Converging Crises

The Impacts of COVID-19 on Migration in South America

Luisa Feline Freier
Andrea Kvietok
Leon Lucar Oba
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Migration Policy Institute

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Executive Summary

Like those in other world regions, South American governments moved quickly in the early months of the COVID-19 pandemic to introduce strict border closures, entry bans, and mandatory lockdowns. Many of these policies, which aimed to prevent the spread of disease by stemming mobility, remained in place throughout much of 2020 and 2021. These measures had far-reaching consequences for migrant and refugee populations, including the millions of Venezuelans displaced across the region. These populations held various legal statuses: citizens of countries party to South America’s regional free movement agreements hold the right to work and reside in many other Member States, while displaced Venezuelans hold a range of humanitarian and nonhumanitarian statuses, and others still have crossed porous borders informally and remain without legal status.

As job losses mounted in the early months of the pandemic, especially in the informal economy in which most newcomers work, migrants and refugees found themselves in a bind. Mandatory lockdowns meant that few jobs were available, yet migrants and refugees were often unable to access state-operated financial assistance programs. Meanwhile, border closures and travel restrictions prevented some destitute migrants and refugees from returning to their countries of origin, while others resorted to making the journey on foot, often with the help of smugglers and despite the risks these journeys entailed. These experiences illustrate the far-reaching consequences of excluding migrants and refugees from public-health and crisis responses, as well as the high costs of closing borders.

Cross-border mobility in the region, largely irregular, has resumed as COVID-19 cases have fallen and migrants and refugees are once more on the move in search of economic opportunity and safety. Yet, the pandemic offers important lessons for the region on how to promote safe and sustainable mobility in the future. This includes the value of including migrants and refugees in emergency assistance programs going forward, but also opportunities to build on regional strategies to improve their socioeconomic integration more broadly (e.g., providing access to social protection systems, mutual recognition of qualifications, and regularization programs that take a long-term approach). Investing in sustainable legal pathways for migration, regularization, and integration would not only reduce the vulnerability of migrants and refugees but also boost their labor market participation and earnings, thereby producing economic gains that benefit local communities and governments as well as individual immigrants and their families.

The pandemic has also increased the need for more-robust regional cooperation mechanisms that can allow governments to develop coordinated responses to migration and protection issues. While governments have committed on paper to improving regional cooperation in response to the Venezuelan displacement crisis that has dramatically reshaped the region’s migration landscape, the challenges of navigating unilateral migration and public-health responses to the pandemic have underscored the importance of implementing and building on these agreements.
1 Introduction

South America provides a compelling regional case study of the COVID-19 pandemic’s impacts on migration and labor mobility patterns. As it did in other regions, the pandemic prompted initial mandatory lockdowns and widespread, strict border closures in South America, severely limiting human mobility and exacerbating migrants’ and refugees’ already limited integration. Starting from late 2021, the progression of national vaccination plans led to health restrictions being relaxed in favor of screening people on the move, and eventually being lifted altogether.

Several dynamics specific to the region complicated the development of coherent policies to respond first to restrictions and then to the subsequent reopening. Intraregional migration and displacement have significantly increased during the last decade, putting existing regularization and refugee protection mechanisms to the test. A large share of the region’s migrants and refugees live in legal precarity, often with irregular or temporary status or due to barriers to obtaining formal recognition of their refugee status. In addition, in comparison to nationals, most migrants and refugees in South America have more limited, vulnerable employment opportunities—usually as a result of barriers to regularization—leading many to work in the informal labor market, which represents 60 percent of total employment in the region. The pandemic has worsened the living conditions of most migrants, and especially irregular migrants, placing more in situations of precarious, exploitative labor or of no access to basic public services.

Labor migration in South America, particularly in the context of the pandemic, is a compelling case study for four reasons. First, restrictive measures enacted in the region immediately after the virus’s outbreak had profound socioeconomic consequences (e.g., periods of immobility or restricted mobility and severely diminished quantity and quality of employment) but were unable to prevent a high death toll. Second, the pandemic disrupted the region’s regularization processes, which became more restricted and were even suspended during periods of social confinement. Third, the pandemic exacerbated pre-existing limitations

5 Luisa F. Freier and Marta Luzes, “Precarious Systemic Resilience: Venezuelan Immigration and COVID-19 in the Andean Region” (Commentary no. 5, Migration Policy Centre, European University Institute, San Domenico di Fiesole, Italy, May 2020); Francesco Carella, Silvia Frean, and Juan Jacobo Velasco, Migración laboral, movilidad en el mundo del trabajo ante la pandemia de la COVID-19 en América Latina y el Caribe (Lima: International Labor Organization, 2021).
in mechanisms designed to protect migrants’ rights, particularly in terms of supporting continuous employment and ensuring acceptable and fair working conditions for migrant workers. Fourth, across the region, migrants and refugees were systematically excluded from most state-led assistance programs and integration strategies during the pandemic, further contributing to their socioeconomic precarity and vulnerability.

Given the pandemic’s unprecedented shock to mobility and border regimes across the globe, the Migration Policy Institute’s Task Force on Mobility and Borders during and after COVID-19 is exploring opportunities to improve international coordination regarding border management during this public-health crisis and looking ahead to future emergencies. This report is part of a series of regional case studies that cover Asia and the Pacific, Europe, the Middle East and North Africa, and South America. Each offers in-depth analysis of regional trends and policy developments.

Drawing on reports published prior to the pandemic, interviews with key experts, available data, and analysis of the characteristics of migration flows and modes of governance in the region, this report examines the following questions: (1) What were South America’s regional migration dynamics and labor mobility patterns prior to the pandemic? (2) What have been the pandemic’s immediate impacts on mobility and labor migration patterns in the region? And (3) What are some essential considerations for future safe and sustainable cross-border labor mobility? Venezuelan displacement features prominently in this analysis, given the region hosts more than 5.5 million Venezuelan migrants and refugees— the largest population displacement in the region’s history.

2 Pre-Pandemic Migration and Labor Mobility Patterns

Before the pandemic, South America was already hosting large numbers of people on the move via formal and informal channels. The region hosted about 3.8 million Venezuelan migrants and refugees immediately before the pandemic began in early 2020, and it has several regional economic communities that allow their citizens to move and live in other countries. As will be discussed in Section 3, these dynamics not only resulted in many people becoming stranded outside their country of origin in the early months of the pandemic, but also left some migrant and refugee populations especially vulnerable due to their informal status and/or their over-representation in frontline occupations.

A. Who Was on the Move before the Pandemic?

While South America has long been a region of emigration, it has also seen a significant increase in intraregional labor migration and displacement in recent decades (see Figure 1). Although emigration

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6 Key experts from international organizations such as the International Organization for Migration (IOM), IADB, and Organization of American States (OAS) agree that data scarcity persists regarding the impact of COVID-19 on migration and labor mobility in South America.


8 R4V, “Refugees and Migrants from Venezuela.”

rates have remained high, improving labor markets in South America have led to increased immigration, with an annual immigration growth rate of 2.3 percent.\textsuperscript{10} By 2016, before the onset of the Venezuelan displacement crisis, four main intraregional corridors had emerged in the region: (1) Bolivians, Paraguayans, Peruvians, and Ecuadorians going to Argentina; (2) Haitians and Paraguayans going to Brazil; (3) Peruvians and Argentineans going to Chile; and (4) Colombians and Ecuadorians going to Venezuela.\textsuperscript{11} This mobility has been facilitated by porous borders and progressive free movement and residence rules in the region, including the 2002 Southern Common Market (MERCOSUR) Residence Agreement, and also shaped by fast-changing economic and political dynamics.\textsuperscript{12}

**FIGURE 1**

*Number of South American International Migrants Residing within and outside the Region, 1990, 2000, 2010, and 2019*

![Graph showing the number of South American international migrants residing within and outside the region from 1990 to 2019.](image)


\textsuperscript{11} Freier and Luzes, “Precarious Systemic Resilience.”

\textsuperscript{12} These corridors are “in constant flux in response to economic and labor market fluctuations, migration mechanisms, demographics, and environmental and other factors related to political and social instability, as well as changes in migration governance systems.” See Velasco, Gontero, and Weller, *Employment Situation in Latin America and the Caribbean*, 13.
Data on MERCOSUR residence permits shed some additional light on intraregional movement, albeit with the caveat that the data exclude migrants moving through informal channels. Figure 2 shows that between 2009 and 2020, MERCOSUR Member States and Associated States granted a total of 3,323,805 temporary and permanent residence permits, with a growing number of those issued by Argentina, Brazil, Chile, Colombia, and Uruguay going to Venezuelans between 2015 and 2020. The significant drop in overall permit issuance between 2018 and 2020 is likely linked both to the COVID-19 pandemic and other factors, such as the economic crisis in Argentina and political decisions in Chile that tightened immigration policy, taking on a more securitized approach.

**FIGURE 2**

Total Residence Permits (Temporary and Permanent) Issued under the MERCOSUR Residence Agreement, 2009–20


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During the last decade, forced displacement in the region has also increased, driven primarily by the humanitarian and political crises in Venezuela and Haiti and by security issues related, for example, to drug trafficking and gang violence in Colombia and Venezuela. Since 2017, South American countries have received increasing numbers of forcibly displaced Venezuelans fleeing hunger, violence, and human rights violations in their home country. In more-recent years, this population has included increasing numbers of pregnant women, children, sick, and elderly individuals embarking on regional journeys, largely on foot. Many have encountered human traffickers and increasingly restrictive requirements to enter other countries.

These increases in intraregional labor migration and displacement present challenges for immigration policymaking in the region. Migrants play a critical role in labor markets across South America, but their concentration in more-informal forms of employment leaves many vulnerable to exploitation. Moreover, rising displacement has tested national and regional refugee protection mechanisms and regularization programs, leaving people in need of protection with precarious legal statuses and few options to remedy this, in turn exacerbating their socioeconomic vulnerability.

B. Legal Status and Precarity

South American migration governance can be described as generally progressive, with several bilateral and regional agreements affording citizens of different countries freedom of movement and residence, alongside an overall tendency not to criminalize migration. For example, citizens of MERCOSUR Member States and Andean Community (CAN) countries have the right to reside and work in other Member States within the same bloc for up to two years (see Box 1); however, these rights under CAN only came into force since the onset of the pandemic. But despite these policies that aim to facilitate migration through regular channels, porous borders in the region mean that mobility still often occurs outside formal rules and arrangements. Meanwhile, the region’s migration management focuses both on human rights and on security and control measures.

16 R4V, “Refugees and Migrants from Venezuela.”
18 Brauckmeyer, Castro Padrón, and Licheri, “Adrift.”
20 Castro Padrón and Freier, “¿Invisibles o invisibilizados?”
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BOX 1
Access to Free Movement through South America’s Regional Economic Communities

At the regional level, there are two main formal channels for regular migration:

► The **MERCOSUR 2002 Residence Agreement**, which entered into force in 2009, allows nationals of any MERCOSUR Member State (Argentina, Brazil, Paraguay, and Uruguay [Venezuela is currently suspended]) or associate state (Bolivia, Chile, Colombia, Ecuador, Guyana, Peru, and Suriname) to reside and work in any of the other states for up to two years. The agreement guarantees certain rights, such as equal treatment in working conditions, family reunification, transfer of remittances, and access to education for children. This temporary residence can be converted into permanent residence if the person proves legitimate livelihood for themselves and for any family member. However, if the applicant cannot provide this proof after the stipulated two years, they will fall into irregular status.

► The **Andean Immigration Statute**, which entered into force in August 2021, a year into the pandemic, allows citizens of CAN Member States (Bolivia, Colombia, Ecuador, and Peru) to reside and work in another Member State for up to two years. Residents are allowed to enter, leave, circulate, and remain freely in the country of residence, as well as to access any labor activity under the same conditions that apply to nationals of the receiving country. If temporary residents wish to stay beyond two years, they can apply for the Andean Permanent Residence within 90 days prior to the expiration of their temporary residence permit. Applicants must provide proof they can financially support themselves and any family members, and permanent residence carries the same rights and responsibilities as the temporary permit, but on a permanent basis.


As the Venezuelan displacement crisis took hold in 2016, countries in South America implemented a range of policy responses to provide this population with legal status. Within the region, there was little consensus about whether displaced Venezuelans should have access to refugee status under the Cartagena Declaration’s more expansive definition or if they should be treated as migrants who could instead access legal status through mobility and residence agreements (such as the MERCOSUR Residence Agreement).

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23 The 1984 Cartagena Declaration on Refugees, signed by many countries in the region, sets out a definition of who is a refugee that is more expansive than the 1951 Refugee Convention and its 1967 Protocol—and that could in theory be applied to most, if not all, displaced Venezuelans. This declaration describes refugees as “persons who have fled their country because their lives, safety, or freedom have been threatened by generalized violence, foreign aggression, internal conflicts, massive violation of human rights, or other circumstances which have seriously disturbed public order.” See “Cartagena Declaration on Refugees,” Conclusion III, No. 3, November 22, 1984; Luisa F. Freier, Isabel Berganza, and Cécile Blouin, “The Cartagena Refugee Definition and Venezuelan Displacement in Latin America,” *International Migration* 60, no. 1 (2020): 18–36.
or regularization measures. Capacity was another important consideration. Many countries in the region lacked functioning asylum systems, so governments often looked instead to other parts of their migration systems or introduced temporary measures to help provide status to this population. Starting in the years prior to the COVID-19 pandemic, the policy measures used to provide status to displaced Venezuelans in the region included:

- **Cartagena Declaration refugee definition.** Brazil applied the 1984 Cartagena Declaration’s refugee definition.
- **Regional free movement arrangements.** Argentina, Brazil, Ecuador, and Uruguay (unilaterally) extended the MERCOSUR residence agreement to Venezuelan citizens.
- **Special temporary residence.** Chile, Colombia, and Peru introduced special temporary residence permits.
- **Regularization.** Bolivia carried out regularization processes for Venezuelans already living in its territory.
- **No specific policies.** Paraguay developed no specific immigration policies.

The result is that, in the pre-pandemic period as now, Venezuelan migrants and refugees had a range of different statuses and rights across the region, with some lacking any legal status at all. Regularization efforts have continued since the onset of the pandemic. Perhaps most notable has been Colombia’s historic decision to grant complementary protection and legal status to more than 2 million Venezuelans in early 2021 (although this regularization process excludes Venezuelans who entered Colombia irregularly since then). This policy set a precedent for the region, as it helped pave the way for the migration authorities in Ecuador and Peru to establish similar—albeit less ambitious—regularization programs. Estimates for the wider Latin America and Caribbean region as a whole suggest between half and three-quarters of displaced Venezuelans received some form of legal status, albeit with varying degrees of permanence, associated rights, and stability. During the pandemic, Venezuelans without legal status or with a more precarious, temporary status faced particular difficulties, as will be explored in more detail below.

### C. Labor Market Participation

Prior to the pandemic, migrants and refugees across the region worked in a range of sectors, with different access to formal labor protections. In the early 2010s, labor market participation rates for immigrants exceeded that of natives in some countries (Chile, Ecuador, Paraguay, and Venezuela) or were roughly equal (Argentina), but in other countries the inverse was true (such as Bolivia, Brazil, and Uruguay). A
persistent challenge for the region has been matching immigrants’ skills and training with available jobs. This challenge often leaves migrants working in small-scale establishments that provide weak employment protections, making them especially vulnerable to job losses during economic downturns. It has also meant that migrants are concentrated in specific sectors and occupations. In late-2010s Argentina, for example, Bolivians practically had a monopoly on the production, circulation, and sale of fruit and vegetables; Paraguayan men were linked to the construction and masonry sectors, while women played an important role in domestic employment; and Peruvian women often held positions caring for the elderly in homes and residences.

However, data on the labor market participation of migrants and refugees in South America are limited. A combination of census data and interviews sheds some light on the economic activity of immigrants in the region since 2010. In Brazil, data from the 2010 census point to a concentration of immigrants working in commerce and sales (23.7 percent), followed by the manufacturing sector (16.0 percent), construction sector (4.3 percent), health sector (5.8 percent), and private household services (2.5 percent). Since the mid-2010s, in Argentina an increasing number of Venezuelans—and, in some cases, individuals of Colombian origin—have worked in the service sector, particularly in restaurants, food and clothing stores, shopping centers, and in customer service. In Peru, most migrants were employed in secondary sector activities (industry and construction) and tertiary sector activities (commerce) at the time of the pandemic’s outbreak.

Most displaced Venezuelans in the region work informally, often in unsafe working conditions, with no or very limited access to labor rights, and for lower incomes than a country’s nationals. In early 2020, before the onset of the pandemic, up to 90 percent of

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29 According to the International Labor Organization (ILO), labor underutilization “refers to mismatches between labor supply and demand, which translate into an unmet need for employment among the population.” See Coffi Agossou, “Conceptual Frameworks: Labour Underutilization” (PowerPoint, ILO, Pretoria, n.d.). Likewise, both terms are used to reflect the degree of occupational mismatch: underutilization refers to a worker working in an occupation that requires a lower level of training than that acquired, while overutilization refers to a worker working in an occupation that requires a higher level of training than that obtained. See Fredy Rolando Otárola Peñaranda et al., La inadecuación ocupacional de los profesionales con educación superior en Perú (Lima: Ministerio de Trabajo y Promoción del Empleo, 2014).


31 Author interview with representative of the National Directorate for Migration, Argentina, January 2022.

32 Martín Koolhas, Estadísticas de migración laboral: Mapeo y análisis en 5 países de América Latina y el Caribe (Brasilia: ILO, 2016).

33 Author interview with representative of the National Directorate for Migration, Argentina, January 2022.

34 Author interview with representative of the National Superintendence of Migration, Peru, January 2022.

Venezuelans in Colombia, Ecuador, and Peru were working either informally or in the informal sector. In Peru, Venezuelans earned about one-third less per hour than Peruvians; were five times less likely to have a contract, due to the high level of labor market informality (especially in hotels, restaurants, and commerce activities); and worked more commonly in small businesses. In Latin America more broadly, Venezuelan migrants and refugees tend to be employed in the tertiary sector (e.g., sales, restaurants, accommodations and tourism, domestic labor, education, construction, as well as health and care services), which was hard hit by the pandemic.

Gender also influences migrants’ and refugees’ labor market position in the region. Venezuelan immigrant women in South America were more likely to be employed in the informal sector, specifically in highly feminized jobs, such as janitorial and customer services, and to earn less than their male immigrant counterparts and the native-born population. Relatively, Venezuelan women in Brazil, Colombia, and Peru who were surveyed between 2017 and 2018 reported higher rates of unemployment compared to their male counterparts (47 percent vs. 38 percent), despite having higher academic qualifications.

While migrants and refugees play an important role in a variety of industries, in many South American countries they are concentrated in sectors that made them vulnerable to fluctuations in demand. In addition, this population’s high participation rates in the informal labor market left them vulnerable to the effects of the pandemic, as many businesses closed, governments had no measures to protect this population (such as compensation funds), and some had to take frontline jobs that put them at risk of contracting the virus.

3 The Pandemic’s Impacts on Migrants and Mobility

Travel measures and restrictions imposed throughout the pandemic severely restricted mobility. All governments in South America closed their borders in the first months of the pandemic, and despite some relaxation later in 2020, many reimposed restrictions as they faced a second wave of cases in 2021. (See the report’s appendix for country-by-country details.) Among many other aspects of society, these restrictions had an impact on migrant workers and labor mobility patterns, pushing many migrants into irregular channels and often forcing them into precarious situations. With the progression of national vaccination plans, most countries lifted or reduced border closures and travel restrictions in 2022.

37 Rossiasco, Dávalos, and Bello, *Una Oportunidad para Todos*.
38 Rossiasco, Dávalos, and Bello, *Una Oportunidad para Todos*; Koechlin, Eguren, and Estrada, *Inserción laboral*.
A. Border Closures and Travel Restrictions

In March 2020, almost all countries in South America (except for Chile) either banned arrivals from all regions or totally closed their borders. These measures stranded migrants living and working in other countries in the region, while pushing people on the move toward irregular channels of entry and, in some cases, the services of smugglers and traffickers.

Various border restrictions remained in place throughout 2020 and most of 2021. In the third quarter of 2020, Argentina and Bolivia began to shift from restricting travelers to screening and requiring negative tests. A second wave of infections in mid-2021 saw restrictions reimposed across the region (e.g., in Bolivia, Brazil, Chile, Colombia, Ecuador, and Peru), but countries shifted toward screenings more quickly this time, around October 2021, and by February 2022, the region had relaxed measures substantially, requiring only screenings of arrivals. The last country to make this shift was Venezuela, in June 2022.

Pandemic-era border closures and travel restrictions led to a drop in cross-border movement. Data on regular migration are rarely collected and reported in the region, but travel restrictions, visa cancellations, and closing border points of entry stopped most cross-border movement. Official numbers of border arrivals and departures dropped sharply in 2020, for instance from 34.4 million to 9.7 million arrivals in Argentina, and these numbers continued to drop in 2021 (to 3.1 million arrivals in Argentina). In fact, compared to 2019, arrivals in Argentina, Brazil, Chile, Paraguay, Peru, and Uruguay were 70 percent lower in 2020 and 86 percent lower in 2021. A similar pattern emerged in terms of recorded departures, which dropped by almost the exact same proportions in 2020 and 2021.

Sudden border measures temporarily paused the increasing movement of Venezuelans. The official number of displaced Venezuelans stopped climbing in the first half of 2020 (see Figure 3), after significant increases throughout 2019 and early 2020, and despite continued instability in Venezuela. However, this does not mean that Venezuelans stopped moving to neighboring countries. Instead, many moved irregularly (both out of Venezuela and returning to the country), given travel restrictions and border closures had curtailed opportunities for regular movement; these Venezuelans were therefore not represented in official counts. These statistics also show Venezuelans’ movement through regular channels recovering fairly quickly, by mid-2021.

For example, in the case of Peru, official statistics reveal slight decreases in the number of Venezuelan residents from mid-2019 to mid-2020, which correlates with the introduction of restrictive measures; this

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42 In Chile, the country’s land, air, and sea borders were closed only to foreigners, which affected neither the entry of nationals and residents nor the entry of carriers to ensure the country’s supply. See Chilean Ministry of the Interior and Public Security, Border Crossings Unit, “Coronavirus en Chile pasa a fase 4 y Presidente anuncia cierre de fronteras” (news release, March 18, 2020).
43 These data include both foreigners and nationals arriving and departing but exclude irregular, non-recorded arrivals.
44 Melde, Goycoechea, and Bustinza, Movimientos Migratorios Recientes en América del Sur.
includes new requirements that Venezuelans secure a visa before entry or else apply for refugee status at the border (rather than visa free arrival), as well as pandemic border closures and challenges applying for asylum. But these numbers increased again from September 2020 to January 2021 and from July to October 2021, likely reflecting the registration of irregular migrants through the ongoing regularization campaign offering a temporary residence permit (Carné de Permiso Temporal de Permanencia). In early 2022, an estimated 1,500 Venezuelans entered Peru irregularly each day. One year later, in March 2023, there were more than 5.5 million Venezuelan citizens displaced across the region, a figure that has steadily risen since early 2018 when there were officially about 1 million displaced, reaching about 3.8 million in early 2020 immediately before the pandemic’s onset and continuing to rise during the public-health crisis.

FIGURE 3
Number of Venezuelan Migrants in Other South American Countries, 2018-22


Across the region in most of 2020 and part of 2021, migrants and refugees increasingly crossed borders irregularly, given the restrictions on regular travel. As more migrants started to use the services of smugglers to do so, concerns grew among many local actors about the increasing risk of human trafficking. During this period, migrants and refugees also faced heightened risks as many traveled along clandestine and more-dangerous routes, without testing for COVID-19 or wearing masks, and often via

45 Luisa F. Freier and Analí Briceño, “La Militarización de la Frontera Norte de Perú y el Derecho a Solicitar Refugio: Hacia la Reapertura de la Frontera” (bulletin, Centro de Investigación Universidad del Pacífico, 2021).
47 R4V, “Refugees and Migrants from Venezuela.”
48 Freier and Jara, “Human Mobility and the COVID-19 Pandemic in Latin America.”
49 It is important to distinguish between smuggling and human trafficking. The former refers to practices, via voluntary payments, seeking to facilitate a person’s irregular entry into a country in which the person is not a national or resident. The latter denotes the illegal trade of humans for the purpose of commercial sexual exploitation or forced labor, via deception and/or coercion mechanisms. See Luisa F. Freier, Soledad Castillo Jara, and Marta Luizes, “The Plight of Migrants and Refugees in the Pandemic,” Current History 119, no. 820 (2020): 297–302; Rossiasco, Dávalos, and Bello, Una Oportunidad para Todos.
overcrowded modes of transportation. Some suffered abuse, extortion, and violent treatment, as well as facing the risk of falling into the hands of criminal organizations that would subject them to forced labor, debt bondage, or sexual slavery. These conditions also meant that irregular and poorer migrants, without the means to regularize their migratory situation and pay for safe transportation, faced relatively high levels of exposure to COVID-19.

In response, some governments increased border enforcement, moving away from the pre-pandemic status quo of not criminalizing migration. Starting at the end of January 2021, military and police forces were deployed at the Ecuador-Peru border to control the entry of people through irregular crossing points. While both governments officially declared that their main objective was to enforce border closures, reports emerged of expulsions of people who were already in Peru, shots fired by the Peruvian military, and foreigners being barred from seeking asylum at the border. A similar situation occurred at the Brazil-Peru border, whereby military and police forces prevented Haitian citizens from entering to pass through to other countries.

Thus, pandemic-era border closures simultaneously shifted some migrants into irregular channels and prompted some of those living abroad to attempt to return to their countries of origin (see below). Even as these countries began to slowly shift from total travel bans toward allowing people with negative test results (and, later, proof of vaccination) to enter, cross-border mobility did not immediately recover. Travel measures deeply affected international tourism, for instance, and even the switch to screening rather than restrictions in 2021 did not prevent continued sharp declines in tourist arrivals in South America (down 84 percent in 2021 compared to 2019). Discrimination against foreigners was widespread during the pandemic in terms of who had access to public health care and hygiene resources (e.g., distribution of masks). Unequal access to health services continued during the pandemic, with many migrants unable to access vaccines because they lacked identification, feared deportation, or simply were not prioritized when vaccination campaigns were rolled out. This negatively affected migrants’ ability to travel through regular channels that required proof of vaccination. Regular mobility and migration began to recover only in 2022, when even screening measures began to lift, though these regular migration patterns proved far less resilient compared to irregular migration and displacement across the region.

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51 Brumat and Finn, “Mobility and Citizenship.”
52 By July 2021, the number of military and police forces had decreased on the Peruvian border, but patrolling and militarization of the border continued. See R4V, “Reporte Operacional: Huaquillas” (fact sheet, July 2021).
53 Freier and Briceño, “La Militarización de la Frontera Norte de Perú.”
54 Freier and Briceño, “La Militarización de la Frontera Norte de Perú.”
55 Freier and Briceño, “La Militarización de la Frontera Norte de Perú.”
58 Diego Chavez-González, Jordi Amaral, and María Jesús Mora, Socioeconomic Integration of Venezuelan Migrants and Refugees: The Cases of Brazil, Chile, Colombia, Ecuador, and Peru (Washington, DC and Panama City: Migration Policy Institute and IOM, 2021); Gisela P. Zapata, Marcia Vera Espinoza, and Luciana Gandini, Movilidades y COVID-19 en América Latina: inclusiones y exclusiones en tiempos de “crisis” (Mexico City: Universidad Nacional Autónoma de México, 2022).
B. Impacts on Labor Patterns and Working Conditions

The proliferation of pandemic-era travel restrictions, as well as lockdowns, quarantines, and social-distancing measures, also caused a sharp economic downturn that disproportionately affected migrants. During the first months of 2020, the International Labor Organization warned that the pandemic would widely affect the world’s labor markets, unemployment and underemployment, wages, and access to social protection measures, especially for the most vulnerable groups. Worldwide, the employment of migrants (and especially those with a precarious socioeconomic or legal position) was substantially threatened, as they were often among the first to be laid off, have their salaries reduced or suspended, or be forced to move from the formal to the informal labor market. And while the pandemic led to job losses in both the formal and informal economy, the pandemic’s effect on the latter was more severe.

These global trends could be clearly seen in South America. One survey of migrants in the region between August and October 2020 found that unemployment rose sharply in sectors such as domestic work (71 percent unemployed), retail and restaurants (59 percent), and accommodation and tourism (54 percent). Job losses were concentrated in the informal economy, in which 60 percent of the region’s workers were employed. Migrant workers were overrepresented in the informal sector and thus particularly hard hit, losing their jobs and therefore their ability to support themselves and send remittances to family members in their countries of origin. Unemployment rates among displaced Venezuelans rose significantly in Chile, Colombia, Ecuador, and Peru.

Many migrant workers also saw their working hours curtailed or lost their jobs altogether. In some countries, the corresponding decrease in income led migrant workers to send fewer remittances, although in other countries, remittance levels remained broadly the same. This drop in income also led many to take precarious and undervalued jobs that heightened their exposure to the virus. In Peru, for example, reports emerged of a crematorium where many employees were young Venezuelans, whose main task was to collect the bodies of COVID-19 victims. These developments may have reduced migrant workers’ ability to send remittances, although this varied by country and over time. One late-2020 survey found that only 29 percent of Venezuelan migrant workers continued to send remittances from Brazil, the Dominican Republic,

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60 Carella, Frean, and Velasco, Migración laboral, movilidad en el mundo del trabajo.
63 Carella, Frean, and Velasco, Migración laboral, movilidad en el mundo del trabajo.
66 José Koechlin, “Migración y empleo en tiempos de pandemia” (working paper, Conversaciones PolitiKAS, Konrad Adenuer Stiftung, August 2020).
67 Chaves-González, Amaral, and Mora, Socioeconomic Integration of Venezuelan Migrants and Refugees.
70 Other factors may also be at play, such as the presence of more vulnerable dependents in Venezuela. See Chaves-González, Amaral, and Mora, Socioeconomic Integration of Venezuelan Migrants and Refugees.
Meanwhile, 79 percent of Venezuelans in Chile, Colombia, Ecuador, and Peru reportedly sent remittances in December 2020, and 66 percent did so in Colombia, Ecuador, and Peru in September 2021.

Similarly, the World Bank predicted a 19.3 percent drop in remittances in 2020, and early data show that migrant workers in MERCOSUR countries were losing income because of confinement and border closure measures (so presumably could send fewer remittances). However, remittances across the broader Latin American and Caribbean region proved surprisingly resilient. In Colombia, remittance inflows dropped in July 2020, but by September they were growing again and continued to surge into mid-2021. Bolivia, Paraguay, and Peru experienced bigger initial drops, particularly since many in their diaspora members lived in Ecuador and Spain (two countries where containment measures were particularly severe and incomes dropped significantly). Remittance flows recovered quickly in Bolivia and Peru (exceeding 2019 levels in 2021), although not in Paraguay.

Among Venezuelan migrant and refugee women, the pandemic’s effects on employment exacerbated the precarity many already experienced as a result of structural gender gaps in the region’s labor markets.

A survey conducted in Peru in June 2020 with 159 Venezuelan migrant women found that 69 percent of respondents were unemployed during the quarantine period, and 55 percent remained unemployed at the time of the survey. In addition, 64 percent reported that they had considered taking a job they were previously unwilling to do due to the risk of mistreatment and discrimination (e.g., street vending, household work, and prostitution).

Nonetheless, the pandemic also opened up some job opportunities for highly qualified migrants and those with particular skill sets and qualifications deemed useful in the context of the health crisis. In some countries, migrant workers took jobs in sectors deemed essential and that were thus exempt from restrictions, such as agriculture, domestic services and care work (e.g., cleaning, maintenance, assistance, etc.).
and non-therapeutic care), as well as retail and logistics work (e.g., working in supermarkets, grocery stores, and for delivery platforms). For example, in Colombia, the pandemic generated a labor shortage in the agriculture sector, specifically in the coffee market, as domestic mobility restrictions prevented coffee pickers from relocating to coffee-producing regions for the harvest.81 If not for the Venezuelan migrants already resident in these coffee-producing regions, it would not have been possible to harvest coffee crops.82

The pandemic also led to increased demand for immigrant workers providing essential health services (e.g., nurses, doctors, and other health-care roles). In Peru, the government introduced faster and lighter-touch procedures for recruiting medical, nursing, and health technicians, which included migrants who held credentials issued in other countries.83 This effort included eliminating requirements to have foreign credentials recognized by the National Superintendence of Higher University Education (SUNEDU), which was a resource-intensive and expensive process,84 or revalidated by a Peruvian university, and offering temporary registration to foreign health professionals only for the 2020 fiscal year.85 Likewise, in Argentina and Chile, the government authorized the hiring of qualified foreign health professionals and technicians whose medical certificates had not yet been validated or who had not yet been authorized to work.86 However, these were all exceptional measures that lasted only for the pandemic’s duration.

C. Left Stranded: Precarious Mobility and Migration Dynamics

While rising unemployment and exclusion from social protection programs forced many migrants into more precarious positions, it drove others to return home, at time in unsafe ways. Throughout the region, the effects of lockdowns and mobility restrictions on employment and income left many migrants, refugees, and asylum seekers unable to pay their rent—consequently facing eviction—or support themselves and their families. Many migrants became even more vulnerable because they were excluded from social protection programs. In Chile, irregular migrants and people with expired identity documentation were ineligible for the government’s economic support program (including the Emergency Family Income program for people in the informal sector). In Peru, the government gave people with COVID-19 symptoms temporary access to public health insurance but excluded those who lacked a temporary residence permit (most Venezuelans).87 In many cases, these migrant groups were not explicitly barred from accessing pandemic-era assistance, but many migrants who lacked legal status and were thus already in a precarious situation saw conditions worsen during the pandemic.

82 Author interview with representative of Migración Colombia, Colombia, February 2022.
83 Author interview with representative of the National Superintendence of Migration, Peru, January 2022.
85 Castro Padrón et al., Migración calificada desplazada en contextos de crisis.
86 In Argentina, the government extended the health emergency until December 31, 2021, thereby extending the hiring of foreign-qualified health professionals and technicians whose degrees had not been revalidated or authorized in Argentina. In Chile, the professional practice of physicians who obtained their license in Chile or abroad was temporarily authorized for a period of three years as of October 10, 2020, even if their specialty certification had not been accredited. See IOM, “COVID-19: Desafíos para América del Sur”; Argentine Ministry of Health, “Por las consecuencias de la pandemia, el gobierno extendió la emergencia sanitaria por un año” (press release, December 30, 2020); Chilean National Library of Congress, “Habilitación temporal de especialidades medidas,” updated November 3, 2022.
87 Freier and Espinoza, “COVID-19 and Immigrants’ Increased Exclusion.”
In addition to closing borders, the onset of the pandemic prompted the offices of migration authorities in the region and their digital portals to shut down. This situation left many migrants and asylum seekers in legal and socioeconomic limbo, as it halted their access to regular status and, in many cases, led to the accrual of visa overstay fees. In Peru, all of the offices of the Special Commission for Refugees closed by March 2020, and their digital portal was inoperative from mid-2019, even before the pandemic, after the stark increase in asylum applications. The online appointment platform reopened only in June 2020—three months after the initial lockdown period—but was again inoperative from October 2020 until December 2021. As of early 2023, all Special Commission for Refugees procedures were being conducted through the virtual desk of the Ministry of Foreign Affairs, and telephone and email communication options were available only for inquiries from asylum seekers.

With dwindling financial resources and little access to government support, some migrants and displaced people opted to return to their countries of origin. Return migration was often difficult, and reports emerged of some migrants and refugees sleeping on the streets while waiting, without much success, for humanitarian flights back to Venezuela. In other cases, individuals decided to return on foot without any food or money, defying border closures and travel restrictions and enduring extremely dire conditions. In May 2020, Venezuelan President Nicolás Maduro announced that more than 20,000 Venezuelans had returned from Brazil, Chile, Colombia, Ecuador, the Dominican Republic, Mexico, and Peru. And in April 2022, the Venezuelan government officially announced that, since 2018, 28,521 Venezuelans from 21 countries had returned via the Return to the Homeland Plan. According to Colombia’s migration agency (Migración Colombia) and the Brazilian Federal Police, between March 2020 and November 2021, almost 150,000 Venezuelans returned, at least temporarily, to their home country. Although more recent information is difficult to find, the real numbers are likely higher than these official figures, given many Venezuelans have returned via irregular migration channels. However, while some Venezuelans who returned to Venezuela have stayed in hopes of economic recovery, many have been forced to leave again. Some have moved back to their prior country of residence, but others have sought to reach new destinations such as the United States, as evidenced by the increase in Venezuelans crossing the Darién Gap between Colombia and Panama on their way north.

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88 Freier and Castillo Jara, “Human Mobility and the COVID-19 Pandemic in Latin America”; Castro Padrón and Freier, “¿Invisibles o invisibilizados?”
89 Castro Padrón and Freier, “¿Invisibles o invisibilizados?”
90 Marta Luaces et al., *Inmigración venezolana en Perú. Regularización migratoria y sistemas de refugio* (Lima: Equilibrium CenDE, 2021); Castro Padrón and Freier, “¿Invisibles o invisibilizados?”
92 Stefania Gozzer, “Coronavirus: el trágico viaje de un grupo de venezolanos que intentó regresar a pie a su país desde Perú en medio de la pandemia,” BBC, May 18, 2020.
93 *El Comercio*, “Más de 28.000 migrantes venezolanos regresaron al país con el Plan Vuelta a la Patria,” *El Comercio*, April 10, 2022. Many Venezuelans returned without formal authorization or through government-assisted travel processes, so the recorded number of Venezuelan returnees varies.
Lessons for Migration Policy: Toward Safe and Sustainable Cross-Border Mobility

The COVID-19 pandemic came at a time of fundamental transformation for migration and mobility across South America. Governments were already reckoning with the protracted displacement of millions of Venezuelans, and the pandemic shone a light on migrants’ and refugees’ particular vulnerabilities, with implications for protection and integration policy. The considerable variation in legal protections for Venezuelans across the region, with only a few countries having conducted large-scale regularization campaigns while others offered more narrow opportunities to gain legal status, kept many people on the margins of society and often excluded them from COVID-19 response packages.

More broadly, countries across the region were transitioning (or continuing to transition) from primarily being origin countries for migrants to being both a source of and destination for people on the move. While some migrants and refugees worked in higher-skilled occupations, the majority worked in informal sectors without strong health and safety regulations and social protection mechanisms. Already living and working in precarious conditions, many migrants were disproportionately affected by lockdowns and other restrictions on economic activity during the pandemic. In turn, this led to increased marginalization, forcing some migrants into even lower-paid and less-secure work and forcing others to return home, often through unsafe and irregular routes with the support of smugglers.

Across the region, migrants and displaced people were among the populations to feel the socioeconomic and human devastation of COVID-19 most acutely. Travel measures led to a collapse in regular movement and diverted people into less-safe channels, while the failures of integration and socioeconomic response measures exacerbated migrants’ pre-existing exclusion from health services, economies, and societies. This section presents lessons learned from the pandemic across four policy areas, outlining essential considerations at both the national and regional levels for future safe and inclusive cross-border mobility: (1) inclusive vaccination policies, (2) comprehensive socioeconomic assistance and integration programs, (3) sustainable migrant regularization, and (4) effective regional cooperation.

A. Inclusive Vaccination Campaigns

In the context of the COVID-19 pandemic, most countries in the region declared that they would include all migrants—regardless of their status—in national vaccination plans. Ensuring migrants were vaccinated not only helped to protect their health, but also supported the public health of the entire society since it lowered the risks of the virus being transmitted throughout the community. However, in practice, this
group’s access to vaccines has been limited\textsuperscript{97} by requirements such as needing to show a national identity card or proof of residence, as in Colombia;\textsuperscript{98} foreign residence card (Carné de Extranjería), passport, or Temporary Residence Permit (Permiso Temporal de Permanencia) in Peru;\textsuperscript{99} or documentation proving their formal immigration status in the country, such as a passport or taxpayer identification number in Chile.\textsuperscript{100} These requirements prevented many migrants from getting vaccinated against COVID-19.\textsuperscript{101} For example, in August 2021, when 31 percent of the total Peruvian population had been vaccinated,\textsuperscript{102} only 10 percent of Venezuelans in the country had received the first dose of the vaccine, and close to 6 percent had received the second dose.\textsuperscript{103} Other barriers to migrants’ access to vaccination included the fear of being fined or deported (in Chile, they had to “self-report” to the police to access the health system);\textsuperscript{104} the spread of misinformation through networks of foreigners (in Peru, some sources stated that migrants would not be vaccinated or would only be vaccinated after nationals);\textsuperscript{105} and the lack of information on migrants’ right to health care and vaccines.\textsuperscript{106}

The failure to equitably include migrants and refugees in COVID-19 vaccination efforts reflects broader patterns in migrants’ access to health care in the region. Even outside of public-health crises, migrants are at risk of exclusion from general vaccination services and routine immunization programs.\textsuperscript{107} Mainstreaming migration considerations into these more-routine health services before the pandemic could have fostered a more inclusive approach during COVID-19 vaccination campaigns and should be a priority going forward. This includes:

- **Investing in intragovernmental coordination:** Closer coordination efforts and dialogue between health, border enforcement, and migration authorities help to achieve the inclusion of migrants—regardless of migratory status—in national vaccination programs.\textsuperscript{108} This could include organizing training sessions with health and border personnel to provide information about the different profiles present within a country’s migrant population and their respective socioeconomic and legal characteristics, needs, vulnerabilities, and concerns.


\textsuperscript{101} Anali Briceño, Ander Alonso-Pastor, Yordi Ugaz, and Carlos Enrique Godoy, *La calidad migratoria humanitaria y su relación con los derechos de la población venezolana en el Perú* (Equilibrium CenDE, 2020), 1–60; Luaces et al., *Inmigración venezolana en Perú*.


\textsuperscript{103} Zapata et al., “Discriminación y requisitos no contemplados en la vacunación a migrantes en Perú.”

\textsuperscript{104} Lobo-Guerrero, “Las dosis inciertas.”

\textsuperscript{105} Lobo-Guerrero, “Las dosis inciertas.”


\textsuperscript{108} Meghan Benton and Lawrence Huang, “Managing Mobility in the Pandemic Era Requires World to Buy In on Shared Principles” (commentary, Migration Policy Institute, Washington, DC, May 2022).
Supporting regional coordination on health and mobility: One example of cross-border coordination is the issuance of a health or vaccination passport valid for citizens in the region.\textsuperscript{109} One promising (pre-pandemic) practice was the provision of vaccination passports to Venezuelan refugees and migrants that recorded the vaccines they had received at border crossings, which helped to ensure they received any missing vaccinations.\textsuperscript{110} Similar strategies were used by the European Union during the pandemic, with the implementation of its Digital Green Certificate, and by other regional and global efforts that emerged in Asia and North America to certify travelers’ health credentials.\textsuperscript{111} Setting up such a system in South America could facilitate border exchanges, travel, or crossings to visit relatives\textsuperscript{112} and could help to enable quicker reopening in future crises that rely on travelers proving their vaccination status.

\section*{B. Comprehensive Socioeconomic Assistance and Integration Programs}

Across the region, migrants and refugees were often excluded from state-led socioeconomic assistance programs during the pandemic.\textsuperscript{113} In the pandemic’s first year, all governments in South America introduced or adapted existing food programs; eight governments provided support for utility costs; Argentina and Colombia provided unemployment insurance; and all except Ecuador provided some employment protection measures.\textsuperscript{114} But even before the pandemic, some countries did not include migrants (even those with regular status) in social protection programs, such as cash transfer and social pension systems in Colombia, Ecuador, and Peru, and the countries that did offer social security to migrants excluded those in the informal job market or who did not meet other criteria. In Argentina, for example, only migrants resident for more than two years were automatically registered for Emergency Family Income cash support, thereby excluding recent Venezuelans arrivals.\textsuperscript{115} This exclusion generally continued through the pandemic and had immense socioeconomic costs, with loss of income leading to severe increases in migrant poverty.\textsuperscript{116} Still, there were some exceptions; most migrant children had access to food programs implemented in schools, and some countries, such as Brazil, gave informal migrant workers access to cash transfers.\textsuperscript{117}

\textsuperscript{109} In April 2022, the ambassadors of Argentina and Bolivia in Peru; Brazilian, Colombian, and Chilean diplomats; as well as representatives of the Pan American Health Organization (PAHO) and World Health Organization (WHO) met in Lima to discuss the need for a multisectoral and multistakeholder alliance through strengthening existing integration mechanisms in South America. Officials stressed the importance of working together to guarantee the right to health, paying particular attention to the most vulnerable populations such as migrants, and emphasized that the region’s health systems are in urgent need of coordinated and standardized care protocols, which require cooperation and logistical support. See PAHO, “Embajadores de América del Sur y la OPS/OMS fortalecen cooperación multilateral” (news release, April 26, 2022).

\textsuperscript{110} Freier and Luzes, “How Humanitarian Are Humanitarian Visas?”


\textsuperscript{113} Freier and Espinoza, “COVID-19 and Immigrants’ Increased Exclusion”; Espinoza et al., “Towards a Typology of Social Protection.”

\textsuperscript{114} This was the case as of June 20, 2020. See Monica Rubio et al., \textit{Social Protection and Response to COVID-19 in Latin America and the Caribbean} (Panama: UNICEF, 2020).


\textsuperscript{117} Machado et al., \textit{Social Protection and Venezuelan Migration}.
COVID-19 laid bare a key problem inherent to excluding migrants from social protection systems in non-crisis times: it becomes far more difficult to ensure that everybody is protected during times of crisis. This is particularly important because migrants bring immense development potential across the region, especially if governments can regularize migrants, recognize their qualifications and competencies, and support their access to social protection and the financial system—as the International Labor Organization and United Nations Development Program have recommended. Thus, before the next crisis, governments should consider the following steps:

► **Investing in inclusive socioeconomic protection systems:** South America has long given migrants access to certain basic services, notably emergency health care and secondary education. But other services are far less inclusive, such as non-emergency health care and employment support services, especially social security benefits, which accrue to those in the labor market. This necessarily excludes irregular migrants as well as regular migrants who lack access to formal occupations. Regularization is key to inclusive socioeconomic protection (see below), but governments could also consider policy changes to allow informal workers to pay into and access social security and other welfare systems.

► **Preparing emergency social protection programs:** Social protection systems are difficult to set up and target during times of crisis, and many governments responded to COVID-19 by simply targeting pandemic-era programs to people who were already registered for benefits before the pandemic—an approach that often excluded newer arrivals and those without regular immigration status. New programs implemented during future crises should recognize that migrants are likely to be in precarious situations and therefore need either dedicated humanitarian assistance or to be mainstreamed into these new programs.

### C. Sustainable Regularization Programs

Across South American countries, migrants and refugees have inconsistent access to legal status and protection measures, with many governments grappling with the ongoing challenge of how to adjust migration policies and institutions to address Venezuelan displacement and to recognize the shift from being primarily a migrant-origin country to both a country of origin and destination. This uneven access to regular status before the pandemic resulted in a similarly uneven landscape of access to social protection and emergency aid when COVID-19 arrived. For Venezuelan migrants, for example, a key determinant of socioeconomic precarity was irregular status, both prior to and during the pandemic. Despite numerous mobility provisions at the regional level, including agreements among MERCOSUR and CAN Member States, the 19th South American Conference on Migration (SACM) Declaration recognized the progress made by the MERCOSUR bloc to facilitate the movement of workers in the region and to promote their labor integration through regional instruments, such as the Residence Agreement for Nationals of MERCOSUR Member and Associated States, the Multilateral Agreement on Social Security, the MERCOSUR Social and Labor Declaration, and the plan to facilitate the free movement of workers in the region. See SACM, "Migration and Access to Rights: Regional Challenges in the Face of the COVID-19 Pandemic. Experiences, Lessons Learnt, and a Look into the Future" (19th South American Conference on Migration, Buenos Aires, 2021).

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119 Hidalgo, Carella, and Khoudour, Migration from Venezuela.


121 Freier, Kvietok, and Castro Padrón, “Venezuelan Migrant Women’s Experiences.”

122 The 19th South American Conference on Migration (SACM) Declaration recognized the progress made by the MERCOSUR bloc to facilitate the movement of workers in the region and to promote their labor integration through regional instruments, such as the Residence Agreement for Nationals of MERCOSUR Member and Associated States, the Multilateral Agreement on Social Security, the MERCOSUR Social and Labor Declaration, and the plan to facilitate the free movement of workers in the region. See SACM, “Migration and Access to Rights: Regional Challenges in the Face of the COVID-19 Pandemic. Experiences, Lessons Learnt, and a Look into the Future” (19th South American Conference on Migration, Buenos Aires, 2021).
States, many countries continue to offer limited opportunities to gain regular immigration status, often focusing on (skilled) migrant workers.

Several governments in the region implemented regularization programs before the pandemic, but there has been considerable variation in these mechanisms’ requirements and the robustness of the resulting status (in terms of length, rights, and access to benefits and services) and many migrants remain in irregular status. With the notable exception of Colombia, these programs tend to be very short term, usually extending legal status for only a year. The pandemic had massive socioeconomic impacts on irregular migrants, forcing many to make unsafe journeys home, and highlighted the need for more consistent investment in pathways to regular status. One key element of this conversation should be:

- **Taking long-term approaches to regularization:** The COVID-19 pandemic interrupted efforts to regularize migrants in many South American countries (with the notable exception of Colombia), with many migration and refugee departments diverting resources to other issues and shutting down or pausing processing of applications for regular status. To truly capture the labor market benefits of Venezuelan migrants and refugees and to enhance preparations before the next public-health crisis, the region should prioritize regularization programs that take a long-term approach. To combat irregularity, and in recognition that many countries’ asylum systems have struggled to keep pace with Venezuelan displacement, governments in the region should also offer sustainable alternative pathways to humanitarian protection. Displacement from Venezuela is no longer a new phenomenon, and as Venezuelans (and other people on the move) continue to live in their host communities, a lack of legal status can be a significant barrier to integration. Regularization campaigns, stronger asylum systems, and potentially more consistent application of the refugee definition from the 1984 Cartagena Declaration to displaced Venezuelans are all policy options that governments should consider as displacement becomes increasingly protracted. Such efforts will be an essential part of working toward Venezuelans’ sustainable integration, to the benefit not only of individual migrants but also the countries and communities in which they live.

## D. Effective Regional Cooperation Mechanisms

The response to Venezuelan displacement, the pandemic’s shutdown of mobility, and the uptick in both return and irregular outmigration have highlighted the need for regional cooperation on migration in South America. Governments and international organizations have committed to enhancing regional cooperation,

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123 In the case of the Andean Community (CAN), the instruments adopted include the Andean Labor Migrant Instrument, the Andean Instrument on Social Security, and the Andean Instrument on Occupational Safety and Health at Work. See Carella, Frean, and Velasco, *Migración laboral, movilidad en el mundo del trabajo*.

124 Carella, Frean, and Velasco, *Migración laboral, movilidad en el mundo del trabajo*.

125 Freier, “Colombia Went Big on Migration.”

126 Brauckmeyer, Castro Padrón, and Licheri, “Adrift.”

127 Chaves-González, Amaral, and Mora, *Socioeconomic Integration of Venezuelan Migrants and Refugees*. 
specifically concerning the promotion and protection of migrants’ socioeconomic and legal rights, but in practice, coordination in the management of mobility crises has been limited. For instance, the South American Conference on Migration (SACM) has been a space for nonbinding knowledge exchange and discussion that have reflected state-led consensus (albeit through “aspirational and celebratory texts”). Created in 2000, its first pandemic-era conference only took place in September 2020, meaning governments could not use it as a forum to discuss and coordinate how to manage the pandemic’s impacts on migrant populations in the early months of the crisis. Subsequent SACM convenings were spaces for governments to share information about migrant integration and access to rights during the pandemic, but cooperation among SACM members remained limited. To address this gap, policymakers in the region could:

▶ Strengthen regional coordination mechanisms: At a regional level, SACM could position itself as the main mechanism to advance consensus and coordination on regional management of the Venezuelan exodus, with countries sharing best practices and signing binding agreements when appropriate. Thus, to develop and implement sustainable policies in practice, there is a dire need to develop political will across the region concerning coherent migration management policies and a means to ensure that countries fulfill their commitments and agreements and prioritize legal pathways to migration, regularization, and formal labor market integration.

▶ Leverage regional coordination for crisis response: In addition, SACM should learn from its failure to adequately react to the implications of COVID-19 for migration management in the region and consider establishing a standing group on crisis management. Regional coordination is essential to integrating health and mobility management (see above) to better prepare for future public-health crises, but crisis management cannot just involve responding to the last crisis. Instead, a more flexible tool (such as a standing group within SACM) is needed to ensure that SACM can serve as a space for immediate knowledge exchange and coordination in the first days of the next crisis that affects cross-border mobility, whether it is a conflict, natural disaster, public-health emergency, or other crisis.

The COVID-19 pandemic exposed existing limitations and vulnerabilities in how South American governments managed migration and integration. The pandemic exacerbated, rather than created, the acute challenges of the past few years—from rampant unemployment and precarity, to lack of legal

129 Acosta, Blouin, and Freier, La emigración venezolana; Freier and Doña-Reveco, “Introduction: Latin American Political and Policy Responses.”
131 Acosta, The National versus the Foreigner in South America.
132 SACM, “Migration and Access to Rights.”
status and exclusion from social protection measures and health care. Preparing for the next public-health emergency thus requires considering the health, border, and travel measures that could be taken forward or rapidly reintroduced as needed and the opportunities countries have to address long-standing gaps and inequities. For example, mainstreaming migrant and refugee populations into health and social protection systems and providing routes to legal status can bring benefits for both individual newcomers and the societies in which they settle, including by laying a foundation for responses to future crises. As South America emerges from the pandemic, the time is ripe to reflect on lessons learned and opportunities to connect future preparations with other efforts to improve migration governance, integration, and regional coordination.

The COVID-19 pandemic exposed existing limitations and vulnerabilities in how South American governments managed migration and integration.
Appendix. Border Closures and Travel Restrictions, by Country

This appendix maps how each South American country managed pandemic-era border closures and travel restrictions between March 2020 and December 2022. It draws on data from the Oxford COVID-19 Government Response Tracker and Suramérica Abierta portal, as of December 4, 2022. The figures represent the indicator “Record Restrictions on International Travel,” which is part of the Codebook for the Oxford COVID-19 Government Response Tracker. The measure is an ordinal scale, ranging from the values 0 to 4, each of which has the following coding: 0–no restrictions; 1–screening of arrivals; 2–quarantine of arrivals from some or all regions; 3–ban on arrivals from some regions; 4–ban on all regions or total border closures.

Argentina

In March 2020, the government ordered total border closures. This restriction was minimally relaxed in October 2020 through the ban on arrivals from some regions. That initial measure was re-established from April to September 2021. From October 2021 to August 2022, the government requested quarantine for arrivals from some regions. The final travel restrictions were removed in August 2022.

Bolivia

From March through August 2020, the government decreed the total closure of borders. Beginning in August 2020, this measure shifted to screenings of arrivals. Between April–May and July–August 2021, the government once again opted for the total closure of borders. Starting in October 2021, restrictions were lowered to screening arrivals, with the health emergency declaration lifted on July 31, 2023.
Brazil

In late March 2020, the government tightened entry restrictions via the total closure of borders, which remained in place until July 2020. Throughout most of 2021, low levels of restriction characterized the government’s response—only screenings of arrivals were required. In the last months of 2021 and January 2022, however, the government placed a ban on arrivals from some regions. For most of 2022, the only requirement was for the screening of arrivals.
**Chile**

There were two prolonged periods of restrictive measures in Chile, which began with the ban on arrivals from some regions and later shifted to the ban on arrivals from all regions or total border closures. However, in late 2021, the government began requiring only screening of arrivals, with all restrictions lifted in May 2023.

**FIGURE A–4**

*Level of Restrictions on International Travel Imposed by Chile, 2020–22*


**Colombia**

From March 2020 until April 2021, the government ordered the total closure of borders. In the second half of 2021, the measures were relaxed, only requiring screenings of arrivals, and subsequently lifted altogether.

**FIGURE A–5**

*Level of Restrictions on International Travel Imposed by Colombia, 2020–22*

**Ecuador**

In March 2020, the government decreed the total closure of borders. Over time, this response was progressively relaxed. In 2021, during the second wave of the pandemic, the borders closed again. From July 2021 to February 2022, people arriving were required to quarantine.

**FIGURE A–6**

*Level of Restrictions on International Travel Imposed by Ecuador, 2020–22*

![Graph showing level of restrictions on international travel imposed by Ecuador, 2020–22.](image)

Source: Oxford University, "Oxford COVID-19 Government Response Tracker."

**Paraguay**

From March until September 2020, the government ordered total border closures. In 2021, quarantines for arrivals from some regions or a ban on arrivals from some regions were applied for medium- and short-term periods. Starting in January 2022, the only travel measure in place was screening of arrivals, which was also subsequently lifted.

**FIGURE A–7**

*Level of Restrictions on International Travel Imposed by Paraguay, 2020–22*

![Graph showing level of restrictions on international travel imposed by Paraguay, 2020–22.](image)

Source: Oxford University, "Oxford COVID-19 Government Response Tracker."
**Peru**

At the outbreak of the pandemic in March 2020, the government implemented total border closures. These measures were progressively relaxed until February 2021, after which the restrictions were tightened briefly. After the second wave, the country’s response remained very restrictive, maintaining the ban on arrivals from some regions. From February to November 2022, the measures were relaxed, maintaining only screening of arrivals.

**FIGURE A–8**  
Level of Restrictions on International Travel Imposed by Peru, 2020–22

Source: Oxford University, "Oxford COVID-19 Government Response Tracker."

**Uruguay**

From the outbreak of the pandemic until mid-2020, as well as between the end of 2020 and October 2021, the government implemented total border closures, or a ban on all regions. From November 2021 to January 2022, these measures shifted to quarantines for arrivals from some regions. From early 2022 to February 2023, the only travel measure in place was screening of arrivals.

**FIGURE A–9**  
Level of Restrictions on International Travel Imposed by Uruguay, 2020–22

Source: Oxford University, "Oxford COVID-19 Government Response Tracker."
Venezuela

International travel restrictions remained almost unchanged throughout the pandemic. From March 2020 to March 2021, the government imposed the total closure of borders. From April 2021 until June 2022, arrivals from some regions were banned. In June 2022, travel requirements were relaxed to require only screening of arrivals, with restrictions lifted altogether in April 2023.

FIGURE A–10
Level of Restrictions on International Travel Imposed by Venezuela, 2020–22

Source: Oxford University, "Oxford COVID-19 Government Response Tracker."
About the Authors

LUISA FELINE FREIER

Luisa Feline Freier is Associate Professor of Political Science and IDRC (International Development Research Center) Research Chair on Forced Displacement in Latin America and the Caribbean at the Universidad del Pacífico (Lima, Peru). She is also a Nonresident Fellow at the Migration Policy Institute.

Professor Freier's research focuses on migration and refugee policies and laws in Latin America, South-South migration, and the Venezuelan displacement crisis. She has published widely in both academic and media outlets, been interviewed on the Venezuelan displacement crisis in international media, and advised international institutions and organizations such as Amnesty International, the International Committee of the Red Cross (ICRC), Inter-American Development Bank (IDB), International Organization for Migration (IOM), United Nations High Commissioner for Refugees (UNHCR), World Bank, and European Union. She is also the Migration Research and Publishing High-Level Adviser for the IOM.

She holds a PhD in political science from the London School of Economics and political science; an MA in Latin American and Caribbean studies from the University of Wisconsin, Madison; and a bachelor's degree in economics from Universität zu Köln, Germany.

ANDREA KVIETok

Andrea Kviëtok is a PhD student in the Sociology Department at the University of California, San Diego. Her research interests include transnational migration, discrimination and xenophobia, immigrant integration, migration journeys, return migration, and ethnography. Prior to entering graduate school, she worked as a Research Consultant at the IDB Migration Unit, IOM, and the Research Center at Universidad del Pacífico, where her work focused on Venezuelan displacement in Latin America.

Ms. Kviëtok was awarded a 2018–19 Fulbright U.S. Student grant to Peru, where she researched Peruvian migrants’ lived experiences of return and reintegration. She holds a BA in anthropology from Macalester College (Saint Paul, Minnesota).

LEON LUCAR OBA

Leon Lucar Oba is a Teaching Assistant for political science at Pontificia Universidad Católica del Perú (PUCP) in Lima. He has worked as a Research Assistant in academic and consulting projects on migration and human mobility in Latin America, as well as decentralization and civil society in Peru, including for the IDRC Research Chair. His research interests include migration policies, religion and politics, social movements, and civil society in Peru and Latin America.

Mr. Lucar Oba holds a BA in political science and government from PUCP.
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