

Precarious systemic resilience: Venezuelan immigration and COVID-19 in the Andean region

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International migration and COVID-19 responses

Throughout the COVID-19 pandemic, migrants and refugees have played a crucial role as essential workers around the world, often in jobs typically deemed as “low-skilled” (Gelatt, 2020; ODI, 2020). As supermarket workers, caregivers, but also as health care professionals their contribution to crisis responses has been documented in many high-income countries.¹ Migrants and refugees also helped dealing with the pandemic in South American countries, which have welcomed most of the 5 million Venezuelan migrants who left in recent years (RMRP, 2020). However, we will argue that their potential has been heavily underutilized.

Ecuador, Colombia and Peru host the majority of the 4.5 million Venezuelans living in Latin America. As of October 2020, Colombia officially hosted 1,7 million (37% of the total in the region), Ecuador 417 thousand (9%), and Peru 1 million Venezuelan migrants (22%²). In this piece, we argue that migrants and refugees could have contributed to the crisis response of these countries more significantly if governments had granted them stable legal status and social protection, and facilitated the recognition of professional degrees. South American governments should thus review current immigration, health, and employment policies. Migrants and refugees in the region could, and should, take a bigger role in the economic

recovery and socio-economic adaptation both during and after the pandemic.

COVID-19 and migrant vulnerability

The response of South American governments to the pandemic was to impose severe restrictions on free transit (both nationally and internationally), closure of all non-essential economic activities, restrictions on the time residents could spend outside their houses, and mandatory curfews. In Colombia and Ecuador, governments implemented two months of complete lockdown followed by a gradual return to economic activities; in Peru, the lockdown lasted over three months.

With extremely high rates of labour informality – 61% in the case of Ecuador³, 47% in Colombia⁴, and 73% in Peru⁵ - quarantines meant that large parts of the population could not work and were left without any income and in dire economic situations. The lack of contracts further means that workers cannot access private health insurance or unemployment benefits. Labour informality is even more acute for the migrant population. According to Equilibrium CenDE, in May, 90% of Venezuelans surveyed in Colombia declared never having signed an employment contract in their host country, compared to 83,4% of Venezuelan respondents in Ecuador.⁶ A similar study conducted in Peru found this to be the case for 93% of Venezuelan migrants in February 2020.⁷ In addition, the migrant population often lacks legal status and therefore

¹ <https://www.theguardian.com/commentisfree/2020/apr/06/coronavirus-crisis-nhs-not-drained-migrants-sustained-died-frontline>

² <https://r4v.info/es/situations/platform>

³ <https://www.elcomercio.com/actualidad/cifras-inec-informalidad-economia.html>

⁴ <https://www.rcnradio.com/economia/colombia-cerro-el-2019-con-una-tasa-de-informalidad-del-47>

⁵ <https://gestion.pe/economia/trabajo-informal-economia-peruana-por-que-crece-la-informalidad-laboral-de-peru-noticia/>

⁶ <https://equilibriumcende.com/migrantes-y-covid-19-que-tienen-en-comun-peru-colombia-y-ecuador/>

⁷ <https://ciup.up.edu.pe/media/1602/ciup-ppp-no5.pdf>

cannot access public social services, including healthcare (Acosta et al., 2019; Blouin and Freier, 2019). In Peru and Ecuador, the migrant population was also excluded from public emergency assistance programs.⁸ Given the need to send remittances, the pandemic has heavily hit Venezuelan migrants and refugees with little to no savings.

In the first weeks of the lockdowns, also referred to as “quarantines” (*cuarentenas*), employment amongst the migrant and refugee population decreased steeply. In Ecuador, a study conducted in May 2020 found that 35,4% of the Venezuelan migrant population surveyed lost their jobs during the quarantine period.⁹ In Colombia, a report published in May showed that, after the lockdown, only 20% of households reported being in paid work, down from 91%, and 48% did not have any source of income.¹⁰ By May, about 45% of Venezuelan migrants and refugees had lost their jobs.¹¹ In Peru, a similar study in June found that 43% of the Venezuelan population surveyed lost their jobs during the quarantine.¹²

Despite being highly educated compared to local populations (BBVA Research, 2019), before the pandemic most Venezuelan migrants worked in services (especially restaurants). According to a recent study conducted in July that followed 140 migrants during quarantine in Peru, the majority of them were now concentrated in ambulatory vending, delivery, and the construction industry (Luzes, Freier, and Castillo Jara, 2020). The main obstacle that prevents migrants from performing more qualified jobs are barriers to the recognition of professional degrees (Equilibrium CenDE, 2020; Selee and Bolter, 2020; World Bank, 2019) including high costs, non-transparent bureaucratic mechanisms, unrealistic document requirements, and misinformation (Equilibrium CenDE, 2020). As of mid-2020, in Ecuador 70%, and in Colombia and Peru 94% and 95% of skilled migrants had not been able to have their professional qualifications recognized.¹³

In this context, migrants often perform precarious and even dangerous jobs. In Peru, media accounts suggest Venezuelans are overproportionally working for funeral agencies, collecting the bodies of COVID-19 deceased patients.¹⁴ In addition, jobs such as food delivery present high risks of infection due to personal contact and very limited labour rights. This is especially worrisome given that migrants have limited access to healthcare, social security, as well as personal support networks.

The underutilization of migrant workers

During the pandemic, governments made some adjustments to include migrants to bolster resilience. In April, Peruvian President Martín Vizcarra issued an emergency decree¹⁵ that allowed the temporary approval of qualifications and hiring of health professionals who graduated abroad¹⁶. The decree established that the foreign health professionals’ contracts would last for the duration of the health emergency and up to thirty calendar days thereafter. In addition, the government created an online service for the temporary hiring of Peruvian and foreign health professionals who had not completed their internship for the public sector (SERUMS). However, by October, out of the estimated 4,000 Venezuelan doctors living in Peru¹⁷, only 200 medical professionals had been hired to support the health emergency caused by COVID-19 in the main medical centers in Lima and in the country’s provinces¹⁸, mainly due to the barriers to the recognition of their degrees mentioned above.

In Colombia, a presidential decree accelerated the validation of qualifications in the health sector. However, medical associations and local medical practitioners openly opposed the possibility of facilitating procedures for this process, stating that there was no shortage of health professionals in Colombia but rather an unequal distribution across regions.¹⁹ In Ecuador, such exemptions were not discussed. On the contrary, Article 24 of an Organic Law of Humanitarian Support to combat the

⁸ <https://www.opendemocracy.net/en/pandemic-border/what-fate-venezuelan-migrants-stranded-peru/>

⁹ <https://equilibriumcende.com/migrantes-y-covid-19-que-tienen-en-comun-peru-colombia-y-ecuador/>

¹⁰ <https://reliefweb.int/sites/reliefweb.int/files/resources/76031.pdf>

¹¹ <https://equilibriumcende.com/migrantes-y-covid-19-que-tienen-en-comun-peru-colombia-y-ecuador/>

¹² <https://equilibriumcende.com/resultados-de-la-encuesta-de-opinion-a-poblacion-migrante-venezolana-en-peru-junio-2020/>

¹³ <https://equilibriumcende.com/encuesta-regional/>

¹⁴ <https://edition.cnn.com/2020/07/20/americas/peru-venezuela-covid-19-bodies-intl/index.html>

https://idehpucp.pucp.edu.pe/idehpucp_medios/rpp-el-recojo-de-cuerpo-caidos-por-covid-19-el-trabajo-esencial-de-migrantes-venezolanos-en-el-peru/

¹⁵ Years of low public investment in the health sector - one of the lowest current health expenditures in the region (5% of the country’s GDP) - translated into an inefficient and fragmented public health system with little investment in infrastructure and human capital (WHO, 2020).

¹⁶ Decreto de Urgencia No. 037-202. El Peruano (Domingo 12 de abril de 2020).

¹⁷ <https://www.telemetro.com/internacionales/2020/04/12/peru-abre-la-puerta-a-contratar-medicos-extranjeros-para-enfrentar-covid-19/2768677.html>

¹⁸ <https://eldiario.com/2020/10/23/medicos-venezolanos-covid-19-peru/>

¹⁹ <https://equilibriumcende.com/migrantes-y-covid-19-que-tienen-en-comun-peru-colombia-y-ecuador/>

health crisis derived from COVID-19 states: “There should be a prioritization of hiring workers, professionals, goods and services of local origin”.²⁰

Final remarks

Mechanisms to include migrants and refugees in responses to the COVID-19 pandemic in the Andean region have been insufficient. Governments have seldom employed migrants and refugees effectively when attempting to build resilience. More specifically, Peru was the only one of the three Andean countries discussed that allowed for the incorporation of migrant medical staff in the national response to the pandemic.

COVID-19 presents an opportunity for governments in the region to rethink labour migration policies. For countries like Colombia, Ecuador, and Peru, this means rethinking legal migration pathways and regularization programs, as well as facilitating the recognition of migrants’ educational degrees. Moreover, a systemic approach to migration needs to consider long-term socio-economic integration and actively fighting xenophobia. This strategy could help build interpersonal trust and socio-economic resilience, as well as protect vulnerable migrant populations and safeguard the population as a whole. Finally, states should expand social protection efforts to protect essential workers of all nationalities in low-paid sectors.

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Views expressed in this publication reflect the opinion of individual authors and not those of the European University Institute.

The Migrants and Systemic Resilience Hub ([MigResHub](#)) facilitates research and debates on how migrant workers affect the resilience of essential services during the Covid-19 pandemic and similar shocks in the future. MigResHub is a joint initiative of the EUI’s Migration Policy Centre (MPC) and Migration Mobilities Bristol (MMB) at the University of Bristol.

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²⁰ Ley Organica de Apoyo Humanitario, Ley 0, Art.24

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