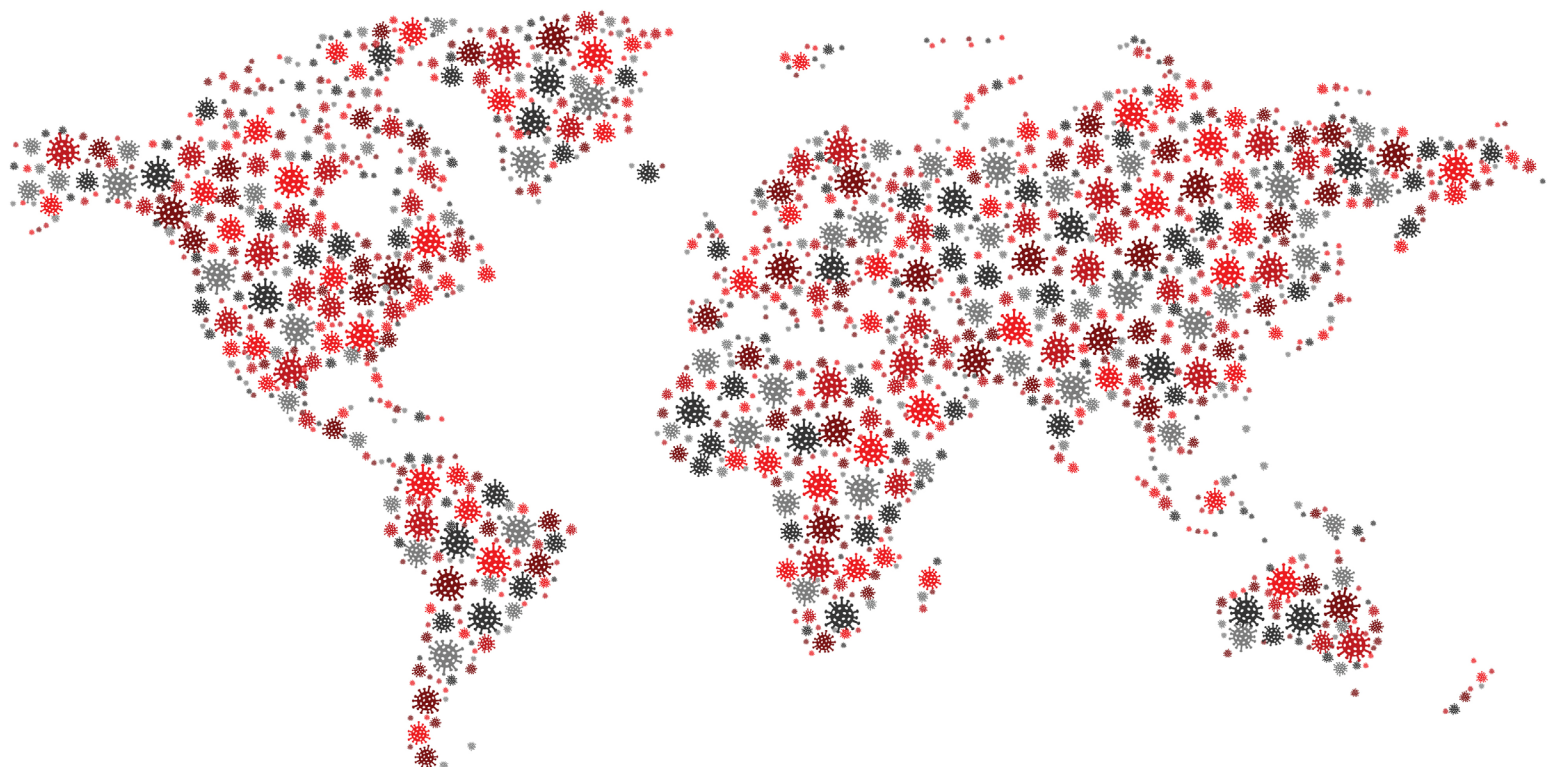


PUBLIC

EASO Special Report: Asylum Trends and COVID-19

Issue 2
11 June 2020





European Asylum Support Office

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Disclaimer

This Special Report is marked as PUBLIC, which refers to non-classified information.

This document is produced by EASO's Situational Awareness Unit (SAU) on the basis of monthly data exchanged under the Early warning and Preparedness System (EPS) as well as external sources. The data provided to EASO by the EU+ countries (EU Member States, Norway and Switzerland) are provisional and unvalidated, and therefore may differ from validated data submitted to Eurostat (according to Regulation (EC) No 862/2007). This information should therefore be understood as giving an estimation of general trends at EU+ in as near to real time as possible.

This document includes EPS monthly data until April 2020 (at the date of release available for 29 EU+ countries).

Date of release: 11 June 2020

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Executive Summary

Asylum-related migration to the EU+ was increased in 2019, was further amplified at the beginning of 2020 and then was put under more pressure by the dramatic situation at the Greek border with Turkey. Usually, warm spring weather brings additional detections at the EU external border and applications for asylum, but in 2020 the opposite happened: in mid-March, most Member States and associated countries implemented emergency measures in response to the COVID-19 outbreak, which effectively closed the external border and most asylum offices, thereby to a large extent temporarily precluding the arrival and registration of migrants and asylum seekers. As a result, in April Frontex recorded their lowest ever number of illegal border-crossings (900 compared to 6 400 the same time last year). In contrast, arrivals and attempted arrivals in the central Mediterranean remained on a par with 2019, despite Italian and Maltese announcements that their ports could not be considered as safe due to the COVID-19 pandemic.

In April there were 10 times as many applications for asylum as there were detections at the external border, but the number of applications (just shy of 9 000) was still massively decreased by 90 % compared to pre-COVID-19 levels. Most applications were lodged by Syrians, Afghans, Iraqis, and Turks, whereas Latin Americans were unable to lodge applications because of emergency measures in place. In May, as the pandemic eased and emergency measures were being gradually relaxed, asylum applications were rising again albeit slowly with diverse patterns among Member States and their management of backlogs. Within the EU+, the overall reduction in applications lodged coincided with a significant increase in the proportion of repeat applications. Remarkably, decision-making in the EU+ did not decline to the same extent as applications, propped up by a surge of decision-making in some Member States, where the focus was on reducing the backlog of cases for which pre-COVID-19 interviews had already take place. Because different, sometimes older asylum cases were being processed, the overall recognition rate in the EU+ jumped from 30 % to 52 % boosted by the recognition of more Syrian applicants.

EASO Operations

EASO is continuing to adjust its operational response to the rapidly changing environment in close communication with each of the four national authorities and within the frameworks of the COVID-19 directives being issued and updated nationally and with due regard to the relevant EASO Executive Director Decisions. This is now increasingly important with the easing of restrictions in all four countries of operation. Face-to-face tasks (for example registration and asylum interviews) following the initial suspensions in all four countries are now being piloted, tested and resumed in all four country operations using remote interview technologies where possible and applying social distancing and other related health and safety protocols within the framework of prevailing national guidance. Resumption of operations is requiring extensive adaptation of the working environment, the introduction of new technologies and the establishment of a range of new Security, Occupational Health & Safety protocols and procedures to address COVID-19 issues. Extensive personal protective equipment (PPE) procurements are and continue to be completed, offices are being radically reconfigured and many services such as interpretation are being moved almost wholly online where possible. In the meantime EASO Operations continued to respond to ad hoc disembarkations and voluntary relocations even during the lockdowns - most notably in Greece and Italy. The next phase of gradual resumption will involve an integrated and phased approach in close partnership with the concerned national authorities.

Situational awareness

In April 2020, EASO observed that COVID-19 cases were disproportionally concentrated in high-income countries, and warned of an imminent spread into low and lower-middle income countries from where most asylum seekers originate. Indeed, now in June 2020 the virus has already taken hold in many countries that are extremely important in terms of international protection. The situation improved briefly in Iran but is currently suffering from a massive second wave of cases. Moreover, Latin America, a region that is already in crisis in terms of displacement and protection needs, has been labelled by the World Health Organisation (WHO) as the new epicentre of the pandemic. In addition, COVID-19 cases are also increasing exponentially across much of sub-Saharan Africa including in Nigeria despite much of the vast population (half of which live in slums) living far from testing facilities. In Russia, coping capacity is slightly higher but trust in institutions is very low, cases are rising rapidly and serious questions have been raised about the quality of the data, especially the number of deaths which continue to be suspiciously low.

This report analyses in more depth two (of many) major risks and potential drivers for displacement and onward migration directly correlated with the COVID-19 pandemic: rising security concerns and food insecurity.

On 23 March 2020, UN Secretary General António Guterres called for a global ceasefire to facilitate humanitarian

access amid the COVID-19 pandemic. However, EASO analyses suggest that conflicts that have in the past forced many people from their homes, have not universally been pacified during the pandemic. There is some evidence that the fragile ceasefire is holding in Idlib, Syria, but the fighting has continued in Afghanistan and Yemen, and has increased in Libya. Congo (DR) is still recovering from Ebola, but clashes between military forces and armed groups has just internally displaced nearly half a million people. Hence, the risk of displacement due to conflict has probably been increased even though options for travel have been removed.

Those who crossed borders looking for refuge now have additional problems because travel restrictions designed to slow transmission rates, have disrupted traditional migration routes with significant numbers of migrants and asylum seekers stuck in transit countries where they face being stigmatised as potential spreaders of disease. There are many examples of abrupt reversals in migration flows from one crisis ridden country to another such as Venezuelans returning home from Brazil, and Afghans returning home from Iran, and internally vast numbers of Indians leaving cities to return home to parental villages. Overall, reasons to move may be increasing but journeys are certainly becoming more complex. In addition, the World Food Programme (WFP) has raised alarm about a famine of huge proportions, warning that the number of people suffering acute hunger in low and middle-income countries will almost double the pre-COVID-19 predictions, reaching 265 million.

Outlook

EASO has invested heavily in modern systems for forecasting asylum-related migration – big data are harvested and analysed with machine learning and in 2019, a major scenario exercise brought together experts to create scenarios of how international protection may look in the years ahead. No matter how sophisticated the technology or how insightful the participants, neither of these approaches were able to predict the pandemic or its effects on displacement and international protection, nor can they be invoked to simulate the post-COVID-19 world. All forecasting techniques depend on reliable data to feed into quantitative systems, but at the moment such data are lacking especially from low capacity or non-transparent countries. Equally, scenarios require experts to have some knowledge and involvement in similar situations but the features of this pandemic are unique, and disparate processes are already interacting with each other in complex and unpredictable ways. As a result, predictions are befittingly rare and cautious but speculative trends are already emerging.

Complete lockdowns were implemented relatively swiftly – short, sharp, shocks that united entire continents in the face of adversity. Now the challenge in the short term is how to implement and manage divergent easing of the lockdowns across some countries, while others struggle with the virus still taking hold, with potentially divisive effects on displacement, mobility and protection needs. In the longer term, this analysis suggests that two diametrically opposed forces seem to be at work: on the one hand interrelated effects of the pandemic – such as contracting economies, food insecurity, social unrest, political tensions, hardening societies and deepening divisions between population groups – could result in massive displacements and possibly onward movement towards Europe, including many persons with international protection needs. On the other hand, migration patterns will likely remain highly disrupted due to restrictions on mobility, possibly coupled with increased digital surveillance. Combined, these two forces raise important questions about the number of people likely to be in need of international protection, and their ability to access to protection whether or not this occurs in Europe or elsewhere.

Latest Asylum Trends

Asylum trends at the lowest

In April, the asylum situation in the EU+ was dominated by emergency measures in place across the union, such as the closure of some borders and asylum offices. Hence, only 8 730 asylum applications were registered in the EU+, which is a massive decrease of 87% from pre-COVID-19 levels in January and February (Fig. 1).¹

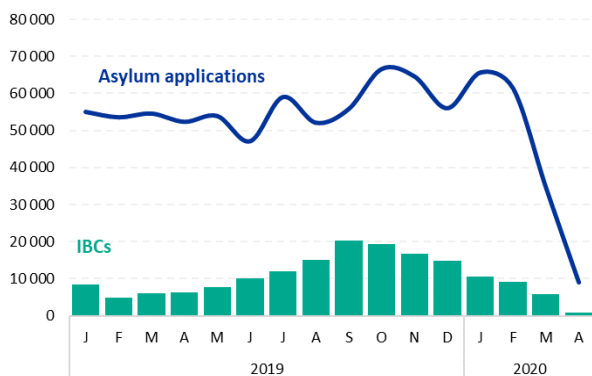


Figure 1: Asylum applications in the EU+ (line) and detections of illegal border-crossing at the EU+ external borders (bars) (Source: EASO EPS, Frontex)

The situation at the EU+ external borders

Similarly, Frontex noted the fewest detections of illegal border-crossing since 2009: just about 900 in April, down from almost 6 000 in March. While this is a continuation of a downward trend since last autumn - and more recently attributable to the closure of borders - some important differences emerge by looking at the situation along the different Mediterranean routes.

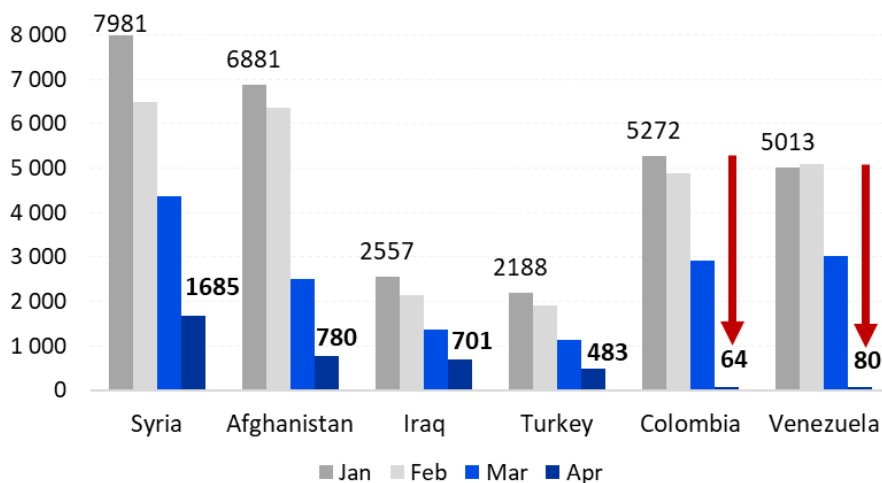


Figure 2: Applications lodged by top countries of origin, by month (2020); labels indicate the number of applications in January and April (Source: EASO EPS)

During the first four months of 2020, irregular migration in the Eastern Mediterranean was slightly increased (+14 %) compared to 2019 but this encapsulates two trends. Firstly, in January and February irregular migration was much increased, and then Turkey attempted to open the border with Greece. Then in March COVID-19 emergency measures came into force and the border was effectively closed such that in April there were just 40 detections.

In contrast to generally much less irregular migration into the EU+, in April arrivals and attempted arrivals in the Central Mediterranean remained on par with 2019, albeit much reduced from earlier in the year. In fact taking the first four months of 2020 into account, there were almost six times as many detections in the Central Mediterranean compared to the same period in 2019, even if patrols are being carried out by the Libyan Coast Guard.² Italy and Malta declared their ports unsafe for rescue, following the outbreak of the pandemic.³

Almost no applications from Latin Americans...

Venezuelans and Colombians were previously among the top citizenships of applicants before the COVID-19 outbreak, but emergency measures either precluded their travel to the EU+ or their access to asylum offices. As a result, they only lodged 64 and 80 applications in April compared to 5 272 and 5 013 before the COVID-19 outbreak.

Other citizenships remained similar to last year: some 40 % of all applications in April were lodged by Syrian (19 %), Afghan (9 %), Iraqi (8 %) and Turkish (6 %) nationals.

...And more repeated applications

Repeated applications are lodged by applicants having already received a negative decision on a previous application (or whose previous application was discontinued) in the same EU+ country. In April, the proportion of repeated applications increased massively, from 9 % to 14 % of the total. This phenomenon is typically associated with applicants from Western Balkan countries. However, large increases in the proportion of repeated applications was also seen among nationals of several other countries, including Palestine, China and Senegal.

Decision-making did not drop to the same extent

Overall in the EU+, some 35 075 first-instance decisions were issued by asylum authorities in April, some 31 % fewer than the pre-COVID levels of January (Fig. 3). Although a significant decrease, decision-making was not reduced to the same extent as the number of applications being lodged (- 31 % versus - 87 %), which means that uniquely in March and April more cases were decided upon than were lodged (Fig. 3).

Moreover, EU+ decision-making in April was increasingly focused on Syrian applicants, who received more than a third of all decisions, up from just 10 % in pre-COVID-19 months (Fig. 3). In fact in April, Syrians received more than twice as many decisions (12 219) compared to pre-COVID-19 levels (5 613 in January). A larger proportion of decisions were also issued to Afghans (11 % of all decisions, up from 6 %) and Turks (6 % up from 3 %). Iraqis received more or less the same share of decisions, whereas very few decisions were issued to Venezuelans and Colombians, who were receiving the most decisions before the virus outbreak.

More older cases processed...

EASO data on processing times at first-instance casts some light on how EU+ countries, have used this period to reduce the backlog.⁴ As shown in Figure 4, many more decisions were issued on applications that were more than a year old (36 % of the cases) or more than two years old (10 % of the cases). Clearly, these are cases for which interviews had already taken place. This points to the challenges experienced by asylum authorities in the countries receiving high numbers of applications each month.

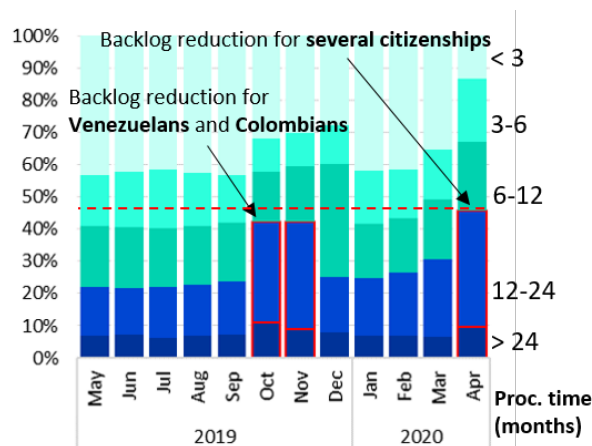


Figure 4: Processing times in the EU+, May 2019-Apr. 2020 (Source: EASO EPS)

It is worth noting that, while Syrians received by far the most decisions, prioritisation of older cases also concerned several other citizenships, including Afghans, Turks, Iraqis, Iranians and Palestinians. Figure 4 highlights that a similar prioritisation took place also in October and November 2019, but this was mainly due to the prioritisation of older cases for a limited number of citizenships, namely Venezuelans and Colombians.

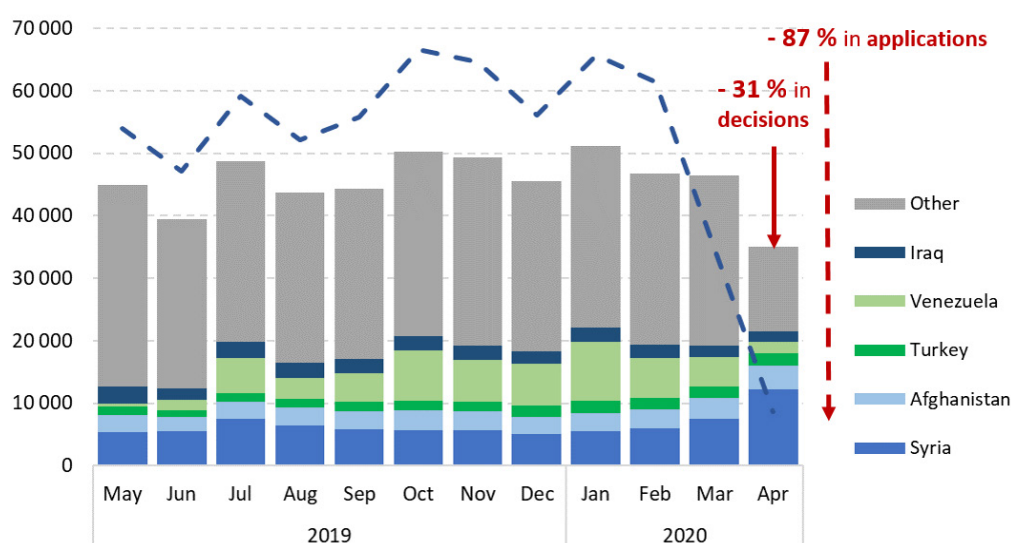


Figure 3: Decisions issued at first instance, by citizenships (bars) compared to asylum applications (dashed line). Arrows indicate EU+ level decreases compared to pre-COVID-19 levels (Source: EASO EPS)

...And higher recognition rates

As shown in Figure 5, in previous months it was quite typical that around 30 % of all decisions were positive i.e. granting refugee status or subsidiary protection, **but in April 2020 this jumped to 52 %**. Such a rise was primarily explained by many more decisions issued to Syrians who have a high recognition rate, and far fewer decisions issued to countries characterised by very low recognition rates (mostly, but not exclusively, Venezuelans and Colombians). This was further compounded by the fact that the recognition rate for Syrians also increased from 83 % prior to the outbreak to 90 % in April.⁵ This does not necessarily mean that Syrians suddenly have more protection needs, rather in April decisions became concentrated in a very limited number of EU+ countries, thus offsetting differences in decision-making practice and profile of the applicants, among other aspects. In contrast, the opposite took place for Turkish applicants, for whom the recognition rate dropped massively (from about 55 % to 36 %). Recognition rates remained largely stable for other citizenships.

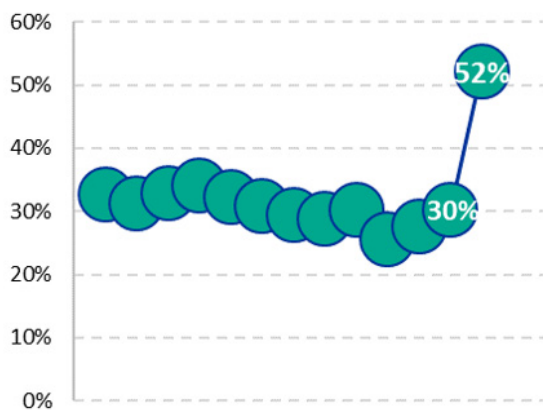


Figure 5: Monthly EU+ recognition rate in EU+ between April 2019 and April 2020 (Source: EASO EPS)

Reduced backlog for several citizenships

At the end of March 2020, there were some 835 700 cases pending at all instances (also including appeals).⁶ As a result of the limited number of applications paired with a concerted effort in decision-making, however, the number of cases pending at first instance dropped visibly – by more than 17 500 cases – to almost 472 215 at the end of April (Fig. 6).⁷ Obviously, this overall decrease concerned stark differences in the evolution of the backlog at the level of the single citizenships. For example, the backlog dropped massively for Syrians, for whom some 39 834 cases were still open at the end of April, down by 24 % from the pre-COVID-19 levels of January. Similarly, the backlog was also reduced for Albanians, Palestinians, Iraqis and Turks (with decreases ranging between - 18 % and - 11 % from January), as well as Afghans (- 3 592 or - 7 % from March, and - 4 % from January). In contrast, the stock of pending cases continued to increase visibly for nationals of several Latin-American citizenships, including Venezuelans (+ 44 % from January), Peruvians (+ 37 %) and Hondurans (+ 22 %).⁸

Despite these developments, Afghans (48 575 or 10 % of the EU+ total) and Syrians (39 834 or 8 %) were the citizenships with the most pending cases at the end of April, followed by Colombians (36 578 or 8 %) and Venezuelans (29 158 or 6 %). Moreover, at the beginning of 2020 there was a slow but constant rise in the share of cases pending for longer than six months, representing almost 60 % of the backlog by the end of April.

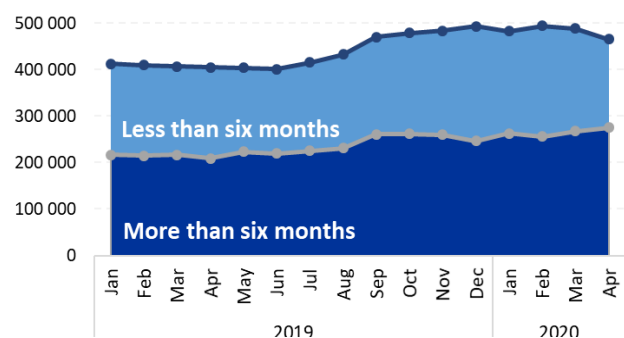


Figure 6: Evolution of cases pending at first instance in the EU+ by duration, Jan. 2019-Apr. 2020 (Source: EASO EPS)

Operational Updates

COVID-19 Operational Response to Operating Plans Implementation

EASO is continuing to adjust its operational response to the rapidly changing environments across the four Member States where EASO provides direct Operational Support. This exercise is being conducted in a coordinated and planned manner in close communication with each of the national authorities and the EASO Headquarters and within the frameworks of the COVID-19 directives being issued and updated nationally and with due regard to the relevant EASO Executive Director Decisions. This is now increasingly important with the easing of restrictions in all four countries of operation.

At the moment, face-to-face tasks (for example registration and asylum interviews) are being further piloted and tested in all four country operations using remote interview technologies where possible and applying social distancing and other related health and safety protocols within the framework of prevailing national guidance. Many workflows are being tested to operate in new ways as the concerned countries request EASO to resume work. Resumption of operations is requiring extensive adaptation of the working environment, the introduction of new technologies and the establishment of a range of new Security, Occupational Health & Safety protocols and procedures to address COVID-19 issues. Extensive PPE procurements also continue to be completed, offices are being radically reconfigured and many services such as interpretation are being moved almost wholly online where possible. All activities are being developed in close partnership with the concerned national authorities.

In Italy registration interviews resumed remotely in April in four reception centres as part of the ongoing ad-hoc disembarkations, while a team of remote and on-the-spot personnel concluded registrations in the reception centre of Bari. EASO Italy is preparing to resume activities in selected local police offices once the latter will open again for registrations. An amendment to the Operating Plan signed with Italy entailing additional second instance support activities as well as the development of case scheduling tools for registration is foreseen. In Greece and Malta, as of 18 May the competent national authorities started the gradual resumption of the face-to-face services fully supported by EASO. In Greece, for example, registrations resumed in Moria Camp in Lesbos and Thessaloniki whilst Card Renewals resumed in all locations. As of 20 May, EASO is providing support with face-to-face registrations in Malta's International Protection Agency offices, renewal of asylum seeker documents and notifications. The Agency has also resumed personal interviews from the week starting on 25 May in Safi Centre. Modalities to resume information provision activities are being explored as well. EASO Cyprus is also resuming social workflows in Kofinou, planning the resumption of registrations - initially in Larnaca and subsequently across all six locations - and continuing to pilot remote interviewing with up to seven workstations initially. In parallel, EASO is liaising with the Cypriot Asylum Service and the Commission in respect of the relocation of 30 vulnerable asylum seekers from Cyprus to Finland.

EASO is ready for the full implementation of the relevant steps of the relocation exercise involving the relocation of 1 600 unaccompanied minors (UAMs) / children with serious medical conditions from Greece to eleven participating Member States under the coordination of the Commission. EASO signed an amendment of its 2020 Operating Plan for Greece in order to add a new Relocation Measure covering the activities foreseen in the relocation programme.

While these workflows are piloted, EASO teams are still involved in tasks focusing on back-office workflows where it is not possible yet to resume other activities. This mainly concerns backlog reduction, administrative actions in support of registration, support to Dublin procedures (on files not transfers), providing country of origin information, support to appeals, support to general capacity building activities (including work concerning policy and procedural improvements and remote support in information provision and reception support through helplines). In the meantime EASO Operations continued to respond to ad-hoc disembarkations and voluntary relocations even during the lockdowns – most notably in Greece and Italy.

COVID-19 in the EU+ and Top Countries of Origin

Data used in this report on confirmed reported cases and deaths due to COVID-19 worldwide, current situation and trends, are based on the European Centre for Disease Control (ECDC) website, accessed on 27 May 2020. It should be noted that confirmed cases reflect case definitions and testing practices followed in each reporting country. These might differ across countries. Therefore, comparisons across countries should be done with caution.

Almost three months after the WHO declared COVID-19 to be a pandemic, the virus continues to spread but now, as expected, the virus is starting to take hold in the low and low-middle-income countries⁹ (Fig. 7). **The pandemic has started to decline in many of the early affected countries, whereas the peak is forging ahead in other regions that were relatively unaffected a month ago.** In addition, even though the United States and Brazil in North and South America, and Russia and the United Kingdom in Europe are currently the world's most affected countries in terms of number of reported cases,¹⁰ there are also significant differences between these countries.

The pandemic slows down in North America and the EU+

At the time of writing, the United States has reported more than 1.6 million cases. Almost 80 days since the pandemic started its exponential growth at the beginning of March, it reached its peak at the end of April with more than 48 000 cases in a single day. Even though after the peak the rate of

infection remains high, with more than 20 000 daily cases, there are now some slight indications of decline. The pattern in Canada is also similar. Similarly, in the United Kingdom (that entered the pandemic more or less at the same time as the United States), the pandemic has also started to decline, after reaching its peak earlier than the United States, on 12 April. The decline is stronger in Italy, Spain, and Germany, still among the top countries with the most reported confirmed cases worldwide. **Declines have been reported in almost all EU+ countries.** Sweden, that had followed a looser policy in terms of restrictions introduced as a respond to the pandemic, stood as an exception, as the 14 days notification rate has been stable since early April.¹¹

Latin America becomes the centre of the pandemic

In contrast to the situation in the EU+, **most Latin American countries are now going through the exponential growth phase of the pandemic** (Fig. 8). **Brazil** is now the second most affected country in the

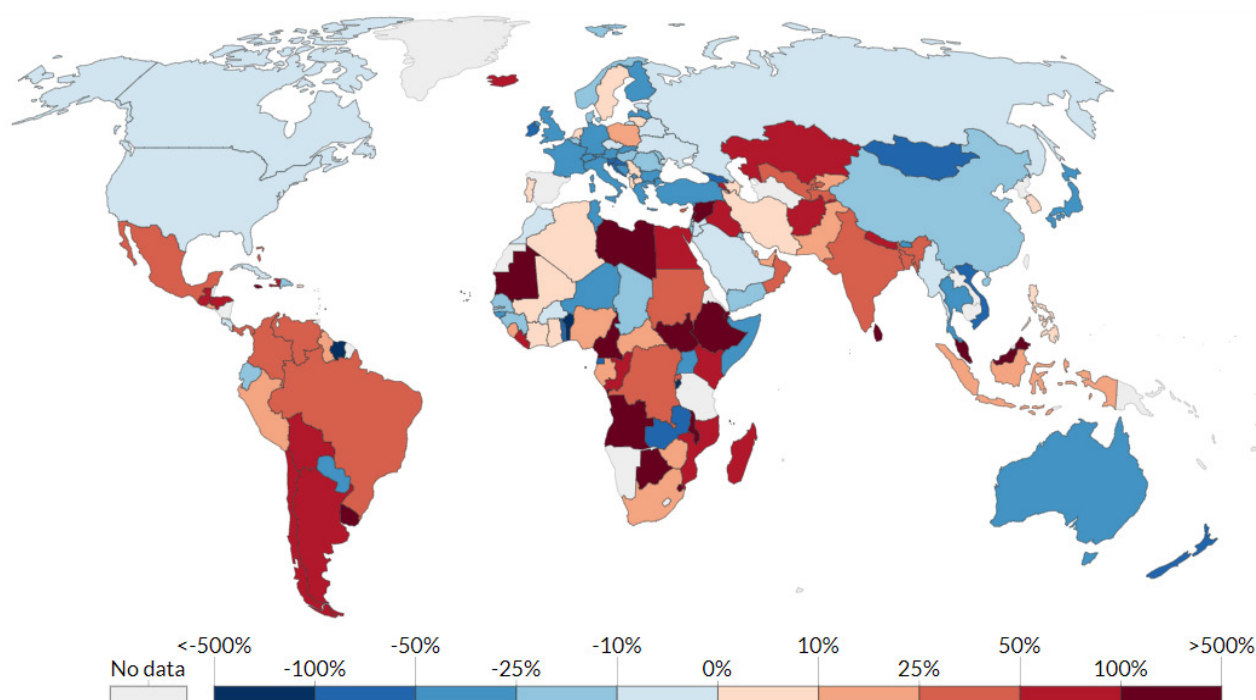


Figure 7: Weekly change in confirmed COVID-19 cases (Source: ECDC, Our World in Data). Note: The weekly growth rate on any given date measures the percentage change in the number of new confirmed cases over the last seven days relative to the number in the previous seven days.

world, recording some 375 000 confirmed cases. The number of cases reported on a single day exceeded 20 000 on 23 May and has remained above 11 000 since then. Given the low testing rates in Brazil, these numbers are likely to largely underestimate the actual picture.¹² Despite the severity of the situation, no lockdowns have been implemented, instead recommendations have been given to the public. The situation is worrying in other Latin American countries as well. In **Peru** and **Chile**, the most affected Latin American countries after Brazil, **health systems are at their limits** and the phrase ‘this is war’ has been used by officials¹³ to stress the situation, in the same way as it was used by European politicians amidst the pandemic there. **In contrast with Brazil, Peru introduced severe lockdown measures, however the evolution of the virus was the same in both countries. Deep social inequalities might partially explain that phenomenon**, making the mandatory ‘staying at home’ difficult for poor Peruvians.¹⁴ **Ecuador reports until now the most deaths per 100 000 people in the region**, and based on the number of exceeded deaths, the reported figures possibly fall far behind the reality.¹⁵ **Nicaragua**, still in low numbers, **has the most rapid daily increase**.¹⁶ So far, the number of reported cases remains low in Venezuela (below 1 200), but these figures are questionable due to the ‘lack of reliable testing and government transparency’.¹⁷ In Colombia (~ 22 000 total cases) more than 1 000 cases were reported for a second time on a single day in May. Overall, **the virus has hit many countries in a region already suffering from economic crises** that had resulted in a massive influx of asylum-related migration towards Europe in recent years, especially to Spain. It is not clear how devastating the pandemic will be in Latin America, given that it arrived later than in other countries and so some experience has been gained elsewhere. However,

food shortages and economic woes, as well as the reduced capacity (and willingness of local populations) to support displaced persons within the region, are likely to impact displacement and protection needs to a large degree.

COVID-19 situation in other top countries of origin

The Russian Federation, with more than 360 000 reported confirmed COVID-19 cases, featured third most affected country in the world by 27 May.¹⁸ **The daily number of cases exceeded 10 000 during the first half of May and in spite of a slight decline, infection rates remain high.** Russia’s chaotic response to the pandemic can be partially blamed for the spread of COVID-19 (see more on *COVID-19 Outbreak: Focus on the Russian Federation*, page 17). Actually, among European countries, Russia, together with some of the countries previously forming the Soviet Union, like Armenia, Belarus, Moldova, and Ukraine, record high shares of recent infections, indicating an ongoing transmission of the virus.¹⁹

In **Africa**, despite of the lower overall figures compared to other regions, **the weekly change of confirmed cases indicates an increasing trend** (Fig. 7), plus low numbers are likely to reflect limited testing in the region.²⁰ For example, **Nigeria** reported more than 8 000 cases, mostly concentrated in the regions where laboratory facilities were available, thus demonstrating the underlying significance of testing policies and availability in correctly estimating the magnitude of the pandemic. **Amidst the pandemic, hostilities continue to take place.** Combined with the threat of an upcoming recession, the pandemic can further deteriorate the living conditions of a population already largely seeking asylum in Europe (see more on *COVID-19 Outbreak: Focus on Nigeria*, page 14). In fact, the WHO

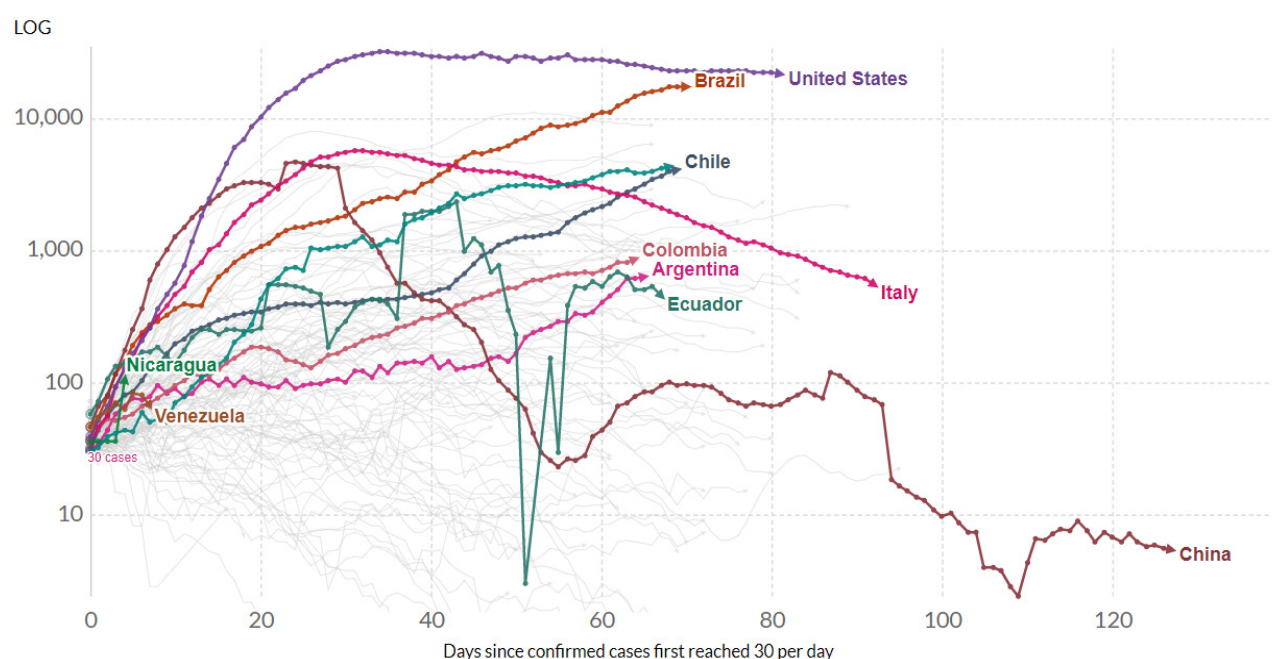


Figure 8: Daily new confirmed COVID-19 cases per million people in selected countries in Latin-America compared to highly affected countries at an earlier stage (Source: ECDC, Our World in Data)

has warned about the effects of the COVID-19 pandemic in the food insecurity and malnutrition in the African region (see more on *Food Insecurity in Key Countries of Origin of Applicants for International Protection*, page 20).²¹ Egypt, Algeria, Morocco, Ghana, and Cameroon are among the top most infected countries in Africa, with the latter two starting to report, at least 10 days later compared to the others, more than 30 cases per day.²² The number of new daily reported cases in Egypt, and to a lesser extent in Algeria, continues to be high, whereas signs of a slowdown of the spread of the virus were noted in Morocco.

In Asia, **Turkey, the country most severely affected by the pandemic, now shows evidence of a declining trend** following the peak in mid-April. Restrictive measures were introduced only in the second half of March,²³ and were partially lifted by 11 May. **Iran has been seeing higher daily reported numbers since early May**, probably following the country's ease of restrictions due to the low number of cases previously reported.²⁴ **In Afghanistan, the second half of May recorded high number of cases, concentrated mainly in Kabul.** Afghans did not really comply to the national lockdown measures introduced early in the country, but the need of a strict lockdown now emerges.²⁵

Excess deaths

Excess mortality (or deaths) is a measurement of the impact of the pandemic in terms of additional deaths on top of 'normal' deaths expected at the same time period of the year. Indeed, **most countries have been reporting more deaths than normal during the COVID-19 pandemic.**²⁶ Early reports warned about the **unusually high number of deaths excluded from the data in the official epidemiological surveillance systems** in different countries (Ecuador,²⁷ Russia,²⁸ Nigeria,²⁹ among others). In Ecuador, for example,

the excess deaths could be above 7 000 or more than during the same months in the previous years, compared to some over 3 200 COVID-19 deaths only officially reported. **This suggests that, in many countries the impact of COVID-19 might be much worse than the data imply,** especially in those with poor death registries and death recording systems. In the EU+, there are better data registries, thus making the impact easier quantified, as by mid-May mortality rates tend to approach normal expected levels of the period in many of the affected countries.³⁰

Public health vs economy balance

The impact of implementing restrictions measures and the time of lifting them differ between lower and higher income countries. **In most EU+ countries, restrictions were eased following a sharp decrease in the number of daily reported cases, indicating a slowing down of the transmission, and a prioritisation of public health over the economy until now.** Conversely, in **lower and middle-low-income countries, the balance between public health and the economy is more difficult to achieve.** In Nigeria, for example, restrictions were lifted before a decrease in the number of cases was noted, in order to contemplate the increasing prices of food.³¹ In India, a three weeks lockdown resulted in millions of informal workers losing their jobs and forced to return to their villages on foot due to travel restrictions.³² In fact, in most low and low-middle-income countries, following the same restrictions measures as countries with more advanced economies was proven difficult and *'could even cause more harm than good.'*³³ **Prolonged lockdowns to save lives from COVID-19 could result in increased poverty and hunger,³⁴ which may lead people to choose the risk of catching the virus by going to work over staying at home and starve.³⁵**

Behavioural Impact of Infectious Diseases and Implications for Asylum-Related Migration

The role of disease outbreaks in shaping human behaviour has long been recognized. For example, the parasite-stress theory of values underpins how infectious diseases can lead to behavioural changes and can affect socio-political behaviour.³⁶ This evolutionary theory argues that human adaptations against parasites are not just biochemical or immunological, but are also behavioural in terms of adaptive differential feelings, values and behaviours towards foreigners or strangers, who may be carrying novel infections. These behaviours manifest themselves in various ways, for example through caution about or unwillingness to interact with strangers; prejudice against people perceived as unhealthy; decreased likelihood of moving away from the place where one is born, and dislike and avoidance of external ideas and norms. All these aspects can be observed from a governance perspective. For example, a study by Beall et al. suggests that disease outbreaks may influence voter behaviour, resulting in increased inclination to vote for politically conservative candidates and increased inclination to conform to popular opinion.³⁷ Similarly, xenophobia is also a phenomenon that appears to be exacerbated during disease outbreaks. For example, the migrant Peul population of Guinean origin experienced xenophobic attacks in Senegal during Ebola due to fears of disease transmission,³⁸ and Mexicans and other Latinos living in the United States were stigmatised as carriers of the H1N1 virus during the flu outbreak of 2009.³⁹ Disease outbreaks are not of themselves events that define inter-group relations, rather, they mostly reinforce long-existing patterns of exclusion. Patterns of exclusion of marginalised communities may be drivers of asylum-related migration.

COVID-19 Effects on Push and Pull Factors

COVID-19 a new factor in the dynamics of global conflicts

On 23 March 2020, UN Secretary General António Guterres called for a global ceasefire to facilitate humanitarian access amid the COVID-19 pandemic.⁴⁰ Such a widespread global ceasefire would have significant effects on the number of people forcibly displaced towards the EU+. However, only a few countries with an ongoing conflict positively responded to the appeal,⁴¹ and ceasefire initiatives have mainly taken the form of temporary arrangements with no detailed provisions or external monitoring.⁴²

EASO analyses of ACLED data suggest that the effects of the declared ceasefires vary greatly among battling parties and from one country to the other. Figure 9 shows that **while a previously agreed and fragile ceasefire is holding in Idlib, Syria, the fighting has continued in Afghanistan and Yemen, and the levels of violent conflict have increased notably in Libya.**⁴³

The ceasefire in **Syria**, which was agreed between Russia and Turkey, has so far halted the Syrian regime offensive against rebel-held Idlib. However, violence against civilians and limited hostilities are still taking place in other parts of the country.⁴⁴ Although the ceasefire was announced from 5 March, well before the UN global appeal, COVID-19 might have played a role in the temporary reduction of hostilities. On the other hand, conflict dynamics have hampered an effective response to COVID-19.⁴⁵ In **Afghanistan**, the

number of civilian casualties decreased in the first two months of the year in comparison to the same period in 2019, and a peace agreement between the United States and the Taliban was signed on 29 February.⁴⁶ On 1 April, the Taliban announced their intention to stop fighting in areas under their control if they are hit by COVID-19.⁴⁷ The number of fatalities resulting from the attacks conducted by the group have increased afterwards in areas outside of their control.⁴⁸ At the time of writing, despite positive signs of progress in negotiations,⁴⁹ comprehensive talks between the Afghan Government and the Taliban are yet to occur, also delayed by the spread of COVID-19 in the region.

A trend of increasing violence has characterised the phase following the announcements by battling parties in **Libya** in favour of a humanitarian ceasefire. Such statements were released by both the Government of National Accord (GNA) and the Libyan National Army (LNA). As the GNA regains territories around Tripoli, and both Turkish and Russian forces escalate their efforts in the area, the Libyan civil war seems to grow in complexity.⁵⁰ The number of confirmed COVID-19 cases remains relatively low, but testing capabilities are still limited.⁵¹

In **Yemen** the unilateral ceasefire declaration by the Saudi-led Coalition⁵² in early April has not brought the clashes between Houthi forces and forces loyal to Yemen's President Hadi to an end. COVID-19 cases are increasing rapidly, in a context where the health system has been severely damaged by five years of war.⁵³

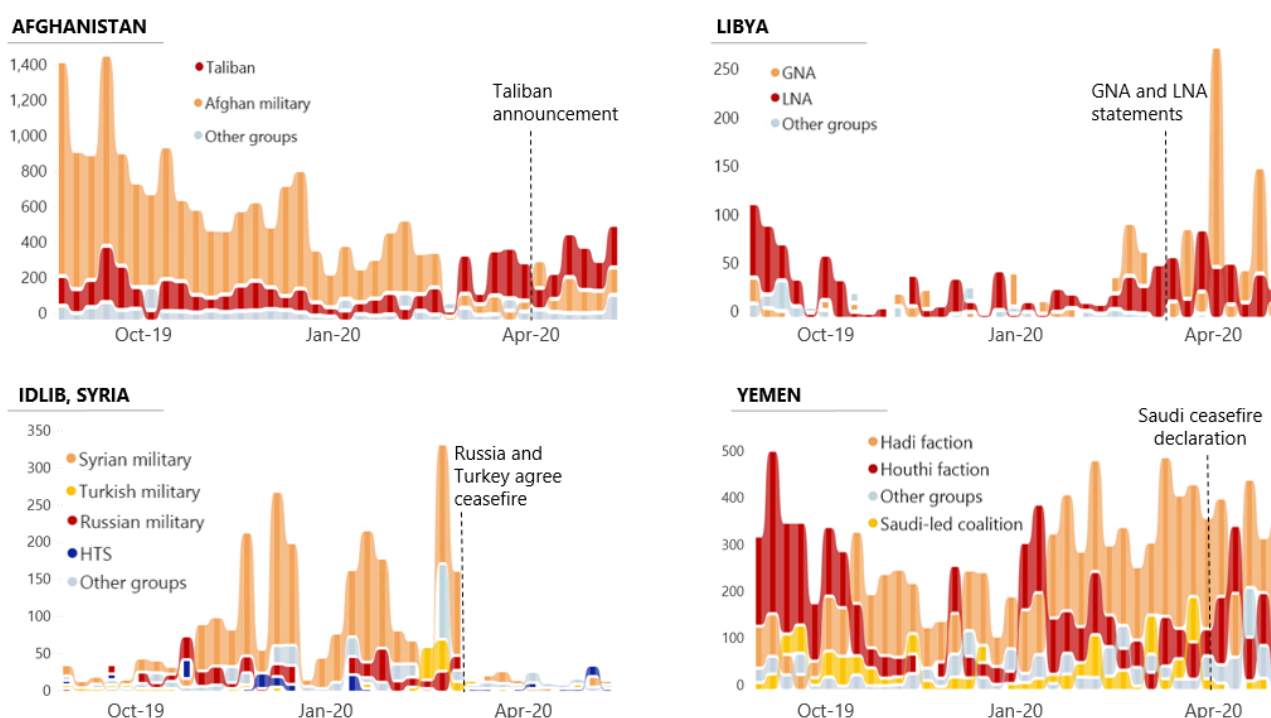


Figure 9: Number of reported fatalities caused by the main state and non-state actors occurred as a result of battles, explosions/remote violence, or violence against civilians, from 1 September 2019 to 16 May 2020 (Data source: ACLED)

COVID-19 Outbreak: Focus on Nigeria

Nigerian asylum seekers

Nigeria, with a population of more than 200 million,⁶⁴ is by far the most populous country in Africa. Despite a recent decrease in the number of applications (Fig. 11), Nigerians have consistently remained one of the main nationalities applying for asylum in the EU+, with Italy, Germany and France being the main receiving countries. Nigerians were the top nationality applying in Italy in 2016-2017 and, consequently, were the nationality with the most pending cases until 2018 and the most withdrawn applications until 2019 in that country. Most applications lodged by Nigerians during the last years in the EU+ received a negative decision.

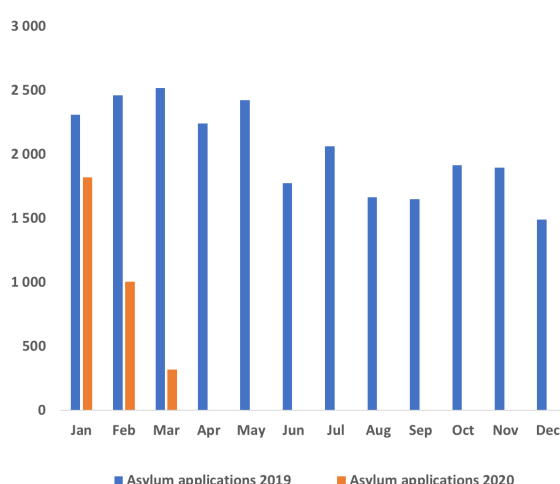


Figure 11: Nigerian asylum applications in the EU+ in 2019 and 2020 (Source: Eurostat)

COVID-19 cases, tests, and deaths

By 24 May 2020, Nigeria had reported 7 526 confirmed COVID-19 cases (37 cases per million people, compared to 2 153 per million in Germany for example) and 221 deaths which amounts to a ~3 % case fatality rate.⁶⁵ The first case was reported as early as 27 February but the daily reported numbers remained low (less than 50) until mid-April (Fig 12).⁶⁶ Following that, more than 200 cases on average were reported daily, peaking on 9 May with 386 cases on a single day.⁶⁷ That same week the government partially eased some of the five-week long lockdown measures to mitigate harm to the country's economy.⁶⁸ The cases were mainly concentrated in the area of Lagos and to a lesser extent Kano, but almost all of the country's 36 states have reported some cases.⁶⁹

It should be noted that during the same period just 44 458 tests were conducted which amounts to 216 tests per million people. The testing policy was affected

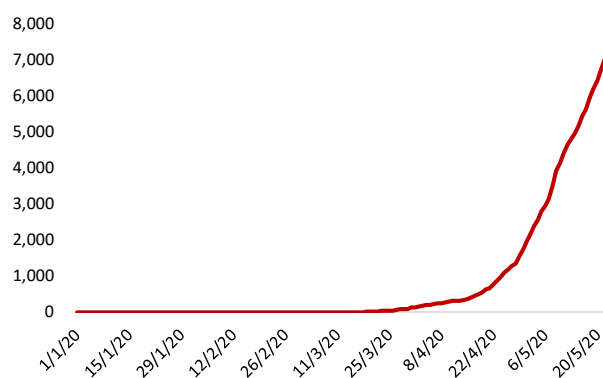


Figure 12: Cumulative number of reported COVID-19 cases in Nigeria (Source: ECDC, 25 May 2020)

by the limited capacity of the laboratories, which cover only 12 of the 36 states in Nigeria, with Lagos being the best covered region. It can also be observed that the places where most cases were detected are correlated to the locations of the laboratories and so undetected cases are likely to be present in areas where testing has not been implemented. On 15 April, the Nigeria Centre for Disease Control published its strategy to scale up COVID-19 testing, aiming to extend testing to all states.⁷⁰ According to the plan, HIV and tuberculosis testing facilities will be engaged in the COVID-19 testing. While only persons meeting the case definition are/will be initially tested, the country aims to conduct mass testing of the whole population between May and September 2020. Given the above, **the number of reported cases until now might underestimate the actual spread of the virus, especially in states that do not have laboratories.**

Under-reporting might also affect the number of deaths, due not only to limited testing and post-mortem tests, but also the lack of death registries in many areas and many deaths occurring outside of hospital settings. In late April for example, an unusually high number of deaths was reported in Kano. Even though initially attributed to other underlying conditions such as diabetes and hypertension, COVID-19 could not be ruled out.⁷¹

COVID-19 impact on a poor health system

The Nigerian health sector already has a heavy burden of both communicable and non-communicable diseases. For example, the prevalence of HIV (1.5 % of the population)⁷² and tuberculosis (318-524 cases per 100 000 population)⁷³ in Nigeria is among the highest in the world and these two diseases rank among the top ten causes of death of the Nigerian population (the first being malaria).⁷⁴ Lower respiratory infections, cancer and strokes featured also in the same list.

Nigeria's health sector has also been heavily affected by the latest economic recession of the country (2015-2016), with poor performance in terms of service delivery and health outcomes.⁷⁵ **Based on the latest data available, there were only five beds per 10 000 population and less than one Intensive Care Unit (ICU) bed per 100 000 population,⁷⁶ which are among the lowest in the world.⁷⁷** Due to low quality public health care,⁷⁸ medical tourism was quite prevalent in the country. For example, wealthy Nigerians tend to travel abroad to seek health care.⁷⁹ However, travel restrictions are currently forcing such medical tourists to be treated in the country.⁸⁰ Even within Nigeria, access to medical care in areas with health units was also limited due to internal mobility restrictions. In addition, in Kano, many private hospitals remained closed due to COVID-19 fears, limiting access to care for people in need,⁸¹ and possibly resulting in increased deaths due to other causes.

Using health systems designed to treat HIV and/or tuberculosis, to treat the new COVID-19 (instead of creating dedicated ones) can lead to less testing for HIV/Tuberculosis and therefore, more cases being left undetected. The WHO has furthermore pointed out the risk of excess deaths due to AIDS-related illnesses including tuberculosis because of interruptions in health services during the COVID-19 pandemic.⁸²

In light of these challenges, the Nigeria Sovereign Investment Authority (NSIA) in partnership with Global Citizen Nigeria has unveiled the Nigeria Solidarity Support Fund, whose aim is to support the Federal Government to tackle the COVID-19 pandemic. The USD 50 million the fund hopes to raise would help increase access to primary healthcare and support the most vulnerable.⁸³

Recession after recession

Nigeria is considered by the World Bank as a lower-middle-income country.⁸⁴ Overall, low-income countries are less able to cope with long term lockdowns and economic restrictions, which can result in an increased risk of extreme poverty.⁸⁵ In fact, this could explain the early relaxation of the lockdown even though the pandemic is still ongoing in order to mitigate the harm in the economy.⁸⁶ Google's COVID-19 mobility report for Nigeria shows a clear decrease in people's movements especially after the implementation of the lockdown on 31 March. Mobility has only started to slowly increase again following the Nigerian government announcement of the relaxation of some lockdown measures in the beginning of May, but it is still far from previous records. According to Google mobility data extracted from mobile phones, populations living in Nigerian states where more cases have been reported are moving around less compared to other states. This could be a reflection of the stricter lockdown measures implemented in those places.⁸⁷

In 2016, Nigeria entered an economic recession, only lately showing signs of a slow recovery.⁸⁸ The unemployment rate is high and a considerable share of the population lives in poverty. Its economy depends strongly on oil production,⁸⁹ meaning that plummeting oil prices can have huge implications for the country's national income. Actually, the fall in oil prices since the start of the year had already impacted government revenues.⁹⁰ In April 2020, the International Monetary Fund (IMF) warned of a new recession, the second in three years and the worst in the last 30 years, expecting a negative growth of -3.4 % of the gross domestic product (GDP) in 2020.⁹¹

Furthermore, the Nigerian diaspora plays an important role in the country's economy through remittances. Nigeria appeared among the top countries receiving remittances, which accounted for 6 % of the country's GDP. Remittances flows are also expected to be negatively affected by the pandemic, which could have a devastating effect for the Nigerians depending on those, and slowdown the economic recovery of the country.⁹²

Food shortages

Food insecurity already affects Nigeria due to ongoing conflicts and adverse weather conditions, such as floods.⁹³ This situation could further deteriorate due to COVID-19. News already indicated high prices of food sold on the street following COVID-19 measures.⁹⁴ The situation can be even worse for the around 2 million internally displaced people (IDPs), who largely depend on humanitarian aid, with the delivery of such aid already facing delays due to mobility restrictions.⁹⁵

Insecurity amid the pandemic

Amid the pandemic, the security situation in Nigeria, especially in the north, remains problematic.⁹⁶ The ongoing insecurity amid the pandemic resulted into a daily flow of displaced people with unknown health status towards camps in border areas.⁹⁷ In April 2020, an estimated 23 000 Nigerians were forced to flee from the states of Katsina, Sokoto and Zamfara to Niger. They were allowed to seek refuge despite border closures due to COVID-19.⁹⁸ **In addition to the ongoing violence, other push factors (conflicts, economic and political) continue to affect Nigeria, with no decrease captured by EASO's monitoring of big data** on media reports since the COVID-19 outbreak (Fig. 13). Kidnappings and violence related to Boko Haram continue to be the main driver of asylum-related migration in the northern parts of the country.

In addition to other ongoing violence, ACLED reported 72 conflict-related events directly linked to COVID-19 measures in Nigeria from 21 March to 16 May 2020. Most of these incidents were classified as riots or protests and they resulted in 28 fatalities. The majority of the perpetrators of violence were state actors.⁹⁹

However, the number of fatalities linked to COVID-19 measures is relatively small compared to the total of 1 340 fatalities reported in 478 events overall within the same time frame.

What does this mean for Nigerians on the move?

So far, there does not seem to have been a big surge in diaspora returns to Nigeria. As of 15 May 2020, the Nigerian government has chartered some evacuation flights from the United Arab Emirates, the United States and the United Kingdom, on which 'upwards of 620 evacuees'¹⁰⁰ were flown back to Nigeria.

Movements to neighbouring countries related to the security situation in Northern Nigeria persisted. Despite border closures, movements through alternative routes are still ongoing, raising medical concerns regarding the spread of COVID-19.¹⁰¹ The closed borders with neighbouring countries could

further lead to increased human smuggling from Nigeria. According to the United Nations Office on Drugs and Crime (UNODC), the pandemic could also result in an increase in human trafficking, a major concern in Nigerian migration,¹⁰² by exacerbating the economic and societal inequalities.¹⁰³

In addition, **large numbers of sub-Saharan Africans on their way to Europe are stranded in transit countries.** For example, Nigerian migrants were stranded in difficult conditions in Niger for longer than expected, before receiving support from IOM.¹⁰⁴ Nigerians were also among migrants reportedly abandoned by smugglers at the southern border of Libya.¹⁰⁵

Furthermore, **the foreseen deterioration in Nigeria's economic and health situation on top of the continued security challenges, might lead to an increase in asylum-related migration from Nigeria after borders reopen, potentially resulting in a higher number of asylum applications in Europe.**

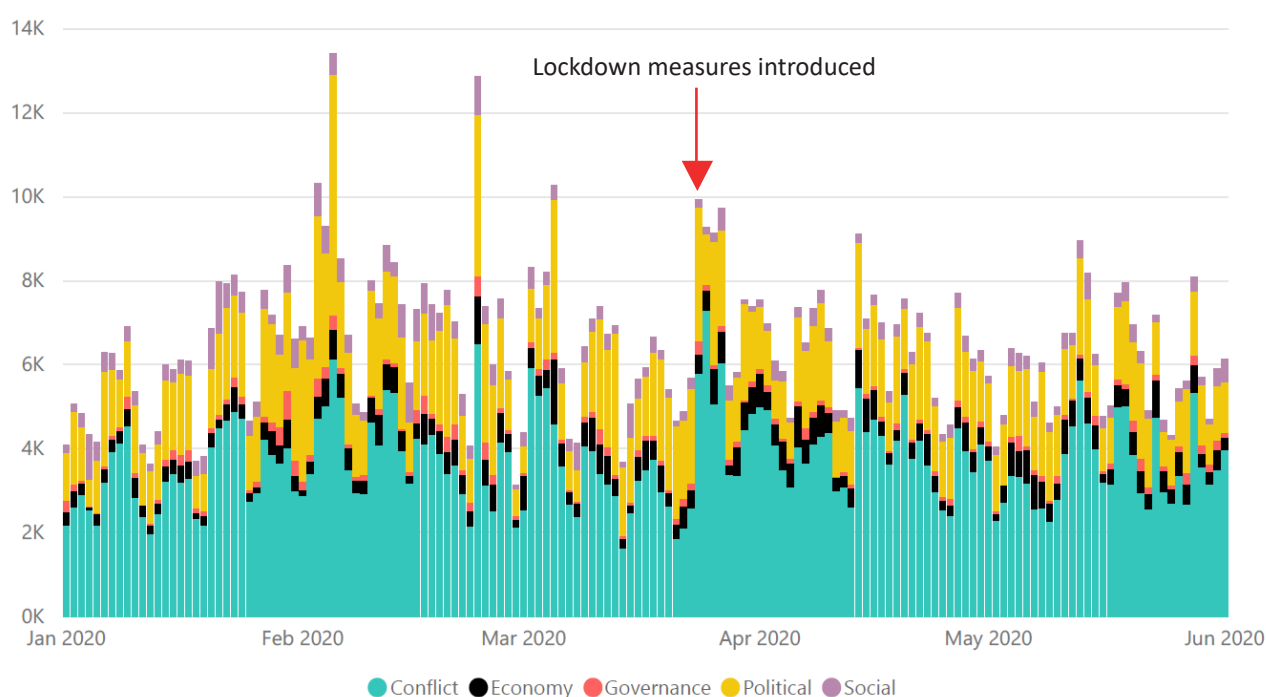


Figure 13: Monitoring of big data on media reports, categorised into types of push factors (Source: GDELT, EASO)

COVID-19 Outbreak: Focus on the Russian Federation

Russian asylum seekers in Europe before COVID-19

The flow of Russian asylum seekers to the EU+ has been relatively stable over the last three years, although showing a gradual downward trend (Eurostat data). In 2019, Russian citizens lodged more than 14 500 applications for international protection, ranking 15th and accounting for 2 % of all applications in the EU+. In the first three months of this year, Russians lodged fewer applications (-38 %) than the year before. A particularly substantial drop occurred in March when emergency measures were in place in the EU+ and only 425 or so Russian citizens applied for international protection in the EU+. ¹⁰⁶

In recent years, most Russian applications were lodged in Germany, France, and Poland (not necessarily in this order), although their joint share of the applications lodged has diminished over time. Other destination countries for Russian asylum seekers were Austria, Spain, Belgium, Sweden, Finland, the Netherlands, and the United Kingdom. In 2019, one in five Russian applications was granted some form of EU-regulated international protection status (refugee or subsidiary protection). However, the recognition rate varied among the top receiving countries. France had the highest recognition rate - one in four Russian applications was granted international protection there, whereas in Germany the rate was one in ten applications (and even smaller in Poland).

Evolution of COVID-19 spread in Russia

The first two cases of COVID-19 in Russia were registered on 1 February 2020, but this was unexpectedly followed by more than a month of no official cases whatsoever. ¹⁰⁷ Daily reporting of COVID-19 cases eventually began on 12 March 2020, but for more than a week new cases did not exceed 50 per day. Relatively low daily numbers ¹⁰⁸ of newly detected cases carried on for a couple of weeks, until on 1 April 2020 for the first time there were more than 500 new COVID-19 cases reported by Russia in a single day. **Since then, the numbers have risen to more than 8 800 new cases per day, ¹⁰⁹ which - at the time of writing - is the highest rate of new infections in Europe.** ¹¹⁰ The total number of COVID-19 cases in Russia currently exceeds 475 000. ¹¹¹

The first official COVID-19 death in Russia was reported on 27 March 2020, almost two months after the first detected COVID-19 case in the country. Since then, the total number of COVID-19 deaths has surpassed 5 900. ¹¹²

COVID-19-related data issues: the Russian context

According to the reported data, Russia currently is the third country worldwide, in terms of the total COVID-19 cases. However, Russia's recorded COVID-19 mortality rate is unusually low, at just 1 % (Fig. 14). The unusual character of the Russian data is most visible alongside other countries with the most COVID-19 cases in the world. For instance, Russia reports just 27 COVID-19 deaths per million inhabitants, whereas the USA reports 293 deaths and Brazil 103 deaths per million inhabitants. ¹¹³

Clearly, questions are being asked about how Russia is counting the numbers of people who have died from COVID-19. ¹¹⁴ The WHO has also suggested that Russia is *'[...] struggling at how to record the [COVID-19] deaths [...]'*. ¹¹⁵

There are opinions ¹¹⁶ - among them also the official one of the Russian government ¹¹⁷ - that the surge in virus positive cases might have been the result of increased testing, at least in Moscow, where approximately half of all reported COVID-19 cases in Russia had occurred until mid-May. ¹¹⁸ Nearly 430 000 people had been tested in Russia in the beginning of May, ¹¹⁹ and the rate of people testing positive at that point was around 3.6 %, ¹²⁰ fairly low compared with other countries. ¹²¹

Meanwhile, other sources suggest that the low rate of COVID-19 positive cases can be partially explained by deficiencies in the testing devices used. Initially, the COVID-19 tests were conducted with a domestically produced device, the accuracy of which to detect COVID-19 was said to be at 70-80 %, with a significant proportion of false negative results. ¹²² In addition, all samples had to be sent to a state-funded laboratory in Novosibirsk for a second round of testing in order to officially confirm COVID-19 infection. This led to a massive backlog. In the end of March, Moscow's COVID-19 task force actually announced that their testing protocol would be changed and samples would no longer be sent to the laboratory in Novosibirsk. ¹²³

Furthermore, in the beginning of April Moscow's health department proclaimed that it would begin regarding all pneumonia patients as potential COVID-19 patients.¹²⁴

As a matter of fact, the official mortality data in Moscow¹²⁵ demonstrated 20 % more deaths in April 2020 compared to average April mortality throughout the past decade. In absolute numbers, this stands for almost 2 000 more deaths in April 2020 than the 10-year average for April deaths in Moscow.¹²⁶ Meanwhile, there were just 962 officially registered COVID-19 deaths in the entire Russian Federation in the month of April.¹²⁷

In the context of a pandemic, this may imply that there has been an underreporting of COVID-19 deaths in Moscow. However, the Head of Moscow Healthcare Department Alexey Khripun in his opinion letter sent to the New York Times objected to the conclusion that April mortality statistics about Moscow reflected officially unaccounted for number of COVID-19 deaths.¹²⁸

Another report, which analysed January data provided by Russia's official statistics agency,¹²⁹ found out that there has been an increase by 37 % (or, approximately 2 000 cases) of '*community-acquired pneumonia*' in Moscow compared to January 2019.¹³⁰

Doctors' Alliance, a recently formed - and backed by Russian opposition leader Aleksei Navalny - country-wide union of healthcare professionals,¹³¹

has strongly criticised the government's response to the COVID-19 crisis stating that the true extent of the spread of virus is much higher but that many of potential COVID-19 cases are reported as '*pneumonia*'.¹³² Meanwhile, police arrested and detained the head of the union,¹³³ who was later fined for violating the rules of a lockdown and disobeying police orders.¹³⁴

Additional information about the severity of the epidemiological situation in Russia is provided by an investigative report, published by Mediazona (*Медиазона*)¹³⁵ and based on the number of deaths recorded among healthcare professionals in Russia, taken primarily from the '*Список памяти*' ('*In memoriam list*').¹³⁶ According to data used in the report,¹³⁷ one in every 15 COVID-19 deaths in Russia is a healthcare worker, making the disease 16 times deadlier for healthcare providers in Russia compared to those in Germany, Spain, the USA, the United Kingdom, Italy, and Iran (Fig. 15).

This could be explained in two ways: either healthcare workers in Russia are for some reason dying at much higher rates than in other countries or the death toll in the general population is massively under-reported in Russia.¹³⁸ **In any case, it is not unreasonable to assume that the COVID-19 situation in Russia is much worse than the official data suggest.**

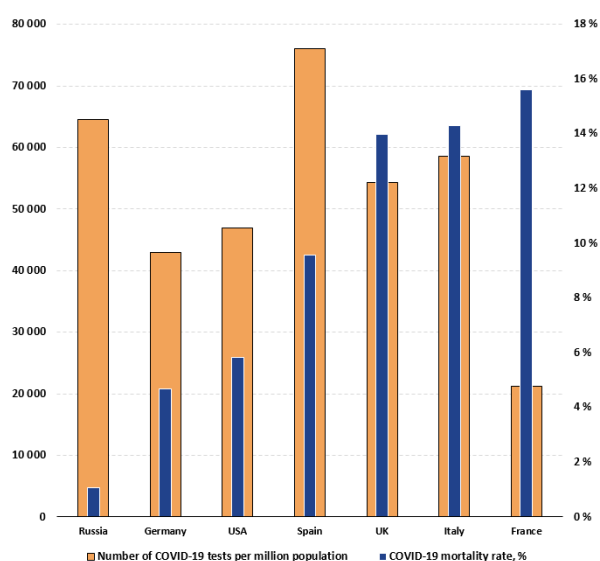


Figure 14: The number of COVID-19 tests per million population (left axis and orange bars) and COVID-19 mortality rate, % (right axis and blue bars) (Data source: Worldometer)

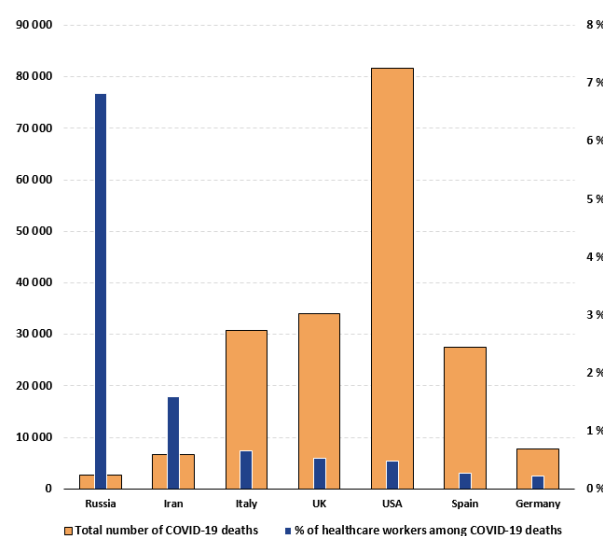


Figure 15: The total number of COVID-19 deaths (left axis and orange bars) and proportion of healthcare workers among COVID-19 deaths (right axis and blue bars) (Data source: Медиазона)

Containment measures

The first COVID-19 containment measures were introduced relatively early in Russia, before there were any official COVID-19 cases reported. Examples include the introduction of body temperature checks at some airports,¹³⁹ as well as the decision to close the border with China.¹⁴⁰ However, initial responses encompassed rather sporadic activities with uneven practical implementation.

The next - and more serious - wave of containment measures were introduced as from mid-March,¹⁴¹ slightly after COVID-19 cases started to be reported on a daily basis. Among other measures, on 28 March 2020, a week of *'non-working'* days¹⁴² was implemented and later extended repeatedly.¹⁴³ Nevertheless, the official line of the Russian government was that the COVID-19 situation was *'under full control'*.¹⁴⁴

Subsequently, on 11 May 2020 Putin announced that the mandatory regime of *'non-working'* would end the very next day for the entire country and for all sectors of the economy, but that regional leaders could determine how and when exactly to lift restrictions.¹⁴⁵ This **decision came at a time when the daily number of new cases in Russia exceeded 10 000 per day**, compared to fewer than 200 cases per day when the policy was introduced back in March.¹⁴⁶

There are conflicting news about the readiness and willingness of regions to actually ease the restrictions. While Russia's Prime Minister Mikhail Mishustin announced that 27 of Russia's regions were ready to start gradually easing COVID-19-related restrictions,¹⁴⁷ St. Petersburg - Russia's second-largest city - had already extended the COVID-19 lockdown until at least 31 May 2020 and required its residents to wear face masks and gloves in public as from 12 May 2020.¹⁴⁸ The Saratov region reinstated its ban on walks and outdoor activities a week after easing the restriction due to the increase in the COVID-19 infection rate.¹⁴⁹ Furthermore, Moscow's Mayor Sergei Sobyanin has announced that the residents of Moscow would be allowed to go outside to walk or exercise only when the number of new daily infections reaches the *'tens or hundreds, not thousands'*.¹⁵⁰

Where to next?

Several implications can be drawn from the above-described pattern of decision-making. For one thing, the **Russian government has a reason to be worried about the state of the country's economy**, a concern currently pressing for any country's government worldwide. Russia's economic activity is reported to have fallen by -33 % since the beginning of the pandemic¹⁵¹ and living standards are expected to take a serious hit due to quickly rising unemployment.¹⁵² The European Commission expects the Russian GDP to contract by 5 % in 2020.¹⁵³ Indeed, EASO's analysis of big data suggests that economic push factors in Russia have been on the rise in the recent months, possibly due to low oil prices and the effect of COVID-19 on the Russian economy.¹⁵⁴

Secondly, the **COVID-19 crisis has highlighted the difficulties of introducing a timely and effective crisis response in a country of an enormous size, both in terms of population and geography**. This is well-reflected in the fact that **there is a lack of data about COVID-19 spread throughout the country¹⁵⁵ and, furthermore, the available data are uneven in terms of coverage and consistency.**¹⁵⁶ Differences between the federal government and other levels of decision-making regarding perception of the threat posed by COVID-19 and approach on how to manage such a threat¹⁵⁷ are revealed in uneven containment measures adopted across various administrative entities of the Russian Federation, with Moscow City being perhaps the most visible example.¹⁵⁸

It is way too **early to predict the response at the individual level to the hardship caused by the COVID-19 crisis**. While the Russian government has halted wheat exports to prevent spikes in food price domestically,¹⁵⁹ that might not be enough to put the economy back on track and avoid deterioration of living conditions. Overall, a chaotic response to COVID-19, reduced trust in information and institutions, and lower economic prospects may increase the risk of asylum-related migration from Russia, especially given its proximity to the EU+.

Food Insecurity in Key Countries of Origin of Applicants for International Protection

Asylum applicants come from countries with diverse levels of food insecurity and hunger

Given that forecasts by the IMF point at a likely contraction of the global economy in 2020, the Food and Agriculture Organization of the United Nations (FAO) has warned about a possible **large increase in the number of undernourished people** in net food-importing countries, **especially low-income countries**.¹⁶⁰ The WFP has raised alarm about a **famine of huge proportions**, warning that the number of people suffering acute hunger in low and middle-income countries will almost double the pre-COVID-19 predictions, reaching 265 million.¹⁶¹

Food security is defined as *'all people, at all times, have[ing] physical, social and economic access to sufficient, safe and nutritious food that meets their dietary needs and food preferences for an active and healthy life'*.¹⁶² It can be **assessed along three dimensions**, underlying the Global Food Security Index (GFSI): **affordability (consumer's ability to buy food)**, **availability (national food supply)**, and **quality and safety**. This index measures the conditions for food security rather than the actual security level.¹⁶³ Therefore, it is useful to consider it in combination with an outcome measure, such as the prevalence of hunger or chronic undernourishment.¹⁶⁴

Figure 16 shows the relationship between food insecurity and undernourishment, which are clearly correlated, i.e. countries with higher food insecurity tend to also have considerable shares of undernourished population. The figure presents results for third countries¹⁶⁵ and displays in green the top countries of origin for asylum applicants in the EU+. The size of each bubble corresponds to the number of applications lodged by nationals of each third country in the EU+ in 2019.

Among the countries with available data, **in 2019 food insecurity was the highest in Venezuela, followed by several African states and Syria**.¹⁶⁶ According to the latest available data for 2017, **the highest levels of undernourishment were in several African states**. Among the top countries of asylum applicants in the EU+ in 2019, undernourishment was prevalent for 30 % of the population in Afghanistan, 29 % in Iraq, 21 % in Venezuela, and 20 % in Pakistan.¹⁶⁷ **There does not seem to be a straightforward link between food security or hunger and asylum influx to the EU+ given that the most numerous groups of applicants came from countries with various levels of food (in)security and degrees of undernourishment.**

However, much of the data used to produce global comparative overviews is outdated. In several countries, in the context of lockdowns and restrictive measures food security has worsened or is threatening to aggravate. Increased food insecurity may be a function of several factors, including violent conflicts, weather conditions, and economic crises,¹⁶⁸ which in turn could lead to acute hunger.¹⁶⁹

Food insecurity itself is not a ground for granting international protection under the Qualification Directive.¹⁷⁰ However, it can be a relevant factor when considering internal protection alternatives within the country of origin.¹⁷¹ It can also become relevant when it exacerbates risks related to negative coping mechanisms (e.g. child marriage, child labour, forced prostitution) or as an indirect effect of the violence taking place in a situation of armed conflict.¹⁷² As such, it may have an impact on the recognition rates for some countries of origin.¹⁷³ The indirect impact of food insecurity on asylum flows is likely to be more important, with food shortages resulting in increased social tensions and potentially violent conflicts linked to access to water, land and livelihood, exacerbating existing tensions between population groups (be it ethnic, religious, socio-political, etc.). As such, food insecurity may be a strong underlying factor reinforcing some more typical asylum-related drivers.

A looming famine pandemic

The main reasons for concerns over rising food insecurity and hunger are three interrelated factors: loss of jobs and associated decline in purchasing power, disruptions in local food supply, and rising food prices.

Various restrictive measures have contributed to the loss of jobs and subsistence in low and middle-income countries.¹⁷⁴ Given that prior to the crisis many families were dependent on a single breadwinner, the impact of job losses is multiplied, i.e. leading to food shortages for whole families. As more people become unemployed, the option to rely on extended family networks is also diminishing. The impact has been particularly acute in urban areas.¹⁷⁵ Borrowing money for food appears to be a core coping strategy.¹⁷⁶ Beyond the impact on nutrition, loss of income has further health implications forcing some to choose between spending on food or on medicine.¹⁷⁷

Closure of borders and restrictions on internal travel within countries have caused disruptions of local food supply. Information on Nigeria, other Sub-Saharan African countries, and India suggests that crops are rotting in the fields or remain locked at barns due to disruptions

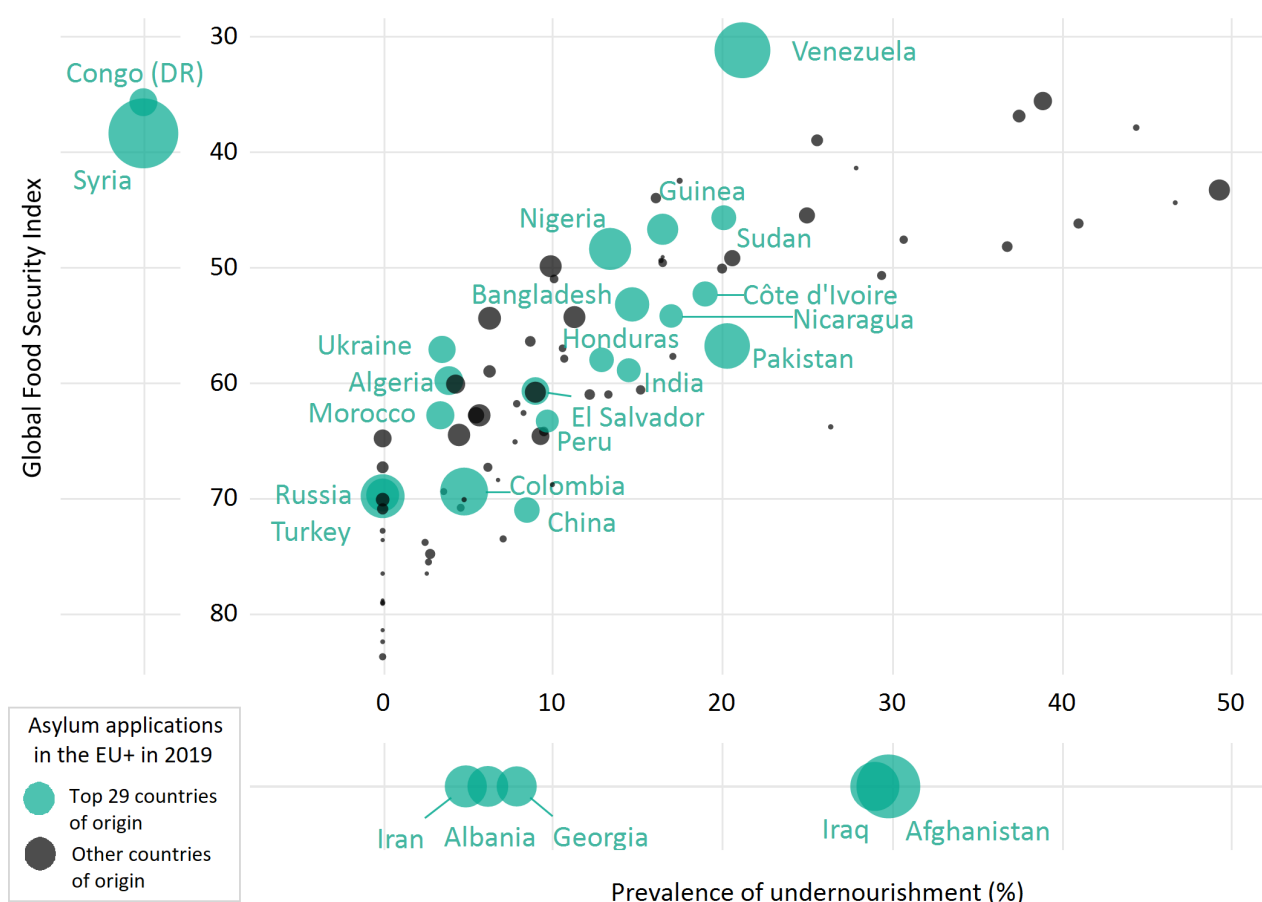


Figure 16: Global Food Security Index vs prevalence of undernourishment (%) by asylum applications lodged in the EU+ by third country nationals (bubble size), most recent years (Data source: The Economist Intelligence Unit, FAO, and EASO)

Note: The GFSI (2019 edition) ranges from zero (least favourable) to 100 (most favourable). Data on prevalence of undernourishment cover 2017. Asylum applications in the EU+ refer to 2019 values. For Syria and Congo (DR) only the GFSI scores are available, for Afghanistan, Albania, Georgia, Iran and Iraq only undernourishment data are available.

in internal delivery services.¹⁷⁸ A similar pattern has been observed in some areas of Afghanistan, where lockdown measures disrupted supplies from rural markets to closely integrated urban centres.¹⁷⁹ In many countries markets were fully or partially closed (e.g. Bangladesh,¹⁸⁰ Congo¹⁸¹) amid shrinking numbers of consumers due to concerns about going out during the pandemic.¹⁸² The impossibility to sell local produce coupled with halts in food imports could reduce agricultural production and pave the way to a major food crisis.¹⁸³ At the same time, food producing countries have introduced temporary export restrictions, some of which are still in place (e.g. Algeria, Mali).¹⁸⁴

Disruptions in supply chains, movement restrictions on (agricultural) workers and in some cases panic hoarding by consumers have resulted in surges in food prices. For example, prices of basic food commodities increased by 10-20 % in Afghanistan in April-May 2020 compared to the same period in 2019.¹⁸⁵ In Syria, food prices have reached the highest level since the start of the war in 2011.¹⁸⁶

Countries dependent on food imports (e.g. the Democratic Republic of Congo, Sudan, Syria, Yemen) are particularly vulnerable to price fluctuations on the global markets.¹⁸⁷ In the context of persistent insecurity, food prices could grow even further during the upcoming lean season in the summer of 2020.¹⁸⁸ To protect local markets and ensure supply, some countries have been implementing different policies, such as releasing huge food quantities from national reserves (e.g. Nigeria, Russia, Ukraine) or introducing price ceilings on key products (e.g. El Salvador, The Gambia, Honduras).¹⁸⁹

The co-occurrence of these trends creates a vicious circle. The drop in purchasing power clashes with the rise in prices. Supply disruptions put additional pressure on prices and access to food. Finally, while conflicts are often a trigger of growing food insecurity, there is in fact a circular relationship. In the context of mobility restrictions, rising unemployment and loss of income, worsening food security could contribute to intensification of violence.¹⁹⁰

Outlook: Forecasting the Effects of COVID-19 on Asylum-Related Migration

Forecasting¹⁹¹ has evolved massively, with mathematical models now successfully predicting a wide range of seemingly chaotic phenomena, such as the weather and the stock exchange. Prognosis (knowing before) of phenomena is a crucial element of any Early Warning and Preparedness System but 'black-swan events', a concept popularised by Taleb¹⁹², present significant challenges because they produce massive effects but are impossible to predict using traditional methods. The current COVID-19 pandemic is an example of a black-swan event because it was – to a large extent – not predictable and it is likely to have significant long-term effects on many aspects of daily life for much of the human population.

Past predictions have not foreseen the pandemic

EASO's Situational Awareness Unit uses machine learning to combine big data on global media reports and internet searches in countries of origin and transit with administrative data on asylum applications in the EU+, detections of irregular migration at the EU borders and EU-regulated recognition rates, and to understand and explain the main drivers of asylum-related migration. In 2019 this system successfully predicted short-term fluctuations in asylum trends but it did not foresee the global pandemic, nor can it be used at the present time to establish even a basic framework for discussing how asylum-related migration may look even in the months ahead. Figure 17 shows the lack of success in quantitatively predicting the pandemic and its impact.

Furthermore in 2019, EASO brought together Member State experts, academia, NGOs, other Justice and Home Affairs (JHA) Agencies and the European Commission to publish a scenario report entitled '*The Future of International Protection in the EU+ in 2030*'. EASO and other participants were invited

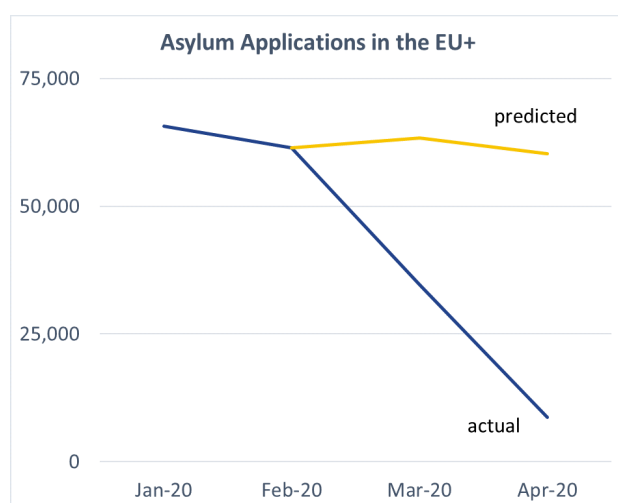


Figure 17: Comparison of predicted number of asylum applications in the EU+ with actual number for March and April 2020 (Data sources: EPS, EASO)

to engage in profound and insightful discussions, to use their imagination and push the boundaries of plausibility. However, no matter how sophisticated the methodology and how insightful the participants, the workshop outcomes failed to mention impending pandemics and their potential effects on international protection. **While both quantitative and expert-based methods have failed to predict the emergence of the pandemic and its impact on asylum-related migration, it was the response of policy-makers that determined its impact on the current situation of asylum in the EU+.** Movement restrictions and the reduction of in-person asylum procedures have resulted in a drop in applications. **The response of policy-makers will also continue to determine the impact of the pandemic on asylum.**

Future predictions on asylum-related migration

For accurate forecasts, **information is the most important resource.** However, any current forecast would be based on vastly imperfect information generated by four main areas of uncertainty.

Firstly, uncertainty results from the testing procedure for COVID-19 which is concentrated among those who are symptomatic or in high risk professions, meaning that tests results are more likely to be positive than for a random sample of the population. Hence, even epidemiologists admit that they are not confident about how fast the disease is spreading especially in countries where few tests are being performed or where the data may be manipulated for political reasons. For the same reasons, the virus hospitalisation and mortality rate is uncertain.¹⁹³ COVID-19 has been shown to be more transmittable than the common flu.¹⁹⁴ Widely adopted lockdown measures and social distancing mandates have led to a reduction of the virus reproduction rate to below 1 in some countries,¹⁹⁵ thus **ensuring that the healthcare system capacity can cope** with the increased need for hospitalisation.

Secondly, it is uncertain whether or when a treatment for the virus can be found, in the form of an existing drug that can be repurposed for COVID-19 or a new drug. Concurrently, the development of a vaccine would provide hopefully immunity to the majority of the population hence protecting against the spread of the virus. While at least 124 candidate vaccines according to WHO¹⁹⁶ and at least 115 potential treatments according to the European Medicines Agency (EMA)¹⁹⁷ are being tested, it cannot be known in advance when a major medical breakthrough may lead to the eradication of the virus. The Coalition for Epidemic Preparedness Innovations (CEPI) estimates the development of the vaccine to take 12-18 months.¹⁹⁸ However, experience has shown that vaccines fit for humans sometimes take years or decades to be developed as human trials for safety and efficacy are necessary before widespread adoption.¹⁹⁹ Even if a vaccine is

Surveillance Measures Increase During Pandemics

Another controversial measure that becomes somehow more palatable in times of crisis is the implementation of digital tracking systems for disease surveillance purposes. In Asia, memories of the SARS, H1N1, and MERS outbreaks have influenced how governments use personal data. For example, in Taiwan the government is tracking phones to enforce quarantine.²¹¹ This kind of surveillance was also implemented in Israel, where the police started using mobile phone location data to enforce quarantine, however this has been halted by a parliamentary oversight group because of privacy concerns.²¹² In fact, these kinds of measures are not expected to be enforced soon across other countries with strong privacy regulations, however this might not be the case everywhere. There is a danger that governments might use the pandemic as an opportunity to introduce extensive surveillance that goes beyond public health interests. For example, China and Russia are already rolling out mass surveillance with seemingly no time limit in sight.²¹³

The COVID-19 pandemic has brought big data-driven practices of infectious disease surveillance to the forefront and poses in the long run further unprecedented challenges and implications. The key role of tech companies for digital surveillance of populations is controversial, posing a lot of questions on data protection and privacy. For example, Google is now producing the so-called Community Mobility Reports²¹⁴ charting movement trends over time by geography, including residential places. This demonstrates the extent to which surveillance is possible via mobile phone location services and may be open to abuse if the necessary privacy provisions are not respected. Furthermore, it cannot be ruled out that tech companies may be willing to support governments in order to increase their market share in future surveillance market place. In addition to the use of mobile phone data, the use of wristbands with tracking functions is being tested across multiple countries.²¹⁵ It is possible that this kind of technology may be used in the future to track migrants, asylum seekers and refugees promoted by some governments as being in the interests of protecting public health.

approved for use, the **availability and dissemination of the vaccine at a global level** may determine whether hotspots of activity may remain or how soon herd immunity may be achieved. This depends, in part, in governments being open about the results of scientific research and willing to share the results globally, as this is imperative for global public health. It is likely that in countries experiencing conflict and in low-income countries with weak healthcare systems, including most of the top countries of origin of asylum seekers in Europe, vaccines would take longer to be deployed. Within such countries, rural populations or populations living in poor conditions or in informal settlements in cities may also be particularly difficult to reach.

Thirdly, there is no timetable for the relaxation of emergency measures, and no agreed standard by which lockdowns would be reinstated in the case of a second wave. Countries have taken lockdown measures to various extents, including social distancing rules, with the aim of lowering the virus reproduction rate. In addition, travel restrictions²⁰⁰ have been placed in movements between countries, even in the Schengen area, and in some cases even within countries, such as in Italy and Greece. **Movement restrictions have made the journeys of would-be migrants more difficult, or impossible in some cases.**²⁰¹ While the lockdown measures have started to be lifted in EU+ countries, it is uncertain whether travel restrictions will also be lifted, or whether lockdown measures will be reinstated in the future. Social distancing rules have also slowed down the asylum process, since fewer face-to-face interviews can be performed. As countries open their borders, policies are established to allow entry of individuals conditionally, depending on the countries visited in the past weeks, or health checks. Asylum seekers may also be impacted by requirements for testing and quarantine upon entry in the country or in order to proceed with face-to-face stages of the asylum procedure. At a later stage, similar requirements may be placed for vaccination. Contact tracing of patients has led

states to introduce surveillance measures to monitor citizens who have been forced to give up their privacy to protect public health.²⁰² Some countries already collect data from the mobile phones of asylum seekers in order to cross-check their stories; more similar or additional measures of monitoring may be introduced in the future in the interest of public health, directly impacting asylum seekers. Companies, such as Google, have access to the personal whereabouts of mobile phone holders publishing them in aggregate form;²⁰³ the technology for individual surveillance is ready.

Finally, economic forecasts vary wildly and the network of interlinked knock on effects is not well understood. The widespread economic impact of lockdown measures and travel restrictions can already be seen in the projections for 2020²⁰⁴ and the rising unemployment in the second quarter of 2020.²⁰⁵ This has an **impact on remittances**, as low skilled migrants in richer countries may no longer be able to work or physically access remittance services.²⁰⁶ At the same time, a prolonged shutdown may lead to further slowing of demand, which would affect developing countries whose economies depend on exports²⁰⁷ and tourism.²⁰⁸ **Economic scarcity at home and the surge of authoritative measures imposed to combat the virus, along with the fear of COVID-19 and the 'infodemic'**²⁰⁹ - the proliferation of misinformation regarding the virus - **may lead to riots or demonstrations from disgruntled citizens or re-incite pre-existing conflict.** The **lack of healthcare system capacity** or the local COVID-19 situation has already affected migrants who may change their journeys or return home if they deem it safer.²¹⁰ Considering the uncertainty of the aforementioned events, the travel restrictions that affect the ability of would-be migrants to seek asylum, as well as the ability of receiving countries to process asylum requests, depending on their own lockdown measures, makes the process of **quantifiably** forecasting asylum-related migration an impossible exercise. At the same time, the question of **effective and safe access to international protection** in Europe or elsewhere remains a challenge.

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Abbreviations

ACLED	Armed Conflict Location and Event Data Project
AIDS	Acquired Immune Deficiency Syndrome
CEPI	Coalition for Epidemic Preparedness Innovations
DARS	EASO Data Analysis and Research Sector
ECDC	European Centre for Disease Prevention and Control
EMA	European Medicines Agency
EPS	Early-Warning and Preparedness System
FAO	Food and Agriculture Organisation
GDP	Gross Domestic Product
GFSI	Global Food Security Index
GNA	Government National Accord
HIV	Human Immunodeficiency Virus
ICU	Intensive Care Units
IDPs	Internally Displaced Persons
IMF	International Monetary Fund
IOM	International Organisation for Migration
JHA	Justice and Home Affairs
LNA	Libyan National Army
NISA	Nigeria Sovereign Investment Authority
NRC	Norwegian Refugee Council
PPE	Personal Protective Equipment
SAU	EASO Situational Awareness Unit
UAM	Unaccompanied Minor
UNODC	United Nations Office on Drugs and Crime
WFP	World Food Programme
WHO	World Health Organisation

