Population Movements, COVID-19 and Conflict Risk

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Summary

- Historically, people have always fled crowded urban centers during epidemics.
- Urban-to-rural movements carry the risk of increasing pandemic spread and overloading rural services.
- Population movements may also increase the risk of communal conflict and human rights abuses, as returnees are accused of carrying the virus and newcomers place pressure on scarce resources.
- Three major religious festivals take place this April: Easter, Passover, and the beginning of Ramadan. These normally see increased internal travel and public gatherings: several governments are addressing this risk, with some of the measures they are taking described below.
- Other measures that can be taken to mitigate the impact of pandemic migrations include:
  - Plan urban lockdown measures carefully to avoid sudden large-scale movements to areas that are not under restriction.
  - Provide rapid social protection (with international support where needed) to support urban workers who have lost jobs or income, in order to minimise the motivation to flee cities due to the inability to buy food or pay rent.
  - Work with community leaders in informal urban settlements to develop measures that can help protect the population despite crowded and unsanitary conditions, and help manage risks of conflict and violence. Measures will be more effective if they are developed in collaboration with the communities themselves.
  - Communicate clearly and repeatedly to the public about the necessity of limiting movements between regions and the risks that traveling to the countryside poses both to those encountered en route and to loved ones at home.
  - Issue specific guidelines to local authorities and to the police on measures that may be taken to stem population movement between rural and urban areas, as well as prohibiting measures that are ineffective and counter human rights standards.
  - Use community conflict reduction measures, such as Ghana’s national peace infrastructure, to pre-emptively minimise tensions between those fleeing cities and those in rural areas.
  - Develop specific mechanisms to protect communities of migrant workers (whether domestic or international) while providing them with health services and food. Avoid confining migrant workers in crowded hostels or detention centers where COVID-19 can spread easily.
  - Design healthcare interventions to be responsive to population movements, for example setting up mobile clinics along migratory routes. Ensure that medical supplies and personnel are distributed based on real-time population data, rather than pre-COVID-19 figures.
1. The history of population movements during epidemics

- During historic epidemics, such as the Black Death, the 1678–90 Great Plague of Vienna and the 1832 cholera outbreak in New York:
  - The wealthy (who had the means to leave) departed urban areas quickly.
  - Most of the working class, who could not afford expensive transport, only left when there were no other options and employment opportunities had dried up. The cost of travel has reduced since then and the time and ease of transportation now have made movement significantly easier.

- During the Spanish Flu epidemic of 1918:
  - Half the population of the city of Mumbai (then Bombay) fled for their homes in rural areas. The same happened in the 1896 plague and in the plague of 1994, where over 200,000 people fled the industrial city of Surat [in Gujarat].
  - The Spanish Flu also spread across the entire US due to urban-rural migration. The lower quality of healthcare and infrequent exposure to other forms of the influenza virus in rural areas meant that 9 in 10 people died, compared with less than 1 in 100 in urban communities.

- In the Ebola outbreaks, in-country migration actually increased.

2. What is happening now: internal movements

- Thousands have fled cities across Africa to rural areas. Kampala, Johannesburg, Nairobi and Rabat are examples of cities that have seen out-migration, and movement is also occurring in countries such as Madagascar, Burkina Faso, Cote D’Ivoire and Gabon.

- Nurses in Zimbabwe have expressed concern over the migration of city dwellers to rural areas given the possibility that they might unwittingly spread the disease. Bus terminals in the country’s major cities were flooded by thousands of people travelling to rural areas due to fears of hunger during the three-week-long lockdown.

Source: AFDB, African Economic Outlook, 2016
In India, the sudden lockdown forced millions of urban migrant workers to return home because they had lost their livelihoods and feared they would not survive hunger in the cities. Scenes resembling a “mass exodus” of low-wage workers caused anger across India and led to a rapid revision of policy by the authorities.

In Italy, residents of Milan rushed train stations to flee the city after a lockdown decree. This population flow is believed to have contributed to a wave of contagion to the south.

In the United States, people are leaving coronavirus hotspots such as New York City for smaller towns across the country. Airbnb saw its revenues in rural areas jump by almost 30 percent in March 2020 (compared to March 2019), while revenues in urban areas fell by nearly $75 million.

These dynamics are consistent with the initial experience in Wuhan, China, where an estimated 5 million people left the city before lockdown measures were implemented—partly because the outbreak coincided with the Lunar New Year holiday, but these normal flows appear to have increased as people attempted to flee the virus.

### 3. Cross-border movements

While most of these pandemic-related migrations are taking place within countries, some significant movements of people across borders are also occurring:

- The situation in Afghanistan is particularly concerning. As of mid-March, IOM estimated that roughly 140,000 Afghans had returned from Iran. That figure is likely much higher now, and almost certainly comprises the largest cross-border migration of the pandemic thus far. Numbers have reached as high as 9000 a day at specific border crossings between Iran and Afghanistan.
- There is the potential for a mass movement of people from Colombia to Venezuela, as Venezuelans who had sought refuge across the border are prevented from earning a living. Hundreds of Venezuelans have already returned home.
- Burkina Faso has seen an uptick of violence as COVID-19 has spread. Thousands of Malian refugees living in remote camps fled militant attacks and returned to Mali.
- Deportations and returns are continuing despite coronavirus fears. IOM and UNHCR announced on April 9 that at least 200 migrants and refugees had just been returned to Libya, where COVID-19
cases are rising. The United States has deported more than 11,600 people to Guatemala this year. Three people deported on a flight on March 26 have been hospitalized after testing positive for COVID-19. Nearly 400 children have been deported to various countries since mid-March under new rules framed as seeking to minimize COVID-19 spread.

4. What is triggering these movements?

- **Fear of infection**—by definition, urban areas are more crowded than rural ones, and social distancing is harder. This distinction is sharper in poor communities in developing countries.
- **Lack of income or access to social protection**—the vast majority of people living in cities like Nairobi or Kinshasa work in the informal economy. That economy collapses under lockdowns. Most countries lack adequate social safety nets, particularly for informal workers, refugees, and migrants, who are unable to make up for their lost income. Meanwhile, rising food prices and high urban rents make surviving in the city unaffordable. The fear of hunger may be exacerbated by fear of strong police or army action against those who try to break curfews or lockdowns.
- **Family and cultural traditions**—we know from prior epidemics that many people choose to go home because they want to be with family and because of the cultural importance of being buried in their hometowns.
- **Circular migration due to the availability of healthcare**—in the Ebola epidemics in West Africa, people took their sick relatives to cities to seek healthcare. These people then returned to rural areas despite being carriers. For example, in Afghanistan there is a well-established pattern of migrating to India or Pakistan for medical treatment. As the infections spreads, this might greatly complicate the issue.

5. What is the impact on areas of return?

- **Spreading the virus.** A critical risk is that those leaving hard-hit cities are bringing the coronavirus with them. In France, the junior transport minister has posited that the spread of COVID-19 may have been exacerbated by those who fled Paris on crowded trains after the government imposed a lockdown. An island off of France’s Atlantic coast saw its population double overnight before the country went into lockdown; two weeks later there were already 70 suspected COVID cases on the island. One analysis by a rural news website found that U.S. counties with vacation economies are showing higher infection rates. WHO announced on 9 April that "more countries [in Africa] are seeing the virus spread to regions beyond the capital cities." Of 47 African countries in WHO's Africa region, nearly 60 percent are reporting COVID cases in multiple locations, compared with 21 percent two weeks ago. In DRC, for instance, the virus has escaped Kinshasa, spreading to the east of the country, which just weeks ago became Ebola-free.

- **Communal conflict or human rights abuses in relation to those who return.** In India, some migrant workers have been viewed with suspicion as potential carriers of the disease which has led to some cases of violence. Local police have forced migrants to squat in a road as they were sprayed with bleach, to “disinfect” them. In New Delhi, hundreds of Muslims who sought refuge in a relief camp are now being forced to return to their looted communities and to live among their attackers.
• **Insecurity in rural areas as security forces are redeployed.** Governments may deploy police officers from remote areas to cities to enforce lockdowns, leaving rural communities vulnerable to theft, banditry, drug cultivation, armed attack or extremist recruitment. There may also be an increase in domestic violence as men who have lost their jobs in the city rejoin their wives and children. Data already show major upticks in domestic violence in many countries. Increased populations in villages may spark conflicts between farmers and pastoralists.

• **Straining resources** Returnees may also strain already overburdened resources and services in rural areas. First and foremost, an influx of new residents can overwhelm rural health systems. In many countries, ICU units and ventilators are available only in capital cities. There are also concerns about the impact on local food supplies and other resources. In France, rural residents have accused Parisians not only of bringing the virus with them, but also of emptying shops. The impact on food and housing prices is also worrying. In areas north of New York City, rental prices have quadrupled.

6. **Government Responses**

Minimizing movements from hard-hit cities to rural areas

This ACAPS government measure tracker identifies over 750 types of movement restrictions implemented around the world; 141 of which are domestic travel restrictions within countries.

- **Tunisia** has restricted inter-governorate movement for those who do not have the specific approval of the Ministry of Interior, with an apparently successful impact in limiting spread.

- **DRC.** The government first acted on March 26: it instructed the country’s approximately 80 million residents to stay home, banned public gatherings, and suspended flights and river transport out of the capital, Kinshasa. Subsequently, the government began a 15-day quarantine of Kinshasa’s city center, where the country’s first cases were detected, on April 6. In the eastern province of North Kivu, the epicenter of the recent Ebola outbreak, provincial authorities decided to limit movements for two weeks between the province’s three largest cities of Goma, Butembo, and Beni.
● **Kenya.** On April 6, the government announced a travel ban into and out of Nairobi, Mombasa, and two coastal counties. Thus far, the vast majority of confirmed cases have come from Nairobi but testing is limited. Public officials are increasingly trying to dissuade city residents from returning to their home villages by communicating the risks. The commissioner of Kenya’s Rift Valley Region warned in a news conference in late March: “You are going to kill your grandmother. You are transporting the disease, and if people die, you will carry that cross for the rest of your life.”

● **Morocco.** The government banned intercity travel in late March.

● **Syria.** Authorities have also clamped down on movements and public gatherings, including shutting down all intercity public transportation across the country and banned movement of people between governorates. On April 2nd the Syrian Interior Ministry extended the 12-hour COVID-19-related curfew in all Syrian provinces to 18 hours (from 12 p.m. to 6 a.m.) on Fridays and Saturdays.

● **South Africa.** A 21-day lockdown beginning in late March has halted commuter and long-distance passenger rail services, international and domestic flights, and cruise ships. Minibus taxes are only allowed to fill one-third of seats and can only transport essential workers and others permitted to move during the lockdown.

● **Nigeria.** Several states in Nigeria, including Lagos, have been locked down and residents have been instructed to stay home and to avoid traveling to other states. The state government in Lagos is distributing food during the lockdown, aiming to assist up to 1.2 million people. The federal government has begun cash transfers to the country’s poorest families to help sustain them and has announced a moratorium on repayment of government loans made to small businesses.

● **Guatemala** has asked the United States to reduce deportations to the country to 25 people per plane over fears that crowded planes may accelerate the spread of the virus.

● **United States.** Governors in the tri-state area (New York, New Jersey, and Connecticut) coordinated their policy on lockdown in order to avoid sudden population movements that could unintentionally spread the pandemic—i.e. avoiding announcing a lockdown in New York City without a lockdown in less-dense peripheral areas that would have led to even higher numbers of people fleeing the city.

● **Norway** has ordered people not to retire to their country houses in order to reduce the strain on rural health services. Those found to flout the ban face a fine of roughly $1,300 or 10 days in prison.

**Minimizing movements in the context of religious gatherings in a culturally-sensitive way**

April’s three major religious festivals - Easter, Passover, and the beginning of Ramadan - are normally associated with much travel and public gatherings. COVID-19 has affected this. For instance, major Islamic figures and institutions have decreed a change in the azan or call to prayer, “the muezzin nowadays chants- “As salat fi buyutikum” which in Arabic means “pray in your homes.” Below are some examples of approaches to minimize these movements while respecting traditions:

- In **Indonesia**, the government has released a helpful circular that offers guidance on how citizens should approach Ramadan rituals such as iftar and tarawih prayers. However, population movement away from cities is still a concern, in particular around the annual “mudik” movements for the start of Ramadan.
- In **Israel**, with particular focus on Passover celebrations, the government has banned all travel between cities from 7:00 PM Tuesday until 6:00 AM Friday.
- With Ramadan drawing closer, **Egypt** has banned public gatherings and mass iftars.
- Police in **Italy** are tightening travel restrictions over Easter weekend to prevent people visiting relatives out of town or traveling to second homes.
- Officials in **Germany** reminded citizens to remain “consistent” over Easter and avoid trips and visiting relatives.
• In Iran, Ayatollah Khamenei urged the Muslim population to pray at home during Ramadan.
• Lithuania has issued a lockdown during Easter to prevent the virus from spreading across the predominantly Catholic nation.
• Greece has increased restrictions ahead of Orthodox Easter celebrations to be held next week. Police roadblocks along highways and secondary roads have increased and fines are being doubled for those who travel between islands.

Conclusions and Recommendations

• Plan urban lockdown measures carefully to avoid sudden large-scale movements to areas that are not under restriction.
• Provide rapid social protection (with international support where needed) to support urban workers who have lost jobs or income, in order to prevent them fleeing cities due to the inability to buy food or pay rent.
• Work with community leaders in informal urban settlements to develop measures that can help protect the population despite crowded and unsanitary conditions. Measures will be more effective if they are developed in collaboration with the communities themselves.
• Communicate clearly and repeatedly to the public about the necessity of limiting movements between regions and the risks that traveling to the countryside poses both to those encountered en route and to loved ones at home. This communication must take place well in advance of religious holidays.
• Issue specific guidelines to local authorities and to the police on measures that may be taken to stem population movement between rural and urban areas, as well as discouraging measures that are ineffective and counter human rights standards and should not be pursued.
• Use community conflict reduction measures, such as Ghana’s national peace infrastructure, to preemptively minimise tensions between those fleeing cities and those in rural areas.
• Develop specific mechanisms to protect communities of migrant workers (whether domestic or international) while providing them with health services and food. Avoid confining migrant workers in crowded hostels or detention centers where COVID-19 can spread easily.
• Design healthcare interventions to be responsive to population movements, for instance by setting up mobile clinics along migratory routes. Ensure that medical supplies and personnel are distributed based on real-time population totals and needs, rather than pre-COVID-19 figures.