

# **Governance and Covid-19 in Developing Countries: Observations from Nigeria**

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## **Abstract**

*The governments across the world were caught unprepared for the outbreak of the covid-19 pandemic that claimed several lives. Millions of people struggled between life and death in both developed and developing countries. The disease was so devastating that various governments closed their borders, shut down socio-economic and political activities. Peoples were devastated because there was no movement within and between countries. To cushion the challenges posed by corona-virus, governments, and organizations in different countries provided palliatives ranging from financial incentives, food items among others for their citizens even helped the needy countries. The paper argues that the effect of covid-19 in Nigeria is more than the covid-19 pandemic itself. Nigerians defiled the directives of their governments largely because these governments' palliatives not only yielded negative development but was only for the few selected Nigerians. Besides, the elites who were infected by covid-19 struggled to have space within the limited bed spaces with the masses. Thus reaping from bad governance they put in place. The paper concludes that the events of 2020 particularly the corona-virus provided a holistic call to the governments in the country that without delay to put in place institutional mechanisms that will address the issue of good governance: energy, roads, security particularly modern health care facilities which the government and the governed can access with tokenism for their well-being*

**Keywords:**    **Governance; Covid-19; Health Care System; Corruption; Nigeria.**

## **Introduction**

The world woke up to the news of the outbreak of a new pandemic referred to as covid-19. The governments across the globe were taken aback and perplexed as the disease spread like wildfire and the death toll rose astronomically from one country to another. As of last count, about five million people have been confirmed to be infected with millions currently receiving treatments in isolated centres, while several lives were lost (Shereen, Khan, Kazmi, Bashir & Siddique, 2020; Peiris, and; WHO, [www.who.int/health-topics/coronavirus#tab#tab\\_3](http://www.who.int/health-topics/coronavirus#tab#tab_3); Sauer, [www.hopkinsmedicine.org/health/conditions-and-diseases/coronavirus](http://www.hopkinsmedicine.org/health/conditions-and-diseases/coronavirus)). As a contagious disease, the governments ordered their teeming citizens to stay at home, while the doctors, nurses, and other personnel were placed to render essential services to those infected. In addition to this, governments imposed curfews in their territories. The school systems were closed right from the crèche to primary, and secondary to higher institutions. Public and religious gatherings were prohibited with the policy of “social-distancing”, the use of face-mask; washing of hands with the sanitizers; greetings through waving of hands, or kicking of legs as cultures permitted. These measures were meant to prevent further spreading and contracting the disease.

Across the globe, particularly in advanced societies, the countries such as the United States of America, Great Britain among others provided some palliatives in the forms of financial assistance, food items, beverages to their citizens as a result of a stay at home directives, while they (the governments) embarked on holistic measures to curtail the trend as well as the treatment of those in isolated and separated from the rest of the people. They shut their borders and prevented their citizens from coming-in and going-out-of the country, while attention was paid to the survival of their precious citizens who are dying. The state actors frequently address the media, the latter in turn educate the populace on the measures the government was putting in place to remedy and prevent further spread. The World Health Organization (WHO), philanthropists, and non-governmental organizations pulled resources together to help fight the spread of the disease (The Guardian, Friday, May 22, 2020).

In the Third World, particularly in Nigeria, the news of covid-19 filtered the air through social media electronic and print media. These platforms reported the nature of the pandemic as a contagious disease that claimed several lives. Since the news was aired, the cases of the corona-

virus have been reported by Nigerian media even the government's media. In particular, electronic and print media have aired the views of medical practitioners on the danger of the disease. Notwithstanding, confirmed cases of several deaths were reported, while the number of those who were infected was increasing daily. The various states including the Federal Capital Territory (FCT) were not spared. The stay-at-home order of both the Federal and states governments did not stop the movement of the people from one place to another. The use of face-mask, social-distancing, the slogan of stay safe, hand washing, and palliatives not only assuage the suffering of the people amid plenty but the hunger in the land that affected the majority of Nigerians on the roads day in and day-out revealed unpreparedness of the Nigerian state vis-à-vis the government to the plight of the citizenry under the current predicament. What was the attitude of the Nigerian government to the covid-19 aftermath of the announcement? To what extent did the Nigerian government respond to the disease? What were the palliatives provided by the Nigerian government, individuals, companies, and the international community to cushioning the effect of covid-19 on Nigerians? What is the state of the healthcare system in the country? What is the solution to future diseases like covid-19? The rest of the paper is spread to include: conceptual clarifications; the nexus between governance and covid-19, conclusions, and suggestions.

## **Governance**

The anachronistic nature of the term “government” and the movement to “governance” represents one of the important theoretical developments in political science and sociology in the past (Pierre, 2000). Historically, the term “government” emanated from the Greek word *kyberman* which literary meaning is to *steer*. Natufe (2006:2) define government as “a collective body of elected and appointed institutions empowered to legislate and adjudicate for the good of society”. Thus the government is a group of persons appointed or elected to carry out the legitimate functions of the state on behalf of the peoples that appointed such collection of a group. The group is responsible for the people that appointed it and at the same time answerable to it. On the other hand, “governance” connotes as Natufe (2006:2-3) puts it “the processes and systems by which a government manages the resources of a society to address socio-economic and political changes in the polity”. Put the two definitions together, a government is elected or appointed to provide effective and efficient governance in the polity. The government represents the state to serve the interests of the peoples through the judicious managing of the resources for the well-being of the

citizenry. The management of availability of resources would no doubt make a turnaround among the members of the state and the international community when judiciously applied. Thus, Kaufman (2005:82) says that governance embodies “the traditions and institutions by which authority in a country is exercised for the common good” and management of resources in the country of us all.

## **Covid-19**

Defining covid-19 seems to be difficult at the present moment because the term “coronaviruses” belongs to the coronaviridae family in the Nidovirales order (Shereen, et al, 2020). The disease is known to be found in animals until the world witnessed a severe acute respiratory syndrome (SARS) outbreak caused by SARS-CoV in Guangdong, China in 2002 and recently the disease has graduated to SARS-CoV-2 which the rate of transmission is higher than SARS-CoV (Zhong, Zheng, Poon, Xie & Chan, et al, 2003; Wang & Shi, 2019; Lai, Shih, Ko, Tang & Hsueh, 2020; Peiris, nd; <https://emedicine.medscape.com/article/>).

Viewing from the above, SARS-CoV-2 is a kind of disease that originated in a large animal as well as from a Seafood market where bats, frogs, snakes, birds, and rabbits were sold in Wuhan city of China and about 50 persons were infected (Wang, Horby, Hayden & Gao, 2020). As Peiris (nd) observes, the disease is transmitted through the respiratory tract from animals to human-beings is irrespective of color, race, and language, rich or poor. The disease is not limited to ecology or political system. It spread from one individual to another, from country to country as well as from continent to continent. The rate of transmission is so high that when an individual is infected either knowingly or unknowingly and has contact with another person, the person becomes a carrier of the disease who also spread the disease to another person and so on. Little wonder that covid-19 is described as a contagious disease that can infect anyone “without no record of visiting the Seafood market” and responsible for the cases identified in almost the countries of the world (Shereen, et al, 2020:92). Contacting covid-19 is associated with direct or close contact with an individual infected with the pandemic. The coronavirus is spread through droplets released into the air when an infected person coughs or sneezes. The droplets travel within a few feet and fall to the ground or surfaces in a few seconds (Sauer, <https://www.hopkinsmedicine.org/health/conditions-and-diseases/coronavirus>). The usual

symptoms according to the WHO are: fever, dry cough, tiredness, aches and pains, sore throat, diarrhea, conjunctivitis, headache, loss of taste or smell, difficulty in breathing or shortness of breath, chest pain or pressure, loss of speech or movement, while the virus gets mature within 14 days of the incubation period (WHO, [www.who.int/health-topics/coronavirus#tab#tab\\_3](http://www.who.int/health-topics/coronavirus#tab#tab_3)). The preventive measures against the disease include washing of hands regularly with soap and running water; washing of hands with sanitizer; social distancing - at least a minimum of one meter between one person and another; wearing of face-mask; covering of mouth and nose when coughing or sneezing; staying at home when one is sick; absenting from smoking and other related activities that have to do with weakening the lungs, practicing physical distance by avoiding unnecessary traveling; staying away from large groups of people (WHO, [www.who.int/health-topics/coronavirus#tab#tab\\_3](http://www.who.int/health-topics/coronavirus#tab#tab_3)).

### **Theoretical Framework**

The process of governance cannot be separated from the interplay between the governing and non-governing elite as well as their roles in modern societies because politics has been the struggle for power functions within social groups “is the configuration of competing and struggling interests organized into groups” (Macridis, 1964:139). Mosca (1939:50) says “in all societies... two classes of people appear – a class that rules and a class that is ruled”. The first class is few, or less numerous. The elite performs the socio-economic and political functions, monopolize power, and enjoy the advantages accompanying their positions in power. Truly, all political systems are divided into a “powerful and a powerless class”. The existence of a ruling class or political elites across countries is a known fact. This is not to discard elite domination but the circumvention of “demagogic plutocracy” the mobilization of the masses by the elite, a norm, and indisputable fact of liberal democracy (Bachrach, 1967:10).

The concentration of power in the hands of a few is an inevitable fact of history and social life in any society and power lies with the active few, while the masses remain mere passive, manipulated pawns in the game (Pareto, 1935). Scott (2016: 12) argues “elite can be identified with any trait or attribute that can be measured on a scale of superiority and inferiority”. In other words, elites' possession of power is purely and simply because they are “more fitted” for governance roles. After all, the elite has special qualities such as abilities and talents which make them the ‘natural’

leaders and holders of power in the society, whereas the masses are less able and hence unfit to wield power. After all, in a society with truly unrestricted social ability, elites would consist of the most talented and deserving individuals; but in actual societies, elites are those most adept at using the two modes of political rule, force and persuasion, and who usually enjoy important advantages such as inherited wealth and family connections (Higley, 2008).

The postulation of Pareto is not too different from that of Mosca (1939: 50). He opines that “in all societies... two classes of people appear; a class that rules and a class that is ruled”. The first class is few or less numerous. The class performs socio-economic and political functions: monopolizes power and enjoys the advantages accompanying their positions in power. The ruling class is not only recruited but also selected within the social settings. This class “... come(s), as things stand, almost entirely from social strata that have a certain economic ease and a certain amount of education” (Mosca, 1939). The relationship between the ruling class and political opportunity is the foundation of the theory of the circulation of elites since the shift in the economic structure necessitated the re-ordering of social positions “when new classes will come to power as the economic system evolved historically”, while the old elites are continually renewed from the new elite and other social formation (Osugwe cited in Bariledum & Vurasi, 2013; Kifordu, 2011). On the other hand, if older elites are not renewed or replaced from below as the economic structure changes, serious incongruities come to bear between the ruling class and its sources of power and authority (Mosca, 1939). Advancing the consequences, the ruling elite may be “left high-and-dry” and be severed from the new holders of power and authority.

For political stability, however, it is expedient to have a continuity of elites’ circulation, or their renewal from below to guarantee the continuity of democratic governance. Mosca (1939) provided some measures to constrain elite dominance. First, the internal competition; the struggle within the elite for mass support; competition among groups in the society; the broadening of the elite’s social base; competition for mass support; resource distribution from “cumulative inequality” to “noncumulative and dispersed inequalities”; avoidance of centralized government and economic collectivism; and lastly, government decentralization. One of the characteristics of elites and non-elites is that they are not stable and, they are susceptible to change. As a result of this, new elites rise and take or replace older elites. He called this change the law of circulation of “elites” does

not last and they only live for a certain time. In his words, “history is a graveyard of aristocracies” (Pareto, 1935: 1430). The development in modern societies constantly and concomitantly result in the legal rights and opportunity to non-elites to move up in the social ladder because the elite's quest for dominance has become softer, milder, more humane, and less apt to defend their power and as well lose their rapacity and greed for the goods of others but they also tend to increase their unlawful appropriations and indulge in the major usurpation of the national patrimony (Pareto, 1935). In contrast, new rising elites became active, stronger, and dedicated in character towards governance. In the attempt to resolve contradictions between the elite and mass interests, Pareto argues, the elites have not only its special interests but also the general interests of the masses. The interests of the masses and the elite seem to be conterminous “in the end, the deception may be beneficial to the subject class”.

### **Nigerian State and Covid-19**

Nigeria comprised different ethnic nationalities amalgamated in 1914 after political mechanizations and attained political independence in 1960 on a federal system of government pronounced in 1954. At present, the country has 36 states, and the FCT, and 774 local governments across the country (FGN, 1999). The Nigerian state has tasted different leadership in governance, that is, the colonial masters, the military, and the civil rule. Shortly, after the country was colonized, the administration of governance was handed over to the Royal Niger Company. This subsisted until when Lord Lugard's official colonization and pronouncement of Nigeria name before the amalgamation of 1914 (Coleman, 1958). From then to 1960, governance of the country moves from one colonial governor to the other. The second phase of governance on the departure of the colonial masters handed over the administration to late Nnamdi Azikiwe in October 1960.

The crisis in governance that the ruling political parties fail to address at independence despite tokenism provided by the colonial government, politicians' disposition to governance was characterized by a do or die among the regional governments and played out at the center contributed to seemingly infrastructural deficits. The actors in the arena of party politics in the Second Republic and the current Fourth Republic only changed the names of their political parties to reflect the new realities (Agbaje, 2010). The failure to provide good governance is the current misfortunes of governance in the country. The observations of governance from one military rule

to another as well as from one civilian administration to another largely lies on bad governance, misappropriation, mismanagement of socio-economic and political disorders across the federation. One common factor for these governments is the issue of corruption (EFCC, 2010; Ogundiya, 2009; Agbu, 2003; Olurode & Akinboye, 2005; Ribadu, 2006). All of them are corrupt (Ogunwa, 2012a). They looted national and state treasuries at will. For instance, the military regime removed one another to take a share of the national cake which foundation is on the crude oil gotten on the platter of gold. On the other hand, politicians struggle for power to lay hold on the state structures for personal wealth. The discovery of the oil and other resources re-enforces poor governance on the part of the rulers to the governed. This is so because with the quantum of resources and funds at the disposal of the national and the state governments roads remain dilapidated; there is a lack of affordable houses, stable energy, health services among others.

Next is the moribund health care system that governments across board neglected because they travel overseas for medical check-up, treatment, surgery of any kind to stay alive. The state of the healthcare system remains underdeveloped. They are merely consulting rooms for the citizenry that seek medical attention. The doctors only prescribe medicines for patients to purchase in the same government hospital. Any form of medical treatment after recommendations are funded by the patients. At this juncture, an attempt is hereby made to answer the questions earlier posted at the beginning of this paper.

The world is a global village. Therefore what happens in faraway China happens in Nigeria. Event/s can be viewed life across the world. A soccer fiesta is just one of them. The economic interdependence or dependence makes this possible and is facilitated by modernization. Modernization goes with globalization, while globalization is facilitated by information and communication technology (Ogunwa, 2012b). Thus, the whole concepts of modernization, globalization, and ICT are subsumed in a snail that has the skin and the shell. The skin draws the shell. They are tied together. So, Nigeria is part of the whole organism because what affects the USA affects Nigeria despite ecological differences and far distances.

The outbreak of covid-19 before its importation into the country was much known to Nigerian government officials. At the level of the federal government, nothing was done to stop the spread into the country. The country borders including the air were left opened allowing all manners of foreigners as well as Nigerians to come into the country. In European countries, this was not the

case. Those governments quickly mobilized and locked their borders. Aside from this, Nigerian high profile government officials traveled in and out of the country willingly without caution. For instance, the late chief of staff to the president, Abba Kyari traveled to Germany for official purposes where he contracted the disease. The rest is now history. Similarly, the announcement that an Italian and another person from Europe were confirmed covid-19 positive (<https://www.thelancet.com/journals/lanres/article>). These cases did not influence the government to take decisive action.

The low response to the announcement by the federal government accounted for the quantum of numbers of those that have been infected and isolated, while lives have been lost to the pandemic in Nigeria. Despite slow response to news of the disease, both the federal and state governments hardly put any measures in place to stop the spread of the disease across the federation. President Buhari enacted the covid-19 Regulation 2020 according to the 1999 Federal Constitution, Section 2, 3, and 4 of the Quarantine Act. The regulation imposed significant restrictions on the movement of persons and goods across the country especially in Lagos, Ogun, Kaduna, Kano states, and the Federal Capital Territory among others.

The Federal government set up the Presidential Task Force (PTF) headed by the Secretary to the Government of the Federation, Boss Mustapha to complement the effort of the Nigerian Centre for Disease Control (NCDC) headed by Dr. Osagie Ehanire. They frequently brief the nation on the state of the pandemic, providing facilities for isolation centers, beddings, treatments, and reporting situations and advising the President on the state of the covid-19. The Federal government, however, announced the closure of the Nigerian borders against countries like China, Italy, Iran, Norway, South Korea, Spain, Japan, France, Germany, the USA, the United Kingdom, Netherlands, and Switzerland. These countries have prolific cases of covid-19 (U.S. Embassy and Consulate in Nigeria: <https://ng.usembassy.gov/u-s-citizen-services/covid-19-information/>).

The NCDC insisted that travelers into Nigeria without symptoms on departure but become unwell in transit are advised to self-report their case to Port Health Services on arrival; travelers from countries without local transmission but who show no symptoms on arrival should self-isolate at home for 14 days after arrival; and lastly, if travelers from countries with ongoing local transmission feel ill with fever, cough or difficulty breathing within 14 days of arrival in the country: should observe self-isolation immediately by staying indoors and avoiding contact with

people and advise to call the NCDC 24/7 toll-free line on 080097000010 and avoid self-medication (U.S. Embassy and Consulate in Nigeria: <https://ng.usembassy.gov/u-s-citizen-services/covid-19-information/>). While the federal government approved the implementation of some measures which included palliatives

These measures by Nigerian governments are attempt to contribute to the fight against the covid-19 pandemic. As of the closing of April 2020 these proposals are before the Nigerian Senate which requires passage into law and for the president's assent.

The governments in the states that were affected set up the covid-19 committee to mitigate the effect. Isolations centers were created where confirmed cases were treated. The survivors of the covid-19 were released to reunite with their families. The effect of lock-down in some states in the federation largely because of impositions of curfews put many Nigerians out of food. Nigeria is designed as a country that citizens need to work before they can eat. In other words, Nigerians live on a daily income. The federal government promised the most vulnerable in the society to benefit from the palliatives put in place to preserve the livelihoods of workers and business owners to ensure their families get through this very difficult time in dignity particularly “the most vulnerable in our society” (Nigeria: Protect Most Vulnerable in COVID-19 Response <https://www.hrw.org/news/2020/04/14/nigeria-protect-most-vulnerable-covid-19-response>). In line with this, the Humanitarian Affairs ministry was asked to pay N20,000.00 to those families registered in a program tagged the National Social Register of Poor and Vulnerable Households established by the Buhari administration in 2016 to combat poverty. Each family is to be paid for four consecutive months on the same amount. The program envisages to cover and provide for 11,045,537 Nigerians from 2,644,493 households which are less than over 90 million Nigerians estimated to be living in extreme poverty on less than \$1.90 a day (Nigeria: Protect Most Vulnerable in COVID-19 Response <https://www.hrw.org/news/2020/04/14/nigeria-protect-most-vulnerable-covid-19-response>).

Other states also provided palliatives to cushioning the effect of the pandemic on their populations. For instance, the Kaduna state government provided N500 million from its revenues to buy food items and other necessities to the poorest in the state. In Kano state with 13.4 million, the government was unwilling to impose any restriction on the movement of the people, selling and buying and gathering people, until the Federal government imposed a 14 days lockdown because

of a mysterious disease that accounted for many deaths. The Lagos state governor, Babajide Sanwo-Olu imposed total restriction on movement in the state **whereby** citizens lost their means of livelihood because businesses were shut down. In Ekiti state southwest Nigeria, Governor Kayode Fayemi announced a 50 percent reduction of salaries of political appointees in order to save to provide palliatives to the downtrodden.

The international organization such as the UNDP has launched \$12 billion to help the vulnerable countries, while the United Nations Conference on Trade and Development advocated the sum of \$2.5 trillion to the developing countries (UNDP <https://www.undp.org/content/undp/en/home/coronavirus.html>). Apart from the Nigerian government and the international organizations, some Nigerians, organized private sectors including the banking sector have swollen the purse and contributed close to N25.8 in April 2020 (<https://nairametrics.com/2020/04/18/list-of-all-companies-and-billionaires-that-have-contributed-to-covid-19-relief-fund/>). The European Union donated EUR 50 million about N21 billion for surveillance, prevention, and control as well as clinical management (portable ventilators, surgical masks, examination gloves, protective face-masks, gowns, PCR test kits, and cash transfers to mitigate the impact of social distancing measures put in place. (EU [https://eeas.europa.eu/delegations/nigeria/77571/eu-boosts-nigeria%E2%80%99s-covid-19-response-n21-billion-contribution\\_en](https://eeas.europa.eu/delegations/nigeria/77571/eu-boosts-nigeria%E2%80%99s-covid-19-response-n21-billion-contribution_en)). As a partner in progress, the International Monetary Fund approved the sum of US\$ 3.4 Billion to support Nigeria address the crisis emanating from covid-19 (<https://www.imf.org/en/News/Articles/2020/04/28/pr20191-nigeria-imf-executive-board-approves-emergency-support-to-address-covid-19>). The African Development Bank also contributed the sum of approved \$288.5 million loans to help Nigeria tackle the COVID-19 pandemic and mitigate its impact on people and businesses across the federation “the loan will bolster the government’s plans to improve surveillance and response to COVID-19 emergencies” (African Development Bank approves \$288.5 million for Nigeria COVID-19 Response Support Program <https://afdb.africa-newsroom.com/press/african-development-bank-approves-2885-million-for-nigeria-covid19-response-support-program?lang=en>).

The level of the healthcare system in a country quite often determines the health quality of her citizenry. Nigeria health sector before the covid-19 was neglected by successive governments despite peaceful protests and demonstrations even strike by health workers with various captions

in the past: “Equip Nigerian hospitals like UK’s that Buhari may finish healthy”, “Nigeria’s healthcare system under threat”, “NMA’s five-year plan for health sector”, “FG and another health sector plan”, “Healthcare, boy Ali and our Consciences!”, “NMA and unbridled doctors exodus”, “As Nigerian doctors, seek jobs abroad”, “Buhari’s curious lamentation about medical tourism” and “Foreign medical treatment for public officials” among others. The decadence in the sector largely centers on the fact that Nigerian elites always seek medical tourism for their health and spent over \$1 billion annually in foreign countries (Telegraph, Sunday, 5 April 2020). But with covid-19 in 2020 which caused the closure of all international airports, Fom Dalyop says that:

*Coronavirus has exposed our executives who always rush abroad for medical tourism without fixing our health care. Our president, ministers, governors, and even some lawmakers all travel abroad for medical care, but nobody can do that now, look at how billions have been spent on Aso Rock Clinic but unfortunately, the Chief of Staff to the president had to be taken to Lagos for treatment what a shame to our executive (quoted in Telegraph, Sunday, 5 April, 2020:2).*

### **Conclusions and Suggestions**

The covid-19 epidemic has revealed the porous state of governance in the country. The state of deterioration and none availability of the healthcare system owes much to ineptitude and lack of political will on the part of the successive and current government officials who find succor and cure for their diseases in foreign countries. Alas, the event of 2020 particularly, covid-19 has exposed these political leaders as they are now forced to seek refuge and treatments in the local hospitals. Many of them have left their states of origin and official seat of power to seek medical attention in other states largely because they failed miserably to put in place modern health facilities in Nigeria. The former Senate Leader, Senator Teslim Folarin says that “why must everybody travel abroad for everything? Like the national speaker, Femi Gbajabiamila, he reluctantly answered the question “but now nobody can travel and we have to deal with it” (quoted in Telegraph, Sunday, 5 April, 2020:2). Time will tell how long and how far both the federal and state governments would be able to curtail the spread and extermination of the disease in the country. (Telegraph, Sunday, 17 May 2020; Telegraph, Sunday, 14<sup>th</sup> June 2020; the Nation, Friday, 26 June 2020).

The federal and state governments' palliatives for only the most vulnerable people in the country, while it is a welcome development, but how many vulnerable persons benefited from the package because the palliatives are not well distributed. The majority of Nigerians are hungry. Now private organizations are retrenching their staff, while some organizations have placed their workers below 50% salaries. The survey conducted between April 20 and May 11, 2020, by the National Bureau of Statistics showed that there is a high rate of household loss of income since the middle of March, 79% of households experienced income decrease in all sources. The survey also indicated that there was 85% highest income from none farm family businesses compared to household farming such as livestock or fishing 73% and the wage employment stood at 50%. Additionally, 42% who were gainfully employed before the covid-19 are no longer working for reasons related to the disease. The most vulnerable stood at 45% and the wealthiest households stood at 39% have stopped working (Telegraph, Sunday, 14<sup>th</sup> June 2020). Workers in all sectors have been affected by covid-19 disease.

The governments across the country must find a solution to this because those being retrenched are adding to the number of unemployed Nigerians. They refused to obey the government directives to stay at home since the government has not come to their aid during this important period. Even the level of poverty is so high that the law enforcement agencies took bribes from Nigerians to move from one place to another especially at the inter-state borders (Telegraph, Sunday, 5 April 2020; The Punch, Saturday, 30 May 2020). For the law enforcement agencies to indulge in sharp practices and failing in their responsibility to the country is an indication that there is an abundance of poor people in Nigeria.

The response of the Federal government to the news of the pandemic is very slow and unacceptable in a country of about 200 million people. The country would not have experienced the covid-19 as much as the number of cases if the state actors promptly responded by closing all borders early enough. Anyone coming into the country would have been screened properly before entry. Even government officials must have been barred from official functions outside Nigeria. Alas, the country borders were left open for foreigners and Nigerians to come in willingly. The measures taken were too casual and gradual. There was partial lockdown across the states that enabled citizens to move from one state to state. There was the repatriation of Almajiris from the Northern

states to the Southern states, viz: South-west, South-south, and South-east amid government pronouncement and imposition of curfews across Nigeria (Telegraph, Sunday, 17 May 2020).

Nigeria's health service is in total collapse. The assessment of the state of the hospitals shows that a lot is lacking in the public health sector. There were no equipment to facilitate testing, beddings, oxygen, personnel, and so on. For instance, the country conducts 1,500 tests per day, while other countries like Botswana, South Africa had their people tested with dispatch. During the period, ordinary ventilators were imported. Till now, there is no cure or vaccine for the covid-19. Infected Nigerians are neither sure of life or death. Madagascar therapy is regarded as non-scientific as well as the local remedies because WHO has not certified to be empirically tested (Telegraph, Sunday, 17 May 2020). Yet, the WHO has not provided one. Currently, preventive treatments are being administered to those infected.

The Healthcare system is the responsibility of any government. Nigeria is a federal state with 36 states and the FCT and 774 local governments (FGN, 1999). The various governments particularly the state governments must take the issue of health as their primary duty. Public hospitals must be established at least in each local government. The hospitals should not be established as a building decorated from outside but must be functional and well-equipped to provide answers to all forms of diseases. The personnel must be well-remunerated to forestall the phenomenon of brain-drains. There is a need for the provision of functional ambulances as well as stable energy to be complemented by automatic generators in case of power failure. It will not be too much if the health workers across the federation are be put on life insurance. This will serve as encouragement for them. If each local government has a modern hospital, it's become wealth for that the local, state, and federal governments. The federal government is the supervisor of federating states (Ogunwa, 2013), should not only monitor the construction of hospitals including the facilities and personnel but must ensure that any state that fails to establish modern healthcare facilities in each local government of their respective states, the funds meant for such governments be used for the health project. Besides, the federal government must establish a modern hospital equipped with modern technologies in the four corners of the FCT.

There is a need for the federal and state governments to encourage the local herbal practitioners to develop local or autochthonous remedies for any disease within a short possible time. Traditional

medicines must be recognized when the various governments in the country put in place what will help the production of local medicines to be acceptable, scientific, and goes beyond the borders of Nigeria. Presently, Nigeria still awaiting a prescription for covid-19 to be approved by WHO, while Madagascar has developed a therapy for the corona-virus and generously sent to Nigeria and other countries. The federal government's pronouncement on this therapy is not only shameful and discouraging the local herbal producers and their products but tends to show that our government is still Eurocentric. Yet, Nigerian universities and research institutes including traditional herbalists have been denied local grants for research and vaccine production. How long, will the patient wait? The country needs to prepare even beyond the second wave of covid-19 since covid-19 will not be the last pandemic in this century.

Now seems to be the time that governments in the country should plan robust investments in research to produce home-made vaccines not only for covid-19 but for other diseases such as malaria, polio, HIV, Ebola. Only God can predict what will come tomorrow. There should be government and private sector relationships in building hospitals or taken over those that are now dilapidated and turn them into modern health care facilities where Nigerian people can access and at an affordable cost. There should be a continuous effort at fumigating and disinfecting public places not only at epidemic period but continuously to wade off diseases. Eliminating them at the embryonic stage is better than when it became titanic. The National Orientation Agency should intensify the campaign on how and ways preventive measures can be taken to stay safe irrespective of any pandemic such as covid-19.

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