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Management of the COVID-19 Pandemic and Its Effect on the Nigerian State

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Abstract---The earliest record of pandemic in world history occurred in 430 BC during the period of the Peloponnesian war which led to an adverse effect on the Athenian population. Since that time, there have been several pandemic across the world with varying degrees of negative effects on nations. The paper examined the management of the upsurge of the COVID-19 pandemic and its effect on the Nigerian state. The researchers relied on the historical method of data collection and participant observation technique in sourcing for relevant information for the study. It was discovered that pandemic is not alien to Africa or Nigeria in particular but COVID-19 has brought untold hardships on Nigerians and the entire world ranging from health hazards to stagnation of their economies in several dimensions and limiting direct contact and foreign investments. Its management in Nigeria was poorly done due to poor management of information and education, to the extent that the disease is seen as the 'rich man' problem. Up till now, especially in some rural areas of Nigeria, it is believed that what is happening is mere ordinary Malaria fever which can be taken care of through the use of local herbs. In addition, the palliatives that were made available through donations by individuals, corporate organizations, and donor nations, non-governmental organizations, international organizations and multinational corporations, were poorly managed within the country when compared to how other nations managed theirs.

Keywords--- COVID-19, disease, economy, NCDC, pandemic.

Introduction

The year 2019 ended positively with respect to economic outlook [Obi and Ndakara \(2020\)](#), with hope for a bright and promising future. Individuals, governments and the world at large looked forward to a better 2020 but these hopes were dashed when the horrifying news of the outbreak of a coronavirus named COVID-19 was broken. The deadly nature of the virus posed a threat to all aspect of life and this made the world leaders to take a drastic decision of locking down countries across the globe as a means of containing the virus. Various sectors and sections of the world were totally closed. Only essential services (Medicals and food) were allowed free movement within and across countries. Despite the free flow of medics and food, some countries still placed restrictions on exports. [Emefiele \(2020\)](#), observed that World Customs Organization (WCO), including several countries and territories, opted for stringent and immediate export restrictions or banned on critical medical supplies and drugs that were specifically meant for the response to COVID-19. Since the outbreak of COVID-19, which has suddenly permeated and changed the world, creating a new norm with nations counting losses from the crisis that started out in China ([Shereen et al., 2020](#); [China, 2020](#)).

We observed that COVID-19 has claimed millions of lives across the globe and more are still dying. We also observed that most countries, including Nigeria, have recorded, and are still recording economic losses, and at present sliding into recession given their growth rate in the second quarter of the year (See table 1). Economic activities fell globally and global unemployment rose to 9.2% from 5.4% in 2019 ([Haldane, 2020](#)). Even household welfare dropped. Although, socioeconomic problems such as poverty, unemployment, low income, inequality, poor housing, ineffective health facilities and epileptic power supply, are present in developing countries the outbreak of Covid-19 pandemic has further compounded the socio-economic livelihood of citizens of these countries ([Adeniran & Sidiq, 2018](#)).

Table 1
Economic growth rate of Countries as at second quarter of 2020

Countries	GDP Growth Rate (%)
OECD	-10.9
USA	-9.5
UK	-20.4
France	-13.8
Japan	-7.8
SSA	-5.1 (forecast)
Nigeria	-5.04

Source: [Haldane, 2020](#)

Nigeria is not left out as the economy has recorded a high rate of unemployment, low growth rate, exchange rate variability, and increased poverty level. Certain growth indicators were also affected. Shares of manufacturing and services to GDP fell except for agriculture (See table 2). However, in a bid to slow the rate of spread

of the virus, protect the lives of citizens, their livelihood, the economy of the nation, and contain spillover effects, several measures were adopted by nations. The Federal Government of Nigeria, on several occasions, imposed targeted lockdown measures in states recording a high rate of COVID-19 infection. These states include Lagos, Ogun, and the Federal Capital Territory, Abuja. Some states in the country imposed partial lockdown and closure of interstate borders. Curfews were introduced nationwide (Uchejeso et al., 2020; Zhai et al., 2020).

Table 2
The behaviour of selected economic indicators before and during COVID-19 in Nigeria

Growth Indicators	2019 (Before COVID-19)	2020 (During COVID-19)
Exchange rate (Naira to US Dollar)	360	381 (official) 460 (parallel market)
GDP Growth Rate (%)	2.2	-5.04 (as at second quarter)
Price of PMS per litre	143	160
Unemployment rate (%)	23.1	27.1
Youth unemployment rate (%)	13.96	34.9
Agriculture share of GDP (Nm)	3,677,153.49	3,918,668.46
Manufacturing share of GDP(Nm)	1,615,390.58	1,403,571.39
Service Share of GDP(Nm)	6,477,202.90	6,350,208.68

Source: [National Bureau of Statistics, 2020](#).

As a follow up to managing the effect of the pandemic, the Central Bank of Nigeria (CBN), began engaging Nigerian industrialists on how to provide support to the government in their effort at tackling and combating the menace of this unfortunate pandemic in Nigeria. A total of N25, 983,792,792 billion was raised. (See table 3).

Table 3
Nigerian industrialists support the government in their efforts to address and combat the pandemic threat

Names	Amount donated (n billion)
Central Bank of Nigeria	2,000,000,000
Aliko Dangote (Dangote Industries Limited)	2,000,000,000
Flood Relief Fund	1,500,000,000
Abdulsamad Rabiu (Bua Sugar Refinery Limited)	1,000,000,000
Segun Agabje (Guaranty Trust Bank)	1,000,000,000
Tony Elumelu (United Bank of Africa)	1,000,000,000
Oba Otedeko (First Bank Nigeria)	1,000,000,000
Jim Ovia (Zenith Bank)	1,000,000,000
Modupe and Folorunsho Alakija (Famfa Oil Limited)	1,000,000,000

Nigerian Deposit Insurance Corporation	1,000,000,000
Herbert Wigwe (Access Bank)	1,000,000,000
Mike Adenuga (Globacom)	1,000,000,000
Femi Otedola (Amperion Power Distribution Ltd)	1,000,000,000
Raj gupta (African Steel Mills Nig. Ltd)	1,000,000,000
Mtn Nigeria Plc	1,000,000,000
John Coumantatous (Flour Mills of Nig Ltd)	1,000,000,000
Others	17,393,792,792
Total	25,893,792,792

Source: [Emefiele, 2020](#)

The money contributed was channeled into palliative distribution, provision of facemask, amongst others. To this end, this paper examines the effectiveness of measures adopted in the management of COVID-19 pandemic and its effect on the Nigerian state ([World Health Organization, 2020](#); [Ohia et al., 2020](#)).

Brief history of corona virus

According to [Etukudoh et al., \(2020\)](#), Coronavirus is as old as virus in its entirety. Coronavirus just like other viruses are surrounded by lipid envelope that is bind to plasma membrane of target cells by attaching itself to specific proteins on the cell surfaces. History of coronavirus is traced to Great Flu Pandemic that has lasted for about 102 years since discovery and documented. The pandemic claimed 50 - 100 million lives all around the world, including roughly 675,000 in the United States and 454,988 in Niger Area (Nigeria) where Southern Province was 255,663 and Northern Province was 199,325 and could be a benchmark for the current coronavirus outbreak. According to the World Health Organization (2020), the global cumulative cases in 218 countries stand at 42,512,186, newly reported cases as at Oct ([Ogundokun et al., 2020](#); [Okuonghae & Oname, 2020](#)).

25, 2020 stand at 438,633, total cumulative deaths stands at 1,147,301 and the newly reported death as at 25th October stand at 5,669 The name “coronavirus” was coined in 1968, because of the “corona”-like or “crown” -like morphology in the viruses when observed in the electron microscope during a study. The International Committee on the Taxonomy of Viruses (ICTV) in 1975 came up with Coronaviridae family. The disease can be very fatal. These symptoms are quite similar to the flu (influenza) or the cold, which are much more common than COVID-19 ([United Nations Economic Commission for Africa, 2020](#)).

The novel virus (COVID-19) is an infectious and corrosive disease caused by a new strain of Coronavirus first discovered in Wuhan, the Hubei region of China. The disease was first referred to as '2019 novel-corona virus' or 2019- CoV. The COVID-19 virus is linked to the same family of viruses such as Severe Acute Respiratory Syndrome (SARS) and Middle East Respiratory Syndrome (MERS). It is also related to some types of common cold, with symptoms which include cough, fever, shortness of breath, persistent headache, rise in body temperature, loss of appetite, among others ([Van et al., 1997](#); [Glogau, 2000](#); [Mohammed & Deshmukh, 2020](#)).

[Eranga \(2020\)](#), affirmed that “in more severe cases, the infection can cause pneumonia or breathing difficulties”. This is why careful testing is required to confirm if an individual has the virus. The virus spread through direct contact with respiratory droplets of an infected person (generated through coughing, sneezing, and talking in a very close range). Individuals can equally be infected from touching surfaces contaminated by the virus and touching their faces; for instance, the eyes, nose, and mouth. The COVID-19 virus may survive on surfaces for several hours but simple disinfectant can kill it,” says [Eranga \(2020\)](#).

The Nigerian situation of COVID-19

Coronavirus (COVID-19) is currently ravaging the countries of the world, including Nigeria. COVID-19 was traced to Hunan Seafood Market of Wuhan city in the Hubei Province of China as declared by China CDC and Chinese Health Authority 2020 while WHO first declared SARS-COV-2 as a Public Health Emergency of International Concern (PHEIC) on January 30, 2020. COVID 19 (coronavirus disease) fondly called by many people as China disease was officially renamed COVID-19 on 11th February 2020 ([Atalan, 2020](#); [Gegúndez et al., 2020](#)).

Transmission of the novel virus COVID-19 is human to human though said to have started from animals and can also be transmitted from respiratory droplets produced by an infected person while coughing or sneezing or indirect transmission. COVID-19 has unique pathogenicity and transmissibility, which has been confirmed to be highly infectious that involves touching of eyes, surfaces and nose that has been tainted by droplets from infected persons. Nigeria had the index case of COVID-19 on 27th February 2020 as announced by the Federal Ministry of Health (FMOH). The index case was an Italian that works in the country. Majority of the cases are Nigerians coming back from an endemic country. Nigerian current status after 500,000 medical laboratory tests shows confirmed cases of over 55,000 with over 43,000 recoveries (discharged cases) and more than a thousand deaths recorded in Nigeria as at September 2020. The pandemic affected 35 states in the Nigeria polity with Lagos leading, and other states gradually close marking behind as reported by [NCDC \(2020\)](#).

Precautionary measures outlined by WHO/National Guidelines

In line with WHO, the FMOH, [Obeta et al \(2020\)](#), advised Nigerians for their good hand and respiratory hygiene with necessary precautions on personal, respiratory and Hand hygiene including; physical distancing (least 5 feet), avoidance of crowd, adequate disposal of the used tissue or infected materials; avoidance of self-medication and contact of proper authority and staying informed through official channels of FMOH and NCDC.

To ensure adequate precautions and guarantee quality good medical laboratory practice during COVID-19, [NCDC \(2020\)](#), provided some essential guidelines to Medical Laboratory Scientists and other professionals working in COVID-19 testing centers. Coronavirus (COVID-19) Specimen Collection Guide deals with adequate labeling, Virus Transport Media (VTM) tube and any other sample tube standard packaging procedures as required by the NCDC with regards to COVID-19 sample site collection, adequate personal protection equipment and hand

hygiene (Reuben et al., 2020; Sudiartini et al., 2020).

Medical laboratory testing of COVID-19

The best testing methodology of COVID-19 is real-time reverse transcription-polymerase chain reaction (RT-PCR) as recommended by WHO [2020] and implemented by NCDC (2020). This method could be used in more strategic locations such as the regions, while sub-units like the states and local government uses lesser and cheaper methodologies. These tactics will no doubt bring testing closer to the people. This could be achieved with Rapid Detection and Point-of-Care Diagnostics for COVID-19. The testing directories are however hinged on the NCDC and WHO guidelines in Nigeria. In China's case and Nigeria NCDC (2020), gives conditions that must be met to be designated a testing center for COVID-19. They include epidemiological history clinical features of:

- Symptoms of respiratory tract infection and fever,
- Radiographic evidence,
- Low or normal count of white-cell and lymphocyte. Patients with a history, consistent with any two clinical features, are diagnosed as suspected cases.

COVID-19 suspected cases are tested for confirmation by:

- Positive for SARS-COV-2 using respiratory tract or serum specimens which are examined with real-time Real-Time- Personal Confirmation Result (RT-PCR);
- The genome sequencing of the novel virus from the respiratory tract or serum specimens which are identical to SARS-COV-2 sequences.

However, the quality of the test is directly related to the quality of the kits and that of the medical laboratory scientists or the laboratory scientist doing the testing as well as the characteristics of the virus, sampling location, sampling volume, transportation, and storage, with laboratory test conditions.

NCDC and the management of the COVID 19 pandemic in Nigeria

The NCDC planned for a Public Health Laboratory Network that shall cut across the states of the Federal Republic of Nigeria and Federal Capital Territory, targeting the year 2021 but the emergence of COVID-19, made NCDC announce 2-testing sites which have increased to 18 with 2 under construction as at 30th April 2020. It is instructive to note that at the time of writing this paper, the laboratory sites according to geopolitical zones are South West - 7 Laboratories (Lagos, Ibadan, Ogun, and Osun), South-South - 1 Laboratory (Edo), South East - 1 Laboratory (Ebonyi), North Central/ FCT - 3 Laboratory (Abuja, Jos,) North West -5 Laboratory (Sokoto, Kano, and Kaduna) and North East - 1 Laboratory (Maiduguri). It is therefore very urgent for the Nigerian government through NCDC to plan towards more COVID-19 laboratories in all states and an additional one in very large states for adequate handling of the Nigerian population.

For COVID-19 diagnosis, the samples involved are nasal secretions, blood, sputum, and bronchoalveolar lavage (BAL). The samples are also subjected to

specific serological and molecular tests specific for COVID-19 for laboratory diagnosis. Serological tests employ enzyme-linked immunosorbent assay (ELISA) or Western blots that detect specific COVID-19 proteins. Molecular approaches are based on real-time polymerase chain reaction (RT-PCR) or Northern blot hybridization with a target of specific COVID-19 genes.

However, due to the scarcity of the requisite antiviral agents, there is a need to consider rapid testing using new detection medical laboratory technology and point of care testing kits or creating a mobile bio-safety laboratory as exemplified in Wuhan china where the coronavirus started. According to [Obeta et al \(2020\)](#), the NCDC has developed very good safety and diagnosis procedures, however, the clarity in terms of the job description and the roles of the laboratory staff in the public health laboratories was not clearly stated.

Also, diagnostic Laboratory Networks in Nigeria seem to be poorly coordinated. Many laboratories exist in isolation and with limited capacities to handle different sample volumes. The movement of samples for testing from one area or location to another due to a poor road network could be very challenging. For result(s) emerging from any sample to be credible and authentic, such sample should be collected, handled, and moved using approved standard procedures. Furthermore, a novel biomarker called Monocyte volume Distribution Width (MDW) has been reported to be extremely useful for identifying COVID-19 individuals with poor clinical conditions. From the foregoing, it is evident that without good medical laboratory services, the detection, diagnosing, treating and management of infected persons will be in jeopardy. The critical question is how many laboratories in Nigeria can accurately measure these parameters? It is a fact that only a few medical laboratories currently treating COVID-19 patients do have some capacity to carry out these services, with the majority lacking the requisite technical know-how and manpower to perform these all-important tasks of effective management of COVID-19 patients.

Management and treatment of coronavirus

There are management guidelines by World Health Organization (WHO) globally as adopted by NCDC for Nigeria use in the combat against COVID-19. Currently, COVID-19 does not have a confirmed treatment though management is ongoing with various clinical trials with the hope of developing/discovering vaccine as soon as possible. Many treatments have reported negative in various countries. Various trials made so far include: Japan flu drugs, antiviral drug - Favipiravir or Avigan, Chloroquine and hydroxychloroquine, failed Ebola drug - remdesivir, HIV drug combination- combination of lopinavir and ritonavir, An immunosuppressant and an arthritis drug - Actemra, or tocilizumab with interleukin 6 (IL-6) ie cytokine, sarilumab or tocilizumab, blood pressure drug- Losartan, and possible use of large dose of Vitamin C.

[Zhang et al., \(2020\)](#), started a clinical trial in Zhongnan Hospital, China from 11th February, 2020, with some countries looking the other way in the issue of Vitamin C infusion, idea presented by [Obeta \(2020\)](#), on the use of Vitamin C for the treatment of COVID-19 could be another breakthrough. Although, the Presidential Task Force, the NCDC and NAFDAC in collaboration with WHO have

skeptically look into the use of indigenous products that could help in the management of COVID-19. Such efforts are at best minimal. Generally; the effort to tackle the effect of the pandemic in Nigeria could be described as medico-centric and reactionary. The governments at the Federal and States level only set up isolation centers after positive cases were confirmed in the country. For instance, there was no molecular laboratory in Ogun State, when the index case was identified; the patient was transferred to Lagos State for diagnosis and treatment. The same applies to other states in the country, where governments acquired medical equipment to fight the outbreak only after positive cases had been reported. This reactionary posture accounted for the initial panic wave created by COVID-19 in Nigeria.

The pandemic also exposed the healthcare sector as being in deplorable state. This is an essential reason and factor for the tourism embarked on by the Nigerian elite. It is true that most African leaders who are known to embezzle public funds, thereby under fund critical infrastructure such as the health sectors often choose to travel abroad at the sign of any ailment or sickness. With the ravaging pandemic, governments at different levels have begun to mobilize resources into the health sector. For instance, the Federal Government released a five billion Naira (US\$ 12.5 million) special intervention fund and an aircraft to the NCDC for emergency responses. An additional ten billion Naira (US\$ 25 million) was also released to Lagos State, the epicenter of the outbreak ([NCDC, 2020](#)). The President also approved that pilgrimage transit camps be converted to isolation centers ([Akinsanya et al., 2020](#)). The Federal Government also advised all state governors to establish a minimum of 300-bed treatment facilities, in anticipation of a further upsurge. These announcements were made after the number of positive COVID-19 cases had escalated, the creation of isolation centers, compulsory use of facemasks, and a ban on public gatherings before any confirmed case had been reported.

The role of the coalition of private sector fund and the fight against COVID 19 in Nigeria.

In playing its critical role of promoting the economic development of the country, the CBN after series of engagement on the negative effect and impact of the covid-19 on the global and Nigeria economy, decided to bring on board the captains of industries across different sectors to help support the government in cushioning the effect of Covid-19. Thus, CBN on behalf of the bankers committee generated fund to support and compliment government efforts in tackling the impact of COVID-19. Thus, the Coalition was created as a result of the urgent need to combat the unfolding and increasing COVID-19 crisis in Nigeria. The Coalition noted that the rate at which the pandemic was spreading is alarming and unprecedented and it appears the country is fighting our most lethal and ferocious adversary to date. As such, the Coalition stated its objectives to:

- Mobilize private sector through leadership.
- Mobilize private sector resources.
- Increase general public awareness, education and buy-in.
- Provide direct support to private and public healthcare's ability to respond rapidly to the crisis, support Government effort.

In doing this, the Coalition set up four major committees comprising of:

- Steering Committee to render leadership and steer the coalition and committees in actualizing all needed funding, equipment and materials to battle the pandemic. The steering committee will be headed by the Secretary to the Government of the Federation, Mr. Boss Mustapha who also chairs the Federal Government Committee on Covid-19.
- Funding Committee: this committee will be solely responsible for the initial funding of the project. Membership comprises the CBN Governor, Aliko Dangote, Herbert Wigwe, Jim Ovia, Tony Elumelu, Segun Agbaje, Abdulsamad Rabi'u and Femi Otedola. Each member of the committee must ensure that their institution contribute at least N1billion to this effort (Project). More members are allowed into this committee as long as they are willing to contribute at least N1billion.
- Operational Committee: This committee is responsible for project management, communication, logistics and advocacy. This comprises CBN Governor, Aliko Dangote Foundation, Access Bank, Stanbic IBTC, Ecobank, Fidelity Bank, Unity Bank, Zenith Bank, GT Bank, Nigerian Breweries Plc.
- Technical Committee: This committee is responsible for gathering data about the materials and equipment needed nationwide. They will also be responsible for intellectual leadership around testing issues, isolation centers and treatment protocols. Membership Comprised of NCDC, WHO, Bill and Melinda Gates Foundation, Federal Ministry of Health and select members of the operational and funding committee. According to the CBN Governor, Mr. Godwin Emefiele, Information gathered so far has shown that to procure all the needed equipment, infrastructure, and all material required to fight this pandemic, over N120b need to be raised.

As at September 2020, the Coalition of Private sectors informed the public that over 30 billion Naira has been generated. These monies the group stated has been used for the building of isolation centers, procure personal protective kits and other medical and testing supplies. Furthermore, the CBN in helping to limit the impact of the pandemic created numerous lending programmed and stimulus package of about N3.5 trillion as measures to households, businesses, manufacturers and healthcare providers ([Ahmed et al., 2020](#)).

The objective is to help cushion the negative effect of the virus on the nation's economy and by so doing, help to prevent economic stagnation and recession. From the forgoing, it follows that even though the COVID-19 pandemic in Nigeria, came with unexpected pain and tragedy, it has however created an opportunity for Nigeria to look inward and ensure that adequate resources is committed towards critical sectors of the nation's economy especially the health sector. As it stands, the different steps and resources being channeled to the economy is a pointer that many things still needs to be done to strengthen the nation's economy in responding the future to such magnitude of threat like the Covid-19. The different steps so far taken by the Federal Government, through the Central Bank of Nigeria and the Federal Ministry of Finance, Budget and National

Planning, are geared towards achieving the following objectives:

- To build a high-quality infrastructure base to include reliable power to kick start industrial activities.
- To Support large and small scale agricultural production in certain staple and cash crops.
- To create a value-added production chain through an ecosystem of industries, storages, and logistics companies that can freely move raw and finished products across the nation's markets.
- To create an inclusive modern system of education using the fiscal policies to enhance critical thinking and creativity, that can prepare Nigeria to compete globally.
- To design a modern healthcare system, capable to keep all Nigerians safe and well despite social status.
- To facilitate easy access to cheap and long-term loans for Small, Medium and large-Scale Enterprises (SMEs).
- To create and strengthen policies to assist the poor and most vulnerable in securing financial and security services.
- To accelerate the development of companies to invent or innovate new competitive business ideas.

All these reflect the grand plan by the Nigerian government, anchored by the CBN, to turn the COVID-19 tragedy into an opportunity for Nigeria. Among other things, the CBN announced a plan to provide financial support for the development of Nigerian made vaccines that would help prevent the spread of the Corona virus. The CBN support will come in the form of a long-term financial grant offered by the apex bank to researchers, science institutions, and biotechnology companies. To reflect the changing economic realities, government has further reviewed the country's national budget for 2020, reducing the crude oil benchmark price from \$57 to \$20, and cutting down government's planned spending by about N1.5 trillion, including a 20 percent cut in planned capital expenditure, and 25 percent cut in recurrent expenditure.

To further alleviate the economic burden and suffering brought on the average citizen by the corona virus pandemic, the Federal Government suspended on April 1, 2020, its initial planned hike in electricity tariffs. The government has also continued to slash the pump price of Premium Motor Spirit (PMS), from N125.00 to N123.50 per liter in order to reflect the downward trend in global crude oil prices (KPMG, May 14, 2020). Additionally, the CBN has rallied Nigeria's business community to come together to set up the Private Sector Coalition Against COVID-19, a special purpose vehicle to mobilize private sector funds to support the fight against the corona virus pandemic. Hundreds of corporate bodies and individuals have together, so far, risen up to N1.5 trillion. From data gathered, these funds will be applied, among other things, to support the government in implementing the infrastructure development aspect of the 2020 national budget. Such a plan to convert the private sector contribution into government expenditure has been criticized because of transparency and accountability issues associated with government spending.

Specific steps taken by the private sector

The leaders of the Nigerian private sectors, a coalition against Corona virus (CACOVID) led by Nigeria Economic Summit Group (NESG), Access Bank Group, Dangote Industries Ltd, in collaboration with the Zenith Bank, Guaranty Trust Bank, MTN Nigeria, ITB, and many others, have stepped up to create public awareness through media advertisement, to support professionals in healthcare, government, and related institutions on how best to tackle the COVID-19 Pandemic in Nigeria. The CACOVID has supported the Nigerian government to build across the country, training centers, and medical tents that are fully-equipped to test, isolate, and treat the COVID-19 cases.

According to Aliko Dangote, the “COVID-19 has affected us all and threatens our collective, social, health-economic, psychological and physical wellbeing; hence, the urgent need to work together to beat this common enemy. In addition to the above measures taken by the CACOVID, Aliko Dangote Foundation (ADF), also pledged the sum of N200 million to help prevent the spread of the COVID-19 disease through the donation of ambulances and thermal cameras at the nation's airports to monitor the temperature of all travelers coming into the country. Also, the MTN Nigeria has supported the government for the fight against COVID-19 pandemic through the following measures. By assisting both Federal and State governments with communication systems, profiling of risk, and analyzing response management:

- The provision of airtime and data bundles worth about N500 million through the Nigerian Governors' Forum (NGF) to support and facilitate State governments communications during travel restrictions.
- Donation of over N1.4 billion airtime, devices, and data to enhance connectivity between frontline health agencies and the NCDC.
- Connecting customers with very important health information: Free data access to be used to access websites with validated information on COVID.
- Ensuring the provision of about 300 free SMS per month to all MTN subscribers, to ease communication with loved families.
- Partnership with a messaging OTT provider, Ayoba to grant free daily data access to MTN subscribers across the country.
- Absolute free transfer of funds through the use of the MoMo Agent Network from Yello Digital Financial Services by all subscribers during the pandemic.

The Transparency International (TI) has cautioned that global efforts should be made to ensure the transparency and accountability of all funds in government hands raised to fight the COVID-19 pandemic. This is applicable to Nigeria where it has been argued that the country's private sector should not donate to the government in the name of helping to fight the corona virus pandemic. As laudable and robust as some of these CBN interventions seem, the challenge lies in the actual implementation of the interventions.

For instance, the CBN has offered N50 billion support loan for households and businesses, to be distributed through Microfinance Banks and other avenues, at the interest rate of 5 percent. But the challenge lies in how this facility can be properly managed to ensure its accessibility to small-scale traders and poor

families many of which do not have banking opportunities. For households to benefit from this loan facility which is pegged at a maximum of N3 million, such households must provide verifiable evidence that their livelihood is adversely impacted by COVID-19.

They must also provide necessary supporting financial records. Such stringent conditions also apply to micro small and medium enterprises (MSME) and corporate enterprises seeking to access the CBN N50 billion facilities. Surely, every family and small business operator in Nigeria has been negatively impacted in one way or the other by the COVID-19 pandemic. But it may prove an insurmountable obstacle for many households and MSMEs to provide satisfactory evidence of negative COVID-19 to ensure access to the CBN palliative. International Monetary Funds (IMF) Economic Relief has also approved a Rapid Financing Instrument (RFI) of about US\$3.4 billion, as requested by Nigeria, which is equivalent to 100 percent of its quota, as an emergency COVID-19 economic relief. This finance package is to support the country's health care sector and protect its businesses and jobs from the shock of the COVID-19 pandemic, and also assist to limit the decline in foreign reserves. The RFI is a loan that is to be repaid within 5 years, starting in the third year, with an annual cost of 1 percent interest, which is about one-tenth of the ongoing risk premium on Nigeria's sovereign bond.

Even though there are no ex-post conditions that are attached to this emergency loan, however, as is required with other IMF's standard financial package, a member requesting RFI assistance is required to cooperate with IMF to solve its balance of payments difficulties, and to describe the general economic policies that it proposes to follow. While this loan is meant to support Nigeria in an emergency situation, the obstacle in accessing this loan still remains. It is also difficult to understand the repayment conditions negotiated for this facility since the country is in an economically worse position.

How will Nigeria utilize and service this loan in the coming five (5) years without an adverse effect on its already suffering population? To enhance the effective accountability and transparency of the policy stipulated by the IMF, the Nigerian government has committed to carry out an independent audit of the COVID-19 pandemic, through the mitigation of expenditure and procurement procedures related to the crisis. The government has also agreed to make public by publishing all its plans and notices for every emergency-response activities, inclusive of the awarded company's names and beneficial owners.

This will significantly strengthen the oversight of the whole budget used by the government during the response to the COVID-19 crisis. However in all, while it seems on paper that government intervention programmes will help revamp the Nigerian economy, many are still skeptical about the transparent nature of spending and impact of the various economic palliatives and measures put in place. For instance as the nation was beginning to breathe a sigh of relief going by the declining numbers of new infection and the promise of the discovery of a vaccine, the Nigerian government announced the removal of fuel subsidy and also announced increment in electricity tariff. These actions gave a bitter indication that the already improvised masses have a tougher future ahead. It also indicated

that all public and private sector donations and palliatives is either a scam or was not properly managed to provide the much needed succour to the masses owing to the negative effect of the COVID- 19 pandemic.

Conclusion

While, many commends the efforts of the coalition of private sector and the government in attempting to cushion the effect of COVID-19 on the masses, there are, however, lamentations trailing the distribution of government palliatives by the masses. Many Nigerians have complained about government efforts and the modalities in programmed aimed at cushioning the effects of the lockdown imposed on some States and the Federal Capital Territory to contain the further spread of the coronavirus (COVID-19) pandemic. It has been alleged that political consideration and motives have taken precedence; hence the palliatives have not been sincerely deployed.

It could be recalled that the Federal government had earlier said the palliatives were for the most vulnerable in the society, though there were no laid down parameters for determining the most vulnerable. For example, in Edo State, most of the residents claimed they were not aware if there was any distribution of palliatives in their localities. They alleged the palliatives were hijacked by politicians who now turned themselves to be vulnerable. The state's leadership borrowed a leaf from the Federal Government by saying that the palliative packages were for the most vulnerable.

The questions that loomed large and which both the Federal and State governments are unable to answer is: who are the vulnerable? Is it that the federal government was unable to evolve a transparent process to ensuring fair distribution of the palliatives? Is the idea of undefined vulnerability a ploy by the governments to hijack the palliatives for their party faithful? What about those people that lost their jobs or income, are they to be regarded among the vulnerable? These questions are begging for answers. The situation helps in buttressing the fact that persons that have been asked to remain indoors as a result of Covid-19-induced-lockdown have not benefited from any efforts both from the private and government albeit directly.

Recommendations

The fight against COVID-19 cannot be sustained and effective without properly sensitizing and providing succor for the people. This is because; many people who are vulnerable will find it difficult to abide by government guidelines of staying at home, maintaining proper hygiene and social distance. As a corollary to the above, the lack of motivation of health workers in terms of provision of proper Personal Protective Equipment (PPE), will undermined efforts at effective control of the spread of the pandemic. As the front line soldiers, all health workers should be protected by life insurance. Given the altruistic behavior of health workers, their protection should be paramount in the fight against COVID-19. The absence of Personal Protective Equipment (PPE) for the regular health workers, suspected COVID-19 cases might be rejected, which might lead to an upsurge in mortality from non- COVID-19 diseases. There are concerns that the fragile health system

might be unable to care for a high incidence of COVID-19 infection, which could lead to dreadful consequences in terms of morbidity and mortality.

Many western countries (including Italy, the USA, and Spain) seem to have been overwhelmed by thousands of daily deaths. The situation in Africa and Nigeria in particular could be worse off if adequate precautionary measures against the virus are not continuously enforced. Therefore, they should tread with caution with the urge to reopen the economy to prevent significant community transmission of the virus. In-addition, there is a gross shortage of health facilities and health workers in rural areas where more than 60% of Nigerians reside. A rural COVID-19 outbreak might spell doom for any community in Nigeria as well as Africa. As such, improving the medical and health infrastructure is key to mitigating the pandemic. There is an urgent need to improve laboratory networks within the country. This is because in the cause of any outbreak, the availability of critical laboratory facilities will help fast tract treatment and management of the situation.

In all, while it might be hard to predict or forecast the number of people who might be infected at any disease outbreak, there is a need for the government, through the Federal Ministry of Health to create one public health laboratory (PHL) in each state. This will allow for ease of movement and testing of samples collected from individuals who are living within such zones. While acknowledging the importance of Rapid Diagnostic Test Kits (RDTs) as an acceptable point of care (POC) testing device, users should be aware of possible errors inherent in such testing methods.

To this end, all stakeholders should ensure that they are properly validated prior to public use. With various emerging and re-emerging infectious disease challenging the country, there is need for the government to partner with biotechnology companies either within or outside the country to help research and develop Rapid Diagnostic Test Kits (RDTs) for quick detection of infectious diseases when outbreak occurs. We recommend more resources for health care institutions especially clinical laboratories. Priority should be given to strengthen laboratory systems in readiness to handle outbreak. Laboratory emergency plans should be established and implemented when the need arises. Proper planning of medical supplies should be determined; and arrangement should be put in place for contingency supply of medical items. Continuous capacity building to expand the number of trained medical laboratory professionals and improve the quality of testing is also very critical if the war against infectious diseases must be successful

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