



Migration and Immigration: Uganda and the COVID-19 Pandemic

Agnes Igoye

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THE STATE OF THE REPUBLIC: A DIALOGUE SERIES

Migration and Immigration: Uganda and the COVID-19 Pandemic

Agnes Igoye

Ministry of Internal Affairs

COVID-19 has proven that all human beings on the move—rich or poor—are vulnerable to disease. And now, COVID-19 has disrupted migration, stopping it all together in most parts of the world. Planes are grounded, borders closed, and many countries are under lockdown. This time of stillness, of staying put, is an opportunity to improve migration policies and efforts, including in Uganda.

Uganda's first case of COVID-19 arrived on March 22. Within a week there were 44 cases, and the figure is steadily increasing. Although Uganda's cases are still minimal, the president instituted a country-wide lockdown on March 30. Based on what is now known from experiences in hardest hit countries like China, Italy, Spain and USA, preparations should come early, even when a country has not registered a case. After all, disease knows no borders and it is only a matter of time before it spreads.

In most of Africa, including Uganda, these preparations should have started a decade ago, however. For so long, governments and development partners have concentrated their efforts to curbing illegal migration, transnational organized crimes like terrorism, trafficking and smuggling of persons, drugs and arms. These challenges deserve the attention and resources, but COVID-19 is a reminder that all aspects of Migration deserve attention, including Migration health.

There is currently no unifying global definition for Migration Health. To the International Organization for Migration (IOM), it encompasses the physical, mental and social well-being of migrants, enabling them and host communities to achieve social and economic development (<https://www.iom.int/migration-health?fbclid=IwAR0dY6sVT5QrIGVAXyHzc93JqL ODhii9mm4daK6X0tRmeYinPEYVfSYZZDs>).

Correspondence should be sent to Agnes Igoye, Deputy National Coordinator, Prevention of Trafficking in Persons, and Commandant of the Uganda Immigration Training Academy, Ministry of Internal Affairs, Uganda. <https://en.unesco.org/world-press-freedom-day-2019/agnes-igoye>. E-mail: igoye2000@gmail.com

Looking at it with my 20 years as a frontline border guard, commandant of Uganda's Immigration Academy and now policy maker, I see that the response to COVID-19 has exposed the limited institutional and operational capacity of many States overall, let alone to these specific problems. When Uganda recorded its first case, I witnessed how unpreparedness caused panic and confusion among several frontline border agencies. In part, this was because people did not know what to do. Without institutionalized coordination, stakeholders looked up to the Ministry of Health. If all our immigration officers had received basic training on migration health, they would have been better prepared and adequately supported the Ministry of Health, especially at borders that had no or limited presence of medical personnel.

Responding to COVID-19 gives us a chance to rethink the way we approach Migration Management. Indeed, COVID-19 has already taught us that migration management requires a comprehensive approach, paying attention to all aspects. To better manage the next health crisis or pandemic, we should pay attention to the following:

Plan Ahead

Planned and well-managed migration policies are critical to facilitate orderly, safe and regular migration. As one of negotiators to the Inter-Governmental Authority on Development region Free Movement Protocol (8 Member States), we noted the lack of comprehensive Migration Policies in the region. Development of migration policies to curb the challenge of fragmented migration management is critical (<https://igad.int/divisions/health-and-social-development/2016-05-24-03-16-37/2373-protocol-on-free-movement-of-persons-endorse-at-ministerial-meeting>). Current events demand that issues of migration health should feature prominently as we craft the road map to the implementation of the Protocol.

Establish Inter-Agency Taskforces

Rather than wait for a pandemic to happen, governments should have established inter-agency Migration health taskforces. Its composition should include agencies responsible for Migration Management. At the regional level, just as the African Union Migration Policy Framework recommends health desks should be established to facilitate the management of cross-border health related challenges (<https://igad.int/divisions/health-and-social-development/2016-05-24-03-16-37/2373-protocol-on-free-movement-of-persons-endorse-at-ministerial-meeting>).

In times of calm, stakeholders, taskforce and regional desks should be involved in perfecting their levels of preparedness. This can be done through strengthening coordination mechanisms, early warning systems, building infrastructure, human resource development/training front-line officers, research and policy work. In addition, migration health should be core subjects in training curriculum of migration training schools and academies.

Border Patrol Capabilities

Drawn during the scramble for Africa by colonial powers, Uganda's borders, like most borders in the African continent, are not clearly demarcated, with inadequate infrastructure and

border management equipment. Uganda is landlocked, with 53 staffed and 103 unstaffed (porous) border crossings. It shares a long and complex land border of 2729 kilometers with five countries: Democratic Republic of the Congo, Kenya, Rwanda, South Sudan, and Tanzania (<https://www.cia.gov/library/publications/the-world-factbook/geos/ug.html>).

Porous borders are not unique to Africa, but are a global challenge faced by many countries. Well-established, professional border patrol units is a prerequisite for effective border control during an epidemic. Their training should extend beyond curbing irregular migration and transnational organized crime. It must include Migration health training, to equip front-line officers to protect countries/border communities against cross border spread of disease. If countries had had better equipped trained frontline/border patrol officers, cross border spread of COVID-19 would have been minimized.

International Solidarity and Coordination

Ensuring international solidarity and coordination is key and was confirmed by Dr. David Nabarro, Special Envoy on COVID-19 to the World Health Organization (WHO) Director-General. In his COVID-19 Virtual briefing that I attended on March 27, 2020, he emphasized: “It will take solidarity between Governments, Communities, health systems, businesses to defeat COVID-19. Coordination between actors should be open, in an environment of trusted relationships.”

Countries like Uganda that have diverse Ministries and Agencies responsible for different aspects of migration makes coordination and collaboration a challenge. There are lessons to learn from September 11 terrorist attack that led to the creation of the United States Department of Homeland Security- that integrated 22 different federal departments and agencies. A unified and integrated department is better placed to ensure a more secure nation (<https://www.dhs.gov/creation-department-homeland-security>).

Migration Health Research

In their 2nd Global Consultation on Migration and Health (2017), policy makers, research scholars, civil society, and United Nations agencies underscored the urgent need for quality research on international and in-country migration and health (<https://bmcpubmedcentral.com/articles/10.1186/s12889-018-5932-5?fbclid=IwAR3FOgoPVJZ4HN71SCiE7jmaTEWLTME7UmjFzEZsZu6hK8-y9PbpVOpU6I8>). This supports efforts to achieve the Sustainable Development Goals (SDGs), that aim to ‘leave no-one behind’ irrespective of their migration legal status.

Adequate research will not only support evidence-informed health responses but will build general global consensus of what institutes Migration health. This in turn will better facilitate coordinated and collaborative national and International efforts to deliver comprehensive, preventive and curative Migration health programs. In Africa, the newly African Centre for the study and research on Migration, to support evidence-based migration governance in the 55 member states, is a step in the right direction (<https://au.int/en/pressreleases/20190211/signing-host-agreement-between-au-and-republic-mali-host-africa-research-and>).

In conclusion, COVID-19 is not going away soon, nor is it going to be the last health pandemic to hit the world. After people begin moving again, migration and traveling, and then, when the next pandemic happens, we should be more prepared. Countries must put the right

policies in place, enhance their institutional and operational capacities in a collaborative spirit of shared responsibility among agencies and nations.

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