

# TACKLING COVID-19: THE NEED FOR A NIGERIAN RESPONSE

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Centre for Democracy & Development  
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# Tackling Covid-19: The need for a Nigerian response

The coronavirus is a human tragedy that is now affecting over a million people around the globe. The World Health Organization (WHO) declared COVID-19 a pandemic on March 11, 2020. It indicated with certainty that the coronavirus (SARS-CoV-2) will spread to all parts of the world and pointed out that all governments, businesses, and individuals had the ability to change the disease's trajectory.

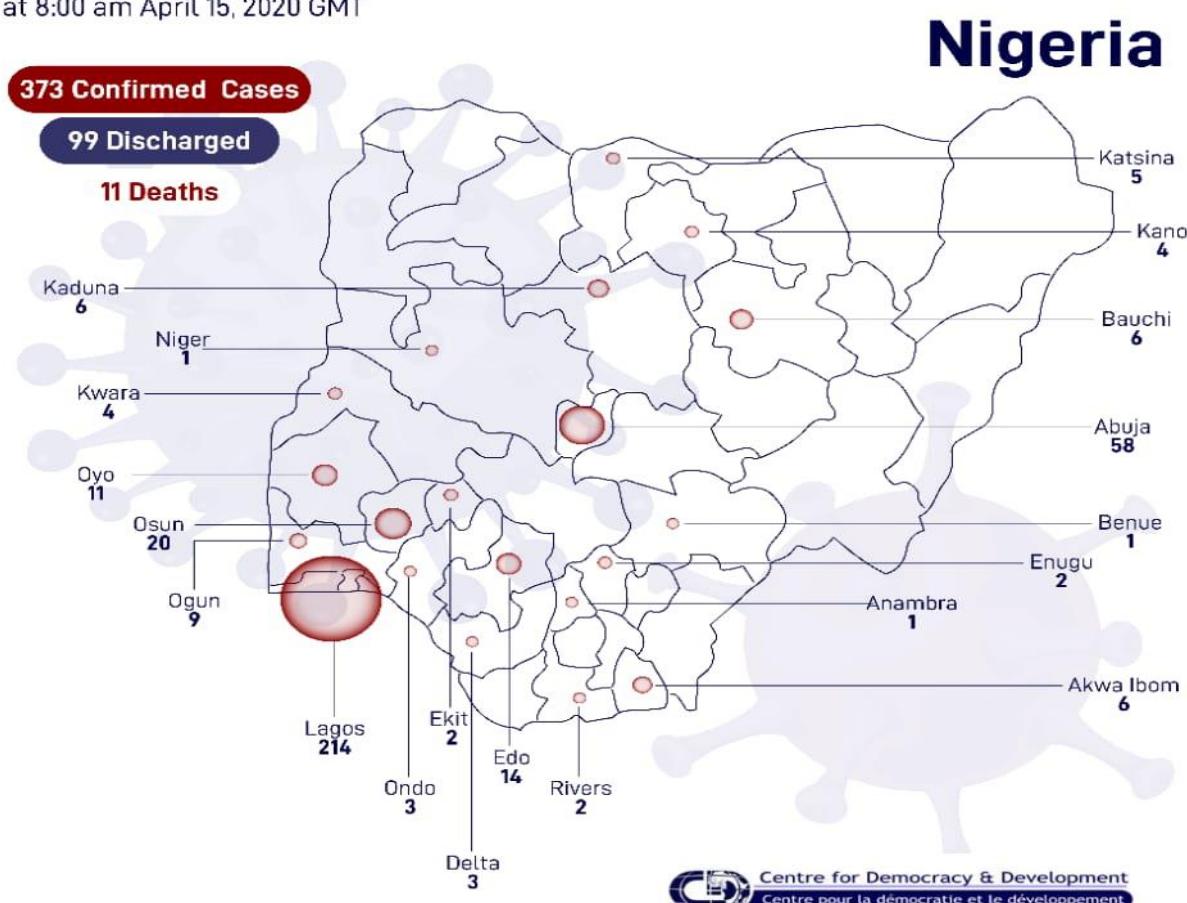
**Current Global Status:** The pandemic continues to expand; more than 209 countries and territories have reported cases of COVID-19. As of April 14, case growth has accelerated to more than 1.5 million cases – Death: 125,623 - Recovered: 466,948<sup>(1)</sup>.

Some countries have a handful of cases, others with early community transmission have a few hundred, and those with uncontrolled, widespread transmission have tens of thousands. Governments all over the world have launched unprecedented public-health and economic responses.

In Nigeria, as at April 14, the coronavirus has so far infected 373 people, 99 discharged and 11 people have died<sup>(2)</sup> (see map). Since Nigeria confirmed its index case on 27<sup>th</sup> of February, 2020, several measures have been taken by the federal government targeted at curbing the spread of the virus. These were based on best practices as part of the measures implemented in China, Europe and the US. A Presidential Task Force on COVID-19 was established on 18<sup>th</sup> of March by President Buhari chaired by the secretary to the government of the federation, Mr Boss Mustapha. The task force developed a strategy that has resulted in restrictions on travel to and from 15 high infected countries; closure of land, sea and air points of entry and the expansion of the national testing capacity from 500 per day to 1500 per day. The government also suspended activities at the domestic airports by stopping the movement of commercial flights. The government also encouraged inter-state restrictions on road or sea transportation by imposing a lockdown for 14-days in Lagos, Abuja and Ogun states. Consequently, many other state governments adhered to this as a measure to contain the virus spread.

## Mapping of the coronavirus outbreak

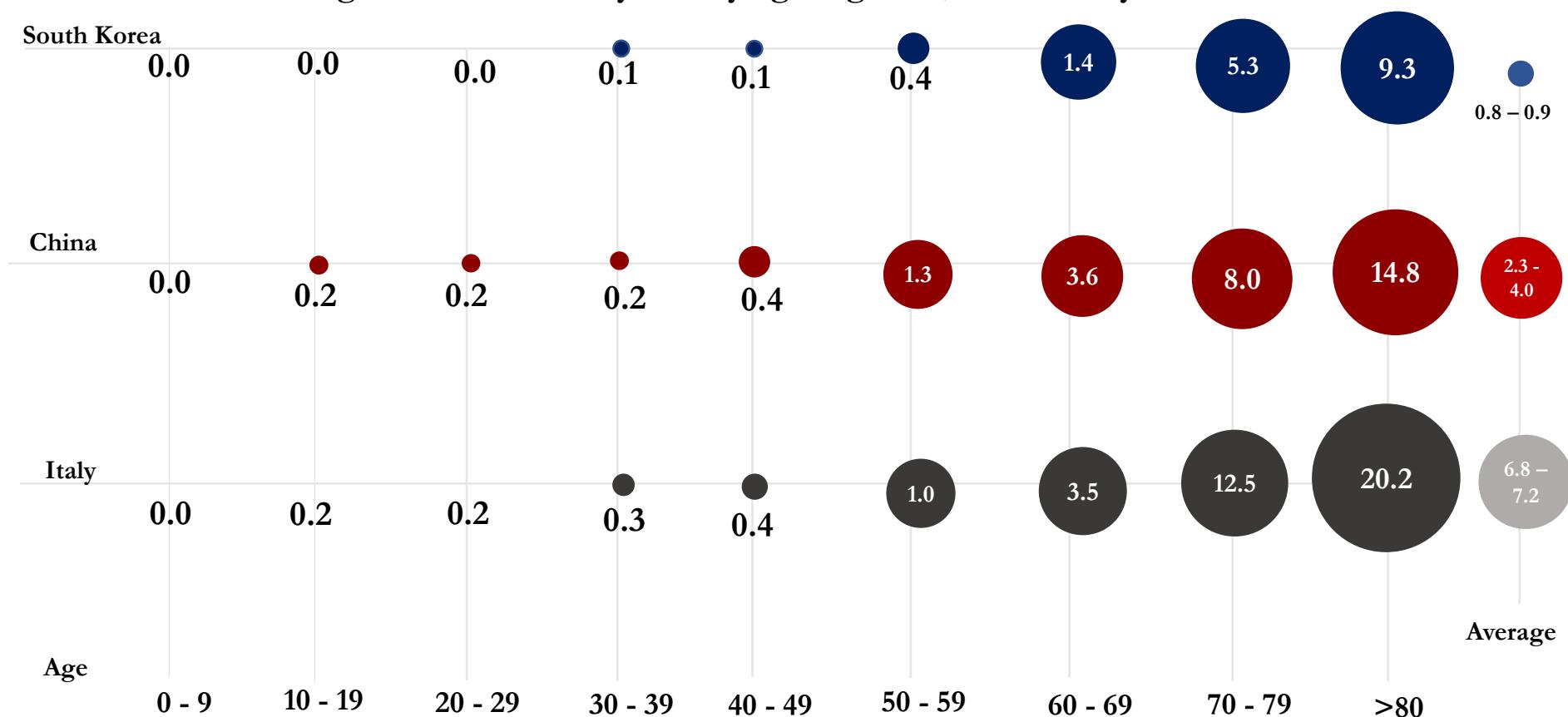
As at 8:00 am April 15, 2020 GMT



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Different age groups have different vulnerabilities to COVID -19 but nobody's risk is zero. Data from three countries experiencing the worse hit from the virus show that older population are at greater risk (see Fig.1 below).

**Figure 1: Case-fatality rate by age segment, % mortality**



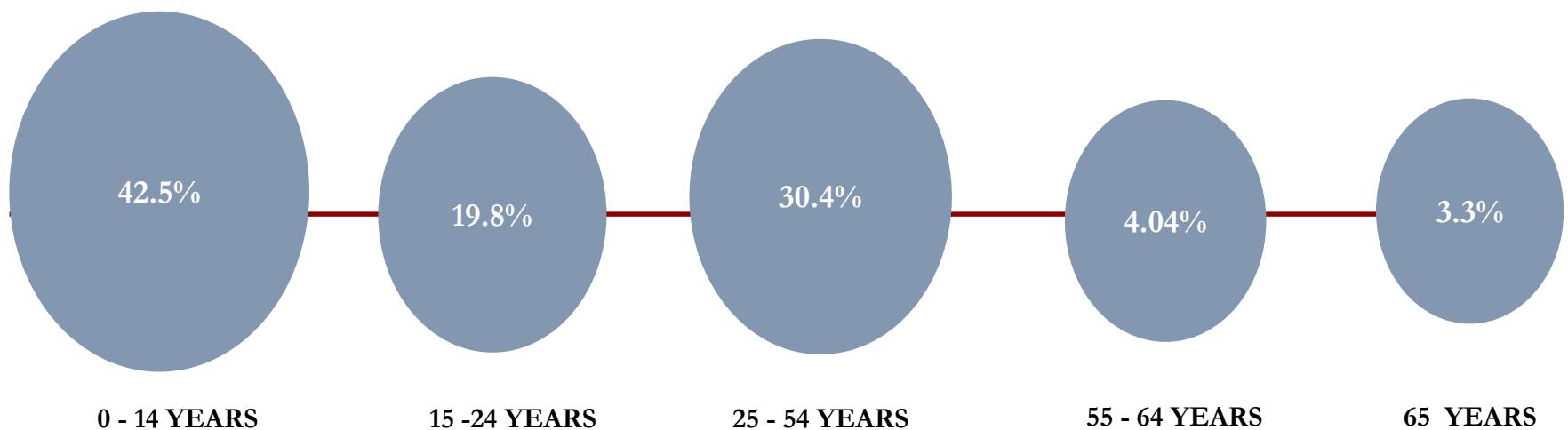
Data from Feb 11, 2020 in China and as of March 15 and 16 in Italy and South Korea respectively.  
Source: WHO, China CDC, Italy ISS and McKinsey

Anybody can get sick from the virus but different people have different risks of getting severe symptoms that require hospitalisation or intensive care and the chances of dying from Covid-19 vary widely across age groups. From the graph above (Fig.1);

- Across Italy, South Korea, and China, there have so far been no reported fatalities among children under the age of 10;
- Italy and China have reported fatality rate of 0.2 percent of cases for age group 10 – 19;
- There is a higher hospitalisation rate among young adults (20-29 years) compared to the teens directly behind them in age, and comparatively more of them wind up in the intensive care. Although fatality rates are low, deaths still occur in this group;
- For this demographic, a significant number of people are being hospitalized, **1 in 5 cases**. Odds of hospitalization, intensive care, and death seem to increase from one's early 40s to late 40s.
- In Italy, China, and South Korea have reported fatality rates from 0.4 percent up to 3.6 percent for people in the 50-69 age group.
- For the population over 50, the risks steadily grow, both due to their age and because they are more likely to have a pre-existing medical condition that exacerbates their risk.
- **People in this age group 70 and above are the most vulnerable and are likely to be hospitalized and to ultimately die during this pandemic.**

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**Figure 2: NIGERIA: AGE POPULATION STRUCTURE, %**



Source: NBS

The case study of Italy, South Korea and China revealed that the younger population (0-49 years) are less prone to hospitalisation, ICU and death. About 60% of the Nigerian population are within the age bracket of 24 years and below, thus, fall within the category of those that will most likely only experience mild symptoms, not be hospitalised or at risk of dying if infected. On the other hand, about 38% which represent the older population in the country are at higher risk of ending up in intensive care or worse dying if infected.

However, it is important to note that recent data from the United State shows that even with older patients being most at risk, hospitals are being significantly hit with more younger cases. New York City, one of the America's youthful and vibrant and busy city, has common attributes with Lagos. Incidentally, Lagos is now experiencing most case of COVID-19, where its younger population are being hospitalized at surprisingly high rates, about 1 in 5 hospitalizations are occurring in people under age 44, according to data released by the city's health department<sup>(3)</sup>.

***A major contributing factor to these numbers is failure to adhere to stay-safe isolation rules laid down by the government and WHO.***

***We all, no matter our age or health status, must do our part to protect the most vulnerable among us through social distancing.***

To tackle the COVID-19 pandemic, Europe, South Korea and the US have taken the following measures:

- The full or partial closure of educational institutions and workplaces; Limiting the number of visitors and limiting the contact between the residents of confined settings, such as long-term care facilities and prisons; Cancellation, prohibition and restriction of mass gatherings and smaller meetings; Mandatory quarantine of buildings or residential areas; Internal or external border closures; Stay-at-home restrictions for entire regions or countries.

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## Effectiveness of Healthcare System

As the world continues to combat COVID-19, there has been massive efforts to increase healthcare capacity. This includes a focus on intensive-care capacity, providing ventilators and building stocks of other critical medical supplies such as masks, testing kits and protective gears for medical professionals.

Within weeks of the global outbreak, the federal government and the Nigeria Centre for Disease Control (NCDC) swiftly invested in laboratory diagnosis equipment by upgrading four of its reference laboratories. In addition, 23 states in the country have set up epidemic hubs to facilitate communication and efficient use of resources during the outbreak.

While the efforts displayed by NCDC shows a remarkable level of preparedness in response to the pandemic, Nigeria does not require a pandemic to expose the gap in its health system. The health sector particularly has suffered grave underinvestment over the years beyond make-believe annual budgetary allocations. One can only imagine the impact this pandemic could have on frontline health workers in the country, who do not have adequate training, access to protective equipment or drugs.

Currently, Nigeria does not have the capacity to manage an acceleration in the spread of the coronavirus. Its resource capacity includes; 7 testing labs, less than 300,000 medical personnel, and fewer than 500 ventilators for a population of over 200 million<sup>(4)</sup>. The health care system has an average of 50 hospital beds per 1000 persons.

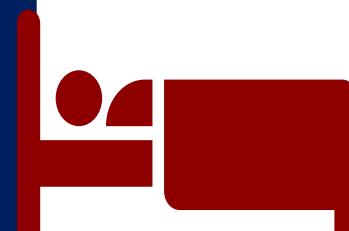
Although, the development of clinically validated treatments could be of great benefits, emerging evidence on that front is inconclusive<sup>(5)</sup>. The rapid investment in equipment, protective gears, basic drug, isolation centres will go long way in tackling the pandemic, prevent healthcare systems from being overwhelmed and ensuring that the mortality rate from COVID-19 declines.

### 7 Testing Labs



- Lagos
- Abuja
- Ibadan
- Edo
- Ebonyi
- Osun
- Ogun

50 hospital  
beds per  
1,000  
people



LESS THAN 500  
VENTILATORS

### Registered Health Professionals



Doctors: 75,000  
Nurses: 180,709  
Pharmacists: 25,000

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## **Social Distancing: A privilege only few Nigerians can afford**

Social distancing done at a large scale can significantly reduce the spread of the virus. However, the range and stringency with which countries can and should apply social distancing vary. A lot is still to be learnt about what exactly works and how long it takes. It is therefore imperative to not only learn from other countries but to also implement measures that best suits the uniqueness of the Nigerian public and the Nigerian economy.

### The Informal Sector

Nigeria's economy is the largest economy in Africa, with a GDP of US\$530 billion. It also has one of the largest informal sectors that accounts for 65 percent of its GDP.<sup>(6)</sup> The Nigerian informal sector thrives in both rural and urban areas. It plays a major role in employment creation, production and income generation with activities ranging from street trading to open-air markets. The informal employment is a necessary survival strategy for many due to the country's high unemployment rate of 23.1 per cent<sup>(7)</sup>. It provides a social safety net and an active income for 83.2 per cent of Nigeria's 81.15 million workforce.<sup>(8)</sup>

Like many businesses, during this pandemic, informal sector businesses will struggle to survive. This is as a result of the lock-down and social distancing the government was forced to impose in states like Lagos, Ogun and Abuja. Most petty traders and small-scale business will experience a decline in the demand for goods and services, as customers will avoid crowded markets, such as Mile 2 & Eko market, Garki & Wuse market, Oja Otta. Some involved in the sales of perishable goods will witness their stocks go to waste and might be unable to make the income required to feed their families. The sector might begin to collapse and witness retrenchment of employees.

### Housing

The housing deficit in Nigeria is estimated at 22 million. In Lagos alone it is estimated at 3 million.<sup>(9)</sup> Half of Nigeria's population resides in slums, extremely close quarters and rural areas that are over-crowded and lack basic amenities. Communal toilets, kitchens and bathrooms are widespread in low-income neighbourhoods, and these facilities can be shared between 30-40 people in a building.<sup>(10)</sup> In these communities, people lack access to clean drinking water, sewage systems and suitable garbage disposal, thus, making proper sanitation difficult. The closeness of these houses and poor environmental conditions provide the ideal conditions for transmission and progression of infectious virus such as the coronavirus

### Financial Support

As at 2018, only 39.7 percent of Nigerian population had a deposit bank account, indicating that close to 60 per cent of Nigerians do not have a bank account.<sup>(11)</sup> There is a possibility that government support such as cash transfer, distribution of food supplies to households, will not reach those who need it most, if people cannot be identified and tracked centrally. The care packages and financial support will most likely be informed by guesswork and laced with corruption.

In Nigeria, it is more practical for some people who work in offices to work from home but people whose livelihood is derived from petty trade in informal markets really do not have a choice. Self-quarantining in a place where bathroom, living space and even bedrooms are shared is unrealistic. Even more absurd is the recommendation that residents with no access to water to not only self-isolate but wash hands regularly. Social distancing is not a reasonable option for them. As the pandemic unfolds in Nigeria, it is important that the Nigerian government, with support from WHO, develops recommendations that consider the environmental, and socio-economic conditions of most Nigerian.

***Social distancing is a privilege only a minority of the population can afford.***

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## What can be done?

- **Adopting Mass Testing.** Nigeria needs to urgently prioritise mass testing, that is complemented with quickly isolation, to slow the spread of the disease. The establishment of more testing labs should be a priority, our emphasis should be on upgrading existing facilities rather than the creation of new ones. Currently, the country is under-tested which cast a doubt on the number of those that are infected.
- **Provide equipment.** This includes protective gears for health practitioners, basic drugs, isolation centres and ventilators in order to increase the health sector's capacity to combat the pandemic
- **Encourage local production of face masks.** WHO has recommended wearing cloth face masks as one preventive measure. Nigeria should encourage local production of these face masks, of a standard certifiable by NAFDAC, that should then be distributed for free to citizens..
- **Provide access to safe water.** The government should develop and implement a plan for the provision of safe water and sanitation essential to protect citizens in the COVID-19 outbreak with a particular focus on the informal settlements and Internally Displaced Person camps .
- **Offer economic support.** There is a need for a swift and coordinated response by the state and federal government in order to mitigate the associated economic effect of the lockdown on vulnerable families. The impact of the lockdowns and social distancing measures are felt disproportionately by different strata of the society. It is therefore important for governments to unveil an income protection policy that mitigates the effects of the policies of low-income earners and small and medium scale industries. There is also a need to address the shortcomings in existing social protection policies of the government.
- **Transparency in relief.** Provision of care packages should be properly monitored, to avoid double counting. More importantly, there should be a critical evaluation process that avoids corruption.
- **Fix prices.** It will also be of benefit to regulate the prices of some essential goods in markets. The country is currently experiencing a spike in the price of some essential goods (rice, cooking oil, tomatoes) due to the lockdown which further limits accessibility and creates food insecurity.

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