Stuck abroad in a pandemic

Carol Natukunda explains why Covid-19 responses must include psychosocial support for migrants and returnees

A Ugandan mother stuck in China cries out for help on social media. She and her two children are at the verge of starvation. Her rent is due. She might be thrown out of the apartment soon.

A musician from Kenya is stuck in Denmark. He had travelled to showcase his talent, but all the planned concerts were cancelled due to Covid-19.

A Nigerian citizen is stuck in Frankfurt. He had travelled to attend a friend's wedding. It never happened. A citizen from DRC is stuck in the US. He had travelled for a business trip.

These are some of the examples of people stranded abroad who have shared stories of anguish through the media.[1] They are living on the last penny, their visas probably expired. What is worse, they are not sure when they would be going back home.

Nobody could have predicted a world at a standstill. The coronavirus disease (Covid-19) emerged in a world tightly connected by local and international population movements, with more people moving for work, education and family reasons, tourism and survival, and temporary personal reasons than ever in the past.[2]

Most countries have responded to the spread of Covid-19 by closing borders and suspending flights. While this is a measure to stop needless infections, it has ultimately left thousands of people around the world stranded – alone, frightened and stressed in foreign countries. Those who have been hit hardest are people who had travelled temporarily for short visits. They live with constant stress, worrying about when they will ever get reunited with their families, if at all. There have been videos of urgent appeals on social media platforms from people thrown out of hotels or apartments. As options dwindle, travellers and migrants are pushed back or quarantined at borders and forced to stay in informal, overcrowded and underserved transit sites where they face threats to their health, dignity and survival.[2] More than 22,000 Moroccans complained they have had to sleep in the streets for weeks before the Spanish authorities reportedly provided a gym as temporary accommodation for them.[3]

Not only do they have to suffer the psychological torture of being far away from home, but also they risk infection from Covid-19 and other illnesses, receive inadequate health care and cope with the economic stress since they are running out of food and supplies.

Thankfully, several countries are arranging evacuation flights and transportation back home. The World Health Organisation has also given key considerations for repatriation and quarantine of travellers in relation to the outbreak.[4]

The considerations ask countries to be prepared for containment, including active surveillance, early detection, isolation and case management, contact tracing and prevention of onward spread of the infection, and to share full data with the WHO.

However, repatriation is more than just returning home to be checked into quarantine or isolation centers. Recovery from the distress that individuals suffered when stuck abroad will not heal overnight on their isolation beds. Quarantine for returnees therefore requires coordinated oversight to ensure that they receive psychosocial support.[5] Families need a social protection support package considering that many have been pushed to the edge, selling everything to support loved ones stranded abroad.

Moving forward, given the high number of people who have been stuck, countries will need to include returnees in a range of flexible and innovative public health solutions based on existing and emerging evidence about the effects of the pandemic.

The Covid-19 pandemic also clearly demonstrates the need for strong investment in global health security as a key component of well managed migration systems, but also global dialogue, recognising also the inextricable links between mobility and access to health.[6]

Inclusive public health efforts will be crucial, not just for containing and mitigating the outbreak, but also for addressing the economic, social and psychological impacts of the outbreak on all affected persons, including migrants and returnees.

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Carol Natukunda is a Communications Specialist at the African Center for Global Health and Social Transformation (ACHEST), Kampala Uganda.