Received: 7 July 2020 | Accepted: 10 July 2020

DOI: 10.1002/hpm.3039

PERSPECTIVE

WILEY

Rural communities in Africa should not be forgotten in responses to COVID-19

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Summary

Rural areas in Africa make up a large proportion of the continent. Since the emergence of COVID-19 on the continent, major attention and responses have been placed on urban areas. Rural areas are typified by certain challenges which may serve as limitations to the provision of resources and tools for COVID-19 responses in these areas. These major challenges include limited access to these areas due to poor road networks which may hamper the possibility of conveying resources and manpower. Shortage of healthcare workforce in these areas, poor health facilities/structures and limited access to COVID-19 diagnostics services may also make containment challenging. It is therefore important that investment should be made in these areas towards providing the necessary tools, resources, and manpower to ensure effective containment of COVID-19 and to alleviate the plight caused by the pandemic in rural Africa. Rural communities in Africa should not be left behind in COVID-19 responses.

KEYWORDS

Africa, challenges, COVID-19, responses, rural areas

1 | COMMENTARY

Since the emergence of coronavirus disease, also known as COVID-19, in Africa,[1] the continent appears like it could be the worst hit from the economic fallout of the COVID-19 crisis including pushing 80 million Africans into extreme poverty if action is not taken.[2] Unfortunately, the threat of the disease continues to grow, and rural Africa is not

exempted. Due to disruptions in food systems, there is a high prospect of more Africans falling into hunger, especially rural dwellers. Rural dwellers, many of whom work on small-scale farms, are particularly vulnerable to the impact of COVID-19 pandemic.[2] Their produce will have no markets, as supply chain will be affected due to lockdowns and lack of transport. The loss of jobs in the urban areas will also push people to go back to their rural homes thus allowing the virus to spread. This paper seeks to highlight the challenges facing the COVID-19 responses in rural areas of Africa.

Although there has been a number of actions implemented to address the pandemic and its impact, the increasing number of COVID-19 cases poses a major threat particularly with the various limitations and challenges that plague health services in rural areas of the continent. According to the World Bank, about six out of every 10 persons in Sub-Saharan Africa lives in a rural area representing 656 284 579.[3] This population comprises of various age groups which include the high-risk group of COVID-19 such as the elderly and communities facing a double burden of communicable and non-communicable diseases. The challenges facing health services in rural areas have been mainly characterized by poor healthcare access and coverage, and health workforce shortages.[4]

Considering the proportion of Africa's population in rural areas, the impact, and the efforts of the containment activities should be examined. Communities have limited basic amenities. The challenge of water supply, electricity, roads, schools, and health centres have always been pointed out as significant limitations affecting these regions. Most diseases, including Neglected Tropical Diseases, Malaria, Typhoid, Tuberculosis and HIV/AIDS are not uncommon in rural Africa.[5] Most communities do not have a functional and sufficient health centres that caters to the health needs of the people. Poor health service delivery has remained a significant challenge in rural communities, and efforts are needed to improve healthcare delivery more than ever.

Other challenges, such as shortage of drugs,[6] lack of equipment and limited diagnostic testing capacity, to very few primary healthcare centres, may also pose an additional threat to responses in rural Africa. Therefore, these problems contribute massively to the figures depicting problematic health service delivery in Africa in entirety. Most communities have been able to manage the available structures poorly. Some have also made efforts to provide alternatives, which are not sustainable for the needed healthcare coverage. Rural communities in Africa are typically conservative and uphold culture to a greater extent. Rural settlements are found in the form of clusters which means daily physical contact between individuals is inevitable. Community clustering and family clustering have been shown to affect COVID-19 responses in Africa.[1] Amidst the rage of the pandemic, individuals in rural areas may seek to hold on to the cultural and norm practices as it would be challenging to have socio-cultural adjustments, posing an additional threat to stay-home orders, physical distancing and other precautionary measures. Accessibility to rural communities is made difficult due to poor roads network and its settlements structures.

Poor information access, as well as infodemic and poor health literacy in rural areas of Africa, have been a challenge. Rural areas in Africa have limited access to the media.[7] Just fewer persons have devices and gadgets that provide media content. It is no news that the media today is flooded by issues relating to COVID-19 including mode of transmission, prevention, and control measures. Rural dwellers have limited access to these contents. This can make them ill-informed about the pandemic resulting in reliance on anecdotal evidence about the pandemic which may be incorrect—making rural dweller more prone to incorrect information regarding the pandemic, which may further hamper containment. This also reiterates the need for telemedicine in Africa and the rural areas should not be left out. The problem of accessing rural areas seem to create a barrier on reaching the people in these areas towards their health needs. The possibility of having good access point to these areas will encourage the distribution and dissemination of materials and other resources geared towards COVID-19 response. Special awareness programmes cannot effectively hold in these areas since the problem of access continues to exist. However, initiatives should be set up to solve this problem. Additionally, trained community health workers should be leveraged to improve the reach of COVID-19 related information in rural communities. Such programmes would serve to educate and encourage the adoption of basic hygiene methods towards the prevention of the disease. The benefit of these practices will limit the community spread of the virus.

Poor hand hygiene and living conditions in some of the rural communities in Africa may also make containment challenging. Additionally, there are fewer doctors, nurses, community health workers and other health service workers in rural Africa. The dearth of qualified health workers may affect access to healthcare services for rural dwellers.[8] Diagnostic services for COVID-19 is also a challenge in Africa[1,9] and rural dwellers will suffer disproportionately on the access. Since most COVID-19 testing centres, isolation centres, as well as treatment centres, are mainly situated in the urban areas. For these reasons, rural Africa may be disproportionately disadvantaged in the fight against COVID-19. African rural communities should not be left out in COVID-19 responses as we geared towards promoting health equity globally.

2 | CONCLUSION

There are chances that the spread of the diseases in rural Africa is likely to be faster. The inability to meet the response needs of rural African communities may also contribute to the disease burden on the continent. Resources and efforts towards the containment of the pandemic should be increased in rural areas. Major response projects should be situated in rural areas as well as urban areas for equity in health. Innovative approach towards information dissemination should be leveraged, for example, the use of town criers and other tailor-made strategies. This will increase the level of awareness and heed to precautionary measures towards effective COVID-19 pandemic containment.

ACKNOWLEDGEMENT

The authors appreciate the reviewers for their insightful comments. The authors have no competing interests.

AUTHOR CONTRIBUTIONS

The concept for this commentary was developed by Isaac Olushola Ogunkola and Yusuff Adebayo Adebisi. Uchenna Frank Imo, Isaac Olushola Ogunkola, and Yusuff Adebayo Adebisi developed the draft and prepared the manuscript. Goodness Ogeyi Odey, Ekpereonne Esu, and Don Eliseo Lucero-Prisno III assisted with data collection, article interpretation, and language edits. All the authors have read and agreed to the final manuscript.

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How to cite this article: Ogunkola IO, Adebisi YA, Imo UF, Odey GO, Esu E, Lucero-Prisno DE III. Rural communities in Africa should not be forgotten in responses to COVID-19. *Int J Health Plann Mgmt*. 2020;35: 1302–1305. https://doi.org/10.1002/hpm.3039