

IMPACT OF MIGRATION ON THE SPREAD OF COVID-19 IN AFRICA

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Abstract.

The novel corona virus, also known as covid-19, is a pandemic that in a very short time, has totally transformed the world to an emergency health response since its outbreak in the Wuhan City, Hubei Province of China. Within five months of the virus appearance, it spread quickly to the seven continents of the world, claiming hundreds of thousands of lives, leaving millions in the hospitals and crippling nations' economy. The African continent is not spared by this destructive and highly contagious virus. The virus has not only taken several lives in Africa and stagnated the continent's economy, it has also brought untold hardship on the people and disrupted their social lives. Migration which is prevalent in Africa has been found to be one of the major reasons

the virus has spread and is still spreading in Africa. This paper therefore investigated how migration is impacting on the wide spread of covid-19 in African countries. We relied on the Infectious Disease Transmission Model as the framework of this study. The purpose of the infectious disease transmission modeling is often to understand the factors that are responsible for the persistence of transmission, the dynamics of the infection process and how to control transmission. We anchored on the documentary method of data collection for data gathering. In the findings, migration which is an inevitable aspect of socio-economic activities because of the mobility of labour involved, makes the spread of the novel virus imminent. Therefore, among other recommendations of the paper include migrants' access to proper healthcare facilities and adequate contact tracing of migrants should be enhanced by the respective African governments and authorities.

Keywords: *Africa, Corona virus, Migration, Pandemic, Wuhan Province of China, Africa.*

1.0 INTRODUCTION

Coronavirus, otherwise known as covid-19 has negatively changed the world since its emergence in China in late 2019 and eventual speedy wide spread all over the world from early 2020 (Holguin et al, 2020). Covid-19 is a global catastrophe with detrimental and adverse effects on all socio-economic fundamental pillars (Banulescu-Bogdan et al., 2020; Holguin et al., 2020). The virus was first reported from Wuhan city in China in December, 2019, which in less than three months spread throughout the globe and was declared a global pandemic by the World Health Organization (WHO) on 11th of March, 2020 (Shabir and Aijaz, 2020). The global number of COVID-19 cases reported by the World Health Organization reached 23,125,472 cases and 803,253 deaths as of 22nd August 2020 (WHO, 2020a). As of 18th April, 2020, the novel SARS-CoV-2 has

emerged in all seven continents and affects 213 countries and territories with 2,121,675 confirmed cases, and a mortality rate of 6.7% (WHO, 2020).

The United Nations has called the COVID-19 pandemic “the greatest test that we have faced since the formation of the United Nations” (UNDP, 2020a), making it clear that it is more than a health emergency, it is a systemic crisis that is already affecting economies and societies in unprecedented ways (IMF,2020a; IMF,2020e). While the effects of the COVID-19 pandemic have yet to be fully understood, it is already clear that, as of mid-May 2020, the number of daily deaths due to COVID-19 is greater than that due to common causes such as malaria, suicide, road traffic accidents and HIV/AIDS (SEOM, 2020). In countries at the peak of the current wave of COVID-19, the virus can become the main cause of death, surpassing cancer and coronary disease (SEOM, 2020). These numbers show the immediate pressure the pandemic is putting on emergency services and health workers and the wider burdens imposed on virtually everyone around the world. During April 2020 alone, COVID-19 caused almost 200 thousand deaths. In addition, the crisis is having also indirect health impacts. It could potentially lead to an additional 6,000 child deaths per day from preventable causes over the next 6 months across 118 low-income and middle-income countries (Roberton, Timothy, Emily, Carter, Chou 2020; Santoli et al, 2020a). Though this is not the first time that humanity is facing a pandemic, this pandemic has been unprecedented because of its evolution from a health shock to an economic and social crisis. Social distancing and the pause in nonessential business have slowed human activities. The International Labour Organization projected that in the second quarter of 2020, working hours will fall by the equivalent of 195 million full-time workers (ILO, 2020).

African countries have not been spared by the mayhem the corona virus pandemic is causing throughout the world. The continent has been severely affected by the present pandemic. The effects have been wholistic, ravaging the continent’s economy, health, livelihoods, politics, culture, social activities and other ramifications of the people’s lives. According to the Infectious Disease Vulnerability Index (IDVI) 2016, out of 25 countries most vulnerable to infectious

diseases, 22 are in the African region (WHO, 2020). Corona Virus was first seen in Egypt, but has now been detected in all the countries of Africa (CDC,2020). By 13 May 2020, cases had been reported in all 54 countries (WHO, 2020). The continent confirmed its first case of COVID-19 in Egypt on 14th of February, 2020, (WHO, 2020) and from sub-Saharan Africa the first case was reported in Nigeria on 27th of February, in an Italian patient who flew to Nigeria from Italy on 25th of February, 2020 (NCDC, 2020). Most of the identified cases of COVID-19 in Africa have been imported from Europe and the United States (Ruth, 2020). Chronologically, Egypt was followed by Algeria, with its first case reported on 25th February (WHO, 2020). Apart from these three countries, the first cases in other African countries were only detected in March (CDC, 2020).

Migration has been the major drive of the spread of the deadly virus not only in Africa, but the entire continents of the world. COVID-19 has emerged in a world tightly connected by local and international population movements, with more people moving for work, education and family reasons, tourism and survival than ever in the past. Intense population movements, in particular of tourists and business workers, have been a key driver of the global spread of the outbreak (Hodcroft et al., 2020 and 2018; Skeldon, 2018; Banulescu-Bogdan et al., 2020). At the same time, the presence and movements of migrants are fundamental demographic, social, cultural and economic dynamics shaping the local contexts that the pandemic is affecting. For societies and communities all around the world, accounting (or not) for migrants in COVID-19 response and recovery efforts will affect the crisis' trajectories (Ng, 2020; Beech, 2020). The earliest date for spotting the first COVID-19 case appears as being 17 November 2019, although it was not recognized as such at that time (Ma, 2020) and inadvertently, it was carried to other countries (Lipsitch et al., 2020). This means all countries were exposed to the unchecked spread of the virus between up until mid-January in the case of China, whilst laggard countries failed to take any action until the middle March (e.g. Turkey). Hence, millions of more interactions took place, including trips to and from China and other connected

destinations until social distancing and other stricter measures were put in place (Sirkeci and Murat, 2020).

Following the movement of people along busy commercial and touristic routes, COVID-19 has initially affected China's neighboring countries, the United States and Europe (Ng, 2020). While the outbreak has since spread from these areas into other regions and back into East Asia, these patterns have resulted in many of the world's wealthiest and best-connected countries bearing the brunt of the early health impacts of the pandemic. The high proportion of migrants in these countries underscores the specific need for inclusion of migrants in COVID-19 response and recovery efforts (Ng, 2020; Beech, 2020).

According to the International Organization for Migration, the COVID-19 outbreak is the largest mobility crisis the world has ever seen, with 209 countries affected to date – 52 in Africa. What started in the global north has rapidly moved into and across the continent. South Africa has the most COVID-19 cases in Africa. This is not surprising, South Africa is also a regional migration hub, with an estimated 4.2 million migrants primarily from neighbouring countries (Mbiyozo, 2020). The Africa Centre for Disease Control (ACDC) continues to conduct daily surveillance and produces real time reports on COVID-19. The data shows a deteriorating situation in Africa as countries are reporting increase on infection and mortality rates. Chief among the domains severely impacted is Migration and Mobility (Africa CDC, 2020). As at August 22, 2020, there are 1,178,770 confirmed covid-19 cases and 27,592 deaths across Africa (Africa CDC, 2020).

When people travel the continent by land, sea and air, they pose a significant risk of carrying the coronavirus with them, undetected, into neighboring countries. South Africa, Kenya, and Ethiopia are travel hubs for the rest of the continent, creating a situation where people may move from higher prevalence areas to lower prevalence areas, driving the spread of infection. When South Africa declared its lockdown in late March, for example, it sent 14,000 Mozambican workers back across the border (Africa News, 2020). West Africa is particularly vulnerable, having both the most migrants and the most reported cases of COVID-19 as of this writing (ACDCP, 2020). In most African countries, migrants live in

overcrowded environments without adequate access to water and hygiene products, where respecting social distancing and other basic prevention practices, such as self-isolating in case of illness, is difficult (Kluge et al., 2020, 2020).

On the contrary, African leaders at various points through various actions or inactions, failed to tackle the issues stemming from migration in relation to its great impact on the spread of corona virus in the continent. This has contributed and is still contributing to the consequences the continent is facing as a result of the daily increase in the spread and mortality rate of the virus.

STATEMENT OF THE PROBLEM

Though a contemporary issue of discourse, there are numerous studies on the impact of COVID-19 around the world. This is because, the emergence of Coronavirus (Covid-19) pandemic is currently wrecking an unprecedented havoc across the globe. In Africa, the effect of this pandemic is severe and catastrophic and the continent is expected to still be heavily affected for many years. Movement of people in and out of various African countries at various stages of this pandemic has shown to have contributed to the spread of COVID 19 in the continent. African leaders through their late actions or inactions failed to put pragmatic measures in place to ensure that migration doesn't impact on the spread of the virus in the continent.

This study therefore investigates how the issues stemming from migration has aided and is aiding in the spread of the novel covid-19 pandemic around the continent. Irrespective of governments' declaration of 'lockdown' and 'ban on international flights', porous and unguarded borders make migration a contributing factor to the spread of corona virus.

2.0 METHODOLOGY

This paper anchors on the Infectious Disease Transmission Model. The purpose of the infectious disease transmission modeling is often to understand the factors that are responsible for the persistence of transmission, the dynamics of the infection process and how to control transmission (Seto and Carlton, 2009). Infectious diseases

have substantial impact on public health, health care, macroeconomics and society (Willem et al, 2015). The Infectious Disease Transmission Model is apt for our study because it explains why corona virus is persistently spreading across the Africa continent as a result of people migrating from one part to another. The number of spreads has shown to be on the increase across African countries as a result of the contagious nature of the virus and the factors associated with movement of persons within the continent. The virus has proven to be mobile and moving as people move.

This paper made use of the documentary method of data collection, relying on data collected from secondary sources like internet sources, journals and official documents.

2.0 LITERATURE REVIEW

Meaning, Origin and Spread of Covid-19 Pandemic

Coronaviruses are a large family of viruses which may cause illness in animals or humans. In humans, several coronaviruses are known to cause respiratory infections ranging from the common cold to more severe diseases such as Middle East Respiratory Syndrome (MERS) and Severe Acute Respiratory Syndrome (SARS). The most recently discovered coronavirus causes coronavirus disease COVID-19 (WHO, 2020). The coronavirus disease 2019 (COVID-19) is a communicable respiratory disease caused by a new strain of coronavirus that causes illness in humans (Africa CDC, 2020).

This new virus and disease were unknown before the outbreak began in Wuhan, China, in December 2019. COVID-19 is now a pandemic affecting many countries globally (WHO, 2020). COVID-19 pandemic is considered the one among the biggest pandemics to humans (Du Toit, 2020). Starting from Wuhan City, Hubei Province of China (Original epicenter of COVID-19) and spreading around the globe in less than 3 months (Anadolu Agency 2020).

The coronavirus disease (COVID-19) is a highly transmittable and pathogenic viral infection caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), which emerged in Wuhan, China and spread around the world (Shereen, Khan, Siddique and Kazmi, 2020). Coronaviruses belong to the Coronaviridae family in the Nidovirales order. Corona represents crown-like spikes on the

outer surface of the virus; thus, it was named as a coronavirus. Coronaviruses are minute in size (65–125 nm in diameter) and contain a single-stranded RNA as a nucleic material, size ranging from 26 to 32kbs in length (Shereen et al, 2020).

By the end of 2019, WHO was informed by the Chinese government about several cases of pneumonia with unfamiliar etiology (Li, Guan, Wu, 2020). The outbreak was initiated from the Hunan seafood market in Wuhan city of China and rapidly infected more than 50 peoples. The live animals are frequently sold at the Hunan sea-food market such as bats, frogs, snakes, birds, marmots and rabbits (Wang, Horby, Hayden, Goa, 2020). On 12 January 2020, the National Health Commission of China released further details about the epidemic, suggested viral pneumonia (Wang, et al 2020). From the sequence-based analysis of isolates from the patients, the virus was identified as a novel coronavirus. Moreover, the genetic sequence was also provided for the diagnosis of viral infection (Phan et al, 2020). Initially, it was suggested that the patients infected with Wuhan coronavirus induced pneumonia in China may have visited the seafood market where live animals were sold or may have used infected animals or birds as a source of food (Parry, 2020). However, further investigations revealed that some individuals contracted the infection even with no record of visiting the seafood market. These observations indicated a human to the human spreading capability of this virus, which was subsequently reported in more than 100 countries in the world (Riou et al, 2020). The human to the human spreading of the virus occurs due to close contact with an infected person, exposed to coughing, sneezing, respiratory droplets or aerosols. These aerosols can penetrate the human body (lungs) via inhaling through the nose or mouth (Lu et al, 2020).

The most common symptoms of COVID-19 are fever, dry cough, and tiredness. Other symptoms that are less common and may affect some patients include aches and pains, nasal congestion, headache, conjunctivitis, sore throat, diarrhea, loss of taste or smell or a rash on skin or discoloration of fingers or toes. These symptoms are usually mild and begin gradually. Some people become infected but only have very mild symptoms (WHO, 2020).

People can catch COVID-19 from others who have the virus. The disease spreads primarily from person to person through small droplets from the nose or mouth, which are expelled when a person with COVID-19 coughs, sneezes, or speaks (WHO, 2020). These droplets are relatively heavy, do not travel far and quickly sink to the ground. People can catch COVID-19 if they breathe in these droplets from a person infected with the virus (WHO, 2020). These droplets can land on objects and surfaces around the person such as tables, doorknobs and handrails. People can become infected by touching these objects or surfaces, then touching their eyes, nose or mouth (WHO, 2020). The disease spreads from person to person through infected air droplets that are projected during sneezing or coughing. It can also be transmitted when humans have contact with hands or surfaces that contain the virus and touch their eyes, nose, or mouth with the contaminated hands (Africa CDC, 2020).

Africa, Covid-19 Experience and The Migration Factor

The continent confirmed its first case of COVID-19 in Egypt on 14th of February, 2020 (WHO, 2020). From the Sub-Saharan Africa the first case was reported in Nigeria on 27th of February, brought in by an Italian patient who flew to Nigeria from Italy on 25th of February, 2020 (NCDC, 2020). The same day, Ministry of Health, Population and Hospital Reform of Algeria reported the country's first case of COVID-19. Health authorities reported that tests indicate that an Italian adult, who arrived in the country on 25th of February 2020 has tested positive for coronavirus disease (WHO Africa, 2020).

As of 18th April 2020, 10:00 am CEST; Africa CDC reported, 19,895 confirmed cases, including 1,017 deaths and 4,642 recoveries, from 52 African countries, while two countries (Comoros and Lesotho) were still virus-free (CDC, 2020). By 13 May, cases had been reported in all 54 countries (WHO, 2020). On April 30, the first case was recorded in Comoros while on May 9th, Lesotho confirmed its index case of COVID-19. Most of the identified cases of COVID-19 in Africa were imported from Europe and the United States as a result of immigration (Ruth, 2020). According to Isiugo-Abanihe, (2014), immigrants to African countries consists of those who migrated for labour, business or social visits, internally displaced

persons (IDPs), refugees and asylum-seekers and trafficked persons. Irrespective of controlled Migration and Mobility by Africa Union as a strategy to subdue COVID-19, many borders in Africa are porous and migrants cross illegally (Mbiyozo, 2020).

In most African countries, migrants may live in overcrowded environments without adequate access to water and hygiene products, where respecting social distancing and other basic prevention practices, such as self-isolating in case of illness, is difficult (Kluge et al.2020). In addition, the UNECA report on the vulnerability of Africans to the adverse effect and spread of Covid-19 pandemic shows that population and migration are among the factors that aid the spread of coronavirus as estimated in the tabulated below;

| Exposure | Susceptibility | Vulnerability | Lives |
|--|---|---|--|
| 874,036 confirmed cases of COVID-19 in Africa as of 29 th July • Cases rapidly increasing with steep infection trajectory risk | <ul style="list-style-type: none"> • High population concentration in urban slums • Low access to handwashing facilities • High prevalence of certain susceptible ‘underlying conditions’ especially HIV/AIDS, malnutrition and tuberculosis | <ul style="list-style-type: none"> • Low rates of hospital beds, ICUs and health professionals • Dependency on imported medicinal and pharmaceutical products • Weaker economies unable to sustain health and lockdown costs | <ul style="list-style-type: none"> • 0.3 million to 3.3 million lives lost depending on policy interventions taken • 2.3 million to 22.5 million requiring hospitalization • 0.5 million to 4.4 million requiring critical care |

Source: covid-19 in Africa; protecting lives and economy. UNECA April 2020

To conclude this section, Africans within Africa migrate from one country to the other in search of employment, food, shelter, better medical services (for those suffering from Covid-19 and other diseases), etc, and this has contributed to the quick spread of the virus

around the continent with the attending socio economic consequences on the entire people of the continent.

The Impacts of the Virus on the continent

Covid-19, which chiefly spread in Africa through migration has several impacts on the continent ranging from social, economic, to political and food security. Africa will be hard hit by the projected medium to long-term social and economic impacts of the pandemic (UN, 2020). Some of these effects will still be felt in the long run:

The drop in GDP could lead to stalled economies and exacerbate historical structural inequities in most African economies. In many African countries the majority of people earn their livelihoods through the informal economy with little insurance against unexpected disruptions. At the same time many formal businesses, especially small businesses, are running out of reserves to sustain themselves. Over time, we could see a recession and a full-blown financial crisis (UN, 2020). Unemployment, job losses and wealth depletion (asset stripping) have started to happen very early on, even before the health impacts (UN, 2020).

The pandemic has further exacerbated existing gender inequalities resulting in women having even more limited access to critical health services, systems and information (WHO Africa, 2020).

Africa, which has 16 per cent of the global population and 26 per cent of the global disease burden, are likely to be overwhelmed by a rapid spread of the disease. Some, African countries may face an extremely high risk of COVID-19 mortality due to a lack of hospital beds (less than 2 per 1,000 persons) and high rates of deaths from infectious and respiratory diseases (3-8 deaths per 1,000 people) (ECA, 2020).

Disruptions in global supply chains and import tariffs threatens most African countries that are dependent on the outside world for the majority (94 per cent) of the continent's pharmaceutical needs (ECA, 2020). For example, 80 nations had imposed restrictions on the export of essential COVID-medical equipment and supplies (ventilators, PPE) (WHO, 2020). This will have drastic effect on the African continent.

The July 2020 start date of trade under the AFCFTA has been postponed due to the pandemic, delaying the promise of opportunities for new exports, jobs, investments in infrastructure and financing for Africa's development (UN, 2020).

The effect of the crisis has led to exchange rate depreciations and a projected decline in Africa's GDP. The UN Economic Commission for Africa (ECA) projects a 1.1 per cent growth rate in 2020 in the best-case scenario and a contraction of -2.6 per cent in the worst case, depriving 19 million people of their livelihoods and, in the context of weak social protection programmes in Africa, pushing up to 29 million more people into poverty (UN, 2020). It is becoming clear that one near-term impact of this pandemic will be a dramatic rise in food insecurity and potentially devastating disruptions to the global food supply chain (WHO, 2020). Africa is likely to be deeply impacted. Despite its agricultural resources, Africa is a net importer of agricultural and food products, with ten basic foods making up 66 per cent (US\$46 billion) of total African food imports (UN, 2020).

4.0 The role of African governments on Migration and the Spread of COVID-19

4.1 Late Ban on international flights/travels and impact

Though several African countries enforced travel restrictions on various dates at the onset of the spread of the corona virus in the continent (as can be seen in the table below), 97% of them delayed the enforcement of flight/travel restrictions until after cases were reported in their countries. The delays by many African leaders in taking proactive measures in time to stop the virus from getting into the continent greatly led to the gradual and eventual wide spread of the virus around the continent. Africa has close connections to China (the first epicenter of the virus) which is a primary trade partner and host to more than 80,000 African students (Guan et al, 2020). Though the virus started in December 2019 and was rapidly spreading from the first two months of 2020, travel bans were only initiated across African countries from second week of March and upwards. Others delayed these restrictions until late March and even April. Even as

most African countries banned flights to/from Europe, Asia and other continents as a result of the pandemic, travels across African countries were still taking place. This greatly impacted on the spread of the virus around the continent. The table below shows twenty African countries with the highest number of covid-19 cases in the continent (as of July 29, 2020), dates first cases were recorded and the dates travel bans were initiated.

Table 1: African Countries with the highest number of cases and dates Travel Restrictions were initiated.

| S/N | COUNTRY | NUMBER OF CASES | ARRIVAL DATE | DATES WHEN TRAVEL BANS WERE INITIATED |
|------------|----------------|------------------------|---------------------------|--|
| 1. | South Africa | 459, 761 | 1 st March | March 26 |
| 2. | Egypt | 92,947 | 14 th February | March 16 |
| 3. | Nigeria | 41, 804 | 28 th February | March 18 |
| 4. | Ghana | 34, 406 | 12 th March | March 17 |
| 5. | Algeria | 28, 615 | 17 th February | March 19 |
| 6. | Morocco | 21, 387 | 2 nd March | April 14 |
| 7. | Kenya | 18, 581 | 13 th March | March 25 |
| 8. | Cameroon | 17, 179 | 6 th March | March 17 |
| 9. | Ivory Coast | 15, 713 | 11 th March | March 25 |
| 10. | Ethiopia | 15, 200 | 13 th March | March 20 |
| 11. | Sudan | 11, 496 | 13 th March | March 16 |
| 12. | Madagascar | 10, 104 | 20 th March | April 20 |
| 13. | Senegal | 9, 805 | 2 nd March | March 19 |
| 14. | DR Congo | 8, 873 | 10 th March | March 20 |
| 15. | Gabon | 7, 189 | 12 th March | March 9 |
| 16. | Guinea | 7, 126 | 13 th March | March 17 |
| 17. | Mauritania | 6, 249 | 13 th March | March 18 |
| 18. | Djibouti | 5, 068 | 18 th March | March 15 |
| 19. | Zambia | 5, 002 | 18 th March | March 20 |
| 20. | Malawi | 3, 709 | 2 nd April | April 1 |

Source: Compiled by the authors from: (CDC Africa, 2020; NCDC, 2020; *WorldAware*, 2020; Guan et al, 2020).

From the table above, only Gabon, Djibouti and Malawi initiated travel restrictions/bans before cases were first reported in the countries. Even in those three countries, migrants' activities (legal and illegal) continued to take place between the countries and other African countries with already existing cases. This obviously accounted for the recorded cases and eventual spread in the countries. In the other countries that delayed enforcement of travel restrictions like South Africa, Egypt and Nigeria, the spread of the infection remained on the increase on daily basis.

4.2 Porous Land Borders

Africa is characterized by a high degree of population movement across exceptionally porous borders. Mobility is part of everyday life for most Africans. According the World Health Organization, in West Africa, recent studies estimate that population mobility is seven times higher than elsewhere in the world. To a large extent, poverty drives this mobility as people travel daily looking for work or food (WHO, 2015). It is also common to find many extended African families with relatives living in different African countries and this drives migration through legal borders, but when use of legal borders are difficult or impossible, illegal porous borders become the alternative. In Africa, it's common to find several communities that ordinarily should be located in one country being situated in two different countries, like the Badagry community in Nigeria that stretched to Cotonou, the Moor community of Senegal and Mauritania and the Ewe community of Ghana and Togo, amongst others. In this situation, cross border movements are difficult to control.

Not minding the closure of official border entry points and increased securitization of borders across Africa because of the coronavirus pandemic — (43 of the 54 states in Africa closed their borders), [Reitano and Bird, 2018] , the continent is still bedecked with the problem of numerous porous borders and this has shown to enhance the spread of corona virus across the continent through

migration. It's important to note that borders are artificial and thus difficult to manage.

Though the African Union recognizes that Migration and Mobility is central in the strategy to subdue COVID-19, many borders in Africa are notoriously porous and migrants cross illegally (Mbiyozo, 2020). There is no denial of the fact that African Governments have since the inception of this epidemic put in place various commendable measures to stop movements of people across borders, yet several illegal borders are still open and movements take place across these borders, thereby hampering the fight against the spread of the virus around the continent. Migrants who have no access to testing or who might have tested positive to the virus prefer using illegal borders either to dodge the authorities or to seek better medical attention elsewhere. Africa's porous land borders remain a cause for concern among policymakers and health professionals, who fear that unchecked migration and transport between countries could spread the virus quickly. For instance, Chad and Central African Republic are poor landlocked nations and have largely uncontrolled illegal borders even in the peak of the covid-19 epidemic, (Vesper, 2020).

4.3 REASONS FOR CROSS BORDER MOVEMENTS AROUND AFRICA IN THE MIDST OF COVID-19 PANDEMIC

1. Search of food: The corona virus pandemic came with many consequences upon the African citizens and chief among them is blockage of means of getting daily food as a result of the strict lockdowns put in place by various governments in the World and Africa, in order to reduce the spread of the virus. As a result of hunger and shortage of food in various households which stemmed from the lockdowns and halt in economic activities, migrants move in search of food for survival.
2. Loss of Means of Livelihood: Because of job losses as a consequence of the pandemic, there are tendencies of migrants to go from one African country to other African countries whose borders are open or where lockdowns have already been lifted.
3. To receive adequate health care/ Access to health care services: In many countries especially in Africa, migrants, especially when in an irregular situation or on short-term visas, do not

enjoy equal access to health care as citizens, and might not be covered for COVID-19 treatment (Collins, 2020; KFF, 2020; Vearey et al., 2019). Even where they are entitled to relevant services, language barriers, limited knowledge of the host context or prioritization of citizens may result in insufficient access to health care. Migrants are less likely to have access to general practitioners, and therefore tend to have limited access to preventive care (D'Ignoti, 2020; Jordan, 2020). Quest to receive adequate health service, especially when mild symptoms are already manifesting drive migrants across Africa to move around African countries, thereby contributing to the spread of corona virus in the continent.

4. To avoid infection: Migrants move from African countries with high cases of Covid-19 to other African countries they deem safe. They also move to countries where they feel they are less exposed to contacting the virus either due to the presence of existing healthcare facilities or wide testing, especially where adequate testing is made available to migrant communities. Migrants move from higher prevalence African countries to lower prevalence African countries to keep themselves from being infected by covid-19.
5. Fear of stigmatization and/or arrest and deportation: Irregular migrants may fear being reported to the immigration authorities and deported if they seek assistance, which may reduce their willingness to come forward for screening, testing, contact tracing or treatment (D'Ignoti, 2020; Jordan, 2020).
6. For trade: Many Africans rely on trade with neighbours and they migrate with the continent for trade of goods and services. Other reasons why cross-border movements take place around Africa countries even with the ongoing covid-19 pandemic are: to cope with the economic, social and psychological impacts of the pandemic; severe shortage of health care workers/officials; and for fear of exclusion from welfare services.

4.4 SMUGGLERS: PROPELLER FOR MIGRANTS AMIDST THE SPREAD OF COVID-19 IN AFRICA

At the early stage of the corona virus, when widespread fear of the virus and the risks of contagion was stigmatizing migration in most African countries (Reitano and Bird, 2018), smugglers rose to give a helping hand to migrants. Smugglers have greatly aided in the spread of covid-19 through migration in Africa. As African nations imposed strict securitization of borders, smugglers transport migrants in sealed lorry containers or even smaller boats across irregular and illegal borders in order to evade arrests and detention from law enforcement agents and border officials (Abbott, 2020). In addition, smugglers transporting migrants have been forced to take more dangerous routes by sea (Global Incentive, 2020).

For smugglers, particularly those for whom smuggling is the only available livelihood, there are significant financial incentives to continue operating, even with the covid-19 pandemic (Global Initiative, 2020). For instance, the long-standing weekly convoy between Agadez and Dirkou in northern Niger, used by migrant smugglers to protect themselves from bandits who operate around Agadez, was cancelled as a response to COVID-19. This prompted smugglers to use the convoy to transport migrants towards Libya, vowing to find new routes (Global Initiative, 2020).

5.0 RECOMMENDATIONS

Because migration is majorly affairs of government regulation, this study therefore recommends;

- Provisions should be made by African governments to ensure that migrants are adequately tested for corona virus. Obstacles hindering migrants' access to Covid-19 testing should be removed by appropriate authorities. Again, adequate checks/test should be conducted for nationals repatriated from other countries as a result of the pandemic.
- That Migrants should be provided with adequate healthcare facilities and discrimination should be eliminated in their use of these health facilities. More so, adequate contact tracing for

migrants should be enhanced by the respective authorities in Africa.

- That all groups of migrants, regardless of their status, have access to health care as a necessary condition for effective responses to the COVID-19 outbreak (WHO Europe, 2020).
- Setting up screening and isolation facilities at strategic points within the continent for migrants.

6.0 CONCLUSION

COVID-19 pandemic is considered the one among the biggest pandemics to humans (Du Toit, 2020; Starting from Wuhan City, Hubei Province of China (Original epicenter of COVID-19) and spreading around the globe in less than 3 months. The virus has wrought untold catastrophic twists on the globe since its emergence and the Africa continent is not left out in the pandemic's nefarious consequences. The economy and life of Africa has not remained the same ever since. Migration prevalent in Africa during the time of this pandemic greatly contributed to the spread of the virus in the continent. This paper therefore investigated the impacts of migration on the spread of covid-19 in the countries of Africa and we provided recommendations which when followed, will mitigate against the impact of migration on the spread of covid-19 in the continent

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