



The Covid-19 virus: Charting the way forward for post-pandemic planning and recovery in Nigeria

by

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Abstract

The COVID-19 virus has jolted the world in much the same way as the 1918 Spanish Flu did; severely rattling even the public healthcare systems of the United States and other advanced countries which, prior to the pandemic, were considered formidable. Although advanced countries have since deployed the huge resources at their disposals to address deficits and to shore up their public health capacities, ineffective health and economic measures mean that Nigeria, like most parts of Africa, is behind the rest of the world. This article which relied on secondary sources of data explored the economic and health policy deficits that have undermined pandemic preparedness and post-COVID-19 planning and recovery in Nigeria. The study compared the literature on pandemic preparedness in developed countries and Nigeria and found that in contrast to the former, the latter is seriously ill-prepared to respond to unanticipated emergencies. Owing to the findings, it was concluded that weak public health care infrastructure, the absence of robust social safety nets and poorly conceived policies are at the root of Nigeria's failure to respond proactively and decisively to unexpected shocks. To address the challenges and chart a way forward for recovery, it was recommended that the Nigerian government should collaborate with international agencies with a view to increasing the country's health sector funding, providing interest and collateral-free loan reliefs to vulnerable groups, and strengthening the ongoing fight against corruption.

Key words: The Covid-19 virus, way forward, post-pandemic planning, recovery

1. Introduction

Public policies are decisions made by national governments to address challenges that confront them. The effectiveness of these decisions is crucial for the resolution of both seen and unforeseen problems, and for the survival of the state, especially during periods of emergencies or epidemics. Over the past decade, governments worldwide have

been challenged to beef up their pandemic response, amidst ongoing struggles over more familiar and everyday problems of terrorism, banditry, natural disasters, climate change, disease control and poverty. One of the earliest, and to date, deadliest known global health pandemic is the Spanish flu of 1918, which is estimated to have infected over 500 million people worldwide, and killed between 20 to 50 million (Finberg, 2014).

Some of the more recent global pandemics include the Severe Acute Respiratory Syndrome (SARS) outbreak in 2003, the avian influenza in 1997, the Ebola outbreak in 2013, and currently, the Coronavirus/Covid-19 pandemic which was first detected in December 2019 at the Chinese city of Wuhan, from where it spread to other parts of the world. The World Health Organization (2020) reported that as of September 27, 2020, there were 32, 730,945 confirmed cases of Covid-19 globally, including 991,224 deaths. In Nigeria, the first official case of Covid-19 was recorded on February 27, 2020. As of September 27, 2020, the National Center for Disease Control (NCDC) reported 58,198 confirmed cases, along with a total death toll of 1,106 (NCDC, 2020).

The pandemic has presented a serious public health emergency that has exposed some vulnerabilities and defects in the existing global, national and local public health capacities. As of September 27, 2020, the United States (US), widely considered to have the best health care system in the world has reported over 6,960,152 confirmed cases of Covid-19, further reinforcing the danger that the pandemic poses worldwide. Notably too, it underscores the risks faced by ethnic minorities in the United Kingdom (UK) and US, as well as poorer populations in developing countries, in terms of infection, mortality and recovery. In view of the ghastly nature of the pandemic, most countries imposed lockdowns for several months in an attempt to check the spread of infections and possibly stifle the virus. Some of the measures included suspension of local and international flights, restriction of vehicular and pedestrian movement as well as the provision of financial packages to cushion the effects of the prolonged lockdowns. While these measures are yielding positive results in Europe and North America, in Africa, most governments are struggling to provide meaningful leadership, amid declining foreign financial assistance, worsening poverty and spiraling insecurity.

In Nigeria, the federal government imposed and enforced an initial two weeks total lockdown from March 30, 2020 to April 13, 2020 in three states (Lagos, Ogun and Abuja). The lockdown was extended by a further two weeks on April 13, 2020. Other states of the federation also followed suit by enforcing similar restrictions within their jurisdictions. The lockdown restrictions were imposed in line with WHO guidelines for preventing the spread of the COVID-19 virus. Some of these guidelines include stay at home, social distancing and frequent hand-washing. However, Kalu (2020) argued that as soon as the lockdown order was declared by the federal government, there was uproar among citizens, most of who are understood to live on daily income, and have no savings to survive on during the duration of the lockdown period. In a country adjudged to be the world's poverty capital, the prospect of staying at home without money or adequate food supply created a more dangerous 'pandemic': hunger. Although the government promised to disburse funds and food items to the vulnerable citizens, only a small percentage of the population attested to benefiting from the gesture (Kalu, 2020).

The rational choice theory was adopted as the theoretical framework for this study. Levin and Milgrom (2004) defined rational choice as ‘the process of determining what options are available and then choosing the most preferred one according to some consistent criteria’. The theory grew out of the need to find an objective criterion for a science of government. Underlying the theory is the assumption that since policies are decided by aiming to create the greatest good for the greatest number, it is necessary to measure how beneficial each policy would be to different people. In other words, utility maximization is identified as key to rational choice theory. It argues that individuals, groups and even governments have preferences and their actions are motivated by those. It can, therefore, be deduced that rational individuals or governments tend to make decisions that they feel are beneficial even amidst other alternatives. Most developed countries tend to take planning and preparation for unforeseen situations as critical to their survival and longevity. Rather than wait for emergencies to occur before taking action, advanced countries such as the US, France, Germany normally take proactive measures to protect their citizens from unanticipated disasters. The sudden outbreak of the COVID-19 pandemic underscores the importance of having in place strong health response systems to cater for emergency health disasters.

However, most African states have very weak and ineffective health care systems that can be easily overwhelmed in the event of the outbreak of pandemics. This development results from the governments’ unwillingness to initiate and implement proactive policies that will strengthen the healthcare sector. Whereas rational choice theory requires that states adopt preferences that would provide the greatest good for the greatest number (like building and equipping hospitals), countries like Nigeria have not been committed to investing in key sectors that are potentially beneficial to the people. Consequently, the outbreak of the COVID-19 pandemic exposed the fragile state of Nigeria’s disaster response system. Hospitals were overwhelmed, personal protective equipment for healthcare workers were in short supply and little or no measure were in place to cushion the effect of the lockdowns on small scale businesses and on vulnerable citizens. By failing to prioritize the entrenchment of a robust and resilient healthcare system as well as a viable economy, the Nigerian government has cast aspersions on the rationality of its public policy predilections.

2. Objectives of the Study

The paper sought to examine Nigeria’s response to the COVID-19 pandemic with a view to charting the way forward for post pandemic planning and recovery.

3. State of Pandemic Preparedness

On December 31, 2019, the attention of the World Health Organization was drawn by the Chinese authorities to its Hubei province in Wuhan, where the Severe Acute Respiratory Syndrome, a coronavirus disease (Covid-19) first appeared (Obi & Kabandula, 2020). The virus’ first reported victims were 40 traders at the Huanan seafood market, after which it spread rapidly to other parts of Asia, Europe, and the US before making its way to Africa in February 2020. Amid the apprehension and panic that

accompanied the spread of the virus around the world, the World Health Organization declared it a global pandemic on March 11, 2020 and quickly rolled out measures to help contain it. These included the imposition of quarantines for the virus' index cases, contact tracing, curfews, lockdowns, hand-washing, the use of face-masks and social distancing. Like other countries, most African states also imposed these measures as a way of containing the spread of the illness.

Although the mortality rate caused by Covid-19 remains low in Africa compared to other continents, the United Nations Economic Commission for Africa (UNECA) estimates that the disease could claim between 300,000 to 3.3 million lives on the continent (Obi & Kabandula, 2020). This pessimistic projection was made against the backdrop of limited medical personnel/equipment, and the generally fragile health care systems in Africa, which could potentially pose difficulties in implementing health safety guidelines. Moreover, 71 per cent of the African population is engaged in informal employment, surviving on daily income obtained from manual labour and petty trading. This is in addition to the horde of challenges on the continent that range from socio-economic inequalities to surging poverty levels which, by and large, casts aspersions on the astuteness of Africa's policy makers.

Nigeria, with a population of about 200 million people, is bedeviled by many challenges which include a fragile health care system, dilapidated roads, poorly funded/equipped educational institutions, unemployment, heightening poverty and high rates of insecurity. Based on the magnitude of the aforementioned challenges, scholars have argued that Nigeria would struggle to contain any disease with pandemic potential. This is due to the lack of political will to put in place measures to forestall and effectively respond to natural disasters or the sudden onset of deadly pandemics. Although conceived more than four decades ago, Thomas Dye's conceptualization of public policy as 'whatever a government chooses to do or not to do' (Dye, 2017) rightly suggested that a country's development is largely dependent on the decisions/choices made by its leaders.

The worsening economic conditions in Nigeria, despite the enormous wealth that continues to accrue from crude oil, underscore the magnitude of corruption and mismanagement, as well as misplacement of policy priorities by successive administrations in the country. For instance, although over 2 billion dollars have been reportedly spent on procuring weapons and other logistics to fight the Boko Haram insurgents in the northeast, the conflict continues to persist. Similarly, billions of Naira has also been spent on electricity projects, but the country continues to experience epileptic power supply.

Since 1999, the Nigerian government has been paying lip service to the issue of revamping the country's refineries, having doled-out millions of dollars to the contractors, but till date, no meaningful progress has been made. Most poverty reduction and employment generation programmes conceived in the country have also failed to see the light of the day. This unsavoury development reveals the hopeless state of some of the current public policy responses in Nigeria and creates the need for the unbundling of the country's policy architecture in its entirety. Only by so doing can Nigeria beef up its

preparedness to respond to, and quickly contain any unforeseen emergencies, including the sudden outbreak of a pandemic.

Robust public policies and pandemic preparedness in developed countries

Apart from the 1918 Spanish flu, no other pandemic has jolted the entire world and created the kind of uncertainty created by the Covid-19 virus. Most developed countries like China, Germany, the US, the UK, Spain and France do not only guarantee better living conditions for their citizens but also have formidable healthcare capabilities that have them better placed to respond to emergencies. In spite of this, the Covid-19 outbreak still took the world unaware, and exposed the deficits in the global pandemic response architecture. Sadly, it has also taught us that pandemics, like natural disasters, do not always impact negatively on all categories of people (Davidson & Ward, 2018). Instead, while some people are at high risks of feeling the impacts of the crisis, others see an opportunity for profiteering (Parthasarathy, 2018). For example, Dodds et. al. (2020) argued that in the UK and US, ethnic minorities, especially black people, are more vulnerable to COVID-19 in terms of mortality. This in their view reveals the inbuilt inequalities of contemporary capitalist societies. Shuster (2020) further contends that such structural inequalities marked by the unequal distribution of resources, or the uneven delivery of healthcare, exposes some people to danger, more than it does others.

Despite the COVID-19 outbreak revealing deep-seated socio-economic, class, and ethnic disparities in developed countries, the governments of such countries have nevertheless put in place proactive measures that yield benefits which cut across board. For instance, on March 6, 2020, the then US president Donald Trump announced the release of \$8.3 billion initial funding and support for vaccine development. On March 18, 2020, the government also released \$105 billion to cover unemployment, paid sick leave and for food assistance. On March 27, 2020, the US government also signed the 'Coronavirus Aid, Relief, and Economic Security Act' (CARES Act) which involved the disbursement of \$2.3 trillion to stimulate the economy and protect individuals and businesses (Dodds, et. al., 2020). All US citizens/residents have benefitted from these relief packages irrespective of race, gender or class. The financial package provided by the US government through the CARES Act is the largest to date in the fight against covid-19 worldwide. These measures, among others, have protected US citizens from potential covid-19 related hardships, and have also prevented the economy from being severely impacted by the pandemic.

China, where the virus was first discovered, has also been applauded by the WHO for swiftly alerting the world about the pandemic, and for its proactive response to, and successful containment of the virus within the country. The Chinese government displayed its pandemic response capability when it started and completed both the 1,000 bed Huoshenshan hospital and the 1,600-bed Leishenshan hospital in a week, to cater for COVID-19 patients (The Wall Street Journal, 2020). Furthermore, countries like Australia, Brazil, South Korea, Singapore and New Zealand have been similarly lauded for their robust health interventions, border closures and purposeful leadership. Germany, with a very strong political leadership, has also demonstrated, in the wake of the

coronavirus, what a well-funded public health care system can achieve in terms of patient care and relief response.

The state of pandemic response systems in Africa

While the rest of the world has continued to demonstrate admirable capabilities in their pandemic and disaster response systems by putting in place effective measures for cushioning the potential impacts on their citizens, the opposite seems to be the case in Africa. Obi and Kalandula (2020) argued that the appearance of the COVID-19 pandemic in Africa in February 2020, led to disastrous loss of income and livelihoods which consequently, has contributed to the spike in suicides and criminal activities on the continent. As one of the poorest continent with the most vulnerable populations, the economic and social impact of the pandemic on the precarious livelihoods of millions of Africans cannot be over-emphasized.

In the face of a disjointed public healthcare infrastructure, most African governments depend on the advanced countries for solution, funding and health supplies. In the absence of adequate funding, many health facilities in Africa have been unable to provide the needed supplies for their COVID-19 patients, even as the more advanced countries like the US, France and Germany scramble to secure stocks for their own citizens (Kavanagh, et. al. 2020). Although with the assistance of some global health agencies, many states in Africa have improved their disease response capacity (as demonstrated in the ongoing fight against HIV, Ebola and Tuberculosis), these strengths can be easily overwhelmed by a rapidly transmissible disease like COVID-19.

In the absence of a vaccine or highly effective treatment, the need to ramp up testing has become crucial in halting transmission and high mortality rates. In most countries such as Germany, South Korea, France and South Africa that have been praised for their robust and effective response to the epidemic, large-scale testing, physical distancing, availability of Personal Protective Equipment (PPEs), contact tracing and isolation have been key to the reduction in fatalities. In many unplanned high density urban centres in Africa however, social distancing is not practicable. Moreover, since most urban dwellers in Africa are employed in the informal sector, with many surviving on daily income, the lockdowns occasioned by the pandemic has heightened food insecurity and economic crisis. Unlike in the US, UK and Germany, where cash transfers and other relief packages are being provided to citizens/residents ordered to stay home due to the pandemic, most African governments have failed to deliver sufficient food and financial supplies to their own citizens. Consequently, many day-wage earners in Africa's megacities defied the lockdowns to go about their businesses, despite the risks, in order to feed their families. Also, the unavailability of sufficient funding from national governments and donor agencies to finance health research in Africa is inhibiting efforts at developing home-grown solutions to the continent's worsening health crisis. Accordingly, inadequate foreign supplies of test kits and PPEs, which with sufficient funding could be manufactured in Africa, is undermining the capacity to mobilize more effectively against the pandemic. Although the Africa Centre for Disease Control (CDC) in collaboration with the various national disease control agencies are providing strong

coordination and COVID-19 guidance, a lot more needs to be done in the areas of testing, awareness creation and contact tracing.

Adequate public healthcare facilities also need to be constructed and equipped to handle unforeseen emergencies. In Malawi for instance, it is reported that at the onset of the pandemic, there were as few as 25 Intensive Care Unit (ICU) beds for 19 million people, and most counties in Kenya did not even have any functional ventilators (Manda-Taylor, Mndolo, & Baker, 2017). The situation is very much the same in other African countries like Nigeria, Ghana, Senegal, Zimbabwe, Niger, Chad and Cameroun, among others. These challenges underscore the need for African governments to be alive to their responsibilities of designing social safety nets for the citizens, and providing adequate funding for public healthcare systems in order to respond more efficiently to unanticipated emergencies.

The Nigerian government's response to the COVID-19 pandemic

Generally, the World Health Organization requires or expects member countries to put in place adequate measures to forestall or manage the outbreaks of pandemics. Unfortunately, the Nigerian government appears to have failed to abide by this advice, with evidence showing that the country's public health care system is deteriorating. For instance, Nigeria scored poorly during the WHO's Joint External Evaluation (JEE) of the international health regulations' capacity to prevent, detect and respond to health emergencies (Dixit, Ogundeji & Onwujekwe, 2020). The outcome of the exercise clearly suggests that the country was ill-prepared to respond to a sudden health crisis. However, not much was done to address these deficits prior to the outbreak of COVID-19 in the country in February 2020. This is evident from several indicators such as the low testing rates, and the grossly limited stock of PPEs and ICU beds. As per COVID-19 testing, Nigeria, a country of 200 million people, currently has the capacity for just 2,500 tests a day compared to South Africa, which, with a population of only 58 million people, conducts more than 36,000 tests daily. As of October 4, only 535,733 samples had been tested in Nigeria (NCDC, 2020) as against 4,251,513 in South Africa (National Institute for Communicable Diseases, 2020).

Moreover, due to the widespread hardships, many Nigerians defied the lockdown directive to engage in their usual trading or to try to earn money through other means. Furthermore, there was also a notable spike in criminal activities, particularly armed robberies in Lagos, Abuja, Port Harcourt and other cities in the country. It was also observed that the high-handed tactics deployed by the police and military in enforcing the lockdown may have caused many deaths in parts of the country. Ongoing development programmes in other sectors of the economy, including infrastructural projects have been put on hold; even access to life-saving medications for people suffering from other illnesses such as HIV/AIDs have been severely threatened, as government attempts to contain the pandemic. Inflation has skyrocketed, and government, despite the hardship imposed by the lockdowns, recently increased electricity tariff and removed subsidy on petroleum products. These measures have provoked the ire of citizens, and presented the government as insensitive to the plight of the people.

Furthermore, prior to the outbreak of COVID-19, only a paltry 350 ICU beds and 350 ventilators were available in Nigeria. Although in April the country acquired an additional 100 ventilators, the number of laboratory-confirmed cases and reported fatalities continued to rise. As of October 4, the three states with the highest number of cases/deaths include Lagos (19,636 cases, 205 deaths), Abuja (5,745 cases, 78 deaths), and Plateau (3,479 cases, 33 deaths). Fourteen states in Nigeria, including Oyo, Rivers, Edo, Kaduna, Ogun and Kano have recorded over 1,000 confirmed cases, along with scores of deaths. Whilst a flattening of the curve (occasioned by a drop in the daily number of confirmed cases) has been observed since September, there is still widespread apprehension. This is evoked by the recent country-wide relaxation of the lockdowns and the noticed public disobedience to COVID-19 safety guidelines such as social distancing and use of face-masks.

The above challenges notwithstanding, the Nigerian government has taken numerous health, social, and economic measures to cushion the impact of COVID-19. For example, on March 24, the National Assembly initiated and passed the Economic Stimulus Bill to provide 50 per cent tax refund and thereby protect individuals and businesses. However, more than 90 per cent of Nigeria's workforce is employed in the informal sector and most of such businesses are not registered. Consequently, only a few business enterprises could benefit from the economic stimulus package provided by the government. Similarly, on April 1, 2020, the Buhari administration announced that it will be making cash transfers of 20,000 naira each to the poor and vulnerable households who are captured in the National Social Register.

Regrettably, only about 11 million people representing 2.6 million households are said to be on the register, meaning that just a fraction of the poor may have benefited from the cash payments. Likewise, the Central Bank of Nigeria's (CBN) decision to grant loans of 3 million naira each to vulnerable Nigerians affected by COVID-19 may not benefit most people, since the loans require collateral, and are not interest-free. Besides, the government's COVID-19 food support programme for the vulnerable has been plagued by allegations of diversion and lack of transparency, with the supplies hardly reaching a significant number of those who are in need.

4. Conclusion and Recommendations

The paper sought to examine Nigeria's response to the COVID-19 pandemic with a view to charting the way forward for post pandemic planning and recovery. Relying on the expository strength of the qualitative descriptive method entailing the use of secondary data sources such as books, articles, newspapers and so on, the paper explored the state of the disaster response systems in some advanced countries like Germany and the US. Due to the robust nature of their healthcare systems and the huge resources at their disposals, it was argued that most countries in Europe and North America are generally more effective than third world countries in containing unanticipated threats. The disaster response systems in Africa were also examined and valuable lessons were drawn on how states on the continent can be better prepared to contain unexpected health emergencies like the COVID-19 virus. Importantly too, Nigeria's efforts at managing the

COVID-19 pandemic were similarly discussed and it was concluded that while the lockdown measures and other interventions yielded some positive results, the country is largely ill-prepared to respond decisively to unanticipated emergencies.

As earlier observed, pandemics, like natural disasters, have laid bare the inbuilt inequalities of the contemporary capitalist system in terms of access to healthcare, better livelihoods and resource distribution. In Nigeria, it has taught us about the need to align our public policies with robust improvements in healthcare infrastructure, and other social amenities to boost our capacity to respond more effectively to epidemics or disasters. At present, Nigeria's response to the COVID-19 pandemic has been poor, to say the least. This is because most of the measures taken by the Nigerian government to cushion the impact of COVID-19 carry serious barriers that prevent the vulnerable from accessing the economic relief packages made available. For example, how many informal businesses are registered with the Corporate Affairs Commission (CAC) in Nigeria? Although the informal sector accounts for about 90 per cent of Nigeria's labour force, yet, the economic stimulus bill proposed by the government focuses on providing relief to only the 10 per cent engaged in the formal sector (Dixit, Ogundeji & Onwujekwe, 2020). Relatedly, only 40 per cent of Nigerians are believed to have functional bank accounts. This means that electronic cash transfers made by the government may not have reached many poor people, the bulk of who reside in rural areas where there are no banking services. Further, how many vulnerable individuals affected by the pandemic can afford to pay the high interest rates or provide collaterals which are requirements for the 3 million naira CBN economic stimulus loan? How many poor Nigerians even have access to information about the availability of such packages and how to go about it? Clearly, not many Nigerians are capable of meeting such stringent conditionality which results in many people not being able to benefit from government's relief initiatives. In like manner, the high rate of corruption and non-accountability in government circles has meant that even food support initiatives conceived to provide temporary succour for those most hit by COVID-19 do not reach the actual beneficiaries. Against the foregoing, the following policy recommendations have been made to address these challenges and chart the way forward for Nigeria's post pandemic recovery;

- The Nigerian government has an obligation to protect its own citizens. As such, the federal government must as a matter of urgency, increase its financial allocation to the health sector and also enlist the assistance of international donor agencies so as to improve the sector's infrastructure, motivate health officials and provide the needed equipment and training required to contain the COVID-19 virus and the onset of future public health emergencies.
- At the moment, the health, economic and social measures adopted by the government to cushion the impact of COVID-19 do not favour the poor and vulnerable groups. Accordingly, urgent steps should be taken to remove the interest rates and collateral requirement for the CBN economic stimulus loan. Thus, government must demonstrate its commitment to alleviating hardships by providing non-interest and non-collateral loan facilities. Also, there should be

more enlightenment about the availability of the loan and the procedure for accessing it, especially in rural communities.

- Since about 90 per cent of Nigeria's labour force is employed in the informal sector of the economy, COVID-19 economic relief packages and other future relief initiatives for the vulnerable should be focused on the sector. Such initiatives should not necessarily be disbursed through electronic means or bank accounts, but can be done through the community or ward level, to ensure that it reaches the most vulnerable.
- Finally, the federal government must step-up its fight against corruption to forestall a situation where funds or other support meant for vulnerable individuals end up in the private pockets of unscrupulous officials. Government needs to demand more accountability from its officials and those found culpable of corrupt involvement should be prosecuted and severely dealt with.

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