

Responding to Coronavirus Pandemic in Nigeria: The policy dilemma of a vulnerable Nation - A Review

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The novel coronavirus pandemic, though mainly a major global public health concern, has significant socioeconomic implications of great consequences to economies and the well-being of the population, just as it is an assessor of the institutional structures and governance framework of nations. Whereas some countries were proactive with comprehensive mitigation, containment and management policies in response to the pandemic, some were in denial and procrastinated. Notwithstanding the initial reaction of countries, the policy actions appear generic in compliance with standard World Health Organization (WHO) protocols: lockdowns, testing and contact tracing, isolation and social distancing. The choices are not easy when it comes to adapting them to country specific contexts. Countries exhibited varying stages of institutional capacity, resilience, inclusiveness and vulnerabilities. Nigeria, Africa's largest country by population and economy is adjudged as a medium, with varied capacity and high vulnerability entity. This paper is a review of the policy responses and the observed dilemma between science and economic pragmatism. Whereas science advocates flattening the curve which in some cases mean longer lockdowns, lockdown fatigue and restlessness of the vulnerable population occasioned by economic hardship compelled the government to ease lockdown with possible consequence of increase in infections. It may not be plausible to deal with the dilemma during the period of the pandemic, however, we recommended this offers an opportunity for the country to strengthen its health care system, educational institutions and pro-poor policies on post-covid-19.

KEYWORDS: Dilemma, Economy, Health, Pandemic, Vulnerable.

INTRODUCTION

Nigeria like several countries of the world these days is confronted with the challenge of containing the Coronavirus malady otherwise referred to as COVID-19 that has since become a worldwide health pandemic following its natural event in Wuhan, China on 1stDecember, 2019. Since February 27, 2020

once the primary confirmed case of COVID-19 was proclaimed in urban Lagos, Nigeria, the quantity cases have continued to extend. As of 6th May, 2020, the quantity of confirmed cases of COVID-19 within the country stood 3, 145 with 103 deaths; and 481 recovered. A number of the measures adopted to

contain the virus in the country embrace restriction of movements, airports and land borders closure, patients transfer and isolation, diagnosis, tracing and follow-up of potential contacts, sustaining scaling of laboratories, upgrading and creation of treatment centres and public health funding, provision of palliatives to the vulnerable population, etcetera. However, the above measures are constrained by poor health care infrastructure and alternative COVID-19 pre-existing fragilities like poverty, weak institutional framework, and falling oil costs. This paper is a review of the efforts of the state in managing and preventing the unfolding of COVID-19 in Nigeria, analysis of the experiences to date also the in progress lessons drawn from COVID-19 pandemic. To attain this objective the paper is splitted into 3 sections. The first is the introduction. The second highlights the efforts of states in response to COVID-19; and the third examines the experiences and lessons learnt from the COVID-19 pandemic.

Socio-economic and institutional structure of Nigeria

Nigeria encompasses a population of roughly 200 million individuals in a vicinity of 920,000 km² (360,000 sq. miles) and is the seventh largest population within the world (Akinyemi, 2014; Central Intelligence Agency (World Factbook, 2018). Currently, half of the inhabitants live below the poorness line; pandemics are rampant (Lassa fever, HIV, Tuberculosis); mortality rate is high and also the country struggles with vital levels of inequalities. The unemployment percent rate in 2019 was put at 6.1% (World Bank, 2019).

The Nigerian economy is oil dependent. Oil accounts for 10 percent of the country's GDP, 70 % of state revenue and over 83 % of the country's total export earnings with the thirty-six states and 774 government areas providing essential infrastructure, payment of public sector salaries or maintaining social services (Akinyemi, 2014). Recent attempts to diversify the economy particularly to agriculture, telecommunications and services have not translated into a big decline in poorness levels as over 62% of Nigeria's over 200million individuals still live in extreme poorness. Despite its potential robust fundamentals, oil-rich Nigeria has been hobbled by inadequate power offer, lack of infrastructure, and delays within the passage of legislative reforms, inefficient property registration system, restrictive

trade policies, inconsistent, restrictive atmosphere, a slow and ineffective judiciary, unreliable dispute resolution mechanisms, insecurity, and pervasive corruption (World Factbook, 2018).

Health care system

Healthcare system in Nigeria is fragile as proved by lack of coordination, fragmentation of services, dearth of resources together with drug and supplies, inadequate and decaying infrastructure, difference in resource distribution, access to health care extremely deplorable quality of care (Meninabaya, 2011). In 2016, the World Health Organization (WHO) graded Nigeria as having the world's fifth worst health supply system, after fragile States like Sierra Leone, Myanmar, Central African Republic and also the Democratic Republic of Congo (Punch, 2020). The country had the eight percent mortality rate and a maternal mortality of 814 deaths per 100,000 live births, with one lady dying in child birth in each ten minutes. Protozoal infection kills over 300,000 persons every year; cerebrospinal fever, polio, infectious disease, haemorrhagic fever, HIV/AIDS and cholera are endemic (World Health Organisation, 2016).

Coronavirus malady 2019 (COVID-19) in Nigeria

The first confirmed case of COVID-19 infection in Nigeria was proclaimed on 27, February, 2020 once the Italian national in urban Lagos tested positive for the virus (Anjorin, 2020). Since then, the quantity of confirmed cases of the virus has been increasing daily across the country. The pandemic has spread to 34 out of the 36 states of Nigeria and the Federal Capital Territory (Abuja).

Government's Policy Responses

The national government cannot be said to possess a discernible comprehensive policy to mitigate, contain and manage the pandemic. However, because the malady unrolled, policy responses began to be extended as shown below:

Federal Government (National Government). (A) Institutional Response:

Nigeria Centre for Disease Control (NCDC)

(i) The NCDC, Nigeria's public health institute has

mandate to retort to the challenges of public health emergencies and to boost Nigeria's preparation and response to epidemics through hindrance, detection and management of communicable and non-communicable diseases of national and international importance.

(ii) The Centre has established and has been Investigating epidemic-preparedness over the past four years and has already created and established system of Public Health Emergency Operations Centres (PHEOCs). PHEOCs are activated in twenty two out of the thirty six states in Nigeria as at May 1, 2020.

(iii) It puts out daily updates and public information on regular laundry of hands, social distancing, use of face masks and providing a summary of epidemiological situation and response activities.

(iv) A Multi-Sectoral Emergency Operation Centre (EOC), led by NCDC coordinates the national responses to COVID-19 enhancing surveillance work, intensive risk communication, strengthening laboratory capacities for testing and increasing facilities in existing isolation and treatment centres.

(v) Launched a WhatsApp Application: a type of service created to supply central and correct verified and current info on COVID-19.

(vi) Provided a free hotline that is available twenty four hours daily (NCDC free Number: 080097000010; SMS: 08099555577). The number may be used to request specific information regarding COVID-19 and report suspected cases of coronavirus for immediate attention (NCDC, 2020)

Central Bank of Nigeria (CBN)

The CBN, Nigeria's apex financial institution took the following economic policy measures:

(i) Organized a business stimulus package, together with a N50 billion (Nigerian monetary unit) (\$138.89 million) credit facility to households and small and medium enterprises most plagued by the pandemic.

(ii) Availed ₦100 billion (\$277.78 million) loan to the health sector.

(iii) Provided one trillion (Nigerian monetary unit)

(\$2.78 billion) to the manufacturing sector.

(iv) Revised all interest rates on all CBN interventions down from 9 to 5 %.

(v) Introduced a 1 year moratorium on CBN intervention facilities, effective March 1, 2020 (Onyekwena and Ekeruche, 2020). It equally adjusted the official rate of exchange from 306 to 360 (Nigerian monetary unit).

(vii) Adjusted the rate of exchange rate for Investors and Exporters (I and E) window from 360 to 380 (Nigerian monetary unit) so as to unify the exchange rates across the I and E windows, Bureau De Change and retail and wholesale windows.

(viii) Introduced duty waivers for pharmaceutical corporations and inflated efforts toward guaranteeing that they receive FOREX (CBN, 2020)

Parliamentary Response

The Nigerian Parliament passed an associated Emergency Economic input (Stimulus) Bill (2020) to supply for:

(a) Temporary money relief on Company liabilities and individuals;

(b) Protection of the employment status of Nigerians because of economic realities caused by the natural event of COVID-19;

(c) Provision of moratorium and mortgage obligations for individuals;

(d) Suspension of eminent duty for medical equipment needed for treatment and management of COVID-19;

(e) Catering to the overall well-being of all Nigerians pending the obliteration of COVID-19.

Whereas the bill, if it goes into result, may forestall job losses inside the formal sector, it contains no provisions for casual workers (the informal sector, who are most vulnerable and also the most impacted) (Yiaga Africa, 2020).

Other institutions responded likewise

1. Security and Exchange Commission (SEC): E-filing of Applications and Returns and deadline Extensions.

2. Judiciary: Suspended court sitting across the country aside from matters of imperative, essential or time bound in Nigerian law.
3. Federal Inland Revenue Service (FIRS): E-filing of Taxes and Deadlines extensions.
4. Nigeria stock market (NSE): Remote commerce and electronic fillings.
5. Corporate Affairs Commission (CAC): Encourage to take advantage of Section 230 of the Businesses and Allied Matters Act, C20 LFN 2004 (CAMA) to carry their Annual General Meeting conferences.
6. Ministry of Humanitarian Affairs, Disaster Management and Social Development: Distributed palliatives to the foremost vulnerable households (Conditional money Transfers) of (N20, 000 (Nigerian monetary unit) equivalent of US\$52) utilizing the "National Social Register of Poor vulnerable Households created by the President Muhammadu Buhari's Administration in 2016. The register contains 11,045,537 individuals from 2, 644, 493 households (Human Right Watch, 2020).

Regulatory Response

Certain restrictive policies were also taken as follows:

- (i) The institution of a Presidential Tax Force to coordinate national response to COVID-19 which gives daily briefings and responds to policy challenges,
- (ii) Travel ban on countries with high cases of coronavirus: UK, USA, South Korea, Switzerland, Germany, France, Italy, China, Spain, Netherlands, Norway, Japan and, China, Sweden and Australia.
- (iii) Closure of air and associated land borders for an initial period of 4 weeks, (later extended by the same time period).
- (iv) Obligatory lockdown on Lagos and Ogun states, Federal Capital Territory (FCT) and Kano states with cases of COVID-19 and termination all businesses and offices in these areas were ordered, except hospitals, food process, petroleum (fuel) distribution, banks, power generation, personal security

corporations, staff of telecommunications corporations, broadcasts, print and electronic media employees on essential who could not work from home.

(v) Outlawed inter-state travel and suspended the movements of all traveller crafts within the country, together with business and personal jets.

(vi) President Muhammadu Buhari signed into law the national COVID-19 (2020) that granted legal basis to all or any of the directives of the federal government highlighted above. The law institutes a moratorium on loans enforced through Banks of Industry, Bank of Agriculture and also the Nigeria Export – Import Bank.

State Governments' Response to COVID-19

The immediate reaction of sub-national governments in Nigeria to COVID-19 is that of the implementation of the NCDC information on social distancing by ordering closure of faculties and reducing range of people at totally different gatherings together with places of worships. Many states have restricted airports and inter-state travel. Open markets are closed or allowed to open at specific hours so as for state agencies to clean those areas for COVID-19. Some state governments like Lagos state have adopted additional vital measures like instituting curfews. Lagos state Governor conjointly issued the Lagos state communicable disease (Emergency Prevention) laws 2020 via his powers of the state Public Health Law and Federal Quarantine Act, Q2 LFN, 2004. The law designates COVID-19 as a dangerous communicable disease inside the means of Section two of the Quarantine Act, noting that it constitutes a heavy and close at hand threat to the general public health of the individuals of urban state. The law conjointly grants the Governor the ability to limit movement inside, into or out of the state, significantly the movement of persons, vehicles, airports and water craft. However, the law does not apply to transportation or movement in addition as movement for the needs of procuring essential supplies like food, water, prescription drugs, medical supplies and medicines; and any other essential supply the Governor might take for necessary use. Many states have stepped up to supply emergency isolation and treatment centres in addition to palliatives to the foremost vulnerable persons in their

states to cushion the impact of COVID-19 on livelihoods. This has not been effective and successful.

Experiences and Lessons of COVID-19

Covid-19 pandemic although an unfortunate incidence has provided opportunity for the government and other stakeholders to draw lessons from the experiences. A number of these experiences and lessons are highlighted below:

1. Late Closure of Borders

Nigeria's air and land borders were closed on March 23, 2020, over 3 weeks once the first recorded patient of Italian nationality was declared. Intercity movement remained unrestricted until April 27, 2020. The delay to shut borders and limit inter-city movement inflated the quantity of foreign cases and is basically liable for the continual increase in community transmission within the country, spreading into totally different states. The presidency had to be compelled to be proactive (rather than reactionary) in handling problems with national and international importance.

2. Border Closure as a measure to contain COVID-19

The porous nature of Nigeria's land borders makes it troublesome for the country to satisfactorily secure its citizens and stem the tide of the novel coronavirus pandemic by keeping its land borders shut. Nigeria presently contends with the issues of cross-border importing and gun running, in addition to cross-border movement of Fulani herdsmen from alternative West African Countries into its territory. With COVID-19 being transmitted through travellers from one country to a different one, there is concern that the itinerant herders may presently become veritable agents of community transmission. The Nigeria Immigration Service (NIS) must appraise its Border Management Strategy (2019-2023) with the view to change it comprehensively to tackle the rising challenges.

3. Social Protection

The federal government's call to use the National Social Register of Poor and Vulnerable Households

that has not been updated since 2016 as knowledge Base for distribution of N20,000 (Nigerian monetary unit) (\$52) conditional money transfers palliatives to the poor means solely a fraction of Nigerians who need economic help are going to be reached. This drawback is combined by the shortage of potency and effectiveness of the distribution mechanisms to reach households that are worst-hit by the pandemic. Similarly, whereas the NCDC has extended a public health information and sensitization campaign to tell individuals regarding the necessity to follow social distancing and to encourage personal hygiene, together with hand laundry with running water, this could be trouble to some to attain in low-income communities and internally displaced people's camps, where individuals are gorged in areas with very little or no access to basic wants, together with water. This solely shows that Nigeria does not presently have a sturdy set up or strategy to deliver social and economic help to the tens of countless folks that would require help because of COVID-19. There is need to compel governments to develop additional responses, creativity, and transparency to ensure the essential wants of life for everybody.

4. Fragility of the economy within the face of COVID-19

The Nigeria economy was even before COVID-19 facing head-winds from rising external vulnerabilities and falling per capita GDP levels. There has been a deficiency in income compared to payment that rose from N2.2 trillion to N5.18 trillion. The deficiency is as a result of declining output and falling costs of crude within the international oil market. The pandemic at the side of the sharp fall in oil costs and outputs has increased the vulnerabilities in Nigeria's economy, resulting in a historic decrease in growth and enormous scale finance. Borrowing has since become a measure taken by the national government to satisfy this gap. Already, the International Monetary Fund (IMF) has approved a loan of \$3.4 billion as Emergency Support Fund additionally N850billion (\$2,179,609, 890) packages approved by the parliament. A new \$6.7 billion credit is within the offing.

Should costs and demand for fossil fuel persist at the present red zone; the capability of Nigeria to contain COVID-19 is going to be greatly hampered. The lesson that COVID-19 has educated Nigeria during this instance is turning into more and more

dangerous to depend majorly on oil as a supply of funding for the economy. There is need to urgently diversify the economy and cut the value of governance.

Policy Dilemma

Nigeria is a vulnerable nation with a fragile health care system and social net policy. Just after 5 weeks of the lockdown of Lagos, and Ogun states and the Federal Capital Territory, (Abuja), the national government has announced a phased gradual relaxation of the confinement measures effective from May 4, 2020. Prior to this announcement on April 27, 2020, the number of coronavirus cases were 1,337 with 40 deaths. Since the announcement and commencement of the relaxation, the number of cases has risen to more than 100% of that number (3,145 cases with 103 fatalities, May 6, 2020). The question is, was the lockdown relaxed based on science, modelling and the figures or pragmatism? Whereas, science based evidence advisory recommend easing of lockdowns when a country has flattened the curve and has carried out extensive testing and tracing, it would appear Nigeria eased the lockdown due to lockdown fatigue among the vulnerable population who are becoming restless, and started protesting. Some hoodlums even hijacking lorries of palliative packages. The country has not yet attained the peak in number of cases. The government was faced with the dilemma of either being pragmatic and reopening just as the economy could not sustain provision of palliatives to encourage the citizens to stay at home or listen to science and figures and extend the lockdown and face possible riots. The government acted on the side of pragmatism.

As experienced in most countries, Nigeria is not accustomed to lockdowns. It was difficult for citizens to make the desired behavioural changes required. Besides, attempts to enforce the lockdown in many sub-national entities was also a dilemma. There were cases of reported clashes and brutality and alleged killings by security operatives. Should the lockdowns continue and lead to more cases of human rights abuses? Pragmatism won.

The president in announcing the exit measures said: No country can afford the full impact of a sustained lockdown while awaiting the development of vaccines. The economic impact of the pandemic definitely weighed higher on the scale of health

versus socioeconomic consequences.

While the government is doing all it can to contain the spread of the virus, in a bid to discover a cure, the public has witnessed quite a number of claims from different quarters- complementary and alternative medicines practitioners, traditional healers and academia, but Director-General, of the National Agency for Food and Drug Administration and Control (NAFDAC), Prof. Mojisola Adeyeye, said claims for the cure of COVID-19 in Nigeria have been domiciled only in either the conventional news media or social media (Ifijeh, 2020).

She further stated that NAFDAC has only received an application from one company for a product, the company is presenting for approval to the agency for the treatment of the symptoms of COVID-19, and not for the cure of COVID-19 as a disease, adding that "a claim of a cure must be subjected to clinical evaluation through well-controlled, randomised clinical trials following an approved clinical trial protocol" (Ifijeh, 2020).

The Federal Ministry of Health is however, set to unveil a herbal formulation for the treatment of cough associated with Coronavirus disease (COVID-19) and respiratory infections. The Ministry said its Department of Traditional, Complementary and Alternative Medicine (TCAM) has conducted research that led to the formulation for the management of cough in COVID-19 and other cough related infections. The Cov-herbal cough mixture was developed from medicinal plants that are widely used as food materials and medicines including *Allium sativa* (garlic), *Allium cepa* (onion), *Zingiber officinale* (ginger), *Piper guineense* (West Africa Black Pepper) and *Andasonia digitate* (baobab fruit) (Adebowale, 2020).

Mashi Abdullahi, Permanent Secretary of the Ministry, explained that the plants have documented scientific evidence of long use for the management of cough and other respiratory infections, with medicinal properties of mucolytic, antitussive, expectorant, soothing, demulcent, anti-inflammatory and antiviral effects (Adebowale, 2020). The President has directed NAFDAC to carry out the necessary procedures for the assessment of the plant-based cough mixture as a possible treatment for COVID-19.

The directive was contained in a memo with REF: No. TCAM/077/I/65 addressed to the Director-General of NAFDC, dated April 28, 2020, and titled 'Formulation of a Phyto-Medicine-Based Cough Mixture/Syrup for the Management of COVID-19

Patients by Traditional, Complementary, and Alternative Medicine Department of the Ministry'. The memo stressed government was ready to "walk-the-talk in the promotion and integration of herbal medicine into the health care delivery system" (Adebowale, 2020). If this drug is proven effective, Nigeria will follow the footsteps of Madagascar as the second African country to have found treatment for the deadly COVID-19 disease.

Meanwhile, Nigeria has received its share of the Tambavy COVID-Organics (CVO) after researchers at the Research Institute in Antananarivo, Madagascar (IMRA) conducted the clinical study of the drug. The mixture is made from *Artemisia annua* – a plant with proven efficacy in treating malaria – as well as other indigenous herbs is being touted as cure and prevention of the deadly virus (Africanews, 2020).

The NCDC's initial policy was one of targeted testing to detect, test, and isolate cases as early as possible in addition to implementing the standard World Health Organisation (WHO) protocols: Hand washing, use of hand sanitizers, facemasks, social distancing and lockdowns. The fragile healthcare system and lack of adequate testing kits has meant that very few testing is going on. As at May 2, 2020, Nigeria has only carried out 17, 566 reverse transcription polymerase chain reaction (RT-PCR) tests, which translates to 72 tests in every 1 million Nigerians. It may not be surprising if the number of cases and fatalities of coronavirus pandemic turn out to be under reported.

Other Personal Protective Equipment (PPEs) exposed frontline health care providers to the virus. A total number of 113 health workers have been infected with novel coronavirus since outbreak in Nigeria. According to the Minister of health Osagie Ehanire, this is about 6% of the COVID-19 cases in the country as at April 27, 2020.

Whereas interstate borders were expected to be closed, some sub-national governments evacuated street children (known as 'Almajiris') to their states of origin. States faced a dilemma here: to keep these large group of the vulnerable and hitherto neglected street youths and feed them or evacuate them to their states of origin? The budget to feed them during the pandemic was enormous and states opted to send the youths back. Again, pragmatism won, but at a cost. This group of the vulnerable population became the vectors of transmission of the disease especially in the northern states of Nigeria.

The above further reinforce our observation that pragmatism rather than science is driving the policy response of Nigeria to the coronavirus pandemic as a result of the country's vulnerable and weak institutions and infrastructural facilities.

CONCLUSION

Balancing between health considerations and socioeconomic realities in response to the coronavirus pandemic has not been an easy decision for many countries. With a fragile healthcare system, high unemployment and a large pool of the poor and vulnerable, weak institutions, and failing oil prices on the global market, Nigeria has been caught in a dilemma between science and pragmatism as the country struggles to respond to the coronavirus pandemic. It may not be plausible to deal with all the policy dilemma during the period of the pandemic, however, we recommend this offers an opportunity for the country to strengthen its health care system, educational institutions and pro-poor policies post-covid-19 while leveraging on opportunities that may be offered by the pandemic to diversify its economy. Will the pragmatic decision to ease lockdowns by ignoring the rising number of cases hurt Nigeria with a likely rebound that would overwhelm its fragile health care system? Or will pragmatism win? As they say only time will tell.

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Authors’ Contribution:

UGM conceived the paper and **JTV** wrote the first draft

UGM read and edited the manuscript and is responsible and accountable of the study.

All authors contributed to the writing of the manuscript, read and approved the final version of the manuscript.