



## ISSUES AND CHALLENGES OF CORONAVIRUS OUTBREAK IN NIGERIA

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### ABSTRACT

*Corona-virus disease (COVID-19) is an infectious disease cause by newly disease caused by a newly discovered corona-virus (WHO, 2020). It rapidly emerged as a global health threat, and on the 30<sup>th</sup> of January, 2020, was declared to be a public health concern of international concern by WHO. Subsequently, the threat was raised to an unprecedented risk level, by its declaration as a pandemic by WHO on the 11<sup>th</sup> of march 2020. Therefore, this research article focuses specifically on the outbreak of COVID-19 on Nigeria, till date. Its primary aim is to highlight the accompanying reactions, measures, and eminent developments by the Nigeria government in their struggle to curtail the spread, reduce infection rates, and cushion its impact on their economy. The methodology and materials used to carry out this research include, extensive literatures, reviewed to reveal a clearer, and a more complete picture on the lapses of the government in their drive to manage the outbreak. It also points to circumstances which may have made it difficult for the government to respond effectively. Another methodology adopted is qualitative research method, where relevant information from various literary sources were extracted, which informed the conclusion of the research. It concludes that although the efforts of the government could be applauded for their swift response, a lot is still left to be desired in the management of the outbreak. The outbreak has exerted intense pressure on the health systems, posed a challenge to the economic structures of the world, and particularly, that of Nigeria. Thereby worsening its economic crisis, and exposing its citizens to a retinue of vulnerability as a result of non-existent social support systems.*

**Keywords:** Coronavirus, Economic Impact, Nigeria, Misinformation, Healthcare System.

### INTRODUCTION

The coronavirus outbreak continues to increasingly wreak havoc on the health systems and economies, the world over. With its impact, albeit largely unaccounted for, there is no denying the significant imbalances in response between governments that have fostered fear amongst the populace. As the virus continues its relentless spread, there is an accompanying cascade of unending tragedies in economies and the death of families. Purveyors of world health systems are contending with a pandemic of unprecedented levels. The crisis is unassuming, and the world is reeling from a common fear. The interventions at best at these times are to mitigate the spread by flattening the curve, with the hope that the mortality rates can remain at a manageable rate. This is particularly of importance to African countries, whose health systems are significantly subpar in comparison to any other continent in the world, with a disproportionate ratio of hospital beds, Intense Care Units (ICU) and health

professionals to its population (Economic Commission for Africa 2020).

While performing his routine checks on patients, a physician reported some disturbing symptoms of patients showing signs of a severe acute respiratory syndrome resembling a SARS-like illness, to a group chat in a large metropolitan area in China's Hubei province (Lango, 2020). At first, the Chinese authorities tried to shield the truth away from the public by closely guarding information about the illness (Wee and Wang, 2020). Its symptoms had so much in common with pneumonia, which led researchers to initially identify it as a corona virus due to these traits (Wee and McNeil, 2020). The health scare gradually became public, evoking a sense of urgency in understanding the new respiratory infection ravaging that community, with authorities making efforts to contain its spread. On the other hand, it enhanced the fear that if uncontained, it could morph into an outbreak, resembling that of SARS (a severe

acute respiratory syndrome), which originated from China and eventually ended up infecting more than 3,000 people and killing 774 (Wee and McNeil, 2020). According to Lango, (2020), the genome's homology of SARS was closely tied to that of a coronavirus, due to the causative agent being common cold, thereby accounting for up to 30% of upper respiratory tract infections in adults. Therefore, it became known in the scientific arena as SARS-COV-1. Since the prevailing infections raising health concerns in that region was considerably similar, but not identical to the SARS-COV-1, which had caused the SARS epidemic, the virus was renamed SARS-COV-2 (Lango, 2020).

## LITERATURE REVIEW

The emergence of the SARS-COV-2, indeed raised a lot of preliminary concerns for health authorities, institutions, and governments within and outside China as well, due to uncertainties in determining its severity spectrum Walker and Whittaker, (2020), transmissibility Imai, *et al.*, (2020), the age profile of susceptibility to infection (Zhang, *et al.*, 2020), amongst others. The World Health Organization monitored the developments, and with the same level of apprehension and abundance of caution, declared the Chinese outbreak of COVID-19 to be a Public Health Emergency of international concern on the 30<sup>th</sup> of January, 2020 (Sohrabia, *et al.*, 2020). It asserted that the risk the outbreak possessed is particularly troubling, foremost on their mind being the danger it posed to countries with vulnerable health systems. If the H1N1 pandemic was anything to go by, the gap in information and assumed adverse impact on the economic activities of countries – with the downsizing of economic activities – was another troubling aspect that pointed to the real sense of fear that enveloped countries, as understanding was sought.

There was an immense burden on the World Health Organization to increase the warning signal of the outbreak to that of a Pandemic level, for several reasons. Such as to improve the preparedness of governments around the world and also, to effectively reflect the prevailing severity of the outbreak. This was immediately met with resistance by the World Health Organization. With Green, (2020) arguing that their reluctance could have stemmed from their beliefs that, if it is declared a pandemic, it may convey a message to the public that the authorities have lost control, thereby generating irrational panic reactions. Accordingly, (Annalies Wilder-Smit, 2020), a professor of emerging infectious disease at the London School of Hygiene and Tropical Medicine in Spinney, opined that after WHO was criticized for declaring a pandemic too early during the 2009 swine flu pandemic, it has been careful not to make the same mistake again. The WHO had during the H1N1 swine

flu declared a pandemic, which was criticized because it was believed that the severity didn't match the effects, leading governments to mount large and costly responses to the H1N1 influenza. While, (Doshi, 2011), stockpile vaccines which went unused, with the World Bank estimating that an excess of \$4 billion was spent for its preparedness plans and response (Spinney, 2020).

By taking into cognizance the 13-fold increase in the number of cases, an alarming level of spread and severity, in addition to the considerable level of inactions, on 11<sup>th</sup> March, the director-general of the World Health Organization (WHO), Tedros Adhanom Ghebreyesus, pronounced that the COVID-19 outbreak can be characterized as a pandemic (World Health Organization, 2020). What was to follow were guidelines on preparedness and response, as well as advice and recommendations for the general public. One of the primary significance of raising the degree of the outbreak to that of a pandemic was to avoid complacency on the part of national governments, induce preparedness, and facilitate cooperation that will help in the development of a common strategy in combating the outbreak. Meanwhile, policy-makers were confronted with a delicate issue on the objective of mitigation – in order avoid an epidemic peak that could overwhelm health-care services, keeping the effects on the economy within manageable levels, and flattening the epidemic curve (Anderson, *et al.*, 2020).

There were palpable fears and apprehensiveness displayed toward the African continent, by various world bodies, as well as developmental commissions, all for valid reasons. Africa was particularly susceptible, because as European Commission for Africa, (2020) argues, 56% of the urban population is concentrated in overcrowded and poorly serviced slum dwellings, with only 34% of the households having access to basic handwashing facilities. Arguably, the health systems of countries in Africa are considerably weaker than elsewhere in the world; with lower ratios of hospital beds, ICU's, and health professionals to its population (European Commission for Africa, 2020). Additionally, due to the high volume of air traffic and trade between China and Africa, Africa was considered to be at high risk, for the introduction and spread of the novel coronavirus disease (Nkengasong, 2020). Subsequently, this cast doubts on the ability of these Nations to deal with the preceding events, eventually underscoring the critical importance of synergy and coordination amongst their governments and commissions. However, this fear was allayed by (Gilbert, *et al.*, 2020), who modelled and analysed the preparedness and vulnerability of African country's response to COVID-19 and echoed confidence in the manner in which they strengthened their surveillance

system and preparedness, through the introduction of mitigation strategies.

Perhaps cognizant of the derelict state of the health-care system, while many countries were still dismissing the emerging outbreak, the African Union acted swiftly (The Lancet Editorial, 2020). Firstly, they partnered with WHO and the African Centres for Disease Control and Prevention (Africa CDC) to establish the African Taskforce for Coronavirus Preparedness and Response (AFTCOR), to develop a common strategy that will allow for effective coordination, collaboration, and communication, between member states (Nkengasong, 2020). This partnership ensured the presence of improved surveillance systems, the introduction of screenings at points of entry and cross border activities, as well as other broad measures that could assist in the control of COVID-19 (Makoni, 2020). The strategies employed in conjunction with WHO fostered a state of heightened alert across Africa which contributed tremendously in prolonging the containment phase of COVID-19 in many African countries (Ihekweazu AND Agogo, 2020).

In Nigeria, as with the rest of several countries in the continent, there were a plethora of issues that threatened to work against our response strategy, undermine our capacity to deal with the outbreak, reduce public cooperation, as well as increase our mortality rates. Despite Nigeria's strategic position in Africa, the country is greatly underserved in the healthcare sphere (Welcome, 2011). Consequently, as an important element of National security, public health not only functions to provide adequate medical care but also, could serve as part of a system that can facilitate the tracking, monitoring, and control of disease outbreak. With the country still recording less than 50% access to safe water and sanitary means of excreta disposal according to (Nwankwoala, 2011), poor housing conditions (2010) – due to the risk of getting sick from tight living quarters being compounded – and ranked amongst countries with the lowest Human Development Index (Sowunmi, *et al.*, 2012) – the prevalence of poverty – all point to circumstances that could make Nigeria more adversely affected than in other parts of the African continent and inadvertently create a breeding ground for COVID-19 to thrive.

Whilst preparations and response strategies were developed and implemented in African countries, and they, awaiting the incidences and transmissions with cautious dispositions, the first instance of the virus in Nigeria was documented on 27<sup>th</sup> February 2020 (Adegboye and Gayawan, 2020). Following the detection of the index case, a multi-sectoral NCDC-led

national emergency operation centre at Level 3, the country's highest level of a public health emergency, was activated (Ajisegiri, *et al.*, 2020). After it was declared a global pandemic, Nigeria was one of the first countries to identify the risk, and immediately plan a response for COVID-19 (Ilori, 2020). Therefore, it came as less of a surprise, that the confirmation of the first case in the country led to the swift activation of the country's National Coronavirus Emergency Operation Centre (EOC) that had been set up, as part of their response and preparedness system (Oyenirana and Chiab, 2020). Upon identifying the index case, the National Emergency Operation Centres were immediately activated to trace his contacts.

It is instructive to note that before the WHO pronouncement of COVID-19 as a global public health challenge and pandemic, without recourse to expert advice and recommendations, the Nigerian government downplayed the emergence of COVID-19 in their territory, hence delaying the implementation of initial preventive measures, and that could potentially protect the citizenry from undue exposure to the virus (Reuben, *et al.*, 2020). The populace as well was confident during the preliminary stages of the outbreak, that the reportage of the outbreak was considerably overstated – describing the disease as a distant white man's infirmity that could never spread to their abode (Reuben, *et al.*, 2020) – and carried out their day-to-day activities with reckless abandon. Generally, the response to the coronavirus outbreak in Nigeria could be described as medico-centric and reactionary (Amzat, *et al.*, 2020). The challenge was compounded, however, by the ubiquity of misinformation – its overabundance on various social media channels.

The size of fake news from individuals through the social media created doubts and confusions in the minds of many people in the country (Ladan, *et al.*, 2020), conspiracy theories which were becoming widespread, derail the efforts to raise the profile of good information on COVID-19 (Ball and Maxmen, 2020). Although disconcertingly expected due to the alarming number of uninformed Nigerians (Jogwu 2010), many do not believe that COVID-19 exists. Others believe that the pandemic was caused by the installation of the 5G Network (Ladan, *et al.*, 2020). Whilst some feed into the conspiracy theories that have accused Bill Gates of creating the virus himself (Enitan, *et al.*, 2020). Knowledge informs perception, and these perceptions held will invariably militate against the actions of the government. Despite all efforts by the government, during the initial stages of the spread, its haphazard policy engagement with the populace, inability to promptly and proactively discredit the barrage of misinformation that littered the

cyberspace – may have impeded proper communication from the right channel, and hence jeopardized the prospects of an appropriately strong response from the citizens. Seamless coordination between government and citizens could have contributed immensely to a prompt and effective reaction.

On the other hand, it is worth commending the actions of the Nigeria Centre for Disease Control amidst obvious limitations in resources. It is noteworthy to highlight some of the strategic interventions it had put in place to help combat the disease, to ensure that the health and economic consequences associated with COVID-19 are limited (Adepoju, 2020). Interventions such as the distribution of information on personal hygiene and cough etiquette to the general populace using various channels, setting up of a network of state and public health emergency network centres within the country, in addition to training of skilled manpower on contact tracing and treatment, amongst others (Oyenirana and Chiab, 2020). More so, the establishment of five laboratories with full testing capabilities to reduce response time for the detection of the disease (Adepoju, 2020) underpinned their resolve to achieve their objectives. Undeniably, this was instrumental in the earlier stages, in curbing the further spread and local transmission of the disease amongst the populace.

Subsequently, the Nigerian Federal Government, despite earlier lacklustre posture, on advice and recommendations by the commission for disease control, created an atmosphere of common purpose upon learning about the existential threat posed by the disease. Thus, adding urgency to long-simmering concerns amongst the populace. Their impression was reinforced by policies such as an immediate international travel ban imposed on 15 countries on 20 March 2020, in addition to the closing of all schools and universities to minimise mass gatherings (Adegboye and Gayawan, 2020), restrictions on inter and intra-state movement including the compulsory wearing of face masks (Ogoina, 2020) amongst others. These restrictions and lockdowns were not without issues. Ranging from human rights violations, degrading treatments by security outfits, palliative aid to the poor, and vulnerable being characterized by coordination problems, as well as ineffective Coordination of Covid-19 Lockdown across the States (Olu and Irabor, 2020).

However, several issues encumbered and plagued the overall effectiveness of the NCDC. Nigeria is a country that depends largely on imported products including medical supplies (Onyeaghala and Olajide, 2020). Hence when countries were issuing restrictions

on international and local flights as part of their lockdown policy put in place to curtail the spread of COVID-19, it had an impact on large-scale drug supply. United Nations Office on Drugs and Crimes, (2020) argues that Mobility restrictions, closed borders, and a decline in overall world trade can disrupt the supply chains of drug markets. This will lead to an overall shortage of numerous types of drugs at the retail level, as well as increases in prices and reductions in purity. Therefore, distortions in the global supply of medical commodities catalysed by COVID-19 placed severe limitations on the supply of medical and laboratory items in most hospitals within the country (Onyeaghala and Olajide, 2020).

Furthermore, for quick identification of populations at risk, laboratory testing was crucial to the COVID-19 response functions of the NCDC. But Nigeria was not testing enough. Wherein WHO, (2020) had declared that widespread testing sits at the heart of Nigeria's COVID-19 battle. (Onyeaghala and Olajide, 2020) asserts that the low testing capacity in Nigeria could be limiting the efforts targeted towards curtailing the spread of the virus, especially delays in identifying individuals who have the virus but are asymptomatic. The testing of individuals at the onset almost became an elitist affair, because, the distribution of the disease mainly affected returnees from abroad. Eventually, there was evidence of community transmission as COVID-19 broke the class boundary (Amzat *et al.*, 2020). Thus, testing became insufficient to accommodate the generality of the populace. Added to an absence of testing centres (Obinna, 2020), inadequate PPE for those at the front lines, (Amzat, *et al.*, 2020), the enthusiasm to curb the spread of the disease has been marred by these inadequacies, which could invariably wipe out or threaten the near little successes recorded so far. The policy response has not particularly enlivened a lot of public confidence, appears to be enveloped with weaknesses, and, taken together, one can argue that it may not be commensurate with the magnitude of the problem.

### **Economic Impacts of COVID -19 on Nigeria**

Governments all over the world face formidable challenges as the pandemic effectively cancels out the economic successes they had recorded so far before the outbreak. No country is spared in the challenges it poses -- with governments left to reckon with its devastating effects, whilst others are scrambling to save the little that is left of their economies by guarding against their total annihilation through proactive measures. It is reported by World Bank, (2020) that the swift and massive shock of the corona virus pandemic and shutdown measures to contain it, will lead to steep recessions in many countries. It predicted that the global economy will shrink by 5.2%

this year, representing the deepest recession since the Second World War. Nigeria in particular is on track to face its worst Recession in four decades (Nigeria Development Update, 2020). With a lot of economic uncertainties about the depth and duration of the global recession, there is a renewed effort to formulate an extraordinary policy response to enliven economic activities, provide the financial resources necessary to protect the most vulnerable, and avoid near-collapse of the financial sectors.

As World Bank, (2020) argues, COVID-19 will take an especially heavy humanitarian and economic toll on emerging markets and developing economies with large informal sectors. And with the informal sector in Nigeria employing over 48million Nigerians (Yusuf, 2014), in addition to the constant weak growths experienced in the Nigerian economy, the effect of the pandemic is expected to be staggering (Dauda *et al.*, 2020) debilitating and long-lasting. This is due to weak institutions that are ineffective in responding to the pandemic, lack of social welfare programs that would have catered for poor and vulnerable citizens affected by the crisis, global decline in oil price, combined with the low demand for oil products in international markets (Ozil and Arun, 2020). The monolithic nature of the Nigerian economy relies on crude oil as a major source of government revenue and foreign exchange (Oladipo and Fabayo, 2012), thus potentially exacerbating the extent of the economic crisis occasioned by the disease outbreak.

Nigeria has to contend with a sharp reduction in GDP, which amounts to approximately USD 16 billion in cost, and represents a 34.1 percent loss, with two-thirds of the losses coming from the services sector (Andam, *et al.*, 2020). Expectedly, there would be an upsurge in unemployment with Lagos Chamber of Commerce and Industry, predicting that the unemployment rate may hit a staggering 40-45 percent by the end of the year (2020). As a country with a weak and almost non-existent social safety net program, which could have assisted the vulnerable and poor in the country to cope with the economic hardship, it is estimated that there will be a temporary increase in the national poverty rate, with 27 million more people falling into poverty, as a result of COVID-19 (Andam, *et al.*, 2020). Wherein more than one-third of the people forecasted to be pushed into poverty by the COVID-19 crisis are expected to be in urban areas (Nigeria Development Update, 2020). For the average Nigerian (Dauda, *et al.*, 2020) asserts that their income will decline significantly for almost half of the households, with the cost of food and other basic needs increasing significantly.

Due to the arguments highlighted above, the economic cost of the pandemic will inflict long term damage to

the economy, with a palpable decimation of human capital through unemployment; there exists a significant uncertainty surrounding the pace and timing of the projected recovery which may not be present in the foreseeable future. Nigeria needs an effective policy instrument that can facilitate the conditions for rapid and inclusive growth once the Pandemic subsides. If it can be achieved, it could create a post-crisis opportunity that will be vital to the country's socio-economic growth and sustenance.

## CONCLUSION

As the literature reviews above highlighted, Nigeria faces internal headwinds, and a mounting problem occasioned by the prevalence of the pandemic. This is further worsened by a high debt to GDP levels, fiscal deficits, in addition to longstanding shortfalls in governance, human capital development, infrastructure, and public service, and fiscal buffers. The economic assessment demonstrates dire disruptions which could be severe and protracted because of the country's growth driver being the informal sector, are at risk of financial exclusion. They face an unprecedented survival tremor, without any foreseeable relief. Due to the nature of events, an unprecedented policy instrument needs to be formulated to cushion the shock and limit the harm to these individuals. The government must do whatever is necessary to guarantee some form of financial relief to them, which could in turn support the economy in business creation, and poverty eradication.

Consequently, resources have become scarce, and its limitation will interrupt continuous financial support to some sectors of the economy. Therefore, it is incumbent upon the Nigerian government to tighten fiscal coordination across all three tiers of government, to ensure prudent use of resources. They should also focus on comprehensive reforms if they are to stand any chance of reducing the adverse impact on the long - term growth prospect. These reforms should be concentrated in critical areas such as education, public health, social welfare services, environment as well as sanitation.

Finally, even though the collective efforts of NCDC, the Federal Ministry of Health, the state health authorities, and other stakeholders leading the efforts against COVID-19 have recorded high effectiveness across the country (Oyenirana and Chiab, 2020), there still exist some significant imbalances between the actions and objectives of the NCDC. And if the circumstances that have been discussed aren't properly addressed, it could continually undermine the effort of Nigeria to curb the further transmission of COVID-19, and in a worst-case scenario, lead to an existential crisis of disproportional magnitude.

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