

BORDER CONTROL AND INVISIBLE THREATS. DOES THE CLOSURE OF BORDERS IN EUROPE STOP COVID-19?

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SUMMARY AND RECOMMENDATIONS

Border control was introduced in Europe as an emergency response to the pandemic between March and May 2020. Following a process of re-opening, countries apply restrictions depending on national risk analyses, as well as individual political and economic interests. Quarantine and testing rules have been adopted across member states in various combinations. However, the rapidly changing situation and the lack of adequate risk assessments have proven these measures to be irrational in some cases. This policy paper evaluates the implementation of travel restrictions in Europe due to COVID-19 to provide

an understanding of the relevance of the new border regimes. The analysis seeks to answer the question of whether border restrictions are an effective measure to tackle the pandemic in case of ongoing and future outbreaks. The recommendations provided in this paper address national government officials and security experts. Among the discussed options, closing borders shall be the option least preferred by policy makers due to its negative consequences for the freedom of movement of individuals, goods and services.

INTRODUCTION

In 2020 governments across Europe have sought to limit freedom of movement in response ^{QLINK} to COVID-19, and thus closed borders and banned flights. The link between border control and health security is particularly sensitive with respect to the freedom of movement as a core European value. As governments in some EU countries have presented the pandemic as an issue that threatens the functions of state and society, the related policy responses have been in line with such framing. Although the travel restrictions are believed to have slowed the transmission of COVID-19, they happened in violation of the International Health Regulations ^{QLINK} (2005) (IHR). According to the IHR, health measures “shall not be more restrictive of international traffic and not more invasive or intrusive to persons than reasonably available alternatives” ([4], art. 43). In the current situation, wearing masks, social distancing and testing have been seen as such alternatives. Therefore, there is a need to assess the benefits and the drawbacks of border restrictions in the context of new possible outbreaks of the virus in Europe. Whether borders between EU member states remain open depends on having a comprehensive view of the public health capacities, governments’ actions and the behavior of citizens of different states.

This policy paper assesses the implementation of newly established border regimes across the EU to provide an understanding of their relevance as a response to COVID-19. First, the paper analyses the effects of border closures on freedom of movement across the EU. Second, it looks at the Central European states to examine the variations of border control practices undertaken in response to the crisis, including travel bans, quarantines, and testing policies. It recommends that national governments should apply border closures only as a last resort. In addition, governments should improve quarantine and testing rules, and provisions for social distancing and mask wearing to avoid inconsistent, confusing, or simply bizarre rules.

PUBLIC HEALTH SECURITY AND BORDER CONTROL

Travel restrictions and border closures are certainly the most extraordinary measures taken by countries in Europe as a response to the pandemic. To assess the effectiveness of these measures, it is necessary to look at evidence-based analyses of similar experiences in the past. Travel restrictions have only a modest effect on the epidemic trajectory if the virus keeps spreading within the source country. This is evident from research ^{QLINK} on the transmission of COVID-19 from Wuhan to other parts of China and other countries. Similar findings appear in a 2020 study ^{QLINK} on the effect of travel restrictions in addressing the outbreaks of Ebola, MERS, and SARS. Such restrictions ^{QLINK} failed to prevent disease transmissions and they only reduced the amounts of new cases by three per cent or less. Another paper ^{QLINK}

published by Harvard Public Health Review also finds bans and border closures “ineffective” in controlling the spread of Ebola and claims that they even made the fight against the epidemic harder. Although border closures seem to be ineffective in keeping a virus out and simply delay its importation, this time they can still be used by governments to develop a comprehensive policy response.

Under the International Health Regulations (IHR), public health authorities are required to secure the detection and management of ill travellers suspected of having COVID-19 at points of entry ^{↗LINK} (international ports, airports, and ground crossings) with the following measures to be implemented:

1. detection of ill travellers at international points of entry, 2. interviews with ill travelers, 3. reporting of alerts of ill travellers who are suspected of having COVID-19, and 4. isolation, initial case management, and referral of ill travellers who are suspected of having COVID-19. However, the limited capacities and lack of resources of some EU countries (especially at the beginning of the pandemic) to secure this control at their points of entry, have led to border closures as a preferred short-term measure.

INTERNATIONAL COOPERATION VS. NATIONAL INDIVIDUALISM IN EUROPE

While the World Health Organisation has been advising against travel and trade restrictions throughout the COVID-19 crisis, national governments and consequently the EU as a supranational securitizing actor have used their authority to impose travel bans as a policy response. In March 2020, the EU banned non-essential travel from outside the bloc and into the 27 member states for initially 30 days. This coordinated ban ^{↗LINK} was introduced in addition to the barriers already erected between EU countries. Restrictions on movement were imposed not only between countries but also within countries: for instance, between federal states in Germany, and between towns in Spain and Bulgaria, among other places. Governments across Europe have implemented various strict border control practices in an attempt to ensure that their own citizens are protected. However, this measure has limited the freedom of movement of EU citizens. Moreover, the border closures in Europe adopted as an extraordinary policy response opposed the need for greater international cooperation on disease control when addressing the pandemic.

The decision-making logic behind border restrictions serves national individualism. From the first outbreak of COVID-19 in Europe it is evident that in some cases politicians frame the virus as a national security threat and this involves the narrative of protecting the nation with references to the borders. The relationship between border control and health security is largely justifiable due to underfunded national health systems and the enormous inequality between health systems across the EU, which has made policy makers pursue a “flatten the curve” ^{↗LINK} approach. Yet, this approach ^{↗LINK} is problematic

to the extent that it contradicts the push toward greater cooperation which involves less of a focus on national borders in the policy response to the pandemic. The effectiveness of border regimes against the pandemic is dubious due to the lack of consistency and coordination in the implementation of such measures across the EU. Governments began to re-open their borders ^{↗LINK} after months of restrictions, starting from mid-May. However, the unsynchronized border regimes have led to zones of exclusion that differ for each country. This means that every EU member state defines the scope of the “threat” through a list of countries whose citizens are restricted from entering its territory or are subject to quarantine and testing rules if they do so.

The logic of sovereignty also provides space for stricter or looser restrictions justified by political or economic interests, rather than adequate threat assessments. For example, neighboring countries with a large exchange of tourists between them such as Bulgaria and Greece, or Hungary and Croatia have implemented less restrictive measures for each other’s travellers in order to boost tourism during the summer of 2020. Thus, some countries in the EU were constructed as less of a threat than others. Therefore, individuals who are excluded from the category of a security threat enjoy more freedom of movement, whereas those put into this category are limited in their freedom of movement. In other words, individual member states use their monopoly over border control to make available freedom of movement for people from a number of EU countries, while limiting others in their right to travel.

The urgent question is what alternatives to border closures politicians can offer in case of new immediate outbreaks of COVID-19. While a new full ban is the least desirable solution, EU countries apply variations of the so-called traffic lights system that distinguishes between countries with high and low-level risks in this regard. This approach reflects the attempt not to block everyone, but only certain populations based on information about the number of COVID-19 cases in each country. The European Commission recommends ^{↗LINK} that this system be applied by all EU member states to ease travel but it also stresses the need to standardize risk criteria and policies, as quarantine rules and testing for COVID-19 currently appear in various forms across the EU.

The need for alternatives to border restrictions comes not only from the inevitable harm to freedom of movement, but border closures across Europe have proven to cause serious damage to international transport and related businesses. The International Air Transport Association (IATA) has called ^{↗LINK} on the European governments multiple times to find ways to re-establish global connectivity by reopening borders, while also considering measures to sustain airlines amid the pandemic. In an open letter ^{↗LINK}, more than 20 travel and tourism associations, including the European Travel Commission (ETC), urged the European Commission to come up with a policy response to the decrease in air passenger traffic due to COVID-19 travel restrictions. Airlines and airports ^{↗LINK} insist that countries adopt travel requirements which accept a negative test within 48 hours before the passenger enters a country instead of asking them to quarantine upon arrival. The European Tourism Manifesto alliance has urged

the EU states to agree on mutual coordination ^{↗LINK} in travel restrictions and secure prompt implementation in order to support travel and tourism sectors in overcoming the crisis. Indeed, there is a need for a framework that reflects the understanding that COVID-19 is a shared problem of the EU states. Such a framework should be based on shared criteria of risk assessment, prompt implementation of common testing policies and information sharing in order to avoid border restrictions among and to EU countries.

THE LIMITS OF QUARANTINE AND TESTING

While quarantine and testing rules provide policy makers with elementary alternatives to border closures, these measures also have certain limits. On the plus side, they largely diminish the necessity for border closures, as they allow for control over movement before and after individuals undertake a journey. Quarantine and testing rules follow the movement of people instead of limiting it. Testing gives information upon arrival at the entry point of a country, whereas quarantine rules act as “short term” policing once an individual is not at the entry point anymore. However, in terms of effective implementation both measures have significant problems. When a quarantine is required, it is to a large extent just an individual’s responsibility to comply with it because the state does not have the capacity to control the movement of every single individual. Police checks verifying if an individual quarantines are a highly inefficient measure because people can always go out when the police are not there and smart versions of quarantine have not been successfully implemented yet. Furthermore, while testing and contact tracing is a fundamental requirement of managing the pandemic on a given territory, the need for a traveller to present a negative PCR test not older than 72 hours in order to enter a given country does not really make perfect sense since a person can easily get infected between getting tested and crossing the border. Finally, nothing prevents a traveller from a low-risk country from being infected and spreading the virus in the final destination. Therefore, the traffic lights system, similarly to quarantine or a negative test requirement, does not present a risk-free policy and remains difficult at the implementation level. The focus on crossing national borders can only work in combination with strict health and safety rules once a border is crossed.

The countries of Central Europe can illustrate how this might (or might not) work. Following the tendency across the EU, Hungary, Slovakia, the Czech Republic and Austria closed their borders in mid-March and began their gradual re-opening in June 2020. All of them have imposed a 10–14 day quarantine for arrivals, a requirement of a COVID-19 test, or both. Nonetheless, the implementation of the newly established border regimes due to COVID-19 stresses significant differences across countries in the region.

CZECHIA

Czechia has been among the first countries to adopt the so-called “traffic lights” system to divide EU countries into categories ^{Q.LINK} depending on the risk of infection in each country and thus showed its intention to restore freedom of movement based on a set of rules. According to the “traffic lights” system, low-risk countries belong to the green group, meaning that travellers can enter them without restrictions (without a coronavirus test or quarantine). Czechia belonged to this category in June. However, the country’s reopening in combination with loose social distancing and abandoning of compulsory mask wearing rules proved to have negative effects from a public health perspective. Czechia has faced a record rise in COVID-19 cases starting from September. This trend points to the importance of elementary health and safety rules. Strengthening checks on people crossing borders between countries in the region or halting a train between Czechia and Hungary, for example, does nothing to address the crisis if no further measures are taken in either Czechia or Hungary.

AUSTRIA

At the beginning of May, Vienna Airport started offering passengers the possibility to undergo a PCR test. This practice allows for avoiding self-quarantine and eases freedom of movement. However, it requires resources that not all the countries in the region can afford. The findings of a COVID-19 test can be available within three hours. Thus, such a policy is less applicable to land entry points, as it would lead to queues and bureaucratic chaos with a negative effect on freedom of movement. The re-opening of the borders of Austria allowed for entry from EU+ countries without restrictions, but with several exceptions in which travellers were asked to either self-isolate for 10 days or present a negative PCR test which was not older than 72 hours. At the end of July, Austria decided ^{Q.LINK} to impose such travel restrictions on 32 countries where the COVID-19 cases were surging. In some cases, Austria requires testing when individuals come from certain regions rather than entire countries, for instance, from Lisbon or the Norte region in Portugal. Also, visitors of Vienna are expected to provide contact details when going to a restaurant.

SLOVAKIA

Slovakia, among other countries, applies exceptional categories to travellers to its territory. For instance, persons with diplomatic status are exempt from testing and a quarantine. On the other hand, those with residence in Slovakia are exempt from these measures when travelling to Austria, Croatia, the Czech Republic, Germany, Hungary, Poland, Slovenia and Switzerland if they return

to Slovakia within 24 hours. This rule is rather bizarre, as an individual can get infected on their journey regardless of its length. Slovakia has also provided very detailed quarantine rules. Individuals coming from states considered unsafe are required to undergo self-isolation until they present a negative coronavirus test. In case a person has visited an EU country not mentioned on the list of less-risky countries, the following steps have been required: self-isolation; and in case of coronavirus symptoms, one should get tested on the fifth day of their self-isolation at the earliest. If a person remains asymptomatic, their self-isolation is completed after 10 days. Self-isolation is also mandatory for persons living in the same household as a self-isolating person. Nonetheless, as with other countries in the region, such rules do not reflect the capacity of the state for their strict implementation, and following the rules remains an individual responsibility.

HUNGARY

Hungary has been the European country with the toughest border restrictions. Hungary introduced a traffic lights system, but with stricter entry rules. For instance, citizens coming from countries considered “yellow” according to the risk categorization were expected to present two negative tests done 2 to 5 days before the individual’s travelling to Hungary. Although this measure seems straightforward, its effective implementation is challenged by a limited capacity at the points of entry to check every single individual and the validity of the test results they carry. Hungary unilaterally decided to reintroduce travel restrictions on all foreigners from September 1st. The country once again closed its borders [to](#) foreigners and Hungarians returning from abroad, requiring that any such individuals entering Hungary self-quarantine for 14 days or present two negative tests taken two days apart. Re-introducing stricter measures in this regard has been in line with the political rhetoric in the country. Gergely Gulyas, the head of the Prime Minister’s Office, argued [that](#) there will be two colour codes in the pandemic protocol: “Hungary is green, every other country in the world is red”. Hungary did not [inform](#) travellers or the European Commission before the move, which has had negative effects on freedom of movement and the possibility of a shared approach of the countries in the region in addressing the pandemic.

CONCLUSION AND POLICY RECOMMENDATIONS

The presented data shows that Czechia, Austria, Slovakia and Hungary vary in the ways they apply border restrictions as a response to COVID-19. While the Hungarian approach is the most conservative, the other states rely on various combinations of quarantine rules and testing in attempts to avoid complete border closures. Nonetheless, the national individualism approach that dominates the countries’ behaviour demonstrates the irrationality of the measures undertaken without comprehensive threat assessments by

the governments in the region. Although the four states apply quarantine and testing rules, they have an arguably limited capacity to follow the compliance of citizens with these measures. As the countries in the region offer unsynchronized lists of low- and high-risk countries, this shows differences in the threat definitions at the national level and further creates confusion for travellers. These variations are also a precondition for discrimination against nationals from certain countries based on the national governments' threat definitions. In effect, all the Central European countries mentioned above now have record high daily infection rates despite their various border regimes, which shows their limited ability to achieve significant results individually.

Closing borders limits the freedom of movement by imposing physical barriers among European countries. It further fails to stop the pandemic and restricts the idea of regional and international cooperation. Considering the effectiveness of public health measures such as social distancing, and cost-efficient testing provided by the state, closing borders should be the least preferred option of policy makers due to the negative effects on freedom of movement of individuals, goods and services. As far as the available framework at the EU level provides member states with space for cooperation, they should come together to address collective public health threats. In contrast, travel bans create risks such as those of economic isolation and violation of rights.

This policy paper points to a number of recommendations that have been already considered by the European Commission and largely supported by transport and tourism sectors. The recommendations aim to improve coordination and cooperation among the countries in Central Europe. First, governments should develop common criteria concerning the definition of the epidemiological risk. Second, they should apply synchronized requirements concerning pre-travel testing for travels from one country to another. A government should further secure the provision of tests to individuals who arrive in the respective country. Quarantine rules should be equalized in terms of length and replaced with testing based on precise risk assessments. Finally, the countries in the region should develop common measures that would be applied during arrivals and returns from high-risk countries, so as to ease freedom of movement and provide the applied measures with sufficient rationality.

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