

# Left behind: why South Africa must develop migration-aware responses to COVID-19 and future pandemics

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South Africa should see COVID-19 as an opportunity to improve health systems and pandemic preparedness plans, ensuring that these are migration-aware.

The Coronavirus 2019 disease pandemic and strategies to mitigate its impact have restricted and complicated migration globally, including in Southern Africa, a region associated with diverse population movements within and between countries. Despite this, health system responses – including in South Africa – fail to engage with migration. Drawing from ongoing research, this chapter explores whether South Africa's COVID-19 response is 'migration-aware' – a term for interventions, policies and systems that embed migration as a central concern in their design.

Methods included a desk review; key informant interviews; participant observation in various policy processes; policy and media analysis; and establishment of the Researching Migration and Coronavirus in Southern Africa project.

Findings generated to date indicate that South Africa's COVID-19 response is not migration-aware. Four key concerns are highlighted: amplification of existing structural

challenges faced by migrants; manifestation of new challenges, including exclusion of non-citizens from national response; justification of increasingly restrictive approaches to immigration management; and undermining of efforts towards Universal Health Coverage.

Without addressing these concerns, South Africa's COVID-19 response will fail. Everyone in the country must be included in COVID-19 interventions, particularly the national vaccination programme, to ensure population-effective protection. Recommendations include establishing a National Migration and COVID-19 Task Team and developing a basic 'score-card' to guide responses, with administrative systems and a legal firewall to ensure that undocumented persons can access COVID-19 services, including vaccination programmes, and face no penalties when doing so. These recommendations should be expanded to the regional and continental levels to guide co-ordinated, migration-aware responses.

## Introduction

This chapter outlines how the exclusion of migration (movement both within South Africa and across the country's borders) and migrants (both South African citizens and non-citizens) from pandemic preparedness planning and the Coronavirus disease 2019 (COVID-19) pandemic response – including vaccine programming – negatively affects health for all in South Africa and the Southern African region, and undermines attempts at achieving Universal Health Coverage (UHC).<sup>1,2</sup> We show that South Africa's COVID-19 response fails to meet the requirements to be considered 'migration-aware' – a term used to describe interventions, policies, and systems in which "population movement is embedded as a central concern in the design".<sup>3</sup> The public health implications of leaving behind migration and migrants – both citizens and non-citizens – in a pandemic response must be understood in order to improve South Africa's response, specifically regarding the roll-out of COVID-19 vaccines and development of preparedness plans against future pandemics.

This chapter draws from ongoing research projects at the African Centre for Migration & Society (ACMS) that explore South Africa's response to COVID-19, and outlines four key areas of concern:

- the amplification of existing structural challenges faced by migrants – both citizens who move internally and non-citizens;
- the manifestation of new challenges specific to the context of COVID-19;
- the justification of increasingly restrictive approaches to the management of immigration under the guise of Global Health Security (GHS); and
- the consequent undermining of efforts towards UHC.

This chapter argues that without addressing these four concerns, South Africa's response to COVID-19 will fail, and outlines recommendations for action.

### Setting the scene

The COVID-19 pandemic and strategies to mitigate its impact have restricted and complicated migration both globally and continentally, including in Southern Africa, a region associated with diverse population mobility both within and between countries.<sup>3-5</sup> This is especially true in South Africa, where approximately 7% of the population are estimated to be non-citizens and where migration within South Africa and between neighbouring countries is a key livelihood strategy for both citizens and non-citizens.<sup>6</sup> It is well established that ensuring the good health of migrants is essential for socio-economic developmental benefits for individuals, households, communities and countries to be realised.<sup>7,8</sup>

However, as summarised in this chapter, ensuring the good health of migrants – particularly non-citizens – is increasingly difficult and has been made even harder by the COVID-19 pandemic.

Whilst there is growing recognition of the relationship between mobility and well-being, and an increasing number of calls for the development and implementation of migration-aware health systems both globally<sup>8,9</sup> and nationally<sup>3,7</sup>, South Africa's health responses continue to leave migrants and migration behind.<sup>2,3,7,10</sup> For non-citizens, additional structural challenges persist. Non-citizens in South Africa – including permanent and temporary residents, holders of study or work permits, and those who are undocumented<sup>a</sup> – are governed by an increasingly restrictive Immigration Act (2002, with Amendments 2008, 2011, 2017), whilst refugees and those seeking asylum are governed by the Refugee Act (1998, with Amendments 2007, 2011). Access to valid documentation is a challenge for all non-citizens, particularly asylum-seekers, and this has worsened during the COVID-19 pandemic.

Despite South Africa's current legislative commitments to ensure the health and well-being of all in South Africa, as outlined in the Constitution (1996) and the National Health Act (2003), fundamental structural barriers exist for non-citizens attempting to access public healthcare services. These challenges include language barriers and poor treatment of non-citizens by front-line staff<sup>12</sup>, and unlawful demands requiring non-citizens to pay upfront for care at public healthcare facilities.<sup>7</sup> Recent changes to the Uniform Patient Fee Schedule<sup>b</sup>, which is used to determine co-payment rates for higher-levels of care, and National Health Insurance (NHI) as currently proposed<sup>c</sup>, further curtail access to healthcare.<sup>13,14</sup> In addition, despite pregnant and lactating women and children under six, regardless of citizenship, being entitled to all health care free of charge, barriers to realising these rights are commonplace.<sup>12,14</sup>

South Africa's response to the COVID-19 pandemic has exacerbated these existing challenges and generated new ones; it is not migration-aware and leaves behind both citizens moving within the country and non-citizens. This has serious implications for all in South Africa and the Southern African region.

### Methodology

Building on research undertaken over the past two decades that has drawn attention to the lack of migration-aware health-system responses in South Africa<sup>3,7</sup>, this chapter presents an overview of the key findings generated to date (July 2021) through ongoing research projects – initiated in March 2020 – exploring South Africa's response to COVID-19 and migration. A detailed description of these

- a The term 'undocumented' is used to refer to people who, for various reasons, are currently without the valid documents required to be in the country legally.<sup>11</sup>
- b In 2020, the revised Uniform Patient Fee Schedule re-classified the co-payment structure for non-citizens: only refugees are now eligible to be means-tested in the same way as South Africa citizens; all other non-citizens are now classified as full-fee paying patients, rendering services unaffordable to many.
- c In its current form, the NHI Bill limits the access that various categories of non-citizen would have to public health care.<sup>13</sup>

projects is beyond the scope of this chapter but, in summary, our methods include: an ongoing desk review of relevant published and grey literature; the identification and analysis of key policy documents; media monitoring and analysis of 12 068 news articles to understand the representation of migrants, migration, and COVID-19 in South Africa; the participation of the authors in various policy processes at national, continental and international levels; and informal engagements, personal communication and interviews with key informants in South Africa and across the continent pertaining to the governance of migration during the pandemic and the inclusion of migrant populations in COVID-19 vaccination programmes.

We also draw on participant observation of 26 meetings and webinars hosted by the Researching Migration and Coronavirus in Southern Africa (MiCoSA) project, as part of the Migration and Health Project Southern Africa (maHp) at the ACMS, University of the Witwatersrand. Established by the authors in March 2020, MiCoSA sets out to explore the political, structural and social factors influencing the (dis)connections between migration and health governance structures in the context of COVID-19 in South(ern) Africa. A key activity of MiCoSA is the co-ordination of an informal network that brings together migrant-led organisations, civil society, international organisations, researchers, government officials and policy advisors who are concerned with the health and well-being of asylum-seekers, refugees and migrants during the COVID-19 pandemic.

## Key findings

The findings presented here build on and contribute to a growing body of literature advocating for migration-aware health systems and responses globally<sup>1,9</sup> and specifically in South Africa.<sup>3,7</sup> Findings indicate that – as of July 2021 – South Africa’s response to COVID-19 has left migration and migrants behind. Whilst people with foreign passports or refugee or asylum permits should be able to register for COVID-19 vaccinations online, non-citizen teachers in Limpopo, for example, were not able to register as part of the drive by the Departments of Education and Health to vaccinate all teachers in South Africa. In addition, little is known about how an individual’s mobility, both within and across borders, will affect their access to the second dose of a vaccine: will adequate supplies at different sites allow for people who move to receive their second dose in a different district or province? This mirrors previous research which has highlighted challenges in continuity of care for chronic conditions – including communicable diseases such as HIV, tuberculosis (TB) and malaria, and non-communicable diseases such as hypertension and diabetes – faced by people moving within South Africa and to or from other countries. Poor referral systems, a lack of linked health information systems, and the absence of patient-held records present challenges to providers and

migrant healthcare users alike. The implications of these existing challenges are being felt acutely during the current pandemic. Failure to not only address these administrative shortcomings, but also to ensure that South Africa’s health systems and pandemic responses are migration-aware, will negatively affect the health of everyone in South Africa and the Southern African region.

### Amplification of existing structural challenges

Many of the challenges experienced by migrant populations since COVID-19 was first identified in South Africa in March 2020 are long-standing and pervasive structural challenges that have been amplified by the pandemic.

Globally, the exclusion of migrant and mobile populations from pandemic preparedness plans specifically<sup>15</sup>, and health systems in general, has been made more visible in the context of COVID-19.<sup>2,16</sup> In South Africa, a growing body of literature has, for many years, highlighted the consequences of a public healthcare system that is not migration-aware.<sup>3,7,12</sup>

An overburdened and under-capacitated healthcare system means that both citizens and non-citizens who rely on public-sector services experience access challenges, but non-citizens often face additional difficulties such as language barriers, xenophobia, and problems associated with documentation, which hamper and sometimes result in outright denial of services when accessing care.<sup>7,12</sup> Access to documentation has, however, become increasingly difficult for many non-citizens, as the Department of Home Affairs (DHA) has progressively securitised its management of migration – limiting eligibility for visas and permits, requiring asylum seekers to renew their permits every three to six months whilst simultaneously closing Refugee Reception Offices (RROs), and rejecting some 90% of initial asylum applications.<sup>11</sup>

These barriers to access both health care and documentation have been worsened by the COVID-19 pandemic. During the national lockdown in March 2020, the DHA closed the remaining RROs and issued a blanket extension of visas and permits, which it has continued to extend.<sup>17</sup> However, insufficient information has been communicated to this effect, leading to the closure of asylum-seekers’ bank accounts, for example. In addition, travel bans and border closures have made it more difficult for asylum-seekers to enter South Africa through recognised border posts and apply for asylum. No plan for the re-opening of the RROs exists at the time of writing, although an online application and renewal system has opened. However, this system has had several problems and has not created improved avenues to documentation for new and current asylum-seekers trying to regularise their stay in South Africa.

Limited data exist on the experiences of non-citizens trying to access COVID-19 testing and treatment, and national data disaggregated by nationality or documentation status are not available. However, reports from civil society organisations working with migrant and mobile populations suggests that concerns about being asked to produce an

ID or passport number for a COVID-19 test (even though this is not a requirement) deter non-citizens from testing or participating in track-and-trace processes.

COVID-19, and the ways in which the response to COVID-19 has been prioritised, have disrupted access to health care for chronic conditions, including testing, treatment initiation, and continuity of care for HIV and TB, as well as for sexual and reproductive health (SRH) services, due to both travel restrictions and the re-orientation of healthcare services to respond to COVID-19.<sup>18</sup> Many South Africans access services from different locations as they move within the country, and some non-citizens access chronic treatment from their country of origin. As such, travel restrictions and border closures have resulted in interruptions to care, including in cases where healthcare users are unable to return to places where they are comfortable accessing services.

Although non-citizens have not been directly blamed for the spread of COVID-19, as has been seen in other contexts, some political and community leaders have used the devastating economic impact of the pandemic to call for the exclusion of non-citizens from the South African economy and for the government to '#PutSouthAfricaFirst', including the former Minister of Finance Tito Mboweni and Gauteng community leaders who have rallied behind the Draft Gauteng Township Economic Bill. In some instances, this has led to outbreaks of xenophobic violence. Xenowatch, an open-source platform that monitors xenophobic threats and violence across South Africa, recorded 55 incidents between March 2020 and March 2021, events which included 19 deaths, at least 40 physical assaults, the displacement of 251 individuals, and the looting of an estimated 223 shops.<sup>d</sup>

### Challenges specific to COVID-19

In addition to the amplification of these existing concerns, new challenges specific to COVID-19 and the pandemic response have emerged. Following global trends, South Africa's response to the pandemic has been characterised by restrictions on human mobility, both within the country and across borders.<sup>19</sup> The link between human mobility and the spread of COVID-19 has been consistently reported by the media and used to justify travel bans, most recently a travel ban for Gauteng in July 2021, even as evidence has emerged of their inefficacy.<sup>19</sup>

Travel restrictions have affected all in South Africa, including non-citizens, particularly those whose livelihoods depend on internal or cross-border mobility and those seeking asylum. Non-citizens who returned to their country of origin before the lockdown took effect have faced difficulties in returning to South Africa, with some being forced to make use of unsafe and irregular border crossings, which has implications for access to work, education and family reunification. The implementation of travel bans and mandatory quarantining and testing prior to border-crossing has created additional health concerns. Since

their inception, the poor quality of quarantine facilities on both sides of the South African border has been reported. In addition, in December 2020, several Zimbabweans died while waiting to cross the land border between Musina (South Africa) and Beitbridge (Zimbabwe) as regulations put in place to make travel safer, including the necessity for a COVID-19 'certificate' confirming that the carrier is COVID-19-negative, were poorly implemented.

Again reflecting global trends, the focus of South Africa's response and relief schemes has been on 'citizens'. Even in instances where it has been made clear that non-citizens will not be excluded – for example by President Ramaphosa in relation to vaccines – the structures set up by the State often exclude non-citizens or those who are undocumented by, for example, requiring an ID or passport number. It is not immediately clear whether non-citizens are being deliberately excluded or simply overlooked, but what is clear is that non-citizens are being left behind. Non-citizens were not included in the initial roll-out of the Social Relief of Distress (SRD) grant, and they faced particular challenges in accessing benefits through the Temporary Employer–Employee Relief Scheme (TERS). In addition, an ID or passport number has been requested at COVID-19 testing points and is now required for vaccine registration. Whilst individuals with a passport or a refugee or asylum permit number have been told that they can register, this does not always work in practice – as became clear when non-citizens hired by the Limpopo Department of Education were unable to register – and there are no current solutions for those who are undocumented, although the DoH has indicated that a new system to include those who are undocumented will be piloted from 1 October 2021. In addition, the continuation of deportations throughout the pandemic, and the forceful relocation of protesting refugees in Cape Town to 'camps' in March 2020, has once again put South Africa's global and national commitments to refugee rights under the spotlight.

### Global Health Security as migration management

Attempts to guide responses to Global Health Security (GHS), where global health, State sovereignty, and national security interests intersect, were developed by the World Health Organization (WHO) in the form of the International Health Regulations (IHR). These aim "to prevent, protect against, control and provide a public health response to the international spread of disease in ways that are commensurate with and restricted to public health risks, and which avoid unnecessary interference with international traffic and trade".<sup>20</sup> However, "[t]here is no consensus on the role and limitations of foreign policy in public health and health security"<sup>21</sup>, and it has been shown that GHS interventions are increasingly politicised and influenced (co-opted) by foreign policy concerns, including the securitisation of human mobility.<sup>22</sup>

COVID-19 has provided states with the justification to restrict and further securitise movement across borders. This has

d <http://www.xenowatch.ac.za/statistics-dashboard/>

manifested as a proliferation of travel bans in response to the emergence of COVID-19 variants, talk of 'vaccine passports', and requirements that travellers be tested for COVID-19 and quarantined at their own cost. Prior to the pandemic, concerns about South Africa's increasingly restrictive and securitised approach to migration management were already being articulated; it appears that COVID-19 is providing opportunities to accelerate this trajectory<sup>10</sup> as RROs have been shut, permit application and renewal processes have moved online – limiting access to only those who can access the Internet – and calls for implementation of the Border Management Authority (BMA) have been strengthened by chaotic scenes at Beitbridge.

### Left behind

Within this context, migrant and mobile populations are being left behind, which will have serious ramifications for population health in South Africa. The country's vaccine programme currently excludes – by intention or design – undocumented non-citizens, and those whose lives and livelihoods depend on mobility, including South Africans, are being unduly penalised by travel restrictions or a lack of valid documentation. The need for whole-of-government and whole-of-society responses to ensure that migrant and mobile populations, and the process of migration, are not left behind in the COVID-19 response or in responses to future pandemics, is imperative.<sup>23</sup>

## Conclusions

COVID-19 has affected the lives of all in South Africa and will continue to do so. However, migrants - whether South African citizens moving within the country or non-citizens – face additional challenges requiring carefully considered migration-aware responses. As we have shown, the pandemic has amplified existing structural challenges faced by migrants in South Africa, in addition to creating new ones. Furthermore, the continued exclusion of non-citizens from responses to the pandemic and the use of the pandemic to restrict access to asylum and documented migration is undermining South Africa's efforts to respond to COVID-19 and meet global health targets, including UHC.

Without addressing these concerns, South Africa's response to COVID-19 will fail and will create additional public health challenges in South Africa. This is about more than the right to health: it is also about effective public health programming – the cornerstone of an effective vaccination programme, and more broadly, pandemic preparedness and responses. Among our recommendations for action is the development of a National Migration and COVID-19 Task Team (N-MCTT) that builds alliances across sectors to increase the development, implementation, and continuous evaluation of migration-aware responses. This involves development of a basic 'score-card' to guide responses, including development of a legal firewall ensuring that undocumented migrants face no penalties when accessing services.<sup>24</sup>

## Recommendations

South Africa should see COVID-19 as an opportunity to improve health systems and pandemic preparedness plans and to ensure that they are migration-aware. There is a need to draw on the ambitions of UHC and the Global Action Plan (GAP) for the Health of Migrants and Refugees<sup>25</sup> to embed internal and international migration within all health responses. Given the interconnectedness of South Africa with the region and continent, these recommendations should be expanded to the Southern African Development Community (SADC) and African Commission levels so as to guide co-ordinated responses.

Key recommendations are outlined as follows and expanded on in Table 1.

- An inter-sectoral National Migration & COVID-19 Task Team (N-MCTT) should be established to build alliances across sectors<sup>23</sup> that increase co-ordination, development, implementation and continuous evaluation of migration-aware responses to COVID-19.
- A firewall<sup>24</sup> that provides legal protection in a situation where an undocumented person may face arrest, detention, or deportation should be developed and implemented. Such an approach – which would require clear, transparent and enforceable directives from government agencies, and careful communication with migrant communities – ensures that undocumented migrants face no penalties when accessing state services; any information collected would be used by the health system only, and any requirement to report an undocumented person to immigration authorities would be over-ruled.
- Vaccine registration systems should be improved so as to not exclude those who are undocumented, and to allow those who move to access their doses in different locations.
- Work with migrant communities should be conducted to ensure that accurate information is provided about the COVID-19 vaccines and how to access them.
- A basic 'score-card' should be created to guide South Africa in developing and effectively implementing a migration-aware response to COVID-19. Importantly, this should include an emphasis on local-level responses, which are needed to avoid the delays associated with bureaucratic processes at national/sub-national level. The lessons learnt from these local-level approaches can then be fed back to national/subnational levels to inform approaches moving forward.
- A National Migration and Health Policy and Action Framework should be established.<sup>9</sup>
- NHI planning, development and implementation should ensure that public health care does not limit access to health care for non-citizens.

Table 1: Key recommendations (drawing from ongoing research)

What is needed	Key actors	First steps
<p><b>Establish an intersectoral National Migration and COVID-19 Task Team (N-MCTT) to build alliances across sectors<sup>23</sup>, and increase co-ordination, development, implementation, and continuous evaluation of migration-aware responses to COVID-19.</b></p> <p>Membership should include:</p> <p><i>National government</i></p> <ul style="list-style-type: none"> <li>National Department of Health (NDoH): electronic data systems/health information systems; logistics; district health care</li> <li>Department of Social Development (DSD): access to social security nets</li> <li>Department of Home Affairs (DHA): address the asylum application backlog; improve the refugee status determination process; firewall development; training</li> </ul> <p><i>Ministerial Advisory Committee (MAC) representation</i></p> <ul style="list-style-type: none"> <li>Individual/s with the authority and ability to liaise between the MAC and the N-MCTT in order to support development of migration-aware responses</li> </ul> <p><i>International organisations (IGOs)</i></p> <ul style="list-style-type: none"> <li>IGOs with existing mandates in South Africa who are involved in responding to migration and health</li> <li>Civil society</li> <li>Migrant-led organisations; trusted networks</li> <li>Migrant health forums</li> <li>Cross-border forums</li> </ul> <p><i>Researchers</i></p> <ul style="list-style-type: none"> <li>Continued assessment of COVID-19 responses</li> <li>Support for development of the score-card including monitoring and evaluation mechanisms</li> </ul>	<p><i>Lead:</i> MiCoSA network with the National Department of Health (NDoH)</p> <p>National Ministerial Advisory Committee (MAC) – including civil society representatives</p>	<p>Co-ordinate development of a N-MCTT, in collaboration with the MAC and NDoH.</p> <p>Apply a ‘whole-of-society’ and ‘whole-of-government’ approach.</p> <p>Immediate, virtual consultations to establish the task-team, facilitated by the MiCoSA network.</p> <p>Update mapping of key actors, identification of key policy documents and processes.</p> <p>Advocate for the establishment of local-level Migration and COVID-19 Task Teams within existing district health planning systems/ local community health fora.</p> <p>Improve access to documentation for all non-citizens.</p>
<p><b>Develop and implement a firewall<sup>24</sup> that provides legal protection and ensures that undocumented migrants do not face penalties when accessing state services.</b></p>	<p><i>Lead:</i> N-MCTT</p> <p>NDoH</p> <p>DHA</p> <p>South African Police Service (SAPS)</p>	<p>Develop clear, transparent, and enforceable directives from government agencies: any information collected would be used by the health system only, and any requirement to report an undocumented person to immigration authorities would be over-ruled.</p> <p>Develop a clear communication strategy to inform migrants populations of the firewall.</p> <p>Training of DHA, SAPS, NDoH</p>

What is needed	Key actors	First steps
<p><b>Create a basic ‘score-card’ to guide South Africa in developing and effectively implementing a migration-aware response to COVID-19.</b></p> <p>Key indicators should include:</p> <p>Immediate</p> <ul style="list-style-type: none"> <li>• A functioning N-MCTT with regular meetings, reporting mechanisms, terms of reference for members, partnership with migrant-led networks</li> <li>• An evolving research agenda to inform the development and implementation of appropriate responses, responsive to changing contexts</li> <li>• 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 Network<sup>e</sup></li> <li>• Development and implementation of an appropriate firewall</li> <li>• Inclusive vaccine programme incorporating systems that facilitate registration of undocumented people</li> <li>• Support and learn from local-level responses and co-ordination, including in cross-border areas</li> <li>• A review of current evidence in relation to vaccine passport systems, border closures, travel bans, and quarantine measures</li> <li>• The DHA must not be allowed to co-opt public health for migration management.</li> </ul> <p>Medium-term</p> <ul style="list-style-type: none"> <li>• Updated pandemic preparedness plans that engage with migration</li> <li>• A migration-aware NHI</li> <li>• Local-level responses to migration and inclusion of cross-border areas</li> </ul> <p>Long-term:</p> <ul style="list-style-type: none"> <li>• Establish a National Migration and Health Policy and Action Framework<sup>9</sup></li> <li>• Ensure that responses to migration and health are evidence-informed.</li> </ul>	<p>Lead: N-MCTT</p> <p>Civil society monitoring team</p> <p>NDoH</p>	<p>Secure buy-in from the NDoH to develop and implement monitoring system and accountability measures, in partnership with civil society.</p> <p>Use existing research and available evidence to rapidly develop a basic score-card to guide the N-MCTT in how to assess if/how internal and international migration is considered/mainstreamed in responses.</p> <p>Draw on the ambitions of UHC and the GAP for the Health of Migrants and Refugees to ensure that internal and international migration is embedded within all health responses.</p> <p>Build on good-practice examples previously documented, including Migrant Health Forums and cross-border migration and health co-ordination mechanisms, including for Ebola, malaria, and TB.</p> <p>Support migrant- and refugee-led responses to COVID-19.</p> <p>Strengthen capacity to implement pandemic response plans through applying lessons learnt from Ebola and COVID-19.</p>

Note: Robin Arends, Rachel Benavides, Kabiri Bule, Edward Govere, Nicholas Maple, Langelihle Mlotshwa, Aron Tesfai, Kudakwashe Vanyoro and Rebecca Walker (arranged alphabetically) have been or are involved in these projects, and are acknowledged for their contributions to the authors’ thinking.

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

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