COVID-19: A Crisis Within a Crisis

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The outbreak of COVID-19 (Coronavirus disease 2019) was declared an international public health emergency on 30 January 2020. Global efforts so far have been focused on optimising healthcare systems and preventing fatalities, but brewing underneath the surface of this pandemic is a social crisis of unprecedented dimensions.

There have been a growing number of reports on the increasing psychological burden caused by the COVID-19 outbreak on patients, healthcare workers and society at large.[1] Families around the world have been faced with the bereavement of loved ones; many have lost jobs and once thriving businesses have been destroyed in a matter of months. Such traumatic losses are amplified by the fact that the nature of this disease has forced us to stay apart instead of coming together. The philosophies of Harambee (all pull together) and Ubuntu (I am because we are) represent the centrality of community in many African cultures. How will we rise to the challenge of a disease that not only threatens our lives and livelihoods but also the very essence of our identity?

Countries in Sub-Saharan Africa have learned many lessons from tackling deadly infectious diseases like HIV, Lassa fever and Ebola. The response to these epidemics has been largely centred on community engagement and raising awareness, often in public gathering places like churches, mosques and schools. COVID-19 presents a unique challenge because mitigation strategies to curb the spread of this disease include spatial distancing and confinement.

Proposed solutions to the issue of social isolation rely heavily on reliable telecommunications infrastructure and technological literacy. For the majority of Africans, particularly in rural areas, online support is not a feasible option even in the best of times. Physical distancing risks further isolating vulnerable groups like the elderly, who are often reliant on younger members of the society for support and practical help.

National lockdowns have also illuminated existing social inequalities. While a minority of office-based workers have the luxury of working remotely from home, for the most financially vulnerable, a few days of lockdown could spell the difference between poverty and destitution. In South Sudan, where food insecurity was already a pre-pandemic issue, regional border closures have disrupted supply chains, resulting in higher food prices.[2] Widespread unemployment in the current climate could also lead to an increase in substance misuse, domestic violence, social unrest and criminal activity.[3] South Africa, for example has imposed a total alcohol ban in an attempt to protect overstretched health facilities from the additional burden of alcohol-related trauma cases.[4] Restrictions on work and movement are difficult to sustain in situations where livelihoods are at stake, and there have been reports of violent enforcement of lockdown measures by police.[5] Across the board, the social and economic impact of these measures is felt hardest by the poorest among us.

As the scourge of this pandemic wreaks havoc around the world, what is becoming increasingly apparent is that public health strategies employed by developed nations cannot be universally applied in resource-poor settings without major modifications. There is an urgent need for creative solutions, tailor-made to the challenges faced by countries that do not have the resources to co-ordinate a centralised response. Previous epidemics have taught us that harnessing the power of local communities to raise awareness, support vulnerable individuals and build health infrastructure is crucial in the effort to contain disease outbreaks and reduce mortality.

The question then becomes not if we should come together but how we can safely come together to tackle COVID-19.

References

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