

REVIEW ARTICLE

NIGERIA'S PUBLIC HEALTH RESPONSE TO THE COVID 19 PANDEMIC THROUGH PAST EBOLA EXPERIENCES

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Summary

This article aims to analyze how Nigeria, the 86th ranked State according to the Global Health Security Index (GHS Index), fared through the Covid-19 pandemic by linking its Ebola experience to the pandemic response. The paper will tackle (one of) these questions: Does their response as a State truly reflect the ranking? Or were they, like the rest of the world, truly unprepared and powerless against the outbreak?

Key words: Epidemic; Pandemic; Covid-19; Ebola; Africa; Nigeria; Health organizations; Epidemiological response

Introduction

Nigeria is the most populous and economically buoyant country in the west of Africa, which makes it a local (regional) champion. When compared with other states globally, Nigeria, like almost all other African countries (if not all), is poorly ranked, mainly due to corruption and poor governance. These issues made it remain an underdeveloped third-world country. Nigeria is a country in the west of Africa, the most populous one and economically buoyant. All of this, however, only makes it a local (regional) champion, and that 'locality' is Africa. When compared with other States globally, Nigeria, like almost all other African countries (if not all) is poorly ranked and all of that is largely owed to the corruption and poor governance seen all over the continent. This has made it remain a third-world country and an underdeveloped one.

It is no surprise that before the pandemic, the GHS Index ranked Nigeria in 86th position in the 2019 global health ranking and fourth in Africa (1). The Covid-19 pandemic put the world through a series of tough tests, and Africa, including Nigeria, was not left out, even though the outbreak of the disease was said to have been in the distant Wuhan, China. It is no surprise, then, that the GHS Index ranked Nigeria in 86th position in their 2019 health ranking (1), this was before the pandemic. Nigeria was ranked fourth in Africa in that report but the pandemic (Covid-19) put the world through a series of tough tests and Africa as well as Nigeria was not left out even though the outbreak of the disease was said to have been in the distant Wuhan, China.

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Before the Covid-19 Pandemic

Nigeria is not new to epidemic situations, and the most recent reference, before Covid-19, is the Ebola outbreak of 2014 that was first recorded in the country in Lagos. The Ebola virus was not declared a Public Health Emergency of International Concern (PHEIC) as was the case with Covid-19, but it was closely monitored by the World Health Organization (WHO). However, the Ebola epidemic gave the Federal Ministry of Health in Nigeria and the Nigeria Center for Disease Control (NCDC) a much-needed experience for similar situations in the future. This Ebola epidemic, however, gave the Federal Ministry of Health in Nigeria as well as the Nigeria Center for Disease Control (NCDC) a much needed experience for similar situations in the future.

There was already a response plan put in place during the Ebola outbreak case that specified the functions and roles of health bodies in the country. The background of this plan can be traced to the Polio outbreak so it was “created in 2012 when Nigeria declared Polio a public health emergency and restructured its national Polio program” (2). The NCDC was charged with championing these occurrences, under the supervision of the Ministry of Health, and their role included epidemiology surveillance, management, and control of cases, social mobilization, lab services, as well as management and coordination. The most vulnerable state in the country is Lagos because of its dense population, and it is the economic center of the country. This means that travelers, foreign or local, go through the airport (Murtala Muhammed International Airport) and the state more than any other in the country. This explains why the first record of the Ebola case was in Lagos, as was the case for the first record of the Covid-19 infection in the country. Lagos is also a transit hub for the region of West Africa, and there are multiple points of entry - air, land, and sea ports - which makes all virus outbreaks potentially harmful to the region.

The government of Nigeria established clear rules and tasks for different teams that were created to battle the outbreak and were commended for the successes recorded. There was a swift establishment of an Incident Management Center that served as the highest or overall implementing body of the nation's response plan. The Incident Management Center was headed by an Incident Manager, Dr. Faisal Shuaib, who gave an account and reported results to the Federal Ministry of Health and the Minister, Professor Onyebuchi Chukwu, as well as the NCDC, which then reported to the Presidency. The center was known as the National Emergency Operations Center (EOC) in line with the Incident Management System nomenclature and national structures aimed at emergency response (2). The focus of the EOC expanded from Lagos as the virus spread to other parts of the country. The EOC, with national representatives in affected states, state health bodies, and officials, oversaw contact tracing and monitoring. The focus of the EOC expanded from Lagos as the virus spread to other parts of the country, and they oversaw contact tracing and monitoring with state health bodies and officials as their eyes and ears on the ground, they also had national representatives in affected states. Contributing organizations and donors, as well as volunteers and other response teams, also worked through the structure of the EOC to avoid duplication of reports and results. The Incident Manager was appointed based on merits and not politics. This plan worked so effectively that the President announced Nigeria free from the Ebola virus just two months after the first confirmed case, even as other African countries around, that had confirmed cases before Nigeria, still continued to find ways to put an end to the spread of the virus. It was also “applauded and described as a piece of epidemiological detective work to mount response” (3).

During the Covid-19 Pandemic

With the emerging SARS-CoV-2 (known as Covid-19) outbreak, the government of Nigeria was able to move quickly to enforce coordination of the national and state response efforts using the Incident Management System and Emergency Operations Centre (IMS/EOC) structures already established during the Polio and Ebola virus outbreaks and drew from its successful experiences. As early as the 7th of January, 2020, over a month before the first confirmed case in the country, the NCDC had already posted on its site in an attempt to create awareness of the new virus to the public. This suggests that work has already begun in the background to ensure effectiveness in tackling the virus. Then on the 26th of January, 2020, they established “a multisectoral National Coronavirus Preparedness Group (NCPG) in order to ensure a cohesive and effective coordination of the country's preparedness efforts” (Dan-Nwafor, 2020) (3) with daily meetings to review the perceived threats and risk of spread to the country and its citizens as well as assess strengths and ways to move forward in the event of the outbreak of the virus, including timely detection and early response.

The initial strategy was to prevent the transmission of the virus to the country and to achieve this, the NCDC and Federal Ministry of Health laid out some public action plans and health interventions. These included the NCPG; inter-Ministerial Coordination Committee that comprised of health commissioners from all 36 states, including the Federal Capital Territory (FCT) in the country; a review of Nigeria's Pandemic Influenza Preparedness and Response Plan from previous polio and Ebola experiences; activation of interim Medical Countermeasure Plan tailored at addressing Covid-19 specifically; conduct of table-top Logistic Capacity Assessment for Covid-19; training and capacity building of health care workers as well as volunteers on infection prevention and control (IPC), sample collection and testing and clinical management of Covid-19; designation of three molecular Laboratories for Covid-19 testing; designation of Covid-19 treatment centers; Points of Entry (PoE) surveillance at international borders including airports and land and sea crossings; and conduct of Covid-19 simulation exercises (Dan-Nwafor, 2020). All of these were kicked off from the 1st of January, 2020, and were all in place by the 27th of February, 2020.

Following the confirmation of the first case, the IMS changed in strategy to contain the spread of the virus. This was also done in clearly laid out steps and processes, which are: the inauguration of national multispectral Covid-19 EOC; development of national Incident Action Plan and state Pre-Incident Action Plan; development of guidelines for surveillance, IPC, case management, schools, mass gatherings, and the likes; pre-positioning of Covid-19 response materials in the 36 states and the FCT; genetic sequencing of the index case conducted; establishment of the Presidential Task Force (PTF) on Covid-19 (3); deployment of Rapid Response Teams (RRTs) to support response activities in Lagos and Ogun; tracing of contacts of confirmed cases; PoE screening in high priority states with international airports including Lagos state; risk communication through press releases, radio jingles, media appearances, and social media; establishment of NCDC Covid-19 microsite. As of mid-March 2020, the NCDC confirmed that the second case no longer had the virus in its system and had tested negative for the virus, but by the end of the same month, there were already 139 confirmed active cases and 2 two deaths according to a tweet on the official NCDC account (4). Also, the number of suspected cases that were being traced had risen to 6,000 (5). The various EOCs then moved to a suppression and mitigation phase by taking on additional roles as the cases increased in number. These included the implementation of domestic and international travel restrictions; expansion and strengthening of Covid-19 laboratory diagnostic capacity from 5 to 18 locations, including the treatment centers; lockdown of non-essential activities and stay-at-home orders in the FCT, Lagos, and Ogun states; implementation of community active case search in Lagos and FCT; focus on community transmission; revision of the national case definition to increase case detection; inter-State border screening in FCT, Lagos, and Ogun states with other states included to the list as days went by, and new cases continued to emerge; conducting of mid-action review meeting; and mandatory institutional quarantine and testing for international returnees (3, 6).

Contribution of WHO and like-Organizations

Although the government of Nigeria with relevant health bodies were swift to put plans in place to aid prevention, containment, and suppression of the pandemic in the country, the importance of collaborative efforts with international organizations cannot be overstated. All the laid down plans that were implemented were demanding hence. Hence, the availability of finances was a major driver and determinant of successful implementations. and otherwise. Nigeria, being a third-world country, although recognized as one of the rich Nations in Africa, needed financial and medical support to implement its effective plans against the pandemic. Nigeria, being a third-world country, although recognized as one of the rich Nations in Africa, needed financial and medical support to implement the plans they decided as being effective in their fight against the pandemic. They were able to source these finances, and medical aid from organizations (international and non-governmental) and individuals and this made all the difference. Some notable organizations included the United Nations through their Development Program (UNDP), the Africa Center for Disease Control (Africa CDC), and WHO. Some notable private sector partners were also of help, namely: Aliko Dangote Foundation, Bill and Melinda Gates Foundation, MacArthur Foundation, and the likes. Analysis of key organizations' contributions, through the UN initiative, follows.

UNDP and the Nigeria One UN Covid-19 response

The UN was of help (still is) to numerous nations around the globe, but for the purpose of this essay, only contributions specific to Nigeria will be discussed.

The UN also recognized the need for collaborative efforts, and as of March 2020, “a unified United Nations strategy to amplify the Nigeria Government’s response was initiated” (7). The main aim of this initiative was to source a ‘Response Basket Fund’, led by a Project Board with representations from the Presidential Task Force, the Federal Ministry of Health, the Nigeria Center for Diseases Control, as well as other not specified government departments, fund contributing donors and the UN. The main aim of this initiative was to source a ‘Response Basket Fund’. It was led by a Project Board and there were representations from the Presidential Task Force, the Federal Ministry of Health, the Nigeria Center for Diseases Control as well as other government departments not specified, fund contributing donors, and the UN itself. According to the UNDP, the purpose of establishing this initiative was to “coordinate and align UN’s efforts and leverage partnerships with the government, development partners, foundations, CSOs and the private sector to increase the availability, accessibility, affordability, adaptability, and acceptability of Covid-19 response interventions in Nigeria” (7). They were, therefore, part of the group that made up the Presidential Task Force.

As a member of the PTF committee, their primary function was resource mobilization and coordination. Hence, they developed a ‘public-facing resource tracking dashboard’ to ensure transparency and accountability. They made use of the procurement process of Price Water House.

Coopers (PWC) for the provision of financial management and reports that included auditing of support directed towards this effort. By the end of July 2020, they had mobilized over 63million dollars donated to the Basket Fund. These included over 54 million dollars from the European Union (EU); 2.2 million from UN agencies (like UNAIDS, UNDP, UNESCO, UNFPA, UNHCR, UNICEF, UNWOMEN, and a few others); 4 million from the private sector (Dangote, 3.8 million dollars and AP Maersk 200,000 dollars); 400,000 dollars from the Government of Switzerland; 1 million from Bill & Melinda Gates Foundation; 400,000 from MacArthur Foundation; and over 1 million from the Government of Norway (UNDP). These funds were allocated for use in specific situations like risk communication and community engagement, strengthening state-level operational capacity, and building the capacity of Healthcare workers. These funds were allocated for use in specific situations like risk communication and community engagement; strengthening state-level operational capacity; building the capacity of Healthcare workers.

Africa CDC

At the continental level, the African Union also contributed its quota in helping Nigeria and the other African States to control the spread of the disease. Like Nigeria, the African Union, through the Africa CDC, established the Africa Task Force for Novel Coronavirus (AFCOR) on the 3rd of February, 2020. This was 10 days before the first case of the disease was detected in Africa (Petersen, 2020). The aim of AFCOR was “to oversee preparedness and response to the global epidemic of the 2019 Novel Coronavirus (2019-nCoV) disease” (8). The focus of their strategy was to rapidly detect and contain the disease outbreak by supporting and cooperating with the State leaders and sharing information on effective practices among member-states. This platform of sharing best practices helped increase technical capacity and ensured high-quality policy decisions. They also helped in the coordination of detection and border controls, which in turn helped Nigeria in cases where they missed a potentially infected individual, further ensuring the success of Nigeria’s response plan.

The AFCOR was set up into five divisions of the working group; there was the point of entry surveillance and screening group; healthcare facilities’ infection prevention and control group; those that managed persons with severe 2019-nCoV infection in clinics; laboratory diagnosis and subtyping; and risk communication and community engagement group. Each of these working groups was led by a representative of a member state were led by a member state representative and the Africa CDC. Also, the group membership included representatives of member-states, WHO, relevant subject matter experts, and partners. They also conducted a series of laboratory diagnoses and training activities related to SARS-CoV2.

As of the 22nd of February, a week after the first case was recorded in Africa, an emergency meeting was held (9) with representatives from the public health of each member-states in attendance, and they agreed on a continent-wide strategy and the integration of collaboration at the regional levels (10). Through these collaborations and initiatives, the majority of the states in Africa implemented lockdown measures as early as March 15th, with detected cases already hitting 250.

The World Health Organization

For all the criticisms directed towards WHO - like failing to handle the crisis correctly and misjudging how easily it is for the disease to spread in humans; reluctance to declare the situation as PHEIC, which is the highest level of health emergency; their slowness to declare the outbreak a pandemic; and the inadequate and inconsistent recommendations like as the usefulness of wearing face masks and, social distancing and the likes - for generally reacting too slow, they can be applauded for their massive communication efforts. The WHO played a vital role in adequately filling gaps where Nigeria's PTF plan to educate and keep the public informed failed. In a country like Nigeria, where although one of the plans of the PTF was to educate the population and keep the public informed and updated, but failed to effectively achieve this aim, WHO played a vital role in adequately filling the gap.

To the citizens and the government, WHO was actively involved in providing support. They had representatives in the Africa CDC with much needed information, they also had representatives in the PTF of Nigeria and helped source for much needed funds besides from the key communications. They hosted international meetings, like the emergency meeting with the Africa CDC on the 22nd of February, where a representative of Nigeria's minister of health was present as a representative, as well as press conferences and constant social media updates (12).

The WHO helped with protective gears gear for health workers and plans for isolation centers as well as health facilities and other valuable equipment that was needed to combat the spread of the disease. Furthermore, the WHO came up with the initiative how to distribute the Covax vaccine to ensure equal access to Covid-19 immunization worldwide. They also came up with the initiative to distribute the Covax vaccine with the aim of ensuring equal access to Covid-19 vaccinations around the world. This was much needed by Nigeria and Africa, where the funds for these things such initiatives are scarce. The WHO was rightly praised for this as they created a scheme aimed at the distribution of two billion doses in 2021 with aspirations to "vaccinate health workers and the most vulnerable 20 percent of the population in the 92 poorest participating countries" (12). This, The Economic Times claims, that the WHO deserves a Nobel peace prize, and they (WHO), along with the backers of this initiative, have been nominated for this award.

Aftermath and Conclusion

Nigeria's previous experiences with virus and disease outbreaks were beneficial in helping the government to decide what steps to take. The previous experiences dealing with virus and disease outbreaks were very helpful in helping the government of Nigeria decides what steps to take. They simply had to make the previous response plan become effective in tackling Covid-19. This, however, was also the root of all the problems that came with the imposition of such measures, as they were stringent, too strict, and very sudden on the citizens. For a developing country known to be struggling with poverty, as can be seen in the majority of the households and communities, people were just not prepared for the lockdown measures and other things. The majority of the population lives on meager wages and usually on daily wages, which means they have to go to work daily to eat daily. The money made directly goes into feeding and surviving with no opportunity to save. The suddenly imposed lockdown was hard on the citizens.

The government had time to observe the ongoing situation in the western states and just tailored their measures in the same line. However, they did not put into consideration the fact that countries like the US have a well-structured social security system and had clear plans to provide for their citizens during the lockdown, whereas Nigeria did not. The Nigerian government had announced they would provide households with funds and food but could only reach about 14% of the 58% of households that ran out of food as of May 2020. The Nigerian government had announced they would provide households with funds but were only able to reach about 14% with cash and food of the 58% of households that ran out of food as of the end of May 2020 (13). According to the Lagos state statistics from November 2022, the margins widened, but only 1% of 48% of households in need were reached with food or financial assistance. By November of the same year, the margin widened with only over 1% of 48% reached with food or cash assistance and this was only the statistics of Lagos state.

The response plan was good, as seen in the analysis, but the implementation was not suitable for a country like Nigeria, with the majority of its households and citizens already struggling to make ends meet on a daily basis. Going forward, it is essential for the government to also include these newly learned lessons into consideration

before imposing strict measures. While this response plan tackled the pandemic, it left the door for increased poverty and suffering wide open which can also cause death just as easily as Covid-19.

Also speaking of making rectifications going forward, a lot more still needs to be done with regards to keeping the population well informed about the importance of vaccination, its usefulness; why it is important to be vaccinated, and evidence of its harmlessness. Nigeria is a country known to be highly religious, and many citizens avoid vaccination for religious reasons. Some citizens may combine their religious reasons with conspiracies surrounding vaccination and correlate them to the mark of the antichrist. For a country that is known to be highly religious coupled with all the conspiracies surrounding vaccination, including the correlation to the mark of the antichrist, many of the citizens are avoiding vaccination. Therefore, the government needs to ensure that they bring religious organizations on board, to help educate Nigerians on the difference between antichrist and immunization and the benefits of being vaccinated. Effective communication with the people still needs to continue, as it will only help speed up the world's process of returning to the norm as we knew it before the Covid-19 pandemic. This is one of the things that need to be done to effectively communicate with the people and it will only help speed up the process of the world returning back to the norm as we knew it before Covid-19.

Conflict of Interest

The authors state that there are no conflicts of interest regarding the publication of this article.

Adherence to Ethical Standards

This article does not contain any studies involving animals performed by any of the authors. This article does not contain any studies involving human participants performed by any of the authors.

References

1. GHS Index. (n.d.). 2021 GHS Index Country Profile for Nigeria. GHS Index. Retrieved May 3, 2022, from <https://www.ghsindex.org/country/nigeria/>
2. Vertefeuille J, Shuaib F, Gunnala R, et al. (2014, October 3). Ebola Virus Disease Outbreak — Nigeria, July–September 2014. NCBI. Retrieved May 9, 2022, from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4584877/>
3. Warigon C, Kofi B. (2021, August 26). Nigeria leverages lessons learnt from Ebola response in fight against COVID-19 pandemic. WHO | Regional Office for Africa. Retrieved May 9, 2022, from <https://www.afro.who.int/news/nigeria-leverages-lessons-learnt-ebola-response-fight-against-covid-19-pandemic>
4. NCDC. (2020, March 31). NCDC on Twitter: "Four new cases of #COVID19 have been reported in Nigeria; 3 in the FCT and 1 in Lagos As at 08:00 pm 31st March there are 139 confirmed cases of #COVID19 reported in Nigeria. Nine have been discharged with two deaths <https://t.co/...> Retrieved May 9, 2022, from <https://twitter.com/NCDCgov/status/1245063443687800832>
5. The Nation. (2020, March 30). COVID-19: NCDC to follow up over 6000 contacts to curb spread of virus. The Nation. Retrieved May 9, 2022, from <https://thenationonlineng.net/covid-19-ncdc-to-follow-up-over-6000-contacts-to-curb-spread-of-virus/>
6. Dan-Nwafor CC. (2020, October 26). Nigeria's public health response to the COVID-19 pandemic: January to May 2020. NCBI. Retrieved May 9, 2022, from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7696244/>
7. UNDP. (n.d.). NIGERIA ONE UN COVID-19 RESPONSE. UNDP in Nigeria. Retrieved May 9, 2022, from <https://www.ng.undp.org/content/nigeria/en/home/coronavirus/support-to-national-response.html>
8. Africa CDC. (2020, February 5). Africa CDC establishes continent-wide task force to respond to global coronavirus epidemic – Africa CDC. Africa CDC. Retrieved May 10, 2022, from <https://africacdc.org/news-item/africa-cdc-establishes-continent-wide-task-force-to-respond-to-global-coronavirus-epidemic/>
9. Sall A. (n.d.). Africa CDC response to the COVID-19 pandemic | Grants Awarded. Wellcome. Retrieved May 10, 2022, from <https://wellcome.org/grant-funding/people-and-projects/grants-awarded/africa-cdc-response-covid-19-pandemic>
10. Petersen S. (2020, November 20). What explains Africa's successful response to the COVID-19 pandemic? Medical News Today. Retrieved May 10, 2022, from <https://www.medicalnewstoday.com/articles/what-explains-africas-successful-response-to-the-covid-19-pandemic#Swift-response-at-the-continental-level>

11. WHO. (2020, April 7). COVID-19 cases top 10 000 in Africa. WHO | Regional Office for Africa. Retrieved May 10, 2022, from <https://www.afro.who.int/news/covid-19-cases-top-10-000-africa>
12. The Economic Times. (2021, March 11). WHO's pandemic response: From criticism to Nobel? The Economic Times. Retrieved May 10, 2022, from <https://economictimes.indiatimes.com/news/international/world-news/whos-pandemic-response-from-criticism-to-nobel/articleshow/81443977.cms>
13. Human Rights Watch. (2021, July 28). “Between Hunger and the Virus”: The Impact of the Covid-19 Pandemic on People Living in Poverty in Lagos, Nigeria | HRW. Human Rights Watch. Retrieved May 10, 2022, from <https://www.hrw.org/report/2021/07/28/between-hunger-and-virus/impact-covid-19-pandemic-people-living-poverty-lagos>