

Regional responses to Covid-19: Systemic resilience, human mobility, and cross-country supply chains

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The concept of resilience can be understood broadly as the ability to access resources in withstanding, recovering from, and adapting to unexpected external shocks (e.g. European Commissions 2012; Anderson, Poeschel and Ruhs 2020). It features increasingly prominently in debates and evaluations of policies that support the implementation of programmes and projects in an international context, thereby complementing the concept of sustainable development. In relation to migration as a process and a policy area, resilience has been discussed in EU debates mainly in the context of labour migration and irregular migration from the perspective of both host countries and migrants' countries of origin (e.g. European Commission 2017).

The need for new thinking on international mobility and systemic resilience

The rapid spread of the COVID-19 pandemic triggered a temporary disruption in the functioning of production, supply, financial, and transportation systems (OECD 2020a). Additionally, established models of interstate cooperation have been shaken by the global quarantine measures. With a large number and wide range of specific restrictions related to internal and international mobility worldwide¹, economic sectors employing high shares of migrant labour have faced the task of overcoming the shocks associated both with the health and economic crisis and with the implementation of counter-crisis measures. Reflecting this understanding, programmatic and operational responses across governmental, public, and private actors alike (e.g. OECD 2020d) suggest that

traditional resilience planning that foresees measures to ensure operational continuity, disaster recovery, and crisis management (e.g. EY 2020) require adjusting, in order to prepare for a multifaceted state of emergency, akin to that accompanying the current pandemic.

Financial instruments for such adaptations have been made available by supranational financial institutions, such as the World Bank and the African Development Bank, in the form of substantial loans to individual states in support of their national emergency measures in response to COVID-19, as integral parts of broader ongoing economic and social resilience programmes. Other forms of support include the scaling up of support for companies, as guaranteed, for example, by the European Investment Bank and the European Central Bank in their response measures to the COVID-19 crisis in the EU Member States.² These immediate support packages are intended to engender systemic resilience, including by ensuring the functioning of essential sectors.

The process of tapping into these and other types of support resources highlights the unprecedented nature of the COVID-19 pandemic. While governments and communities are rapidly adapting their livelihood strategies by drawing upon long-standing experience and expertise in confronting infectious diseases, this previous experience, however instructive, revealed its limitations in 2020. Unlike the COVID-19 pandemic, previous outbreaks of highly infectious diseases were mostly localised. They involved *some* restrictions on mobility across and within countries,³ rather than the closure of

¹ Data at <https://reliefweb.int/report/world/dtm-covid-19-global-mobility-restriction-overview-28-september-2020>.

² See e.g. <https://www.ecb.europa.eu/home/search/coronavirus/html/index.en.html#item2>

³ Historical evidence suggests that border closure and restrictions on mobility were effectively applied to prevent the spread of pandemics locally. Examples are responses to the 1918-1919 influenza pandemic with the accompanying restrictions on travel to and from the Pacific islands, USA military bases, and internal border controls in Iceland. The

international borders worldwide, or the associated adverse effects on human mobility and the supply of essential medical equipment across countries. In particular, in the case of COVID-19, international mobility restrictions implied that medical and human resources that were previously brought in from external sources might not be available. The high speed at which the pandemic spread highlighted the necessity of innovative, wide-ranging and lasting solutions to guarantee the operational functioning and resilience of the international medical and social system to major external shocks such as the Covid19 pandemic.

Protecting national health systems: Policy responses in high-income countries with effects in lower-income countries

In the European Union, the need for an urgent policy response to the challenge of protecting the provision of essential goods and services during the pandemic resulted in the issuance of guidance by the European Commission⁴ to facilitate the continuation of free movement of ‘key EU workers’ for employment in essential sectors.⁵ Specifically, the challenges resulting from the closing of borders due to Covid-19 were overcome by allowing continued intra-EU labour mobility upon the provision of a negative Covid test. Testing represented one of the main responses to restrictions on cross-border mobility within the EU, and it has been widely applied across EU Member States.

As an immediate response to the outbreak of the Covid19 pandemic, some European and other high-income countries took measures to fly in medical and care staff from other countries to cope with the national shortage of health care workers.⁶ The majority of OECD countries exempted foreign health professionals who received a job

offer from international travel bans (OECD 2020b). Additional examples of policy responses aimed at overcoming mobility-related challenges to the supply of migrant workers in health services and other essential sectors included automatic extension of expiring visas; regularisation of undocumented workers and accelerating the accreditation for qualified refugees and other foreign health professionals whose qualifications have not been formally recognised; and coordinated hiring of foreign health workers willing to work in the country (OECD 2020b). Taking a step further in this direction, France has recognised the service of immigrants working on the Corona-virus frontline, such as healthcare professionals, cleaners, and child-care professionals, amongst other, by offering a fast-track possibility for naturalisation.⁷ However welcome and timely these measures were for the receiving states, they bore the unintended consequence of exacerbating the long-standing trend of persistently higher mobility rates of health professionals from low to high income settings and countries (Botezat and Ramos 2020). This creates a potential for adverse economic and social consequences for migrants’ countries of origin, some of which may suffer from a ‘brain drain’ of medical workers.

Covid19 and dependence on international supply chains for national health systems

In addition to highlighting the fragility of labour migration policies and practices, the initial stages of the pandemic exposed the vulnerabilities associated with a long-standing dependence of many states on international supply chains in support of national health systems. Immediate policy responses to Covid-19 included increases in the domestic production of sanitation materials, protective equipment, medical kits, and COVID-19 testing units for first responders.⁸ Over time, however, purchasing medical equipment from external

Ebola outbreak in West Africa prompted Ivory Coast to close its western borders with Liberia and Guinea for approximately two years in August 2014 to prevent the spread of the epidemic, with similar temporary measures undertaken by Mali and Senegal. For more discussion, see Boyd et al. (2017) and Kramer et al. (2016).

⁴ See Official Journal of the European Union, *COMMUNICATION FROM THE COMMISSION, Guidelines for border management measures to protect health and ensure the availability of goods and essential services (2020/C 86 I/01*; Official Journal of the European Union, *COMMUNICATION FROM THE COMMISSION, European Commission Guidelines: Facilitating Air Cargo Operations during COVID-19 outbreak (2020/C 100 I/01)*.

⁵ See Official Journal of the European Union, *COMMUNICATION FROM THE COMMISSION, Guidelines concerning the exercise of the free movement of workers during COVID-19 outbreak (2020/C 102 I/03)*.

⁶ See <https://www.euractiv.com/section/economy-jobs/news/austria-imports-workers-from-bulgaria-romania-to-plug-gaps-in-covid-19-care/>

⁷ See <https://www.interieur.gouv.fr/Actualites/Communiqués/Travail/leurs-etrangers-en-premiere-ligne-pendant-le-confinement-2-890-demandes-de-naturalisation>

⁸ See <https://www.pwc.com/ng/en/assets/pdf/impact-of-covid19-the-supply-chain-industry.pdf>

suppliers has taken over as a market-based response strategy (Khadka 2020).

While international supply chains for medical equipment have proven remarkably resilient in the long run, the initial shock of Covid-19 raised a number of considerations for national governments, particularly pertaining to the policy choices in the development of the domestic pharmaceutical industry. A prime example is the dependency of the European Union on a handful of non-EU suppliers of medical equipment and products that are essential to containing the spread and the combatting of the virus. In the EU, responses to the shortages in supply ranged from initiatives to produce and stockpile medical equipment to restricting exports (European Parliamentary Research Service 2020).

The policy challenges for lower-income countries were particularly stark. For example, African countries are net importers of pharmaceutical and medicinal products (African Union 2012). According to estimates of the United Nations Economic Commission for Africa (ECA), imports cover over 90% of the continent's pharmaceutical needs (OECD 2020c). Local producers in several African countries responded to the outbreak of Covid-19 by rapidly repurposing their factories' facilities to produce surgical masks (Kenya, Tunisia), ventilators (Kenya, Morocco, South Africa), and diagnostic COVID-19 tests (Egypt), to name but a few examples (Tondel and Ahairwe 2020). To this end, in Kenya, the apparel Hela Clothing Company,⁹ with International Finance Corporation support, repurposed its manufacturing facility from producing underwear for men to making masks. In mere two months of April and May 2020, the Company produced 10 million of two different types of face masks in this one country alone. Additionally, the company launched the production of the N95 respirator masks, to be sold on the Kenyan market and elsewhere in Africa.¹⁰ These policy and business developments hold a promise for facilitating greater systemic resilience in various sectors of the economy and diversifying employment opportunities, which may lessen the appeal of international labour migration. In this context, the effects of COVID-19 illustrated the timeliness of earlier mindful efforts directed at enhanced production of finished goods and services locally.¹¹

Given that a system's resilience tends to depend critically on the strength of its weakest component, a temporary disruption of production, financial, and transportation systems has reminded global and local actors that the ability to adapt to unexpected threats is linked to the ability of regions and states to organise a combination of responses that are specific to their needs, locally. Additionally, it highlighted the relevance of the resilience-migration nexus in the context of restrictions upon human mobility and shortages of essential goods, particularly medicines, produced in a handful of locations worldwide. The coronavirus pandemic has also revealed that policy initiatives aimed at developing regional models of production, trade, and employment, which reduce extensive reliance on multinational medical supply chains, indeed carry the potential to ensure a better balance between efficiency and resilience.

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The Migrants and Systemic Resilience Hub ([MigResHub](#)) facilitates research and debates on how migrant workers affect the resilience of essential services during the Covid-19 pandemic and similar shocks in the future. MigResHub is a joint initiative of the EUI's Migration Policy Centre (MPC) and Migration Mobilities Bristol (MMB) at the University of Bristol.

⁹ See <http://www.helaclimbing.com>

¹⁰ See <https://blogs.worldbank.org/nasikiliza/working-african-apparel-makers-produce-personal-protective-equipment>

¹¹ See

<https://www.un.org/africarenewal/news/coronavirus/africa-regional-integration-index-calls-continent-build-more-resilient-economies-through>

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