

Migration Governance and the Pandemic: A Multilevel Governance Approach

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Migration can be defined as the human movement from one place to another. Article 13 of UDHR (Universal Declaration of Human Rights) guarantees freedom of movement. To curb COVID-19, many nations and international organisations restricted free movement. Governance of 'migration' became important in the pandemic-stricken world. This article from a multilevel governance perspective examines the policies/initiatives on governing migration to contain COVID-19 at different levels. For this, the paper assesses the WHO's directives, Government of India's measures and steps taken by the regional government of Kerala to address the issue.

Keywords: COVID-19, WHO, Return migration, Governance, India, Kerala

The World Health Organisation issued a bulletin in 2007 claiming that international human migration is a crucial factor in the globalisation of infectious and chronic diseases in today's world. This movement of people, mainly through migration, would eventually become a national security problem, prompting a focus on national resources on non-traditional security areas like biosecurity, resulting in a concentration of national capital in non-tradable sectors (Macpherson, 2007). 'Governance' is defined as 'the act or process of governing or overseeing the control and direction of something'. It implies 'the way a group of people such as a country do things.' It includes 'all processes of governing, whether undertaken by a government, market, or network, whether over a family, tribe, formal or informal organisation, or territory, and whether through laws, norms, power or language'.¹ Many groups create a government to decide how things are to be done. Governance is also how government decision-making affects people in that nation. Multi-level governance is defined as the vertical (multiple levels) and horizontal (multiple actors) dispersion of central government authority. The concept of multi-level governance adds the dimension of scale in a modern world, where there is "growing interdependence between governments and non-governmental actors at various territorial levels". (Bache & Flinders, 2004). This makes both supra-national and sub-national levels more relevant. These processes were set in motion by globalisation that facilitated increasing transnational cooperation between states. In an interconnected world, where interdependence among state actors is highly intense, a multilevel governance approach is required to mitigate a pandemic of global nature. It necessitates governance at different levels- global, national and local.

The coronavirus (COVID-19) epidemic has become a global public health challenge. The COVID-19 pandemic and the related confinement or lockdown

¹Bevir, M. (2012). *Governance: A very short introduction*. Oxford University Press.

policies potentially reinforce economic, social and gender disparities. As of 25th December 2020, approximately 213 countries and over 80 million individuals were affected, of which 2.25 percent deaths were reported (Worldometer, 2020). In India, there were over 10 million confirmed COVID-19 cases, of which 1.38 per cent died. Likewise, the reported case of COVID-19 in Kerala was 664951, including 2930 cases of deaths reported (0.44 per cent) (MoHFW, 2020). It has created an alarming situation around the world as it is infectious and spread very rapidly. The governments' lockdown decision caused many people to live in panic and depression. This has set the people in motion, causing huge movement of people, normally from host stations to native places. Immigrants in a nation are potentially in a more vulnerable position in the labour market due to their generally less stable employment conditions and lower seniority on the job. Significant global level actors vis-à-vis migration and health are the United Nations (UN), International Organisation for Migration (IOM) and World Health Organisation (WHO). These institutions' and their respective policies, programs, and orders played a significant role in bringing a certain level of uniformity in pandemic governance across the world. Apart from these international agencies, at the national and lower levels, pandemic was handled through several containment and health strategies by the national, state and local governments of different countries. This paper focuses on COVID-19 mitigation policies of governmental/ intergovernmental actors at three levels- WHO (at global level), India (national) and Kerala (regional).

Governing Migration for Health: A Multi-Level Approach

Migration Governance at the Global Level

The World Health Organisation (WHO), the United Nations specialist body in charge of global public health, has been at the heart of the battle against the new coronavirus since the first reported outbreak in China. It issued a COVID-19 Strategic Preparedness and Response Plan, which identified the major actions countries need to take, and the resources needed to carry them out. The plan, which was updated as fresh information and data improved WHO's understanding of the characteristics of the virus and how to respond, and further acted as a guide for developing country-specific plans. In April 2020, WHO announced that joint work with various international organisations such as UNICEF, UN refugee agency (UNHCR), the International Organisation for Migration, and the UN human rights office (OHCHR) was needed to better refugees and displaced persons.² It published a research finding that the fight against COVID-19 had severely disrupted services to prevent and treat non-communicable diseases like cancer, diabetes, and hypertension, which killed over 40 million people each year³. Thirty nations and multiple international agencies signed up to support the WHO's COVID-19 Technology Access Pool (C-TAP), a "one-stop shop" for sharing scientific knowledge, data and intellectual property in efforts to beat back the disease.⁴ The Emergency Committee on COVID-19 met on 3rd August

²United Nations. (2020, April 3). 'Overwhelmed health systems have little room for sick refugees, migrants, UN agencies warn. <https://news.un.org/en/story/2020/04/1061062>.

³United Nations. (2020, June 1). COVID-19 disrupting services to treat non-communicable diseases, WHO survey finds. <https://news.un.org/en/story/2020/06/1065172>

and the Director General called the current situation a “sobering moment” because of its direct and ripple effect (United Nations [UN], 2020a). It said that COVID-19 reinfection seems not to be a ‘regular event’. It came with the need of setting up of an expert committee to inspect aspects of the international treaty that governs preparedness and response to health emergencies in order to prepare for future pandemics⁵. Kick starting economy without a proper COVID plan would be a “recipe for disaster” (UN, 2020b). The Director-General unveiled the Vaccines Global Access Facility (COVAX), to deliver two billion doses of coronavirus vaccine globally by the end of 2021.⁶ WHO issued joint statement with the Food and Agriculture Organisation (FAO), International Fund for Agricultural Development, International Labour Organisation (ILO), “for global solidarity and support, especially with the most vulnerable in our societies” as about tens of millions of people in the developing world, living in extreme poverty, with nearly half of the global 3.3 billion workforce were at risk of losing their jobs.⁷

WHO published advice for international travel and trade concerning the outbreak of pneumonia caused by a new coronavirus in China (WHO [World Health Organisation], 2020a). It contained practical precautions and advice for exit screening in countries or areas with ongoing transmission of the coronavirus and entry screening in countries without coronavirus transmission (WHO, 2020b). No restrictions were recommended for international traffic; but WHO issued precautions for international travellers such as “avoiding close contact with people suffering from acute respiratory infections, frequent hand-washing, especially after direct contact with ill people or their environment; avoiding close contact with live or dead farm or wild animals; travellers with symptoms of acute respiratory infection should practice cough etiquette.” (WHO, 2020c). A month later, the WHO issued key ‘considerations’ for repatriation and quarantine of travellers. This document dealt with ‘measures to be adopted before embarkation, on-board the aircraft, upon arrival at the point of entry and quarantine’. Quarantine facilities such as infrastructure, accommodation, and food were to be in accordance with Article 32 of the International Health Regulations (IHR) published by WHO.⁸ Article 32 explained the treatment of travellers in unforeseen emergency health situations by states. “States Parties shall treat travellers with respect for their dignity, human rights and fundamental freedoms and minimise any discomfort or distress associated with such measures”. Trained health care workers were required to be assigned to observe and follow up on these passengers in the quarantine facility (WHO, 2020d).

A duration of 14 days was suggested for quarantine. These recommendations highlighted that restricting the movement of people and goods during public health emergencies was ineffective in most situations and might divert resources from

⁴United Nations. (2020, May 29). COVID-19: Countries support one stop shop to share science and research. <https://news.un.org/en/story/2020/05/1065132>. WHO listed two COVID-19 (Real-Time PCR Coronavirus (COVID-19) and cobas SARS-CoV-2 Qualitative assay for use on the cobas® 6800/8800 Systems) tests for emergency use.

⁵United Nations. (2020, August 27). Committee to review global treaty on response to health emergencies. <https://news.un.org/en/story/2020/08/1071132>

⁶United Nations. (2020, September 21). Global Solution to COVID-19 in sight, ‘we sink or swim together’. <https://news.un.org/en/story/2020/09/1072932>

⁷United Nations. (2020, October 13). Time for global solidarity to overcome COVID-19 health, social and economic challenges. <https://news.un.org/en/story/2020/10/1075322>

⁸WHO, International Health Regulations (IHR), Article 32 of published by World Health Organization.

other interventions (WHO, 2020e). WHO was against imposing a total shutdown of international travel, nevertheless, issued general recommendations like intensifying surveillance for unusual outbreaks of influenza-like illness, monitoring the evolution of COVID-19 outbreaks carefully, reinforcing epidemiological surveillance, etc. (WHO, 2020f). The joint ICAO-WHO Statement on COVID-19 published on 11th March 2020 also reiterated the measures given by previous orders. While resuming international travel, each country was to conduct a risk-benefit analysis and decide on its priorities (WHO, 2020a).⁹ Priority was given to essential travel for emergencies and humanitarian actions (including emergency medical flights and medical evacuation).¹⁰ Based on the severity of infections, countries were categorised into four—countries with ‘No’ cases; ‘Sporadic’ cases - Countries/territories/areas with one or more cases, imported or locally detected; ‘Clusters’ - Countries/territories/areas experiencing cases, clustered in time, geographic location and/or by common exposures, and nations with ‘Community transmission’. This epidemiological situation of COVID-19 in each country was made available through WHO ‘Situation Reports’ (WHO, 2020b). WHO issued various rules, guidelines and regulations ranging from public advice to situation reports to curb the COVID-19 pandemic.

Governance at National Level: The Case of India

The Government of India announced precautionary measures against the spread of the COVID-19 pandemic restraining the movement of India's entire 1.3 billion population (Government of India, 2020c). India had four phases of lockdown (Government of India, 2020b).¹¹ Efforts were made for coordination among multiple national governance agencies. The Ministry of Civil Aviation published detailed guidelines to be followed from origin to airports and after arrival in India. In order to facilitate the movement of stranded Indian nationals and certain Overseas Citizen of India (OCI) Cardholders, the government allowed private aircraft and charter operations on international sectors and issued a Standard Operating Protocol (SOP) for the same (Government of India, 2020a). ‘Vande Bharat Mission’ was India's massive repatriation mission to bring back stranded Indians from different parts of the world. More than 60 ‘non-scheduled, commercial’ flights operated from about 12 countries to bring back 15,000 citizens in the first phase, which started on 7th May 2020 (Government of India, 2020c). The second phase covered Europe, Australia, Canada, the Middle East and some Asian nations. As of now, Vande Bharat mission completed 12 phases of repatriation mission for stranded Indian national from across the world.¹² Though international flights were banned, international scheduled flights were allowed in selected routes on a case to case basis.¹³ On the other hand, international cargo operations were allowed without restrictions. Indian

⁹Public health considerations while resuming international travel WHO dated 30/07/2020

¹⁰(Joint ICAO-WHO Report published on 11 March 2020).

¹¹Phase 1: 25th March 2020 – 14th April 2020 (21 days), Phase 2: 15th April 2020 – 3rd May 2020 (19 days), Phase 3: 4th May 2020 – 17th May 2020 (14 days) and Phase 4: 18th May 2020 – 31st May 2020 (14 days). See Government orders: No.40-3/2020-DM-1 (A) Government of India Ministry of Home Affairs dated 24th March 2020; No.40-3/2020-DM-1 (A) Government of India Ministry of Home Affairs dated 2020; No.40-3/2020-DM-1 (A) Government of India Ministry of Home Affairs dated 1st May 2020.

¹²See <https://www.mea.gov.in/vande-bharat-mission-list-of-flights.html>.

¹³See order issued by Directorate General of Civil Aviation (DGCA) on 26-11-2020

Navy also joined the Vande Bharat mission and dispatched four naval ships in the first phase (Government of India, 2020d). Indian Navy's INS Jalashwa and INS Magaroperated to bring back Indian citizens from the Maldives while INS Shardul and INS Airavat set sail to the UAE as part of its evacuation effort 'Operation SamudraSetu'. In the month of December, new strains of the coronavirus, B.1.1.7, were found in the U.K., with a rapid transmission rate. The variant was originally named the first Variant Under Investigation in December 2020 (VUI – 202012/01) by Public Health England (Boseley, 2020). But it was later reclassified into a Variant of Concern (Variant of Concern 202012/01, abbreviated VOC-202012/01) by a report published by Public Health England on 21st December 2020. In response to the new strain of virus, India suspended UK flights till 31st December as an 'abundant precaution' against the same.

Indian Railways suspended passenger operations; nevertheless, freight operations were maintained to transport essential goods during the lockdown (Government of India, 2020d). The Union Ministry of Home Affairs (MHA), in response to the Supreme Court's direction regarding the welfare of migrant labourers, wrote to all states and union territories to take necessary action to provide adequate medical facilities, food and shelter. In addition to this, the Ministry of Health issued separate guidelines to deal with the psychosocial issues among migrants during COVID-19. The Government of India declared a package of 1.70 lakh crore rupees on 26th March 2020 under the Pradhan Mantri Gareeb Kalyan Yojana for the socio economically deprived health workers, MGNREGA workers, especially women, elderly and unorganised workers, Jan Dhan account holders and Ujjwala beneficiaries (Press Trust of India, 2020a). The program included an additional 5 kg of wheat or rice and one kg of chosen pulses per month for the 80 crore beneficiaries. The agonising journey that began when hopes had faded in their workplaces finally ended in their native villages, not before exposing the returning migrants to extreme circumstances and incomprehensible trauma. Looking at the problem's magnitude of migrants, several states, i.e. Uttar Pradesh, Delhi, Rajasthan, Bihar, and Karnataka, arranged special buses to drop these workers and their families either to the state borders or their districts (Bohra, 2020).

The fear of COVID-19 and the loss of livelihood marked the mass movement of millions of migrant workers in some parts of the country. Many began a long 'barefoot' journey with their families to their native places in the absence of transportation facilities. This mass return migration resulted in a chaotic environment on national highways, bus stops and train stations, causing misunderstandings among states. Since this was a breach and threat to the benefits of lockdown and was dangerous for themselves and people in the villages, on 29th March 2020, the Government of India issued a strict order to seal all interstate and district borders and requested states to issue appropriate orders to district authorities to ensure adequate temporary shelter arrangements (especially near highways) (Government of India, 2020b). The government made arrangements for food, clothing and health, facilities and other basic requirement measures for the poor and vulnerable (Government of India, 2020).

The Union Government permitted the movement of stranded persons by road.¹⁴ They would be allowed to move from one State to another State after the states concerned consulted each other and mutually agreed to. On 1st May 2020, MHA

¹⁴No.40-3/2020-DM-1 (A) Government of India Ministry of Home Affairs dated 29th April 2020

announced that special trains would be operated for the movement of stranded persons and gave the Ministry of Railways (MoR) the responsibility to operate and designate nodal officer(s) for coordinating migrant labour movement among states.¹⁵ Further, MHA issued orders to ensure migrant workers use either buses or Shramik trains (and not foot) to return home. MoR arranged more than 100 'Shramik' special trains per day for facilitating the journey of stranded persons during the initial days. MHA issued instructions like compulsory booking of e-ticket, medical screening of all passengers, etc., for travelling and strict adherence to COVID-19 health guidelines (Suri & Sen, 2011).

Governing Migration for Health: Kerala as a Case Study

Kerala declared a state-wide shutdown on 23rd March, a day later the central government declared a 21-day lockdown across the country, and lasted till 31st March. The state's order included the following restrictions: the suspension of all modes of passenger transportation, the prohibition of gatherings of more than five people, and the closure of all commercial establishments, offices, and factories, with the exception of those exempted. Taxis, automobiles, and private vehicles were only allowed to be used for critical purchases or medical crises. The Kerala Epidemic Diseases Ordinance, 2020 was issued by the Governor of Kerala on 26th March while the legislature was not in session. The Ordinance gave state government the authority to take the required steps and impose rules in the event of an epidemic sickness. It also specified a penalty for individuals who disobeyed the Ordinance's orders.

For the returning Non-Resident Keralites (NRKs), instructions were issued to avoid delay in the arrival airport and to facilitate proper quarantine facilities. They were required to register in the COVID-19 Jagratha portal after obtaining a flight ticket. For chartered flights, the person or institutions who arranged flights were to register the details of all passengers. Once the registration was done, a self-generated PIN would be issued. Prior testing of COVID-19 for expatriates was made mandatory; the Union Government was requested to facilitate the same in the host country.¹⁶ Checking was done at the airport.

In May, Kerala issued eight separate orders regulating interstate movement. The order on the movement of people issued guidelines for mainly three things, 'procedure for going out of Kerala', 'procedure for coming into Kerala' and 'infrastructure requirements at entry points. For moving out of Kerala, the District Collectors concerned would issue movement passes for stranded persons along with a health certificate in enclosed format; district administration designates the centres/ offices for medical screening and issue passes. The District collector would maintain a record and database. The Government had chosen six entry points for facilitating the movement of persons from other States to Kerala.¹⁷ Priority was given for those from neighbouring states seeking medical aid in Kerala, pregnant ladies with family, family members including children separated due to lockdown,

¹⁵No.40-3/2020-DM-1 (A) Government of India Ministry of Home Affairs dated 01 May 2020

¹⁶See Government orders: GO (Rt) No. 369/2020/NORKA dated 19/06/2020; GO (Rt) No. 380/2020/NORKA dated 24/06/2020

¹⁷They were Inchivila (Thiruvanthapuram), Aryankavu (Kollam), Kumily (Idukki), Walayar (Palakkad), Muthanga (Wayanad) and Manjeshwaram (Kasaragod).

students, senior citizens with family members, persons who lost jobs etc. In subsequent orders, senior officials were given responsibilities for coordinating and supervising the inbound/outbound movement of migrant workers, pilgrims, tourists, students and other persons in line with the union government instructions.

Guidelines were also issued for migrants from red zones districts in the country. They were required to be in institutional quarantine in their home districts for 14 days from their arrival date. Persons above 60 years, children below the age of 14 years, pregnant ladies and accompanying spouses were put under home quarantine for 14 days. Persons arriving without an entry pass issued from Kerala were to be under mandatory institutional quarantine irrespective of their district of origin of journey. This order was connected with the Ministry of Health and Family welfare's list of 130 most vulnerable districts in the red zone in the country. The option for paid quarantine was also there. Later some of the provisions were changed; for instance, the age limit of the elderly population was increased to 75 from 65, pregnant ladies were allowed for home quarantine, and the provision of paid quarantine was removed. Persons coming to Kerala from various States by domestic flights were required to register their details in the Covid19 Jagratha portal after obtaining tickets. Asymptomatic persons were to undergo home quarantine; symptomatic would be sent to either COVID Care Centre or hospital after the medical screening. Compulsory quarantine for 14 days was provided. Registration of guest workers details in the Covid19 Jagratha portal was made mandatory to ensure quarantine and quarantine formalities. This order was in response to the relaxation sought by the industrial sector. Responsibilities to bring the guest workers were given to employers.¹⁸

COVID-19 in Kerala and International Migration

Kerala has 21.22 lakh emigrants, according to a migration survey by the Centre for Development Studies. Of them, 18.94 lakhs have migrated to countries in West Asia, viz. the UAE, Saudi Arabia, Bahrain, Oman, Kuwait and Qatar. The proportion of non-Gulf countries is just 11 per cent (Rajan & Zachariah, 2020). The non-Gulf countries with large numbers of Keralite emigrants are the United States, the United Kingdom, Australia, New Zealand, Canada, Singapore and Malaysia. Kerala received about one lakh crore rupees a year as remittances before the spread of COVID-19. The COVID-19 pandemic indicated that no country was immediately and adequately prepared to face such a threat on the scale it is today. Although policymakers were trying to find solutions to this problem, many migrant and expatriate workers felt powerless in big groups, and the feelings of anxiety of transience and ephemerality surround the NRKs (Menon & Vadakepat, 2020). The pandemic made expatriates apprehensive about their foreign residency. They faced decrees with slashing salaries, laying off staff, and some were sent on paid or unpaid leave (Babu, 2020). Given the current crisis, remittances in Kerala are expected to fall by about Rs 10,000 to Rs 15,000 crores in 2020. The decline in remittances has adverse impacts

¹⁸See Government orders: vG.O (Rt) No. 1411 /2020/GAD dated, Thiruvananthapuram, 02. 05.2020.

G.O (Rt) No. 14 52 /2020/GAD dated, Thiruvananthapuram, 06. 05.2020 G.O (Rt) No. 1599 /202 0/GAD Dated, Thiruvananthapuram, 23 .05.2020; GO (Rt) No. 2793/2020/GAD Dated, Thiruvananthapuram,14/09/2020.

on land, buildings, construction of houses, health repayment of loans to banks in those districts with a high level of emigration (Babu, 2020).

The total number of foreign registrants wishing to return to Kerala in May 2020, including migrants, their dependents, citizens on short visits, students, etc., was 4.13 lakh. This includes emigrants who lost jobs, expired visitors, whose visas expired or got cancelled and students. The Keralites' share of this in the six countries of the Gulf, viz. the UAE, Saudi Arabia, Kuwait, Bahrain, Oman and Qatar accounted for around 3.2 lakh (Prakash, 2020). In the short term, the drop in the price of crude oil to an all-time low level, the economic shutdown triggered by the lockdown in the Gulf countries resulted in enormous job losses. So once the lockdown is lifted, it is anticipated that things will change. Two to three lakh migrant workers are likely to lose employment and return to Kerala owing to the COVID-19 crisis (Prakash, 2020).

TABLE 1. Details of the Emigrant returnees up to December 2020

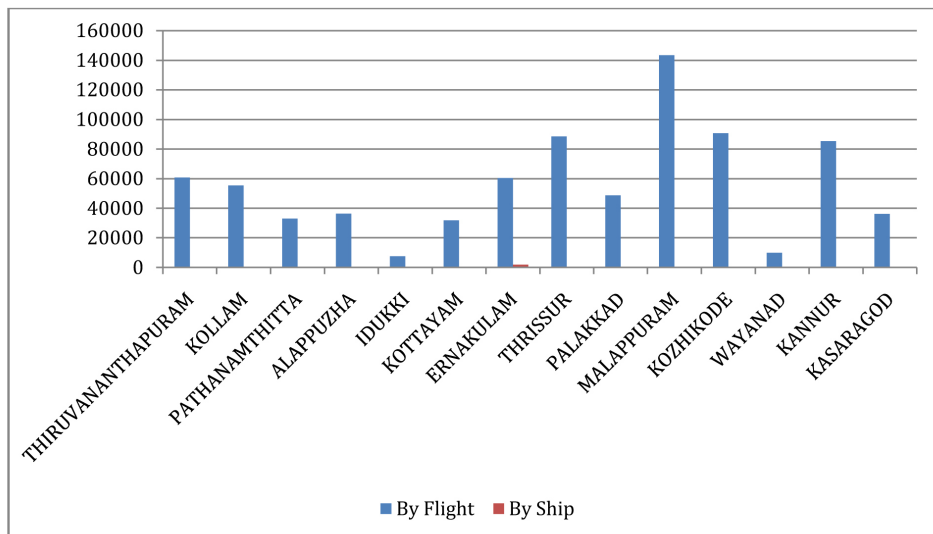
<i>Country</i>	<i>Number of returnees</i>
United Arab Emirates	189295
Kingdom of Saudi Arabia	59608
Oman	33998
Bahrain	14611
Kuwait	21222
Qatar	36224
Others	22120
Total	377078

Source: Government of Kerala Dashboard; Various newspaper reports.

Table 1 indicates the details of the returnees from different countries. Most of the return migrants are mainly from the United Arab Emirates (189295), followed by Saudi Arabia (59608), Qatar (36224), Oman (33398), Kuwait (21222) and Bahrain (14611). The Gulf has been a favourite destination for Indians for jobs for a long time. For more than two decades, numerous Malayalees who had migrated for employment and intended to remain for a short time have now been residents of the Emirates. The effect of Covid-19 on international trade and the consequent adverse growth shock to the Gulf economy has put the Gulf government-related entities at greater risk (Mathew, 2020). Distressed businesses, particularly those engaged in construction, automobiles, repair, and cleaning industries, have either switched to furlough, are firing their employees or are putting them on unpaid leave. For several factors, most migrants who have lost employment (regardless of type) feel that it is better to return to India. Several blue-collar staff were ordered to vacate their lodgings. Such staffs were on the streets and survived from meals given by Indian community groups (Badam, 2020). Similarly, many Malayalees in professional sectors who were shocked at the sudden loss of their jobs and were psychologically impacted returned to Kerala to reunite with their families.

As a result of COVID-19, some troubled Indian migrants are entangled in the sweeping steps adopted by many companies in the Gulf. These include wage cuts, salary cuts, payment backlogs, paused or cancelled jobs, contracts, and the consequent return of expatriates. The predicted downturn in 2020 with fewer expatriate job opportunities and a greater emphasis on nationalisation shows that the effect of COVID-19 in the Gulf exceeds the expectations of Indian migrants. The majority of Indians are now deprived of choices for survival and must return home. A large number of Malayalee employees, who make up a considerable number of workers in the region, have consulted with Indian non-governmental organisations for 'Voluntary reverse migration' organisations by the end of April 2020. Subsequently, on 7th May 2020, the first evacuation flight from the UAE landed at Cochin airport (Press Trust of India, 2020b).

FIGURE 1. International Migrants arrival to Kerala up to December 2020



Source: Various Reports of Governments of Kerala, newspaper reports

Source: Various Reports of Governments of Kerala, newspaper reports

Figure 1 shows the arrival of international migrants to districts of Kerala by different modes of transit. Nearly 22 lakhs Keralites live outside India. Out of these, approximately eight lakh people returned to Kerala during the pandemic period from March to December. Most of the migrants were returned through the flight by Vande Bharat mission and by paying their own. This implies an additional economic burden upon the returnees. Among the districts, Malappuram district has the most number of emigrant returnees, followed by Kozhikode, Kannur, and Thrissur. The least number of emigrant returnees were from Idukki and Wayanad.

In 2020, the government provided 5,000 Rupees to each of the citizens who returned to the state due to the pandemic. A total of 14 crores was given as a subsidy on capital or interest, for 712 projects as part of a project to encourage returning emigrants to start their own businesses. Several NoRKS who tested positive for COVID-19 were also given a monetary reward of Rupees 10,000 each (Chandran, 2020). On 13th April 2020, Kerala government requested that thousands of Indian workers

in the Gulf be repatriated immediately, citing insufficient healthcare and the existence of labour camps, and has also taken full responsibility for workers returning to the state. The Kerala High Court then ordered the central government to respond to a public interest lawsuit. In April 2020, the Kerala government started online registrations of migrant workers from Kerala who wished to return to India for different reasons. These included migrants who were on a visiting visa, who had lost their jobs, senior citizens, pregnant women, students, and those. During the second phase that stretched from 21st May to 2nd September 2020, restrictions were eased. The state received expatriates from abroad and returned migrants from other states who left the state at the beginning of COVID-19, following the pandemic outbreak.

Conclusion

The sudden spike in COVID 19 cases left the countries worldwide in difficulty in dealing with its challenges. One of the most important of them was the repatriation of migrants. In a world of multilevel governance, the international institutions, specifically WHO, the national governments and state/local governments worked in tandem to address this. The WHO guidelines concerning international travel restrictions and procedures to be followed for repatriation became the international standard practice. This enabled better coordination between the countries, especially in a pandemic situation, the world never faced in its recent history. India with the world's largest number of out-migrants, tackled this situation with the support of international guidelines and national efforts. The most prominent initiatives of Indian government for the repatriation of migrants were the Vande Bharat Mission and Operation Samudra Setu. Migrants left their destination areas from almost all parts of the world: the Gulf region which hosted the largest Indian diaspora, Europe, North America etc. This was in addition to the internal reverse migration from cities to rural areas. The World Bank termed this phenomenon as 'the Great Reverse Migration' in South Asia' and described it as the largest mass migration since the 1947 partition of India.

Being a state with the largest recipient of remittances among Indian states and the host of significant number of migrants, specifically to the Gulf region, Kerala also faced the challenges in sudden repatriation of migrants. This put additional responsibilities to the state apart from the surge in COVID19 cases within the state. From the migrant perspective, the pandemic severely affected their livelihood in destination areas, with wage cuts, closing down of companies due to lockdown measures. Kerala which is already facing the rising return emigration due to indigenisation policies of the Gulf countries such as Nitaqat, now has to confront the integration of return migrants created by the pandemic. The situation aggravates as most of the destination countries are undergoing economic slowdown, including the Gulf. With the oil prices hitting negative rates in the international market amidst COVID pandemic, these countries are facing a multifaceted crisis. The negative implication of this is the reducing prospects of repatriated migrants to emigrate. The larger impact on Kerala's economy needs to be seen, especially when the state is bearing the grunt of unemployment, aggravated by the pandemic.

Authorship

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