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POLICY BRIEF

Migrants' rights are at stake
as a result of COVID-19 in
North African countries

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'Courage is to act and give oneself to the great causes without knowing what reward the deep universe reserves for our effort, nor whether it reserves a reward for it'.

Jean Jaurès Politician, Socialist (1859 - 1914)

Covid-19 intensifying migrant vulnerability

First of all, it should be emphasized that in this work we mean by North Africa, all the countries located in the northern part of the African continent, namely: Mauritania, Morocco, Algeria, Tunisia, Libya, Egypt, and Sudan. Additionally, it is important to remember that this region is located at the intersection of several mixed migration routes. Likewise, the global composition of migratory spaces increases the complexity of the functions of different countries or territories. The distinction between countries of emigration and countries of immigration is fading to make way for new complex combinations of roles to evolve. To the extent that nowadays, it is increasingly difficult to distinguish between countries of departure, countries of transit, and countries of destination. The states of the sub-region, with the possible exception of Libya, are experiencing migration: 'from', 'to' and 'across'.

In this regard, the question of emigration/immigration proves to be one of the most sensitive socio-economic problems because it affects the cultural, symbolic, and existential notions, of the individual and the collective. It sometimes transgresses, the applicable laws and regulations in certain countries. Unlike other societal problems, migration generates difficulties and questions that go beyond regional and national frameworks and thus have an international and interstate dimension.

In this context, the Covid-19 pandemic is, as we already know, a widespread crisis of global scale, anxiety-provoking, complex, fluctuating, and unprecedented in our contemporary history. It has rapidly led to multiple and multifaceted consequences: health, economic, financial², and social³.

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² This is not the first pandemic, there have been others throughout the history of mankind, the most recent of which date back to 1918/1920 namely the Spanish Flu (H1N1), it caused 40 to 50 million deaths; the Asian Flu (H2N2) in 1957/1958 between one and two million deaths; Hong Kong flu (H3N2) in 1968/1970 with about two million deaths.

³ MORAND., Serge et FIGUIE., Muriel (coord), 2016. Emergence de maladies infectieuses Risques et enjeux de société, édition Quae RD 10, collection matière à débattre et décider, 136 pages.

Generally, researchers determine three phases of a crisis: before, during, and after. If we apply this approach to us, already before the crisis the situation of migrants is far from desirable. Proven by their conditions of travel from their respective countries, arrival to transit states, then crossings and settling within the arrival country. Numerous researchers have highlighted and described the spasms of migratory journeys⁴. So, to look closely, this global pandemic has only intensified, amplified, fuelled and above all revealed a situation already frustrating and undignified!

Although the exceptional circumstances of the pandemic had a positive impact on our planet⁵, it has affected all households, to different degrees, depending on each country's legal, economic and financial situation. Job cuts⁶, price increases, disruption of education and health services are all consequences of the measures taken to contain the spread of the coronavirus. The fragile and marginalized populations that include many migrants and refugees are likely to suffer the repercussions of this pandemic more acutely and persistently than the rest of the world.

Moreover, the advent of the health crisis and the submission to bureaucratic confinements⁷ have induced negative effects on major sectors of the global economy. This was the case for industry, commerce, transport, tourism, construction, agriculture, and mining, whose pace of operation suffered a significant impact and to varying degrees, ranging from decline to cessation of activity. These are major sectors where the presence of immigrants is very significant. Consequently, migrants are suffering from the effects, not only the increase in unemployment but also the uncertainty of the revival of these sectors. Thus, as noted already in 2014 Paul and Gabrièle Rasse⁸: '*(...) faced with the vagaries, the increasingly anomic, anxious and individualistic society imposes a straitjacket of regulations and renounces ensuring collective protection in favor of individual insurance, which risks having the consequence of excluding the most vulnerable people.*

⁴ Confère les différents travaux, études et publications de l'Observatoire Régionale des Migrations Espaces et Sociétés (ORMES), université Ibn Zohr d'Agadir.

⁵ Le journal français le Figaro se pose la question : La nature est-elle vraiment la grande gagnante de la pandémie de Covid-19 ? <https://www.lefigaro.fr/sciences/la-nature-est-elle-vraiment-la-grande-gagnantede-la-pandemie-de-covid-19-20200325>. (Consulted on 14 July, 2020).

⁶ OIT, 2020, Le COVID-19 entraîne des pertes dévastatrices en termes d'heures travaillées et d'emplois, communiqué du 7/4/2020, https://www.ilo.org/global/about-theilo/newsroom/news/WCMS_740997/lang--fr/index.htm. (Consulted on 14 July, 2020).

⁷ HIBOU., Béatrice, (2012), La bureaucratie du monde à l'ère néolibérale, éd. Paris, La Découverte, coll. 'Cahiers libres', 223 p

⁸ RASSE., Paul et RASSE., Gabrièle, 2014, Approche anthropologique et juridique de la politique de prévention des risques, Communication et organisation, N° 45, //journals.openedition.org/communication-organisation/4554.

Given the situation presented above, the health crisis has shown the decline of solidarity and interdependence of humanity. It has shown that the issue of migrant protection is far from being considered a priority for many countries. It has also tested the governance of immigrants, refugees, and asylum seekers in accordance with the Marrakesh Pact and The Global Compact for Migration⁹, which offer the possibility to better protect each other¹⁰.

The use of the State of Emergency is allowed by international law in response to significant threats to health¹¹, with the concern to preserve, protect human lives, and limit the risk of spread. However, any emergency response to the COVID-19 pandemic must be conducted in strict compliance with human rights standards, including the Convention on Migrant Workers ratified by States Parties¹². The convention is the only binding international instrument dealing with the protection of human rights in the field of migration, ratified by all the subregion countries except Tunisia and Sudan. It provides a unique framework for the protection of the rights of migrant workers and members of their families, including a guide for decisions and practices in emergency contexts.

Judging by the statements of the United Nations organizations in charge of the file¹³, by civil society actors, by the information that circulates in the press, internet, TV, and social networks, by word of mouth, by reports¹⁴ that seem relevant to our subject¹⁵, this work is part of an exploratory and analytical approach. It is more an investigation than a study, not claiming to produce firm and definitive results and aiming to identify the major trends emerging at the global level, through the North African States.

⁹ <https://www.unhcr.org/fr/vers-un-pacte-mondial-sur-les-refugies.html>. (Visited on 28 June, 2020).

¹⁰ The two documents correspond to the same philosophy, with many similarities and common characteristics, but with major differences. The Pact for safe, orderly and regular migration adopted on December 19, 2019 by 152 countries, is not legally binding. On the other hand, the International Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families has been ratified so far by only 55 countries, but unlike the covenant, it is taxable. Even though many countries have joined the pact, concrete measures are still waiting!

¹¹ As can be read in Article 15 of the Convention for the Protection of Human Rights, as amended by Protocols n° 11 and n° 14, in the event of a danger threatening the life of the nation, there is the possibility of derogation. But ' (...) to the strict extent that the situation requires and provided that these measures are not in contradiction with other obligations arising from international law'. <https://rm.coe.int/1680063776>. Similarly, Article IV of the International Covenant on Civil and Political Rights authorizes States to take exceptional measures, under the condition of respecting and preserving human rights.

¹² https://treaties.un.org/Pages/ViewDetails.aspx?chapter=4&lang=fr&mtdsg_no=IV-13&src=IND. (Consulted in august 2021).

¹³ As an indication, on May 26, 2020, United Nations human rights experts today called on States to protect the rights of migrants and their families, regardless of their migration status, during and after the COVID-19 pandemic. <https://news.un.org/fr/story/2020/05/1069572>. (Accessed July 14, 2020).

¹⁴ Mixed migration centre, février 2021, L'impact de Covid-19 sur les réfugiés et les migrants en mouvement en Afrique du Nord et de l'Ouest. 20 pages. United Nations, 20 may 2020 : Policy Brief : Impact of COVID-19 in Africa, 28 pages.

¹⁵ From the beginning of the pandemic and in order to follow the evolution of the situation, to stick to the information, analyze it, compare it and put it in perspective, the Migrinter team of Poitiers France, has opened a thread to gather data on the issue. by LACROIX., Thomas and BOBIN., Nelly, in March 2020 : https://seenthis.net/people/thomas_lacroix.

The readers need to note that we will address the impacts of Covid-19 on the rights and civil liberties of migrants. We will focus on discussing the course of events and trends observed; analyzing migrants' position in the arrangements put in place and assessing the degree of compliance with international commitments. We will also seek to point out the possible drifts, linked to the generalization of a security policy and we will consider how, ultimately, the most vulnerable population is 'fighting' or letting go and is relegated and /or excluded. Finally, this paper concludes with our vision for the post-lockdown period.

Outbreak and progression of COVID 19 in North African countries

As early as November, many people have been affected by an unknown disease, a new influenza virus that had never circulated before in the human population¹⁶. Most infections are characterised by fever, muscle pain or myalgia, fatigue, and dry cough. The most critical cases have more serious symptoms such as pain, nasal congestion, runny nose, sore throat or diarrhea, or even dyspnea. The latter, refers to a breathing disorder, a difficulty in breathing that can come either from the respiratory system, or from the circulatory system, or the composition of the blood¹⁷. There are two kinds of dyspnea or feeling of respiratory discomfort: inspiratory and expiratory. But over time, the virus responsible for Covid-19, has mutated, slowly but with the appearance of new variants such as the British B.1.1.7, which is spreading rapidly, or the 'South African' variant also called 5. or B1351, or the Brazilian one, to arrive to the 'Delta' variant detected as early as October 2020 in India¹⁸.

The first confirmed case carrying the virus was detected on November 17, 2019, in east-central China, in Hubei province from Wuhan city. On January 7, 2020, the World Health Organization (WHO) identified the new virus as one of the emerging viral diseases. It was named COVID-19¹⁹, or Sars-cov2. Also according to the WHO, coronaviruses can lead to respiratory infections whose manifestations range from simple colds to more serious diseases, such as the Middle East respiratory syndrome (MERS) and severe acute respiratory syndrome (SARS).

¹⁶ MORAND., Serge, 2019, La prochaine peste : une histoire globale des maladies infectieuses, Editions Fayard, 301 pages. <https://www.futura-sciences.com/sciences/questions-reponses/histoire-grandes-pandemies-ont-marque-histoire-13440/>. (Consulted on 30 août 2021).

¹⁷ <https://www.who.int/fr/emergencies/diseases/novel-coronavirus-2019/advice-for-public/q-a-coronaviruses>. (Consulted on 14 July, 2020).

¹⁸ <https://www.bbc.com/afrique/monde-57792106>.

¹⁹ Voir COVID-19 – Chronologie de l'action de l'OMS <https://www.who.int/fr/news-room/detail/27-04-2020-who-timeline---covid-19>. (Consulted on 14 July, 2020).

It is contagious from the onset of symptoms, even in the absence of symptoms in some infected and asymptomatic people. The latter is considered more contagious than infected and sick people since the virus is imperceptible, hidden, and sneaky. Fatal and deadly for people with chronic or ageing health problems, it will spread and make oil stains. First, it spreads in China, before spreading to neighboring countries, leading exponentially to mass hospitalizations, large numbers of deaths, not to mention considerable socio-economic repercussions.

The first case outside China was declared on January 13 in Thailand, quickly followed by South Korea on January 20, then Taiwan on January 21. Immediately after, other Asian countries were affected in particular Japan, Hong Kong, and Singapore. This lightning geographical extension confirmed the proximity as one of the diffusion factors of the virus. However, until February 28, the WHO still considered it as a simple threat, with a strong spread character, but not a pandemic. It was not until March 11 that it was declared a pandemic, in its terminology, 'the global spread of a new disease'²⁰.

After making the wearing of masks mandatory in public places, China proceeded with the confinement of the 56 million inhabitants of Hubei Province²¹, after confining Wuhan (11 million inhabitants), Huang gang (7.5 million), and Ezhou (1 million), between 23 and 25 January 2020. Likewise, several countries like France, have sought to remove their nationals from the epicenter of the Coronavirus epidemic, by mass repatriations of citizens who appeared to be healthy or asymptomatic²²! Thus, Morocco repatriated 167 students on February 2, the vast majority of whom were in the city of Wuhan. They were immediately placed in mandatory confinement at the Sidi Said hospital in Meknes, and the Mohammed V military hospital in Rabat²³. Other North African countries were able to repatriate their fellow citizens, as is the case in particular of Egypt, which repatriated around 350 students in February 2020, to transfer them for 15 days in quarantine to Marsa Matrouh²⁴.

It is known that we live in a globalized world, where all sectors of our societies interact and intertwine with each other. Information, ideas, debates circulate in real-time on the whole planet. The mobility of people and goods has never been more important; it is intrinsically linked to economic globalization, both as a consequence and as a support.

²⁰ https://www.who.int/csr/disease/swineflu/frequently_asked_questions/pandemic/fr/. (Consulted on 14 July, 2020).

²¹ <https://ici.radio-canada.ca/nouvelle/1488808/coronavirus-chine-quarantaine-villes-habitants-sras>. (Consulted on 14 July, 2020).

²² https://www.liberation.fr/france/2020/01/29/coronavirus-le-rapatriement-complexe-des-francais-de-wuhan_1776054. (Consulted on 16 July, 2020).

²³ <https://www.jeuneafrique.com/890391/societe/coronavirus-rabat-a-rapatrie-167-marocains/>. (Consulted on 14 July, 2020).

²⁴ <http://cedej-eg.org/index.php/2020/03/17/revue-de-presse-gouvernance-et-politiques-publiques-fevrier-20/> (Consulted on 28 August 2021).

In this context, it is obvious that pathologies circulate higher and faster. Even more so since for many decades, the air transport of passengers has experienced an exponential development, on one hand, due to technological advances in aviation, on the other hand by the tendency of people to move. The figures published by the International Civil Aviation Organization (ICAO)²⁵ are eloquent; they indicate that every 15 years, air transport sees its number of passengers double. In 2018, aircraft flew more than 38 million flights to 3,500 commercial airports, carrying 4.3 billion passengers on scheduled services, an increase of 6.1% over 2017.

In Europe, the first cases appeared in the last week of January 2020. First, two cases were detected on the 24th in France, since then, the cases spread rapidly in countries one after the other, practically covering the entire continent by mid-March. From there, the virus progressed to Africa and the Americas. Faced with the rapid and sustained spread of the pandemic, most of the countries took preventive measures such as closing borders, mandatory lockdowns, stopping air, sea, and land transport at the beginning of the first cases of infection. About two months after the lockdown was declared in China, nearly 200 countries were affected by the pandemic.

North African countries get contaminated mainly through migrants and tourists.

Fearing that this pandemic would burden the health system and limit the risk of its spread, most countries have taken measures by closing borders and extremely limiting all travel. Generally, all schools were closed and all gatherings were prohibited, including sports. Human activities were immobilised one after the other, except for those of consumer goods, such as sanitary and hygiene products, or food products. Despite the draconian measures, after three months the world recorded one (1) million cases of Covid-19. The last million cases were recorded in one week, from 22 to 28 June, bringing the total to more than 11 million on the same date, and showing that there was a rapid progression.

As a result, globally, as of writing this paper, on August 29, 2021, at 12 GMT, Covid-19 has killed more than 4,513,997 people, there are 23,581,807 active cases, and 188,745,022 cured of the virus, not to mention the thousands of cases that have carried it, but were not detected, therefore not recorded²⁶.

²⁵ <https://www.icao.int/sustainability/Pages/FR/eap-programme-statistique.aspx> (Consulted on 14 July, 2020).

²⁶ However, these figures from the WHO are to be taken with great reservations for some countries, because the relatively low figures can also be explained by the lack of means to carry out Covid tests in a widespread way.

The status of COVID-19 and vaccination rates in North African countries (Last week of August, 2021)

Country	Cases	Recovered	Deaths	% vaccinations (2doses)	
Mauritania	32 486	29 003	684	0.55%	23/8/21
Morocco	836 494	757 268	12 176	36,72%	24/8/21
Algeria	193 171	131 143	5 096	1,65%	21/8/21
Tunisia	651 035	603 018	22 932	14,72%	24/8/21
Libya	302 177	216 844	4 152	0,76%	18/8/21
Egypt	286 938	236 539	16 691	3.83%	25/8/21
Sudan	37 650	31 602	2 828	0.42%	22/8/21
Total	2 339 951	2 005 417	64 559	8.85%	

Source: According to data from various ministries of health and WHO <https://www.sortiraparis.com/actualites/coronavirus/articles/240384-vaccination-dans-le-monde-le-mardi-24-aout-2021-pourcentage-de-population-vaccin>.

In North African countries, the first cases identified at the beginning of the crisis were either nationals returning from Europe or tourists on vacation. Consequently, in Central Maghreb countries (Algeria, Morocco, and Tunisia) the contamination arrived through Europe, almost four months after the first case was reported in China. The limited relations between China and this zone can explain this in particular. In opposition to the Chinese relations with Egypt for example.

Egypt registered the first case on the African continent, namely a Chinese national detected at Cairo International Airport on February 14, 2020²⁷. Algeria had the first patient, an Italian national, who arrived in Algeria on February 17, 2020²⁸. Tunisia announced the first case of coronavirus infection, on February 27, 2020, by a Tunisian in his forties returning from Italy by boat²⁹. Morocco confirmed the first case on March 2, 2020, being a man of Moroccan nationality residing in Italy³⁰. In Mauritania, it was on March 13, 2020, that an expatriate from Europe was tested positive positively³¹.

²⁷ https://www.lepoint.fr/afrique/l-egypte-confirme-un-cas-de-coronavirus-le-premier-en-afrique-15-02-2020-2362814_3826.php (Consulted on 30 août 2021).

²⁸ <https://www.aa.com.tr/fr/afrique/coronavirus-un-premier-cas-enregistr%C3%A9-en-alg%C3%A9rie-/1745060>. (Consulted on 30 août 2021).

²⁹ <https://www.medias24.com/coronavirus-premier-cas-en-tunisie-8010.html>. (Consulted on 30 June, 2020).

³⁰ https://fr.pngtree.com/freepng/calendar-2020_4752908.html. C Consulted on 30 août 2021).

³¹ <https://www.aa.com.tr/fr/afrique/la-mauritanie-enregistre-son-premier-cas-de-covid-19-/1766162>.(Consulted on 30 August 2021).

According to data from the Moroccan Ministry of Health, until March 13, those infected were either Moroccans working abroad or foreigners visiting Morocco. Thus, the first case detected in Morocco dated from March 2, 2020, was a man, of Moroccan nationality returning from Bergamo in Italy³²; it was followed by another on the 5th, then a French visiting Morocco on the 10th, then three other tourists on the 11th of the same month. On March 13, there were two infected people, one of Moroccan nationality returning from Spain and a tourist of French nationality. On March 14, the pace increased, 10 people, including eight Moroccans returning from Spain, Italy, and France and two Moroccans, this time living and residing in Morocco. This is to say how much the factor of proximity and mobility was decisive in the contamination in Morocco, and the other countries of the Central Maghreb.

As in all North African countries, but on different dates and durations, the confinement came into force in Morocco³³. On Thursday, June 11, the deconfinement phase began for part of the Kingdom, and then on Thursday, June 26, for almost the entire territory. Between these dates, Moroccan society, like the rest of the countries of North Africa and beyond, continued their lives. The time interval of some 60 to 90 days of confinement is more or less drastic depending on the country, which in many respects have a lasting impact on all levels of society, as well as on all its constituent sectors. However, we can now pretend that we have validly come out of it, yet what we can draw is some remarks and lessons to allow us to establish better strategies of appropriate responses.

Coronavirus and right to healthcare obligations in North African states.

In times of health crisis, it is essential to ensure universal access to effective healthcare despite the difficulties and influx of patients. In this context of public health emergencies, COVID-19 has put the International Health Regulations to the test, and it has made it possible to observe here and there the neglect, abuses, discrimination, and violations of the rights of migrants, refugees and asylum seekers and their families. However, the Universal Declaration of Human Rights³⁴, proclaimed by the General Assembly of the United Nations on 10 December 1948, as well as the Convention for the Protection of Human Rights and Fundamental Freedoms of 4 November 1950, assert the right to health and medical care. First stated in the 1946 constitution of the World Health Organization (WHO) which defined the right to health in its preamble as “a state of complete physical, mental and social well-being and not just an absence of illness or infirmity”³⁵.

³² https://www.who.int/csr/disease/swineflu/frequently_asked_questions/pandemic/fr/. (Consulted on 14 July, 2020).

³³ Decree-law n°2-20-293, declaring a state of health emergency, of March 24, 2020. Official bulletin n°6867 of March 24, 2020, p. 1783.

³⁴ In its Article 25, it considers the right to health to be an integral part of the right to an adequate standard of living.

³⁵ It was adopted by the International Conference on Health, held in New York from June 19, to July 22, 1946. It entered into force on 7 April 1948 (<http://who.int/fr/>).

Overall, international human rights treaties that enshrine the right to health are of three types:

- General in scope, such as the provisions of Article 12 of the International Covenant on Economic, Social and Cultural Rights (ICESCR)³⁶, or the 1965 international convention on the Elimination of all Forms of Racial Discrimination ;
- Those dealing with the human rights of particular groups, such as the provisions of Article 27 of the 1979 Convention on the Elimination of All Forms of Discrimination against Women³⁷; the 1989 convention on the rights of the child or the 2006 convention on the rights of persons with disabilities. And of course the 1990 International Convention on the Protection of the Rights of All Migrant Workers and Members of Their families ;
- Either of a regional nature, as is the case with the African Charter on Human and Peoples' Rights of 1981, in its article 16, it enshrines the right of every person to enjoy the highest attainable standard of physical and mental health.

In its general comment, the Committee on Economic, Social and Cultural Rights (CODESC)³⁸ considers that States are bound, inter alia, by two kinds of obligations: legal and fundamental. Therefore, it considers that the specific legal obligations relating to the right to health are to respect, protect and implement.

Furthermore, the 1990 International Convention on the Protection of the Rights of All Migrant Workers and Members of Their families (CMW), ratified to date by Mauritania, Morocco, Algeria, Libya, and Egypt, clearly specifies their health rights, on the same basis as indigenous people. Devoting three articles to it:

- Article 28: 'Migrant workers and members of their families have the right to receive all medical care that is urgently necessary to preserve their lives or avoid irreparable harm to their health, based on equal treatment with nationals of the State in question. Such emergency medical care shall not be denied to them because of any irregularity in residence or employment'
- Article 43.1.2: 'Migrant workers shall enjoy equal treatment (...), with regard to: (e) access to social and health services provided that the conditions for entitlement to benefit from the various programs are fulfilled'
- Article 45.1 point c: 'Members of the family of migrant workers shall enjoy, in the State of employment, equal treatment with nationals of that State as regards (...). Access to social and health services provided that the conditions required to benefit from the various programs are met'³⁹.

³⁶ Adopted by the United Nations General Assembly in its resolution 2200 A (XXI) of 16 December 1966 and entered into force on 3 January 1976.

³⁷ Adopted by the General Assembly of the United Nations in its resolution 34/180 of 18 December, entered into force on 3 September 1981, in accordance with the provisions of Article 27.

³⁸ Created by the Economic and Social Council of the United Nations, resolution of 28 May 1985.

³⁹ Convention Internationale de 1990 sur la protection des droits de tous les travailleurs migrants et des membres de leur famille, adoptée par l'Assemblée générale dans sa résolution 45/158 du 18 décembre 1990.

Similarly, the Global Compact for Safe, Orderly, and Regular Migration highlights among its ambitions the respect, protection, and realisation of the human rights of all migrants, regardless of their migration status, at all stages of migration. Objective 17 of the mentioned pact condemns discrimination against migrants⁴⁰.

However, it was striking to read that in many countries, especially in Europe, health systems are overwhelmed, under extreme constraints and experiencing a lack of human resources, a lack of respirators, a lack of recovery beds, and a shortage of masks. Many countries have found themselves overwhelmed by the extent and speed of the spread of the virus and the saturation of health services. Thus, they tended to use patient selection to cope with the shortage of resources⁴¹. As mentioned, the state can take firm legal decisions, such as declaring a state of emergency and confinement to control the spread of the epidemic, without taking into consideration the human rights or its international commitments.

Article 3 of the Oviedo Convention emphasizes the principle of equitable access to health care, even in a context of scarcity of resources⁴². Likewise, the UNESCO World Commission on Ethics in Scientific knowledge and Technology (COMEST) and the Bioethics Committee (DH-BIO) of the Council of Europe published a joint communication, on April 6, 2020, to remind that: 'Vulnerable people become even more vulnerable in times of pandemic. It is particularly important to note the vulnerability associated with poverty, discrimination, gender, disease, loss of function, advanced age, disability, ethnic origin, imprisonment, undocumented migration and refugee and stateless status.'⁴³

Certainly, crises reveal the strengths and weaknesses of health systems in different countries, as well as the obstacles, impediments, and inequalities to access care. The crisis that emerged in the middle of the geopolitical conflict between the EU and Turkey has pushed many individuals to migrant transit camps in Greece. This crisis created an 'each person on their own' attitude, closure of borders, and risks to revive the nationalist egoism. It should be noted that radical change of priorities in some governments tended to relegate the migration file to oblivion. With the risk of fuelling anti-migrant propaganda, something deplored by António Vitorino, Director General of IOM: 'It is obvious that the populist forces that make migrants a scapegoat for all social problems in developed countries are conducting a campaign to take advantage of the pandemic to deepen their anti-immigrant, racist, xenophobic line against migrants'.⁴⁴

⁴⁰ <https://undocs.org/fr/A/CONF.231/3>. (Consulted on 14 July, 2020).

⁴¹ https://www.francetvinfo.fr/sante/maladie/coronavirus/italie-le-choix-dechirant-des-medecins_3859295.html. (Consulted on 14 July, 2020).

⁴² <https://rm.coe.int/inf-2020-2-statement-covid19-f/16809e2789>. (Consulted on 14 July, 2020).

⁴³ https://unesdoc.unesco.org/ark:/48223/pf0000373115_fre. (Consulted on 14 July, 2020).

North African states and the Global Compact for Safe, Orderly, and Regular Migration (Marrakesh Pact)

Migration has emerged on the international scene since the beginning of the new millennium more than ever gradually becoming an issue of the future. It is an important component of the construction of development and democracy. Beyond mysterious fears, migration is an ordinary and a lasting reality, a link between states and peoples, requiring the reform of its global approach. In this context, the idea of a global, collective, responsible and supportive approach has emerged as the solution, making it possible to respond effectively and sustainably to the challenges of migration.

In addition, in the intergovernmental conference in Marrakech, December 10⁴⁵, 2018, the states approved 'The Global Compact for Safe, Orderly and Regular Migration' by a strong majority of states (164)⁴⁶. Subsequently, it was formally adopted by 152 countries at the UN General Assembly in New York, in its resolution 73/195 of December 19, 2018⁴⁷. Only five countries voted against it: the United States, Hungary, Israel, Poland, and the Czech Republic. Twelve countries abstained: Algeria, Australia, Austria, Bulgaria, Chile, Italy, Latvia, Libya, Liechtenstein, Romania, Switzerland, and Singapore. Ten countries, namely Slovakia, were absent. In other words, it was adopted by all but two countries in the sub-region, which abstained.

Universally, the compact is supposed to serve as a springboard from which all concerned - governments, migrants, civil society, private sector, trade unions, media, academic researchers, etc. - are supposed to make a concrete commitment to work together in solidarity to make migration safer, orderly and regular. In addition, it evokes reference texts on human rights, the fight against trafficking in persons and crime, the protection of the environment, and references to the 2030 development agenda and the Addis Ababa Action Agenda, and many other texts.

While reaffirming pre-existing rights and respecting the sovereignty of states, the compact aims to facilitate mobility, make it less disastrous, less tragic, better organized, and orderly. In the English version, the term 'to facilitate', 'facilitation', 'facilitated', is used extensively sixty-two times. It proposes a new framework for international cooperation firmly focused on the rights of migrants, and it wisely covers most of the complex, complicated and sharp issues. The preamble affirms that the principles underlying safe, orderly, and regular international migration are based on international law. In addition, it refers to the main

reference texts on human rights, combating trafficking in persons and crime, protecting the environment, and references to the 2030 development agenda and the Addis Ababa Action Agenda, with other texts. Without defining the migrant, it explicitly recognizes the importance of migration as a source of prosperity, innovation, and sustainable development; it also emphasizes the role of migration as a factor of development in the countries of origin, transit, and destination; and it condemns racism and discrimination.

As stated twice in the preamble, the compact is not binding. It essentially aims to go beyond the traditional unilateralism of migration management to create genuine global cooperation, while respecting the sovereignty of states in matters of migration policy. It is a unifying framework for global migration governance through a set of common principles, commitments, and agreements. It encourages the strengthening of multilateral dialogue and international cooperation on issues of international migration governance, through this set of common principles, commitment, and agreements. As a conceptual framework that can help states make informed, responsible, and supportive choices, it places central importance on the rights, needs, capacities, and contributions of migrants, to guarantee their safety, dignity, and human rights. The central element and substance of this more political than legal framework lie in the 23 objectives it defines, combining them with commitments for 'safe, orderly and regular migration'. Each of the objectives is associated with a commitment, followed by a series of measures that combine actions and best practices.

Despite many possible criticisms of the Marrakesh Global Compact, which is only a compromise text containing few concrete commitments, it must be seen as a major development in the light of the past of international migration law and international migration management. However, the principles, commitments, and agreements still need to be translated into concrete and achievable objectives based on solid evidence. It calls for global inter-state cooperation and close partnerships between states, civil society, the private sector, and other stakeholders.

To this end, at the global level, a high-level dialogue on international migration and development] retitled "the International Migration Review Forum (FEMI)", is designed to be held every four years starting 2022 during a session of the United Nations General Assembly (UNGA). This Forum will serve as the main intergovernmental platform to discuss, exchange, and share progress related to the implementation of all the objectives of the Compact.

Objective number 15 of the Marrakesh Compact clearly states 'Ensuring access to basic services for migrants', as mentioned above, health is considered as one of the basic services.

⁴⁵ This day corresponds to the 70th anniversary of the Universal Declaration of Human Rights. Quite a symbol.

⁴⁶ It should be emphasized that the consultations were conducted by the United Nations High Commissioner for Refugees (UNHCR), with member States, international organizations, civil society, etc., the Global Compact on Refugees was endorsed on December 17, 2018, by 181 countries in favour and two (2) votes against (the United States and Hungary) and three (3) abstentions (Eritrea, Libya, the Dominican Republic)

⁴⁷ Global Compact for safe, orderly and regular Migration, Res AG 73/195, Doc off AG NU, 73rd sess, Doc NU A/RES/73/195 (2018) [PMM].

Being migrants or refugees at the time of coronavirus in North Africa and other regions

In all countries of the world, the containment measures taken by governments to control the virus spread, imposed or strongly recommended, had serious and disproportionate effects on regular and/or 'irregular' migrants, refugees, asylum seekers, and their family members. It seems easy for everyone to imagine the multiplied repercussions of measures directed towards populations that are somehow stable, on the socio-economic, personal, private, cultural levels and others as well as foreigners with the aim of moving. These are excluded from the system but included for reasons of collective urgency. Below we shed light on various notorious effects that some cases demonstrate.

It appears objectively, without including any subjective or reductive bias that the Moroccan health system was not able to cope with the widespread of this pandemic. As an indication, the budget allocated to the health sector remains less than just 6% of the general state budget (18.6MMDH in 2020)⁴⁸, while the World Health Organization recommends devoting 12% of state budgets to the health sector. In its forecasts for 2025, the Ministry of Health considers the lack of human resources as the main challenge to be met. Currently, Morocco has 1.5 health professionals per thousand inhabitants, with an uneven geographical distribution. However, the World Health Organization (WHO) estimates the required rate by 2021 at 4.55 per thousand people, to ensure appropriate and universal health coverage.⁴⁹

To mitigate these devastating effects, Morocco adopted a proactive approach through the adoption of unprecedented social and economic measures. A recent report on the management of the state of health emergency in Morocco came to the following conclusion: 'Morocco has adopted a comprehensive approach that has enabled Morocco = to achieve its main objectives, primarily to protect the health and safety of the citizens and society. Of course, deficiencies have been noted here and there, but they have hardly deviated from the general wave that has won the support of the majority of citizens, and which has been able to mobilise the means of the state, and triggered a surge of solidarity among the various actors and social categories'. However, it does not mention the issue of immigrants whereas immigration in Morocco is also suffering from the pandemic and its collateral effects similar to the rest of the world.

The rapid spread of the virus and the use of draconian measures taken by public authorities around the world have disrupted the global economy whose shock wave has affected the foundations of societies. The violence of economic repercussions has greatly affected

a population that has already been very vulnerable, fragile, and exposed to the adverse effects of all crises. Ideally, to deal with the pandemic, most countries imposed mandatory lockdowns, quarantine, the wearing of masks, prohibition of public gatherings, closure of schools, restrictions on the right and freedom of movement, and closure of borders. These measures certainly have a notorious impact on the most vulnerable, including immigrants and refugees. One could easily group the effects currently induced, in four main axes:

- 1- health and social effects;
- 2- Political and legal effects;
- 3- Economic effects;
- 4- What will tomorrow be made of!

Health and social effects:

The instability of 'irregular' migrants was no secret to anyone. Part of this terrifying scene, made of begging, vagrancy, marginal precarious activities, and occupation of the fringes of society. In view of protective invisibility, a permanent risk is always possible of arrest and deportation at the border and multiple and recurrent fragilities on the socio-economic, health⁵², material, and legal levels among others. Migrants living in homes, or regrouped in camps or areas of the residence, that are massive, dense, and have less access to the luxury of space, are more likely than others to be ill.

These conditions are similar to the classes that suffer from severe poverty, as demonstrated by a study in the USA, where the most affected by the crisis are African Americans and Hispanics, the poorest⁵³.

However, with the brutal, unexpected, and new onset of the Covid 19 pandemic, the picture has become even more clouded. Men, women, and children were cut off from access to the basic survival needs and were subjected to strict confinement, without being able to claim any financial or material subsidy or compensation. Despite this, they had to submit to binding and restrictive rules that put a strain on their community solidarity and their limited resources, hoping that a possible crossing would come.

⁴⁸ <https://covidaba.com/wp-content/uploads/2020/06/La-Vie%E2%80%A6-A-l%E2%80%99Ere-du-Coronavirus-%C2%AB-Covid-19-%C2%BB.pdf>. (Consulted on 16 July, 2020).

⁴⁹ Health Plan 2025 of the Ministry of Health.

⁵⁰ Report on the management of the state of health emergency in Morocco Security governance and human rights. The Centre for Security Sector Governance, Geneva (DCAF) and the Centre for Human Rights and Democracy Studies, Rabat (CEDHD). June, 2020, 155 pages.

⁵¹ <http://cedhd.org/project/rapport-sur-la-gestion-de-letat-durgence-sanitaire-au-maroc-gouvernance-de-la-securite-et-droits-humains/>. (Consulted on 14 July, 2020).

⁵² Selon les chiffres de l'Insee, les personnes nées en Afrique et en Asie ont été plus touchées par la hausse de mortalité due au Covid-19 que celles nées en France. <https://www.lefigaro.fr/flash-actu/coronavirus-mortalite-plus-forte-pour-les-personnes-nees-a-l-etranger-selon-l-insee-20200707>. (Consulted on 16 July, 2020).

⁵³ <https://theconversation.com/etats-unis-pourquoi-les-noirs-et-les-pauvres-sont-les-plus-touchees-par-le-covid-19-136538>. (Consulted on 16 July, 2020). One of the reasons is the practice of 'redlining', i.e. discrimination by denying benefits to minorities, in a multitude of more subtle forms than the others.

It is undeniable that certain segments of the population are highly exposed to the risk of infection of Covid-19. Possibly personnel of health, civil guards, cleaning, trade, etc., those and the ones in 'direct contact' with them. We are keen to indicate here the overrepresentation in gender (i.e. women) and category (Blacks and Latinos in the USA; or migrants in Singapore)⁵⁴ in various professions. This leads to an excess of mortality among these at-risk groups. Thus, pandemic trajectories here relate to a macabre 'intersectivity' with the socio-professional and/or ethnic profile. The same groups are usually at the edge of any field of national concern.

Similarly, while most households felt the effects of the pandemic almost immediately, they are certainly more intense and lasting among the most vulnerable, including migrants. The first unfortunate short-term consequences of this pandemic wave on migrants are the loss of life. Fatal consequence (in the true sense of the word) is the process of 'Good Death' in different ethno-cultures. In other words, the structuring rituals allow the deceased to pass to another stage of his destiny, by surrounding his carnal envelope with appropriate care following the expectations and hopes of the given ethnocultural group.

This is precisely what was discussed for the particular case of 'Covid 19 deaths' mainly Christians, Muslims, and others. When it was necessary to postpone various propitiatory burials. For reasons of contamination and health restrictions, it has no longer been possible for families to accompany their loved ones during grief, either before, during, or after death. Like, visits, ultimate support, burial ceremony, what was externalized and collective, became internalized, personal and problematic. This was the case for example for the Moroccans who died during the pandemic, who could not be assisted in a compliant way in terms of the treatment of the remains, burial in 'mother earth', putting an insurmountable strain on families and loved ones.

Rapidly, the urgency of the situation of some migrants emerged: loss of a job, loss of income, inability to pay rent or ensure their children schooling. Moreover, civil society working with migrants in North African countries has launched programs to accompany their immigrant nationals to face the effects of this pandemic. Thus, as an indication, the Office of Tunisians Abroad (OTE)⁵⁵ in Tunisia has allocated funds worth 400 thousand dinars to help people in precarious situations among Tunisians living abroad to face the difficulties of the economic situation.

⁵⁴ In early April 2020, Singapore faced a second wave. It turned out that 90% of the 728 new cases registered in 24 hours, concerned people living in dormitories reserved for migrant workers! <https://www.la-croix.com/Monde/Asie-et-Oceanie/Coronavirus-Singapour-fait-face-deuxieme-vague-contamination-2020-04-22-1201090660>. (Consulted on 16 July, 2020).

⁵⁵ <https://www.webmanagercenter.com/2020/04/24/449030/covid-19-des-aides-aux-profit-des-tunisiens-a-letranger-et-aux-etrangers-resident-en-tunisie-pour-faire-face-a-la-pemieand>. (Consulted on 29 août 2021).

Political and Legal effects:

Theoretically, the states of the Schengen area are entitled to restore controls at their national borders. Mainly in cases of threats to public order or security, during renewable periods of thirty days for a maximum of six months, in principle. It should also be noted that already before the health crisis, and since 2015, many countries, especially in Central Europe, have been conducting border control operations or even border closures for some of them. Since then, the majority of Schengen states have re-established border controls. We see the same practice in North America, where the President of the United States, decided to close the land access on its southern part since January 27, 2017, selectively and in the wake of building a wall on the border between his country and Mexico.

Many people have been stranded in host, transit countries, or at the borders, often without access to care. As the case, namely, in Turkey, Mexico, and North African countries. The situation of those who end up on the border of Europe is not much better, the example of migrants crammed into hot spots on the island of Lesbos is very tragic. However, the same can almost be said about thousands of Rohingya in Bangladesh, or Syrians in Lebanon and Jordan, who are suffering in silence, in countries that do not have sufficient resources to properly receive them. Their terrible living conditions, with increasing difficulties to survive and an unknown fate, have been worsened because of the diminishing international solidarity and the indifference of donors.⁵⁶

The severity of the current health crisis demonstrated the importance of having an inclusive response through international cooperation, shared responsibility, multilateral commitment, and solidarity. Yet this crisis manifested the opposite of any truly international solidarity articulating a shared sense of interdependence and solidarity. On the contrary, we deplore it somewhat bitterly; it has reactivated a nationalist discourse and fallbacks related to the borders of the Nation-State. in a sort of 'Collateral damage' manifested widely.

The Covid 19 virus had led to several changes in the priorities of various government agendas. Although the migration issue requires a global, determined and supportive approach in line with the philosophy of the Marrakech Global Compact, decision-makers have generally continued to reason according to a logic of internal interests. As an indication, before the outbreak of the crisis, several European countries had shown their willingness to welcome more than 1,500 unaccompanied minors stuck in Greece, but no country has honored its commitment.⁵⁷

⁵⁶ <https://theconversation.com/le-covid-19-brise-les-fragiles-solidarites-avec-les-refugies-134737>. (Consulted on 16 July, 2020).

⁵⁷ <https://www.dw.com/fr/covid-19-le-virus-impacte-n%C3%A9gativement-la-vie-des-r%C3%A9fugi%C3%A9s/a-53042009>. (Consulted on 16 July, 2020).

With the increase in cross-border coronavirus cases, many migrants managed to return to their home countries. However, these cases were usually of those who qualified as 'expatriates', as the case for many U.S. citizens living in Mexico, who fled seeking Covid-19 care in the United States.⁵⁸ Others were repatriated by their countries on special flights, but many were stranded far from home. Many found themselves in the great difficulty of having to manage a daily life confined in a space not devoted to this purpose, with imposed overcrowding and extended economic necessities that were unforeseen and originally inappropriate.

Moroccans stranded abroad still form a large crowd (40,000 according to some global estimated data), similar to other North African nationals and citizens of various countries. Protection authorities, namely the Moroccan Ministry of Foreign Affairs, African Cooperation, and Moroccans Residing Abroad and its crisis and support cell, ensured the best repatriation of urgent and specific 'cases'⁵⁹. Notably, that institutional support was suspended due to the opening of specific air links, in June 2020, with the conditional opening of Moroccan borders to and from certain capitals.

Countries of the sub-region have put in some way programs for the repatriation of their nationals. For instance, the program implemented by the Algerian government in June 2020 to repatriate all Algerian nationals stuck abroad due to the pandemic⁶⁰, and the suspension of flights.

"A phenomenon that has been frequent, is the prevalence of observed common illogical behaviours in our communities. However, through ethno-cultural lenses, they may embody significant illustrations of underlying trends and unveiled mental representations of the people concerned. As an example one could note the cases of individual disobedience to COVID-19 regulations as self-isolation or quarantine. Widely observed across the world as in Gambia, Ghana, Nigeria, Uganda, Namibia, Morocco and Zimbabwe. Similarly, in Malawi, more than 400 persons from South Africa, including 46 positive cases, fled from a centre set up in a stadium in Blantyre, the commercial capital⁶¹.

⁵⁸ <https://cnn.espanol.cnn.com/2020/06/29/las-personas-con-coronavirus-cruzan-la-frontera-entre-estados-unidos-y-mexico-para-recibir-atencion-medica/>. (Consulted on 16 July, 2020).

⁵⁹ <https://lesec.ma/marocains-bloques-a-letranger-el-ouafi-fait-le-point/>. (Consulted on 16 July, 2020).

⁶⁰ <https://www.aps.dz/algerie/105869-poursuite-du-rapatriement-des-algeriens-bloques-a-l-etranger-160-passagers-en-provenance-du-caire>.

⁶¹ <https://www.theguardian.com/world/2020/may/31/african-nations-fail-to-find-coronavirus-quarantine-escapees>.

On a completely different level, it has been observed that the coronavirus crisis has created or exacerbated needs, risks of infiltration by mafia organizations almost everywhere. As in Mexico, for example, where the daughter of a drug trafficker incarcerated in the USA, is engaged in the pretentious distribution of food parcels in the middle of the coronavirus epidemic, towards populations from deprived neighborhoods. With parcels that speak out the image of her father's mafia!

One of the 250,000 French stranded abroad (in Argentina) says: 'Some French people have been expelled from their hotels and left without a solution. The Argentines wanted to protect themselves, this can be understood, but we discovered that in this case, a stranger can quickly be pointed at'⁶². There have been many significant cases of French people subjected to collective neighborhood condemnation, in India or some South American countries. There are also revealing cases where the authorities have failed to rescue drifting migrants. The case shown below from Malta will draw an example⁶³.

Economic effects

Going by the saying of 'Something bad is good', this pandemic showed us the importance that migrants play in many economic sectors and highlighted the importance of the 'undocumented' workforce in vital sectors. Le Monde Newspaper called the undocumented, the Invisibles of the health crisis. Including cashiers, cleaning and security agents, garbage collectors, or home helpers⁶⁴. While already living in difficult conditions or working as day laborers, seasonal and temporary workers, they are now unemployed, without income, and paying a high price for the economic consequences of the Covid19 crisis⁶⁵. Some of them, without legal status or whose legal length of stay has been exceeded, can no longer regularize their situation, mainly because of the total or partial closure of administrative services. Therefore, they cannot access the most basic services for fear of prosecution or deportation. More vulnerable, more isolated, and less visible, they are fatally impacted by this crisis and abandoned to their fate.

Trade union associations, human rights defenders, and humanitarian NGOs have urged their respective countries to guarantee the right to health of tens of thousands of irregular migrants employed, particularly in agriculture as in Italy. Faced with the lack of seasonal agricultural workers in Italy allowed the regularization of migrants whose residence permit expired less than a few months ago. Likewise, Portugal has adopted principles of solidarity and granted regularization to migrants waiting for their application to be processed⁶⁶.

⁶² <https://www.la-croix.com/France/Coronavirus-comment-France-rapatrie-ressortissants-2020-06-26-1201102035>. (Consulted 16 July, 2020).

⁶³ https://www.lemonde.fr/international/article/2020/05/31/malte-le-premier-ministre-blanchi-apres-une-enquete-sur-la-mort-de-migrants_6041318_3210.htmlte. (Consulted 16 July, 2020).

⁶⁴ Le Monde 21 and 22 June, 2020, p-p 12-13.

⁶⁵ Le monde 19 June, p. 15.

⁶⁶ <https://www.solidaire.org/articles/portugal-regularisation-temporaire-des-immigres-en-attente-de-titre-de-sejour-le>. (Consulted 16 July, 2020).

In this context, the National Council for Human Rights of Morocco (CNDH) and its twelve (12) regional commissions have taken several measures; it would be tedious to sum them all here. Therefore, I limit myself to a few actions, including the recommendation to the public authorities to extend the financial support measures taken by the government, at the initiative of his majesty King Mohammed VI, to all groups in fragile situations, including migrants, refugees, and asylum seekers.

The king also drew the attention of the government and companies to migrant workers who may find themselves in precarious working conditions and be disproportionately affected by unemployment or underemployment because of the pandemic. He also invited the Ministry of Economy, Finance, and Administrative Reform, in charge of the Economic Monitoring Committee (CVE), set up in the context of Covid-19, to include foreigners in vulnerable conditions in the assistance instruments dedicated to irregular workers. Similarly, the vaccination operations have been taking place gradually and benefit all Moroccan and foreign citizens residing in Morocco for free⁶⁷.

In this respect, migrants have been able to show their resilience and their capacity for innovation and adaptation. There are economic sectors that have never interrupted their activities, such as the agro-food chain, medical supply, and medical equipment, road transport, guard and security services, cleaning, sanitation, and waste disposal companies, all sectors where migrants are concentrated. They also make up a significant percentage of healthcare workers in many developed countries, including the UK, US, Switzerland, and France, which puts them immediately on exponential overexposure inversely proportional to their own capacities for personal and group prophylaxis, access to targeted information, and ultimately preventive care.

Toward a conclusion: tomorrow will be made of what!

Youth unemployment, whether in European or African countries, will, unfortunately, remain a problematic socio-economic invariant for many countries for the coming years. Some estimates suggest that up to 40% of young African graduates could be impacted by the large-scale spiral of chronic unemployment and underemployment. Will this crisis result in migratory pressure and influx of young migrants? No one can predict future development. However, judging by the forecasts of the World Bank⁶⁸, the situation seems even more alarming because it is emphasized by the convergence of many factors. On one hand, there is a collapse of the global economy with the decline in exports of raw materials (oil, copper, cocoa, palm oil, etc...); the blocking of tourism activities; fall in foreign remittances, and collapse in migrant workers' transfers, which could result in an economic recession and a loss of millions of jobs. The African Union expects the loss of 20 million jobs by the end of 2020⁶⁹ and the increase of debt burden in many African countries.

⁶⁷ <https://www.cndh.org.ma/fr>.

⁶⁸ <https://www.un.org/africarenewal/fr/magazine/%C3%A9dition-sp%C3%A9ciale-sur-la-jeunesse-2017/le-ch%C3%B4mage-des-jeunes-%C3%A0-1%E2%80%99ombre-de-la-croissance>. (Consulted on 16 July, 2020).

⁶⁹ https://www.lemonde.fr/afrique/article/2020/04/06/en-afrique-20-millions-d-emplois-menaces-par-le-coronavirus-selon-l-union-africaine_6035733_3212.html. (Consulted on 16 July, 2020).

On the other hand, before the health crisis, the African continent with a population of 1.3 billion, about 70% of whom were young people, were living in a situation of almost chronic unemployment⁷⁰. The current environment will intensify demand and will worsen the conditions of young people in particular and of the “emerging middle classes” in general. According to a statement from Oxfam: the economic consequences of Covid-19 could push 500 million people into poverty, especially in developing countries⁷¹. On the African level, this crisis will undoubtedly affect the economy and the movement of population, and it will expose the vulnerability of many countries.

American and British universities are unlikely to be able to attract foreign students during the next academic year. The USA announced that it would refuse to provide residence permits to students enrolled in university courses provided through e-learning technology or distance learning. However, the three countries that had distinguished themselves with good management of the pandemic, Australia, New Zealand, and Canada, should welcome more foreign students as of 2021. At least that is what a report by the international audit and consulting firm Ernst & Young (EY) predicts⁷².

For IOM, the coronavirus crisis must not reduce legal channels for migrants, nor encourage the use of irregular means. 'My concern is that if we close the legal channels of immigration, family reunification, seasonal work, and on the bilateral agreements on labor immigration, we will have strong pressure for the other access channels to developed countries', warned Mr. Vitorino⁷³.

This crisis reminds us of the importance of proximity, interdependence, and solidarity⁷⁴. It is an opportunity to build a community with a shared future for humanity. It is essential to include migrants and their families, regardless of their migration status, in economic recovery policies. There should be programs in place targeting local and regional levels to ensure access to information, assistance, and employment while acting proactively to prevent discrimination and prevent migrants from being seen as mere scapegoats.

Certainly, the results we hope for cannot be efficient without a scientific and research base carried out within institutions, universities, specialised bodies, or associations organised into a network. Such an approach will undoubtedly allow the development of research in the field of migration in different countries of the region.

⁷⁰ <https://www.letemps.ch/monde/population-va-tripler-afrique-diminuera-niveau-mondial>. (Consulted on 16 July, 2020).

⁷¹ <https://www.oxfamfrance.org/rapports/coronavirus-un-demi-milliard-de-personnes-pourraient-somber-dans-la-pauvrete/>. (Consulted on 16 July, 2020).

⁷² <https://www.courrierinternational.com/revue-de-presse/universites-etudiants-internationaux-la-pandemie-change-la-donne>. (Consulted on 16 July, 2020).

⁷³ <https://news.un.org/fr/story/2020/05/1068332>. (Consulted on 16 July, 2020).

⁷⁴ MORIN, Edgar avec la collaboration de ABOUESSALAM., Sabah, 2020, Changeons de voie, les leçons du coronavirus, Editions Denoël, 160 pages.



Promoting the formation of networks can create sustainability and reduce fragmented actions based on short gains and foreign agendas of countries and organizations. In this scope, we recommend encouraging and developing networks and collaboration between researchers from different disciplines, institutions, and countries, as well as supporting the existing structures.

We also recommend organising a reflection seminar on **the state of migration research in North Africa**, which will allow us to gather all the knowledge in the field of international migration by country. This will also allow us to identify a structure of a scientific community in North Africa that can be mobilised about this theme, which can examine the evolution of migration in the Mediterranean region in light of the different policies and the PMM framework guidelines.

The seminar will aim to foster interactions, circulate knowledge and information efficiently and quickly. This seminar will potentially generate very important ‘recommendation(s)’, and a sense of consciousness and unity among researchers, policymakers, and national as well as international institutions, regardless of their geographical and linguistic, or scientific grounds.

At least this is the wish that we make here; may it get heard and find the most favorable and efficient echo.

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