

Covid-19 Pandemic and Health Systems in Nigeria

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Abstract

The outbreak of the Covid-19 pandemic in Wuhan, China has put health systems globally, under intense pressure. This study seeks to examine the implications of poor management of health systems in Nigeria on the fight against the Covid-19 pandemic. This study relied on secondary data such as books, journals and internet sources. Besides, content analysis was used to analyze the data collected. This study argues that health facilities in Nigeria have been put under intense pressure due to the increasing demand for health assistance by Nigerians during the Covid-19, thereby limiting the performance of the limited numbers of health facilities that were hitherto inadequate. Moreover, poor infrastructural development in the health sector and corruption have been identified as causes of the poor performance of the Nigeria health sector. Lastly, this study recommends among other things, that the government should collaborate with the organized private sector in the development of its critical infrastructures such as electricity, road (rail, seaport, airport) and hospitals among others to address the growing pressure on critical infrastructure in the country.

Keywords: Health System, Infrastructure, Covid-19 pandemic, Corruption, Nigeria

Introduction

Following the outbreak of the Covid-19 pandemic. The World Health Organisations on 30 January 2020 declared the Covid-19 as Public Health Emergency of International Concern (PHEIC) and similarly on the 11th March 2020 the Covid-19 was regarded as a pandemic

(Suthar & Suthar, 2020). Today, the Covid-19 pandemic has spread across many countries of the world such that the Covid-19 was first discovered in Egypt in early February 2020 (Ajide et al, 2020). While, Nigeria recorded its first incidence of Covid-19 on 27 February 2020 in Lagos, South-West-Nigeria.

Before the outbreak of the Covid-19 pandemic, the state of infrastructure in the Nigeria Health systems across the three tiers of governance has been worrisome, as a significant number of Nigeria elites patronize health facilities abroad (health tourism). Besides, notable factors responsible for the decay in infrastructure in the country has to

do with excessive corruption and mismanagement of state resources (Ogbuagu et al., 2014).

Therefore, in a bid to curtail the spread of the Covid-19 pandemic especially at the level of community transmission, the Nigeria Centre for Disease Control (NCDC) came up with protocols that will help curb the spread of the virus. In addition, the Federal Government of Nigeria set up a Presidential Task Force (PTF) on COVID-19 to provide a multisectoral and inter-governmental tactic to curb the pandemic pending when the vaccine for its prevention is available to members of the public (<https://statehouse.gov.ng/covid19/>).

However, the responses of the Nigeria government to the Covid-19 pandemic at its early stage was treated with mix reaction especially as some Nigerians are yet to come to term with the veracity of the existence of the Covid-19 pandemic, despite the death toll recorded in many developed countries of the world such as the United States of America, Germany, Britain, France and Canada just to mention a few. But today, the Nigeria government have intensified more efforts in public awareness campaign in various mass media platform on the need for them to go for Covid-19 test the assistance of the Nigeria Incidence and Response Tracker and call toll-free hotlines (<https://statehouse.gov.ng/covid19/>).

However, the responses of the Nigeria government to the Covid-19 pandemic at its early stage was treated with mixed reaction especially as some Nigerians are yet to come to term with the veracity of the existence of the Covid-19 pandemic despite the death toll recorded in many developed countries of the world such as the United States of America, Germany, Britain, France and Canada just to mention a few. It is against this background; this study seeks to examine the implications of the Covid-19 pandemic on Nigeria's Health systems.

Literature Review

There is growing research on the Covid-19 pandemic since its outbreak in December 2019. For instance, Amzat et al (2020) examined the early socio-medical response to COVID-19 in Nigeria in the first 100 days after the index case in Lagos, South West-Nigeria. The study shows that within the first 100 days of the first index case of the covid-19 pandemic in Nigeria, it spread swiftly. They argued that the government adopted both medical and social responses to curtail the spread of the covid-19 pandemic

after its first 100 days in the country. However, these studies do not examine the implications of poor management of health systems in Nigeria on the fight against the Covid-19 pandemic. Nevertheless, the study does not examine the implications of poor management of health systems in Nigeria on the fight against the Covid-19 pandemic.

Similarly, Ouhine et al. (2020) examined the impact of lockdown on the generation of waste and the behaviours connected to the consumption of goods in two communities in Morocco. Also, they examined the behaviours of Moroccans to protective equipment against the covid-19 pandemic. The study revealed that the lockdown imposed by the Moroccan government affected the types of goods bought during the lockdown period as the demand for disinfectants increased while the demand for meat and other processed foods decreased. Thus, their study shows that the nature of the number of organic fractions declined remarkably in domestic waste when compared to the rest of the cleaning products. However, Ouhine et al (2020) study did not examine the implications of poor management of health systems in Nigeria on the fight against the Covid-19 pandemic.

Gupta et al (2020) examined the effects of the covid-19 pandemic on the environment. They argued that the covid-19 pandemic is a blessing in disguise such that measures such as lockdown which stopped significant numbers of industries from the operation which hitherto has been responsible for producing harmful substances into the environment have reduced the emission of toxic gases nitrogen dioxide, aerosols, sulphur dioxide, carbon monoxide and other harmful particulate matter into the atmosphere, thus there is improvement in the quality of oxygen intake. However, Gupta et al (2020) study did not examine the implications of poor management of health systems in Nigeria on the fight against the Covid-19 pandemic.

Ajide et al (2020) in their study examined the political economy and multidimensional factors of COVID-19 in Nigeria from the 27th of February, 2020 to the 26th of May, 2020. The study shows that human-to-human transmission of the coronavirus is lower when compared to other ethnic groups estimated at zero. Abu-Qdais et al (2020) carried out statistical analysis to ascertain the rates and composition of the medical waste generated during the treatment of the coronavirus pandemic in King Abdullah University Hospital in Jordan. Notwithstanding, these studies do not examine

the implications of poor management of health systems in Nigeria on the fight against the Covid-19 pandemic.

Suthar et al (2020) examined the spread of the coronavirus from Wuhan, China. They assert that the first incident case was recorded on 12 December 2019. They added that the origin of the Coronavirus was traced to animals before human beings. However, Ololo et al (2020) assert that the covid-19 pandemic has resulted in the loss of lives and has had negative consequences on the economy of nations. They further argued that the covid-19 pandemic has brought untold hardship on the global economy and worst the level of agricultural production as well as responsible for the decline in the price of oil at the international market. Despite the contributions of these studies to the academic literature on Covid-19, it does not examine the implications of poor management of health systems in Nigeria on the fight against the Covid-19 pandemic.

Mahule et al. (2020) posit that the Coronavirus can be transmitted through droplets from an infected patient and assert that health care workers especially dentists should ensure they take every precautionary measure in ensuring that they are not infected with the coronavirus disease. Similarly, Akurathi (2020) in his study provide informed discourse into the spread of the Covid-19 pandemic and how to avert anxiety associated with the spread of the Covid-19 pandemic. Akurathi argued that there is a need for the global populace to adopt a positive thinking ability in a bid to boost their immune system. However, despite the contributions of these studies to the existing literature on Covid-19 studies, less attention has been given to the study of the implications of poor management of health systems in Nigeria on the fight against the Covid-19 pandemic.

Yadav et al (2020) in their study of the outbreak prediction of covid-19 in most susceptible countries. They examined the spread of the covid-19 from Wuhan, China to other countries around the world especially European countries that were most affected. Omaka-Amari et al (2020) investigated the outbreak of the Covid-19 pandemic in Nigeria within the first two months. The study shows that the numbers of infected Nigerians with the Covid-19 increased between February and March. Besides, Omaka-Amari et al (2020) also examined the various preventive mechanisms put in place to curb the spread of the Covid-19 pandemic in the country such as the use of hand sanitisers, hand washing, lockdown, wearing of face masks and social distancing. Nevertheless, the study does not

examine the implications of poor management of health systems in Nigeria on the fight against the Covid-19 pandemic.

Moreover, they argued that selective lockdown of some states, poor attitude of some Nigerians to covid-19 protocol, social media interference, stigmatization against Covid-19 infected patients, fallacy about covid-19, overstretched health facilities and distrust for the Nigerian Centre for Diseases Control (NCDC). It is against this background this study seeks to examine the implications of poor management of health systems in Nigeria on the fight against the Covid-19 pandemic.

Health Systems Management and the Covid-19 Pandemic in Nigeria

Since, the return of Nigeria to democratic rule on May 29, 1999, significant resources have been invested on the part of the government in ensuring that there is improvement in health sector governance in the country. However, despite the commitment on the part of the government at all levels of governance in Nigeria, in improving health sector governance. This support has arguably not been adequate to meet the growing demands of Nigerians that have been necessitated by the increasing population of the country. Thus, the outbreak of the Covid-19 pandemic has finally exposed the poor state of health facilities in Nigeria that are hitherto under-staff and under-funded by the government.

Before, the outbreak of the Covid-19 pandemic in Nigeria significant number of elites have been embarking on hospital tourism. For instance, since 1999, huge resources have been spent by the past administration in Nigeria “equipping and upgrading” teaching hospitals. Even at that, much is yet to be desired from the huge budgetary allocations to improve Nigeria be health systems. It is pertinent to note that high profile accident victims and patients have been taken out of the country for treatment despite hospital renovations and commissioning. Today, a significant number of high-profile Nigerians die abroad due to the ill-equip and poor condition of Nigeria’s health systems. In the words of Momoh (2008), the neglect of Nigeria health care developed over the years is a grim reality of the collapse of health systems in Nigeria.

According to the Federal Republic of Nigeria HRH Strategic Plan (2008-2012) outlined some challenges that bedevilled the Nigeria health sector to include: lack of public and private sector coordination; favouring indigenous hires; commercial pressures in the private sector that lead to poor quality work; work environments that

contribute to low motivation, less-than-optimal productivity, high attrition - especially from rural areas; and lack of planning based on staffing projection needs resulting in an overproduction of some categories of health workers and a lack of others. The Nigeria HRH Strategic Plan 2008-2012 further assert that the challenges facing Nigeria health sector are further worsened by the adoption of three (3) levels of health care delivery namely orthodox, alternative, and traditional. It also identified the absence of a joint Human Resources for Health (HRH) and information collection system to be responsible for the dearth of lack coordination in collecting Human Resources for Health (HRH) data, which further shows that various stakeholders in the Nigeria health sector get disjointed data (<https://www.who.int/workforcealliance/countries/nga/en/>).

Today, the inflow of patients to various health systems across the country since the outbreak of the Covid-19 pandemic has increased tremendously. Thereby putting intense pressure on the health facilities and health care workers alike, which were neglected by past administrations in Nigeria. One of the implications of the Covid-19 pandemic on Nigeria health systems is the increasing number of infected frontline health care workers who were until now inadequate (Ajisegiri, et al., 2020). Besides, limited health care equipment is over-stretched, thereby leading to the breakdown of some of the important equipment that is required to carry out major operations. For instance, there have been reported cases of one of the implications of the covid-19 pandemic is that health service delivery across the control has been halted to curtail the spread of the coronavirus (Salako et al., 2020).

Besides, the World Economic Forum report (2020) show that the Covid-19 pandemic has posed the challenge of inadequate personal protective equipment such as ventilators to many countries of the world. According to the World Health Organisation, an estimated 89 million medical masks and 76 million gloves are required for the COVID-19 response each month globally. Moreover, due to the poor state of health facilities across the country, Nigeria health sector capacity to respond to community transmission has been said to be doubtful (Ebenso, 2020). Also, inadequate ventilated machines and Gene-Xpert machines in some instances, some developed a fault due to excessive usage. In a situation, where there are no functional equipment and the patient do not have the financial resource to travel abroad, he or she will result to his or her fate. Available statistics from the Office of the Senior Special Assistant to the President on SDGs (OSSAP-

SDGs) (2020) shows that as of 2018, there were 36 registered medical doctors to 100,000 members of the population (i.e., a doctor-population ratio of 1: 2753). The ratio of nurses and midwives in 2018 came to 88 nurses to a population of 100,000 (a nurse-population ratio of 1: 1,135) and 58.9 midwives to a population of 100,000 (a midwife-population ratio of 1: 1,697) (OSSAP-SDGs, 2020:30). It is pertinent to note that the shortage of health care workers who are expected to attend to patients in most Health care facilities in Nigeria has led to the neglect of a sizable number of patients who are in urgent need of health assistance.

Other implications of the poor state of health facilities in the fight against the covid-19 pandemic are that physical facilities that are not designated for health service delivery are converted for other purposes. For instance, in some states in Nigeria such as Lagos state, the Mobolaji Olufunsho Johnson Stadium in Onikan was converted into a 101-bed isolation centre for patients with COVID-19 related complications (CRTV, 2020). It is pertinent to note that even some physical facilities converted to isolation centres lack basic social amenities such as pipe born water, electricity and ventilators, and air circulatory systems, which are vital in the management of COVID-19 related cases, especially in critically ill patients (Adhikari et al 2020).

Worried by this is a situation where curable diseases like malaria now claim the lives of many Nigerians in recent years has become a source of concern to all. For instance, available statistics from the World Health Organisation (2015) shows that one in every five Nigerian children dies before their 5th birthday while over a million Nigerian children die from preventable diseases yearly. Besides, World Health Organisation (2015) report shows that only 18% of children receive full immunisation by their first birthday (WHO, 2015). Moreover, malaria remains the major killer disease in Nigeria than any other disease (Tormusa, et al 2016).

However, studies have shown that corruption cut across every sector of the Nigeria economy (Momoh, 2013; Tormusa, et al 2016) the Nigeria health sector is inclusive (Vian 2008; Vian, et al 2010; Di Tella et al 2001; Matsheza et al 2011). Corruption in the Nigeria health sector remains one of the factors responsible for the neglect of the Nigeria health systems over the years. Today, Nigeria is labelled among the countries with the worst health care statistics globally. This explains why Nigeria is ranked low in almost all the world development indexes. For instance, the World Health

Organization (2015) report ranked the Nigerian health system at position 197th place of 200 WHO countries (Tormusa, et al 2016). However, the empirical studies such as Vian 2008; Vian, et al 2010; Di Tella et al 2001; Matsheza et al 2011 have shown that the Nigeria health system is ridden with corruption thereby, positioned the Nigerian Primary Health Care system as one of the worst in the world as most Primary Health Care centres especially in rural areas ridden with 'expired drugs and cobwebs (Hadi, 2015; Tormusa, et al 2016).

Nevertheless, despite available indices from National and International institutions that shows in clear term the poor health services in the country, government at all levels of governance has turned deaf ears to the worrisome state of health service delivery. For instance, to date budgetary allocation has consistently remained around less than 5% or slightly above, despite Nigeria being a signatory to the 2000 Abuja Declaration to increase annual budgetary allocation to the health sector to 15% (Tormusa, et al 2016). By and large, the underfunding of the health systems by past administrations in Nigeria coupled with corruption that has ridden the Nigeria health sector has put the sector in a state of comma and it has become incapacitated. Thus, there is the need to declare a state of emergency in the Nigeria health sector in a bid to revamp the sector in line with global best practices.

Conclusion

The outbreak of the Covid-19 pandemic has further demonstrated the need for effective management of the Nigeria health sector in a bid to cope with the growing challenges facing health service delivery in the country. Therefore, a concerted effort is required from the government in ensuring that the Nigeria health sector is well-funded and the relevant policies and programmes that are geared towards improving the sector are formulated and implemented. It is on this note that this study seeks to make the following recommendations for the effective management of the Nigeria health system.

Recommendations

The outbreak of the Covid-19 pandemic has further intensified the need for government at all levels of governance to invest heavily in infrastructure in the health sector especially Primary Health care delivery. Therefore, the government at all levels of governance in Nigeria should seek support from development partners and the organized private sector

to increase funding to the health sector if they intend to curb the spread of the Coronavirus.

The federal government should engage the organized private sector in health service delivery by providing credit facilities to private health care providers in a bid to procure modern equipment in their service delivery. This will among other things reduce the pressure on public health institutions.

There is the need for synergy between the levels of governance in health service delivery in Nigeria (Federal, State, Local government and the private sector) especially in the area of prompt responses to tackling the spread of the Covid-19 pandemic. This is because the fight against the Covid-19 pandemic should not be left for one level of government alone as there is the need for strong collaboration with other stakeholders. By this we, mean there should be multisectoral coordination and proactiveness in health governance in Nigeria this to a large extent has helped the government to successfully fight the 2014 Ebola virus disease; the same approach would help in defeating COVID-19. This is because there was controversy as to whether the state governors should independently lockdown their respective states with recourse to the federal government.

References

- Abu-Qdais, H.A.; Al-Ghazo, M.A.; Al-Ghazo, E.M., (2020). Statistical analysis and characteristics of hospital medical waste under novel Coronavirus outbreak. *Global Journal Environment Science Management* 6(4): 1-10 DOI: 10.22034/gjesm.2020.04.0
- Adhikari, S.P.; Meng, S.; Wu, Y.-J.; Mao, Y.-P.; Ye, R.-X.; Wang, Q.-Z.; Sun, C.; Sylvia, S.; Rozelle, S.; Raat, H.; et al. (2020). Epidemiology, causes, clinical manifestation and diagnosis, prevention and control of coronavirus disease (COVID-19) during the early outbreak period: A scoping review. *Infect Dis Poverty* 9 (29). <https://doi.org/10.1186/s40249-020-00646-x>
- Ajide, B.K., Alimi, O.Y., Ibrahim, L.R.&Nwokolo, C.I (2020).Modelling the Political Economy and Multidimensional Factors of COVID-19 Cases in Nigeria *Journal of Economics, Race, and Policy* 3:223–242 doi.org/10.1007/s41996-020-00070-1
- Ajisehiri, W.S., Odusanya, O.O., & Joshi, R. (2020). COVID-19 Outbreak Situation in Nigeria and the Need for Effective Engagement of Community Health Workers for Epidemic Response, *Global Biosecurity* 1(4).
- Akurathi, S. (2020). Psychological impact on covid-19 *International Journal of Advanced Research (IJAR)* 8(04), 1199-1202 <http://dx.doi.org/10.21474/IJAR01/10898>
- Amzat, J., Aminu, K., Kolo,I.V., Akinyele,A.A., Ogundairo, A.J.&Danjibo, C. M (2020).Coronavirus outbreak in Nigeria: Burden and socio-medical response during the first 100 days *International Journal of Infectious Diseases* 98, 218–224 <https://doi.org/10.1016/j.ijid.2020.06.067>

- CRTV COVID-19 (2020). Lagos National Stadium Transformed into a101-bed Isolation Centre 2020, 5. Available online: <http://www.crtv.cm/2020/03/covid-19-lagos-national-stadium-transformed-into-a101-bed-isolationcentre/> (accessed on 1 May 2021).
- Di Tella, R. & Savedoff, W. (eds.) (2001). *Diagnosis Corruption: Fraud in Latin America's Public Hospitals*. Washington DC: Latin American Research Network.
- Ebenso B, & Otu A. (2020). Can Nigeria contain the COVID-19 outbreak using lessons from recent epidemics? *Lancet Glob Health* [Internet]. 2021 May 1 [cited 2020 Apr 24];0(0). Available from: [https://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(20\)30101-7/abstract](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(20)30101-7/abstract).
- Eranga, O.I. (2020). Covid-19 pandemic in Nigeria: Palliative measures and the politics of vulnerability *International Journal of Maternal and Child Health and AIDS* (2020), Volume 9, Issue 2, 220-222.
- Hadi, R. (2015). Corruption in the Nigerian health sector: Time to right the wrongs. Retrieved from <http://www.gamji.com/article6000/NEWS7913.htm>.
<https://statehouse.gov.ng/covid19/> accessed 17/08/2021 09:31 pm.
- Mahule, A., Gade, K.J & Gade, V. (2020). Coronavirus and dentistry: An overview *International Journal of Advanced Research (IJAR)* 8(03), 316-321
<http://dx.doi.org/10.21474/IJAR01/10630>
- Matsheza, P., Timilsina, A. R. & Arutyunova, A. (eds.) (2011). Fighting corruption in the health sector methods, tools and good practices. Retrieved from http://www.undp.org/content/undp/en/home/librarypage/democraticgovernance/anti-corruption/fighting_corruption_in_the_health_sector.html
- Momoh, Z. (2008). Critique of Obasanjo's economic reforms (1999-2007) a term paper presented to the Department of Political Science, University of Jos as part of Continuous Assessment for the Course Pol 212 Nigeria Government and Politics August.
- Office of the Senior Special Assistant to the President on SDGs (OSSAP-SDGs) (2020). *Nigeria: Integration of the SDGs into National Development Planning: A Second Voluntary National Review* Abuja: Office of the Senior Special Assistant to the President on SDGs (OSSAP-SDGs)
- Ogbuagu, U., Ubi, P., & Effiom, L. (2014). Corruption and infrastructural decay: Perceptible evidence from Nigeria. *Journal of Economics and Sustainable Development* Vol.5 (10), 20-27.
- Ololo, E. E., Madueke, O., & Iheonu, A., (2020). Economic impact of covid-19 and policy implications for Nigeria *Journal of Political Science and Leadership Research* 6 (2), 44-56.
- Omaka-Amari, N.L., Aleke, O.C., Obande-Ogbuinya, E.N., Gwakwe, C.P., Nwankwo, O., & Afoke, N.E. (2020). Coronavirus (COVID-19) Pandemic in Nigeria: Preventive and Control Challenges within the First Two Months of Outbreak *African Journal of Reproductive Health* June 2020 (Special Edition on COVID-19); 24 (2):87 DOI: 10.29063/ajrh2020/v24i2s.13
- Ouhsine, O., Ouigmane, A., Layati, El., Aba, B., Isaifan, R.L., & Berkani, M., (2020). Impact of COVID-19 on the qualitative and quantitative aspects of household solid waste. *Global J. Environ. Sci. Manage.*, 6(4):1-12 DOI: [10.22034/gjesm.2020.04.0](https://doi.org/10.22034/gjesm.2020.04.0)
- Salako O, Okunade K, Allsop M, Habeebu M, Toyé M, Oluyede G, Fagbenro G, & Salako B. (2020) Upheaval in cancer care during the COVID-19 outbreak.

- cancermedalscience [Internet]. 2020 Apr 30 [cited 2021 May 1];14. Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7134578/>.
- Suthar, V. & Suthar, C. (2020). Coronavirus: Journey from China to other countries International Journal of Advanced Research (IJAR) 8(03), 888-891
- Tormusa, D. O., & Idom, A. M. (2016). The impediments of corruption on the efficiency of healthcare service delivery in Nigeria. Online Journal of Health Ethics, 12(1). <http://dx.doi.org/10.18785/ojhe.1201.03>
- Vian, T. (2005). The sectoral dimensions of corruption: health care. In Spector, B. I. (Ed.). Fighting corruption in developing countries. Bloomfield CT: Kumarian Press Inc.
- Vian, T., Sayedoff, W. & Mathisen, H. (2010). Anticorruption in the health sector: Strategies for Transparency and Accountability. West Hartford, CT: Kumarian Press.
- World Economic Forum (2020). COVID-19 in Africa: insights from our 23 April WHO media briefing [Internet]. World Economic Forum. 2020 [cited 2021 May 1]. Available from: <https://www.weforum.org/agenda/2020/04/covid19-in-africa-our-media-briefing-with-who/>.
- World Health Organization, (2015). Nigeria statistics summary (2002 - present). Retrieved from <http://apps.who.int/gho/data/node.country.country-NGA>.
- World Health Organization, (2020). Shortage of personal protective equipment endangering health workers worldwide available at: <https://www.who.int/news/item/03-03-2020-shortage-of-personal-protective-equipment-endangering-health-workers-worldwide>
- Yadav, D.; Maheshwari, H.; & Chandra, U., (2020). Outbreak prediction of covid-19 in most susceptible countries. Global Journal Environment Science Management 6(4):1-10 DOI:10.22034/gjesm.2020.04.0
- Gupta, N.; Tomar, A., & Kumar, V., (2020). The effect of COVID-19 lockdown on the air environment in India. Global Journal Environment Science Management 6(4):1-10 DOI: [10.22034/gjesm.2020.04.0](https://doi.org/10.22034/gjesm.2020.04.0)
- www.who.int/workforcealliance/countries/nga/en/ accessed 2, May 2021