

# Issues and Challenges of Coronavirus Outbreak in Nigeria

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**Abstract:** Corona-virus (COVID-19) is an infectious 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 magnitude by World Health Organization. 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 Nigerian 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:** Corona virus, Economic Impact, Misinformation Healthcare Systems, Nigeria.

## 1.0 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 casualties. 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 rate can remain at a manageable rate. This is particularly of importance to African countries, whose health systems are significantly sub-par in comparison to any other continent in the world, with a disproportionate ration of hospital beds, intensive care units (ICU) and health professionals to its population (Economic Commission for Africa, 2020).

The recently emerged novel coronavirus, 'severe acute respiratory syndrome coronavirus-2 (SARS-Cov-2) caused by a highly contagious disease called coronavirus disease 2019 (COVID-19) was first reported from Wuhan city in China in December, 2019, which in less than three months spread throughout the globe and was declared a global pandemic by the World Health Organization (WHO) on 11<sup>th</sup> March, 2020. So far, the ongoing pandemic severely damaged the world's most developed countries and is becoming a major threat for low and middle-income countries. The poorest continent, Africa, especially Nigeria with the most vulnerable populations to infectious diseases, is predicted to be significantly affected by the ongoing COVID-19 outbreak.

The coronavirus disease (COVID-19) caused by Corona virus, belongs to a family of RNA viruses that manifest various symptoms such as fever, breathing difficulty, sore throat, sneezing, dry or prolonged cough, general weakness, pain and other mild respiratory disease in humans. The WHO affirmed that the outbreak of the coronavirus epidemic at that time was associated with the Human South China Seafood Marketplace, however, no specific animal was linked to the outbreak. Adhikari et al. (2020) reported that the spread of the virus throughout China during the Chinese New Year, was attributed to a high level of migration among Chinese people during that festive period. The first genome of COVID-19 was published on 10 January, 2020 by the research team led by Prof. Yong-Zhen Zhang. So far, there are over 1000 COVID-19 genomes that have been published worldwide, including the first whole genome sequencing of COVID-19 in Africa from the index case in Nigeria. This sequencing has resulted in the identification of different strains of SARS-CoV-2 in circulation.

However, while it is still too early to infer susceptible populations, it has been documented that observation from the early disease pattern demonstrated pandemic trend similar to Severe Acute Respiratory Syndrome (SARS) and Middle East respiratory syndrome

(MERS) corona virus. Demographics of the pandemics seem to be associated with age, biological sex, and other underlying health conditions that may serve as catalyst to the coronavirus disease.

## 2.0 Literature Review

The emergence of the SARS-COV-2, indeed raise 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 infection (Zhang et al., 2020), amongst others. The World Health Organization (WHO) 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 HINI pandemic was anything to go by, the gap in information and assumed adverse impact on the economic activities -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 HINI swine flu declared a pandemic, which was criticized because it was believed that the severity didn't mean much the effects, leading governments to mount large and costly responses to the HINI influence. While, (Doshi, 2011), stockpile vaccines which were 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), TedrosAdhanonGhebreyesus, 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 citizenry. 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 to 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).

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 48 million 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 the world economy.

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 tackling, 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 points 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.

In order to continue to curb inter-State transfer of the COVID-19 pandemic, the Nigeria governor's forum announced inter-state lockdown, a move that was commendable. As part of curbing the spread of the pandemic the government declared closure of primary, secondary schools and tertiary institutions and reducing number of individuals at different gatherings to not more than 50 persons and later reduced to 20 and currently not more than 10 persons. The gathering includes places of worships, open markets, clubs, gym, saloon, while civil servants on levels 1 to 15 specifically in Lagos State were asked to stay at home. The proactive measures put in place as a stimulus for the less privilege persons witnessed a lot of criticisms by many Nigerians, as it was poorly coordinated, and mismanaged. The situation attracted revolts by many as lack of food would not let them stay at home. Reaction of these citizens prompted announcement of relaxation or ease of lockdown by Federal government from Monday the 4<sup>th</sup> of May – a move that was considered disastrous amidst the rising number of community spread of COVID-19 cases in Nigeria. The demographics of the coronavirus disease in Nigeria as reported by the National Centre for Disease Control (NCDC) revealed that of 4151 confirmed cases, 2828 (68%) were male and 1323 (32%) were female subjects. The most affected age group is between 31 – 40 years (24%), total number of people of interest are 9305 with 9201 (99.8%-exceeded follow up). The number of people with travel history – 210 (5%), cataracts, 947 (23%), without epidemiologic link, 2618 (63%), incomplete information, 376 (9%). The 63% of the total confirmed cases without epidemiological link recorded is an indication of community spread of COVID-19 across the country.

## **2.1 Challenges, Myths and Intrigues of COVID-19 in Nigeria**

Some of the challenges in Nigeria at the onset of the pandemic were the problem of contact tracing due to false or wrong contact addresses given by people who came in from Europe and other parts of the world. There were also handful of COVID-19 patients who ran away from isolation centres in States like Delta, Oyo, Sokoto and Kano. This further puts the State COVID-19 taskforce to commence and intensify contact tracing and immediate decontamination (Punch news, May 5, 2020).

The fallacy by most Nigerians that COVID-19 was strictly associated with the rich ab initio and that, it was brought in from Europe, America, UK etc. by the privileged people and politicians a challenge in the community spread of the disease. The limited knowledge of the transmission of coronavirus disease among the general public remains a huge challenge. Furthermore, the distrust of Nigerian citizens towards the government was another factor responsible for the increase in the community spread of COVID-19. Another school of thought was that the COVID-19 pandemic was a 'phony' issue, as most Nigerians assume it is another avenue for the politicians to embezzle public fund or the tax payer's money. The protest stage by confirmed COVID-19 patient to the street at the Kwadon isolation centre in Gombe State over abandonment by the government of the State with no medical personnel, no treatment facilities and a poor meal has been identified as another setback for curtailing community spread. Unfortunately, other people living within the environment that were not part of the isolated COVID-19 patients joined in solidarity protest. The protesters were not using face masks, the social distance warning was not observed and some engaged in sharing of used face masks, resulting in increasing risk of COVID-19 spread.

Nigeria being a secular nation with multi-regions settings, the closure of places of worship to curtail the spread of COVID-19 was seen by religious organizations as means of depriving them of their freedom of worship. This was flagrant violation of government order on rampage, when the Law enforcement agency disrupted their Jumat (Friday) service. In another development, there was a serious misconception by some Christian folks that COVID-19 is genetically engineered to drive in the Anti-Christ. Some are of the opinion that the pandemic will enable the agents of Anti-Christ to produce vaccine that contain microchips. These chips will serve as a means of identity (mark of the beast in the book of Revelation), and at a later date will be used for buying and selling. This microchip was also tied to the current 5G network (been promoted across the world by Huawei Technology, China), as the required network for the function of the microchips that will be incorporated into the vaccine.

The refusal of government to go against the ethics of medical profession by not showing on National television, people diagnosed with COVID-19 or those evacuated or shown in their isolation wards during treatment prior their recovery and discharge from the hospital as seen from footages or videos in electronic and social media from other countries around the globe, arose disbelief of many Nigerians about the true incidence of the COVID-19 figures that are being announced daily. The fears of most Nigerians as regards the actual figure of the COVID-19 positive cases as announced by the NCDC was a typical example of the drama played by the incidence in Dares Salaam, Tanzania as reported by Voice of America (VOA). In that country, the Coronavirus test kits used were described as faulty by President John Magufuli on 2<sup>nd</sup> of May, 2020, this was because positive results were said to have returned from Tanzania's laboratory test, on random samples taken from several non-human samples, including samples from pawpaw, goat and sheep that were deliberately assigned human names and ages with unhuman origin. As the news from Tanzania ravaged the

entire social media, this scenario further added to the misconceptions of some Nigerians that the news of the COVID-19 remains a farce.

## 2.2 Control Measures on COVID-19 Pandemic

The government, corporate bodies, philanthropists have been supportive in the fight against COVID-19 transmission via telecast, jingles, adverts, billboards, fliers, posters across Nigeria. The Federal Ministry of Health and the Nigerian Centre for Disease Control (NCDC) worked assiduously to put in place some certain control measures and made (guidelines) for prevention of COVID-19. These measures include:

1. Washing of hands with soap and running up water for at least 20 seconds after being in a public place or frequently clean hands by using alcohol-based hand rub;
2. If soap and water are not immediately available, use an alcohol-base hand sanitizer that contains at least 60-70% alcohol;
3. Use 10 ml of Dettol plus 1 ml of sodium hypochlorite (bleach) in 100 ml of clean water to decontaminate surfaces;
4. Avoid touching nose, eyes and mouth and unwashed hands;
5. Avoid close contact with anyone who has a fever and cough or who is sick;
6. Create a social distance (2-meter gap) between oneself and others as community transmission is fast.

## 2.3 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 coronavirus pandemic and shutdown measures to contain it, will lead to steep recession 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 the 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 sector.

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 48 million 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 prices, combined with the low demand for oil products in international markets (Ozili 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 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.

## 3.0 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 (Oyeniran and Chiah, 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 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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