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## Public Policies against COVID-19 Pandemic in Nigeria: Challenges, Effects, and Perceptions

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### **Abstract**

*The outbreak of coronavirus (COVID-19) pandemic is an unprecedented event that has continued to ravage the earth, resulting in daily increasing rate of morbidity and mortality of the virus across the globe. Healthcare systems of most countries have been overstretched by daily loads of confirmed COVID-19 cases from community transmission of the virus. This sad situation has not only elicited medical emergency responses, but also restriction policies and measures from the governments to stem the spread of the pandemic. The implementation of some of these policies could be considered as a trade-off between public health intervention and socio-economic consequences. Therefore, this paper examines the impact of government policies and actions against the COVID-19 pandemic in Nigeria. Methodically it solely relies on secondary sources of data. It provides an assessment of Nigeria preparedness before the detection of the index case and challenges in early response and supports against COVID-19; also unveiled some failed policies that further compound the COVID-19 situation in the country. The paper, however, did not fail to observe the level of success made thus far by the government through some of its policies and responses in curbing the spread of the pandemic – especially through the effective management of COVID-19 patients, leading to a high number of discharged cases and low death rate. But it concludes that the perceptions in disbelieving COVID-19 existence, being lately responsible for community transmission, must be dissipated with a risk-communication strategy to defeat the virus.*

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**Keywords:** COVID-19 pandemic; Lockdown; Most vulnerable; Palliative measures.

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### **Introduction**

The outbreak of coronavirus, also known as COVID-19 which began in Wuhan (Hubei Province, the cultural and economic hub of central China) late 2019, became a global nightmare in 2020. The first case of the virus was reported on December 31, 2019, and it began to spread from human-to-human and patient-to-medical staff. Through this medium of transmission, because the world is fast becoming a global village, COVID-19 successfully hit many territories across the globe. Deeply concerned both by the alarming levels of spread and severity, and by the alarming levels of inaction, on March 11, World Health Organization (WHO) declared COVID-19 as a global pandemic (WHO, 2020).

The novel virus, which leads to a respiratory illness that can be transmitted from droplets of bodily fluids such as mucus and saliva, has been reported in at least 188 countries (Aljazeera, 2020). Due to this pneumonia caused by the virus, fatalities have been on the increase daily from confirmed cases. According to the data published by Johns Hopkins University on August 1, more than 17.2 million people around the world have been diagnosed with the new coronavirus, while more than 10 million patients have recovered, and at least 673,000 have died (Rasheed, 2020). Countries that bear the greater brunt include the United States (over 4.6

million cases and 153, 000 deaths) Brazil (over 2.7 million cases and 93,563 deaths), India (over 1.7 million cases and 36, 511deaths), Russia (over 843 thousand cases and 14,058), South Africa(over 503 thousand cases and 8,100 deaths)With a high rate of community's transmission, the global COVID-19 curve is still on the rise daily. In response to contain its spread, virus-screening and quarantining measures are being implemented at airports worldwide; as well as extensive travel restrictions (GardaWorld, 2020).

Before COVID-19 was imported into Africa, WHO categorized Nigeria as one of the 13 high-risk African countries concerning the spread of the COVID-19 pandemic (Marbot, 2020). Nigeria was also among the vulnerable African nations likely to be overwhelmed by the virus,given the weak state of the healthcare system. There are still communities without healthcare facilities, apart from the scarcity of health workers in the continent (Marbot, 2020; Amzat, 2011). Then, the prediction is that Africa could bear the much burden of the COVID-19 pandemic; for instance, Melina Gates expressed concern that African countries could end up like Ecuador with COVID-19 corpses littering the streets, overcrowded hospitals and cemeteries, and a public health emergency that could overwhelm the continent (Abati, 2020).

Since the first case was reported in Africa, behind South Africa and Egypt, Nigeria is one of the African countries that has continued to record a high number of confirmed COVID-19 cases daily. While many Nigerian citizens have continued doubting the existence of the deadly virus in the country, the incidence of COVID-19 grew steadily, moved from an imported case, and elitist pattern to community transmission (Amzat, et.al, 2020).However, upon detection and confirmation of the COVID-19 pandemic, the Nigerian government introduced and implemented several public policies and measures to contain the spread of the virus. Some of these measures include wearing a face mask, physical/social distancing, and restriction on large gathering, and among others which base on the recommendations of WHO safety principles and guidelines to curb the spread of the virus.

Therefore, this study examines the impact of public policies against the COVID-19 pandemic in Nigeria. It is structured into seven sections. Immediately after this introduction, the study explores conceptual and theoretical notes on public policy. The third section is the methodology of the study; while the fourth part presents an overview of the challenges in early response and supports to combat the COVID-19 pandemic. Part five highlights the effects of COVID-19 lockdown and government responses. The sixth section presents public perceptions on COVID-19 amid community transmission, while the final part concludes with some projection and recommendations.

### **Conceptual Framework**

Public policy is a framework for governmental actions and decisions towards tackling identified problems or issues as well as achieving societal goals. As an important tool to provide good leadership, public policy entails directives followed by state actors in dealing with a myriad of issues affecting their citizens. However, Harris (1980) conceptualizes public policy as consists of the goals and assumptions that underlie what government does. It is a kind of guide for governmental action. Ogbeide (2007) also viewed public policy as a purposive direction or course of action undertaken by governmental institutions and officials to address a specific social problem or issue in society. Similarly, It is an attempt by a government to address a public issue by instituting laws, regulations, decisions, or actions pertinent to the problem at hand (Venus, 2015). Within this context, public policy is a deliberate governmental action and as such, not all governmental activities are policies.

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Public policies must be directed at resolving specific societal problems of public concern (Ogbeide, 2007).

Public policy is instrumental to development in a bid of resolving a social problem and uplifting the standard of living of the citizenry. Social or public policy according to Olurode (1996) is a set of affirmative action which are designed to confront a particular social issue with the hope of ameliorating a worrying or problematic situation or bring about improvements, in social condition. Olurode (1996) further buttressed that the worrying situation itself constitutes a social problem about which social policy has been formulated to arrest the situation through actionable programmes as opposed to mere paperwork or theories. In other words, a well thought and designed public policy should be practical driving to obtain its intended objectives which match the yearnings and aspirations of the people.

Once formulated and adopted, public policies must be implemented or executed through specific programmes that rely on existing public institutions (e.g. ministries, departments, agencies/parastatals, etc.). In some cases, new public institutions are established to implement policy programmes. Certain emerging cases, however, could facilitate the need to constitute special task force or ad-hoc committees for prompt responses and implementation of policies. Public policies rarely tackle one problem but rather deal with clusters of entangled and long-term problems (Mackay and Shaxton, 2007). For example, one policy may have several programmes, such as Free Health care of Children under the age of 6; Immunization for Children; and Essential drugs scheme for Children (Aibieyi, 2009). Obviously, they are initiated to address numerous issues including corruption, epidemic, environmental pollution, insecurity, and other sorts of crimes. Most issues according to Mackay and Shaxton (2007), tend to involve deeply held values/interests and a large amount of money, making the policy process very complex. This suggests, perhaps, that the process of translating the goals and objectives of public policies into concrete achievements, through various government programmes require enormous resources. As such, most governments across the globe employ yearly budgetary instruments as a means to provide and allocate huge funds to actualize weighting policies.

Furthermore, Anderson (1975) opined that public policies are those policies developed by governmental bodies and officials, although non-governmental sectors and factors may, of course, influence policy development. This provides the basis for government and political authorities to take actions that are accepted as binding most of the time by most members of the society so long as they act within the limits of their roles and powers (Easton, 1965). Therefore, public policies have an authoritative, potentially legally coercive quality that the policies of private organizations do not have (Anderson, 1975). That is, they are not only authoritative but also based on laws unlike the non-governmental policies formulated by private individuals without legislative support, in resolving issues within their organizations. In a nutshell, as earlier stated, choice public policies must be executed, so that they can either have an influence or make an impact on the lives of citizens. However, the outcome of such policies for society could be intended or unintended consequences from the action or inaction of the government. Studies have indicated that most public policies have latent (untended) consequences that may cripple the original intentions of such policies unless adequate mechanisms are put in place to counteract such adverse outcomes (Ogbeide, 2007).

### **The Methodology of the Study**

In deriving relevant data for the study, a secondary source of data was solely relied upon. The secondary sources of data were newspapers, journals, government official documents,

books, the internet, non-governmental organizations periodic reports, and other literature materials or articles related to the study. The use of secondary sources of data provided large information for effective presentation of thoughts, perceptions, and scholars' opinions on the research topic. However, every author's biases were cross-checked with other relevant research works to attain authenticated data.

### **Challenges in Early Response and Supports to Combat COVID-19**

It is significant to note that the first confirmed case of the COVID-19 pandemic in Nigeria was announced on February 27, 2020, when an Italian citizen in Lagos tested positive to the virus. This could be referred to as an index case. The Italian man flew into the country from Milan, Italy on February 24, and he had visited some other states of the federation. A Nigerian citizen, who had physical contact with the Italian citizen, was reported on March 9, 2020, as the second case of the virus in Ewekoro, Ogun State (Ramoni, 2020; Royal, 2020). Before the detection of the index case, the Nigeria Centre for Disease Control (NCDC) gave the assurance that training of rapid response teams in all the 36 states in Nigeria was completed in December 2019 and that each state has a team ready to be deployed in the event of an outbreak. The NCDC also supported 22 states in Nigeria to establish and manage emergency operations centres and networked them to the national incident coordination centre (Ihekweazu, 2020).

The NCDC further revealed on January 28, 2020, that a 'coronavirus preparedness group' had been established to activate its incident system to respond to any emergency. Additionally, the government and NCDC claimed to have strengthened the surveillance and screening of passengers at the airport since January 2020. This includes temperature checks, specific questions on known symptoms of the novel coronavirus, and travel history. But failure to detect the index case at the point of entry raised concerns about the effectiveness of airport surveillance and by extension, the country's general preparedness to prevent and contain the virus (Ihekweazu, 2020; Amzat, et.al, 2020). Therefore, pre-COVID-19 readiness to deal with the imported virus from spreading was conspicuously inadequate. At this time, some concerned citizens of Nigeria expressed displeasure about the steps put in place by the government to manage caseloads of COVID-19 and also suggested that the airspace should be closed.

However, upon confirmation of the index case, the NCDC activated a multi-sectorial National Emergency Operations Centre (EOC) to oversee the national response to COVID-19 (Amzat, et.al, 2020). To provide national policy direction, subsequently, the Presidential Task Force on COVID-19 was established by President Muhammadu Buhari on March 9, 2020. The Presidential Task Force (PTF) headed by the Secretary to the Government of the Federation (SGF) Mr. Boss Mustapha, had the Ministers of Health, Interior, Information, External Affairs and relevant agencies of government like the Director-General of the Nigeria Centre for Disease Control (NCDC) as members to coordinate and oversee Nigeria's multi-sectorial inter-governmental efforts to contain the spread and mitigate the impact of the COVID-19 pandemic in Nigeria (Ibrahima, 2020; PTF, 2020). On this mandate, the PTF announced restricting entry into the country for travellers from 13 COVID-19 high-risk countries, an effect from March 30, 2020.

The NCDC and Port Health Services supervised and monitored travellers returning from the affected countries in self-isolation (Busari and Adebayo, 2020). Also, those already in Nigeria with recent records of travelling outside the country were advised to go for fourteen days of self-isolation and testing. Unfortunately, by the time the ban took effect, the nation had recorded more imported cases and sadly, most of those who arrived in the country did not

comply with the 14 days self-isolation recommended by the NCDC. According to the NCDC, all confirmed COVID-19 cases in Nigeria between February 27 and March 27 were imported by returning travellers from foreign countries (Amzat, et.al, 2020).

Still assessing Nigeria's level preparedness in the fight against the COVID-19 pandemic, as of March 2020, isolation centres were in only four cities where Nigeria has international airports – Lagos, Abuja, Port-Harcourt, and Kano. Such an arrangement was criticized by the Senate President, Ahmad Lawan, and he then urged the federal government to immediately step up the plan to create more isolation centres across the 36 states of the federation. Moreover, the provision of health care services to COVID-19 patients in several hospitals suffered some kind of setback. This could be attributed to the poor state of the public health sector in the country, like most hospitals, if not all, lack the capacity and the needed equipment to admit and treat or manage COVID-19 patients; Personal Protective Equipment (PPE) for doctors and others frontline staff were inadequate; less medical personnel specially trained to handle active cases of COVID-19; insufficient ambulances for emergencies, masks, testing kits, and ventilators, etc (Okunola, 2020; Moshood, 2020). For example, a report had it that many admitted COVID-19 patients being isolated at the infectious Disease Hospital in Lagos were abandoned on several occasions as doctors and nurses complained of a shortage of personal protective equipment and hence they could not endanger their lives to offer services. Being left to cater for themselves, in the process, some patients fell into depression (Folarin, 2020) Experiences of Ebola in 2014 would have supposed to be a springboard for Nigeria to wage war against the pandemic. But unfortunately, Nigeria didn't learn its lessons from the Ebola outbreak as the health system was left ill-equipped till amid the COVID-19 pandemic (Punch, 2020).

The paucity of funds was also a challenge. As the oil prices tank while global demand drops drastically in the wake of the outbreak, Nigeria's economy was being caught in the cross-hairs. Essentially, with oil being Nigeria's biggest export, the federal government relies heavily on the resource for dollar earnings to fund its national budget. And with this year's \$37 billion budget initially passed with a benchmark oil price of \$57 per barrel – nearly double its price of around \$31 to \$33 in March, Africa's largest economy then could not fund its budget (Kazeem, 2020). In a way to assist in the fight against the COVID-19 pandemic in Nigeria, certain individuals, wealthy Nigerians, co-operate bodies and firms, foreign nations, regional and external organizations made meaningful contributions running into billions of naira including converted hard currencies to support the federal government effort. For instance, the European Union donated the sum of N21 billion (50 million Euros) to support Nigeria's efforts at controlling and containing the virus to prevent community spread, as well as revitalize the national health care systems (Sanni, 2020). Some equally donated medical materials for testing and prevention, as well as tackling the spread of COVID-19. An in-kind manner for example, on March 26, the federal government received test kits and preventive materials for COVID-19 donated by a Chinese billionaire, Jack Ma, who promised to assist the 54 African countries with preventive materials to contain the spread of the disease in Africa (Onyedika-Ugoeze and Umeh, 2020).

### **Public Policies and Measures against COVID-19**

As of March 31, 2020, the total confirmed COVID-19 cases recorded in Nigeria by the NCDC, were one hundred and thirty-nine (139). From this figure, the NCDC observed that 66% of individuals who tested positive were males, while 34% were females. Their ages ranged between 31 and 60. People aged 51-60 years were the most affected (27%). About 60% (83) of the cases were imported, 27% (38) had incomplete epidemiological information (i.e., the sources of their infections were unascertained). Eighteen (13%) patients were

contacts of known confirmed cases (NCDC, 2020) – indicating imminent community transmission. Significantly, contact-tracing was the first strategy employed by the federal government. But there were some challenges to the implementation of the contact-tracing strategy which include lack of support and cooperation from the returnees who reportedly filled fake contact addresses and incorrect phone numbers in the forms at the point of entry (NAN, 2020).

As the cases of COVID-19 in the country continue to increase with many of the cases coming from those who had recently returned from travel to high-risk countries of COVID-19 outbreak, the Nigerian government took several stringent and drastic decisions to curtail the pandemic. Some of these decisions include the shutting down of both international and local airports and other entry points – land borders and seaports into the country were closed; public and private schools including tertiary institutions were shutdown nationwide; churches and mosques were stopped to hold services; nightclubs, cinemas, and sports events were intercepted; civil and public servants providing non-essential services from grade level twelve (12L) downward were asked to either work from home or stop going to work (Aljazeera, 2020; Adedigba, 2020; Salau, 2020).

Some of these actions including the banning of congregational prayers in churches and mosques were carried out in various states of the federation by the state governments, through the setting up of their committees on the COVID-19 pandemic. Physical/social distancing was strongly advocated while all social activities such as weddings, funerals, going to parties, beer parlours and eateries were prohibited. A mandatory stay at home order was also declared in some states by the state-governments (Ibrahima, 2020). Specifically, also, the federal government ordered residents of Lagos state, Ogun state, Abuja, the Federal Capital Territory (FCT), to stay at home for an initial period of 14 days with effect from March 30, 2020. Later, residents in Kano were also ordered to stay at home by the federal government as the state fast emerged as the epicentre of the COVID-19 pandemic in the north (Oyeyemi, 2020). The order exempted hospitals and all related medical establishments as well as organizations in healthcare-related manufacturing and distribution (Premium Times, 2020).

The containment period under the lockdown, according to the federal government, was to identify, trace, and isolate all individuals that have come in contact with confirmed cases of COVID-19. The federal government further adopted an aggressive reinforcement of testing and contact-tracing for prospective carriers of the virus (Ibrahima, 2020; Adebayo, 2020). With the contact tracing, each new cases trend to have about 30-40 contacts to follow up. Every contact is followed up for 14 days (Ayeni, 2020). Thus, as of April 10, 2020, about 30% of all the cases in the country were found via contact tracing, made easier by the lockdown (Ayeni, 2020).

Besides these governmental actions, it is pertinent to observe that from the first index and other imported cases, there has been a continuous spread of the virus across other states of the federation through inter-state travels. Being identified as a major source of fast-spreading the virus within the country, the government on April 27, 2020, announced a ban on inter-state travels and also imposed a curfew from 8 p.m to 6 a.m nationwide. All inter-state movements were prohibited during the period of enforcement, except transits of essential goods and services which were permitted across state boundaries, as Nigeria grapples to combat the spread of the pandemic (Adebayo, 2020). The implementation of the inter-state lockdown was aimed at mitigating the spread of the virus from state to state, with the support of state-governments (Sanni, 2020).

The enforcement of the curfew and border restrictions that involved the interception of vehicles resulted in heavy traffic gridlock at nights as some of the commuters violated the inter-state lockdown; and the exemption granted to vehicles conveying specified goods was also abused by the drivers as they continue to hide passengers and almajiris in truck/busloads to ferry them across state boundaries. There were isolated cases of compromise by some security operatives, despite the dangers inherent in the seeding of the virus across states through the road transportation sector (Jimoh and Akor, 2020).

In May 2020, the federal government reviewed its policy on self-isolation which prescribes that returnees including evacuees and repatriated Nigerian nationals should stay at home for a certain time to authenticate their COVID-19 status. It was observed that most of them especially the bigwigs in the country, reportedly flouted this policy and many later turned out positive being linked with multiplied COVID-19 cases. To curb the incidence of such cases coming in and forming clusters of new infections across the country, the federal government replaced the provision of self-isolation with the compulsory quarantine of returnees on arrival for 14 days (Jimoh and Akor, 2020). In a nutshell, the self-isolation as a failed policy was perceived by many of the health experts as a major factor that hindered the efforts of the federal government to break the chain of transmission in the country. Due to increasing evidence of community transmission, the PTF recommended case searching, involving house-to-house search which increased the number of cases detected especially in Lagos (NCDC, 2020).

### **Effects of COVID-19 Lockdown and Government Responses**

The mandated lockdown in three key states and the FCT, Abuja, as well as restrictions in movement in other 33 states of the federation, apparently affected the livelihood of so many Nigerians negatively. The closure of businesses as people were ordered to stay indoors exacted adverse effects on vulnerable population sources of income. Most of them are daily income earners and works in the informal sector of the nation's economy, which required close person-to-person for cash transactions and patronage (UNDP, 2020). While the lockdown policies were critical for disease containment, they undermine the economic and social foundations of survival and resilience structures of the country's most vulnerable (UNDP, 2020).

Meanwhile, the imposed lockdown had also impacted the people's right to life and freedom of movement. Although some people considered the COVID-19 lockdown as a worthy sacrifice for public health, others frown at it and flouted the orders. However, how security operatives enforced the lockdown orders to ensure compliance in several areas across the country resulted in the reports of human rights abuses including unlawful killings. It was reported by the National Human Rights Commission (NHRC) that security agents have killed 18 people in their enforcement of directives to curb the COVID-19 pandemic, since the commencement of the lockdown in 8 separate incidents of extra-judicial killings (Olaiya, 2020; Abdulrauf, 2020). Secondly, the right to human dignity was also affected by the series of unjustified punishments inflicted on people who violate lockdown orders by security forces. Several incidents in the NHRC report revealed that people were unlawfully arrested and detained; subjected to torture and inhuman treatment; sexually harassed, extorted and some properties were seized and confiscated during the enforcement of lockdown orders by the security personnel (Abdulrauf, 2020; Olaiya, 2020).

Besides human rights violations, the lockdown led to a sharp increase in cases of domestic violence; sexual and gender-based violence across the country. According to the Minister of Women Affairs and Social Development, Senator Pauline, each of the 36 states of the

federation recorded at least 100 rape cases during the COVID-19 induced lockdown. This suggested that no fewer than 3,600 cases of rape were recorded nationwide (Aborisade, 2020). Many of these victims – girls and women were stuck in various abuse environments as the lockdown compromised their escape routes and access to life-saving services and justice at a time when these were needed most (Young, 2020).

These prevailing circumstances became worsened due to the extension of the lockdown orders for another 14 days. As earlier noted, most vulnerable people affected by the lockdown orders live on daily income with little or no savings to act as a financial buffer during the lockdown. The lack of social determinants of health – water, power supply, appropriate housing rendered many in the informal sector more vulnerable to difficulties in the absence of social safety nets (Abdulrauf, 2020; Onyemelukwe, 2020). And with deficient levels of savings, the continued lockdown financially and economically incapacitates them; cost significant hardship and hunger; and then raised the odds in favour of anger and protestations (Ike-Muonso, 2020). For example, on April 22, 2020, hundreds of Ogun indigenes took to the streets to protest the COVID-19 lockdown in the state. The majority of the protesters, whose means of livelihood had been truncated, were traders and artisans. In a demonstration, the protesters angrily complained that they were hungry and tired of the lockdown (Oludare, 2020). There were also viral videos that revealed public outcry against the continued lockdown without the government making adequate provisions for their feeding and overall welfare. These pockets of protests from the informal workers and unemployed groups in various parts of the country forced the government to begin easing the lockdown on the movement of people to avoid national social unrest despite the cases of COVID-19 on the increase every day since the enforcement of the lockdown (Igwe, 2020).

However, as a way of cushioning the effect of the lockdown, the Nigerian government introduced and rolled out several palliative measures to combat both an economic crisis and health emergency occasioned by the COVID-19 pandemic. This included granting a three-month repayment moratorium for all government-funded loans. The moratorium covered the Government Enterprise and Empowerment Program (GEEP) initiatives and schemes of the federal government, such as Tradermoni, Marketmoni, Farmermoni, and all loans issued through the Bank of Industry, Bank of Agriculture, and the Nigeria Export-Import Bank (Okwumbu, 2020).

Concerning the health sector, the federal government released contingency funds of N984million (\$2.7million) to Nigeria's Centre of Disease Control, and an additional N6.5billion (\$18million) was distributed for purchasing more testing kits, opening isolation centres and training medical personnel. A Grant of N10billion (\$28million) was also released to the Lagos state. The federal government also urged state governments to set up isolation facilities to have at least 300 beds space in their localities. Preferably, these facilities should be linked to existing infections disease centres or medical centres (Ayeni, 2020). Also, the federal government adopted a revised budget for 2020 in response to the COVID-19 shock. About N500billion COVID-19 intervention fund was included in the revised budget to channel resources to additional health-related current and capital spending (test, supplies, and facilities) and public works programs to support the incomes of the vulnerable (IMF, 2020). The government also activated Ambulance service to move patients to treatment centres (Vanguard, 2020).

In a nationwide broadcast, President Buhari also ordered an expansion of the National Social Register from the initial 2.6 million households to 3.6 million households, whom he described as the most vulnerable in the society, that would benefit from the direct distribution



of food and conditional cash transfers. These intended figures of beneficiaries were a fraction of over 90 million Nigerians estimated to live in extreme poverty on less than \$1.90 a day (Human Rights Watch, 2020). The order was meant to broaden the National Social Register, which was set up by the Buhari administration in 2016 to combat poverty, but there were no laid down parameters for determining the most vulnerable households or poor individuals (Human Rights Watch, 2020; Eranga, 2020). This became one of the impediments in accessing the poor and vulnerable households during the distribution of the relief funds and materials (food items). There were, therefore, lamentations by the masses over the diversion of the government palliative materials meant for the less-privileged and vulnerable people to the party's loyalists and members, even individuals who were self-sufficient during the lockdown. The process of distribution was politicized; as such, a greater portion of the relief materials was reserved for party members in their local governments (Okon, 2020). For example in Edo state, according to Evanga (2020), most of the residents alleged that the palliatives were hijacked by politicians who turned themselves to be vulnerable.

### **Public Perceptions on COVID-19 amid Community Transmission**

Being considered as a highly contagious and communicable disease, virtually all 36 states in Nigeria and the FCT have recorded cases of this pandemic. As noted by the federal government, in July, the number of states with over 1,000 confirmed cases increased from four to 10 and the FCT (Vanguard, 2020). Besides from person to person, the disease has transited to community transmission. As a matter of fact, as of August 9, 2020, Nigeria confirmed COVID-19 cases hit 46,577, including 33,189 discharged cases and 945 cumulative deaths (NCDC, 2020). According to the PTF on COVID-19, "five states still account for 60 percent of cumulative cases; 689 out of 774 Local Government Areas (LGAs) have reported a case; 85 LGAs in 20 states remain with no testing done and no case reported and 50 percent of all cases are in 20 percent LGAs" (Vanguard, 2020). The epicentres of the virus in Nigeria include Lagos state which accounted for over 15 thousand cases, followed by Abuja with over 4 thousand cases. Both epicentres have common characteristics as the sites of major international airports and hubs of commercial and administrative activities in the country (Amzat, 2020).

The steady rise of COVID-19 cases, however, has been attributed to a poor level of compliance with safety measures, guidelines, and protocols as well as unwillingness to accept directives and act by policies being outlined by the government to preserve lives as it reopened the nation's economy. On August 21, the PTF on COVID-19 blamed Nigerians for the continued non-compliance with COVID-19 safety protocols, and also complained that the government would have been able to flatten the curve if not for their lackadaisical attitude towards containing the pandemic (NAN, 2020; Ajayi, 2020).

Before the eased lockdown in phases, PTF on COVID-19 formulated and recommended numerous non-pharmaceutical guidelines and policies for implementation, which concerns general movement and various political and socio-economic activities. Besides retaining night curfew with limited hours and restriction on large gatherings, some common key implementation guidelines or non-pharmaceutical interventions across the board (such as worship centres, communal commercial spaces (markets/stores), private/public sectors, air, land, and rail transportations, educational institutions, etc.) include mandatory use of face-mask in public, hand sanitizers/hand-washing and physical distancing while awaiting the discovering of COVID-19 vaccines (PTF, 2020). Unfortunately, many Nigerians in their dealings have been violating these COVID-19 protocols as they continue to deny the existence of the virus base on various perceptions.

As earlier observed, within the first month of the COVID-19 pandemic in Nigeria, the disease distribution was elitist. The majority of those who tested positive were returnees from abroad. The political elite also bore the early brunt of COVID-19 with three state governors and some political appointees testing positive for COVID-19. This initial trend made members of the public develop the perception that COVID-19 was a disease of the elite, who returned from international travels or had contact with the political bourgeoisie. Even with the evidence of community transmission as the COVID-19 pandemic broke the class boundary, such perception is not yet dissipated in the mind of some members of the public (NCDC, 2020; Amzat, 2020).

Widespread perceptions of Nigerian politicians as self-interested and corrupt leaders fuel suspicions. Many Nigerians perceive the virus to be an attempt by political elites to create an emergency and siphon public money. Like in the north, the news that Nasir Ahmed El-Rufa'i, the governor of Kaduna state, tested positive for COVID-19 in late March was met with suspicion by some Nigerians. They believed his positive test result was fabricated and part of yet another fraudulent scheme to access federal resources allocated to states affected by COVID-19 (Onapajo and Adebisi, 2020; Hoechner, 2020). Similarly, due to years of disappointment and failure to deliver on campaign promises and dividends of democracy; including opacity and lack of transparency in governance, Nigerian citizens have continued to mistrust the government in its affairs. For instance, the study conducted by the World Economic Forum (WEF) in 2018, confirmed and ranked Nigeria 130 out of 137 countries that distrust its government officials and political class (Egbas, 2018).

Furthermore, in some states of the federation, the identities of the victims of the disease are shrouded in secrecy, ostensibly to protect them from being stigmatized (Okoye, 2020). However, even though some high profile Nigerians, especially the political elites have made public their COVID-19 condition, some persons are still acting like 'doubting Thomas' that want to see physically a victim dying of COVID-19 or exhibiting its much-publicized symptoms in his/her immediate community then believe that the virus is real. Apart from debunking it as a 'scam', according to a 'nationally representative' survey by NOI Polls, 30 percent of the Nigerian population believes that they are genetically immune to the disease. This is because respondents felt the disease did not originate from either Nigeria or Africa (Onapajo and Adebisi, 2020).

Generally, in retrospect to the outbreak of the COVID-19 pandemic, it was predicted that the African continent would be the worst hit and millions will die of the virus in most developing countries due to its weak health infrastructure, poor medical services, and propensity to high disease burden. But since it recorded the first COVID-19 case in Egypt, on February 14, 2020, the continent has so far escaped the dire predictions. Unexpectedly, COVID-19 death rates have been low as well as a high share of recoveries in the continent (Otieno, 2020; Ajayi, 2020). Significantly, with 17 percent of the world population, Africa has accounted for just five (5%) of global confirmed cases and three percent (3%) deaths. Thus, a recent study (antibody surveys) conducted by a group of scientists in East African countries indicates that Africa has weathered the storm of the pandemic relatively well with fewer than one COVID-19 death out of each 23,000 death cases so far (Otieno, 2020; Nordling, 2020). Although many experts are wary of the statistics from African countries observing that low testing rates and poor data reporting and death registration mask the extent of the disease in Africa (Otieno, 2020).

Based on the foregoing, Nigeria's Case Fatality Ratio (CFR) has consistently remained at 1.9%, indicating improved case management and resulting in fewer COVID-19 deaths (PTF, 2020; Obinna and Ajayi, 2020). At the end of August 2020, according to the PTF on COVID-19 Nigeria Cumulative Test Positivity Ratio has reduced from 15.2% to 13.3%. With this level of success in the fight against the COVID-19 pandemic, the federal government has expressed optimism on the possibility of fully reopening the economy by December 2020, if only Nigerians would abide by all non-pharmaceutical measures to halt the spread of the pandemic (Obinna and Ajayi, 2020). However, the actual burden of COVID-19 in the country is not yet to be ascertained due to its low testing policy. Despite Nigeria's testing capacity has been increased to undertake up to 15,000 per day, but unfortunately, Nigeria is testing 6000 daily. Many states across the federation have not ramped up the COVID-19 test. So far, as of August, 2020, Nigeria has tested over 400,000 people. As a proportion of the country's population of 200 million, that is a very small percentage. Although the numbers of laboratories are gradually increasing, part of the problem is that Nigerians with an unproven conviction that the virus only affects the rich and privileged, they are reluctant to embrace the option of voluntary testing even at government-owned centres where the test is free (Ajayi 2020; Abati, 2020).

### **Conclusion**

Government policies and measures, as well as restrictions of movement executed against the COVID-19 pandemic, have contributed to the protection of public health in Nigeria. Conversely, the COVID-19 outbreak is an unprecedented event; as such, its newest behaviour has posed a very difficult task for both developed and developing countries to contain the spread of the pandemic. Humans as prime carriers of the virus aid and facilitate its spread across the globe. Therefore, from a few imported cases, most nations are currently dealing with multiple cases resulting from communities' transmission of the virus. Besides the provision of healthcare supports to salvage the global health crisis, the enforcement of preventive policies and measures in the fight against the COVID-19 pandemic by the governments of various countries including Nigeria, were in determination to avoid a huge population from contracting the deadly virus.

In Nigeria, the onset of the COVID-19 sent waves of panic across the country due to its dilapidated healthcare infrastructure and poor preparation to mitigate its spread. It is quite unfortunate that after the experiences of Ebola in 2014, the health sector was not further equipped with modern-day facilities to manage a new outbreak of infectious diseases. Nevertheless, the COVID-19 era has unfolded another opportunity to upgrade the nation's healthcare system. Since its existence has continued to be a threat to public health, most countries including Nigeria are now given much attention to healthcare needs. Therefore, a series of investments that have been made in the Nigerian health sector so far, its' should be sustained and improved on to tackle a subsequent surge of any outbreak.

Challenges were ranging from lack of isolation centres, Personal Protective Equipment (PPE), testing kits, ventilators, and others in the early response to COVID-19. Some of these challenges were relatively resolved through various aids. Generally, for Africa to be able to defeat COVID-19, in the long run, all forms of global assistance are required to support the continent. Hence, several contributions in terms of funds and medical materials received by the government from public-spirited individuals, both internal and external bodies, and foreign-governments have been quite supportive in the fight against the COVID-19 pandemic.

The imposed lockdown was a typical of unintended consequences as socio-economic activities were grounded to its lowest ebbs. The lockdown was enforced to restrict the movement of peoples and social events to contain the spread of the pandemic. While the lockdown has been helpful in this regard, it limits commercial activities across the country. This largely affected the fabric of the informal sector which dominates the Nigerian economy. Most vulnerable people in this sector were prevented from going out to fend for themselves. The lingering of the lockdown amid constraint-resources caused 'hunger-virus', severe hardship, and even threat to the general well-being of the people. Its enforcement also resulted in a sudden increase of domestic violence; violation of human rights and some Nigerians were extra-judicially murdered by security personnel, and further exacerbated the insecurity situation of the country.

In response, unfortunately, the government palliative measures which included foodstuffs and cash transfers to cushion the effects of the lockdown were grossly inadequate; not effectively distributed and much of its didn't get to the actual vulnerable people and households in the society. The distribution of the meager palliatives was not properly coordinated and the social register contains a limited number of most vulnerable households. It was further compounded with the lack of a national database. Other responses' such as moratorium was targeted at a particular group of people: who are holders of government-funded loans. Thus, the effects of the lockdown may linger beyond the COVID-19 era, with the projection that more millions of Nigerians will be pushed into extreme poverty, temporary and permanent unemployment, which are common factors that fuel social problems.

The eased lockdown has been a precursor to the gradual reopening of the nation economy and the society. It has entered phase three, whereby most restrictions on movement have been relaxed as businesses, markets, worship centres, political parties, financial institutions, aviation industry, schools and others resumed activities. But with the low compliance with safety guidelines, it could be significant in predicting the next wave of the virus amid community transmission of the pandemic in the country.

Lastly, while several researchers across the world continue to make a rigorous effort to understand more of the nature of the virus; conducting series of experiments and clinical trials on the COVID-19 sample vaccine which could take a lot of months before they eventually record a breakthrough, enforcing precautionary preventive measures and restriction policies remain the best option to further contain the pandemic. Therefore, for Nigeria to successfully defeat the COVID-19 pandemic, various perceptions trailing the existence of the virus which continues to result in flagrant disregard for safety protocols and guidelines by Nigerians must be dissipated with a risk-communication campaign strategy to foster self-awareness as well as self-conscious daily.

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