

## Politics of healthcare provisioning and the management of covid 19 pandemic in Nigeria

**Bill C. Uchegbue**

Coal City University, Enugu

**Corresponding author:** billuchegbue@yahoo.com

Doi: 10.5281/zenodo.5807995

### **Abstract**

*The new phase of the global health catastrophe termed covid-19 had ravaged several nations, leaving scientists entangled with the pursuit for a possible solution even when the politicization of this occurrence has further encumbered anticipated result. Politicization of health challenges is resorting to selfish and Nepotic considerations oppose to the statutory adherence in handling of issues associated to covid-19 pandemic. Nevertheless, politicizing health related matters poses great danger to economic wellbeing of the citizenry and national development. Undue sensitization and publicity of covid-19 pandemic instil discrimination/stigmatization into the population which would negates the ethics/professionalism required of such circumstance. This paper argues that health challenges in Nigeria are usually politicized and that the novel Covid-19 that ravaged the world was equally politicized in Nigeria and this led to the death of many Nigerians and the destruction of properties worth billions. We employed as the main critical instrument of explanation/analysis on covid-19 pandemic, Marxian Political Economy Approach with substantial reliance on descriptive analysis. It proffers the way forward to forestall reoccurrence of the past experience in Nigeria.*

**Keywords:** Politicization, health challenges, control, stigmatization, covid-19 pandemic

### **Introduction**

It is so unfortunate that hardly do we learn from history. History is meant to teach, instruct and inspire us to act differently to current crises to get positive and good results from the negative previous ones. In 1984, the first HIV case was recorded but was shelved away by the government of Mohammed Buhari until large number contracted it (Obi-Ani, *et al.*, 2021). Likewise, in 2014, in 2014 the Ebola Virus Disease (EVD) was reported under the Jonathan's administration but it was taken lightly until eight deaths were recorded (Adelakun, Shikyil and Olowu 2017).

The same lackadaisical behaviour was equally exhibited during the outbreak of Lassa fever until it ravaged hundreds. Even when the Covid 19 Pandemic came to Nigeria, it was handled with kid gloves it is on record that Pandemics are deadlier than wars – it is believed that infectious diseases like the Influenza Pandemic of 1918, which killed more than 50 million people have taken more lives than all the wars and non-infectious diseases and natural disasters in the world put together (Global voices, 2020). When the

whole world was complaining of Covid 19 and restricting flights and subjecting their citizens coming from another country to quarantine exercises, Nigeria on the 28<sup>th</sup> of February 2020 allowed an Italian man to enter Nigeria and move about freely without being quarantined.

Ever since Nigeria gained independence in 1960, the healthcare system has not been given priority. The aphorism health is wealth seems to be understood in reverse gears by the Nigerian government, if not so why can't the Nigerian government make the health sector its priority in budget allocation? If not so, why can't the Nigerian government appoint the appropriate experts with the requisite qualifications and experiences to head the Nigerian health sectors and health committees? If not so, why can't the Nigeria government stop politicizing health challenges? After putting the health sector in disarray, our politicians go for medical tourism in other countries for minor infections such as an ear infection.

It is on the above note that this study was undertaken to examine the politicization of health challenges and control of Covid-19 pandemic in Nigeria.

### **Corona Virus Disease Covid-19**

Coronavirus disease 2019 (Covid-19) is a respiratory illness that can spread from person to person. The virus that causes Covid-19 is a novel coronavirus that was first identified during an investigation into an outbreak in Wuhan, China and first reported in December (CDC, 2020a; and WHO, 2020). Similarly, many health experts believe that the new strain of coronavirus likely originated in bats or pangolins. The first transmission to humans was in Wuhan, China, among people linked to a local seafood market ("wet market"). Most of the early cases had some sort of contact history with the original seafood market (Li *et al.*, 2020). Since then, the virus has mostly spread through person-to-person contact (Aaron, 2020). Currently, there is no vaccine for the virus, and recovery depends on the strength of an individual's immune system (Boseley, Devlin, & Belam, 2020).

The symptoms of Covid-19 infection include: fever, dry cough, shortness of breath or difficulty in breathing, muscle aches, headache, sore throat, or diarrhoea, runny nose, tiredness (CDC, 2020b; Foundation for Medical Education and Research [MFMER] 2020). The incubation period lasts up to 14 days (Gallagher, 2020), and the symptoms may appear 2–14 days after exposure (Minnesota Department of Health, 2020). Most people

infected with the Covid-19 virus will experience mild to moderate respiratory illness and will recover without requiring special treatment (Ajibo, 2020). However, the disease can be serious and even fatal. On March 11, 2020 the World Health Organization declared the disease as pandemic. Older people, and those with underlying medical problems like cardiovascular disease, diabetes, chronic respiratory disease, and cancer are more likely to develop serious illness (WHO, 2020a).

There are also preventive measures for the coronavirus that include washing of hands with soap and running water; using alcohol-based hand sanitizer frequently; maintaining social distance of not less than 2 meters; using face masks; avoiding facial contact with an infected person; not touching your face; coughing into your elbow; staying at home if you can; seeking medical care early when you notice fever, cough, and difficulty breathing; throwing used tissues in the trash; cleaning and disinfecting frequently touched surfaces; staying informed; and following advice given by a health-care provider, all of which have been emphasized and publicized through formal and informal media outlets (Adnan, 2020; Obiezu, 2020; Olurounbi & Bala-Gbogbo, 2020; CDC, 2020c; WHO, 2020b). On the 14th of February 2020, Africa's first COVID-19 case was recorded in Egypt within a short while the disease had spread throughout every African country, with Lesotho being the last to record a new case (Odukoya, Adeleke, Jim, Isikekpei, Obiodunukwe, Lesi, Osibogun, Ogunsola, 2020). The index case of coronavirus started in Nigeria when an Italian national working in Lagos flew into the commercial city of Lagos from Milan, Italy, on February, 25, 2020 (Nigeria Center for Disease Control [NCDC], 2020a).

Nigeria has been adversely affected by the Covid-19 pandemic. As at May 18th 2020, of the 36,899 tests carried out so far, there have been a total of 6,175 confirmed cases and 191 deaths in Nigeria, 1,644 cases have been discharged with 4,340 cases remaining active. Of the 36 states and the Federal Capital Territory Abuja, only two states in Nigeria (Cross Rivers and Kogi states) are yet to record any confirmed cases of COVID-19. (NCDC, 2020b; Worldometer, 2020).

The Nigerian government, as with other national governments who were grappling with the rising numbers of COVID-19 cases instituted several containment measures in a bid to stem this rising tide. Various steps were taken by both the Federal and State Governments to curb the spread of the virus, including restriction of interstate

movements, closures of schools, markets and other business places, bans on religious and social gatherings as well as federally-ordered lockdowns in FCT, Lagos and Ogun states, which were regarded as the epicentre of the coronavirus pandemic a complete shutdown and ban were enforced (Onuh, 2021).

In an effort to manage and provide information regarding coronavirus infection and ensure that COVID-19 outbreak is curtailed, the Nigeria Center for Disease Control (NCDC), an agency under the Federal Ministry of Health was and still is at the epicentre of coordinating all activities including surveillance, contact tracing and testing. The NCDC was established in 2011 to tackle rising health challenges. Other local and international partners such as the USCDC Nigeria have also been playing some major roles all targeted towards limiting the impact of the disease within the country. In spite of all efforts targeted towards ensuring that the health and economic consequences associated with COVID-19 are limited, several issues seem to be limiting the war against the disease.

### **Politicization of Health Challenges**

Politicization is the action of causing an activity or event to become political in character ([www.lexico.com](http://www.lexico.com)). This is the process of becoming or being made politically aware of a subject or matter. An issue may become politicized for a number of reasons and politicization is not inherently negative. For example, politicization of appointments, coverage of politicians coming together to address a social risk is likely to be highly politicized. Conceptually, politicization of health challenges is the process or act of turning issues relating to the health of a person to a governmental affair. This state of affairs relates to the making of decisions, appointment of key officers, and distribution of resources in the health sector of a particular country.

Opposition groups took advantage of lack of trust in the health system, and by extension in the authorities, to criticise the government. Officials and local representatives attempted to exploit the crisis in their own way. The opposition party cashed in on the delay of the President Muhammadu Buhari's administration to address the citizenry and lockdown the Nigerian borders during the health challenges to call for the resignation of the president.

Politicizing health challenges is not a new thing, history is replete with certain health challenges that were politicized and used for ideological and political interests.

Dangerous diseases such as the 1918 H1N1 flu, AIDS, monkey pox, Ebola, SARS, MERS, and less dangerous diseases like malaria, typhoid fever, etc., were politicized.

Politicizing health challenges creates political, social, and even health problems. It also pushes people to indulge in hate speech and aggression. Therefore, we should avoid disinformation, distortion, racial rhetoric, slur expressions, ideology, manipulation, and propaganda. Politicization of health challenges has a way of increasing health challenges and equally make people disinterested in knowing more about the health challenges, it is therefore beneficial to examine the degree to which politicization of health challenges has affected the control of certain pandemic and most especially the recent virus known as Covid 19.

Karl Marx is associated with the concept and theory of class. To him, society is stratified into two dichotomized classes based on economic determinism. That is, on the basis of the ownership of the means of production. Ottong (2011) defines social class as the division of people into social categories based on the principle of wealth and access to wealth and power. Etobe (2003) on his part defines class as a group of people whose members have become conscious of their shared interests and show solidarity in support of political movement that protects their interest. In sum, class can be defined as a social group of individuals who occupy an evident position in the economic system of production. Covid 19 was so politicized by people who belong to the same class, the two dominant parties the ruling All Progressive Congress (APC) and the opposition Peoples Democratic Party (PDP) for political and financial gains, government owned media houses and individuals. Covid-19 is a virus like other previous viruses such as plague, Cholera, Acquire Immune Deficiency Syndrome (AIDS), Severe Acute Respiratory Syndrome (SARS) and Ebola Virus Disease (EVD). Instead of cooperating with the citizenry in order to find the best approach for tackling the virus the two dominant parties were busy throwing jabs at each other (Shaba, 2020). For example, in a 2020 report by Africa.org Etobe, Ojua, Etobe, Undelikwo and Okorie, (2017) in their article "Politicization of health care delivery in Nigeria as stumbling block to universal health coverage" agreed that there is politicization in Nigerian's health care system and went ahead to identify the following as clear manifestations of politicking in the health care system, the politics of class, politics of profession, politics of economy, politics of healthcare administration and

politics of sect, for the purpose of this study, the politics of class and profession will be adopted.

### **Why Politicise Health Challenges?**

#### **International and Local Aids**

In certain instances, health challenges are politicized because of what those in charge stand to gain internationally and locally. For example, in the heat of the spread of the virus many countries were sent money and relief material equally provided based on the level of carnage done to their economy by the virus. There are donations ranging from 11 billion Naira from NNPC, materials from Chinese Billionaire Jack ma. A big boost came from top Nigerian Billionaires under the umbrella name of the Nigerian Private Sector Coalition against COVID-19. Their efforts have yielded more than 15 billion Naira in donations and recently, 50 million Euros was donated by the European Union (Ogunmade, 2020). These donations are aside what the Federal government announced as its budget for the pandemic and its intention to set up a 500 billion Naira fund to tackle the disease (Umoru, 2020).

#### **Corruption**

Nigeria has both the manpower and resources to maintain world class hospitals but inept political leadership and crass corruption have vitiated them. For example, the NCDC a body duly established to tackle health challenges has never received its full budget from 2016 to 2020. In 2016, out of a budget of 251 million naira, 151 million naira was released to NCDC and during this period, 1,166 Nigerians died of Cerebrospinal Meningitis (Chidebe, 2020).

In 2017, the NCDC was given 782 million naira out of N1.5 billion budget whereas 1 billion naira was recorded to have been spent by the president on foreign medical trip abroad in 2017 (Mbamalu, Oyebade and Oyedoyin, Mbamalu et al., 2017). In 2018, 654 million naira was released out of a total proposed budget of N1.9b. In 2019, 224 million naira release out of a budget of 1.4 billion. To crown it all, in the face of Covid 19 pandemic

Politicians stand to gain from these health challenges considering the fact that they award the contracts to people that they know. Government has always downplayed the various health challenges in our country and instead of working on it they always tend to claim

something they never did. The government will show a new health centre that they are reopening and yet fail to equip the health centre.

### **Greed**

Nigerian leaders are selfish and greedy. This can be manifestly seen in the manner the school feeding program was also allowed to run even after the students were asked to stay at home. This is as fraudulent as it is contradictory. The schools were asked to close down and all pupils were expected to be home. Where are the pupils to be served food? These imaginary contracts are avenues the elites siphon public fund, empower themselves to remain in power for oppressive purposes (Onah et al, 2020).

### **Opportunity to build their political careers**

Many politicians see health challenges as an avenue to build their political careers score cheap political points. Some politicians who are hungry to gain fame applauded everything the presidency did without checking the rightness or wrongness of the actions and were willing to attack any person with contrary view.

### **Similitudes of Politicisation of the Health Care Sector and Health Challenges**

#### **Juggling of Figures**

It is so unfortunate that any challenge is an opportunity to amass wealth for politicians. Many states politicised and capitalised on the pandemic receive more attention, money and materials from the Relief Fund and palliatives by manipulating the figures of Covid 19 cases they have (Onah, Ugwuibe & Onah, 2020). Some states were juggling figures in order to receive more attention, money and materials from the Relief Fund and palliatives.

#### **Setting up of Committees**

Mr. President gave the seriousness of our health and safety, and our ability to sleep with sound mind to Boss Mustapha, whose experience in healthcare crisis management is limited and his country-wide political influence is challenged.

In the taskforce, beside a Center for Disease Control's representative, the only man in the taskforce with healthcare management experience was the state Minister of Health, Senator Olorunnimbe Mamora, a fine gentleman whose previous work as a medical doctor is helpful, except that he has worked more on political campaign strategies than in the surgical room in the last 20 years. It is unclear, if Mamora ever worked in any



healthcare emergency. It is even worse that he's a subordinate in the taskforce (Akinremi, 2020).

The steering committee headed by the Secretary to the Government of the Federation, Boss Mustapha that was set up for procuring all needed funding, equipment and materials for the battle against this pandemic had no easterner as a member.

### **Selective Lockdown Procedures**

The senate president openly faulted the Conditional Cash Transfer (CCT) of the 5, 000 largesse being distributed to select families to cushion the effects of the lockdown which the president ordered in Lagos and Ogun States as well as the Federal Capital Territory. In the words of the senate president, "I think time has come for us to redefine the implementation of the social intervention program. Probably going out to the communities to give them N20,000 per person might not be the best way to go. It is still an effort but I think we need a better approach that will be more efficient".

### **Appointment of certain Key Officials**

The appointment of the Secretary of the Government of the Federation, Boss Mustapha as the chairman of the Presidential Task Force which is a body that deals on the health of the citizens of this great country and which body has the powers not only strategize the manner of testing, containment and management of COVID 19 but also to advise the government to declare national emergency as part of containment measures when necessary and direct deployment of any relevant assets, when deemed expedient.

### **Disregard for Rules and Regulations**

The wanton disregard for laws in our country is usually perpetrated by those in the same class and this case the All-Progressives Congress. Allegations were made that why the federal government delayed in the closure of the Nigeria borders was because his daughter was in London. Assuming this allegation is correct, whereby state policies are implemented based on the whims of the leader, or what suits the first family, little wonder the healthcare system is in a chaotic condition. This allegation is plausible since the president's daughter shortly after her return and self-isolation (Ogundipe et al., 2020), the Nigerian borders were closed. Laws in Nigeria are for the weak and powerless. Similarly, it was also reported that the social distancing rule was not observed during the burial of the late Chief of staff to the Nigerian President who died due to COVID-19



complications. This case was particularly shameful because contrary to the order against social gatherings, a burial was conducted, most especially, at a time when COVID-19 had risen (to 542 confirmed cases, and 19 fatalities distributed in 20 states) in the country; and the said burial, conducted by high government officials who are leaders and as such, expected to lead the way for the masses to follow by maintaining strict social distancing (Omaka-Amari, Aleke, Obande-Ogbuinya, Ngwakwe, Nwankwo and Afoke).

### **Lack of Accountability and Transparency**

The Nigerian government lacks accountability and transparency in handling money. All the monies that were received from different donor agencies were not accounted for. The number of Covid 19 patients kept on increasing without anyone giving us the indices for such measurement and we never got to see them on National Television Authority. All we kept on hearing were stories like Lagos discharges 8 more Covid-19 patients (Ifijeh, 2020), new Covid-19 patients identified in Enugu, Nigeria confirms 450 new covid-19 cases and **Kano Confirms 2 New COVID-19 Cases (Ibrahim, 2020)**

Also, the leadership of the National Assembly led by the Senate President and the Speaker of the House of Representatives at a meeting with the Minister of Humanitarian affairs, Disaster Management and Social Development on 7th April, 2020 queried the billions of naira spent on Social Investment Program (SIP) of President Buhari saying the monies were not properly accounted for (Itua, 2020). The above reactions coming from such distinguished personalities is a pointer to the lack of accountability and transparency in handling health challenges

### **By the Media**

The broadcast and print media have a very big influence on public opinion and they are major channels for communication between decision makers and the public. The power of the media stems from its influence on the crystallization of our thoughts. Thoughts serve like an engine which drives and controls our actions and behaviour. Elements of Bias from government owned media

Bias presents something such as a news story in a way that favours a particular group or opinion (bias interprets or presents someone or something in an ideological way for special interests) (Nelson, 2003). Bias also reports certain issues, problems, actors, politicians, and any other political event not as they really are. Bias is not free from lying,

distortion of and diffusing certain facts, disagreement over basic values, beliefs or mores. The government owned media outlets failed to publish the actual number of Covid-19 cases. They were too economical with the truth even from the beginning.

A high degree of politicization may be more troubling when coverage is also highly polarized, that is, highly differentiated along partisan lines. For a novel issue, such as a new pandemic, the news media is typically the primary way the public learns about the issue (Kasperson et al., 1988).

### **Distribution of Palliatives**

There are allegations and counter allegation of politicizing the palliatives meant for all Nigerians. Irrespective of political inclination, ethnic origin and political party affiliation, the coronavirus affects all citizens equally. Besides, beneficiaries of CCT based on NSR started earning N5000 per month since 2016 whereas some of the states in the south benefitted from the CCT only in December, 2019. Examples are Enugu State (Two Local Government Areas, only) and Anambra State (One Local Government Area, only). Lagos, Ogun, Ekiti are yet to be captured in the database of NASSCO. The latter states are from the southern part of Nigeria. That is probably why the leading opposition party in Nigeria, the Peoples Democratic Party (PDP) had at the outset of the implementation of the CCT described the program as a hoax. The party, in a statement issued by its National Publicity Secretary, Kola Ologbondian accused the ruling All Progressives Congress (APC) of using ghost beneficiaries to siphon government resources. The PDP claimed that not even a handful of Nigerians had acknowledged receiving any social palliative from the government despite claims by officials of having paid out billions of naira to individuals and households.

The party also faulted cash disbursements to beneficiaries describing it as fraudulent “Such was part of the design to use few unsuspecting Nigerians to circumvent the system, muddle up financial documentation and accountability processes and facilitate the siphoning of huge chunk of the palliative fund. Such practice directly points to fraudulent diversion of funds by APC leaders,” PDP said (Agbedo, 2020, Jimoh, 2020). In a Guardian Editorial of Wednesday, April 15, 2020 the renowned editorial team observed that “the deployment of relief materials by the Federal Government appears to be a mirage or at best very un-transparent. There have also been questions about the conditional cash

transfer in relation to effectiveness and spread. The question arises as how reliable the data of poor persons, used in the implementation. There is also the question of the part of the country where these supposedly vulnerable Nigerians come from. These concerns are awash in the social media with perception that the palliatives are restricted to certain sections of the country. This is dangerous and unacceptable”

### **Handling Strategies of COVID-19 adopted by the Nigerian Government and its Agencies**

On 29<sup>th</sup> March 2020, the Nigerian President, Muhammadu Buhari, addressed the nation on the Federal Government’s efforts to curtail the spread of COVID-19 within the country, this came after weeks of intense pressure from different quarters for him to address the action. In his address, he directed a cessation of all movements in in Lagos State, Ogun State and the Federal Capital Territory for an initial period of fourteen (14) days. Although, the cessation of movement in Ogun State was postponed until Friday, 3<sup>rd</sup> April 2020, lockdown in Lagos and Abuja was ordered to commence on Monday, 30<sup>th</sup> March 2020.

Certain businesses were exempted from the lockdown restrictions particularly those providing health related and essential services, including hospitals and related medical establishments, organizations in healthcare related manufacturing and distribution (however, nothing was done by the government to encourage them, not even financial support was given to help them manufacture face masks and hand sanitizers), as well as commercial establishments involved in food processing (food was needed but instead of distributing the palliatives that were received from donor agencies they were hoarded by the government), distribution, and retail companies, petroleum distribution (the price of petroleum was not reduced although we had in excess large reserves of crude oil because of the restrictions) and retail entities, power generation, transmission and distribution companies and private security companies (the power supply companies increased tariffs and the government looked the other way). Workers in telecommunication companies, broadcasters, print and electronic media who are able to prove they are unable to work from home are also exempted. Seaports in Lagos state are also exempted as well as vehicles and drivers conveying essential cargoes from the seaports to other parts of the country, which will be screened before departure by the Ports Health

Authority. The President also noted the government's drive to provide relief materials to communities who will be affected by the restrictions (Everyone was affected by the restrictions but the whole process of selecting those that were affected was politicized). On Monday, 30<sup>th</sup> March 2020, the President signed the Federal Government's COVID-19 Regulations of 2020 which declared COVID-19 a dangerous infectious disease and granted a legal basis to the directives stated in the President's address. Why it took the federal government this long to declare the virus an infectious disease was unknown to anybody.

As a follow up the President and Commander of the Armed Forces, His Excellence Muhammadu Buhari GCFR, constituted a Presidential Task Force (PTF) headed by the Secretary to the Government of the Federation, Boss Mustapha who was not a medical doctor and had no expertise in containing pandemics. In particular, the PTF terms of reference include strengthening the national response strategy particularly in area of testing, containment and management of COVID 19 and building awareness among the populace (Onah *et al*, 2020). According to Ajimotokan (2020), the PTF can also advise government to declare national emergency as part of containment measures when necessary and direct deployment of any relevant assets, when deemed expedient. **State**

### **Actions to COVID-19**

Many states restricted airport and inter-state travel to curtail the spread of COVID-19. Open markets in many states were closed or allowed to open at specific hours in order for state agencies to disinfect those spaces for COVID-19. Some state governments such as Lagos State undertook more stringent measures such as instituting curfews. Lagos State Governor also issued the Lagos State Infectious Diseases (Emergency Prevention) Regulations 2020 via his powers under the State's Public Health Law and the Federal Quarantine Act, Q2 LFN 2004 other states followed suit including Enugu State. All State governments also formed their respective task forces. All the State task forces also had their own variants of measures to combat COVID-19 just like the PTF.

### **Actions taken by the Securities and Exchange Commission's (SEC)**

#### **E-filings of Applications and Returns and Deadline Extensions**

The SEC, as part of its COVID-19 response efforts, has adopted an electronic filing approach for capital market operators and stakeholders. In its circular dated 14<sup>th</sup> March

2020, it assigned certain designated email addresses for the electronic filing of applications and returns. It also indefinitely suspended all fresh applications for capital market operators and referred requests and enquiries regarding pending applications to its email address dedicated for that purpose.

The SEC also approved a sixty (60)-day extension for public companies and capital market operators to file their 2019 annual reports and their 1st quarter 2020 reports. It also indefinitely postponed its first Capital Market Committee Meeting for the year 2020, which was previously scheduled to hold on 23<sup>rd</sup> April 2020, along with all its other meetings. Since we are seeing more adoption of virtual meetings in public spaces, it may just be a matter of time before the SEC adopts this approach too.

The SEC issued an additional circular to all regulated entities on 31<sup>st</sup> March 2020, directing public companies to continue to make material disclosures to their investors on COVID-19's impact on their business operations. Public companies are also required to continue to disclose the trend and outlook for their companies, as well as updates on the implementation of business continuity plans. These disclosures are to be made on companies' websites and other relevant media. Debt issuers are required to continue to engage Trustees to ensure that relevant disclosures are provided, and Trustees are required to provide updates to the SEC.

The SEC also confirmed in the additional circular that due to the cessation of movement in Lagos, Ogun and the Federal Capital Territory, its staff will be working remotely and all its electronic channels are open to provide support to capital market stakeholders.

### **The Judiciary's Action**

#### **Suspension of Court Sittings across the Country**

The National Judicial Council (NJC), through its Chairman, Justice Mohammed Tanko (Chief Justice of Nigeria), directed the heads of courts across the country to suspend all court sittings for an initial period of two (2) weeks, from 24<sup>th</sup> March 2020. However, matters that are urgent, essential or time bound under Nigerian law are exempted from the suspension.

#### **Federal Inland Revenue Service's (FIRS) Action**

##### **E-filing of Taxes and Deadline Extensions**

The Chairman of the FIRS issued an announcement on 23 March 2020, on the agency's response to the COVID-19 pandemic. He encouraged taxpayers to use its e-platforms to file tax returns, pay taxes and apply for tax clearance certificates. He expressed that emails and telephones will be the preferred engagement methods in dealings with the FIRS.

The agency also extended some palliatives to taxpayers during this period including an extension of the timeline for filing Value Added Tax and withholding tax to the last working day of the month, following the month of deduction; and an extension by one month, of the due date for filing corporate income taxes. Taxpayers registered on the e-filing platform are encouraged to submit their tax returns on the platform or submit to the dedicated agency email addresses. Taxpayers are allowed to file their returns without audited accounts insofar as they submit those audited accounts within two months of the revised due date of filing.

We are of the opinion that instead of taxing businesses in such periods that the government should have given them a tax holiday or tax subsidy which would have made things cheaper for the final consumers.

### **Nigeria Stock Exchange's (NSE) Action**

#### **Remote Trading and Electronic Filings**

The NSE also issued a Circular in expressing its response to the pandemic. From 24<sup>th</sup> March 2020, it activated a thirty (30)-day remote working plan for its employees, excluding essential staff. From 25<sup>th</sup> March 2020, remote trading via the NSE electronic platforms will be the preferred trading method as all trading floors will be temporarily closed. Issuers are encouraged to continue to submit their regulatory filings electronically via the Issuers' Portal.

The NSE temporarily suspended all physical meetings within its premises, encouraging virtual meetings in its place.

### **Actions by the Corporate Affairs Commission's (CAC)**

#### **Annual General Meetings AGMs via Proxies**

The CAC issued a Notice on 26<sup>th</sup> March 2020, in response to the restrictions resulting from COVID-19 encouraging public companies to take advantage of the provisions of section

230 of the Companies and Allied Matters Act, C20 LFN 2004 (CAMA) to hold their annual general meetings using proxies. It issued guidelines for this process, which provides that:

- i. the CAC's approval must be obtained before such meeting by proxy is held;
- ii. the CAC's representative must be present to observe such meeting;
- iii. the meeting shall only discuss the ordinary business of the annual general meeting as provided under section 214 of CAMA;
- iv. notice of the meeting and proxy forms should be sent to all members of the company at the company's expense and evidence of postage or delivery must be made available to the CAC; and
- v. for the purpose of determining quorum, each duly completed form shall be counted as one.

### **Control of Covid-19**

Contact tracing, testing and isolation of confirmed positive cases commenced in Lagos and Ogun States. Another preventive step taken by the federal government and relevant stake holders was aggressive sensitization of the masses on COVID-19 as well as ways of preventing the disease. Using all sources of information, including the radio, television, print and social media. Furthermore, people were encouraged to maintain social distancing, regular hand washing and use of sanitizers, use of face mask in public and good reparatory hygiene (NCDC, 2020). As number of cases increased, other control measures were applied such as the lockdown of the three most affected states and closing the Nigerian borders (Omeiza, 2020).

Again, some states that had the outbreak also carried out various degrees of lockdown. This lockdown directive involved the closing down of all schools, government parastatals, bans on religious and social gatherings involving more than 20 persons, restrictions on businesses except those involving essential products such as foods, drugs, fuel and gas etc. In order to ensure complete compliance on the directives on lockdown, social distancing, use of face masks and sanitizers, different state governments constituted taskforces to ensure that people in their respective states do not default. All these efforts did not prevent the steady increase in number of cases as well as number of affected states. Challenging factors that may have contributed to this scenario are hereunder



## **Effects of the Politicization of Health Challenges on the Control of Covid 19 Pandemic**

### **People's Lack of Trust**

Due to government's politicization of health challenges, the citizenry never took them seriously when they were talking about the virus and how deadly it was. With the arrival of Covid-19, many Nigerians felt it was a political scam aimed at attracting international funds. There were popular opinions that the figures were falsified especially by state governors in order to partake in the sharing and distribution of the fund mapped out for Covid-19 in Nigeria. It wasn't the death of Abba Kyari (Fabiya *et al*, 2020), Senator Rose Oke (Olasupo, 2020) the death of Sosoliso chairman Mr. Victor Ikwuemesi (Eze, 2020) that Nigerians started believing that the virus could kill. In the words of Obi-Ani, (2020) it is possible that if these leaders had encouraged state-of-the-art hospitals while in office, their lives and those of fellow compatriots could have been spared the affliction of the virus or survive the disease.

### **Blatant Disregard for the Covid-19 Protocols**

At the height of Covid-19 pandemic National Assembly members returning from Europe flaunted the protocol to be tested or quarantined at the airport. Health officials at Nnamdi Azikiwe Airport, Abuja, were frustrated that the president's chief of staff Abba Kyari, had to appeal to the Senate President to plead with his colleagues to observe the protocol to little avail (Oni-Ani, 2020). Funke Akindele, who happens to be one of the ambassadors of NCDC and whose part of her duties is to sensitize the masses and create awareness through the media on the importance of social distancing in COVID-19 prevention organized a birthday party in her house that attracted a large crowd more than the recommended number (BBC, 2020).

### **Breakdown of Law and Order**

Use of security services in containing an epidemic has historical precedent, for both logistic support and maintenance of public order. Restricting movement meant also severely restricting access to livelihoods, health care, food and water. While government paid salaries of public servants, private business operators could not pay their staff and some were retrenched. All these brought hardship to many people. The impact of the above was seen when the youths started with the hashtag #endsars and took to the

streets to show their displeasure over the inhumane killings by men of the Special Anti-Robbery Squad (SARS) and discovered where palliatives were dropped and they had to visit such warehouses and stores to get their own share of the palliatives (Agbeido, 2020).

### **Inadequate Healthcare Facilities**

Nigeria has a population of over 200 million spread across its six geopolitical zones. Available health facilities and equipment to contend with the virus were grossly inadequate (Adeoye, 2020). There was limited number of test kits which was why no comprehensive tests were conducted on the masses. Those tested were gotten through contact tracing and people who were caught at state borders. There were also limited numbers of ventilators, isolation centres as well as health care providers. Due to limited facilities some patients reportedly suffered neglect and were allowed to die in the isolation centres (Daniel, 2020). In many developed countries, Magnetic Resonance Imaging (MRI), Computed Tomography (CT) scans and other modern diagnostic procedures are common and affordable but in Nigeria, such procedures are still an exclusive preserve of the rich (John, 2016).

### **Dilapidated Structures and Obsolete Medical Equipment**

The World Health Organization (WHO) has ranked Nigeria as number 143 out of 195 WHO member countries with the worst health systems (Onyeaghala and Olajide, 2020). In addition to the above is the problem of dilapidated structures and obsolete medical equipment. Despite the high number of available medical institutions in Nigeria, Nigeria still records below average health statistics because of inability to provide quality health care due to inadequate basic infrastructure and obsolete medical equipment (Akinsete, 2016). Many of the hospitals, especially government owned hospitals in and around the country, are in bad shape (Akor, 2015). No wonder many of our leaders rush abroad for minor check ups.

### **The Way Forward**

- This article made the following recommendations on the way forward, especially as it relates to tackling the politicization of health challenges and control of pandemics.

- Politics should be separated from the health system, politics in appointing key officers, politicization of health challenges, politicization of contract for the supply of medical facilities.
- Government should allocate more resources than they allocate for security towards developing clinical laboratories. Priority should first be given to strengthening laboratories in readiness of handling health challenges.
- Many health challenges appear unannounced, in order to forestall being taken unawares measures that were adopted in containing different outbreaks like lassa fever, yellow fever, ebola virus disease and covid 19 should be collated, developed and kept in safe custody for any outbreak and be used as a guide.
- The attitude of health care practitioners and the number of casualties recorded on their part during the outbreak of covid 19 shows a high level of negligence and recklessness on their path. Training of health care practitioners should be encouraged in different government facilities and carried out once in a month where possible.
- Proper planning of the distribution of medical items should be put in place. It has been confirmed that the covid 19 vaccine is in Nigeria.
- Isolation centres should be built in the 36 states of the federation to handle pandemics such as covid 19 and other future pandemics.
- Medical tourism should be banned or in the words of Goodrich and Goodrich (1987) that a country can turn into its health facilities to medical tourism by deliberately promoting its health care services and facilities in addition providing regular tourist amenities.

### **Conclusion**

Inadequate preparedness of healthcare institutions puts them in an emergency situation (Onyeaghala et al, 2020) in a country like Nigeria where her political leaders prefer medical tourism that was defined by Abubakar, et al (2018) as the process of travelling across international boundaries for their health care and health needs. This article focuses on politicization of health challenges and control of Covid 19 pandemic.

### **References**

Aaron, K. (2020). Coronavirus cause: Origin and how it spreads. Retrieved from <https://www.medicalnewstoday.com/articles/coronavirus-causes>.

- Abubakar, M., Basiru, S., Oluyemi, J., Abdulateef, R.; Atolagbe, E.; Adejoke, J. & Kadiri, K. (2018). Medical Tourism in Nigeria: Challenges and Remedies to Health Care System Development. *International Journal of Development and Management Review* (INJODEMAR) Vol. 13 No. 1.
- Adnan, A. (2020). Nigeria ramps up response efforts to smash coronavirus. Retrieved from <https://www.aa.com.tr/en/africa/nigeria-ramps-up-response-efforts-to-smash-coronavirus/1771922>.
- Africa CDC. Coronavirus Disease 2019 (COVID-19)–Africa CDC. Available from: <https://africacdc.org/covid-19/>
- Agbedo, O. (2020). COVID-19 tangle over fiscal discrepancies in NSIP’S budget implementation. *The Guardian* [www.gaurdian.ng](http://www.gaurdian.ng).
- Ajibo, H. (2020). Effect of Covid-19 on Nigerian Socio-economic Well-being, Health Sector Pandemic Preparedness and the Role of Nigerian Social Workers in the War Against Covid-19. *Social Work in Public Health*. Vol. 35, 2020 – Iss. 7.
- Akinremi, A. (2020). The Charlatan-in-Chief in COVID-19 Pandemic <https://www.thisdaylive.com/index.php/2020/04/15/coronavirus-outbreak-round-the-clock-updates/>
- Atoyebi, O., Aworinde, T., Olatunji, D., & Oyewale, W. (2020). *Chinese medical team arrives in Nigeria soon- health*. *Punch Newspaper*.
- Boseley, S., Devlin, H., & Belam, M. (2020). Coronavirus symptoms: What are they and should I see a doctor? Retrieved from <https://muckrack.com/sarahboseley/articles>.
- Brooks & Knights (2020). State and Regulatory Responses to COVID-19 in Nigeria <https://www.lexology.com/library/detail.aspx?g=afefb8de-48be-4808-b6e4-37e3bf8c7639>.
- Chidebe, R. C. W. (2020). *Nigeria’s unhealthy healthcare in the eye of Corona virus*. *The Cable Nigeria*. <https://www.thecable.ng/nigerias-unhealthy-healthcare-in-the-eye-of-corona-virus.html>.
- Etobe, E. I., Ojua, T. A., Etobe, U. E. I., Undelikwo, V. A., Okorie, C., Ikpi, N. E., Basse, G. E. (2017). Politicization of Health Care Delivery in Nigeria as Stumbling Block to Universal Health Coverage. *Research journal’s Journal of Sociology* Vol. 5. No. 7.
- Eze, C. (2020). COVID-19: Sosoliso Airline Chairman Dies in London <https://www.thisdaylive.com/index.php/2020/04/15/coronavirus-outbreak-round-the-clock-updates/>
- Fabiya, O., Alagbe, J., & Awornd, T. (2020) *Coronavirus: Buhari’s Chief of Staff, Abba Kyari, dies as cases hit 493*. *Punch Nigeria*. <https://punching.com/coronavirus-buharis-chief-of-staff-abba-kyari-dies-as-cases-hit-493/>.
- Global voices (2020). COVID-19 pandemic lays bare the political leadership deficit in Nigeria  
“We don't need an existential threat to remind us that Nigeria lacks leadership.” <https://globalvoices.org/2020/03/20/covid-19-pandemic-lays-bare-the-political-leadership-deficit-in-nigeria/>
- Ifijeh, M. (2020). Lagos Discharges Eight More COVID-19 Patients <https://www.thisdaylive.com/index.php/2020/04/15/coronavirus-outbreak-round-the-clock-updates/>
- Jimoh, A.M. (2020). How COVID-19 exposed FG’S SIP as fraud, by PDP. *The Guardian* April

[www.guardian.ng](http://www.guardian.ng)

Lawan, A. (2020). COVID-19 Patient's death creates tension at LUTH. The Guardian Sunday,

[www.guardian.ng](http://www.guardian.ng).

Li, Q., Guan, X., Wu, P., Wang, X., Zhou, L., & Tong, Y. (2020). Early transmission dynamics in Wuhan, China, of novel coronavirus-infected pneumonia. *The New England Journal of Medicine*, 382(13), 1199–1207.

MFMER. (2020). Coronavirus disease 2019 (COVID-19). Retrieved from <https://www.mayoclinic.org/diseases-conditions/coronavirus/symptoms-causes/syc-20479963>.

Nelson, R. A. 2003. Tracking propaganda to the source: tools for analyzing media bias. *Global Media Journal* 2(3): 1–7.

Obi-Ani, N. A., Ezeaku, D. O., Ikem, O. Isiani, M. C. Obi-Ani, P. and Onu, J. C. (2021). Covid-19 pandemic and The Nigerian primary healthcare system: The leadership question. *Cogent Arts & Humanities*, 8:1, 1859075.

Obiezu, T. (2020). Nigeria shuts down Lagos and Abuja to control coronavirus spread. Retrieved from <https://www.voanews.com/science-health/coronavirus-outbreak/nigeria-shuts-down-lagos-and-abuja-control-coronavirus-spread>.

Ogundipe, S., Johnson, D., Obinna, C., Umoru, H., & Eyoboka, S. (2020). Nigeria: COVID-19 emergencies-4 new cases emerge-Buhari's Daughter in Self-Isolation. Vanguard. <https://allafrica.com/stories/202003200150.htm>.

Ogunmade, O. (2020). COVID-19: EU Donates €50m to Nigeria <https://www.thisdaylive.com/index.php/2020/04/15/coronavirus-outbreak-round-the-clock-updates/>

Olasupo, A. (2020) "Nigeria senator dies in UK." *The Guardian Nigerian News*. 8:35 <https://t.guardian.ng/news/nigerian-senator-dies-in-uk/>.

Olurounbi, R., & Bala-Gbogbo, E. (2020). Nigeria intensifies efforts to prevent spread of coronavirus. Retrieved from <https://www.bloomberg.com/news/articles/2020-03-02/nigeria-intensifies-efforts-to-prevent-spread-of-coronavirus>.

Omaka-Amari, L. N., Aleke, C. O., Obande-Ogbuinya, N. E., Ngwakwe, P. C., Nwankwo, O., & Afoke, E. N. (2020). Coronavirus (COVID-19) Pandemic in Nigeria: Preventive and Control Challenges within the First Two Months of Outbreak. *African Journal of Reproductive Health*. (Special Edition on COVID-19); 24 (2):87.

Onah, F. N., Ugwuibe, C. O., & F. O. Onah. Tackling the Pains of Coronavirus Lockdown through Palliatives in Nigeria: Addressing the Gaps and Critical Strategic Issues. *Social Science Research Network*.

Onuh, P. A. (2021). Nigeria's Response to COVID-19: Lockdown Policy and Human Rights Violations Human Rights Violations. *African Security*, DOI: 10.1080/19392206.2021.1998857

Onyeaghala, A. A., & Olajide, I. (2020). Managing COVID-19 outbreak in Nigeria: matters Arising. *Clin Chem Lab Med*. 58: (10). 1131–4.

Odukoya, O. O., Adeleke, I. A., Jim, C S., Isikekpei, B. C., Obiodunukwe, C. M., Lesi F. E., Osibogun, A. O. Ogunsola F. T. (2020). Evolutionary trends of the COVID-19 epidemic and effectiveness of government interventions in Nigeria: A data-driven analysis. Retrieved from



<https://www.medrxiv.org/content/medrxiv/early/2020/06/02/2020.05.29.20110098.full.pdf>

Worldometer. (2020). Coronavirus cases. Retrieved from <https://www.worldometers.info/coronavirus/>