



Migration in the Time of COVID-19—Policy Responses and Practices in Croatia Concerning the Western Balkan Routes and Readiness for the Post-COVID-19 Society in Which the Right to Health Care for the Most Vulnerable Is Guaranteed

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This research article aims to provide answers on how COVID-19 pandemics influenced migration law, policy responses, and practices in Croatia, particularly concerning migrants on the Western Balkan route. Throughout the EU, governments have reinstated border controls in the Schengen region and any “nonessential travel” to the EU has been suspended. In this study, it is analyzed whether asylum seekers have been denied entry in violation of international refugee law and whether immigration officers held detainees because of the risks posed by COVID-19 alongside Croatian borders. In addition, the study addresses the question whether and to what degree the COVID-19 pandemic influenced the overall approach toward migrants and their access to services, primarily the right to health care. Also, it is researched whether facilities for migrants and asylum seekers have appropriate health care and whether the measures imposed by the Croatian Institute of Public Health and by the National Emergency Response Team are respected when dealing with migrants. In addition, it is researched whether the EU, UN, and WHO policies and recommendation concerning COVID-19 and migrants, where applicable, are respected in the Republic of Croatia and whether specific policies concerning migrants and COVID-19 were introduced. All legislation, policy responses, and practices will be critically approached and examined. The text will make proposals for implementation of best practices and policy responses for migrants in the context of COVID-19. All statistical data that are necessary for this research are requested from the Ministry of the Interior of the Republic of Croatia.

Keywords: migration, refugees, COVID-19, policy responses, Croatia, Western Balkan routes

INTRODUCTION

This research article aims to provide answers on how COVID-19 pandemics influenced migration law, policy responses, and practices in Croatia, particularly in relation to migrants on the Western Balkan route. Since the pandemic is (far) from over, the authors hope that some of the underlined issues in this article will lead to changes in law, policy, and practice in Croatia, even during the COVID-19 pandemic.

To reach this aim, the research is both content-related (relevant regulations, policy, and practice concerning migration, asylum seekers, health rights, and restrictions of freedom) and response-related (changes in the regulations, policy, and practice with the first wave of COVID-19 pandemic). It is inevitable that, in this study, some of the pre-COVID-19 issues are addressed.

In order to detect the main challenges in law, policy, and practice, the multidisciplinary team of the authors established a common research question, which answer should help to reach the aim of this study: is the Croatian policy toward migrants and asylum seekers in the midst of the COVID-19 pandemic consistent with four tenets of the UN policy brief on COVID-19 (UN Comprehensive Response to Covid-19 Disaster 2020). In doing so, this study analyzes, according to the available data, whether the health rights of migrants and asylum seekers are respected in Croatia and how the risk of spreading COVID-19 in the first wave of pandemic (March–Autumn 2020) was addressed in this vulnerable population. Namely, whether the facilities for migrants and asylum seekers have appropriate health care and whether the measures imposed by the Croatian Institute of Public Health and the Civil Protection Headquarters of the Republic of Croatia are respected. In addition, the study addresses the question whether and to what extent the COVID-19 pandemic influenced the overall approach and attitude toward migrants in Croatia.

Having this aim in mind, this article analyzes whether the EU, UN, and WHO policies and recommendations concerning COVID-19 and migrants were respected and if there were any specific policies introduced in relation to this subject in the Republic of Croatia.

Regulations, policy responses, and practices will be critically approached and examined to the extent possible. The Ministry of the Interior of the Republic of Croatia provided the authors with statistical data that are detrimental for this research and the critical assessment of published data. Interviews with relevant stakeholders were also conducted. However, lack of available data constrains this research. Lack of information or impossibility of supervision of state authorities' actions in some instances should not be taken lightly, and the lack of all information and transparency was taken into account while assessing overall policy and practice in Croatia and served as an incentive for some proposals.

This study provides proposals for the implementation of best practices and policy responses in relation to migrants in the context of the COVID-19 pandemic in the Republic of Croatia, all

in the context of human security, emphasizing the most urgent ones.

This analysis represents a qualitative desktop research of primary and secondary normative and academic sources with the interpretation of received statistical indicators of the Ministry of the Interior of the Republic of Croatia and other institutions and NGOs were available to examine whether Croatia's official policy is in line with the aforementioned goals. The study consists of seven sections. The first section, titled Theoretical and Methodological Framework, provides an overview of the research methodology. The second section, Introduction to COVID-19 and Human Security Challenge, provides an insight into the topic and the scope of the research. COVID-19 and Migrants presents key issues that link the discussion of the COVID-19 pandemic and migrants. The fourth section, Analysis of Overall Policy Toward Refugees and Migrants, outlines policy analysis for refugees and migrants in Croatia with an overview of the developments in Southeastern Europe. The next section titled Migration Flows on Western Balkan Routes During COVID-19 Outbreak provides insight into the developments in the field and a display of statistical indicators. The sixth section, Regulation and Recommendations Concerning Prevention of COVID-19 Among Asylum Seekers and Migrants in Croatia, is the central part of the research and connects all of the elements from the previous sections. The final section outlines a summary of the research and a review of all of the collected materials and results of the analysis.

Throughout the EU, governments have reinstated border controls in the Schengen region and any “nonessential travel” to the EU has been suspended, especially during the first wave of the COVID-19 pandemic (Ramji-Nogales and Goldner Lang, 2020, 596). The last mass-migration crisis already led to reintroduction and maintenance of border controls since 2016 and 2017. Croatia was no exception to this rule. This, in our opinion, although aware that refugees, in general, do not pursue always legal ways of entry into EU and further on, itself represents a *human security risk* (The Commission on Human Security, 2003) for the migrants seeking refuge in the EU. Due to its particular geographical location, Croatia represents a country in which it is challenging to provide security to migrants and to successfully contain the spread of COVID-19 at the same time. However, if the historical experience is invoked, Croatia should not be taken by surprise and unprepared for such challenges. On part of the territory of today's Croatia, during the Habsburg Monarchy, the *Military Frontier (Vojna Krajina)* was formed in the XVIth century to serve as a defense against the Ottoman Empire. In the XVIIIth century, as part of this Military Frontier, a sanitary cordon was created that would become “the most comprehensive and one of the most durable systems to combat infection known as the sanitary cordon, which rested on a line 1900 km on over 10 thousand guards.” (Roksandić and Mamić, 2020, 686). As the maintenance of the sanitary cordon required enormous financial and human resources, it was abolished in 1872 after lasting for almost 200 years. Of course, the sanitary cordon was not a perfect system, and the overall geopolitical structure and human rights standards were different at that time.

THEORETICAL AND METHODOLOGICAL FRAMEWORK

Three key theoretical elements are used in this research in addressing main research questions—policies, theories, and research methods.

In general, politics is multidimensional. Overall, we distinguish three basic concepts for politics (politics in its narrower sense, polity, and policy) that reflect and describe its totality and represent its dimensions. Politics is primarily a struggle for power, authority, and management of the institutions of the political system. We designate this dimension as politics in the narrower sense, which is characterized by political decision-making based on the power and interests of political actors. The second dimension is polity, which denotes the institutional dimension and consists of the rules, procedures, and institutions that form the political system. The third dimension is policy or public policy, which refers to the content of political decision-making (Petak, 2007 in Miošić et al., 2014: 9). In this analysis, we focus on the policy dimension of the Croatian policy related to the COVID-19 pandemic, the following crisis, and the overall consequences related to the dynamics of the treatment of migrants. We will analyze this at three levels: cooperation at the EU level; stopping the smuggling, illegal crossings, and the spread of COVID-19; and refugees' relief on the national territory in relation to COVID-19.

These theories are important because they enable the understanding of complex phenomena and processes through the generalization and creation of logical categories. The chosen theoretical approach for this article consists of a combination of two theories: the New Institutionalism theory and Crisis Management theory. Peters (2007) describes the New Institutionalism theory as a combination of series of different research approaches toward the functioning of institutions. This theory is particularly important in analyzing the policy approaches of different institutions and their interactions. We will use this theory to describe how the Croatian government and its bodies acted in activities of interest to our research. The Crisis Management theory according to Kešetović and Toth (2012) represents the ability of an organization to prepare for a crisis through development of rapid and efficient response once a crisis has struck, as well as an ability to efficiently manage the crisis. This is important to analyze the path and results of the Republic of Croatia, with which it responded to the COVID-19 crisis, particularly concerning the migrants on the Western Balkan route.

Research methods are used to interpret various phenomena and processes and to arrive at a scientific conclusion. In this research, we have used the following research methods: induction, deduction, analysis, and synthesis by which we analyzed documents, processes, and phenomena related to the focus of this research.

INTRODUCTION TO COVID-19 AND HUMAN SECURITY CHALLENGE

The COVID-19 pandemic is a human security challenge, which has now lasted for more than eleven months. In

some ways, the world has stopped, and the normal ways of functioning were altered. The “new normal” became the “it” word of 2020, and it continues in 2021. Suddenly and especially at the beginning of the pandemic, a new “war” emerged: the “war on COVID-19” alongside the “war on terrorism” and the denial of basic rights of migrants and refugees. At the same time, invoking human security worldwide became even more important. Human security can be understood as an emerging normative framework in international relations (Oberleitner, 2005: 188). The human security concept partly emerged from the United Nations Development Programme Development Report (1994) and lists seven types of security: economic, food, health, environment, personal, community, and political security. With the adoption of the Sustainable Development Goals (SDGs), the United Nations General Assembly has reaffirmed the notion of human security (United Nations Department of Economic and Social Affairs Sustainable Development, 2015). Therefore, the notion of human security provides an even more integrated approach relevant to governments and societies affected by extreme poverty, underdevelopment, recurring violent conflicts, systemic violence, and human rights violations. As an EU country, there is a necessity for Croatia to maintain higher standards of respect for human rights. Additional human security risks for migrants could also be, among others, activities and omissions of authorities concerning illegal pushbacks and their nonprosecution. As emphasized by *Arbour*, the importance of economic, social, and cultural rights cannot be overstated in the protection of security (Arbour, United Nations High Commissioner for Human Rights, 2005: 5) and that should have an impact in creating a holistic policy in relation to asylum seekers in times of the COVID-19 pandemic:

The importance of economic, social and cultural rights cannot be overstated. Poverty and exclusion lie behind many of the security threats that we continue to face both within and across borders and can thus place at risk the promotion and protection of all human rights. Even in the most prosperous economies, poverty and gross inequalities persist and many individuals and groups live under conditions that amount to a denial of economic, social, civil, political and cultural human rights. Social and economic inequalities affect access to public life and to justice. Globalization has generated higher rates of economic growth, but too many of its benefits have been enjoyed unequally, within and across different societies. Such fundamental challenges to human security require action at home as well as international cooperation.

As underlined by Drumbl and Roksandić Vidlička (2020), “social distancing is the tactic; we all are enlisted in solidarity; the epidemiologists lead us; . . . our weapons are masks, ventilators,

mobile hospitals, and sanitizers. These two wars nonetheless mingle. Just last week, in the United States, a memo from the Justice Department instructed that individuals who intentionally spread the novel coronavirus could be charged with terrorism for the “purposeful exposure and infection of others.” ... Links also emerge between the virus, treaties and laws that address biological and chemical weapons. . . . Hundreds of Kenyans are assaulted by police who fire tear gas and swung batons to enforce COVID-19 related curfews and a young boy was shot and killed by a police sniper on his own balcony for breaching curfew. An 18-year old Canadian employee was arrested for allegedly lying to her employer (McDonald’s) about having COVID-19 in order to get out of going to work and charged with fraud. The state is becoming increasingly engaged in intrusive surveillance. Croatia imposes misdemeanors, criminal sanctions and is thinking of implementing AI surveillance over quarantine-breakers.”

In this period of the “new normal,” as somewhat described above that manifest itself in physical distancing, states have again become the main subjects of international relations. International organizations have fallen into the “second role” and their strength heavily depends on national states. It is the time of bringing back border controls in places where they have not existed for decades and a time of significantly tightening all types of border crossings. However, it seems that this approach is beginning to fade away and the need for mutual trust and cooperation is yet again gaining its momentum (e.g., the call from the EU for a joint health security policy from November 2020 and common policy and approach in receiving appropriate amount of vaccination). With this, the breaches of human rights of migrants and asylum seekers are resurfacing on the political agenda.

The ending of the “new normal” is not yet on the horizon. However, global outcries for the respect of human rights while responding to the pandemic seem to have a certain positive effect. Also, to avoid overcriminalization and the use of criminal law measures to ensure respecting the health measures, by November 2020, Croatia filed only 13 criminal charges against the spread of contagious diseases, an offence described in Article 180 of its Criminal Code (Croatia. Criminal Code, 2011). None of these charges were filed against migrants or asylum seekers. The police forces did not become the main enforcement body of the introduced health measures. However, this ongoing battle against COVID-19 also means that the focus of the public is not on the refugees, migrant seekers, and the violations of their human rights. The results of this fact are twofold. First, there was not a lot of media news or social media coverage to detail the hatred aimed toward migrants or the blaming of refugees for the spread of COVID-19 in Croatia. At the same time, pushbacks and violations of the human rights of migrants and asylum seekers are occurring on Croatian borders. Issues of national security and self-orientation have become commonplace. The humanitarian crisis concerning refugees and asylum seekers seems to go almost unnoticed by the general population in Croatia, regardless of the outcry of UN agencies and different NGOs. Official reports are (still) missing as well. However, at the same time, this pandemic has revealed many violations of human rights of

migrants and a disproportionate spread of the COVID-19 amongst them.

In order to tackle the challenges that Croatia faces in relation to migrants and asylum seekers, it is necessary to underline the characteristics of the country’s geostrategic and geopolitical position. Located in the politically unstable area of the southeast of Europe, it has one of the longest land borders of all EU members to nonmember countries. This is why the abovementioned Military Frontier’s has been formed in history in a large part of the Croatian territory. It is located on the Western Balkan route where people, narcotics, and weapons are smuggled to the West and stolen items and synthetic drugs to the East. Although a full member of the EU since 2013, it has not yet become part of the common Schengen area and it is not part of the single area of freedom of movement within the EU. This was especially evident during the refugee-migrant crisis of 2015/2016 when Hungary laid a razor wire along the entire length of the common border, as did Slovenia also for the most part. By these actions, Hungary and Slovenia cut off Croatia from the rest of the EU and the Schengen area with a razor wire. In such a situation and with the extremely porous borders of its eastern neighbors (primarily Bosnia and Herzegovina and then Serbia and Montenegro), Croatia is challenged with preventing the illegal entry and pressure of an ever-increasing number of irregular migrants at its borders. All the while, Croatia is preventing the flow of migrants not only to its own territory but also to the EU as a whole. The situation in which Croatia finds itself is best illustrated by the opinion of German Chancellor Angela Merkel: “From the perspective of a country that must protect its external borders, it looks different than from the perspective of a country in the middle of Europe” (tportal.hr, 2020). In addition, the responses of the European Union and the United States to the COVID-19 pandemic put serious pressure on the international refugee law regime (Ramji-Nogales and Goldner Lang, 2020, 599) and to Croatia to respect human rights standard while facing the described challenges.

COVID-19 AND MIGRANTS

As already underlined, the COVID-19 pandemic, which led to a global crisis, emerged by an uncontrolled spread of the coronavirus (SARS-CoV-2) that caused the disease (COVID-19) at the end of 2019. Early in 2020, it affected all layers of society, leaving almost nobody immune to its wide socioeconomical consequences. Due to our modern way of life and the wide availability of transportation, the current pandemic is different from all of the previous pandemics, since it is only possible for the virus to spread in such a short time all over the world in today’s contemporary society. It is the first global health crisis of contemporary times that affects the whole of humanity (Mikac, 2020, p. 1). At the same time, what also makes this pandemic differ from the previous ones is that this pandemic is occurring in the era of internationally recognized human rights, including the right to health care and recognized rights of migrants and asylum seekers. As seen with border closures, “The human rights implications of all of these border closures

are alarming, putting at grave risk vulnerable populations who are ostensibly protected by these domestic and international legal obligations.” (Ramji-Nogales and Goldner Lang, 2020, 599). The same is valid with other human rights violations, primarily the right to health care and food security (UNICEF Report for Yemen, July 2020), which is again triggering migration.

This pandemic led to new rediscoveries on the responses and lessons learned from the influenza that had a devastating effect in the last century (1918–1919) (McMillen, 2016, pp. 89–102). It is by now clear that the COVID-19 pandemic affects all strata of society and everyone is at a potential risk of infection, particularly the most vulnerable (e.g., Yemen and Ethiopia). Having said that, “many refugees, migrants, IDPs and stateless people are at increased risk. Specifically, three quarters of the world’s refugees and a large number of migrants are located in developing regions where health systems are already overloaded and do not have sufficient capacity. Many of them live in overcrowded camps, settlements, makeshift shelters or reception centers, where they do not have adequate access to health services, clean water and sanitation” (OHCHR, IOM, OHCHR and WHO Joint Statement, 2020). Therefore, in their attempt to reach security and the economic well-being in the EU, migrants and asylum seekers arriving at Croatian borders do not arise from a vacuum, but from the entire global inadequate system that fails to adequately protect this particularly vulnerable group and provide them with adequate health care in the first place and all seven types of security. During the refugee-migration crisis of 2015/2016, international organizations such as the International Red Cross or Médecins Sans Frontières put in big efforts to help migrants and refugees with the access to health care (Roksandić Vidlička, 2020, 145). However, illegal migration flows during the COVID-19 pandemic represent a new challenge, which should not be left to voluntary organizations and medicine enthusiasts. It warrants and deserves a systematic approach. The latter is in line with the fourth tenet of the UN brief.

According to the UN Comprehensive Response to Covid-19 Disaster (June 2020), “migrants, refugees, internally displaced persons, children, older persons, persons with disabilities, indigenous communities and those on low-income are more likely to suffer devastating consequences from this pandemic” (p. 12). The impact of COVID-19 “is disproportionately hard for millions of people on the move, such as migrants in irregular situations, victims of trafficking in persons, as well as refugees and internally displaced persons fleeing persecution, war, violence, human rights violations. . . . This impact presents itself as three interlocking crises: a health crisis whereby people on the move may lack the tools to protect themselves against the virus; a socio-economic crisis exacerbating the risks to their already precarious livelihoods; and a protection crisis that engenders human rights issues and stigmatization. . . . The tightening of border controls, travel restrictions or limitations on freedom of movement may complicate their access to protection measures” (pp. 22–23).

The UN policy brief on COVID-19 offers four basic tenets to guide our collective response (United Nations Sustainable Development Group, 2020, p. 23): First, excluding people on the move from our COVID-19 response is costly in the long run,

whereas inclusion pays off for everyone. Only an inclusive public health and socioeconomic response will help suppress the virus, help to restart our economies, and help ensure we stay on track to reach the Sustainable Development Goals (United Nations Department of Economic and Social Affairs Sustainable Development, 2015). Second, an effective response to COVID-19 and protecting the human rights of people on the move are not mutually exclusive. Third, no one is safe until everyone is safe. Lifesaving humanitarian assistance, social services, and learning solutions must remain accessible, as must safe diagnostics, treatment, and vaccines, without discrimination based on migration status. Fourth, people on the move are part of the solution and we should use this crisis as an opportunity to leverage their full potential.

Croatia is not an example country for rendering the appropriate health care to migrants with clear set policies from the Public Health Institutes that gives recommendations concerning COVID-19 targeting this population, what will be presented in the sections to come, but it is hardly the only one in this position. However, providing separate recommendations for migrants concerning the spread of COVID-19 is hardly the only problem in Croatia.

ANALYSIS OF THE OVERALL POLICY TOWARD REFUGEES AND MIGRANTS

The Republic of Croatia is an active participant and stakeholder in all efforts of the European Union and its institutions in resolving the issue of refugees and migrants, as well as protecting their rights and providing the necessary support in resolving their status. However, in practice, violations of fundamental human rights in practice is occurring, although continuously publicly denied by officials but continuously (re) confirmed by available national and international NGO reports. The incident if holds true as reported by the Croatian media on January 31, 2021, is particularly troublesome. Euro parliamentarians that came to independent inspection at the Croatian border with Bosnia and Herzegovina faced impediments during inspection by the Croatian police in reaching border controls to assess the response of Croatia toward migrants (Jutarnji list, 2021a January 31, 2021 at 14:53). Just couple of hours later in the same media, the Minister of Interior, Mr. Božinovć, provided different viewpoints on the same story (Jutarnji list, 2021b January 31, 2021, at 17:25).

Since 2015 and the refugee-migrant crisis when more than 660,000 people passed through the country, Croatia supported the negotiation processes of the European Union and Turkey related to the prevention of mass migration from Turkey to Greece, accepted in its policies quota systems, refugee families, and children refugees from war-torn areas (see more on the consequences of the Agreement in Reitano and Micallef, 2016). In addition to the above, Croatia is actively cooperating with FRONTEX and other agencies responsible for the issues in question through the Ministry of the Interior. The Republic of Croatia held the presidency of the Council of the European Union

during the first half of 2020, but the COVID-19 pandemic significantly affected all the agendas planned. It was also planned to address migration policy and to place the emphasis on the protection of freedom and democracy during this period (Croatia Godišnje izvješće za, 2020 godinu o migracijama i azilu u Hrvatskoj (2. Dio), 2020, 7). Thus, the entire EU was primarily focused on internal challenges, and consequently, issues of refugees and migration were not discussed a lot in this period, so violations of human rights continued. In addition, at the beginning of the pandemic, on March 22, Croatia's capital city Zagreb and its surroundings were hit by a strong earthquake, so "Croatia temporarily postponed the reception of unaccompanied children from refugee camps in Greece" and "informed Brussels that it would need more time for acceptance" (Frlan Gašparović, 2020). Furthermore, "international migration is likely to remain limited for some time due to fear of virus transmission, transport restrictions, political reasons, but also xenophobia" (Gregurović, et al., 2020, p. 19) and Croatian politics are not excluded from these trends. Additionally, xenophobia did not rise since the pandemic started. However, "while even the most intractable wars end, the economic systems that enable conflict or making a profit from the chaos are typically far more durable" (Reitano and Micallef, 2016, 297), more refugees and asylum seekers were created. Another earthquake hit Croatia on December 29, 2020. This time, it affected the most underdeveloped area of Croatia, once belonging to Military Frontiers (Petrinja, Sisak, Glina, and surrounding villages) placing focus to yet another crisis.

In terms of stopping smuggling and illegal crossings of the state border, it is necessary to highlight the multiple challenges that Croatia faces regardless of the COVID-19 pandemic (Hotspots of Organized Crime, 2019; Zvekić and Roksandić Vidlička, 2020). First, Croatia has been a full member of the European Union since 2013, while at the same time, it is still not a full member of the Schengen area—which is one of the key medium-term foreign policy goals it has been devotedly working on for many years. Of all the members of the EU, Croatia has one of the longest land borders with nonmember countries (1,377 km toward Serbia, Montenegro, and Bosnia and Herzegovina). Secondly, Croatia shares 1,001 km of border with Bosnia and Herzegovina, which has significant problems with controlling its eastern borders and the uncontrolled entry of refugees and migrants into its territory, challenges of illegal accommodation camps, and the movement of all these persons on its territory that are trying (due to the geographical location and terrain configuration) to continue their journey further west through Croatia. Third, in all its strategic documents and public reports (e.g., National Security Strategy and Intelligence Service's Public Reports), Croatia recognizes the risk of illegal migration, smuggling, and trafficking in human beings, participation of organized crime groups in illegal activities of transfer, accommodation, and further transport of persons trying to cross the state border illegally. Like any other state, it is determined, at least in its policies, to prevent and, as far as possible, stop all illegal activities and to provide assistance to victims and helpless people within the limits of its own capabilities. Western Balkan countries "find themselves in between sources of supply and demand for drugs and

weapons, and along a major route for the smuggling of migrants. The more vulnerable the region becomes, the more attractive it is as a trafficking route" (Hotspots of organized crime, 2019, 4).

When it comes to refugees and asylum seekers assistance, Croatia has certain capacities that it has allocated for this purpose, such as the well-known public space accommodation facilities in the former Porin Hotel in Zagreb, where asylum and subsidiary protection seekers are located (see e.g. United Nations International Children's Emergency Fund, 2020). There are a number of nongovernmental organizations in the hotel with which the state has contracted certain tasks related to the care and support of refugees and migrants. Due to the COVID-19 pandemic "since the beginning of May 2020, the Ministry of the Interior and the Ministry of Health of the Republic of Croatia have taken over the coordination of all activities to help children and families accommodated in this reception center" (UNICEF, 2020). However, it is not barely enough. According to the report of the Croatian Legal Centre (HPC), in May 2020, the epidemiological situation in migrant camps has not even come close to the scale of the health crisis. On the other hand, what has emerged as the main problem is frequent and gross violations of fundamental human rights and noncompliance with the minimum health conditions but also the minimum conditions for a dignified life (Croatia Hrvatski pravni centar (HPC), 2020, 23).

Challenges that are not new in Croatia also relate to a number of activities that have not been finished in order to complete the overall system of integration of refugees and persons received by Croatia. In addition, the last Croatian Migration Policy was adopted for the period from 2013 to 2015, and it is a matter of urgency to have a new one. Integration policies are insufficient and incomplete, such as ensuring Croatian language learning, access to the labor market, and health services. Some of these activities are conducted by volunteer associations and individuals who point out that the state does not take sufficient care of refugees and migrants on its territory and are often left to fend for themselves. This means that the Croatian policy dimension has significant space in order to improve the content of its public policies and also the treatment of people who need protection and assistance.

When the refugee-migration crisis started in 2015, a significant number of international humanitarian organizations have filed complaints against the Croatian police. Namely, during 2018, the Human Rights Watch (HRW) organization interviewed migrants attempting to cross the Croatian-Bosnian border and they confirmed that the Croatian police was pushing back migrants and asylum seekers back to Bosnia and Herzegovina, often violently (Human Rights Watch, 2018). Also, on May 15, 2019, the Swiss national television SRF published video footage of Croatian police officers involved in collective expulsions of migrants to Bosnia and Herzegovina. The video was published on the Facebook page of Border Violence Monitoring Network (BVMN, 2020). Deutsche Welle (DW) reported the case of brutal beatings of migrants in the Croatian-Bosnian border on October 19, 2020 (Deutsche Welle, 2020). Migrants on the Western

Balkan Route are using legal or illegal camps in Turkey, Bosnia and Herzegovina, or elsewhere before they continue their journey to the European west.

Since the NGOs started to continuously report violence by the Croatian police and violent pushbacks of migrants and refugees, the Croatian Prime Minister and the Croatian Minister of the Interior denied repeatedly allegations of violence from the Croatian police. This circle is omnipresent (e.g., Vrabec, 2020). It seems that what was stated in May 2020 is still valid: the main problem is frequent and gross violations of fundamental human rights and noncompliance with health conditions and, also the conditions for a dignified life. It is expected that the forthcoming Report of the Croatian Ombudsman for Human Rights for 2020 will address some of those issues and take a stance on the contradicting reports and lack of official data concerning migrants, asylum seekers, and the spread of COVID-19. It is also expected that the new Croatian migration policy is prepared, taking into account all detected shortcomings. It is worth to remind here obligation to investigate and sanction perpetrators is a positive obligation of the right to life and prohibition of torture (Arts 21 and 23 Constitution of Croatia and Arts 2 and 3 European Court of Human Rights) (Croatia. The Constitution, 2020).

MIGRATION FLOWS ON WESTERN BALKAN ROUTES DURING THE COVID-19 OUTBREAK

Since the end of the refugee-migration crisis and the EU–Turkey Agreement on March 18, 2016, which halted refugees and migrant flows on the Western Balkan Route, the pressure of migrants smuggling on Croatian external borders started. “In March 2016, the Europe Union (EU) and Turkey agreed that all refugees who reached Greece through unauthorized means would be returned to Turkey. The deal was the latest effort to “stem the tide” of refugees fleeing the Middle East” (Goalwin, 2018: 121). Although the agreement was reached, it did not prevent the continuation of illegal attempts to cross the borders from Turkey to Western Europe. There were no longer uncontrolled migrations of large numbers of people like during 2015 and 2016, but there were smaller groups or individual attempts of illegal border crossings.

According to the official statistics of the Ministry of the Interior of the Republic of Croatia, a significant increase in previous years was recorded in the commission of the offence *Unlawful Entry into, Movement or Residence in the Republic of Croatia, Another Member State of the European Union or a Signatory to the Schengen Agreement* (Art. 326 of the Croatian Criminal Code) (Croatia. Criminal Code, 2011). This criminal act is committed by enabling or assisting another person to illegally enter, leave, move, or reside in the Republic of Croatia, another member state of the European Union or a signatory to the Schengen Agreement, and it criminalizes organized criminals—irregular migrant smugglers. If during the commission of this criminal offence, the life or limb of a person illegally entering, moving, or residing in the Republic of Croatia is

endangered, or the said person is treated in an inhumane or degrading manner, or the offence is committed by a public official in the performance of his/her official duties, the perpetrator shall be punished by imprisonment from 6 months to 5 years. The attempt of this criminal offence is punishable.

The elements of this offence as constructed show that an illegal entry in itself is not a criminal offence but a misdemeanor prescribed by the State Border Surveillance Act (Articles 42–46). Unauthorized stay is a misdemeanor prescribed by the Residence Act (Articles 16–17). This approach of the criminalization of illegal entry is justified that having misdemeanors will be preventive enough for illegal entry in the Republic of Croatia. The aiding of illegal entry is a criminal offence, which was required by the EU Directive 202/90/EZ from November 28, 2002 (Turković et al., 2013 Komentar Kaznenog zakona, 2013, pg. 401).

According to official statistics, the Croatian police recorded 156 criminal acts of unlawful entry (Art. 326) during 2016. In 2017, that number rose to 365, 619 in 2018, and 946 in 2019. The linear growth of this statistic is evident.

But, the comparison of the statistics for the first half of 2020 with the same period in 2019 show that, in the first 6 months of 2019, the Croatian police recorded 377 of these criminal acts and, at the same time, in 2020, there were 267 criminal acts, i.e., 29,18% less than in the first half of 2019. As we are aware off, there are no estimations in official reports of how many criminal acts of aiding of illegal entry/smuggling go unnoticed by the Croatian police. However, according to the Annual Report on migration and asylum in Croatia Godišnje Izvješće za (2019) (May 2020), in 2019, the number of illegal state border crossings increased by 147.1% compared to 2018, amounting to 20,278 irregular state border crossings.

During the first half of 2019, the Croatian police recorded 7,364 irregular migrants and, at the same time, in 2020, there were 8,374 irregular migrants or 13.7% more than in the same period in 2019. Most of irregular migrants recorded by the Croatian Police in the first half of 2020 were from the MENA region (2,217 from Afghanistan, 1,780 from Pakistan, 850 from Morocco, 698 from Iraq, 669 from Syria etc.). It can be concluded that the lockdown measures implemented by the Croatian Government for the prevention of spreading COVID-19 resulted in lowering of the activities of organized criminal groups—irregular migrant smugglers—but the interest of individuals for illegal crossing of the borders remains the same and even increased during the pandemic (Ministry of the Interior, 2020). Also, it could be due to the introduction of lockdown in Croatia in the period from March to May and from November to December, when a larger number of police officers were in the field. Also, due to the earthquakes that hit Croatia, a large number of police officers were present in the area where the largest number of illegal crossings was previously recorded.

However, it seems that like in all areas concerning migrants and asylum seekers, official data could not alone provide a realistic overview of the treatment of these vulnerable groups, which need to be approached with extra care in the ongoing pandemic that is additionally threatening their human security.

REGULATION AND RECOMMENDATIONS CONCERNING THE PREVENTION OF COVID-19 AMONG ASYLUM SEEKERS AND MIGRANTS IN CROATIA

On August 4th, Croatia had registered 647 active cases of COVID-19 and a total of 5,318 cases since the beginning of the pandemic. As a result of this disease, 154 deaths have been reported (OECD, 2020). In November of 2020, this number is much higher, a total of 81,844 registered cases since the beginning of the pandemic and 1,006 deaths. On January 31st, 2021, there was a total of 232,426 registered cases from which 2,923 are active and overall 5,027 deaths (official statistics, Croatia, 2020).

Like other member states of the Council of Europe, Croatia has a positive obligation to protect the health of the people in the state, which includes people in police detention and immigration detention centers and places of quarantines (Turković, 2020). This includes providing accurate information about the known risks related to the pandemic and about behaviors or measures to avoid spreading of the virus (Turković, 2020). Some of the protective measures used to combat the virus like confinement, restriction of movement, and lockdown hit the migrants (including interstate) and asylum seekers disproportionately and led to further discriminatory practices (see the World Bank Group and KNOMAD, 2020. Also see Druml and Roksandić Vidlička, 2020).

As noted in the (European Union Agency for Fundamental Rights (FRA), 2020, p. 9), one of the first available reports addressing the first wave of the COVID-19 pandemic, “xenophobic articles and behavior toward Chinese nationals were registered in January and February, while the xenophobic articles and comments toward refugees were recorded in March. The Ministry of the Interior reacted stating that the seekers of international protection in Croatia are not infected by Coronavirus in order to prevent cases of discrimination toward international protection seekers.” Although the main underlying principle in rendering health care is protecting human dignity (Oviedo Convention, Art. 1 and 2) (Council of Europe, 1997), many news reports and health records are showing that the disregard for the rights of migrant workers led to the disproportionate spread of COVID-19 among them in some of the most developed EU member states (Fassani and Mazza, 2020; Sorić, 2020; Also see). Particular data for Croatia are not available in this respect.

It must be underlined that in Croatia, the population takes their constitutional right to health care seriously (Constitution, Article 59) (Croatia. The Constitution, 2020) and deems it as a fundamental right (Roksandić Vidlička, 2018, pp. 254–259). Denial of health care could also be deemed as a criminal offence as prescribed in the Croatian Criminal Code (Croatia. Criminal Code, 2011). Under the title of “Violations of Social Insurance Right,” whoever denies to or limits the right of another that derives from pension, health, or unemployment insurance right established by law or limits this right or withholds the payment of contributions for the employment of disabled persons, where this does not satisfy the elements of another

criminal offence, shall be sentenced to imprisonment not exceeding for a term of up to one year (Article 134 of the Criminal Code, Turković et al., 2013, p. 186). Croatia, being generally proud of its dr. Andrija Štampar legacy (see Borovečki et al., 2020), reacted to COVID-19 with transparency from responsible state authorities. This was especially visible in the first wave of pandemic in the spring of 2020 by the work of the Minister of Health and the Civil Protection Headquarters of the Republic of Croatia (Croatia. National Civil Protection Authority, 2020). Transparency was sometimes mixed with confusion concerning the legal procedures on how measures should be issued and understood (e.g., Bačić Selanec, 2020; Roksandić and Grđan, 2020).

The Croatian Institute for Public Health gives general recommendations in relation to COVID-19 (Croatia. Croatian Institute for Public Health, 2020), while the Civil Protection Headquarters of the Republic of Croatia issues measures. The main legal act that governs the legally permissible actions and measures is the Law on the Protection (Croatia, 2007) of the Population from Infectious Diseases, which was amended during the first outbreak of COVID-19 (in April 2020) as well as the Civil Protection System Act (amended in March 2020) (Croatia. Civil Protection System Act, 2015). This legislative change caused a debate among experts, e.g., whether retroactive effects of some measures are legally valid. However, as underlined in the FRA Report: Coronavirus COVID-19 Outbreak in the EU Fundamental Rights Implications (Country: Croatia, p. 5.) (European Union Agency for Fundamental Rights (FRA), 2020), the Croatian Government regularly updates the information on the website koronavirus.hr in Croatian and partly in English. All information is shared on television and on social media with subtitles and by sign language translators. As an *ultima ratio* response, Croatia has a separate offence in its Criminal Code, the Spread and Transmission of Contagious Disease (Art. 180), that prescribes criminal responsibility for breaching the regulations concerning prevention of contagious disease, both for natural and legal persons.

In general, during the COVID-19 pandemic, Croatia protected all age groups and the elderly with extra care (see for details European Union Agency for Fundamental Rights (FRA), 2020). Even the biggest scientific conference held during the Croatian Presidency of the EU (January-June 2020) was devoted to healthy ageing (in June 2020, Anić et al., 2020). However, it cannot be concluded that the abovementioned fact was and/or is valid for migrants and asylum seekers, which makes this discrepancy even more worrisome. However, the authors were not able to gather enough information and data from the responsible authorities that would either confirm or deny this stance.

In the first three months of 2020, there were 521 registered asylum seekers in Croatia, and in the same period, 13 people were granted refugee status and 14 families (22 people) were provided with housing solutions under the Regional Housing Program (altogether 315 families with 749 people) are receiving RHP assistance. As of April 14, 452 asylum seekers have been accommodated in Zagreb and Kutina (41 percent children, 38 percent men, and 21 percent women). According to the UNHCR Report (Croatia: COVID-19 response) dated April 2020, refugees

and asylum seekers have access to health services in a nondiscriminatory manner in Croatia and no special provisions have been announced targeting UNHCR persons of concern. However, this finding is somewhat contradicted by the abovementioned report of the Croatian Legal Centre (HPC) from May 2020, where it was concluded that there is noncompliance with minimum health conditions and also the minimum conditions for a dignified life (Croatia Hrvatski pravni centar (HPC), 2020). It remains to be seen whether this statement will hold truth when the report of the Human Rights Ombudsman will be published for 2020. In addition, if the available health resources become scarce as the COVID-19 pandemic continues, the contingency plan must exist, which would address the health needs of migrants, including irregular ones, and asylum seekers.

As underlined by Candian (2020): “since 2016, when the Balkan Route has become one of the most important ways for the migrants to try to enter into the European continent, the countries of the Balkan area had to face the consequences that the migrant flows have brought with them. The outbreak of the Covid-19 pandemic had made this situation more problematic both for the migrants and the countries of this region: on one hand, the Balkan States had to impose a new way of living, and issue new laws on social distancing (wear masks and gloves) and also on freedom of movement; on the other hand, migrants and refugees are living a more precariousness situation. Even if, at the moment, no case of Covid-19 has been recorded among the migrants present in the Balkans, their conditions are fragile and the risk of an explosion of an epidemic is real.”

In addition to the legal flow of migrants, migrants who are trying to cross the state border illegally expose Croatia to significant pressure. In such a situation, the Croatian Government and police are under additional pressure from a number of activists, NGOs, and the media for violations of refugee law and the denial of basic human rights since they are preventing people in need of protection from entering the country toward their path to freedom and security. Hopefully, this will lead to less violation of human rights and to enhanced protection of dignity of migrants.

However, the desk analysis of available recommendations and decisions concerning prevention and measures to combat the spread of COVID-19 reveals no particular existence of special measures and recommendations for asylum seekers and migrants in Croatia. The Croatian Institute for Public Health did not as of yet issue any special recommendation concerning the measures in Regional Housing Programs or special measures for asylum seekers. It is expected that general measures are applied, but this fact could not be verified based on desk research. It is also questionable whether the appropriate instructions exist in the language that is understandable and available to migrants and asylum seekers. We find this very problematic for guaranteeing an appropriate access to health care to this vulnerable group. In addition, while some shortcomings could be present in the beginning of the pandemic in this respect, there should be no excuse for their existence in January 2021.

As with other EU member states, crossing the state borders in March 2020 was temporarily prohibited except in explicitly indicated cases (National Civil Protection Authority Decision, 2020), but this

measure eased with time and was amended several times for third countries. A special regime for crossing the border has been introduced and it is regularly updated. According to available data, the access to reception centers of applicants to international protection in Zagreb and Kutina is temporarily restricted, with the exception of persons who ensure the normal functioning of the facilities (ECRE AIDA Report (2020a) Report, p. 14). It must be underlined that temporary restriction of access is also valid for other social and health services, including elderly homes. According to FRA Report (p. 5), the following states for Croatia concerning asylum seekers (see also for more details AIDA Report) (European Union Agency for Fundamental Rights (FRA), 2020):

Reception centers for Seekers of International Protection in Zagreb and Kutina have temporarily restricted access to the facilities. The Ministry of the Interior of the Republic of Croatia has restricted access to Reception Centers for Seekers of International Protection in Zagreb and Kutina for all persons who are not necessary for the normal functioning of these facilities. Persons seeking international protection who reside in the Zagreb and Kutina shelters are under constant medical supervision. In addition, Seekers of International Protection located in Reception centers have been warned about the occurrence of the disease and the measures that need to be taken to prevent its further spread (Global Detention Project, 2020). A doctor is present at the Reception Centers every day, and all international protection seekers are constantly monitored by healthcare staff. People accommodated in the Reception Centers are advised to stay inside, and measures are taken inside the facilities to protect them (i.e., markings on the floor for distance, hygienic supplies, medical staff).

According to the Report UNHCR Croatia: COVID-19 response (April 2020) (UNHCR, 2020), as of yet, there are no confirmed cases among refugees and asylum seekers, as reported by the Ministry of the Interior. The reception centers for asylum seekers remain calm and safe. This finding, however, must be continuously re-evaluated and double-checked. It is doubtful, however, that the regular supervisions of these facilities are done by the State Inspectorate of the Republic of Croatia, responsible for the implementation of measures against COVID-19. Too many cases of COVID-19 are occurring (January 2020), and it is very doubtful that the findings of this report are still valid in January 2021. It is unacceptable to the authors that these data are not transparent to the extent possible.

In order to be able to analyze the effectiveness of all introduced measures, including human rights concerns, more data should be available, e.g., the latest number of infected persons in the Reception Centers for Seekers of International Protection in Zagreb and Kutina (if any) taking into consideration the available health care services for the same population and restrictions of their movements in comparison to other population and/or vulnerable groups, etc. In addition, the

available health services for refugees and migrants waiting to enter Croatia must be analyzed as well.

According to ECRE Information from May 2020 (ECRE (2020b), p. 2. Also see: Ministry of Interior (2020)):

The Ministry of Interior published a notification according to which no measures prescribed by the Law on Foreigners will be taken against foreigners on short stay as a certain number of persons cannot leave the Republic of Croatia within the time limit prescribed by the Schengen Borders Code. However, there is no information available on whether similar measures should apply to rejected applicants for international protection who were ordered to leave Croatia or those who decided to voluntary return. In addition, it is not clear whether rejected applicants for international protection are allowed to stay in the Reception center for Applicants for International Protection.

In addition to the aforementioned setback and lack of regular public control of the available health care in the refugee centers, or publicly available data concerning COVID-19 and registered migrants, the control of spreading COVID-19 among irregular migration flows represents a much harder task. Furthermore, it makes it even a harder task if the pushbacks are occurring as a regular practice, as many NGO reports indicate for Croatia. If that is a fact, although denied by the Ministry of the Interior on several occasions (see, e.g., AIDA, Access to the Territory and Push Backs, Croatia), the spread of COVID-19 would and will be very hard to contain among irregular migrants. There is a potential human disaster occurring that is not yet even detected and especially if none of the Independent Commissions or NGOs is allowed to inspect the border. We find this fact among the most pressing points that demand immediate action. In such setting, rights to life, human dignity, and health care are denied and meaningless if asylum seekers are wrongfully denied access to territory and administrative proceedings.

As the Commissioner of the Council of Europe emphasized on June 20, 2020, “governments should start with tackling the most blatant violations of refugees’ rights (Council of Europe, 2020). Pushbacks are a case in point in Croatia. They are becoming more normalized and are carried out in an increasingly violent way across Europe. The illegal practice of pushbacks not only deprives those who may seek asylum from this opportunity. It also eats away at the foundation of international human rights law which protects refugees and their right to appropriate health care. According to the Special Report: Covid-19 and border violence along the Balkan Route by Border Violence Monitoring Network (2020), “The development of pushback practice in countries such as Croatia has shown a disturbing turn.” Augmentation of border violence as a result of the pandemic appeared with the crude paint tagging of transit groups near Velika Kladusa. Meanwhile two officers actively involved in pushbacks in the Topusko area were tested positive for COVID-19, putting people-on-the-move at direct risk of contracting the virus at the hand of perpetrating officers.”

In any case, independent monitoring would be helpful and urgently needed in investigating to which extent do pushbacks exist and whether this contributed to the spreading of COVID-19. It is also urgently necessary to detect the spreading of COVID-19 amongst the most vulnerable members in this group. Only then, official policies could be issued that address the most urgent matters concerning migrants and providing them with adequate health care and measures aimed toward preventing the spread of COVID-19. The problem is complex, and lack of available data makes the situation in Croatia alarming while it cannot be objectively assessed.

CONCLUSION

The conducted analysis showed the complex and interdisciplinary nature of researching the migration phenomenon in Croatia during the COVID-19 pandemic. There are many open issues related to migration. The main research question was whether Croatian law, policy, and practice in relation to providing adequate health care to migrants is in line with the UN policy brief on COVID-19 (United Nations Sustainable Development Group, 2020). The following is the answer.

Croatia seems not to be completely aware that excluding people on the move from our COVID-19 response is costly in the long run, whereas inclusion pays off for everyone. However, from its overall approach and imposed measure to contain COVID-19, it seems that Croatia is aware that only an inclusive public health and socioeconomic response will help suppress the virus, help to restart our economies, and help ensure we stay on track to reach the Sustainable Development Goals (United Nations Department of Economic and Social Affairs Sustainable Development, 2015). Croatia seems not to be completely aware that an effective response to COVID-19 and protecting the human rights of people on the move are not mutually exclusive. Third, it cannot be fully assessed whether lifesaving humanitarian assistance, social services, and learning solutions are equally accessible and that safe diagnostics, treatment, and vaccines are guaranteed to all without discrimination based on migration status. Croatia did not discriminate or had separate recommendations and measures for refugees or migrants concerning the prevention measures and COVID-19 (third tenet of the UN Policy brief). However, all recommendations are not available in the languages of refugees or migrants and there is not enough available data to conclude how these recommendations are applied in practice toward migrants and asylum seekers that are in the facilities under the jurisdiction of Croatian authorities. Some NGO reports are contradictory, as indicated in the study. Limitations posed by lack of available and verifiable official reports on these issues are easily leading to wrong or superficial conclusions. Fourth, with its law, policies, and practices, Croatia has not yet showed understanding and the acceptance of the fourth tenet that people on the move are part of the solution and we should use this crisis as an opportunity to leverage their full potential. The accusations of pushbacks occurring on Croatian borders should be another cause for concern.

In addition to the earlier results in the text, we outline several policy recommendations for the Republic of Croatia.

In any case, independent monitoring without hindrances of state officials as reported last in the media on January 31, 2021, however later differently explained by Mr. Božinović, would be most helpful and is in the opinion of the authors of this study urgently needed in investigating to which extent pushbacks do exist and whether this contributed to the spreading of COVID-19 and denial of appropriate health care for the people on the move in designated facilities, including those set for irregular migrants. It is also urgently necessary to detect the spreading of COVID-19 amongst the most vulnerable members in this group and to provide adequate health care in all of the facilities that are dealing with migrants and asylum seekers that are under Croatian jurisdiction. An urgently needed new Croatian migration policy should address all issues concerned with migration in the time of COVID-19 and make sure that a specific monitoring mechanism exists, which is adequate to measure the implementation of the proposed measures. Measures must be in line with the UN policy brief on COVID-19 (United Nations Sustainable Development Group, 2020).

Furthermore, another concern arises. The implementation of the lockdown measures in many EU member states influence migration flows—both legal and illegal. Due to the prevention of spreading of COVID-19, activities of the law enforcement agencies in the EU member states focus on the restrictions of movement. Hence, this results in the reduction of organized crime activities such as irregular migrants smuggling. However, in comparison to 2019, the number of irregular migrants is on the rise in Croatia as presented in the study. Since irregular migrants who try to reach western European countries go unnoticed and avoid contacts with legal, health, and other authorities of the countries on their way, spreading of the virus amongst irregular migrants is harder to control. The same is valid for providing adequate health care. Consequently, this notion reveals that sole reliance on the official data is unsatisfactory. As stated, all migrants on the Western Balkan Route are using legal or illegal camps in Turkey, Bosnia, and Herzegovina or elsewhere before they continue their journey to the European west. Without addressing the right to health care

and implementation of COVID-19 prevention measures in those camps as well, the implementation of measures for the prevention of COVID-19 in that population remains a particular challenge for Croatia. Pushbacks make the situation even worse.

Croatian and the EU institutions should put in additional efforts to enhance capacities for the prevention of spreading of COVID-19 in those third countries to enhance their human security. Unfortunately, it seems that Croatia and other EU countries are more focused on containing the spread of the virus in their own territories and thus forget the global interconnectivity that led to a global spread in such a short time in addressing appropriately the health needs of migrants and asylum seekers.

As an EU member state and a country with one of the longest borders with non-EU member states, Croatia should follow EU values and its long established right to health care and intergenerational solidarity to provide effective health care. It should also follow the recommendations concerning COVID-19 to keep the number of infections as low as possible, but not only to registered asylum seekers, as is the case according to the available statistical data. Croatia should raise awareness among the European Commission and other member states of the problem of controlling the spreading of COVID-19 among irregular migrants and propose a systematic approach for medical treatment of migrants and refugees in camps in third countries. Naturally, the most urgent need for Croatia is to stop pushbacks and provide adequate health care to the people waiting to enter the EU in their quest for freedom. Without doing so, Croatia is breaching its own values and violating the right to health care to the most needed and vulnerable. In that case, the fight against COVID-19 and building a post-COVID-19 society in which the right to health care and human security to the most vulnerable is guaranteed is not fulfilled. Post-COVID-19 world should be one where human security is guaranteed to everyone, regardless of their passports or nationality.

AUTHOR CONTRIBUTIONS

All authors listed have made a substantial, direct, and intellectual contribution to the work and approved it for publication.

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Conflict of Interest: The authors declare that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.

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