

HISTORICAL EXAMINATION OF COVID-19 PANDEMIC IN NIGERIA

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ABSTRACT

Pandemics are epidemic outbreaks that spread easily across boundaries with devastating effects. More often, they have the capacity to alter and change human history, generate tension, and disrupt settled certainties of life. Pandemics mostly occur when there is emergence of infectious diseases such as bacterium or viruses and easily spread from a person to another. Prior to covid – 19 pandemics which had joined the long list, there were quite number of pandemics witnessed in human history that had claimed millions of lives. Covid -19 originated from the city of Wuhan, China in late December, 2019 and spread to many countries including Nigeria. Having been declared a pandemic by the World Health Organisation (WHO) in March 2020, it rapidly encircled the globe, resulting to loss of million lives, many tested positive and cascaded into second wave as the casualties continue across the globe. Consequently, Nigeria like others, closed borders, stopped schools, prohibited religious gatherings and businesses to curtail its spread as it negatively impacted global travel, industry, and economy and health system. The paper adopts descriptive and historical approach, relies on secondary sources of data to analyse its findings. It gives ethnography of pandemics spread, phases and effects. The paper analyses the fundamental implications of covid- 19 on Nigeria, putting into focus the need to lean on historical data leveraging on local peculiarities in addressing fragilities and efforts towards combating it. It calls for an increased preparedness to addressing shortfalls that heightened the spread. This piece concludes by calling for genuine efforts towards strategically closing the



lacuna in the health system; ensure intensive research, surveillance and workable policies from the government.

Key words: Pandemics, Covid-19, Historical, Examination, Nigeria

Throughout history, nothing has killed more human beings than infectious disease. Covid-19 shows how vulnerable we remain – and how we can avoid similar pandemics in the future. (Walsh 2020).

INTRODUCTION

Pandemic outbreaks are not new phenomena to humankind. Throughout the course of history, pandemic outbreaks ravaged humanity and more often than not changing the course of human race by signaling the end of entire civilizations. Conversely, it has wreaked havoc on its victims, changed, shaped societies and cultures of the people in so many ways. Consequent upon the significant disruption of the pandemic outbreaks, every human society has had to live in constant fear and despair. Despite the inherent dangers portend by pandemics to human society, lesser remarkable attentions had been given to the pandemics dynamic trends especially in most African countries and particularly Nigeria. Hence, the Pages of history are littered with consequential implications of numerous pandemic outbreaks as they had claimed millions of lives of people across the globe in different ages. In the realm of infectious diseases, a pandemic is a worse-case scenario (Babalola, 2020).

In a nutshell, human population has suffered from many pandemics throughout history be it the earlier form of smallpox or tuberculosis or the recent incidence of HIV/AIDS (Samal, 2014). In about 5000 years ago, an epidemic outbreak wiped out a prehistoric village in China as bodies of the dead were stuffed inside a house that was later burned down due to lack of proper burial given the number of dead casualties involved (Owen, 2020). In the modern times, the chances of the pandemic spread have tremendously increased due to the upsurge of globalization that



has interconnected the world through trading, travelling, researching, bilateral exchanges and excursions among people across the globe including Nigeria.

The human civilization has been plagued by these widespread diseases as early as 3000 BC (Adya, *et al* 2020). Pandemics are not only infectious because they kill many people at a time but as a result of its contagious nature without any regard to boundary. Some of these deadly pandemics that had defined and redefined human phases in the past are in form of plagues, smallpox, cholera and influenza. The most deadly of these were the Black Death (1347 – 1351) and the Spanish flu of 1918 that have changed the course of human history until the recent covid – 19 pandemic. Consequently, each phase or age had suffered the virulent outbreak and spread, mortality and morbidity of pandemics thereby changing the phase of humanity. Archeologists have long studied diseases in past populations and how best they were able to curtail the ravaging pandemics that have greeted humanity.

Against the foregoing, it could be gleaned from the above that from the early times to the twenty – first century, civilizations have encountered many diseases, epidemic and pandemic with differing demographic and socio – economic effects across country, spaces and times. Therefore the outbreak of Corona virus disease code –name covid -19 having emanated from Wuhan city in China thrown the entire world into bedlam, infiltrating every country and perhaps proved to be one of the most devastating pandemics in the modern history. Noticeably, Nigeria experienced the Coronavirus disease for the first time when an Italian citizen arrived the country on February 27, 2020 according to the Nigerian Center for Disease Control. Since then the number of cases started increasing steadily till 164,588 confirmed cases with 061 deaths of 23rd April, 2021 (NCDC, 2021). However, the responses of various governments including the Federal Government of Nigeria appear to follow the same pattern as various states seem to have learnt nothing from history (Jimoh, 2020). Pandemic management must not be treated as a single



global event rather as public health measures that must take into consideration the account of local peculiarities. In an attempt to cushion the effects and prevent of the covid -19 Nigeria like most of the African countries was handicapped, waiting for vaccines from foreign countries.

In the light of above, the paper advocates for the need to leverage on historical guidance to guide the country's strategic responses and resilience in handling pandemics in the future. It reinforces the need to identify earlier efforts against pandemic challenges and responses in Nigeria and other countries in the African continent. This article contains five main sections. The second section gives ethnography of some of the various pandemic outbreaks prior to covid -19. The third section discusses the need to leverage on historical lessons as a guide against pandemic outbreaks in Nigeria in the future. The fourth section assesses progresses attained by the Federal Government of Nigeria since the covid -19 pandemic outbreaks and identifies paradoxes that had heightened the situation. Finally, the fifth section suggests recommendations and draws conclusion.

Ethnography of Pandemics and the Literature

For many centuries, humanity has witnessed several pandemic outbreaks such as the plague, smallpox, and rinder pest in animals, guinea worm and polio, influenza, yellow fever, malaria, typhus or cholera, HIV/AIDS, Ebola and many others which killed many people (Betga, 2020). Pandemic outbreak is not a new phenomenon to humans. Viruses that have caused past pandemics typically originated from animal influenza viruses (WHO, 2020). Pandemics and epidemics are both deadly diseases capable of causing social disruption, economic loss and general hardship across the globe. According to the WHO, a pandemic involves the worldwide spread of a new disease (WHO, 2020). While an epidemic remains limited to one city, region or country, a pandemic spreads beyond national borders and possibly worldwide (Felman, 2020). Therefore, pandemics are not alien to human existence. It is an epidemic that spreads beyond a country's borders, and making the disease to be officially become a



pandemic (Babalola, 2020). Pandemics – epidemics so large that virtually the entire world is affected when occurred several times in each of the last several centuries (Morse, 2007). Although, there have not been universal acceptance among scholars as to what pandemics and epidemics connote. Consequently, the general perception of epidemic and pandemic is restricted to individual perspective thus generating confusion. To exclude from the list of pandemics those outbreaks that do not conform to the characteristics of the pandemics of 1918 and 1957, will further denies the inclusion of some outbreaks that do not satisfy the general definition of a pandemic. Therefore, pandemic is not necessarily constrained by numbers of infected persons, morbidity and mortality data or by the speed of spread (Potter & Jennings, 2011). According to Felman (2020), it spreads beyond national borders and possibly worldwide. Any attempt to explain this may result into further confusion because of the shrouded intricacies and interwoven multiple factors attributable to the viruses, antigenic drift or shift. For instance, the number of infections and morbidity rates for the events defined as pandemics or epidemics show that some epidemics have caused greater access mortality than other outbreaks termed pandemics (Potter & Jennings, 2011). Thus, in the absence of virus identification, one can safely make an inform guess that if the epidemic originated in one place and from there spread worldwide with high morbidity (Ghendon, 1994), it could probably be regarded as a pandemic. The above definition can be surmised that a pandemic arises in a specific geographical area, spread widely and a high number of individuals in different countries are affected (Potter & Jennings, 2011).

History has recorded the outbreak of different plagues as the major human killer diseases. For instance, around 430 B.C , an epidemic ravaged the people of Athens and lasted for five years with the death toll put as high as 100,000 people(Owen, 2020). According to Babalola (2020), the symptoms of the diseases included fever, thirst, bloody throat and tongue, red skin and lesions. It was noted that the disease terribly and significantly



wreaked havoc on the Athenians thus facilitating their defeat by the Spartans.

The Greek historian Thucydides (460 – 400 B.C.) gives a succinct picture of the manner of the outbreak thus “ People in good health were all of a sudden attacked by violent heats in the head and redness and inflammation in the eyes, the inward parts, such as the throat or tongue, becoming bloody and emitting an unnatural and fetid breath”. Many scholars argued that the overcrowding that resulted from the then Peloponnesian War that ended in 404 B. C. exacerbated the epidemic casualties. Also, The Antonine Plague (Small pox) occurred in A.D, 165 -180 Italian peninsulas and laid waste to the army and killed a quarter of those infected to the tune of over 5 million people in the Roman Empire.

More so, the plague of Cyprian : A.D 250 -271 named after ST. Cyprian , a bishop of Carthage (a city Tunisia) who described the epidemics as signaling the end of the World , the Plague of Cyprian is estimated to have killed 5,000 people a day in Rome alone and importantly claimed Emperor Aurelius as one of its victims. Some of the symptoms included fever, sore throat, diarrhea, and if the patient lived long enough, pull – filled sores (Babalola, 2020). Another plague of concern is the 250 -271 AD Cyprian Plague which was symptomatized with gangrenous hands and feet, leading to several amputations to curtail its spread (Babalola, 2020). Plague of Justinian: A.D. 541 -542. This was caused by the bubonic plague bacteria which spread by infected fleas and perhaps body lice. The casualties recorded was over 15 million and it reared between the 19th and 20th centuries, originating from Yunnan, China

The Black Death: 1346 -1353. The black Death –bubonic plague with complications – first noted in Asia in 1346, was the greatest medical disaster of the Middle Ages and one of the most deadly pandemics in human history (Frank, *et al*, 2008). The Black Death traveled from Asia to Europe, leaving devastation in its wake. Some estimates suggest that it wiped out over half of Europe’s population. It was caused by a strain of the bacterium *Yersinia pestis* that is likely extinct today and was spread by fleas



on infected rodents (Owen, 2020). The plague changed the course of history as many deaths were recorded. The Black Death differed from earlier epidemics in its extent and ubiquity and provoked the development of several new models, which were to endure for several centuries and served as a reminder of the fragility of life (Frank, *et al*, 2008).

However, the first Pandemic (1817- 26) emanated from the Ganges Delta to other parts of Asia, the Indian Ocean islands, and the eastern African coast. The Second Pandemic (1828 – 34) had broader purchase, circling much of the globe (Webb, 2011). In Africa, the major impact began in Algeria, where French troops inadvertently introduced the disease, and then spread to neighbouring Morocco and Libya. The third pandemic (1839-61) was more devastating than the first two, and peoples both of North Africa and eastern Africa (from Egypt to Mozambique) were affected. The fourth Pandemic also spread south from Egypt more deeply into eastern Africa, reaching Zanzibar which lost an estimated 70,000 people to the disease in 1869 -70. The fourth pandemic (1863 -79) and Fifth pandemic (1881 -96) reached sub – Saharan West Africa, striking the Senegal and Gambia River valleys. The Sixth Pandemic (1899 -1947) touched lightly in Egypt and did not affect other African regions (Webb (2011). Huremovic (2019) establishes the social, medical and psychological impact that these pandemics had on civilization and identified some of them such as the Black Death which broke out in the 14th century, the Spanish Flu of 1918, and the more recent outbreaks in the twenty –first century, including Severe Acute Respiratory Syndrome (SARS), Ebola and Zika. The 1918 Influenza pandemic was one of the most deadly in world History. It was caused by an H1N1 virus with a gene of avian origin. It spread worldwide between 1918 and 1919(Adebowale, 2020). In 1946, there was a worldwide epidemics that was regarded as pandemic due to a new influenza virus subtype – HINI and it re –emerged in 1977 after its prevalent from 1947 to 1957 (Ghendon, 1994). In February 2003, outbreaks of SARS originating from Pearl River Delta in China occurred around the World, infecting over 8000 people of



whom 774 died (Betga, 2020). The seventh Cholera pandemic (7P) began in 1961 in Indonesia, before spreading globally in particular South Asia, Africa (1970), Latin America (1991) and Caribbean (i.e. Haiti (2010) Weill, F. *et al* (2017). Similarly, in February 2003, outbreaks of SARS originating from Pearl River Delta in China occurred around the World, infecting over 8000 people of whom 774 died. It was a similar scenario like that of Covid-19 today, but with minor variation (Betga, (2020).

From the Plague of Justinian (541 -542 AD), The Black Death (1346 - 1353 AD), Influenza Pandemic (Asian Flu, 1957 - 1958 AD), Spanish Flu 1918 -1920 AD), Hong Kong Flu 1968 -1969 AD and Swine Flu 2009 -2010 AD), Smallpox (1350 -1980 AD), Cholera (1817 AD –Present), HIV/AIDS (1981 AD –PRESENT and the Coronavirus (2019 AD –PRESENT) (Adya *et al* 2020.), they all offered some specific lessons to humanity

The Covid-19 Pandemic in Nigeria: Progress and Paradox

As of March 2020, the World came under the global surge of covid-19 which the World Health Organization (WHO) advised that the disease has the characteristic of a pandemic (Felman, 2020). The covid-19 pandemic outbreaks has had an unprecedented impact across the globe. Countries around the world including the United States, United Kingdom, India, and China – have closed their borders, affecting global travel and industry (Felman, 2020) in a bid to curtail the pandemic spread across the globe. As of 23rd May 2021, the Nigeria Centre for Disease Control reported global confirmed Covid-19 cases to be 166, 814,851 with 3,458,905 deaths resulting in case fatality rate of 2.1%. Similarly, confirmed cases in Nigeria to be 166,019 cases and 2,067 deaths within the same period (NCDC, 2020). Consequently, measures of different kinds were imposed such as restrictions, lockdowns, and mandatory national quarantines to school and businesses closures. The Federal Government of Nigeria through the Presidential Task Force on covid-19, Federal Ministry of Health and Nigeria Center for Disease Control, have been working closely in collaboration with relevant ministries,



departments, agencies, partners and other stakeholders to coordinate and review the national response, strategies and implementation activities on daily basis to enhance effective containment (NCDC, 2020). More so, several non – pharmaceutical measures were employed to contain the spread, and limit importation. These measures range from closure of the country’s borders, restriction of inter – states travel, staying at home order, and deployment of rapid response teams to all affected states, ensuring state–level training and capacity building of health personnel (Tijjani & Ma, 2020,).

Besides, many landmark achievements have been recorded in the health care delivery of Nigeria in a bid to respond effectively to the covid-19 challenges. The government has committed reasonable financial investments that had so far increased the procurement of medical equipment, personal protective equipment, medicines for covid-19 control as well as general detecting, testing and responsive capacity of the country. Importantly, financial supports , provision of medical equipment across different regions of the country such as testing kits, and donation of isolation centres from private , bilateral and multilateral institutions have aided the giant strides recorded in the response to covid-19 outbreak and treatment in Nigeria. For example, the European Union contribution 50 million euros to the basket fund and the establishment of the Coalition Against covid-19 (CACOVID) launched in March 26, 2020 and raised over \$72 million in purchase of food relief materials , medical facilities and others to strengthen the Nigerian covid-19 response (Dixit, *et al*, 2020).

Furthermore, social and religious gatherings were steadily banned and reviewed periodically across the country. Also, social gatherings such as wedding, clubbing and any forms of gatherings were put to 50 persons at the early period of the pandemic and later reviewed to a complete close. More so, the country expanded isolation centres, increased diagnostic centres and laboratories

Moreso, the Federal Government of Nigeria expanded its social safety net and welfare programmes in a bid to reduce



poverty and cushion the pandemic impacts on the citizenry. The major strategic responses of the federal government took the form of provisions of support to businesses and individuals through the Economic Stimulus Bill 2020 , cash transfers of 20,000 naira to those considered vulnerable, Stimulus package of the Central Bank of Nigeria that offered a credit of 3 million Naira to poor families impacted by covid-19 and food assistance in rations to vulnerable households especially in Lagos, FCT, and Ogun states on April 1, 2020 (Dixit, *et al*, 2020), anchored through the Federal Ministry of Humanitarian Affairs Disaster Management and Social Development . There were also a series of the CBN intervention to douse the adverse economic impacts of the covid-19 pandemic on the economy. The moratorium of one year on all principal repayments, effective 1 March 2020 as well as interest rate reduction on all applicable CBN intervention facilities from nine percent to five percent per annum for one year effective 1 March, 2020 (CBN, 2020) was declared.

Prior to the covid-19 outbreaks, the health system in Nigeria is totally in shamble. With the coming of covid-19, the lacuna in the health system became revealed. After the confirmation of the first case in Nigeria with the arrival of an Italian, the Presidential Task Force on covid-19 (PTF- COVID -19) through the NCDC and its supporting partners began preparedness activities that enabled a multi – sectoral response to the pandemic. The NCDC has scaled up capacity for covid-19 testing, surveillance, developed public health guidelines, as well as provided technical support to states. More so, more than 70 public health laboratories across the country; with at least one public health laboratory for covid-19 testing in each state (NCDC, 2021). The NCDC under the cover of the Presidential Task Force began working with States and hospitals to ensure covid-19 test, establish isolation and treatment centres for managing covid-19 cases. Moreover, in response to the emergence of SARS CoV2 the virus that causes covid-19, NCDC rapidly developed its capacity to make diagnosis and has also achieved the activation of 112 public and private laboratories across Nigeria (NCDC, 2021). For



instance, through the NCDC giant strides, every state in Nigeria now has at least one molecular laboratory with the capacity to test for covid -19.

There are diverse paradoxes faced by most African countries including Nigeria in the management of the COVID-19. These challenges have undoubtedly hindered adequate responses of the government to the containment efforts towards the pandemic spread. While it is necessary to address these issues proactively to mitigate the impacts of future pandemic threats. Some of these are discussed below:

- 1. Poverty:** The policies of the government to stop the spread of covid-19 pandemic, through the halt on movement and economic activities may appear to be a good strategy but when compared in terms of its implications on the poor masses and against the backdrop that majority of workers are in the informal sector of the economy in Nigeria , given the inadequate provisions of palliatives to cushioning the effects of the covid-19 pandemic on individual considered vulnerable such as the widows, orphan, disables, elderly and children in a critical economy. It would be seen that the overall policies of closure, lockdown of businesses and shoddy palliatives administered has only come to fuel the level of Poverty facing the country thus serving as a breeding ground for covid-19 to thrive rather than curtailing its spread as expected in Nigeria. The government palliative support could hardly address the level of poverty the country has slipped into. Therefore, to objectively and realistically contain pandemic spread in Nigeria, the government must be ready to put up viable palliatives, address poverty, cushioning socio–economic effects of the covid-19 on individuals and other critical sectors of the economy such as agriculture and essential commodities (Garba, *et al*, 2020).
- 2. Insecurity:** It is beyond argument to affirm that the covid-19 pandemic challenge has exacerbated the existing



insecurity issues facing the Nigerian state given the ripple effects. According to Onubogu (2020) Nigeria was faced with the challenges of tackling multiple conflict and insecurity both which threaten and makes covid-19 impact more devastating (Onubogu, 2020). For instance, in Northern Nigeria especially in Borno, as the covid -19 cases increases, the Boko Haram stepped up their attacks ditto the attacks between the farmers and herders, and the increasing banditry in the Northwest that have all heightened the insecurity tensions and rendered hundreds of thousands internally displaced. The Covid-19 pandemic outbreak has heightened the humanitarian crisis of the Lake Chad region resulting in more displacements recorded in an area already embedded in decades of deep neglect, poor governance and endemic poverty, with the pandemic creating for the terrorists better opportunities to operate.

- 3. Health care system:** The Health care systems across the globe came under significant pressure at this time as many well equipped health care centres were over stretched across board even in the developed countries. However, the position of the Nigeria's health system before the outbreak of covid-19 was nothing to write home about when compared with the emergencies that heralded the pandemic outbreak. For example Nigeria had just 350 ventilators and 350 ICU beds for its entire population before the outbreak according to Dixit *et al*, (2020). There was absolute absence of social resilience among Supply Chain Partners, Healthcare professionals and patients as most supply is transactional in nature which is hardly helpful in a period of pandemic like covid -19. Hence, it is imperative to take holistic overview of the health sector's needs and supply same in order to encourage healthcare professionals to build the needed resilience within themselves, the government and general patients.



4. **Economy:** The economy in the midst of the covid-19 pandemic in a country like Nigeria could not far better as the country is still largely dependent on oil and absolute importation of most of her needs . While the crash in oil prices added to the economic disruption that emanated from the lockdown and most countries closed down their borders to ensure the pandemic control. For example, the United States slashed its Nigerian crude oil imports by 11.67 million barrels in the first five months of 2020, compared to what it bought in the same period of 2019 (Kazeem, 2020). At the heart of the pandemic remittances, revenues and taxes generated by the government suffered absolute setbacks with devastating effects on employment, poverty and security of the country. There is need for the government to make decisions that have the potential to bring much more investment and much more rapid, inclusive, economic growth in Nigeria (Lenon, 2020). The call for the country to diversify her economy must begin now otherwise the economy may not get well with these leprous hands of the covid-19 all over.
5. **Education:** Education, a vital investment to drive human and economic development of every nation, came under the serious hit of the covid-19 pandemic outbreaks in Nigeria just like other countries. As a result, there were significant disruptions in the learning processes across the Federation as schools from primary to tertiary levels were totally closed down for almost a calendar year with varying implications. While the pandemic upsurge kept waxing and wavering, academic and learning activities through on line popularly known as EdTech is closing the learning gap in some developed countries during the period. Technological gadgets such as virtual classrooms, TV, radio and online platforms have emerged to strengthen and lend supports to learning both at the level we never experienced inside and outside Africa (Ngware, 2020). For example in Chile, a network of teachers came together to



develop a series of 30 – minute radio lessons for secondary students who had no access to online learning during the period and such initiative was supported by the civil society organization. More so, in the U.K., a group of teachers worried about learning continuity for their students when schools were about to close, developed within two weeks an online classroom and resource hub to help educators and parents to ensure their children continue learning (Vegas & Winthrop, 2020).

The Covid-19 Pandemic in Nigeria: Learning from History

Pandemic outbreak has become an event widely considered to be one of the greatest natural disasters in human history. According to the belief of most virologists, it is inevitable that we will experience at least one pandemic in this century and very likely more (Morse, 2007). Consequently, history remains a potent weapon that can clearly offer valuable insights highly relevant to today's concerns and perhaps future occurrence. However, there are tend to be inconsistency and of questionable validity, accuracy and robustness of historical data on past outbreaks of disease (Johnson & Mueller, 2002). Thus, to solve such lacuna, there is urgent need to lean on available historical data of past pandemic outbreaks in other to offer historical guide capable of mitigating morbidity of future pandemics in the future. Pandemics remain potent and even immediate threat to every country in the world. The moment it breaks out, deterring its disruption and spread becomes a priority. It is to be noted that the causative virus of pandemic cannot be easily known or determine until at least the first phase of the pandemic is underway. Pandemics of differing magnitudes have occurred and spread across the globe to Nigeria with overwhelming effects. In the sub sections that follow, an attempt is made to offer various measures based on historical dynamics and threats of pandemics overtime as a guide over contemporary times and in the distant future. Consequently, the following are some of the lessons offered by previous pandemics outbreak as guide to the future.



1. Increased Capacity in Research and Development:

After a series of pandemic outbreaks most countries around the world especially developing countries in Africa easily relax, as little or no measures are put in place to combat future occurrence of a similar outbreak. With the covid -19 pandemic, the whole world scampered on how to develop or find vaccine to control it. There is need to intensify efforts in research and development to improve the knowledge and capacity of the front line health care service providers so that they would be better prepared to deal with the reoccurrence of pandemic outbreaks in order to make an informed policies guide. For instance coronavirus sequence was long recognized but appears not profitable for drug companies to pursue medicines or vaccination at the time. In Nigeria, there is need to invest more on research and development rather than waiting for findings from the developed countries.

2. Non Pharmaceutical Interventions: Due to the difficulties associated with generating vaccines, non-pharmaceutical interventions can fulfill lifesaving objectives. Timely spreading out the peak of infection over a longer period of time could reduce the burden on healthcare institutions and essential services (Morse, 2007). The basis of non-pharmaceutical interventions is to mitigate the effects of the pandemic as much as possible until vaccine is available or produced and administered. While the Federal Government in Nigeria rolled out non pharmaceutical interventions in terms of closure of school, banning of religious and social gatherings, restrictions of inter - state traveling and many others, yet, there are still many things to learn on how best to make such interventions work and achieve its aims. For instance, such intervention was meant to solve a problem and not to create another one. Most of these interventions were done with little or no preparation for the needs of the aged, widows, disable, school children and workers. In future, efforts must be made to ensure the masses are properly taken care of in terms of provisions of their needs for them to adhere to the public health and social measures that keep each citizen safe. Therefore, physical



distancing, wearing face masks, practicing hand washing in a running water, respiratory hygiene and avoiding crowded indoor places must be strictly adhered to. Finally, non –pharmaceutical strategies should embrace the use of digital technology in contact –tracing which had proven successful in a country like Singapore (Garba, *et al*, 2020).

3. Vaccines: Vaccines are important for optimal pandemic control, especially when produced within the shortest period of time of need. The case of COVID- 19 Pandemic outbreak has shown like the previous pandemics that every country needs to stem up the chances of vaccines production leveraging on locally source materials and peculiarities. The idea of staying in limbo, waiting for the production and importation of vaccines produced in developed countries should be discouraged. Truly, vaccines allowed one to eradicate and ensure pandemic control but the idea of depending on the developed countries like US, UK and others betrays any meaningful attempts to safeguard humanity in the clime of Africa. While after almost a year, most of African countries have access to vaccines produced in other climes. However, two challenges surfaced in the vaccination rollout: access to sufficient doses and vaccine hesitancy. It is consequent upon this that it becomes imperative for Nigeria and other African countries to intensify efforts and researches leveraging on local sources to come with vaccines among themselves than waiting in limbo for vaccines from countries who will ideally satisfy its citizens needs before the consideration of others. For instance, many countries are still waiting for vaccines in Africa while in Nigeria the vaccines administered so far are inadequate in comparison with 200 million population of the country amidst fear of how to get the second doze.

4. Health System: The clamour for adequate funding in the health sector has been at the front burner of national issues for years prior to covid-19 in Nigeria. Conversely, the covid-19 pandemic outbreak revealed in quantum leap the situation of Nigeria’s health system. Though, the health delivery system across



the globe witnessed significant disruptions altogether due to the overwhelming stresses of the covid-19 pandemic outbreak. However, the case of Nigeria has been a unique one until the breaking efforts of NCDC under the Presidential Task Force on covid-19 as chaired by the Secretary to the Government of the Federation, Mr. Boss Mustapha. Prior to the covid-19, the health care delivery system in the country was in total shamble in the area of functional public health laboratories across the federation, supply of medical supplies like the personal protective equipment, manpower training of health workers in management of infection prevention control (IPC), surveillance, risk communication, building of isolation centres and other areas of epidemic preparedness and response. All these quickly manifested once the covid-19 pandemic outbreak affected Nigeria as the country's health sector could not respond as fast as expected to the pandemic challenges due to low testing, diagnosing capacity, isolation centres, inadequate laboratories, surveillance and poor synergy and partnership among the federal, state governments, private sector and citizens on epidemic collective management thus resulting to low technical support across the federation. Consequently, the country's need for critical capacity building and training of health workers as an essential component of public health emergencies (Garba, *et al*, 2020) is imperative. Also, there is need for continuous and sustainable investments in the Nigeria's health delivery especially in preparation for infectious pandemic outbreaks in the future. It is needless to state that the covid-19 pandemic offers a lesson to a country like Nigeria on the need to build her health system optimally as the elites overseas medical patronage suffered a huge setback as every country was to itself. The Nigeria Centre for Disease Control, as the country's national public health institute must continue to take responsibility, establish sustainable synergy with the State Public Health Teams and other stakeholders in building a responsive, robust and optimal pandemic health system.

5. Preparedness and Surveillance: Many containment measures have been taken throughout the World to cushion the



outbreak and spread of covid-19 as part of the preparedness against future occurrence. For instance in Africa, the work by the African Centre for Disease Control and WHO Regional office in terms of preparing countries with training in diagnostic testing and outbreak control, and to provide diagnostic testing materials in order to strengthen their preparedness, as the continent is considered highly vulnerable (Betga, 2020) is a good step in the right direction. History has shown that there is need to create an enhanced surveillance of influenza especially in Southern China where most of the pandemic strains of Influenza virus are emanating from. This is necessary in order to inform early detection. According to the Director General of NCDC, Dr. Chikwe Ihekweazu when expressing his gratitude for the Vice –President Prof Yemi Osibanjo’s visitation, affirms “we were able to activate the National Reference Laboratory (NRL) and three other laboratories for covid–19 diagnosis in January 2020, because we had been preparing for the next pandemic for four years” (NCDC, 2021). The above statement is a further reinforcement of the need to ensure timely preparedness for future pandemic outbreaks. More so, monitoring the infection rate and extent of spread of the virus through laboratory testing for detection of the virus and genomic testing for mutations – is key in informing and guiding the authorities on what steps to take. (Kalebi, 2021). Again, there is need to improve on effective risk communication to enhance public education on the mode of transmission of diseases as well as stressing the importance of personal hygiene, physical distancing and other mode of preventions (Garba, *et al*, 2020), especially in the future.

6. Building of Collaborations: There is need for quick and sustainable collaborations within the Nigerian government and between other countries possibly beyond the African continent. The issue of pandemic must not be treated with levity and considered as a mere momentary occurrence. There is urgent need to develop a culture of collaboration across supply chain in terms of pharmaceutical treatments, drug manufacturing, protection, testing, monitoring and control. It should be planned for through



building of collaborations that involved the important stakeholders. This involved establishing a synergy and making conscientious efforts in the area of coordinating experiences, building laboratories, setting up of contemporary research team, starting from the local, state and federal government and external bodies. Building collaborations with and synthesis of data from other African countries would stimulate development and sustainable research against pandemic upsurge. Governments across all levels in Nigeria and beyond must work together as one entity to flatten the pandemic curve. No one will be fully safe from a pandemic unless the whole world is collectively safe (Kalebi, 2021).

7. Public Mass-Media: Public and mass –media is essential if a country must attain pandemic control at all stages. Information is key as it aids quality pandemic control, rapid response and enhanced knowledge growth about the deadly epidemics. While vaccination is vital, studies have shown that it can no longer win the upper hand alone given its dynamism. Therefore, much needed to be achieved in terms of breaking the barrier of ignorance, sensitizing the citizens on the need to continue to wear masks, practice social distancing and observing other precautions. As long as it is not possible for a country that has significantly vaccinated her population to close border against countries that have not makes the pandemic control more difficult. Hence, effective sensitization through the mass media, community engagement and a whole societal approach should be sustained. There should be a sustained awareness campaigns rather than deploying police on every nook and cranny to achieve a better coordinated pandemic control

RECOMMENDATIONS AND CONCLUSION

1. **Funding:** There is need for adequate, continuous, substantial, and sustainable funding of the health sector in order to strengthen the sector against pandemic outbreak in the near future;

2. There is need for increased surveillance where most of the pandemics emanate from to mitigate its strains, isolate victims possibly from the region and create public awareness;
3. There is need to build collaborations and partnership through a concerted global effort in ensuring adequate funding and support that could elicit research into new production of vaccines in African countries, leveraging on locally sourced materials for the safety of the whole world;
4. There is need to focus on how to strengthen local manufacturing capacity and fortify local supply chain through greater collaboration between governments and industries in the areas of research and development on the possible production of vaccines in Nigeria nay Africa as a way of stemming up the possibilities of growing the domestic manufacturing sector;
5. Mass education about pandemics outbreaks, control and measures through mass –media, community sensitization and Civil Society Organizations in order to advance public safety and knowledge;
6. There is need to build effective knowledge sharing, contact tracing, good reporting and surveillance system among the public by the frontline agency of government to mitigate tensions or fears that come with pandemic outbreak;
7. There is need to invest massively in technological innovations in the Nigerian education system in order to advance and sustain learning processes during a pandemic outbreaks like covid-19 given the central role of education in the economic, social, and political prosperity and stability of nations;
8. Improvement of sustainable community engagement, disease prevention and control measures among the citizenry;



9. Emplacing and prioritizing physical distancing, proper hands washing culture, face masking and respiratory hygiene in the Africa during pandemic outbreak;
10. Building of archives and ensuring findings depository of previous pandemic outbreaks for analysis and public support

CONCLUSION

Pandemic are powerful epidemic outbreaks given their magnitudes and devastating effects on lives of the citizenry. They need to be considered in human history as in most times could infer significant changes and disruptions in politics, economics, culture and society. The covid -19 pandemic has once again demonstrated how deadly pandemic outbreaks could be as seen in its spreads across many countries, disrupting the health, security and economy of both the developed and underdeveloped countries. Nigeria like other countries through the NCDC ordered lockdowns of borders, and restrictions of businesses, closure of works and schools. Despite such efforts, covid -19 pandemic is still underestimated by some citizenry in Nigeria, believing is not real. However, little was done by the government both at the national and state level to cushion the economic effects of the closure on the distressed people like the aged, disables, orphans, widows and others.

To say the least both the government and citizens should realize the strategic truism that comes with pandemic outbreak as an existential threat to the health, economy, security and other wellbeing of the society. Thus, it is imperative for every government to make worthwhile plans to cushion its effects on the citizenry. Prior to the covid-19, the trajectories of pandemic outbreaks have shown how deadly and insecure any country could be during the period. Therefore, it is expected and necessary to institute quite number of precautions which may not necessarily cure it but capable of undermining its spread and limit its magnitude and casualties. This goes with the saying that prevention is better than cure. This paper has shown that



achieving absolute cure over pandemic outbreaks is uncertain putting into perspective its differing nature and dynamics. However, it portends that there is need to lean on previous experiences of pandemic outbreaks across the globe towards ensuring thorough sense of effective prevention and control.



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