

Public health emergency multi-sectoral response plan and the early fight against COVID-19 in Nigeria

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Abstract

This study interrogates the obstacles in the implementation of National COVID-19 Multi-Sectoral Response Plan and its impact on the fight against COVID-19 in Nigeria. It shows that Nigeria's reaction to the pandemic exhibits important issues related to lack of capacity to fund growing COVID-19 public health emergency expenditures and welfare policies arising from shrinking fiscal space. The study highlights some fundamental problems of limited COVID-19 testing capacity, shortage in medical equipments and logistics such as ventilators, personal protective equipment etc., and links these problems to the increase in the number of newly infected cases. Also, there are poor welfare policies and lack of effective economic stimulus measures to cushion the economic effects of the pandemic on the people. Hence, there is need for home-grown economic diversification approaches targeted at deepening and strengthening the Nigeria's fiscal base necessary to putting to a stop the ravaging impacts of COVID-19 in the country.

Keywords: COVID-19, Global health emergency, National COVID-19 Multi-Sectoral Response Plan, Oil resource, Fiscal space, Social intervention programme, CACOVID

Introduction

The outbreak of Coronavirus (COVID-19) pandemic, a novel strain of Coronavirus (SARS-CoV2) was first discovered in Wuhan City, Hubei Province of China in December 2019, and reported by the World Health Organization (WHO) on 12 January 2020. Already, billions of people in more than 187 countries and territories have been affected globally by one of the worst health crises and tragic human consequences of the past century (IEA, 2020). The International Health Regulation (IHR) Emergency Committee set up by WHO had earlier on January 23, 2020 advised all countries to be prepared to deal with transmission of the new strain of Coronavirus known as SARS-Cov-2. The committee advised: "all countries should be prepared for containment, including active surveillance, early detection,

isolation and case management, contact tracing and prevention of onward spread of 2019-nCoV infection, and to share full data with WHO” ([https://www.who.int/news/item/30-01-2020-statement-on-the-second-meeting-of-the-international-health-regulations-\(2005\)-emergency-committee-regarding-the-outbreak-of-novel-coronavirus-\(2019-ncov\)](https://www.who.int/news/item/30-01-2020-statement-on-the-second-meeting-of-the-international-health-regulations-(2005)-emergency-committee-regarding-the-outbreak-of-novel-coronavirus-(2019-ncov)))

Nigeria adopted the National COVID-19 Multi-Sectoral Response Plan as a framework of action in the fight against the pandemic. However, Nigeria’s fiscal capacity to fund growing COVID-19 health expenditures and needs has been very weak, as implicated in underestimated confirmed COVID-19 cases in the country, especially in the fragile northeastern states (UNDP, 2020), the limited testing capacity and shortage in medical equipments and logistics such as test kits, ventilators, personal protective equipment, oxygen, isolation centers, intensive care units, electricity supply; with increase in the number of newly infected cases from an Italian index case to 164,756 confirmed cases and 2,062 deaths (only second to South Africa in sub-Saharan African region with confirmed cases of 1,576,320 and 54,186 deaths) as of 27 April 2021 (Arise TV, 2021, Nigeria Centre for Disease Control, 2021).

According to the UNDP:

We may never know the true impact of COVID-19 in the country (Nigeria) as many of its victims may die before they are diagnosed and recorded accordingly. With the limited capacity and pace of testing, confirmed cases reported in Nigeria could be seriously underestimating the real state of play (UNDP, 2020, p.4).

Nigeria also faced serious challenges in cushioning the economic effects of the pandemic in the country following devastating global effects of the pandemic. The UNCTAD asserts that

the Covid-19 pandemic could cost the global economy up to \$2 trillion in 2020 (UN News, 2020). It could cost the African economy between \$37 billion and \$79 billion in 2020 (The World Bank, 2020a). With much of the world on lockdown, about 8 million jobs in the leisure and hospitality sector were at the highest risk, with travel crashes, cancellations and restrictions in place (Akanni and Gabriel, 2020).

For sub-Saharan Africa, World Bank notes that, “The COVID-19 (Coronavirus) outbreak has set off the first recession in the sub-Saharan Africa region in 25 years, with growth forecast between -2.1 and -5.1 percent in 2020 from modest 2.4 in 2019” (World Bank, 2020, p.1). Fiscal dearth in most African states especially in sub-Saharan Africa does not presuppose the absence of abundant natural potentials and resources (crude oil, gold, diamond, chrome, coltan, bauxite, manganese, tropical hardwood, coffee, cocoa, rubber etc), but poor management of the resources characterized by commoditization of the few of the resources as a means of generating government revenues. This has underscored the logic of vulnerable economic shocks related to volatile commodity (majorly crude oil and natural gas) prices prevalent in the continent, and mostly in Nigeria.

Recent studies have harped on the need for multilateral collaborations in putting a stop to the negative impact of COVID-19 protocols such as lockdown and social distancing measures on the world economy, including states in the sub-Saharan Africa, and the livelihood of the informal workers and extremely poor/socially excluded groups (Onyekwena and Ekeruche, 2020; Iwuoha and Aniche, 2020; Okonjo-Iweala et al, 2020; Onyishi et al, 2020; Devecioglu, 2020; Campbell and McCaslin, 2020; Dixit, Ogundeji and Onwujekwe, 2020; Aniche, Iwuoha and Obi, 2021).

However, the negative impact of the Nigeria's weak economy (prompted by regression in the crude oil prices and fiscal space) on the socio-economic and health policy measures implemented by different levels of government aimed at flattening the curve of COVID-19 in Nigeria has received scant attention in the extant literature. The government fiscal measures notwithstanding, the drop in the commodity and oil prices (with oil and gas revenues declined by 80 percent from N5.47 trillion to N1.12 trillion in the first quarter of 2020) (Akabueze, 2020) owing to lockdowns and global economic closures has had significant impact on the Nigeria's fight against COVID-19.

This study therefore interrogates Nigeria's reaction to the pandemic especially through the implementation of National COVID-19 Multi-Sectoral Response Plan to show how some important issues related to the capacity to fund growing COVID-19 public health emergency expenditures, welfare policies, federal-state relations, the role of external donors, and issues of pandemic corruption impact on the fight against COVID-19 in Nigeria. The study basically employed documentary method and qualitative method of data analysis. Much of the data needed in the study were assessed through desk review and content analysis of relevant materials, including publications of Nigeria's Centre for Disease Control (NCDC), Central Bank of Nigeria (CBN), the Budget Office of Nigerian Federation, Nigeria's Debt Management Office, Nigeria's Federal Ministry of Health, World Bank and UNDP.

Nigeria's Management of COVID-19 Public Health Emergency: A Conceptual Analysis

This study is predicated on the poor resource management analysis. This assumption is derived from the broad spectrum of resource curse theory which tends to focus essentially on natural and non-renewable resources/assets such as oil, natural gas and other minerals that can be depleted or exhausted (Leite and Weidmann, 1999; Badeeb, Lean and Clark, 2016).

The core assumption of the resource curse theory is that though possession of these natural resources confers economic success in terms of boosting real living standard and obviating fiscal barriers to investment and development (Sachs and Warner, 1995), the resource-rich countries seemed unable to use the wealth accrued from the resources (due to “Dutch Disease” phenomenon, volatility of commodity prices, economic mismanagement, rent-seeking, corruption and institutional quality) to diversify their economies and thus, have recorded lower economic growth than countries without natural resources (Auty, 2007; Gelb, 1988; Karl, 2005; Sachs and Warner, 1995; Cordon and Neary, 1982; Iimi, 2007; Davis and Tilton, 2005).

We deviate from the core assumption of the resource curse theory which generally puts a ‘curse’ or blanket of ‘never-do-well’ for all resource-rich countries, to observe that some oil-rich countries have been able to effectively manage their oil resource to achieve economic prosperity while others have failed to do same. It is our position that possession of oil-resource in itself is not per se, naturally, a curse but its management. Hence, we adopt poor resource management analysis to conceptualize those countries in the second category, including Nigeria, which have grossly mismanaged their oil-resources. While few resource-rich countries have been able to convert their resources into physical and human capital that can be used to provide prosperity for their citizens, Nigeria being a resource-rich country exhibits low levels of economic and export diversification, as natural resources assume a dominant place in export income and government revenues. This in turn makes Nigeria highly vulnerable to economic shocks related to volatile commodity prices (Lashitew, Ross and Werker, 2020). Poor development of Nigerian economy alongside other resource-rich countries in Africa such as Democratic Republic of Congo, Angola and Ghana, among others,

has severally been attributed to resource curse (Bevan, Collier and Gunning, 1999; Hammond, 2011).

Nigeria's economy currently hangs disproportionately on oil and natural gas revenue due to unsustainable economic diversification policies (such as National Economic Empowerment and Development Strategy) in the country. Oil and gas revenue represent 10 percent of Nigerian GDP; accounting about 50 percent of government revenues and 90 percent of export earnings (Budget Office of the Federation, 2020). The oil and gas dominance in Nigeria's economy and the related price volatility has in effect, continued to influence the country's growth performance. Nigerian economy faced serious challenges following the shrinkage of the international commodity demands and consequential steep fall in the price of Nigeria's Brent crude from 2020 budget projection of \$57 per barrel to \$26 per barrel (2.8 trillion naira-\$6.05billion deficit) in April 2020 (The Center for Policy Impact in Global Health, 2020). This affected the GDP growth with a slow recovery, averaging 0.8 percent in 2017, 2 percent in 2018 and 2 percent in the first half of 2019 respectively (World Bank, 2020b).

Overview of Nigeria's National Multi-sectoral COVID-19 Response Plan

In line with WHO's recommended key strategy to combating COVID-19 of testing, identifying and isolating positive cases (WHO, 2020), the Nigeria's National Multi-sectoral COVID-19 Response Plan was developed around 10 pillars, comprising scaling up surveillance, testing, isolation, contact tracing, infection prevention and control (including protection of medical staff), case management of COVID-19 patients, risk communication and community engagement, research and emergency preparedness, security and logistics for

mass care, and coordination and resource mobilization (Technology Mirror, 2020). Consequently, the national government established the multi-sectoral Coronavirus Preparedness Group (CPG) led by the Nigerian Center for Disease Control (NCDC), the National Reference Laboratory (NRL) for diagnosis of Coronavirus related pathogens and the Emergency Operation Centers in all states in the country (The Conversation, 2020, NCDC, 2020).

Nigeria's Capacity to Fund Its COVID-19 Response Plan

Nigeria needed US\$330million to execute the National Multi-sectoral COVID-19 Response Plan (The Center for Policy Impact for Global Health, 2020). Health-sector allocation as a percentage of the total federal budget was less than 5% in 2020 (BudgIT, 2020), far below the minimum 15% annual health budget recommended by the African Union Heads of State under the Abuja Declaration in 2001 (WHO, 2016). In 2020, the revised budget allocation to the Basic Health Care Provision Fund was reduced by more than 40% from N44.4 billion (US\$116.84 million) to N25.5 billion (US\$67.11 million) (Budget Office of the Federation, 2020, Aregbeshola and Folayan, 2021). Despite government raft policy intervention (devaluation of naira by 15 percent to expand Nigeria's crude oil market) and continuous borrowings (Government obtained \$3.4 billion from IMF and borrowed \$4.34 billion from the domestic stock market), there has been a funding gap in the Nigeria's National COVID-19 Multi-Sectoral Response Plan (IMF, 2020, Dixit, Ogundeji and Onwujekwe, 2020).

Compounding the economic problem is the Nigeria's public debt profile and debt-service-to-revenue-ratio, which have been on increase since 2015. In December 31, 2015, it rose from \$10, 718.43 million to \$27, 665.66 million (both domestic and external) in March

31, 2020, with the country spending N1.6 trillion on domestic debt service from January to December 2019. The debt-service-to-revenue-ratio stood as high as 57 percent and 51 percent in 2017 and 2018 respectively (Vanguard, 2019).

Owing to Nigeria’s financial crisis, the national government took some immediate fiscal measures necessary to expand the fiscal space needed to deal more adequately with both health and economic challenges posed by the pandemic. Table 1 provides a summary of the selected fiscal stimulus measures taken by the national government through the Central Bank of Nigeria (CBN) towards addressing the effects of the COVID-19 pandemic.

Table 1: Summary of the selected fiscal stimulus measures taken by Central Bank of Nigeria (CBN).

S/No	Fiscal stimulus	Beneficiaries
1.	50 billion naira (\$138.89million) credit facility	households and small and medium enterprises most affected by the pandemic
2.	100 billion naira (\$277.78million)	Loan facility to support pharmaceutical companies
3.	1 trillion naira (2.78billion)	Manufacturing sector
4.	Downward reversal of interest rate from 9 to 5 percent	Manufacturing sector
5.	Adjustment of exchange rate from 306 to 380 under the investors and exporters (I&E) window in order to unify the exchange rates across the I&E window, Bureau de Change, and retail and wholesale windows	Importers and exporters
6.	Introduction of import duty waivers	Pharmaceutical companies
7.	Exemption from company income tax	Small businesses
8.	Downward reversal of tax rate from 30 to 20 percent	Medium-sized businesses
9.	Adjustment of the official exchange rate from 306 to 360 naira due to forex shortage	Importers, exporters and manufacturers

Source: Compiled and modified by the author from:

1. Onyekwena, C. and Ekeruche, M. A. (2020). Understanding the impact of the COVID-19 outbreak on the Nigerian economy. <https://www.brookings.edu/blog/africa-in-focus/2020/04/08/understanding-the-impact-of-the-covid-19-outbreak-on-the-nigerian-economy/>. Accessed 12 October 2020
2. The Center for Policy Impact for Global Health (2020). Nigeria's Policy Response to COVID-19. <http://centerforpolicyimpact.org>. Accessed 16 November 2020

As depicted in table 1, the fiscal stimulus measures mainly focused on formal sector businesses by providing import waiver, tax rebates and reduction of interest rate to the registered pharmaceutical companies and other businesses under Allied Matters Act as means of retaining the services of their employees. This was undoubtedly a financial relief to the few formal sector businesses whereas as the informal businesses, which employs more than 90 percent of Nigeria's workforce and contributes 65 percent of the country's GDP were not accommodated in the scope of the fiscal stimulus. Besides, the 50 billion naira (\$138.89million) credit facility to households and small and medium enterprises of the most affected by the pandemic could not get to the most poor and vulnerable Nigerians because of its collateral and interest requirements (Bank of Industry, 2018; The Center for Policy Impact for Global Health, 2020; Onyekwena and Ekeruche, 2020).

To boost the fiscal stimulus measures, Nigeria's national government resorted to plea bargaining for debt cancellation by multilateral lenders and assistant-seeking, as well as scaling-up her borrowing and debt obligations from domestic stocks and international financial institutions. According to Zainab Shamsuna Ahmed, Nigeria's Minister of Finance, Budget and National Planning:

The government will seek \$3.4 billion from the International Monetary Fund, \$2.5 billion from the World Bank and a further \$1 billion from the African Development Bank. The authorities also joined other African governments by

starting talks with multilateral lenders to suspend debt repayments for this year and next. The intervention is vital to create fiscal space for states as well as the federal government to enable all of us to deal more adequately with the health challenges and economic impact of the crisis. The government will also unlock \$150 million from its sovereign wealth fund to help provide revenue to state governments (Cited in Osae-Brown and Soto, 2020, p.1-2).

In response, the IMF approved the emergency support fund of \$3.4billion for Nigeria, while \$4.34 billion would be sourced from the domestic stock market (IMF, 2020, Dixit, Ogundeji and Onwujekwe, 2020).

The Role of External Donors

Nigeria government in collaboration with United Nations Development Programme (UNDP) and CBN had launched and established a Basket Fund on April 6, 2020 and Coalition Against COVID-19 (CACOVID) on March 26, 2020 respectively. The Basket and CACOVID-19 Funds provide common platforms for private sector, foundations, bilateral and multilateral financial contributions aimed at facilitating the country's COVID-19 response, with the Basket Fund mobilizing a total of US\$61.3 million as of 20 June 2020 and CACOVID-19 raising over \$72million (Technology Mirror, 2020, Folorunsho-Francis, 2020).

The breakdown shows that the European Union's (EU) contribution of US\$54.6 million; the US\$2.2 million from UN agencies; \$US4 million from the private sector (Dangote US\$ 3.8 million and AP Maersk US\$ 0.2 million); US\$0.4 million from the Government of Switzerland; US\$ 1 million from Bill & Melinda Gates Foundation; US\$ 400,000 MacArthur Foundation; US\$ 1,050,000 from Government of Norway (UNDP,

2020). Also, Nigeria's Minister of Finance, Budget and National Planning begged a South African-born American entrepreneur and business tycoon, Elon Musk, for ventilators through a tweet, 'Dear @elonmusk @Tesla Federal Government of Nigeria needs support with 100-500 ventilators to assist with #Covid19 cases arising every day in Nigeria' (The Guardian, 2 April 2020).

With the cumulative Basket and CACOVID-19 funds (donors 90% and domestic resources 10%) of N213 billion (US\$560.52) as of 13 July 2020 (Folorunsho-Francis, 2020, Aregbeshola and Folayan, 2021), it is granted that the national government has made appreciable efforts towards the prosecution of the national COVID-19 Response Plan by procuring medical equipments, personal protective equipment and commodities; purchase of test kits; and covering the cost of health care for individuals who test positive for COVID-19 or have severe COVID-19 infection, given that Nigerian citizens are not required to pay for COVID-19 testing and care provided in public-health institutions (Health wise, 2020, Aregbeshola and Folayan, 2021).

The COVID-19 prevalence and death rate (with 54,247 confirmed COVID-19 cases as of 1 September 2020, Nigeria has the second highest number of COVID-19 cases in sub-Saharan Africa and the highest number of deaths in Western Africa) (Nigeria Centre for Disease Control, 2020, Centre for Systems Science and Engineering, 2020), has shown that the Basket and CACOVID-19 funds have been insufficient, given the large sum needed to cover COVID-19-related expenditures. It takes an average of N100, 000 (US\$263.16) per day for mild-to-moderate cases and N1, 000,000 (US\$2631.58) per day for severe cases to treat COVID-19 patient (Adejoro, 2020a; Muanya, 2020). Also the average cost for a COVID-19 test in public health laboratories ranged from N40, 000 (US\$105.26) to N50, 000

(US\$131.58) and from N60, 400 (US\$158.95) to N100, 400 (US\$264.21) in accredited private laboratories (Adejoro, 2020b). Patients can receive COVID-19-related care either in designated isolation centres or in private hospitals. Isolation centres are few in Nigeria, and the turn-around time for COVID-19 tests results is up to two weeks (All Africa, 2020).

The above stark reality of the COVID-19-related expenditure funding in Nigeria means stretching the Basket and CACOVID-19 funds beyond limits, which has negatively impacted on the country's testing capacity, surveillance system and contact tracing strategy. Low spending means that demand for health services will exceed capacity and readiness to deal with a health emergency. In a study carried out in 2017 by WHO's Joint External Evaluation (JEE) on Internal Health Regulation (IHR) (one of the metrics widely used to assess a country's readiness to deal with a pandemic) core capacities, an independent, collaborative multi-sectoral effort to assess a country's capacity to prevent, detect, and respond to public health risks, shows that Nigeria has limited health facilities and technical capacity to prevent and respond to a sudden health risk (WHO, 2017). Besides, a Reuter's survey found that African countries with COVID-19 cases, including Nigeria, have less than one hospital bed and one ventilator per 100,000 people. The report further draws attention to the anemic preparedness of Nigeria in responding to emergency situations and global pandemics like COVID-19.

The NCDC's targets of testing about two million Nigerians and conducting 50,000 tests per state and 3,000 per day (WHO, 2020) have not been met, as the NCDC has been able to conduct only 1,891,338 tests (in a country of over 206 million people) as of April 2021 (NCDC, 2021). According to the Center for Policy Impact in Global Health (2020, p.3) "The low testing rate has been attributed to the shortage of human and material resources and

testing kits, slow pace of country wide molecular laboratory activation, and case definition for testing that prioritizes symptomatic cases and their contacts”.

As a corollary to the above, the NCDC Director, Dr. Chikwe Ihekweazu, admitted to the shortage of COVID-19 test logistics and facilities in an insight from 23 April WHO media Briefing on COVID-19 in Africa when he stated that:

We have to work with what we have. We wish we had more laboratories, care facilities and ventilators, but we simply don't, and the supply chains for these are fragmented at the moment. This is a long haul for Nigeria. It's going to be a marathon as we face this disease in the complex context of our beautiful country (World Economic Forum, 2020).

Although the state and federal molecular laboratories have been expanded from 69 to 2, 659 across the six geopolitical zones and FCT as of April 2021 (NCDC, 2021), this has not translated to improvement in the COVID-19 limited testing capacity of Nigeria as noted above. The NCDC limit of the COVID-19 test to symptomatic cases (NCDC, 2020) against asymptomatic and pre-symptomatic cases is also a pointer to the lower coverage and COVID-19 testing capacity of Nigeria. Increasing the scope of COVID-19 testing requires decentralization approach to local government levels for easier sample collection at the community level, as well as adequate manpower and hospitals that have the right capacity to isolate and care for patients (WHO, 2020). Worryingly, the Primary Health Care (PHC) centers, which serve as the most likely port of call for community members who develop symptoms suggestive of the COVID-19, lack the basic resources and facilities like community health workers, intensive care-unit beds, ventilators, vehicles and personal

protective equipments and test kits required for rapid contact tracing sample collection and testing (ACAPS Thematic Report, 2020; Aref-Adib and Martin, 2020).

The PHCs and the existing health system in Nigeria are currently at the risk of being overburdened amid other competing epidemics such as measles, malaria, cholera, Lassa fever, HIV/AIDS and meningitis (ACAPS Thematic Report, 2020). The consequent spike in the number of community transmission cases mainly without travel history is a confirmation of the overall decadence in the Nigeria's health system, as well as has added to the cumulative increase in the number of infected cases with 164,756 confirmed cases and 2,062 deaths (only second to South Africa in the region with confirmed cases of 1,576,320 and 54,186 deaths) as of 27 April 2021 since the confirmation of an Italian index case on February 27, 2020 in Nigeria (Arise TV, 2021, NCDC, 2021). Table 2 shows COVID-19 situation in selected sub-Saharan African countries as of April 27, 2021.

Table 2: COVID-19 situation in selected sub-Saharan African countries, April 27, 2021

Countries	Confirmed	Recovered	Recovered (%)	Death	Death (%)	Active	Active (%)
South Africa	1,576,320	1,501,880	95.3%	54,186	3.4%	20,254	1.3%
Kenya	156,981	106,836	68.1%	2,643	1.7%	47,502	30.3%
Nigeria	164,756	154,963	94.1%	2,062	1.3%	7,731	4.7%
Ghana	92,253	89,975	97.5%	777	0.8%	1,501	1.6%
Cameroon	65,998	57,821	87.6%	991	1.5%	7,186	10.9%
Cote D'Ivoire	45,863	45,413	99.0%	283	0.6%	167	0.4%
Zambia	91,378	89,678	98.1%	1,248	1.4%	452	0.5%
Madagascar	36,045	28,868	80.1%	605	1.7%	6,572	18.2%
Senegal	40,166	38,904	96.9%	1,104	2.7%	158	0.4%
Mozambique	69,715	62,927	90.3%	809	1.2%	5,979	8.6%
Angola	25,710	23,288	90.6%	583	2.3%	1,839	7.2%
Namibia	47,941	45,642	95.2%	628	1.3%	1,671	3.5%
Guinea	13,143	12,154	92.5	76	0.6	913	6.9
DRC	29,611	26,156	88.3%	756	2.6%	2,699	9.1%

Source: Arise TV (2021). Covid-19 updates. <https://www.arise.tv/covid-19-updates/>. Accessed 27 April 2021

COVID-19 Welfare Policy and Pandemic Corruption

Nigeria national government has through the Ministry of Humanitarian Affairs, Disaster Management and Social Development and other relevant institutions enunciated socio-economic palliative measures and policies to deal with challenges thrown up by the outbreak of COVID-19. Table 3 depicts timeline of socio-economic palliative measures and policies enunciated by the national government.

Table 3: Timeline of socio-economic palliative measures and policies enunciated by the national government

S/N	Nature of socio-economic measures/policies	Affected entities	Date
1	Closure of schools	All categories of schools in Nigeria	March 19, 2020
2	Ban on international and domestic flights	International and domestic flight operators	March 23, 2020 & April 2020, 2020 respectively
3	Passage of the Emergency Economic Stimulus Bill by the House of Representatives to provide 50 percent tax rebate and other economic stimuli	Employers and business owners who agree not to make staff cuts in 2020	March 24, 2020
4	Presidential lockdown order	Lagos, Ogun & FCT	March 30, 2020
5	Distribution of two months food rations	Internally displaced people	March 30, 2020
6	Ministry of Humanitarian Affairs, Disaster Management and Social Development began monthly cash transfer of 20,000 (US\$52)	Families registered in the National Social Register of Poor and Vulnerable Households	April 1, 2020
7	Distribution of 77, 000 metric tons of food by Ministry of Humanitarian Affairs, Disaster Management and Social Development	Vulnerable households/the needy affected by lockdown in Lagos, Ogun and FCT	April 8, 2020
8	Two weeks expansion of National Social Register from 2.6 million household to 3.6 million	Families registered in the National Social Register of Poor and Vulnerable Households	April 13, 2020
9	Nationwide curfew (8pm-6am)	All Nigeria except those on essential services	May 2, 2020
10	Mandatory face masks and physical-distancing in public	All Nigerians and socio-economic institutions	May 4, 2020

Source: Compiled and modified by the author from:

1. The Center for Policy Impact in Global Health (2020). Nigeria's Policy Response to COVID-19. <http://centerforpolicyimpact.org>. . Accessed 16 November 2020
2. United Nations Development Programme (2020). COVID-19: EU, UNDP, Humanitarian Affairs Ministry and Lagos State Government target 22,600 vulnerable families, 5,000 SMEs in New Unconditional Cash Transfer Project. <https://www.ng.undp.org/content/nigeria/en/home/presscenter/pressreleases/2020/covid-19--eu--undp--humanitarian-affairs-ministry-and-lagos-stat.html>. Accessed 28 November 2020

Nigeria has no sustainable national welfare programme that offers assistance to all vulnerable individuals and families in need such as health care assistance, food stamps, unemployment compensation, disaster relief and educational assistance (Ogidi, Alum and Udo-Orji, 2020). With the outbreak of COVID-19 and the enormity of socio-economic and health challenges that has been posed by the pandemic, the national welfare deficit in Nigeria has become evident. Thus, as plausible as the fiscal stimulus and socio-economic policies and palliative measures enunciated by the national government may have appeared, available records indicate their inadequacy and inefficiency in their implementation. This is evident in the limited scope of the monthly cash transfer programme of 20,000 (US\$52) to poor and vulnerable households registered in the NSR, with only a fraction of 2.6 (Government planned two weeks expansion of NSR to 3.6million households) million households (11,045,537 people) registered on its platform. In May 2018, Nigeria had 87 million people living in extreme poverty (living below US\$1.90 a day), compared with India's 73 million (Brookings, 2018). Impliedly, the cash transfer will only reach the fraction of the poor people in Nigeria. Besides, few households that have been captured in the NSR are yet to receive the cash payment because of some leakages in the supply chain due to government failure to disclose or starving Nigerians the key details of the cash transfer, logistical issues and poor information management system (The Centre for Policy Impact and Global Health, 2020).

This has in essence, cast doubt on how many people that have been included and who will benefit from the cash payment. As noted by Social and Economic Rights Accountability Project (SERAP), “We are seriously concerned that millions of the country’s poorest and vulnerable people have not benefited from the announced palliative, donations, reported cash payments, cash transfers and other benefits” (Human Rights Watch, 2020, p. 1).

The above have been compounded by the lockdown of socio-economic activities and mandatory wearing of face masks and physical-distancing in public and restriction of movement declared by the Nigerian government on 30 March 2020, with nationwide curfew (8pm-6am) and partial easing of lockdown being phased (phase 1 started on May, phase 2 on June, and phase 3 on September). Undoubtedly, the brutal enforcement of these restriction by the law enforcement agencies (Police, Nigerian Immigration, NSCDC etc) and economic implications have had negative outcomes on the informal business owners, shop-keepers (which employs more than 90 percent of Nigeria’s workforce and contributes 65 percent of the country’s GDP) (The Center for Policy Impact for Global Health, 2020), whose livelihood depends mostly on their daily business activities and who, by all means must conspire against the state, violate lockdown and physical distancing policies and go about their businesses and retain their jobs. This has equally applied to other informal groups like daily wage workers in the urban centres, the consumer groups, Churches and Mosques worshippers, the market women and men and other mass unorganized Nigerians (taxi drivers, street traders, artisans, food vendors, hairdressers etc) who have lower incomes, often do not have savings, health insurance, or pension that provide a basic social safety net (Human Rights Watch, 2020).

Although government introduced food assistance programme (distribution of 77, 000 metric tons of food) aimed at cushioning the effects of lockdown among the vulnerable and

needy household first, in Lagos state, Ogun state and FCT, the food assistance could not reach to the poor and vulnerable Nigerians due to corruption, politics and lack of transparency along the distribution chain. The Nigerian Minister of Humanitarian Affairs and Disaster Management, Ms Umar Farouk, insisted that 500 million naira was spent in feeding school pupils in two states of Ogun and Lagos during a press briefing in Abuja even when the schools were on lockdown (Adesomoju, 2021). This has since generated public debate and controversy in the country, as well as cast doubt on the government's genuine desire in the implementation of the food assistance programme.

Federal-State Relations and the Fight against COVID-19

More worrisome has been the ensued disputes on intergovernmental relations between the states and federal government bordering mainly on the formulation and implementation of the lockdown and physical distancing policies. Most states like Rivers, Bayelsa, Kano Cross River, Anambra, Delta, Imo interfered with federal exclusive matters and acted beyond their legislative provisions (banking, aviation, bridges, mining, oil exploration, international borders, federal roads etc) by closing land and sea borders, airports and imposing partial banking services. For instance, Federal Aviation Minister accused Rivers State for encroached into aviation matter when the state arrested two pilots of Carveton Helicopter on 7 April 2020 for violating Rivers State COVID-19 Regulation and Executive Order (Vanguard, 18 April 2020). Other states like Cross River, Anambra, Delta, Imo etc announced shut down of airports and closure of borders, including federal roads and bridges, with commuters traveling from one state to other remaining stranded, clustering around state borders and breaching physical distancing policy.

Some state governments announced the closure of schools within their territories without explicitly excluding the federal and private schools before the federal government's announcement to the same effect. Adamawa and Delta states critically overreached their powers by forcing banks to provide skeletal services. Kogi State Governor Yahaya Bello imposed a compulsory 14-day quarantine/isolation on the officials of the federally-constituted National Centre for Disease Control (NCDC) upon their arrival to Kogi state to install Covid-19 testing centres as directed by the federal government, which Bello rejected (Sahara Reporters 7 May 2020). These cases further depict the lack of harmonization and coordination between the two tiers of government in the curtailment of Covid-19 which has caused severe frictions and hostility. It was as if the two levels of government were working at cross-purposes.

The Nigerian Governors' Forum (NGF) resolved to impose restriction on inter-states movements except for essential commodities and services. But federal government countered the resolution by insisting that the body has no such powers (Reuters 23 April 2020). Apart from the fact that the NGF is a stranger to the Nigerian Constitution, most inter-states roads in Nigeria are federal roads. In other words, a body not known to the Constitution does not have the powers to enforce restriction on inter-states travels on federal roads.

Again, the federal government always bypasses both the state and local governments in its appropriation of Covid-19 contingency funds as well as selective distribution of stimulus packages and palliatives to people across the states (Human Rights Watch, 2020; Aniche et al, 2021). Also, the slump on oil prices contributed in heightening the dispute between the states and the federal government, as the financial allocations to the states were

adversely affected, leading to the domineering role of the national government in the structural and fiscal response to COVID-19 pandemic (Iwuoha et al, 2021).

Currently, Nigeria is facing the realities of the second wave of COVID-19, with daily new cases doubling (1,600) the peak of the first wave at the end of January 2021 (IMF, 2021). The multiplicity of donor private and international organizations, including the World Bank, United Nations, the International Monetary Fund, World Health Organization, the United States Agency for International Development, the Global Fund, the Gavi, the vaccine alliance in Nigeria, and the country's high uptake of these schemes further illustrates the resource shortage the country currently faces.

Conclusion

This study interrogated key obstacles in the implementation of Nigeria's COVID-19 Multi-Sectoral Response Plan and its impact on the fight against COVID-19. It shows that the health and socio-economic policy measures have been implemented amidst some fundamental obstacles such as lack of capacity to fund growing COVID-19 public health emergency expenditures, poor welfare policies, conflicting federal-state relations, the role of external donors, and issues of pandemic corruption. Lack of effective response measures to swiftly address the problems of limited COVID-19 testing capacity, shortage in medical equipments and logistics such as test kits, ventilators, personal protective equipment, oxygen, isolation centers, intensive care units, electricity supply etc contributed to the increase in the number of newly infected cases.

Also, the study identifies Nigeria's shrinking fiscal space and its low capacity to fund growing COVID-19 public health emergency expenditures as an important challenge that undermined the expected effects of the multi-sectoral response plan and other policy

measures in the fight against the COVID-19 pandemic. Nigeria operates a single commodity market based on the sale of crude oil (and ancillary products) which contracted its fiscal space following the COVID-19 induced steep price volatile in the global market. Therefore, with excessive reliance on external borrowing to fund budget deficits and pandemic corruption, Nigeria could not effectively fulfill its funding requirements and deliver on the outlined response plan in the fight against COVID-19 pandemic.

In addition, the Nigerian Federation is structured to chiefly distribute and consume the oil rents. Therefore, the logical outcome of slump in global demand and prices of oil in oil revenue dependent federations like Nigeria is significant reduction in federal allocations to the extent that federal and state governments could no longer meet their expenditure assignments or fund their budgets without borrowing. Most states in the Federation are not economically viable and depend on the dwindling federal allocations from oil revenue. Not surprisingly, they were not able to finance the pandemic containment policies not to talk of funding palliatives and stimulus packages. This led to poor welfare policies and lack of effective economic stimulus measures to cushion the economic effects of the pandemic on the people.

This study recommends government's implementation of more inclusive and broad-based economic policies that will deepen and strengthen the country's fiscal base and capacity to effectively respond to pandemic emergency situations. Also, there is need for government policy interventions to tackle pandemic corruption and ensure effective disbursement of economic stimulus and loan facilities to citizens. This will help to cushion the negative effects of COVID-19 lockdown protocols.

Disclosures and Declarations

Funding Details: The authors received no financial backing for this study.

Conflict of interest/Competing interests: There is no potential conflict of interest amongst the authors

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