Coronaviruses are a large family of viruses that cause illness ranging from common cold to severe diseases. The current global outbreak of the novel coronavirus (COVID-19) was first officially reported on December 31st, 2019 in the city of Wuhan, Hubei Province, China and spread quickly to other cities throughout China and the world [1]. By late February 2020, Africa (via Egypt) confirmed its first case. As a highly communicable disease, COVID-19 continues to ravage the state of the world’s health and economy. In the wake of the rapid urbanization experienced in low and middle-income countries, there is increasing concern over the impact of COVID-19 on urban slums in the developing world [2,3]. This concern primarily stems from the fact that the populations with high vulnerability to the spread of COVID-19 include migrants, residents of densely populated areas, minorities, older adults, and those with lower socioeconomic status [4]. Three-quarter of Sub-Saharan Africa’s urban population currently live under slum conditions making them susceptible to ill health and diseases [5]. This letter therefore sought to highlight the challenges faced by urban slums dwellers in the COVID-19 context in a bid to proffering sustainable solutions to address the challenges.

The word “slum” is often used to describe informal settlements within cities that have inadequate housing and squalid living conditions. According to UN-HABITAT, a slum household is a group of individuals living under the same roof in an urban area who lack one or more of the following - durable housing of a permanent nature that protects against extreme climate conditions; sufficient living space, which means not more than three people sharing the same room; easy access to safe water in sufficient amounts at an affordable price; access to adequate sanitation in the form of a private or public toilet shared by a reasonable number of people and security of tenure that prevents forced evictions [5]. Urban slums, account for 43% of the population in the developing world as compared to 32% of total world’s population. According to the World Bank, 55% of the worlds’ urban slum population are on the African continent contributes, with the sub-Saharan accounting for a major proportion of this population. As of 2010, estimates by UN-Habitat revealed that 200 million people in Sub-Saharan Africa were living in slums, an equivalent of 61.7% of the region’s urban population [5].

To mitigate the COVID-19 pandemic, emphasis has been laid on hand hygiene by using alcohol-based hand rub or soap and water. Physical distancing, keeping at least 2 meters away from the nearest person while coughing, sneezing and even speaking, has also been adopted as a COVID-19 preventive measure [6]. These measures however remain a serious challenge given the inherent nature of slums coupled with inadequate access to safe water and basic sanitation experienced in such settings. The added problem of space constraints, violence, and overcrowding in slums also make physical distancing and self-quarantine impractical, and the rapid spread of the COVID-19 virus is likely [7]. The recommended home stay is just not an option for urban slum dwellers, as this often means giving up work and necessities. For example, in some countries, like Kenya and South Africa, people even face government violence for disobeying curfews and other restrictions [8]. Similarly, there is the practical challenge of quarantining where many people share a room and where a single toilet caters for many families.

The lockdowns that were enforced across Africa impacted the access to basic amenities. The enforced lockdowns were done with an increase in authoritarian behaviors of the police with the poor experiencing brutality and humiliation in countries such as India, Nigeria, Kenya, and South Africa [9]. The health of people living in slums is a function not only of poverty but also of intimately shared physical and social environments [10]. Because a significant proportion of slum growth and disease burden is in Sub-Saharan Africa, global well-being demands that we understand, and control disease spread in African slums as a major international health priority.

As the African proverbial saying goes, there are many routes to the marketplace. Hence, the curbing of the spread of COVID-19 in the urban slums is multi-faceted. For starters, immediate provision of portable water in urban slums will go a long way to reduce the water insecurity of such settlements and in turn reduce the spread of the virus [11]. The use of water trucks would enhance water supply to serve each household, thus reducing the need for queueing at water supply points, and thus aiding social distancing. Mobile chemical toilets and a centralized sewage system will also aid in keeping slums relatively sanitized [12]. To promote dissemination of the right information on preventing the spread of COVID-19, the use of social media especially among the youths can
serve as a useful conduit [4]. Government at all levels should set up mobile clinics and engage community health workers who will enter the slum settlements to identify, treat and monitor at-risk individuals including elderly and those with co-morbidities like diabetes mellitus, hypertension, asthma, tuberculosis and chronic obstructive pulmonary disease [8]. Furthermore, instituting an inter- and intra-slum emergency committee to assist with contact tracing and sustained community engagement will go a long way to contain the spread of COVID-19 among slum population.

Conclusion

The COVID-19 outbreak is rapidly spreading across the globe. Slum dwellers are at risk of infection and onward transmission of COVID-19. Interventions should be targeted at addressing the peculiar challenges of slums which could heighten the risk for COVID-19 infection. These interventions must be conducted with the full engagement of slum dwellers themselves as it forms an integral part of the prioritization, design, implementation, and evaluation of such COVID-19 interventions.

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