

Bridging the Inequality Gap Among Marginalized Populations in Africa Amid the COVID-19 Pandemic: A Call for Responsible Cooperation

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Introduction

The index case of Coronavirus disease 2019 (COVID-19) was reported by the World Health Organization in Wuhan city, China, during the fall of 2019.[1] Since this period, 150,708,255 COVID-19 cases have been recorded globally as of April 29, 2021, with Africa accounting for 4,573,989 cases out of the global total.[2] The evolving community transmission of COVID-19 has increasingly placed certain groups at disproportionate risk.[3] Global inequity is evident in the unequal distribution of material and economic resources across different population groups as a result of exploitation and unequal living standards, as well as differences in environmental conditions and geographical location.[4] The COVID-19 pandemic has further widened the existing global disparity, with a disproportionate increase in the vulnerability of marginalized population groups.[5] These include the urban slum dwellers, incarcerated individuals, and internally displaced persons, among others. Therefore, this opinion piece will examine the COVID-19 pandemic in an inequitable world and suggest strategies to minimize these inequalities.

Urban Poor

A slum household has been described by the United Nations as a group of individuals residing in an urban area where one or more of the following are lacking: protection from harsh climatic conditions, adequate personal space, access to a potable water supply at a minimal cost, household security, and a sewage system shared by few individuals.[6] For the large population of urban poor living in such conditions, therefore, physical distancing, a requisite measure for self-protection from COVID-19, is impractical, increasing the likelihood of COVID-19 transmission. Since many

urban poor are informal workers who depend on daily wages for survival, they are also economically vulnerable.[7] In Lagos, one of the commercial hubs of Nigeria, many COVID-19 preventive measures are disregarded by urban poor while working to make ends meet, increasing their vulnerability to SARS-CoV-2. Hand hygiene has been demonstrated to reduce the risk of COVID-19 infection by 50 percent; however, the shortage of water available makes hand washing almost impossible for the urban poor to practice, making them more vulnerable to COVID-19.[7, 8]

For this reason, a bottom-up approach, promoting the participation of members of slum communities in hygiene improvement and improved water supply strategies, should be implemented. Networks of community-led committees should be established to coordinate COVID-19 response activities in slum communities. In addition, provision of social safety nets to slum dwellers must receive topmost priority because the health status of urban poor has a ripple effect on the entire population: in many African countries, the interaction of different population groups is completely unavoidable; as a result, individuals who are not slum dwellers may be exposed to the risk of COVID-19 transmission. Strategies such as the deployment of mobile clinics and community health workers to slum communities will ensure healthy living conditions in slums, thus bridging the inequality gap accentuated during the COVID-19 pandemic. The distribution of COVID-19 vaccines in many African countries has begun.[9–11] However, the distribution strategy has only included healthcare workers in many instances. To ensure that the urban poor are not overlooked, the inclusion of this group in the next COVID-19 vaccination strategy should be considered.

Internally Displaced Persons

Internally displaced persons are persons who have been forced to leave their homes as a result of epidemics or armed conflicts, but who remain in their own country, living temporarily as groups in halfway houses or camps.[12] In many internally displaced persons' camps, basic hygiene facilities are lacking; due to the harsh weather and squalid living conditions in such settlements, internally displaced persons are more susceptible to infections, such as COVID-19.[13] Additionally, because most internally displaced persons depend on relief materials, which are either provided by governmental and non-governmental organizations, physical distancing may be disregarded while queuing for food items or other supplies.

To address the marginality associated with internally displaced persons during the COVID-19 pandemic, more housing units should be built to reduce overcrowding. Also, more water supply points should be made available, alongside community mobilization on the issue of handwashing and physical distancing. To reduce the overcrowding associated with a limited number of food drop-off sites—which necessitates gathering—food distribution should be simultaneously commenced at multiple points. To reduce the exposure of internally displaced persons to squalid living conditions due to poverty, entrepreneurial programs should be organized for internally displaced persons, through which daily income could be earned. To break the chain of COVID-19 transmission among internally displaced persons, timely identification of suspected cases should be promoted through the provision of testing kits, such as the polymerase chain reaction. Strategies for notifying health facilities of suspected COVID-19 cases must be made available, and COVID-19 isolation centers should be established in internally displaced person camps. Furthermore, internally displaced persons should be included as a priority population in the next COVID-19 vaccine rollout plan to protect them from further COVID-19-related morbidity and mortality.

Incarcerated Population

Available evidence from Massachusetts and the wider United States indicate that incarcerated persons are three and five times more likely, respectively, to contract COVID-19 than the general population.[14] A likely reason for these disparities is the poor sani-

tary conditions in many prison facilities. The state of prison facilities on the African continent makes incarcerated persons particularly vulnerable to COVID-19 due to the limited space, poor health services, and poor hygiene facilities.[15] Community transmission of infections among incarcerated individuals has been reported previously, and the COVID-19 experience is likely to manifest similarly.[14] When infected, incarcerated persons can infect prison wardens, who go on to infect individuals outside the facility with COVID-19, thus having a ripple effect on the entire population.

To overcome the inequity associated with incarceration during the COVID-19 pandemic, prison health services must be adequately mobilized to ensure timely access to healthcare when COVID-19-related symptoms are observed among incarcerated persons. Adequate and potable water supply should be secured through the digging of wells and drilling of boreholes. In addition, more prison units should be built to accommodate incarcerated individuals safely while ensuring maximal physical distancing. An adequate supply of sanitary materials, such as disposable tissue and alcohol-based hand rub, should be ensured by governmental and private organizations. Due to the enclosure of incarcerated populations in limited housing areas in many African countries and the risk of community transmission of COVID-19, incarcerated population groups should be prioritized in the next distribution phase of the COVID-19 vaccine in Africa.

Conclusion

The COVID-19 pandemic has widened the existing inequity experienced by marginalized groups in low-resourced areas of the African continent. Factors responsible for such increased vulnerability include poor housing conditions, poor access to healthcare, and inadequate water supplies and sanitary facilities, among others. To address these inequalities, the African continent should embrace a more inclusive COVID-19 outbreak response strategy that addresses all population groups. Furthermore, community mobilization of marginalized population groups should be encouraged in order to increase the acceptance and practice of recommended COVID-19 precautionary measures. To ensure an equitable approach in the COVID-19 vaccine distribution strategy in Africa, high priority should be placed on marginalized population groups.

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References

1. Ilesanmi OS, Akande A, Afolabi AA. Overcoming COVID-19 in West African countries: Is herd immunity an option? *Pan Afr Med J* **2020**; 35(2): 103. doi: [10.11604/pamj.supp.2020.35.2.24217](https://doi.org/10.11604/pamj.supp.2020.35.2.24217). PMID: 33282058.
2. Worldometer. COVID-19 Coronavirus Pandemic. Available at: <https://www.worldometers.info/coronavirus/>. Accessed 29 April 2021.
3. African Union, Africa Centres for Disease Control and Prevention. Community Use of Face Masks (2). Available at: <https://africacdc.org/download/community-use-of-face-masks-2/>. Accessed 24 November 2020.
4. Environmental Conscience. Global Inequality: Causes, Effects & Solutions. Available at: <https://environmental-conscience.com/causes-effects-solutions-for-global-inequality/>. Accessed 24 November 2020.
5. Shadmi E, Chen Y, Dourado I, et al. Health equity and COVID-19: global perspectives. *Int J Equity Health* **2020**; 19(1): 104. doi: [10.1186/s12939-020-01218-z](https://doi.org/10.1186/s12939-020-01218-z). PMID: 32586388.
6. United Nations Human Settlements Programme. State of the World's Cities 2006/7. Sterling, VA: Earthscan, **2006**.
7. Ilesanmi OS, Oderinde TM, Afolabi AA. The urban slums: Potential source of COVID-19 spikes in Africa. *Public Health in Practice* **2020**; 1: 100052. doi: [10.1016/j.puhip.2020.100052](https://doi.org/10.1016/j.puhip.2020.100052).
8. Ilesanmi OS, Afolabi AA. A scope review on home-based care practices for COVID-19: What Nigeria can learn from other countries. *Ibom Med J* **2021**; 14(1): 1–9.
9. Mwai C. Should Africa worry about uneven distribution of Covid-19 vaccines? *The New Times* **2021**. Available at: <https://www.newtimes.co.rw/news/should-africa-worry-about-uneven-distribution-covid-19-vaccines>. Accessed 29 April 2021.
10. Ilesanmi OS, Afolabi AA, Olabumuyi OO. The second wave of COVID-19 in Africa: The need for enhanced preparedness. *J Health Soc Sci* **2021**; 6(1): 13–8.
11. African Union, Africa Centres for Disease Control and Prevention. COVID-19 Vaccination. Available at: <https://africacdc.org/download/community-use-of-face-masks-2/>. Accessed 29 April 2021.
12. International Displacement Monitoring Centre. Nigeria. Available at: <https://www.internal-displacement.org/countries/nigeria>. Accessed 24 November 2020.
13. International Displacement Monitoring Centre. Uganda. Available at: <https://www.internal-displacement.org/countries/uganda>. Accessed 24 November 2020.
14. Jiménez MC, Cowger TL, Simon LE, Behn M, Cassarino N, Bassett MT. Epidemiology of COVID-19 among incarcerated individuals and staff in Massachusetts jails and prisons. *JAMA Netw Open* **2020**; 3(8): e2018851. doi: [10.1001/jamanetworkopen.2020.18851](https://doi.org/10.1001/jamanetworkopen.2020.18851). PMID: 32821919.
15. Akinwale Y. REPORT: Nigerian inmates live in danger amid Coronavirus pandemic. Available at: <https://www.icirnigeria.org/report-nigerian-inmates-live-in-danger-amid-coronavirus-pandemic/>. Accessed 24 November 2020.