unable to return home from a host city and/or unable to continue student temporary employment to fund their stay as initially desired. In this situation, they are in effect stuck in their host city, perhaps in an altered learning mode such as learning online, where there would be much more benefit to be doing so from their homeland instead.

Other types of temporary migrants heavily affected by border restrictions are those who work at sea. The effect on those whose work is related to the sea has been great. Many jobs require travelling between countries such as those jobs on cruise ships and ships which carry cargo. Some of these ships were stuck at sea unable to travel their required standards routes or were being refused the ability to dock as they had passengers on board with COVID-19 who were in quarantine. This situation puts not only the workers, but also other travellers (especially those who are not infected with COVID-19) in a difficult situation stuck on a ship with infected people, unable to travel to their desired destination, and unable to dock (Zdanowicz, 2020).

Medical tourism was typically considered to be an area of tourism that was constant and not heavily influenced by other factors that can usually impact tourism.

¹ <https://www.europarl.europa.eu/factsheets/en/sheet/147/free-movement-of-persons>

The pandemic not only reduced the availability of travel for medical reasons, but it also impacted on the number of services being made available to potential patients (Ananchenkova, 2021). In Croatia, many medical industries were affected, with one such example being the dental industry. Croatia has been a popular destination for dental tourism for years due to its dentists' high level of expertise and its generally low-priced services compared with other EU countries. This came to a halt as a result of lockdowns and restrictions in 2020. International patients were forced to cancel trips for dental work, with local patients only accepted if in pain or experiencing swelling (Evans, 2020).

Tourism in general was hit hard throughout all of Europe. The World Tourism Organisation (UNWTO, 2020) reported that there were 68% less tourists in the January to October period than in 2019. This impact on the tourist industry, along with the impact of border closures on exports, has damaged many European economies such as that of the Croatian economy. The European Commission early on forecasted a recession in GDP due to the decline in tourist revenue, the new difficulties placed on exporting goods and a decrease in domestic consumption. Nevertheless, Croatia's Ministry of Finance predicted growth in 2021. The impact of the pandemic on the reduced demand for seasonal workers in 2020 and as a result of other internal business closures saw unemployment rise by 21.3% in December 2020 from the previous year in December. With higher unemployment, Croatia's citizens also represent part of the group of people who are less likely to travel around Europe due to restrictions and monetary hardships (UNWTO, 2020).

PERMANENT MIGRANTS AND MIGRATION FLOWS

Aside from temporary migration due to work, study, medical services and the like, as well as tourist movements, permanent migration flows have been affected by governments placing restrictions on their borders in response to the pandemic. The United Nations (2020) reports that estimated international migration for 2019 was around 272 million people with half of them moving to developed countries. These statistics then changed dramatically after the first half of 2020, following the World Health Organisation's declaration that the world was facing a pandemic with COVID-19, with the estimated migration rate from March to July 2020 being at zero growth (United Nations, 2020). Many countries, such as Germany, rely on migration intake to sustain their economic growth and the pandemic has had notable effects on these countries' demographics. Although many restrictions were put in place, governments started to issue exemptions to assist the movement of focus groups of migrants or workers.

European Centre for Disease Prevention and Control (2021) provides currently weekly statistics relating to COVID-19. As of November 2021, the three countries that are part of the European Union (EU) and which have experienced the highest deaths are as follows: Italy with 132 901 deaths, France with 121 894 deaths and Germany with 96 228 deaths. Europe in general experienced a total of 1 433 877 deaths in the period from December 2019 to November 2021. When considering the statistics as of January 2020 regarding the number of migrants in the European Union countries, it is evident that those countries that are experiencing a high death toll from COVID-19 are also the countries that have a large number of migrants in them.

Table 1

Non-national population by group of citizenship, 1 January 2020 (Eurostat, 2020)

	Total		Citizens of another EU member state		Citizens of a non-EU country		Stateless	
	thousand	>% of the population	thousand	% of the population	thousand	% of the population	thousand	% of the population
Belgium	1,437.6	12.5	921.1	8.0	515.5	4.5	1.0	0.0
Bulgaria	106.5	1.5	10.2	0.1	94.4	1.4	1.9	0.0
Czechia	586.6	5.5	236.7	2.2	350.0	3.3	0.0	0.0
Denmark	537.1	9.2	211.4	3.6	317.0	5.4	8.6	0.1
Germany	10,398.0	12.5	4,377.4	5.3	6,009.3	7.2	11.4	0.0
Estonia	199.7	15.0	20.0	1.5	179.7	13.5	0.0	0.0
Ireland	643.4	13.0	345.7	7.0	297.2	6.0	0.5	0.0
Greece	906.3	8.5	176.4	1.6	730.0	6.8	0.0	0.0
Spain	5,226.9	11.0	1,718.8	3.6	3,506.1	7.4	2.0	0.0
France	5,137.4	7.6	1,454.8	2.2	3,682.6	5.5	0.0	0.0
Croatia	86.6	2.1	18.5	0.5	67.5	1.7	0.8	0.0
Italy	5,039.6	8.4	1,474.9	2.5	3,564.2	6.0	0.5	0.0
Cyprus	161.0	18.1	:	:	:	:	0.0	0.0
Latvia	260.4	13.7	6.3	0.3	254.0	13.3	0.2	0.0
Lithuania	65.8	2.4	7.6	0.3	57.2	2.0	0.9	0.0
Luxembourg	296.3	47.3	242.6	38.7	53.5	8.5	0.2	0.0
Hungary	199.7	2.0	77.5	0.8	122.1	1.2	0.1	0.0
Malta	103.2	20.1	:	:	:	:	0.0	0.0
Netherlands	1,154.8	6.6	568.7	3.3	577.7	3.3	8.5	0.0
Austria	1,473.5	16.6	757.4	8.5	711.8	8.0	4.3	0.0
Poland	358.2	0.9	33.2	0.1	324.4	0.9	0.6	0.0
Portugal	590.3	5.7	150.4	1.5	440.0	4.3	0.0	0.0
Romania	139.8	0.7	60.1	0.3	79.4	0.4	0.3	0.0
Slovenia	156.4	7.5	20.9	1.0	135.5	6.5	0.0	0.0
Slovakia	78.9	1.4	58.0	1.1	19.5	0.4	1.5	0.0
Finland	266.1	4.8	96.4	1.7	168.5	3.0	1.3	0.0
Sweden	927.8	9.0	305.9	3.0	604.3	5.9	17.5	0.2
Iceland	49.4	13.6	40.5	11.1	8.9	2.4	0.1	0.0
Liechtenstein	13.3	34.2	6.9	17.9	6.3	16.3	0.0	0.0
Norway	604.4	11.3	355.6	6.6	246.7	4.6	2.1	0.0
Switzerland	2,173.4	25.3	1,388.5	16.1	784.5	9.1	0.5	0.0

Note: The values for the different categories of citizenship may not sum to the total due to rounding and the exclusion of the 'unknown' citizenship group from the table. Cyprus and Malta are not displayed because no details data by individual country are available.

Guadagno (2020) also demonstrates the prevalence of COVID-19 in the countries (not restricted to Europe) that have a large number of migrants. He points out

the impact of the pandemic and the importance of including migrants in policies and strategies dealing with response and recovery.

Table 2

Number of deaths by COVID-19 and international migrant stock in 10 countries particularly affected by coronavirus (as on 13 April 2020)

Country	Deaths by COVID-19	Population	Deaths/ 1 000 people	Stock of international migrants	% of international migrants
United States of America	23 068	329 064 917	0.07	50 661 149	15.4
Italy	20 465	60 550 075	0.34	6 273 722	10.4
Spain	17 628	46 736 776	0.38	6 104 203	13.1
France	14 967	65 129 728	0.23	8 334 875	12.8
United Kingdom	11 329	67 530 172	0.17	9 552 110	14.1
Iran	4 585	82 913 906	0.06	2 682 214	3.2
Belgium	3 903	11 539 328	0.34	1 981 919	17.2
Germany	3 043	83 517 045	0.04	13 132 146	15.7
Netherlands	2 823	17 097 130	0.17	2 282 791	13.4
Switzerland	1 138	8 591 365	0.13	2 572 029	19.9

Source: United Nations, Department of Economic and Social Affairs, Population Division (2019).

These statistics demonstrate the need to include migrants in the discussion about pandemic strategies. Migrants need to be included in COVID-19 vaccination campaigns. Unfortunately, due to their temporary position or their lack of status in regard to health care benefits, many migrants are not focused on in these campaigns.

IOM (2021) reports that as of May 2021, it is difficult to gain a clear understanding of what is planned for vaccinations in regard to migrants and the coherence with the actual actions taking place. Some identified that reasons for these issues are that for some countries, their vaccination plans are in the beginning stages. It has been identified that policies can

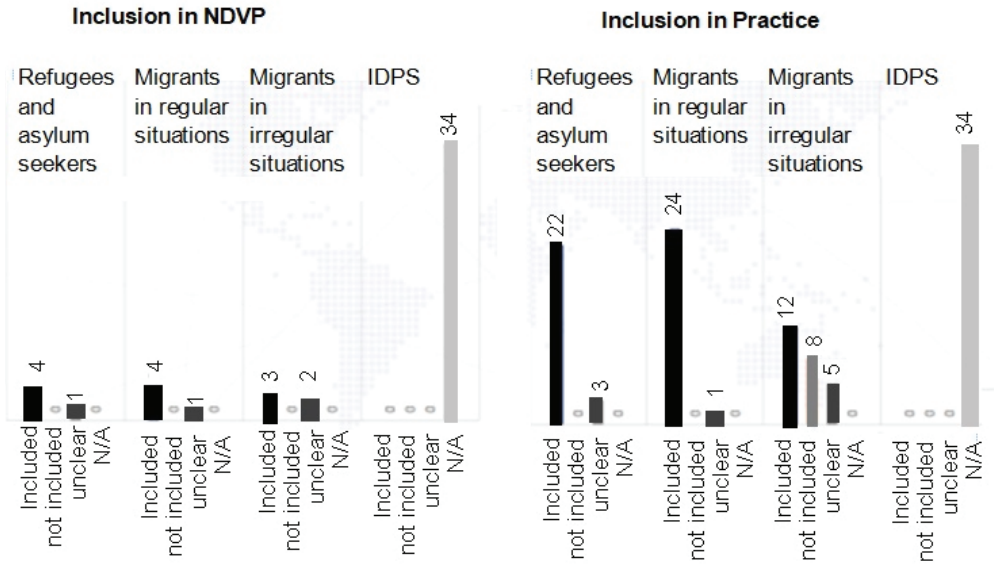
sometimes be more difficult to implement in practise due to the difficulties in processes that were not taken into account. Information regarding migrants and vaccine plans is also difficult to gain by the general public as governments are often limiting this focus in an attempt not to feed xenophobia. The IOM provides an analysis of world data considering countries' plans and their actual practice. The data for the European economic area considers available data from 25 countries and is missing data from 10 countries. Nevertheless, the data shows a very limited number of countries which have included migrants in their plans. Interestingly, more countries do include migrants in actual practise.

Figure 1

Plan versus practice: European economic area

“Plans versus practice: European Economic Area

This graphic compares vaccine access for migrants as stated on National Deployment and Vaccination Plans (NDVPs) - based on WHO, where available, or IOM analysis - against observations made by IOM regarding access in practice.” (IOM, 2021, pg. 9)



This analysis includes 25 countries and lacks information on 10 countries

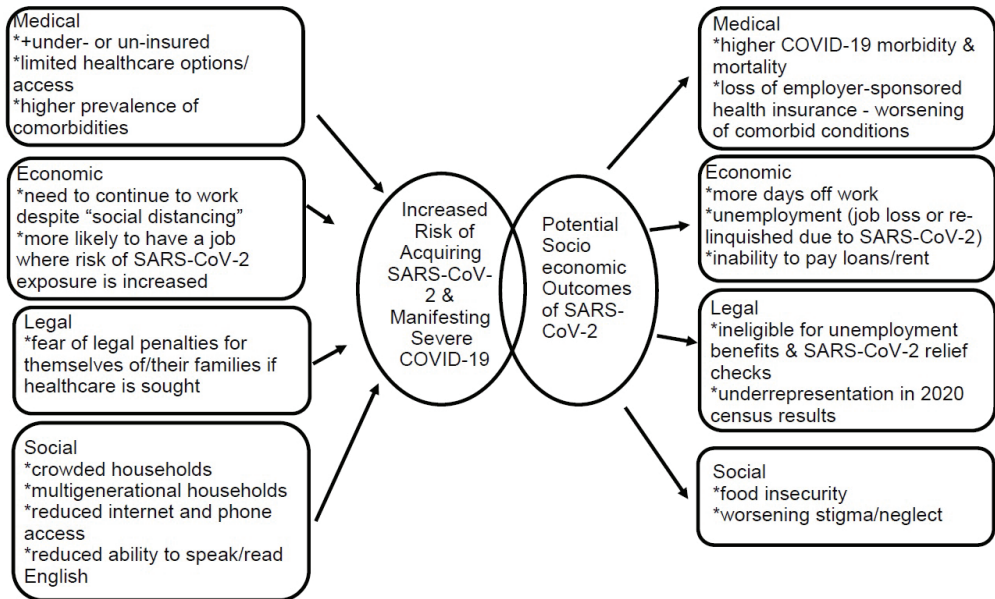
Source: IOM, 2021: 9.

IMPACT OF THE PANDEMIC ON MIGRANT COMMUNITIES IN HOST COUNTRIES

Not only has the COVID-19 pandemic affected migrants’ ability to be mobile and relocate, it has impacted o the lives of those who are migrants in host countries, and especially recently migrated people.

Clark, Fredricks, Woc-Colburn, Bottazzi and Weatherhead (2020) discuss the socioeconomic outcomes as well as the increased risk of acquiring COVID-19 for migrants in the United States of America. These issues are just as relevant to the migrant population in many countries in Europe.

Figure 2
 Risk factors and anticipated socioeconomic outcomes for the COVID-19 pandemic in vulnerable immigrant communities



Source: Clark et al., 2020.

Clark et al (2020) assert that key factors pertaining to the migrant communities' position place them at a higher impact risk from the pandemic. The key factors are categorised into four main areas: medical, economic, legal and social ones. Medical factors include medical insurance and access to healthcare services. These factors have a high impact in situations where migrants may not yet be part of a government public healthcare system due to their status and may not be able to afford private medical care. For these individuals, identification of the virus may be delayed, resulting in further spreading to family members and friends, as well as in limited healthcare services. When migrants lack assistance from the healthcare industry they may also have underlying health issues that are not prevented or identified and that impact the severity of their condition if they contract COVID-19.

In regard to the health care sector in EU countries, many also rely on migrant workers to support their systems. In particular, the sector of aged care has been impacted by the restrictions placed on migrant workers. Trummer (2020) discusses the impact that COVID-19 pandemic restrictions have had on aged care in Austria. Austria has a large number of the elderly in the high risk category, who require at home care. This need is addressed by migrant workers, with most migrants coming from Romania to work as 24hr at-home carers. As many as 66% of the 60 000 carers in the self-employed category are migrants from Romania. They work on a pattern of shift work, usually either working for a 2 week or 4 week period and then tending to return to Romania during their off period. Following this, they return back to Austria for their following shift (Leichsenring, et al., 2020, cited in

Trummer, 2020). Once COVID-19 infections were recorded and begun to rise in Romania (March 25, 2020), the Romanian government reacted by placing strong restrictions on movement and placing all those within Romania's borders in lockdown. There were also restrictions placed on entering Romania, with two-week quarantine for anyone entering from an afflicted area. Romanians who worked as temporary migrants on shift work were told not to come back to Romania, but to stay in their host country. This placed the Romanian age care workers in a difficult situation. They were either stuck at home, unable to return to work or they were stuck in Austria during their off-period, needing to stay with their client. This issue not only affected the migrant workers, but also their clients as many elderly clients were then left alone without their much needed 24hr care. In response to this desperate situation, the Austrian government gave bonuses for workers who stayed in Austria longer. The Austrian government also tried to establish agreements with countries in close proximity to ensure that workers could travel during this period. These discussions resulted in the introduction of special transportation via train for these workers. Unfortunately for the migrant workers, the cost of travel on these trains had increased and staying longer in Austria also influenced their tax situations (Trummer, 2020). Other governments have also considered the migrant situation, especially when migrants have lost jobs and may have been in a living situation that created a higher probability of contracting COVID-19, such as crowded housing, and have assisted border openings for the purpose of migrants returning to their original homeland (Migration Data Portal, 2021).

Not all migrants are in this situation in Europe, where some migrants have moved countries to improve their social

position, salaries, education and access to healthcare. High income earners who have migrated are not likely to experience the impact of such factors. Others who are in the lower-income bracket experience increased risk due to their position. A key economic factor may be that a migrant may work in a situation where social distancing is limited and the use of crowded public transport necessary. This places this person in a situation where they have greater risk of catching COVID-19 (Clark et al., 2020). For illegal migrants, work conditions may be heavily affected by lockdowns, resulting in job loss or minimal working hours. Workers who are illegally in a country may not be able to access affordable public healthcare. If these migrants try and access public healthcare, it may have legal repercussions. The migrant population often lives in crowded households where groups of migrants may share the cost of rent and utilities while they establish themselves in a country or migrants may have moved as family groups and have multiple generations in one house, risking the spread of COVID-19.

In the middle to upper income earning migrant community, other issues may be impacting their migration experience. For example, if a person moved countries a short time prior to the pandemic that person may be experiencing feelings of isolation, unable to make connections with new people outside of work at places such as sporting locations if this was their usual socialising and health maintaining activity. The same person may also not be able to easily travel back and forth from their host country to their homeland to visit friends and family as expected. Isolation and loneliness, inability to socially connect and adapt to the new environment may have psychological impacts on the new immigrant.

Many issues resulted from different countries having different restrictions, as well as the related testing periods and entry periods. These issues affected temporary as well as permanent migrants. During 2020 and 2021 different restrictions were enforced for all persons entering Croatia from the Schengen area and third countries. For example, in the period from November 30 until January 31, 2021, passengers from the Schengen area were expected to show a negative PCR test at Croatia's border to be able to enter. The test was not allowed to be older than 48 hours at the time that the person was trying to enter. Extra restrictions were put in place for people entering from countries where the newly identified strains of COVID-19 had been identified. These individuals were required to provide the negative results of the PCR test and also go into quarantine for a period of 14 days when entering Croatia. Such restrictions made it impossible for certain types of travel to Croatia. If a migrant needed to pass through Croatia from such a country, this person would need to be able to accommodate themselves for a period of 14 days in quarantine, which may not be financially viable (OECD, 2021).

When travel was granted, issues such as the time taken to receive test results and the time allowance to be able to enter a country from the testing period put many people under stress having difficulties with organising travel. One example from our anecdotal evidence (January, 2021) is that of Person A who was interviewed regarding his situation as a labour migrant in Croatia (anecdotal records, 2020). Person A is a man from the Czech Republic who was a recent labour migrant to Croatia on a work visa during the pandemic. He was avid for CrossFit and working out at the gym. He was unable to exercise as the gyms were closed and he was unable to make new

friends the way he would usually do, so he felt isolated in his new host country. He had decided to visit family over Christmas by driving back to the Czech Republic, but each country had its own rules regarding testing. At that point, he did not have an issue with going home, but he had a time issue with returning to Croatia within the allowed period from testing to entry as he was driving. He risked driving needlessly, took the test (which also requires time to process) and started driving having not yet received the results in hope that they came through in time for him to be able to enter the border within Croatia's rule period. Fortunately, his plan worked. This anecdote demonstrates the complexity of the situation for migrants not only trying to migrate, but simply wanting to visit family. This person was under the psychological stress of not only moving country but of being isolated and unable to build friendship groups.

COVID-19 AS JUSTIFICATION FOR PUSH-BACKS OF REFUGEES AND ASYLUM SEEKERS

The COVID-19 pandemic has greatly impacted refugees and asylum seekers. These groups are in a very high risk category as most of them are dealing with poverty and they need to live in very crowded living spaces, sometimes in camps and shelters. They are often not covered by government healthcare in the country they are passing through or trying to settle in. Refugees also can face prejudices with local people viewing them as a potential source of the sickness. For refugees trying to come to Europe, the difficulties have now intensified especially regarding the attempts to come via the various Mediterranean routes. IOM (2021) reported that, as a minimum number, 1 146 refugees

died during the January 2021 to June 2021 period. They report that there has been an increase of 58% of people trying to come on this path to Europe since last year, but that there is also an increase of 50% of people who died in their attempt (IOM, 2021).

Countries such as Malta and Italy (April, 2020) declared their countries as not being safe for migrants to arrive via sea due to the pandemic. This declaration has seen a decrease in search and rescue attempts. Refugees trying to escape war, coming from countries such as Libya were unable to enter Europe and stranded at sea. Stieri (2020) reports that events disregarding human lives are occurring such as one event which saw a boat of 63 people in trouble with engine failure at sea. Malta's government and rescue team did not intervene, resulting in deaths from starving and drowning. They report that Malta then secretly pushed back migrants using private trawlers. The total number of deaths from this boat was 12. Similar accusations have been made regarding Italy's borders. The pandemic allowed for more military push-backs.

Migrant health, human rights, migrant employment, border control and stranded migrants, increased risk of deportation, creating social connections, and psychological stress are all issues that have been influenced by the COVID-19 pandemic. Some countries, such as Croatia, have offered new visa opportunities to highly skilled remote workers such as the visa for 'digital nomads' (Croatia's new visa – conditions due to COVID attracting migrants).

OPPORTUNITIES FOR ATTRACTING MIGRANTS

Countries such as Croatia looked at measures to take to assist attracting mi-

grants to their countries by creating new opportunities such as the Digital Nomad Temporary Visa, allowing a stay in Croatia of up to 12 months. The new law was passed in December 2020, making applications possible from January 2021. Prior to this visa, foreigners wanting to stay and work in Croatia required sponsorship from a local employer. This is no longer a requirement with the digital nomad visa. Applicants need to show that they have enough money to live in Croatia according to a specified amount and can also have family members come with them if they can prove they can be funded. They need to prove their purpose, income and that they do not have a criminal background. This new visa is becoming popular amidst the pandemic, with new outlets interviewing digital nomads and promoting the concept (MUP, 2021).

CONCLUSION

Migrant health, human rights, migrant employment, border control and stranded migrants, increased risk of deportation, lack of opportunities to create and maintain social connections, and psychological stress are all issues that have been influenced by the COVID-19 pandemic. Europe's attempts to contain and reduce the spread of the COVID-19 virus have led to border closures and restrictions. These border closures go against one of the dominant concepts of free movement promoted by the EU. These restrictions have seen temporary migrants unable to attend work, schooling or gain access to medical procedures. Permanent migrants often find themselves in living conditions that put them at great risk of contracting the virus as well as of sometimes having limited access to health care. Some countries have tried to address these issues through bilateral agreements allowing temporary

movement of migrants or longer stays. For refugees and asylum seekers trying to enter the EU, the COVID-19 pandemic has seen governments enforce military push-backs, declaring their borders not safe for refugees. These actions resulting in increased deaths. The EU has placed on its agenda the need to reduce border closers and return to a normal functioning Schengen area once the pandemic passes, however this time is unknown and the effects of these closures continue to impact on migrants and refugees negatively.

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Sažetak

UČINAK PANDEMIJE COVID-19 NA MIGRACIJE UNUTAR ZEMALJA EUROPSKE UNIJE

Katica Jurčević

Marina Perić Kaselj

Institut za migracije i narodnosti

Zagreb, Hrvatska

Borna Jurčević

Hrvatski institut za migracije i integracije

Zagreb, Hrvatska

Virus COVID-19 prvi je put identificiran u prosincu 2019. godine u Wuhanu (Kina), a već u siječnju 2020. Svjetska zdravstvena organizacija izrazila je zabrinutost i nedugo zatim službeno proglasila globalnu pandemiju. Ova pandemija dovela je svjetsku ekonomiju, način života, kulturu i migraciju u stanje kakvo nikada prije nismo imali. Sve zemlje unutar Europske unije svojedobno su uvelike ograničile ili zabranile ulazak i izlazak sa svojih granica. Kretanja stanovništva i migracije, kao i gospodarstvo, najviše su pogođeni ovom pandemijom. Prije pandemije, zemlje Europske unije su njegovale slobodu kretanja unutar svojih država članica, ali su odjednom bile prisiljene nametnuti stroga ograničenja i kontrole na svojim granicama koje su sprječavale svakodnevne migracije stanovništva. Donesene mjere su se razlikovale od zemlje do zemlje, ovisno o procjeni stručnjaka unutar njih te o broju zaraženih i trenutnoj epidemiološkoj situaciji.

Ključne riječi: COVID-19, pandemija, migracije, Europska unija, Corona virus.