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HUMAN SECURITY AND COVID-19: AN ASSESSMENT OF HEALTH SECURITY IN NIGERIA

***ABDULLAHI, YUSUF AGWAI; **MUHAMMAD, MUHAMMAD BATURE; & ***ALIYU, TALA SAFIYANU**

*Department of Environmental Science and Management Technology, Federal Polytechnic, Nasawara, Nasarawa State Nigeria. **Department of Political Science and Defence Studies, Nigeria Defence Academy, Kaduna – Nigeria. ***Department of Political Science, Faculty of Social Sciences, Nasarawa State University, Keffi. Nasarawa State - Nigeria.

Abstract

COVID-19 pandemic has undoubtedly put more pressure on governments, people and countries of the world, including Nigeria. It has had destructive impacts on economy, human existence and food, as well as health well-being of individuals. The measures, such as lockdown, adopted to curtail the impacts of the pandemic has not only subjected the already vulnerable households to hunger, but also created health insecurity. The paper is an examination of COVID-19 pandemic effect on health security, with specific focus on access to health services and care. The paper is a qualitative study, which argued that most Nigerians, especially in the rural areas suffered poor access to rural medical care and services, and that those with ailments other than COVID-19 experienced some of form neglects or the other, since most health professionals are recruited to cater for the victims of COVID-19. This, therefore, underscore the improvement of human and capital infrastructures in both urban and rural centers.

Keywords: COVID-19, Pandemic, Security, Human security and Health Security.

Introduction

The importance of health to human development is being acknowledged more widely on a worldwide scale. In fact, it is essential to human progress if individuals are to achieve the highest possible standard of living. At the same time, if individuals do not feel safe and are not appropriately protected from risks, neither human progress nor individual well-being can be attained (WHO, 2020). The role of health in human security was emphasized in a laudatory message sent by the United Nation one of the key building blocks of society. It is essential for economic growth, poverty reduction and social justice and a prerequisite for hope. Nonetheless, the emergence of public epidemics and pandemics such as COVID-19 is considered as a threat to health security.

Prior to COVID-19 pandemic, Africa had experienced epidemics such as Ebola virus, Zika virus disease, HIV/AIDS that have been threatened public health, but the emergence of COVID-19

EDITOR-IN-CHIEF
Prof. A.I. Mteiye [MALAWI]

pandemic worsen the situation in the continent. Most of the healthcare infrastructures in African countries had deteriorated. In Africa, 65% of health care expenses are made from out-of-pocket expenditure compared to Europe where the national and regional authorities are responsible for the health policies and expenditure of citizens. During the COVID-19 pandemic, despite the quarantine and other measures adopted to stop the spread of COVID-19 in African countries, the number of infected cases continued to increase significantly (Ozili, 2020).

Besides direct loss of lives, COVID-19 has consequences on health security, particularly for individuals who might not have access to high-quality medical care. Inadequate healthcare facilities are the root of poor medical care, and a lack of access to quality care leads to health insecurity (United Nations, 2020). This is so in that policies of stay-at-home, lockdown, self-isolation, quarantine and social distancing have not only restricted movement, but also adversely hampered health services (Devereux, 2018). For instance, with the total lockdown of communities and increasing cases of COVID-19, most health institutions are unable to attend other health issues. It equally affected the prices of drugs and instrument aiding health care delivery. Given the above discussion, this study attempted to examine COVID-19 pandemic effect on access to health services and facilities in Nigeria.

Conceptual Framework

- **COVID 19 Pandemic**

  Pandemics are global or worldwide epidemics occurring over a wide area, spreading across international boundaries and affecting a large number of people. It can also be seen as a simultaneous global transmission of diseases or viruses that cut across boundaries and continents. It is population immunity, virology or disease severity (Heath, 2011). The WHO declared COVID-19 as a pandemic when it was spreading rapidly across the world, affecting different countries (WHO, 2020). Furthermore, Rothan and Byrareddy (2020) described its spread, in which several reports have suggested that person-to-person transmission is a likely route for spreading COVID-19 infection.

  COVID-19, therefore, is a disease that assumed a pandemic status on 11 March 2020 (WHO, 2020). The pandemic since its outbreak in Wuhan, China, had severely threatened human existence. It is a virus that knows no border or person, nor does it discriminate based on nationality. It affects all humans, countries and economies – a confirmation of 'globalization and its discontents' (Stiglitz, 2002). Narendra, Saurabh and Arun (2020) see it as an infectious disease which is caused by severe acute respiratory syndrome corona-virus. Since the outbreak of COVID-19 life has not been the same, it has affected all spheres of life, including the feeding life of people. It has effects on economy, health, society, politics and humanity in the public domain, but how it affects people's feeding (eating) habits and household food security is sparsely known.

- **Human Security**

  The 1994 UN Development Programme (UNDP) Human Development Report is often regarded the origin of the concept of human security as a specific policy concept and label, which provided a framework for state and non-state actors that are committed to human-centred policies and to addressing the human impacts of insecurity (Newman, 2022; Akokpari, 2007). Human security focuses on people as the main referent, it recognized and seen new security threats which are not limited to among other factors such as

poverty, viruses, environmental decadence, and terrorism, and these threats have undermined and rendered the traditional concept of security anachronistic (Akpuru-Aja, 2020; Adebajo, 2022), the human security threats are mostly internal and emanating from non-state sources threatening the existence of life and livelihood. Therefore the currency of human security is the security and safety of people.

According to the UN Development Programme (UNDP) Human Development report, human security signifies first, safety from such chronic threats as hunger, disease and repression, and second, it means protection from sudden and hurtful disruptions in the patterns of daily life – whether in homes, in jobs or in communities (Newman, 2022; Akokpari, 2007). Specifically the report underscored human security to involve to main components, thus freedom from wants and freedom from fear (AkpoAkpuru-Aja, 2020), overtime, freedom to dignity of live has been added to the components (Abdullahi, Bukar, & Bashir, 2022).These have been broadened into seven main areas, including, economic security, food security, health security, environmental security, personal security, political security (Akpuru-Aja, 2020; Akokpari, 2007). While economic security entails access to employment and earning of basic income, food security means physical and economic to healthy food. Environmental security implies liberty from the threat of natural resources; on the other hand, personal security signifies freedom from physical violence caused either by the state, groups or individuals. It also means freedom from threat to life, including suicide and drugs. Community security means the freedom to of association, either in a community, family, religious or ethnic, then political security civil liberty to hold particular political views or ideologies, among others. Health security, which includes access to health facilities, medical care and basic drugs, is the focus of the study and is discussed in the next section.

- **Health Security**

  Agba, Ushie and Osuchukwu (2010) delineated health as a state of being hale, sound, or whole, in body, mind, or soul most especially being free from physical disease or pain. It avers that freedom from ailment is the essence of being healthy, most importantly when the physical state of the body is not being affected by sickness. It is the responsibility of government to provide a system that ensures a healthy nation where all the citizens enjoy the facility put by it for a healthy living. A healthy nation is a guaranty for the security of the nation and it is similar to the maxim that health is wealth.

  According to World Health Organization (2022), health security is considered as the proactive and reactive actions needed to reduce the risk and impact of acute public health events that put people's health at risk across national and international borders. Konieczny (2020) in Rume & Islam (2020) noted that health security is achieved when the government and its people are ready to safeguard life and health from threats in both normal and emergency situations. This is done by continuously observing potential threats, using the proper preventative measures, acting to protect human property and the environment, providing injured (ill) people with access to the right medical care, and bringing the environment back to a state of equilibrium. In this case, health security is the certainty of the operation of government and local administration organisations and subordinate services in the protection life and health.

Studies have shown that health security is determined by many external factors such as ecology, social influences, politics or economy. And apart from the biomedical paradigm, there are other factors, with the sociological and socio-ecological ones at the affecting the essence of health security. Adebajo (2022) noted that socioeconomic status, cultural, political and behavioural factors influence health and disease of the people especially in low and middle income countries. The determinants of health are an individual's personal circumstances that include political, socioeconomic, and cultural factors, alongside how easily someone can access healthcare, education, a safe place to live, and nutritious food.

COVID-19 and Human Security: An Overview

The first case of the coronavirus was recorded in Africa on February 14, 2020, but later spread to different countries in Africa. He stated that many people in continent did not believe that the disease would have any significant impact in Africa and continued their normal lives in defiance of preventive measures stipulated by the World Health Organization (WHO). However, current infections in different parts of Africa show that COVID-19 posed a very serious challenge to many African countries, with adverse human security implications. Also, Newman (2022) asserted that Covid-19 has had a major impact because of the rate the nature of the pandemic. Millions of people were recorded to have died from the complications of COVID-19, it has disrupted small and large scale businesses, manufacturing and subsistence agricultural activities. Due to measures to curb the menace of the pandemic by governments across the world, business activities were completely paralysed, and losses were incurred in public and private organizations. Also there was an increased loss of jobs in the private sector while those who were lucky not to be sacked had their salaries slashed. The informal economy was not spared was also grossly affected during the lockdown (Newman, 2022; Adebajo, 2022).

There are overwhelming literatures that either separately or collectively showed the effect of the pandemic on human security. Ramadhan (2021) noted that the emergency of covid-19 has endangered social aspects and also destabilized the political and economic lives of all countries. He asserted that since human security insists that people must be free from fear or want, the harm caused by Covid19 has generated specific concerns for the poor, hunger, people who do not have access to sanitation and health care, people living in densely populated areas, and people with comorbidities. The threat of diseases such as Covid-19 is invisible, but it is hazardous to human security (Ramadhan 2021).

Siti, Marthen, and Syaiful (2020) discussed changes in the perception of "threat" in security from a "visible" threat to an "invisible, and identified three security concepts; namely traditional security concept, non-traditional security concept, and national security concept. The study showed that COVID-19 ' virus is the greatest non-traditional security that impact on human security compare to other viruses in the past, and that the solution for fighting the virus is not military power like in traditional threat, it rather technology which can detect the spread of infectious disease as soon as possible.

Furthermore, COVID-19 widespread has severe economic sectors, much of the economic impact of the outbreak stem from Governments imposing bans on certain types of activities, firms and institutions taking proactive measures to avoid infection, business downsizing and closures, and individuals reducing consumption. People outside of the formal labour market first let go by their employers, while they are more likely to be outside of formal social protection systems. Refugees,

migrants, IDPs, the youth and women are often engaged in such informal occupations. They have very limited or no savings or access to credit, and cannot afford to go without employment for any significant period of time. Women are not only more likely than men to work in precarious, informal jobs, but they also shoulder a greater share of unpaid care, adding to their burden (Renzetti, 2009). Additionally the pandemic has negative impacts on manpower due to the loss of skilled and experienced workers. It causes poverty through the loss of life of breadwinners as well as has reduced productivity and negative impact on economic growth, around 38% of the global workforce who are employed in service sectors are facing a collapse in demand, a sharp fall in revenue (Siti; Marthen; and Syaiful, 2020). The pandemic has negatively affected the labor demand and labor supply, in the United States, for instance, report showed a reached historical high numbers of 2.9 million, 6.0 million, 6.2 million, 5.0 million, 4.3 million, and 3.5 million, with the unemployment rate reaching as high as 17% (Fang, 2021). Empirical research has shown that economic insecurity (especially the ones triggered by lockdown, quarantine, self-isolation and social distancing) is the cause of violence against women and children in many homes during the outbreak of pandemics and public health emergencies (Brand, McKay, Wheaton, & Abramowitz, 2013; Lau, Yang, Pang, Tsui, Wong, & Wing, 2005; Mak, Chu, Pan, You & Chan, 2009; Yeung & Fung, 2007). Furthermore, COVID-19 pandemic triggered a global economic recession in 2020 which resulted drop in purchasing power among those who lost income has had a major impact on food security and nutrition, especially for those populations that were already vulnerable (HLPE, 2020). Again, scientific observation indicates a shortage in household food within the first week of the lockdown. Thus, findings from this analysis show a strong positive link between COVID-19 and food insecurity as most households face with problems of food availability, affordability and accessibility triggered by spike in food prices. Corroborating this finding was the study of Buja, Paganini, Cocchio, Scioni, Rebba, & Baldo (2020) who reported his personal observation in China; he noted that the lockdown order has had an impact on the circulation, and thus availability, of food and agricultural products, and has also interrupted several value chains, with a potential impact on prices. This by implication leads to hunger, skipping of food and food shortage at the household level (FAO, 2020; Libby, 2020; Oke, 2020; Okon, 2020). This is pointing out that food security is not insusceptible to the pandemic; COVID-19 directly or indirectly affected food security. Food security specifically relies on about four dimensions, such as food availability, food accessibility, food utilization and food stability, and they all appears to be vulnerable to the pandemic. Gebeyehu, East, Wark, Islam (2022) stated that COVID-19 pandemic or measures adopted to prevent its transmission, impacted the food security of humans. The study maintained that restriction of movement, termination of job, market closure, disruption of the food market and distribution channels, death of household leaders, reduced food production, and other socio-economic crises are the factors for the high prevalence of food insecurity. Syafiq, Fikawati, & Gemily, (2022) employed an empirical analysis to discuss the impact of COVID-19 on food security in Indonesia. The study showed COVID-19 pandemic impacted household food security in both urban and semi-urban areas through worsening employment status and income condition. Jafri, Mathe, Aglago, Konyole, Oudraogo, Audain, Zongo, Laar, Johnson, Sanou, (2021) also reported that during the COVID-19 pandemic there was less access to food so respondents tended to reduce the size and amount of food. Changes in food consumption among vulnerable groups such as infants, toddlers, under-five, pregnant women, and lactating mothers also occurred in this study.

Food and Agriculture Organization (FAO, 2020) reported that shortage of labour could disrupt production and processing of food, notably for labour-intensive crops. In spite of the fact that food services were exempted from lockdown, internal supply chains of food were still not very active, as evidence shows that the majority of truck drivers are afraid of being arrested or brutalised by the police (Libby, 2020). Lockdown measures have disrupted internal supply chains halting food production (World Economic Forum, 2020). Furthermore, UN (2020) and World Bank (2020) in a bid to show the effect of COVID-19 disruptions on food security reported that millions of people in sub-Saharan Africa are at risk of not getting the food they need because of corona-virus disruptions. Buja, Paganini, Cocchio, Scioni, Rebba, &Baldo (2020) predicted that continual lockdowns would negatively impact agricultural production, with consequent long-lasting and deeper impacts on food availability, prices and, ultimately, overall food security.

Negative coping strategies such as skipping of food, eating very late, engaging in debt and transactional sex are known crises associated with COVID-19 lockdown. Skipping of food and eating very late are popular strategies adopted by most vulnerable households who do not have enough money to buy food. The poor vulnerable households are the worse hit by COVID-19 pandemic. It is an established and proven fact that most vulnerable households engage in transactional sex and debt to buy food, which is ongoing in many African states and will continue as long as lockdowns are there (Van der & Swart, 2014).

Besides, low purchasing power or lack of money to buy food is another problem caused by COVID-19 lockdown. Lockdowns restrict movement of people to workplaces; this scuttled income generation and pushed many to debt peonage in developing states with emphasis on Nigeria. Many people resort to borrowing to buy food, while others buy on credit to feed household members. This crisis was well documented in the World Bank (2020) report which showed that loss of incomes and remittances aggravate food insecurity risks at household level. The pandemic, according to Onyekwena and Ekeruche (2020), has affected the income generating capacity of households on contract job or daily income earners. This finding is the same with Buja, Paganini, Cocchio, Scioni, Rebba, &Baldo (2020) who found that one of the lockdown crises is restrictive preventive measures, which ultimately affect labour wage and household income. It is imperative to note that there is a strong correlation between COVID-19 and low purchasing power of households, considering the inability of some households to access sufficient, nutritious and safe food.

The impact of COVID-19 environment is another aspect that has been studied; the impacts are established from the measures to address the pandemic. Elsaid, Olabi, Sayed, Wilberforce & Abdelkareem (2021) indicated that the quarantine measures and lockdown of social, commercial, and industrial activities have been taken in many countries to control the spread of COVID-19 pandemic have resulted in many environmental effects, which were desirable in most cases as it results in improved air and water resource quality. The lockdown period minimized environmental pollution, which improved the water and air quality and brought reduction in noise pollution due to shut down of industrial process (Singh & Mishra, 2021). In a research conducted by Rume, & Islam (2020), reported that environment is vulnerable to COVID-19, positively and negatively. The study indicates that, the pandemic situation significantly improves air quality in different cities across the world, reduces GHGs emission, lessens water pollution and noise, and reduces the pressure on the tourist destinations, which may assist with the restoration of the ecological system. In addition, there are also some negative consequences of COVID-19, such as increase of

medical waste, haphazard use and disposal of disinfectants, mask, and gloves; and burden of untreated wastes continuously endangering the environment. It seems that, economic activities will return soon after the pandemic, and the situation might change.

The expansion of COVID-19 has resulted in a fundamental reorganization of daily life; more subtle, yet as insidious, is its influence on democracy and democratic principles throughout the world. The methods implemented to combat the epidemic, such as lockdown, have hindered fundamental rights such as freedom of movement and assembly, as well as hampered civic liberties. Furthermore, governments throughout the world used violence to impose lockdown measures, criminalized free expression, and created broad states of emergency that circumvented due process rights and strengthened executive power (Slipowitz, 2021). Lewkowicz, Woźniak, & Wrzesiński, (2022) believed that the COVID-19 has impacted, negatively, on rule of law and the state of democracy, these two drivers of democracy are regressing in the context of global pandemic. Due to the measures to curb COVID-19 in Nigeria, most political institutions in the country relies on technology (e-governance) to operate, however due to poor infrastructures such as poor power supply, the institutions could not efficiently work properly, this, according to study slow the smooth running of governance in the country. However, in South Africa, Kotzé, (2022)'s study saw a minimal impacts of COVID-19 regulations on quality of democracy, the study indicated that South Africa's democratic principles did not degenerate during the pandemic, but the pandemic's major impact was on the quality of democracy. Many

In summary, the COVID-19 pandemic concerns one country, but also has an effect on other nations across the world. The threat of pandemic is invisible, but it is hazardous to human security. The characteristics of the threat of the pandemic are very destructive to harm the community's political, economic, and social life, its severity of a pandemic has radically changed the international system. Also the measures to contain the pandemic by governments have occasionally met with increasing discontent from societies and have triggered social unrest, imposing serious threats to human security.

COVID-19 and Health Security in Nigeria

The COVID-19 pandemic undoubtedly put more pressure on governments, people and countries of the world, specifically, its effects on health (Huang, Zhu, Xue, Liu, Yan, Wang, 2020; economy (Elliot, 2020; Horowit, 2020; Ozili &Arun, 2020), education (UNESCO, 2020), businesses (El-Erian, 2020). However, studies on rural health care and services situation as a result of COVID-19 seem in not far-fetched, given this gap, this section examines the connection between the pandemic and its effect on rural health care and services in Nigeria.

The COVID-19 pandemic is an unprecedented public health emergency that affected Nigeria. While the number of cases of the pandemic differs among states in the country, the disease rapidly propagates in the vast majority of them, affecting an increasing number of people. According to WHO Africa (2022), Nigerian health system is relatively weak and lacks coordination across the country, the system is vulnerable, with public spending on health at less than 1% of the gross domestic product (GDP) and total health expenditure at 4% of GDP and the country annual budget on health sector is approximately 5%, falling short of the 15% that African leaders committed to in the 2020 Abuja Declaration. This is evident in almost all 36 states of the country, where the budgetary allocation for health as a percentage of the whole government budget is very low (WHO Africa, 2022). The foregoing context described the fragility of Nigeria health system, and with the

advent of COVID-19 pandemic the system became worst. Critical resources such as trained health workersand medical supplies are being diverted to respond to the pandemic, thus leaving other essential services heavily under-resourced and dysfunctional, such as for the treatment of malnutrition, assistance to people with disabilities, older people and survivors of gender-based violence, sexual and reproductive health, and mental health and psychosocial support. The pandemic is adding to the burden of endemic infectious diseases that prevail in many countries with an ongoing humanitarian response, such as cholera, measles, malaria, HIV and tuberculosis. Pre-existing poor hygiene practices, poor coverage in water and sanitation services and overcrowded living conditions also augment the incidence and spread of contamination by the virus (Ozili & Arun, 2020).

Over the years, the Nigerian healthcare system has suffered a slew of issues that have brought it to its knees, owing to the government's inattention. This predicament is exacerbated in rural regions, where access to basic healthcare services is limited. There are inadequate health care facilities and their lopsided distribution in rural areas in Nigeria. Most of the reliable health institutions are located in the urban centers, rather than in the rural areas where 70% of the population resides. Distance to some of the health establishments that have the basic health facilities is not encouraging. So the rural dwellers have to travel long distances before they have access to good health services, while those who cannot afford it patronize the quack in the rural areas. Also, there is high cost of healthcare in Nigeria; drugs, laboratory tests and medical procedures are generally out of the reach of the majority of the population of the country. The rural population is generally worst hit, because the rural dwellers are generally poor, bears, the cost of healthcare services, which is a major challenge to them. These are people who can hardly feed well or send their wards to school or pay for the cost of health services (Nmors, 2019). Titus, Adebisola, &Adeniji, (2015) asserted that there is unequal distribution of health facilities as well as low level of accessibility of household to medical facilities. Accessibility of health services, which entails easy access, shorter waiting time, longer or flexible opening hours, better availability of staff and drugs, and better attitude of staff, has been shown to be an important determinant of utilization of health services in developing countries. In most rural areas in the country, there is inadequate supply of health workers in the rural public health centres, which reduced the level of utilization of such centres. The result further shows that there is inadequate supply of public health care facilities (both human and infrastructural) in rural areas (Titus, Adebisola, & Adeniji, 2015).

The scenario above depicts the situation of healthcare in rural areas in Nigeria, and with the development of COVID-19, most rural health institutions and services have deteriorated. For instance Ekoh, Agbawodikeizu, Ejimkararonye, George, Ezulike, & Nnebe (2020) discovered that the COVID-19 epidemic has resulted in a decrease in both material support (food and money) and intangible support (help, communication, and caring) owing to decreased social interaction. The study also found that the economic impact of the epidemic has serious consequences for the health and well-being of older individuals. Similarly Arisukwu, Olaoye, Igbolekwu & Rasak (2021) revealed the implication of the COVID-19 pandemic on the healthcare seeking behaviour of households experiencing (extreme) poverty, Ido-Ekiti; Ekiti State, Nigeria. There was general decline of visitation across the clinics during COVID-19.

Worryingly, most people in rural regions in the nation have little understanding about the epidemic, and those who do have knowledge have a lack of faith in the pandemic. Abubakar, Shehu, Umar, Babandi, Sokomba, Sadiku, Esekhaigbe, Adagba, Belgore, Zakka, & Saulawa, (2022)

determined the willingness to accept COVID-19 vaccine among household heads of a rural community in Kaduna State, Northwestern Nigeria. The study showed that a significant number of the respondents were unwilling to accept the COVID-19 vaccines when available mainly due to misconception about the vaccines. Similarly, in River State, Nigeria, Worgu, Ugo, Ogbonna, & Somiari, (2022) also found a low intention for COVID 19 vaccination among rural dwellers in a community in Rivers State. This posed a major setback to control the pandemic.

In Nigeria, COVID-19 inadvertently jeopardised the health and well-being of rural inhabitants. Higher rates of infection, along with sluggish vaccine uptake, show that the pandemic disproportionately affected rural areas. While COVID-19 symptoms and severity ranged from moderate to severe, the impact of COVID-19 on the health sector, services, and treatment has significant implications for individuals, families, and society. Rural health care practitioners and health care delivery systems face similar challenges. Most rural institutions, however, lack sizable interdisciplinary teams of professional health care physicians capable of containing, diagnosing, and treating the COVID-19 epidemic. The majority of COVID-19 treatment facilities are located in metropolitan areas. These difficulties will very probably intensify the health-care system in rural regions. The lengthy COVID's long-term influence on rural communities is uncertain. Rural areas, as a whole, have greater rates of infection and are more vulnerable to more severe illness.

Conclusion

The study is an examination of COVID-19 pandemic effect on health security. The corona-virus disease 2019 novel pandemic undoubtedly has put more pressure on governments, people and countries of the world. Its spread to other countries including Nigeria has had a destructive impact on economy, infrastructure, human existence and food specifically, its effects on psychological and health well-being, which have continued to earn research attentions around the world.

In Nigeria, measures such as lockdown has not only subjected the already vulnerable households to hunger, but also created more tensions, violence and unfortunate leading to loss of lives. Added to this is the increased susceptibility window to the threat of poor access to medical services both at the rural and urban centres occasioned by the lockdown order without any good access to health facilities and services, especially in rural areas. The COVID-19 pandemic has created a global medical crisis, not just a national one. The rural response to the pandemic has fallen short, primarily because of a lack of effective rural development. Lessons learned from the COVID-19 pandemic so far underline the importance of improving the country rural communities such as development of good hospitals and improvement and increment of rural health practitioners, among others. Furthermore, the study recommends a continual orientation and awareness programmes to teach and educate people about precautions against COVID-19 spread particularly among rural dwellers. More importantly, there should be support in the form of an improved budgetary allocation to health sector to assist in research, mobile medical services, and drugs production; this will promote health security in the post-COVID-19 period.

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