

The Nigeria Health Sector and the COVID 19 Pandemic

Dr. Joyce A.M. Ejukonemu

Federal College of Education (Technical), Bichi, Kano, Nigeria

DOI: 10.29322/IJSRP.11.04.2021.p11265
<http://dx.doi.org/10.29322/IJSRP.11.04.2021.p11265>

Abstract- The world was taken by surprise at the dawn of the Corona Virus Pandemic. Every sector in every nation of the world is being affected, although some were quick to adjust to the new normal, while others are still lost as to what to do. The pandemic created a unique system of doing things and a new life style. Nigeria like most African nations were among those greatly affected by the pandemic. A probe into the health sector and the leadership style in Nigeria will bring to light the devastating nature of the health system. Drawing from secondary data, the paper seeks to answer the question: what is responsible for the deploring nature of the health system. The thrust of the paper is that leadership style is pivotal in solving the health crises in Nigeria. The paper therefore recommends, democratic leadership as the way out.

Index Terms- Governance, Corona Virus, Health, Nigeria and Pandemic.

I. INTRODUCTION

Nigeria as a nation is a product of British invasion. The British colonized, created and nurtured the political space called Nigeria today. The model political institutions such as the legislature, executive and Judiciary, without leaving out political parties and electioneering institutions are said to have entered the political space either through conscious actions of the colonialist or as a response to political imperative of the period. Thus Nigeria as a federation, scholars have argued that, the federation of Nigeria is in crisis because the above institutions have become less and less effective since their adoption under colonial rule.

Nigeria as a vehicle carrying all the distinct groups in the country, or the geographical conglomeration is getting weaker and incapacitated by the year (Seberu 1994), Olukoshi and Agbu 1977 and Osaghee 2005). There are Liberatures on Nigerian people and several forms of crises, however I will like to deviate a little from the point of view of ethnic religious and political crises to the stand point of sectoral and institutional crises. Nigeria is a complex state, the country is heterogenous consisting over 350 ethnic groups. The people are made of several distinct languages, cultural and religious groups (Osuntokun, (2013) Ajayi Rotimi and Fashagba Joseph 2014: Ejukonemu (2013).

The Health sector in Nigerian has been experiencing a lot of issues for decades leaving the upper and middle-class citizens to depend solely on medical tourism. Prior to 27th February 2020, when COVID 19 index case was reported, there has been capacity building in epidemic preparedness and the Nigerian Centre for Disease Control (NCDC) had 23 public health emergency operations, and four testing centers loosely distributed around the

country with the North lacking a testing facility. It was recorded that, as at 30th March 2020, Nigeria had only 350 Intensive Care Unit (ICU) beds to serve a population of over 200 million as estimated by the Nigeria Centre for Disease Control. Corona Virus Disease,2019 (COVID-19) is a respiratory disease, often complicated by acute respiratory distress syndrome (ARDS), and in such a case, access to intensive care would be lifesaving. However, considering the depriving level of the health care system in Nigeria, only serious crises is been experienced as the number of confirmed cases of COVID-19 continues to increase with alarming possibilities of cases requiring such advanced health services.

The COVID-19 pandemic continues to sweep the globe, infecting millions of people and causing hundreds of thousands of deaths and massive economic disruption. Africa has so far been spared the kind of massive impact that has caused panic in developed nations like the United States, Spain and Italy. As at the end of April, 2020, there were over 34, 915 confirmed cases on the African continent. This number kept climbing as Africa was experiencing its early stages of the pandemic with her 1.33 billion people at tremendous risk. Nigeria being a low-income country in sub-Saharan Africa, managing the impact of the pandemic is of global interest. With a 2020 budget of 10.59 trillion naira and 24.9% of revenues for this budget coming from oil sources and to further expound on the munificent gestures vested on the Nigerian health care, the sector enjoys only 4.14% of the 2020 national budget www.yourbudget.com/?s=2020+budget.

II. COVID 19 TIMELINE IN NIGERIA 1 YEAR

- Index case confirmed on Feb 27, 2020
- First death recorded 23 March, 2020
- 29 January 2020 pc assured of the readiness to prevent the spread of covid-19.
- 31 Jan 2020, coronavirus preparedness group was set up.
- 27 Feb, 2020 index case confirmed
- Lockdown on March 30, 2020.
- Jan, 10th 2020, 100,000 cases reached.
- Jan 2021, first case of B-1-1.7 variant confirmed.

III. CHALLENGES IN THE HEALTH SECTOR

Nigerian federalism has powers distributed to the federal/central, states and local government. The citizens are therefore left with the structural divide to dwell and align with these tiers of government. However, as against the tenet of robust, growth oriented fiscal federalism, Nigerian's constituents' states

and localities lack any significant degree of fiscal autonomy, viability, responsibility and competitiveness as underscored by their near total budgetary dependence on central financial devolutions (Onwudiwe and Suberu, 2005). Little wonder all the citizens look up to the center for help at all times. Most policies are expected to filter down from the top down even the health sector. The outbreak of Covid 19 exposed several shortcomings in this area of Top-bottom democratization.

The imposed lockdown in the nation, as an attempt to curb the pandemic, was considered a laudable effort from the government as similar actions have helped to control the pandemic spread in other countries such as China, England, American, Italy and Spain. However, considering the realities of the densely populated and low-income country, the provision of palliatives to the indigent and generation of a robust economic stimulus package remains a vital responsibility of the government to ensure total compliance. The economic effect of this pandemic cannot be overemphasized, with oil trading at US\$21.23 per barrel as at 29 April 2020, being the lowest in 18 years, and the diversion of existing funds to combat this menace (*Oyadiran, O.T; Agaga, L.A; Adebisi, Y.A; and Lucero- Priso, D.E, 2020*)

IV. MEDICAL PERSONNEL

Nigeria is a nation where Medical doctors courageously manage all forms of infectious diseases as part of their routine daily activities, including the current COVID-19, but are only guaranteed a monthly hazard allowance of N5000 (US\$ 14, Central Bank of Nigeria exchange rate of N361 as of 28 April 2020), with the minister of health not even being aware of such a fee and in the advent of illness or death of a medical doctor while on the job, they are entitled to nothing in health insurance coverage. While medical Doctors in a “small” country like Ghana, will be paid US\$4322 as health insurance coverage in the occurrence of illness/death of a doctor in the fight against COVID-19 www.yourbudget.com/?s=2020+budget. Health insurance is a necessary incentive, even for a medical doctor, not just because it shows the importance the health care managers confer on the health workers, but also because it is an assurance of protection in the event of the unprecedented.

The above is one of the reasons for the brain drain of medical professionals. It was said that the president of the Nigerian Medical Association (NMA) said about 75 000 Nigerian Medical doctors were registered with the body, but over 33 000 had left the country, leaving behind only about 42 000 to cater for all health institutions. The president also noted that, “in the rural areas, the ratio is one doctor to 22 000 people, while in the urban centers, it is said to be one doctor to 10 000 Nigerians or one doctor to 12 000 Nigerians, meanwhile the World Health Organization (WHO) said for any country to have a balanced ratio, it has to be one doctor to 600 persons” <https://allafrica.com/stories/201912190053.html>

Resources

In the battle against the COVID-19 pandemic, Nigeria like the rest of the world, is lacking of the needed personal protective equipment (PPE), which is an essential component in the management of this highly infectious disease. Although the country enjoyed generous PPE donations from well-meaning

countries, organizations and individuals and these helped in the fight against COVID 19 pandemic. These were not enough to adequately protect the workers in the act of rendering the expecting services to the people. Nigerians being hard working and innovative ventured into the production of non-pharmaceutical materials such as PPE, facemasks and medical gowns to reduce the economic effects of acquiring these materials. Lagos state took full control of the health sector at the beginning of the pandemic, although this was reported to have been done in conjunction with private organizations. Lagos state created isolation centers fitted with ICU while some states converted the national youth service corps orientation camps to temporary isolation centers alongside its general hospitals. In order to minimize the toll of the pandemic on citizens, the Lagos state government announced free services for pregnant women and people with health emergencies. The hazard allowance of health workers in Lagos witnessed an increase from US\$13 to US\$65 in an attempt to incentivize them. Toll free COVID-19 lines for reporting suspected cases were created by the Lagos state government but this was plagued by hoax calls which have constituted majority of the calls made to the lines. In order to ramp up testing, the National Centre Disease Control (NCDC) began testing suspected COVID-19 cases in HIV/Tb laboratories as at May 2020, at least one COVID 19 testing laboratory has been created in each state in addition to its current 12 testing facilities distributed in 8 states in the country. The Lagos State government, which had the highest number of reported cases in the nation as at the beginning of the pandemic, also set up 20 sampling centers across all local government. Lagos state also enjoyed the establishment of sample collection booths donated by private organizations.

V. OTHER PREVAILING HEALTH ISSUES

Other diseases that have been neglected because of the focus that has been given to COVID-19. Scholars argue that, Nigeria was said to have been struggling with some of the worst health indices in countries at similar stages of development. The maternal mortality rate (MMR) is 512 per 100,000 live births, infant mortality is at 67 per 1,000 live births of children 1 years of age, the prevalence of stunting in children under 5 is 36.8% nationwide, the contraceptive prevalence rate is 16.6% and drop out in Immunisation coverage using DPT3/Penta 3 vaccine coverage is 50.1% nationwide, although there are regional variations in vaccine coverage. These health indicators shows the scale of the health challenges the country was struggling with when the COVID-19 outbreak started in Nigeria. Many of the existing health issues were ignored as the country’s medical authority struggle with the COVID-19 response. One of the dangers, not just in Nigeria but globally, is that the management of COVID-19 led to the neglect of other diseases. Hospitals were shut down and were only attending to COVID-19 patients because they were afraid of the risk of transmission to anybody else who came in, even for routine surgeries. Women couldn’t go to the antenatal clinics, or even have safe delivery in hospital. Those who needed cancer screening couldn’t get it. <https://thisafrica.me/politics-and-society/where-covid-19-has-left-nigerias-health-system...>

Disease reconnaissance is a crucial part of public health. And there are certain key diseases that are notifiable. Once a disease case is spotted, health authorities should be notified quickly before it becomes a big issue. Institutions like the Nigeria Centre for Disease Control (NCDC) have different units, for example a yellow fever unit. Those people are meant to have been focused on their diseases, despite COVID-19. However, there is no telling whether some of these workers have been diverted to COVID-19 activity. A lot of actions that should have been taken were neglected, for instance, yellow fever outbreaks are expected to happen from time to time, especially in places where the vaccination program have not been adequate all along. There have been warnings for a few years now that Nigeria needed to do a comprehensive yellow fever vaccination program. The outbreak of COVID 19 overtook that action.

VI. MINISTRY OF HEALTH BUDGET

The COVID-19 pandemic is unprecedented and has caused economic, human and social upheaval globally. However, a lot has been said about the opportunity this now presents for Nigeria to really focus on investing and strengthening the health sector. This will require an all-of-society approach involving the government and private sector. The chronic underinvestment in the health sector is being exposed. Less than 5% of Nigeria's 2020 total budget has been allocated to healthcare, continuing the unfulfilled commitment agreed in 2001 by Heads of State of African countries to commit at least 15% of their annual budget to healthcare.

Beyond the COVID-19 pandemic, it is evident that increased funding is required in the health sector and the umbrella of health insurance needs to be opened up to more citizens. Improvements in healthcare delivery would require addressing the issue of access to healthcare, quality of care and financial support for low income families. With reported community transmission of COVID-19 at present, it is evident that the community health workers will be the foot soldiers in the fight to contain the current pandemic. Innovative solutions would need to be sought to increase uptake of routine health services. To ensure that people feel comfortable visiting health facilities and parents feel comfortable bringing their children for routine immunization, health facilities would need to ensure that they put in place public health measures like enforcing the wearing of face masks, provision hand washing facilities and ensuring enough physical distance between visitors (Odubanjo, 2020)

VII. GOVERNANCE

Significant theories of democratic accountability hinge on how political elites are able to deliver on their promises and the capability to respond to citizens needs in Nigeria (Ejuronemu, 2014). These, some Scholars have scored as zero signifying nonperformance. Looking at performance indices, politicians raise money for their personal activities than for infrastructural provisions activities for the citizens. According to public opinion theorist, Politicians campaigning has implications for polarization, democratic competence and campaign finance. For instance, in the case of framing effects, judgments are susceptible to framing,

priming and other forms of influence political elite wield when they advertise to contact voters (Druckman 2004a; Issenberg 2012; Jacobson 2015; Lenz 2012). Druckman further stressed that political elite use framing to manipulate citizens judgment. Is it not rather surprisingly unclear that politicians who did not delivered as promised, they can still be said to have won fresh elections. This means that nonperformance has zero effects on elections.

These arguments are consistent with our theoretical argument that the crises been faced by the health sector is a result of bad governance orchestrated by non-performing leaders. Performing has more efforts than supplying or applying much-rhetories "big data" or big talk (Endres 2016; Hersh 2015). Meaning Politicians are difficult to budge from bad governance. They are more belly-fillers than serving political elite (Ejuronemu:2016) It will be pertinent to be clear here, our argument is not that, the health sector lacks adequate man power or budget to work, but what is lacking is the needed facilities and motivation drive expected of a striving health sector.

VIII. MIRROR VIEW OF COVID 19

The glaring health sector deficiency become more divesting at the peak period of the coronavirus pandemic. As at 27th February 2021, Nigeria recorded 341 new cases, while the total confirmed cases were 155,417 and total death 1005. Most people treated themselves at home, some with herbal drugs while others with self-prescribed orthodox drugs. From Several aired program on the media, citizens confirmed how they, their friend and relatives had COVID but declined calling the authorities but rather subjected themselves to self-medication and self-isolation. A broadcast case of one A.C Okafor Gregory whose friend and friend's husband had COVID. She narrated how her friend's husband was isolated in the hospital while the wife was isolated at home. Fortunately their children were not infected. These cases confirmed that COVID 19 is real.

Negative health indices were highlighted thus.

- ❖ Shortage of personal protective equipment and personnel.
- ❖ Increased COVID cases among health workers.
- ❖ The COVID pandemic came up at a time when the country was battling with Lassa fever and preparing to be declared polio free.
- ❖ Widespread of fear of being infected with COVID and the lockdown diverted attention from other healthcare indexes.
- ❖ It also limited access to other healthcare routines as like immunization and antenatal care services. These made a lot of people to die from lack of health care services provision e.g. Increased death rate from neonatal cases, family planning, HIV, Tuberculosis etc.
- ❖ The obstruction of these health services also decreased the disease surveillance and health management information as well as increase morbidity and mortality of curable diseases. Notable were cases of maternal and neonatal deaths.

- ❖ The elderly were soft targets, because due to lack of adequate knowledge, some of them refused to access medical care for fear of being quarantined.

IX. POLICY RECOMMENDATION

In concluding we discuss the broader issues of bad governance as the bane to good health services in Nigeria. We contextualize the above assertions in a theoretical argument that draws on theories of partisanship and political communication stating that when a political elites wins an election the next thing is how to amass as much wealth as possible to enable him or her contest for the next election and save enough wealth to last the entire family including generations unborn a life time.

We hypothesized that the dynamics we discussed include the shrinking numbers of Medical doctors in the country. A huge percentage of young doctors in the country have found their way out of the country to countries like Canada, Europe and American canvassing for better condition of services and a more secure and friendly environment.

We also hypothesized the level of accessibility to the little available health services and institutions around. The few said to be equipped hospitals are in the center of the urban city. Citizens in the rural areas cannot reach these hospitals for so many reasons such as distance, bad roads, insecurity on the highway and awareness of the availability of such services. Ignorance also pose a threat, some citizens view illness as spiritual or diabolical therefore refusing to visit the hospital or primary health centers next door. Another issue is the availability of the urgently needed facilities. Most of the hospitals do not have drugs or lifesaving equipment while some of the available equipment are not functioning as expected. The impact of COVID-19 in Nigeria is both good and bad. Good in the sense that everybody, from government to the people on the streets, realised the importance of health. A lot of private sector people also recognised that we need our health system to work. Against these backdrops, we therefore made the following policy recommendations:

- The Nigerian government, is left with no choice than to improve on her health policies, policy Implementation and be proactive in handling the health sector.
- An improvement in the health policy will reduce the number of strikes as workers may no longer have reasons to be aggrieved.
- With favorably working environment, the exodus of health workers to other policy attractive countries will reduce tremendously.
- A comfortable environment to work in, and a very good remuneration will not only keep the health workers but also make them more productive.
- Having adequate and standardizes equipment to work with will further burse the health sector.
- Proper implementation of some policies will cost money, no matter how lean the Nigerian health budget may be, if well utilized it will go a long way in tackling what some scholars have referred to as “socio-economic pandemic”. Said to be less fund to finance the health sector in such a way that doctors will be given, good remuneration, and hospitals will be fixed, ensure

constant electricity supply, running water, more/standard equipment for diagnosis and treatment. In one sentence, the solution to the Nigerian health crisis is good governance.

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AUTHORS

First Author – Dr. Joyce A.M. Ejukonemu, Federal College of Education (Technical), Bichi, Kano, Nigeria