

What can research evidence tell us about:

# Dimensions of reintegration of Covid-19 survivors and suspects into their communities

## *Key messages*

- Reintegration efforts should be led by government and should focus beyond social integration. They should also focus on economic and psychological integration:
  - Social reintegration is achieved mainly, by reducing stigma
  - Psychological rehabilitation should start during isolation/treatment and should be followed by a system through which individuals with mental distress related to Covid-19 are identified and appropriately supported
  - The government has to set up means of restoring livelihoods of individuals who have been affected by Covid-19

## Where did this Rapid Response come from?

This document was created in response to a specific question from a policymaker in Uganda in 2020.

It was prepared by the Center for Rapid Evidence Synthesis (ACRES), at the Uganda country node of the Regional East Africa Community Health (REACH) Policy Initiative

### Included:

- **Key findings** from research
- **Considerations about the relevance** of this research for health system decisions in Uganda

### Not included:

- Recommendations
- Detailed descriptions



## **Summary**

### **Background**

Re-settling in communities for Covid-19 survivors and their contacts following release from isolation facilities might be particularly challenging. Due to the enormous fear Covid-19 has caused in communities, returning individuals are likely to be socially discriminated, face financial hardships and have psychological difficulties as result of their exposure to Covid-19. Authorities in Uganda appreciate the looming difficulties and therefore seek evidence of what to consider when reintegrating Covid-19 survivors back into their communities.

### **Rapid response question**

What dimensions should be considered for reintegration of Covid-19 survivors and suspects into the communities?

### **Findings**

- All reintegration efforts should be led by the national government
- Reintegration is multi-dimensional, covering reinsertion in the community social structure, psychological recovery and financial recovery.
- Integration efforts should start early when cases and suspects are still under isolation to prepare all the intervention target
- Dimensions of reintegration
  - Social reintegration mainly achieved by eliminating stigma. The government should disseminate facts about Covid-19 to the population, engage opinion leaders who should encourage their followers to welcome survivors, extensively publicise survivor voices and ensure the media practice evidence informed contextualised information.
  - Psychological integration: Psychological rehabilitation should start during isolation and treatment and should be delivered by mental health professionals. The government should set up a system to identify and support individuals with mental distress after they are discharged.
  - Economic reintegration: The government has to set up means of restoring livelihoods of individuals who have been affected by Covid-19.

### **Conclusion**

The Covid-19 pandemic has caused a lot of fear and anxiety among the populace and therefore, they might reject the survivors, deny them income which might cause them more psychological distress on top of that caused Covid-19. It is necessary to rapidly set up robust systems to ensure reintegration of survivors into social structures and that they recover financially and psychologically.

## Background

Public health emergencies like the current coronavirus disease 2019 (Covid-19) pandemic, stimulate fear, anxiety and stress reactions among people and their communities[1]. Fear of disease can lead to stigma towards infected individuals, their families and communities despite recovery, which stigma might persist for over two years following recovery [2, 3]. Individuals who recovered from Covid-19 and their contacts in quarantine may face stigma on reintegration into the community. Such persons may be physically or verbally assaulted, labelled, stereotyped, discriminated against and may lose the status they previously held in community [4].

The durations of illness is variable between patients with covid-19 and this range from a few weeks to over 3 months. Furthermore, reports of disease reactivation in some individuals might also cause more panic in the public [5, 6]. It is also required that contcats are under quarantine for a a minimum of 14 days. These long durations have a negative impact on the individuals work, with many of the infected individuals or their contacts losing jobs in the aftermath of the infection [7, 8]. Victims are likely to suffer long-term mental and emotional issues including depression, suicidal tendencies, self-stigmatisation, anger, anxiety, worthlessness, substance addiction, grief, guilt among others [7, 8].

Appreciating the far reaching social, economic, and psychological impacts that Covid-19 can have on an individual, family and community at large, authorities in Uganda have expressed need to have mechanisms of how to reintegrate Covid-19 survivors and their contacts in their communities. This brief therefore summarises different considerations for re-integrating recovered Covid-19 individuals and their contacts into their communities in a manner to minimise the social, economic and psychological impact of the disease.

### Rapid Response question

What dimensions should be considered for reintegration of Covid-19 survivors and suspects into the communities?

## Summary of findings

In this rapid response brief, we present different considerations for social, psychological and economic reintegration of recovered Covid-19 patients and their contacts into the community. These measures are

### How this Rapid Response was prepared

After clarifying the question being asked, we searched for systematic reviews, local or national evidence from Uganda, and other relevant research. The methods used by the SURE Rapid Response Service to find, select and assess research evidence are described here:

[www.evipnet.org/sure/rr/methods](http://www.evipnet.org/sure/rr/methods)

based on lessons learnt from the Ebola outbreak, SARS and MERS outbreaks, as well as the current Covid-19 pandemic. The evidence presented in this rapid response brief is majorly observations of what was done or opinions of what ought to be done therefore their impacts are not reported. We summarise the importance of reintegration and different measures of reintegration into the community summarised under social, psychological and economic reintegration.

### **Importance of reintegration**

Reintegration plans are not only important for the people who have been directly affected by the disease, but also for the community at large. Reintegration is essential for individuals who are affected by Covid-19 and their families as it empowers and protects returnees by providing them with the necessary assistance for their reinsertion into their communities. The government has to take lead in designing and implementing re-integration strategies [9]. Reintegration does not just cover the social aspects (social reintegration), it is multi-dimensional. It should as well cover psychological (psychological reintegration) and economic (economic reintegration) recovery for the affected by enabling persons and their families to participate in the social, cultural, economic and political life in their communities again [9]. In addition, many sick individuals and care givers can suffer long-term mental and emotional stress leading to depression, suicidal tendencies, self-stigmatisation, anger, anxiety, reduced self-worthlessness, substance addiction, grief, guilt among others [7, 10].

To the community, a lack of reintegration plan can lead to stigmatisation of those infected by the virus. Stigma undermines social cohesion and can result in potentially sick individuals or their contacts not seeking diagnosis and medical care, sick individuals hiding the illness until it symptoms worsen, and healthy individuals not adopting infection control practices which could increase the likelihood of spread of the virus in the community and therefore difficulties in controlling Covid-19 outbreak [4].

### **Considerations for reintegration**

The reintegration process should start earlier when cases and suspects are still under isolation so that families and communities accept the survivors when they get back to their communities and that the survivors are in a good psychological state [11]. It should be dynamic and adapted to suit different stages of the epidemic (i.e. during and after the outbreak) [12]. There might be a need to earmark funding to facilitate social and economic reintegration of individuals who have recovered from Covid-19 by the government or where available the development partners [3].

### **Social reintegration**

Social reintegration can be achieved mainly by eliminating stigma around Cov-19 in communities and the public at large [13]. To control stigma, everyone in the community should know the facts pertaining to the disease. There should be deliberate measures to inform the community and dissipate any unfounded rumours, myths or conspiracies about Covid-19. The following are different considerations for social reintegration;

- **Disseminate facts:** Having insufficient knowledge about a disease greatly increases stigma around it. Therefore, the government through the relevant Ministries, Departments and Agencies (MDAs) should educate the public about how Covid-19 is spread, how it is treated, and how to prevent infection.
  - The government should lead the communication strategy which should be context specific and simple to understand for all people [13, 14].
  - Communication has to be multi-pronged and should involve different players such as different government MDAs, media, key influencers, Non-Government Organisations, private industry and the general public.
  - Different communication platforms should be considered for information dissemination such as main stream media (television and radio stations and print media), websites/ internet and social media platforms so as to reach as many people as possible [13].
  - Social media has been suggested as one of the useful tools that can be used to communicate about Covid-19 to a large number of people at a very low cost [13, 14].
  - There might be need, by the responsible authorities e.g. community health workers, to meet with the patient's family and immediate neighbours to sensitise them about different aspects of the disease such as how it spreads and recovery [11]. This should be done a few days before the recovered patient is discharged from care so as to foster a smooth and seamless reintegration into the community.
- **Engage opinion leaders:** Figures that influence communities are vital in reducing stigma. Figures like cultural and religious leaders should be engaged to prompt reflection among their followers about people who are stigmatized because of their exposure to Covid-19 and how they can be supported. Local respected celebrities like musicians can also be used to amplify messages that are aimed at reducing stigma [13].
- **Amplify local voices:** Publicise extensively, voices, stories and images of local people who have experienced Covid-19 first hand and recovered from it or those who have supported a loved one through recovery (e.g. family members, health workers) to emphasise the fact that most people do recover from Covid-19 [13].
- **Balanced reporting by the media:** The government has to ensure that the media disseminate evidence-based information that is balanced and contextualised. The reporting should help to fight rumours and misinformation that could lead to stigmatisation [3, 13].

All efforts aimed at controlling stigma should be coordinated and diverse to cover all socioeconomic classes of people and ethnic communities affected, and create a positive environment that shows care and

empathy for all [13]. Evidence from Guinea following Ebola Virus Disease epidemic shows that reintegration was easier for the literates as compared to illiterates especially in rural areas [3]. If the same is to be extended to Covid-19 pandemic, special attention will have to be placed on individuals who reside in remote areas as these are more likely to be illiterate and could face more difficulties in reintegration.

### **Psychological integration**

COVID-19 brings serious psychological stress to people especially those infected and suspects who get quarantined. Absence of mental health and psychological support systems increases the risks of psychological distress and progression to psychopathology [12].

Psychological reintegration interventions should start before individuals are discharged back to their communities, that is, in quarantine/isolation and in the course of treatment to ensure individuals return to their communities in a mentally stable state. Interventions should incorporate mental health professionals to provide counselling and support in a way that limits physical contact with the individuals under isolation (e.g. through internet platforms, call centres etc). Mental health professionals e.g. counsellors, psychologists and psychiatrists should actively participate in the overall intervention process for Covid-19, so that the mental health and psychosocial response can be mobilized in a timely manner.

Psychological interventions have to be integrated into the monitoring and treatment processes addressing fear of disease and difficulty in adaptation. Serious mental problems that arise (e.g. violence, suicide behaviours) must be managed by psychiatrists.

The government needs to rapidly setup and coordinate a system, in collaboration with other social forces, to timely identify individuals (among survivors and those formerly quarantined) with mental distress and provide psychological assistance using easily accessible methods (like hotlines and online consulting platforms) for when the survivors return to their communities [12].

### **Economic reintegration**

Economic reintegration forms the basis for the self-sufficiency of individuals returning to the community. A feeling of belonging in the community depends on community acceptance and providing for oneself and one's family [9].

The government has to setup a means of restoring livelihoods of individuals who lose their livelihoods as a result of being affected by Covid-19 directly. It should provide targeted interventions like food distribution, cash transfers, cash grants as start-up for income generating activities and cash for work [12, 15].

## Conclusion

Community re-integration of individuals affected by Covid-19 either as cases or contacts of cases is paramount. Individuals affected by Covid-19 are not only likely to face social stigma, they are likely to experience psychological stress and lose their sources of income. It is important to start the reintegration process early enough to prepare the affected individuals to return home and their communities to receive them.

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## What is Rapid Response?

Rapid Responses address the needs of policymakers and managers for research evidence that has been appraised and contextualised in a matter of hours or days, if it is going to be of value to them. The Responses address questions about arrangements for organising, financing and governing health systems, and strategies for implementing changes.

**ACRES** – The Center for Rapid Evidence Synthesis (ACRES) is a center of excellence at Makerere University- in delivering timely evidence, building capacity and improving the understanding the effective, efficient and sustainable use of the rapid evidence syntheses for policy making in Africa. ACRES builds on and supports the Evidence-Informed Policy Network (**EVIPNet**) in Africa and the Regional East African Community Health (**REACH**) Policy Initiative (see back page). ACRES is funded by the Hewlett and Flora foundation.

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## ACRES' collaborators:



Regional East African Community  
Health Policy Initiative

**Regional East African  
Community Health Policy  
Initiative**



**EVIPnet**

## Glossary

of terms used in this report:

[www.evipnet.org/sure/rr/glossary](http://www.evipnet.org/sure/rr/glossary)

12. Zhang, J., et al., *Recommended psychological crisis intervention response to the 2019 novel coronavirus pneumonia outbreak in China: a model of West China Hospital*. Precision Clinical Medicine, 2020.
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**Conflicts of interest**

None known.

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