



OPINION PAPER

Nigeria's Covid-19 response and struggle to stem the tide of cases

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Abstract

On March 22, 2020, the World Health Organization (WHO) proclaimed the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2 or Covid-19), and the virus has had global impact, with significant mortality rates observed in high-income countries (HICs) in Europe and the United States (USA).

Numerous low- and middle-income countries (LMICs) have significant unmet healthcare demands, and citizens frequently experience the negative repercussions of their inadequate health care systems. Nigeria, the most populous nation in Africa with an estimated 200 million inhabitants, is not an exception. With the lessons from the 2014 Ebola pandemic in West African states still vivid, procedures such as temperature checks at international airports and medical and travel history questionnaires were swiftly implemented beginning in early February 2020.

Keywords: Covid-19, Nigeria.

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INTRODUCTION

The first case of Covid-19 was identified in Nigeria on February 27, 2020.¹ A same level of SARS-CoV-2 infection in Africa as in Europe and the United States would be terrible. A Covid-19 epidemic in a country with inadequate healthcare services would result in the collapse of the system, as the limited resources would be exhausted and ultimately unavailable. At the outset of the epidemic, Nigeria implemented a number of measures to contain its spread, reduce mortality, and safeguard its health infrastructure from

being overwhelmed. Such efforts included a national "stay at home" or lockdown order, which was coordinated by the Presidential Task Force on Covid-19, which was directed by the Secretary of State and comprised of experts from a variety of sectors. In an effort to restrict the spread of Covid-19, state governors and the federal government collaborated centrally to coordinate policies. In addition to the lockdown order, the wearing of face masks was mandated, and schools and government offices were closed save for those providing critical services. A prohibition on interstate travel was implemented, and only agricultural items and

medications were permitted. As the pandemic developed, the government devised a graded level of vigilance and response, and the lockdown was gradually lifted.

The Nigeria Centre for Disease Control (NCDC) increased the number of testing facilities for reverse transcriptase-polymerase chain reaction (RT-PCR) from five to sixty-four across the country. From 100/million population in April 2020 to 1,835/million population in August 2020, the testing rate per population increased.² Historically, pandemic preparation strategies have not been as prominent on the agendas of most nations as the desire for economic development. In terms of infrastructure and resource development, Nigeria has prioritized its oil and gas wealth far more than the health of its population. The English idiom "Health is wealth" has never been more appropriate. Covid-19 has reprogrammed the world economic profit clock to a period of recession, if not depression. Despite the increase in testing capacity, the process continues to face obstacles. Nigeria consists of 36 states, a federal capital territory, and more than 700 local government districts. In 31 of the 36 states and less than one tenth of local government regions, testing centers are available. Samples must be transferred over large distances, resulting in up to two weeks of processing time. Despite an increase in testing, sample testing capacity remains low, therefore the stated number of cases may be an underestimate.

Nigeria reported around 52,000 cases of Covid-19³ as of August 2020. The testing population is expanding, however, as the transmission has now reached the community stage as opposed to sporadic individual cases. The lockdown, albeit well-intentioned, was badly enforced due to the fact that security personnel at interstate crossings

Supplementary information The online version of this article ([Figures/Tables](#)) contains supplementary material, which is available to authorized users.

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allowed people to cross after accepting bribes. The government has implemented a number of measures to mitigate the financial burden of the pandemic.⁴ The government, together with the African Union, has joined the WHO consortium on vaccine and other drug trials and is dedicated to sponsoring and making these goods available to its citizens.⁵

A pandemic causes an increase in demand, and in LMICs, where access to healthcare and resources is difficult, fatality rates will be exceptionally high. Private and public healthcare environments in Nigeria are segregated by socioeconomic status, resulting in health disparities. In Nigerian hospitals, critical care facilities, intensivists, respiratory physicians, and anesthetists are not the norm. Also of issue is the medical and nursing staffing levels. There must be a plan in place to ensure an adequate ratio of workers to patients. Hospitals also require porters, supervisors, catering staff, and other non-health care workers (HCWs) for their safe operation. Studies indicate that when the danger of infection among healthcare personnel is high, they are less likely to report to work.^{6,7}

As the number of patients increased tremendously, healthcare institutions became overburdened and understaffed. Initially, the few isolation units in teaching hospitals were inadequate, and venues such as trade fair centres, stadiums, and sporting facilities were turned into isolation and treatment centres around the nation. The ratio of cases to available beds increased to 20,000 for slightly over 1,000 beds. In some situations, self-isolation at home was adopted during this period. In an effort to avoid becoming overburdened, hospitals created numerous policies. These included canceling all non-emergency treatments with the exception of cancer treatment and requiring testing prior to non-elective procedures. Over a thousand health care workers have contracted the virus, and more than twenty physicians have died as a result.²

Existing public health interventions to limit the spread of infection are crucial for both HCWs and the general population. These metrics' success in Nigeria is contingent upon cultural, social, and economic factors. Community participation is crucial for the success of public health interventions

like lockdown. Local leaders have played a crucial role in urging community members to adhere to public health measures since, particularly in Northern Nigerian states, a large proportion of the population lives on a day-to-day basis in which inability to work implies starvation. Therefore, food security is of utmost importance for the success of "stay at home" initiatives. Lockdown as a control mechanism is not a one-size-fits-all solution because social conditions and behaviors vary across the globe.

A significant number of potentially infected individuals in densely populated places with insufficient access to clean water for basic hygiene or sanitation is detrimental. Some individuals, such as those with large children, are willing to chance contracting Covid-19 rather than allowing themselves and their family to starve to death. With the cooperation of local and religious leaders, restrictions on cultural and social activities in the community must be reduced. Not only is communal life cultural and economic, but it is also a means of survival.

The viability of homecare for when the few operational hospitals lack capacity⁸ has been investigated, but the efficacy of such a technique is modest in large households and close quarters. Self-isolation is an unfamiliar idea that must be thoroughly described when it is used as a treatment for home care. In many societies, an infection with Covid-19 could carry the same stigma as HIV. In addition to medical care, personal safety is thus of the utmost significance. The objective of lockdown is to prevent the transmission of illness and to provide healthcare facilities the opportunity to prepare by evaluating their needs and allocating resources. As the global supply chain is severed and pharmacies run out of drugs, economies could be crushed by a lack of workers resulting from lockdown measures and costs from other deaths.

The Nigerian healthcare system is plagued by a variety of difficulties. The increasing demand for Covid-19 on healthcare systems in Nigeria would necessitate rationing of medical equipment and services.⁹ On a population level, the prevalence of co-morbidities associated with a high mortal-

ity rate of Covid-19, such as diabetes, hypertension, HIV, sickle cell anemia, and hypertension, is unknown because a significant proportion of the population may be untreated. Consequently, it is difficult to identify potentially high-risk individuals. When HICs struggle to get personal protective equipment (PPE), Africa as a continent lags behind and must innovate. Limited and expensive laboratory services for both standard and specialized testing are available to patients. The government must therefore allocate resources to address these issues.

As in any other nation, the exit strategies from the lockdown should be smart and phase-planned. Until a vaccine is available, the previous Ebola outbreak's lessons on early case discovery, infection control, and contact tracing will continue to be crucial. It is necessary to conduct viral testing for surveillance in order to identify clusters and develop containment tactics. Targeted testing would be more practicable than mass testing for Covid-19 in order to detect outbreaks in a population of 200 million in a low- and middle-income country.

As part of the exit strategy, social distance, hand hygiene, and coughing and spitting etiquette should be continually reinforced. With the present public health efforts adopted to confront this invisible adversary that respects no borders, the majority of the globe lives with an attitude of "hope for the best." There is a need for international cooperation, and states have a shared obligation to learn from this pandemic in order to build a more effective global strategy. The management of this epidemic necessitates global cooperation that extends beyond closing borders and quarantining all travelers. On a global scale, there must be global governance, triage of patients, and allocation of scarce resources.¹⁰ In addition, the aftermath of the Covid-19 pandemic should be analyzed forensically in each country in order to prevent future errors and improve pandemic planning.

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