THE FIGHT AGAINST COVID-19 IN NIGERIA: ISSUES AND CHALLENGES

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Abstract
The COVID-19 pandemic is a global health issue, though, Nigeria has its own experience of fighting it. From Wuhan in China to the rest of the world, the Nigerian government was not expediently proactive in preventing the scourge until it landed on its soil. This is the bane of the situation. This paper avails a secondary approach to collecting its data for this study while adopting qualitative/descriptive analysis to examine and analyse the chain of events during the pandemic. As to the purpose of this study, this paper unravels a number of issues and challenges confronted while arresting the spread of the virus. The position of this paper, therefore, is for the government, which is saddled with the responsibility to protect the lives and property of its citizenry, sheathe levity and partisanship while tackling an outbreak such as this in the future.

Keywords: Covid-19, Pandemic, Issues, Nigeria, Global health

Introduction

The advent of the COVID-19 pandemic has led to a significant loss of human life on a global scale, presenting a substantial challenge to public health, food security, and the economy. As of August 26, 2021, the worldwide epidemiological data indicated 213,752,662 confirmed index cases, with the African Region ranking as the sixth most impacted area among the World Health Organization (WHO) regions, following the regions of Americas, Europe, South East Asia, Eastern Mediterranean, and Western Pacific. The COVID-19 pandemic was confirmed to have spread to Africa on 14 February 2020, with the first confirmed case announced in Egypt. The first confirmed case in sub-Saharan Africa was announced in Nigeria at the end of February 2020. Within three months, the virus had spread throughout the continent, as Lesotho,
the last African sovereign state to have remained free of the virus, reported a case on 13 May 2020. By 26 May, it appeared that most African countries were experiencing community transmission, although testing capacity was limited. Most of the identified imported cases arrived from Europe and the United States rather than from China where the virus initially started. The incidence of COVID-19 in Sub-Saharan Africa, with a few exceptions, remains relatively low compared to the Americas, Asia, and Europe. Previous predictions had suggested Africa to be highly vulnerable to COVID-19 in terms of infections and deaths due to its weak healthcare system and large population of immune-compromised individuals. However, the current situation has disproved these forecasts, with COVID-19 trends in Nigeria displaying a bimodal pattern, indicating a resurgence following a decline, with the second rise representing the second wave of the pandemic.

In Nigeria, the initial case of COVID-19 was officially identified on February 27, 2020, with the response efforts being spearheaded by the National Emergency Operation Center at

NCDC in close collaboration with State Public Health Emergency Operations Centres nationwide. Within the study period, Nigeria has recorded a total of 267,188 index cases who have tested positive for the virus with 3,155 deaths. The pandemic and subsequent lockdowns/border closures have influenced Nigeria's food system, economic activities, and poverty rates. The country faced challenges such as reduced remittances and export demands, with the GDP dropping by 23% during the lockdown period, and the agricultural food system experiencing an 11% decline due to restrictions on food services. Nevertheless, Nigeria has implemented response measures to tackle the pandemic since the first reported case in February 2020.

Nigeria, situated in the West African region, is divided administratively into six geopolitical zones encompassing 36 states and the Federal Capital Territory. All states and the Federal Capital Territory have reported COVID-19 cases and related deaths since the onset of the pandemic. By the above record, Nigeria is the seventh most affected African country in terms of COVID-19-related fatalities, following South Africa (52,648), Egypt (11,845), Tunisia (8,705), Algeria (3,077), Ethiopia (2,784), and Kenya (2,104). Globally, Nigeria ranks as the 79th most affected country, accounting for 0.07% of COVID-19-related deaths worldwide. Nigeria, along with other African nations, has experienced the repercussions of the pandemic, with severe socio-economic consequences resulting in millions of individuals facing the risk of extreme poverty, and nearly 3.3 billion workers globally facing potential job losses. The public health impact has been evident through disruptions in medical supply chains, blood transfusion services, and the diagnosis and management of chronic illnesses.

Theoretical Framework

This paper builds its study on the existing works on COVID-19 in Nigeria. Though there is a plethora of literature with diverse accounts of the development that transpired during the pandemic. Nnimmo (2020) observed in "COVID-19 Pandemic Case Study: Nigeria" that the pandemic should not have taken Nigeria by surprise since the outbreak took place in far China. The author also enumerated the ways and manner the virus penetrated the country. The further study highlighted a few challenges arising from curtailing the menace, but failed to identify inherent issues therein. Similarly, Ilesanmi (2020) in "Realities of COVID-19 Pandemic in Nigeria: Coping with the Challenges and Charting a Way Forward" succinctly had an overview of the virus, though, failed also to give an in-depth study on the issues relating to fighting the pandemic in the country. To fill the study gap, the research focuses on identifying the issues in fighting the pandemic, while observing the challenges along the line holistically.

Therefore, this paper adopts the Compartmental Model for the discourse. In a compartmental model, the general population is separated into other sub-populations based on specific classifications namely, "susceptible," "infected" and "recovered". However, these sub-populations are referred to as "compartments" with labels to differentiate them. The compartments, therefore, are then connected using predefined transit rules, so that individuals can transit between the compartments. Also, it is useful to guide efforts to track disease status, to understand its transmission dynamics, to forecast disease levels and health system loads, and to guide government control policies towards managing the tide (Peijue, et al, 2022). In a nutshell, a simple descriptive analysis is adopted to analyse, *ab initio*, the COVID-19 situation in Nigeria, the arising issues, and the challenges faced while trying to curtail the spread of the menace.

Definitions of Terms

COVID-19 is a disease caused by Severe Acute Respiratory Syndrome Coronavirus-2" (acronym SARS-CoV-2). On February 11, 2020, the novel coronavirus was officially renamed
COVID-19 (Coronavirus disease 2019) and the causal virus was named severe acute respiratory syndrome-related Coronavirus 2 or SARS-CoV-2.

Confirmed cases/cumulative confirmed cases: This refers to the aggregate number of index COVID-19 cases within the period of study.

Deaths/cumulative deaths: This refers to the aggregate number of deaths recorded that resulted owing to COVID-19 infection within the study period.

Attack rate / Attack rate per 100,000 of population: The index refers to the number of persons infected with COVID-19 per 100,000 of the country's population.

Case fatality rate (CFR): It refers to the proportion of cumulative deaths recorded in a state to the cumulative confirmed cases. It is represented in percentage.

The Research Findings

The first confirmed case of COVID-19 was recorded on 27th February 2020 in Lagos. It is an Italian working in Nigeria who had returned from Milan 2 days earlier, and presented himself at the staff clinic in Ogun State the following day where he was referred to the Lagos's Infectious Disease Hospital, IDH, where he was confirmed. The management of the COVID-19 pandemic is overseen by the National Emergency Operation Center at NCDC, working closely with the State Public Health Emergency Operations Centers nationwide. As of April 10, 2024, data from The Worldometer shows that there have been 267,188 confirmed cases and 3,155 deaths. Weekly reports during the study period in Nigeria revealed a rising trend in confirmed cases, peaking in week 26 (June 21-27, 2020) and then declining until reaching the lowest incidence in week 43 (October 19-25, 2021). The situation remained relatively stable from week 44 (October 26 – November 1) to week 48 (November 23 – 29, 2020), with a subsequent increase until week 3 of the following year (January 18 – 24, 2021) marking the highest case count of 11,179 throughout the pandemic. There was a decrease in reported cases from week 3 onwards until the latest report in Week 12: March 22-28, 2021.

Total number of cases	Total number of recoveries	Total number of deaths
267, 188	259, 953	3, 155

The transmission of Coronavirus occurs through direct contact with respiratory droplets from an infected person, generated by coughing and sneezing. Additionally, individuals can get infected by touching surfaces contaminated with the virus and then touching their face (e.g., eyes, nose, and mouth). UNICEF states that the virus can survive on surfaces for hours, but can be easily killed by simple disinfectants.

Information from the Nigeria Centre for Disease Control and Prevention (NCDC) indicates that COVID-19 can be transmitted through three main routes: being near an infected person and breathing in the virus; while the virus particles landing on the eyes, nose, or mouth from a sneeze, or touching these areas with hands contaminated with the virus. Symptoms of COVID-19 range from mild to severe, including fever, cough, shortness of breath, fatigue, muscle aches, loss of taste or smell, sore throat, congestion, nausea, vomiting, and diarrhoea.

Symptoms typically appear within 2 to 14 days of exposure, and infected individuals can spread the virus up to two days before symptoms show, remaining contagious for 10 to 20 days. Severe cases of COVID-19 may lead to respiratory failure, lasting damage to lungs and heart muscles, nervous system issues, and kidney failure. While some cases are mild, others may be asymptomatic before turning fatal.

The younger age group of 25-39 years constituted the bulk of the confirmed cases. This could be explained by the fact that young people account for over 60% of Nigeria's population. More so, children under 5 years and those aged between 5-9 years accounted for 1.26% and 1.65%, respectively of COVID-19 confirmed cases in Nigeria. Although there is no clear reason for the incidence of COVID-19 in children, except for the youths, some authors have suggested a difference in immune system function.

Gender stratification showed male preponderance in the trend of COVID-19 infection in Nigeria. This observation aligns with an earlier report by the World Health Organization African Region20 and studies from China21 and Italy.22 This male predilection has been hypothesized to be due to genetic and physiologic factors which include wider distribution of SARS-CoV-2 cellular receptor, angiotensin-converting enzyme 2 (ACE-2) in males than in females. From another perspective, in Nigeria largely patriarchal society, males are more likely to put up with socioeconomic activities that are outside the confines of home, and subsequently have higher chances of exposure to COVID-19.19

There was also variation in the incidence of COVID-19 among different states in Nigeria and the Federal Capital Territory with Lagos State sitting far on top of the table, and accounting for nearly half (47.48%) of the total COVID-19 pandemic in Nigeria. This is not surprising as both states house the two busiest airports in the country with the highest number of destinations in Nigeria. The explanations for these variations are possible due to the volume of international travels in the states, the variation of populations in each state, the difference in testing capacities of each state, and largely the heterogeneous makeup of the Nigerian state.

Combative Strategies against Convid-19

These were a critical issue at the time. There are two measures broadly classified as personal and public observations as to combative strategies put in place by the federal government through its Ministry of Health and its agency, Nigeria Centre for Disease Control and Prevention (NCDC), to arrest the spread of the virus amid the pandemic. Among the personal observations are constantly washing hands with soaps under running water or sanitisers, and wearing of facemask by every Nigeria at home and while leaving home. For the public observations, Nigerians are expected to wear their facemasks and observe social distancing of about 2 meters away from each other. From public transport buses, and banking halls to religious houses, it is expected they provide facilities for hand-washing (at the entrances) and a social distancing system before and in the aftermath of the lockdown to control the tide of the virus. In the Catholic Church, for instance, it restrained the reception of Holy Communion from placing it on the tongues to the palms of the communicants. This lasted for six months following the lockdown.

As part of the second combative strategy is the imposition of lockdown by the Federal Government, firstly in 3 strategic states namely Lagos, Ogun, and the Federal Capital Territory, Abuja; and in a few days, it declared total lockdown across the federation. Some

States in the country also declared closure of interstate borders. Curfews have also been introduced in all the states nationwide. As a way of cushioning the effect of the lockdown, the Federal Government of Nigeria rolled out some palliative measures such as Tradermoni, Marketmoni, and Farmermoni loans to alleviate the suffering of the masses.

The nation's leader, President Mohammad Buhari, also announced an expansion of the initial number of households that would benefit from the direct distribution of food and cash from 2.6 million households to 3.6 million households, whom he described as most vulnerable in the society. He, therefore, directed the Ministries of Industry, Trade and Investment; Communication and Digital Economy; Science and Technology; Transportation; Interior; Health; Works and Housing; Labor and Employment; and Education, to jointly develop a comprehensive policy for a Nigerian economy functioning with COVID-19 pandemic.

The Arising Issues

A tide of conflicting conspiracy theories follows the spread of the virus in general. On one hand, findings reveal that there is a Zoonotic theory that the origin of COVID-19 originated from the Huanan seafood market in Wuhan China where animals are sold. On the other hand, a global myth is that it is a biological weapon, engineered in a laboratory for mass destruction. Although, the explanation that COVID 19 could be a possible lab leak ("Lab leak" Theory) in 2019, due to lack of safety protocols by the team of medical experts led by Dr Shi Zhengli at the Wuhan institute of Virology, cannot be overruled until a proper investigation is carried out (Gaviria and Martin, 2023). On this, W.H.O had launched an investigation into tracing the origin of the virus but the communist government of China was making it difficult for researchers and scientists to uncover the fact. The sad truth about the present times is that any health calamity will be accompanied by an inundation of misinformation of its origin. This leads to issues of misinformation and disinformation in the Nigerian environment.

Misinformation *cum* disinformation is a critical issue on the heels of the pandemic. Barely a year into the COVID-19 pandemic, Nigeria like every other country of the world suffered what the World Health Organisation described as 'infodemic' – an overabundance of information (accurate or not) that spreads alongside a disease outbreak. From the inception of the outbreak of the virus in the world; much unverified information and beliefs have been going round especially on the African continent and Nigeria in particular probably due to insufficient information about the behaviour and characteristics of the virus. Misconceptions are misleading and erroneous pieces of information. They could be regarded as mistaken thoughts or ideas that have been trending in society, mostly leading to malpractices in terms of health beliefs and health-seeking behaviours. Thus, there are many misconceptions regarding the COVID-19 pandemic and people tend to believe every little thing that is circulated in society without confirming it. Some studies have reported some of these misconceptions about the virus among people. For example, the issue relating COVID-19 in Nigeria to the 5G network was a nut to crack. Uninterestingly, the rumours linking 5G to COVID-19 have been making the rounds on social media for several months, associating the deployment of 5G in China with the emergence of COVID-19. Originators of this conspiracy theory provide no rational proof that would justify their allegations. One of the rumour mongers is a popular Nigerian pastor, Dr Chris Oyakilome, held to spread this misconception about the virus that the federal government pushed to shut down Abuja and Lagos specifically to install a 5G network, not the virus (Premium Times, 2020). Another innuendo is the issue of COVID-19 can't survive in Nigeria because of the hot climate. According to a

website known as Niche, the World Health Organisation (WHO) has said COVID-19 is not heat-resistant and won't be killed by sun temperature of 26-27 degrees, the average in Lagos, Nigeria's commercial hub.

Another misconception that greeted the pandemic in Nigerian was consumption of garlic and alcohol that was capable of preventing COVID-19. However, drinking alcohol—including beverages with high percentages of alcohol—offers no protection from the virus. The concentration of alcohol in the blood after one standard drink is in the range of 0.01–0.03% (a blood alcohol level of 0.01–0.03%), which is a tiny fraction of the concentration needed to produce an antiseptic action. Indeed, a blood alcohol concentration of 0.40% can be fatal. Nevertheless, the use of chlorine to prevent COVID-19 is another misinformation. Chlorine is the chemical found in bleach. If used correctly, household cleaners that contain bleach kill SARS-CoV-2, the virus that causes COVID-19. Chlorine kills germs by breaking the chemical bonds in their molecules. This causes the molecule to fall apart, killing viruses or bacteria. The implication is that the misconception about coronavirus disease 2019 (COVID-19) is a significant threat to global public health because it can inadvertently exacerbate public health challenges by promoting the spread of the disease.

The second wave of the virus is not peculiar to Nigeria alone, but in Africa as well as across the globe. In Nigeria, there was a slight demographic shift towards a younger population. The explanation is that certain activities that majorly involved this demographic during the wave. One of them is that most schools and National Youth Service Corps (NYSC) orientation camps had reopened following the Federal Government's approval of mandatory COVID-19 tests. Another activity was the EndSARS protests across the major cities by the Nigerian youths against police brutality. It is on this rationale that the mass gathering of protesters who were mainly young people could have been a fundamental driver event for the transmission of the virus. Lagos, FCT, Plateau, Kaduna, and Edo were the states that had higher records of COVID-19 cases and deaths. The Case Fertility Rate was higher in the northern part of the country during the first wave and the southeast during the second wave of the pandemic, respectively. The differentiation in terms of the CFR values can be attributed to the frequency and efficiency of COVID-19 testing, the general orientation of the populace about the pandemic, the level of poverty, and the literacy of the people around that region. Paradoxically, there were few cases recorded in the two regions but with high fatality rates (Benjamin, et al, 2023).

Adjustment to new lifestyles during and after COVID-19 was a serious experience, due to some policies made by the government and how the virus affected people. Though difficult to adapt initially, people were restricted to gathering in large numbers at public places as usual. For instance, the Catholic Church now extends the number of masses it celebrates in a day, to reduce crowd in a particular Mass. It also proactively suspended the exchange of peace greetings (shaking of hands). Similarly, people started to wear nose masks in bank halls and also to maintain social distancing at gatherings, in order to avoid the risk of getting infected. Interestingly, virtual working and learnings were introduced via the use of Zoom, Google Meet technology and so on. Companies, businesses and churches use these media channels to hold meetings, transactions and prayer services online since they can't gather physically. It is important to note that these changes in lifestyles are still in effect in some spaces today.

Non-proactive response by the Nigerian Government has cost the country lives and funds. Alas, the Nigeria government had waited for the first case to be reported before it could shut

down its airports and land borders. Even before the COVID-19 outbreak, Nigeria's response to disease outbreaks was rated poorly by the 2019 Global Health Security Index and World Health Organization's Joint External Evaluation of International Health Regulations core capacities (Center for Health Security, 2019; Kandel et al., 2019; and World Health Organization, 2017). Also, the country's response to the COVID-19 pandemic has been undermined by its poor health system, which is exacerbated by low government spending on health, low rates of COVID-19 testing, and poor transparency and accountability. Although, the country's surveillance system and contact tracing may be effective for dealing with small pockets of outbreaks, but is less effective for dealing with a disease of a magnitude as large as that of COVID-19.

Accounting for both Foreign and Local Donations is a great deal for a country marred with perennial misappropriations. The total sum of N141.1bn was received as donations and additional approval of $172, 565, 824 from the Global Fund in response to the pandemic (The Punch, 2021). Meanwhile, the IMF has approved $3.4 billion of emergency support to Nigeria to tackle the economic impact of the pandemic. In addition, the Nigerian government has borrowed $4.34 billion from the domestic stock market to finance its budget to cater for the prevailing situation. As if it is not enough, it has had plans to also borrow another $2.5 billion from the World Bank and $1 billion from the African Development Bank to manage the pandemic. All these funds are very difficult to account for in a democracy expected to be transparent and accountable to the people.

The Challenges

There is a continued lack of belief in the existence of the virus, and the government of the day has not come up with clear-cut information or convincing knowledge about the virus. Instead of bridging the gap, Nigerian government has been criticized for continuing its school feeding program during the pandemic at a critical time when schools are closed and pupils are at home. This singular action emboldens the scepticism the people have been nursing about the pandemic, if it exists. In this regard, the federal government only intervened with the Nigeria Centre for Disease Control Act, which confers information provision functions on the NCDC (Onyemelukwe, 2020).

Administering the COVID-19 vaccines to the people has received mixed-feelings. Various surveys in Nigeria have shown wide hesitancy and negative perception of uptake of the COVID-19 vaccines in the Nigerian population. "No vaccine" advocates believe that vaccines are unwholesome tools for government control over the masses while others had hesitancy due to lack of trust in the government system and perceived risk of side effects of the vaccine. Albeit, 923,623 vaccine doses had been administered in Nigeria out of the 3.94 million doses of AstraZeneca/Oxford vaccine, as of April 6, 2021. Interestingly, on March 5, 2021, a doctor, Cyprian Ngong, became the first person in Nigeria to receive the COVID-19 vaccine. Meanwhile, the priorities plans for the administration of COVID-19 vaccines in Nigeria first considered health workers and supporting staff; frontline workers and first responders; persons aged 60 years and above; persons aged 50-59 years; persons aged 18-49 years with co-morbidities; then, the rest of the eligible population aged 18-49 years.

The stigma associated with the virus has caused under-reported cases. This led to poor turn-up for COVID-19 tests and most persons with mild to moderate symptoms seeking care from alternatives to the healthcare institutions designated for COVID-19 health care. Relatedly, the prevailing situation kept many Nigerians in a tight corner with unavoidable

expenses, and the inability of most Nigerians to earn money because of measures instituted to contain the pandemic. This led the very poor to become economically impoverished by the COVID-19 pandemic at the time.

Public Distrust in Government Responses was a challenge that the government of the day has to contend with, in managing the pandemic**.** The coronavirus was 'novel,' as well as the interventions to contain it. Even as the virus was raging, many citizens were very doubtful of the sincerity of government efforts due to the low public trust in government institutions. For a country like Nigeria, where government corruption is rampant, public distrust is deep, fueled by past experiences of decades of failed governance. Declining to observe the stipulated protective measures such as wearing of facemask was one of the critical challenges that affected the country's overall response to the pandemic.

The disbursement and distribution of palliatives meant for the "vulnerable" citizens were largely diverted by the government officials responsible for the tasks. The looming question, which both the federal and state governments are begging to answer is: who are the vulnerable? The Business Day, a national newspaper, on April 19, 2020, reported that "it is lamentation and bitter wailing in Lagos and parts of the country as Nigerians complain that the stimulus packages announced by the Federal and Lagos State governments to cushion the effects of the lockdown imposed on some States and the Federal Capital Territory to contain the further spread of the coronavirus pandemic have not been sincerely deployed." Similarly, in October 2020, what appeared like a bombshell was when the angry youths protesting against police brutality tagged as "EndSARS" invaded Lagos warehouse to discover hoarded food items meant for the palliatives that were supposed to have been distributed to the very poor citizens amid the lockdown in April 2020; after six months. (Sahara Reporters, 2020). Frankly speaking, the federal government was unable to evolve a transparent process to ensure fair distribution of the palliatives. The idea of undefined vulnerability creates doubts about credibility of the distribution which has made the people allege a ploy by the governments to have hoarded the palliatives for their political party faithful.

Coronavirus 2019 creates an avenue for corruption. According to Transparent International, there is worldwide evidence of large-scale corruption during the pandemic that affected the resources destined to fight it. Massive resources were mobilised globally and nationally to address both what was a health crisis and its economic side effects. For instance, Nigeria received $3.4 billion in emergency support to address the COVID-19 pandemic from the International Monetary Fund (IMF). Furthermore, a total of $6 billion was raised by other donors as complementary support to the Nigerian government. The World Bank approved an additional $400 million credit as additional financing to support vaccine acquisition. Official sources said that N20, 000 each was distributed to 2.6 million households between January and April 2020 under the conditional cash transfer programme. The details of how the billions of naira donated under the Nigerian Private Sector Relief Fund against COVID-19 (CACOVID) was spent also remain hazy and unaccounted for to date. Also, the story of how about one million doses of vaccines were procured abroad by the Nigerian government just before the six-month expiry date, remains a mystery. To affirm the foregoing, the Independent Corrupt Practices and Other Related Offences Commission (ICPC) confirmed discrepancies and infractions in the procurements and payments made by government agencies after the disbursement of COVID-19 funds.

Conclusion

Having studied the chain of events of the Pandemic in Nigeria from 27th February 2020 when it recorded the first confirmed case of COVID-19, Nigeria could have saved itself from the number of deaths and other inestimable fortunes it has lost to the virus if the Buhari government had been more proactive to shut down the nation's borders and air flights into its shores. Beyond this, the situation, again, exposes the exigencies, the government needs to invest in healthcare infrastructure to improve the ability of the national health system to withstand the outbreak of contagious diseases in the future. To add momentum, there is also a need to build public confidence and trust in an outbreak like this, to create a complementary synergy between government and the people. Also, policymakers should use legislation to create a robust social welfare safety net for all citizens irrespective of their ethnic backgrounds, particularly for unemployed citizens and poor households with transparency, equality and fairness. Finally, the responsibility to protect the lives and property of the citizens lies on the government. Henceforth, it is implored to sheathe levity and partisanship while tackling an outbreak such as this in the future.

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