

TOPIC: AN EVALUATION OF POLICY FRAMEWORK FOR MANAGING COVID-19 PANDEMIC IN NIGERIA

Sylvester Oghenekaro Ojo

Abstract

In February 2020, Nigeria was faced by potentially catastrophic COVID-19 outbreak. This outbreak 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. The COVID-19 outbreak in Nigeria was due to multiple introductions, high population density in urban slums, prevalence of other infectious diseases and poor health infrastructure. The spread of this pandemic brings about some economic challenges. However, as in other countries, Nigerian policymakers had to make rapid and consequential decisions with limited understanding of transmission dynamics and the efficacy of available control measures. This paper examined the historical outbreak of COVID -19 in Nigeria and evaluates some of the policy framework for managing the covid-19 pandemic and the economic impact pose on Nigeria. The theories employed in this paper are system theory, elite theory and institutional theory, which clearly reflect the present Covid – 19 problems in Nigeria. Methodically this paper solely relies on secondary sources of data in data evaluation.

Keyword: Covid-19 pandemic, Policy, Palliative

Introduction

The COVID-19 pandemic has gravely affected the world economy which Nigeria is not left out of its serious consequences impacting all communities and individuals. Moving rapidly across borders, along the principal arteries of the global economy, the spread of the virus was possible from the underlying interconnectedness – and frailties – of globalization, catapulting a global health crisis into a global economic shock that has hit the most vulnerable. Emerging from the natural environment and paralyzing our societies and our economies, the coronavirus disease demonstrates the interdependence implicit in the Sustainable Development Goals, but it is derailing global efforts to achieve them. 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.

Consequently, Nigeria government has developed strategic policies plans for the reduction of cases over the country. Effective and efficient policy formulated stands as a bridge in this regard. Policy making is what government or its agencies chooses to do or not towards attainment of public welfare. Public policy which is geared towards goal oriented programmes of governmental affairs plays a major role

in the fight of Covid 19 pandemic through strict compliance, such as washing of hands regularly, social distancing, wearing of Nose Mask and use of hand sanitizers.

Meanwhile, through policy plans Nigeria government evolved plans for the provision of Covid 19 materials, drugs, injections, Isolation Centres, though insufficient to accommodate victims of the virus and food items supplied to reduce the crushing effects of the pandemic among the populace.

There are still communities without healthcare facilities, apart from the scarcity of health workers in the continent (Amzat, 2011). Then, the prediction is that Africa could bear the much burden of the COVID19 pandemic. Therefore, National responses to the COVID-19 pandemic have varied considerably. In Nigeria and elsewhere, policymakers made consequential decisions in a rapidly evolving and imperfect informational environment. Nigeria was at risk for an early epidemic given its air links with Europe and China, which raised the likelihood of multiple introductions. Furthermore, Nigeria faced a potentially catastrophic outbreak due the confluence of its high population density in major cities, particularly in urban slums and often poorly ventilated offices, as well as the high prevalence of infectious diseases and poor health infrastructure, conditions that hold in a number of other sub Saharan African countries. In the history of mankind, there have been a number of significant pandemics recorded, including smallpox, cholera, plague, dengue, AIDS, influenza, severe acute respiratory syndrome (SARS), West Nile disease and tuberculosis.

Influenza pandemics are unpredictable but recurring events that can have severe consequences on societies worldwide. Influenza pandemics have struck about three times every century since the 1500s, or roughly every 10-50 years. In the 20th century, there were 3 influenza pandemics which were named "Spanish flu" in 1918-1919, "Asian flu" in 1957-1958, and "Hong Kong flu" in 1968-1969 (WHO, 2020). Each pandemic harmed human life and economic development. For example, the influenza pandemic of 1918-1919, which killed more than 20 million people in the world and has been cited as the most devastating epidemic in recorded world history.

Recent years have seen at least six large-scale outbreaks—hantavirus pulmonary syndrome, severe acute respiratory syndrome, H5N1 influenza, H1N1 influenza, Middle East respiratory syndrome, and Ebola virus disease epidemic (Gostin et al., 2016). The influenza H1N1 2009 virus (A/2009/H1N1) was the first pandemic influenza of the 21st century. It has affected the whole world and caused more than 18,000 deaths. Ebola killed more than 11 000 people and cost the world more than USD \$2 billion, according to World Bank calculations (Maurice, 2016). Currently (2016) Zika virus continues to spread and consequently threatens the health of people in 34 countries (WHO, 2020). This paper therefore to evaluates the policy of government in managing Covid-19 pandemic in Nigeria.

Conceptualization/Theoretical Framework

The COVID-19 pandemic has had far-reaching effects on the global economy (Ozili and Arun, 2020). It affected the global travel business, national health care systems, the food industry, events industry, education and global trade. Due to globalization, there are expectations of spillover effects to emerging and developing countries due to their dependence on developed countries for the importation of goods and services (Ozili and Arun, 2020). The outbreak of coronavirus disease 2019 (COVID-19) in China and its spread to other countries

including Nigeria has had a destructive impact on health, economy, infrastructure, human existence and food. But the evidence in recent studies and literature showed that more researchers, governments and major stakeholders have rather engaged in research that intends to bring a cure to the virus. Other studies have investigated the pandemic's impact on violence against children and women (Pereira et al. 2020; Peterman et al. 2020), health (Berger et al. 2020; United Nations 2020; World Health Organization [WHO] 2020), economy (Eichenbaum, Rebelo & Trabandt 2020; Piguillem & Shi 2020), education (United Nations 2020) and human safety.

Public policy making and implementation is a very critical area that both government and non-governmental organizations are at divergent opinions in the process of making and implementing such programmes and activities. Public policy itself refers to all authorized means devised by government in order to achieve its stated goals and objectives. This can take the form of rendering social services to the community by a governmental agency or ministerial department. Public policy is thus a mechanism used in translating goals/objectives in to practical actions that can affect positively the lives of the people.

In Nigeria, the process of policy formulation and implementation is essentially the work of government and its agencies. Whereas in principles the civil society organizations may have roles to play but in practice they are far away from the domain of policy processes. Some Nigerian studies on COVID-19 have emerged in the recent literature. Olapegba et al (2020) assess the knowledge and perceptions of Nigerians about COVID-19. They find that some Nigerians have misconceptions about COVID-19, for instance, some respondent believe that COVID-19 is a biological weapon of the Chinese government. These misconceptions prevented them from taking maximum preventive measures. They suggest that evidence-based campaign should be intensified to remove misconceptions and promote precautionary measures. Ozili (2020) show that Nigeria had the highest number of COVID-19 cases in West Africa and the third highest cases in Africa between March and April. Ohia et al (2020) predict that the effect on COVID-19 will be severe in Africa because African countries have fragile health systems. They argue that Nigeria's current national health systems cannot respond to the growing number of infected person. The outbreak of COVID-19 pandemic in Nigeria brings about difference government policies to stop the spread of the virus and mitigate its economic impact on the nation.

Policy can be described as the overall framework within which the actions of the government are undertaken to achieve its goals (Egonmwan, 2019). It is a purposive and consistent course of action devised in response to a perceived problem of a constituency, formulated by a specific political process, and adopted, implemented, and enforced by a public agency. The word "policy" is not a tightly defined concept but a highly flexible one, used in different ways on different occasions (Ayuba, 2012). Egonmwan (2019) also sees policy as a formal document or framework in which a government or other institution outlines goals and the guiding principles and strategies for achieving those goals; and gives the authority to undertake actions in pursuit of them. Sound policies should include human and financial commitments, clear timelines, and the roles and responsibilities needed for achieving the stated goals, as well as benchmarks for ensuring accountability.

Public policy is purposive or result oriented action rather than random behavior, Basu (2012:436). This points out that a proposal cause of an individual,

group, government agencies and institution are directed towards a goal oriented activities for accomplishment.

Furthermore, public policy is seen as the action or decisional pattern by public administrators on a particular issue over a period rather than their separate discrete decision on a particular matter. On its distinctive character, public policy could be positive or negative in outlook. It displays a positive tendencies when government action on any prevalent issues are objectively pursued in attainment of its purposes, while in negative form when government officials or institutions neglect or fails to take appropriate action on matters which requires an action or decision from such officials. Public policy is seen as the final decisional judgement which is taken on what, where, how and the why to serve and promote the public interest. It is viewed as the final decisional output of a political system or planning framework of government institutions, Mbieli (2010:44). Carl Fredrich in Mbieli (2010:45), defined public policy as a proposed course of action of person, group or government within a given environment, providing opportunities and obstacles which the policy proposes to utilize or overcome in an effort to reach a goal or realize an objective or purpose". Mbieli (2010:46) conceptualized "Public Policy as the general statement of the people's intentions, goals and objectives with the adoption of workable measures for the realization of the targeted interests and satisfaction of needs".

Consequently, policy stands for a decision as to what shall be done and how, when and where. Dimocks stresses that policies are the consciously acknowledged rules of conduct that guide administrative decision. On the same vein, Thomas Dye, sees public policy as "Anything a government chooses to do or not to do. While William Jenkins defines public policy as" as set of interrelated decisions taken by a political actor or group of actors, concerning the selection of goals and the means of achieving them within a specified situation where those decisions should in principle be within the power of those actors to achieve". According to him, public policy is a process and set of interrelated decisions Sharma etal (2013:633-634). It would be emphasized that public involves governmental bodies and officials who are charged with the execution of policies formulated to meet public needs (Anderson 1975:3) upon this ascertain, Sharkansky (1978) therefore conceptualized public policy as "a proposal, an on-going programme, other goals of a programme, major decisions or the refusal to make certain decisions". In the same vein; Olaniyi (1998) posits that "a policy is a set of decisions taken by a political actor concerning the selection of goals and the method of attaining them relating to a specified situation".

Public policy is a set of inter-related decisions by a political actor or groups of actors concerning the selection of goals and the means of achieving them. From the above concepts of public policy, it can be deduced that policy is goal oriented or directions of government and her agencies towards the attainment of specific purposeful and programmes to satisfy public demands within a specified situation where those decision should in principle be within the power of those actors to achieve (JERKINS, 1978). Policymaking is when a government decides whether to act on a particular problem. If it chooses to act, the policymaking becomes choosing what action to take (Ikelegbe, 2006). Policy-making therefore, entails the reception of policy demands, arriving at policy decisions, formulating policy statements, which are implemented to generate policy outputs to derive policy outcome (Ikelegbe, 2006). The model below depicts a cyclical process of policymaking. This paper

comprehensively evaluates some of the policy put in place by Nigeria government in managing Covid – 19 pandemic in the country.

Features of a Pandemic

Although the term “pandemic” has not been defined by many medical texts, there are some key features of a pandemic, which help us to understand the concept better, if we examine similarities and differences among them:

- **Wide geographic extension** - The term pandemic usually refers to diseases that extend over large geographic areas—for example, the 14th-century plague (the Black Death), cholera, influenza, and human immunodeficiency virus HIV/AIDS. In a recent review of the history of pandemic influenza, pandemics were categorized as trans-regional and global. There were 178 countries involved during the H1N1 outbreak in 2009 (Rewar et al., 2015).
- **Disease movement** - In addition to geographic extension, most uses of the term pandemic imply unexpected disease movement or spread via transmission that can be traced from place to place (eg. the Black Death). Examples of disease movement include widespread person-to-person spread of diseases caused by respiratory viruses, such as influenza and SARS, or enteric organisms, such as *Vibrio cholera*, or by vectors, such as dengue. In the case of pandemic influenza A (H1N1), there was widespread transmission in both hemispheres between April and September 2009, that is early in the influenza season in the temperate southern hemisphere but out of season in the northern hemisphere. This out-of-season transmission is what characterizes an influenza pandemic.
- **Novelty** - The term pandemic has been used most commonly to describe diseases that are new, or at least associated with novel variants of existing organisms—for example, antigenic shifts occurring in influenza viruses, the emergence of HIV/AIDS when it was recognized in the early 1980s, and historical epidemics of diseases, such as plague. Novelty is a relative concept, however. “There have been 7 cholera pandemics during the past 200 years, presumably all caused by variants of the same organism”. In the 21st century, SARS and avian influenza are two newly emerged infections with pandemic potential that have arisen from Asia.
- **Severity** - The term pandemic has been applied to severe or fatal diseases (eg, the Black Death, HIV/AIDS and SARS) much more commonly than it has been applied to mild diseases. “Global pandemics with high mortality and morbidity occur when a virulent new viral strain emerges, against which the human population has no immunity”.
- **High attack rates and explosiveness** - Pandemics are characterised by high rates of attack and by explosive spread. Examples are influenza H1N1 or Ebola. However, if the transmission is non-explosive, even if it is widespread, this is not classified as a pandemic. For example, West Nile virus spread to the Middle East and Russia, and the Western Hemisphere in 1999, but the transmission was slow and the attack rate was low, so it is not classified as a pandemic. Diseases with low rates of transmission or low rates of symptomatic disease are rarely classified as pandemics, even when they spread widely. However, diseases of low or moderate severity, such as Acute Hemorrhagic Conjunctivitis (AHC) in 1981, and cyclic global recurrences of scabies also have been called pandemic when they exhibit explosive (AHC) or widespread and recurrent geographic spread.

- **Minimal population immunity** – Although pandemics often have been described in partly immune populations, it is clear that in limiting microbial infection and transmission, population immunity can be a powerful anti-pandemic force. Pandemics are characterized by almost population immunity. So it is easy for a large part of population to be infected.
- **Infectiousness and contagiousness** - The term pandemic has less commonly been used to describe presumably non-infectious diseases, such as obesity, or risk behaviors, such as cigarette smoking, that are geographically extensive and may be rising in global incidence but are not transmissible.

Pandemics are global or worldwide epidemics occurring over a wide area, spreading across international boundaries and affecting a large number of people. It can also be seen as a simultaneous global transmission of diseases or viruses that cut across boundaries and continents. It is population immunity, virology or disease severity (Heath 2011). It is a disease outbreak that spreads across the world. Its rate of spread and infection is simultaneous and almost the same across countries of the world. From this definition, it is obvious that the COVID-19 disease is a pandemic, as it has all the conditions or features of a pandemic. Before the advent of this present pandemic, the world had some experiences of coronavirus in the past. The two most recent experiences, the Severe Acute Respiratory Syndrome, which happened in China in 2002, 2003 and the Middle-East Respiratory Syndrome, which occurred in some Middle East and some other countries outside the Middle-East in. However, Previous Coronaviruses did not cause devastating consequences. They caused “mild infections in immune compromised people and were not considered to be highly pathogenic in humans until they circulated in the Guangdong province of China in 2002 and 2003 during the Severe Acute Respiratory Syndrome (SARS) outbreak”. The cumulative number of infections recorded was 8437. Out of this number, 813 (9.6%) of the cases were fatal while 7452 (90.4%) of the cases recovered. The WHO declared COVID-19 as a pandemic when it was spreading rapidly across the world, affecting different countries (WHO 2020). A pandemic is a widespread outbreak of a deadly disease or virus that cuts across boundaries, race, religion and levels of education, which normally affects health, lives, countries, governments, means of livelihood of individuals, community, and generally the people. WHO (2010) sees pandemics as a disease that is easily identified by their geographical scale and reach rather than the severity of the illness. It is a virus that spreads through person by person, that is, the virus by itself has limited spreading ability, but spreads widely through person by person. In view of the above definitions, COVID-19 is a disease that assumed a pandemic status on 11 March 2020 (WHO 2020). The pandemic since its outbreak in Wuhan, China, had severely threatened human existence. It is a virus that knows no border or person, nor does it discriminate based on nationality. The evaluation of policy under Covid-19 pandemic will not be complete without involving appropriate theories for our academic exercise upon this background the following theories among others will be examined.

System Theory

This theory is traceable to David Easton (1965) in his analysis and evaluation of political life and nature. It focuses on the explanation of life processes, interaction, and interconnectivity with nature and society. In the application of this theory to public policy making, there exist constantly, a response of interaction of political

system with its environment or other forces in the determination of policy decisions. The theory emphasized that political system received inputs from its environment and converts same into outputs. Furthermore, the inputs/outputs consist of demands and supports from groups/individuals which lead to a particular policy outcomes. It would be noted that it is this policy outcomes that form the basis for the determination of societal values and allocation of resources. This theory stressed that if in the feedback from the present output which determined future input. Anyebe (2018).

In the application of this theory in the evaluation of public policy in Covid-19 pandemic stands clear that it is the public who are affected by the outbreak and the input and output (demand and support) enable policy makers to reach policy outcome leading to various restriction of movement or lockdown during the Covid-19 pandemic.

Elite Theory: Mosca (1939) is the proponent of this theory which sees policy formulation or process as that which flows from apex downward. Here, power and authority are concentrated among a few who controls the majority. The elite according to this theory executes all political activities or functions to the extreme. From the elites view, policy is an absolute thinking and reflection of the values and preferences of the ruling or governing elites, the minority are those who make policy decisions. Mosca sees elites as those that made up of individuals and few tends to be more compose and organized which enables them to exercise political authority and thereby influence policy decision.

The problem which arises in the evaluation of policy in the above theory seems clear from the policy decision and attitude of elites in the distribution of Covid-19 palliatives to the public. The elites who wield political power hoarded these palliatives from the reach of the common man and thus subjecting them to more pains of the pandemic hardship. Various governments formulate policies to reduce the crushing effects of Covid 19 experience and lockdown, but most of these policies tends to be more favourable to the elites to the detriment of the general public.

Institutional Theory

The institutional theory focuses on the formal institutions of government, legislative, executive and judiciary while less attention and focus is given to organization, such as pressure groups, mass media, or to the wide social context within which government operates. It stresses that institutions may be structured as to facilitate certain policy outcomes. This assertion is evident during the Covid 19 pandemic or assisting government to fully comply with already planned policies such as washing of hands regularly, hand sanitizers, wearing of nose masks, isolation and among others during the Covid 19 lockdown.

Hindrance to Policy Making

Public policy is an essential element in the actualization of public goods and therefore must be pursued with vigor in a conducive political atmosphere without hindrance. However, there are teething ecological or factors that may affect the success of any public policy in a given society. Agara and Onimawo (2017:136-145) have clearly enumerated among other reasons while policy fails in Nigeria.

- (1) Non-explication of the formulation process which mean that various interests are not involved in the policy process.
- (2) Executive and Bureaucratic Domination of the policy formulation process.
- (3) External influence in policy formulation process.
- (4) Shortage of training for Senior Administrator in policy formulation.
- (5) Lack of political sensitivity.
- (6) Compromises during implementation.
- (7) Inadequate definition of goals.
- (8) Corruption and fraudulent practices.
- (9) Choice of inappropriate organizational structure in the implementation policy.

Nigeria Health Systems and Preparedness for Outbreaks

Preparedness of healthcare institutions to manage any outbreak of public health is a measure of several factors – adequate space for isolation of infected patients, capacity for clinical staff to manage the infection, training on bio safety issues, institutional diagnostic capacity, availability of personal protective equipment (PPE), motivation of the healthcare workers and many more. In a country like Nigeria where her political leaders prefer going for treatment abroad to investing and strengthening the available health systems and capacities, preparation of health care institution in management of any outbreak is not visible. The World Health Organization (WHO) has ranked Nigeria as number 143 out of 195 WHO member countries with the worst health systems. While concerted efforts have been made to improve on the identified gaps, more resources are still needed to achieve the desired goal. Inadequate preparedness of healthcare institutions puts them in an emergency situation. Based on 2016 Global Burden of Disease (GBD) report, huge investment is needed to improve the country's health systems. With limited resources and a mono-economy currently affected by the economic impact of COVID-19 pandemic, it becomes increasingly difficult to harness resources to prepare the healthcare institutions to manage the current pandemic.

Covid-19 Pandemic: Historical Overview

On February 27, 2020, the Federal Ministry of Health confirmed the first COVID-19 case in Ogun State, Nigeria, making the country the third country in Africa to recognise an imported COVID-19 case after Egypt and Algeria. The index case occurred in an Italian citizen who flew from Milan, Italy to Lagos, Nigeria on February 24, 2020, and travelled on to his company site in Ogun State the same day in a private vehicle. On February 26, 2020, he presented at the company clinic with symptoms consistent with COVID-19 and was referred to the Infectious Disease Hospital (IDH) in Lagos where a COVID-19 diagnosis was confirmed by real-time reverse transcription polymerase chain reaction (RT-PCR) on February 27, rend of States reporting COVID-19 confirmed cases in Nigeria from Epidemiological Weeks 9, 12, 15, 18 to 22 (May 31, 2020). 2020. A total of 216 contacts in Lagos and Ogun States, including the passengers on the February 24 air flight, were identified for 14-day follow-up, with 40 of these contacts identified as high-risk. Eleven days later, an asymptomatic contact of the index case in Ogun State was confirmed as the nation's second case of COVID-19.

The epidemiology of COVID-19 in Nigeria has since evolved, with cases identified in 35 of 36 states in the country, plus the Federal Capital Territory (FCT). However, few studies have pointed out the implications of the novel virus for food insecurity. According to Food and Agriculture Organization (FAO 2020), the implications include hunger, sex-for-food, violence against women and girl children and negative coping habits, amongst others. These implications are a threat to humanity and global peaceful co-existence as the lockdown has inflicted devastating household hardships (food shortage, low disposable income, rape, sex-for-food and skipping of food, amongst others) in Nigeria (Hamza 2020; Laetitia 2020; Laura 2020; NCDC 2020; UNHCR 2020; United Nations 2020; WHO 2020). Besides, it is a threat to household security, especially the safety and adequate nourishment of children. It is imperative to note that every environment, including the Nigerians, makes demand on the political system (Yagboyaju & Akinola 2019). For instance, for the case at hand, people within the Nigerian environment continually face COVID-19 threats (death, fear, spread of infections, sickness, etc.).

Subsequently, this threat makes them (Nigerians) place a demand on the government seeking for an end to the spread of the virus within the environment (Nigeria Centre for Disease Control. [NCDC] 2020). Government as a key actor of the political system, receives and normally treats the demand fed into the system as a problem requiring an action or response, which is usually in the form of policy or order at the output segment – a problem requiring action or response (Yagboyaju & Akinola 2019). The Nigerian people have continually made demand on the political system by reporting it as a problem affecting them in their environment (Akinola 2011). For instance, through the National Centre for Diseases and Control (NCDC) many Nigerians have reported cases of suspected COVID-19 as a problem, while others have willingly presented themselves for a test and self-isolate or quarantine (NCDC 2020). The Nigerian government having received the problem through different channels (such as phone calls, self-reporting, state government, NCDC officials, etc.) engages all stakeholders (members of COVID-19 Presidential Task Force, Director of NCDC, Minister of Health, Finance, Humanitarian services, Information and others). The essence is to review, discuss and harmonise views, experiences and interventions to address the threats posed by the virus. This is in a bid that more lives will be saved and the spread of the virus will be curtailed (Ozili 2020). The foregoing stage represents the ‘conversion box’. This is the stage where problems are worked on to arrive at possible outcomes or decisions or policy.

Covid-19 Impact on Nigeria

There was a general consensus among top economists that the coronavirus pandemic would plunge the world into a global recession. Top IMF economists such as Gita Gopinath and Kristalina Georgieva stated that the COVID-19 pandemic would trigger a global recession, all these became justifiable as the spread of the virus encouraged social distancing which led to the shutdown of financial markets, corporate offices, businesses and events. Also, the rate at which the virus was spreading, and the heightened uncertainty about how bad the situation could get, led to flight to safety in consumption and investment among consumers and investors (Ozili and Arun, 2020). In Nigeria, the consequence of Covid-19 has heightened hunger, violence and malnutrition at the household level.

The WFP (2020) similarly reported that the COVID-19 rapid global spread is threatening to affect millions of people already made vulnerable by food insecurity, malnutrition and the effects of conflict and other disasters. Peterman et al. (2020) also argued that pandemics are closely linked to engagement in negative coping strategies occasioned by household economic insecurity. Low purchasing power or lack of money to buy food is a key component of household economic insecurity coupled with instability in supply because of climatic variables. Furthermore, Covid-19 in Nigeria also affected borrowers' capacity to service their loans, which gave rise to non-performing loans (NPLs) that depressed banks' earnings and eventually impaired banks' soundness and stability.

Subsequently, banks were reluctant to give additional loans to borrowers as more and more borrowers struggled to repay the loans granted to them during the COVID-19 outbreak. There were oil demand shocks which was reflected in the sharp decline in oil price. The most visible and immediate spillover was the drop in the price of crude oil, which dropped from nearly US\$60 per barrel to as low as US\$30 per barrel in March. During the pandemic, people were no longer travelling and this led to a sustained fall in the demand for aviation fuel and automobile fuel which affected Nigeria's net oil revenue, and eventually affected Nigeria's foreign reserve. Also, there were supply shocks in the global supply chain as many importers shut down their factories and closed their borders particularly China. Nigeria was severely affected because Nigeria is an import-dependent country, and as a result, Nigeria witnessed shortage of crucial supplies like pharmaceutical supplies, spare parts, and finished goods from China. The national budget was also affected. The budget was initially planned with an oil price of US\$57 per barrel. The fall in oil price to US\$30 per barrel during the pandemic meant that the budget became obsolete and a new budget had to be formed which had to be repriced with at low oil price. Many jobs were lost as a result of many firm being close up.

The educational sector in Nigeria was also affected; the Federal Ministry of Education announced a temporary closure of schools in the country from March 23rd, in a bid to contain the spread of the coronavirus. But considering the state of Nigeria's education sector, public schools in Nigeria did not have the technology to cater for the millions of students affected by the closure of schools. Households did not have the facilities required to engage their children in virtual learning. Teachers did not have the resources to deliver live lessons or record a massive open online course (MOOC) styled lessons. Hussain, (2020) asks. Temporary school closures come with high social and economic cost with a more severe impact on children from disadvantaged backgrounds. These and many more are the challenges posed by Covid-19 to Nigeria as a nation. But how well did Nigeria responded to this Covid-19 outbreaks and its recurring challenges.

Nigeria Policy Measure of Covid-19 Pandemic

The outbreak of the Covid-19 Pandemic in Nigeria brings about the setting up of Presidential Task Force (PTF) on COVID-19 which was established by the President of Nigeria on March 9, 2020, with an overarching mandate to coordinate and oversee the country's multisectoral and inter-governmental efforts both to contain the outbreak and to mitigate the impact of the COVID-19 pandemic in Nigeria. The National COVID-19 Multi-Sectoral Pandemic Response Plan was adopted by the PTF in March and serves as a blueprint for a whole-of-Government

response. The PTF provided high-level strategic leadership to the national response guided by scientific evidence. Daily PTF media briefings were held to enlighten Nigerians on evolving evidence, address trending issues and provide update on the government's response. Technical evidence-based recommendations from the PTF informed the President of Nigeria's policy decisions for the various phases of the outbreak. Overall, Nigeria's response strategies were aimed at suppressing the transmission of COVID-19 by testing all suspect cases, isolating all confirmed cases, and tracing all contacts of confirmed cases, with the implementation of country-wide or regional non-pharmaceutical interventions as appropriate.

The Nigerian response was characterised by robust collaborations with partners. Development and implementation of response strategies were facilitated by technical and material support from several local and international partners including the WHO, Africa CDC and philanthropic organisations. The need to generate relevant research evidence led to the formation of the Nigeria COVID-19 Research Consortium (NCRC) whose aim is to develop and implement a research agenda on COVID-19 with identified national priorities, in line with WHO's global research roadmap. NCRC also serves as the coordinating body for COVID-19 research in Nigeria. Given the novelty of the virus, the evolving nature of transmission in Nigeria from imported cases to clusters of cases to Policy questions were fed from the PTF directly to the chair of the coordinating group via evening calls and communications.

Policy questions guided the analyses of the three working groups, with different strands brought together and discussed during the Tuesday evening calls. Findings were combined into short, synthetic position papers limited to 1–2 pages, usually with much longer annexes to provide further detail as needed by policymakers. For example, the one-page briefing paper on post-lockdown interventions (provided to the PTF on 23 April) included 26 pages of annexes covering case studies of other countries' interventions, a ranking of NPIs by feasibility and projected impact, a detailed description of quantitative modelling methodology and a discussion of considerations around the operationalization of strategies to test, trace and isolate. community transmission and level of response implemented, the NCDC EOC convened a mid-action review meeting on May 9, 2020, to strategically review the existing response approach, share lessons learnt, and identify key opportunities for improvement and further collaboration. However, the Nigeria Covid-19 response policy strategy was anchored on the following areas:

Movement Restriction

Both the State and Federal governments imposed movement restrictions in some areas across the country to control the spread of the novel coronavirus, this was formulated as lockdown policy. Lockdown is a policy or an order adopted by governments in different nations to limit the spread of the virus. It is an order that outlawed people from moving out of their homes. It specifically states that every household remains in-door or at home for safety to prevent contact with persons with the virus. Lockdown is interchangeably used for quarantine but the two concepts are not the same, although they serve the same purpose of limiting the spread of the virus. While quarantine is aimed at persons who have come in contact with people who have tested positive for COVID-19 or persons who have travelled to or returned from places with a high incidence of COVID-19. Health professionals, similarly

shared the view that quarantine is aimed at separation and isolation of individuals who have been in close contact with a positively tested patient. Lockdown is a measure that closes the entire country except essential services such as healthcare service, pharmaceutical service and security services, amongst others.

Using Monetary and Fiscal Policy Measures

In response to the COVID-19 outbreak, the monetary authority, the Central bank, said it would provide support to affected households, businesses, regulated financial institutions and other stakeholders to reduce the adverse economic impact of the COVID-19 outbreak. The central bank provided support in six ways. One, it granted extension of loan moratorium on principal repayments from March 1, 2020. This meant that any intervention loan currently under moratorium would be extended by one year. Two, it offered interest rate reduction on all intervention loan facilities from 9% to 5% beginning from March 1, 2020. Three, it offered a NGN50bn (US\$131.6m) targeted credit facility to hotels, airline service providers, health care merchants, among others. Four, it provided credit support to the healthcare industry to meet the increasing demand for healthcare services during the outbreak. The loan was available only to pharmaceutical companies and hospitals. Five, it provided regulatory forbearance to banks which allowed banks to temporarily restructure the tenor of existing loan within a specific time period particularly loans to the oil and gas, agricultural and manufacturing sectors. Six, it strengthened the loan to deposit ratio (LDR) policy which allowed banks to extend more credit to the economy. On the other hand, the fiscal authorities had to review and revise the 2020 national budget of N10.59 trillion (US\$28 billion). The government announced that the budget was reduced by NGN1.5 trillion (\$4.90 billion) as part of the measures to respond to the impact of coronavirus on the economy and in response to the oil price crash. The new budget was benchmarked at US\$30 per barrel from US\$57 per barrel in the previous budget.

Analysis of the Nigeria Government Covid 19 Policies

The escalation of the virus into a pandemic and its rapid spread made many countries adopt the lockdown strategy which Nigeria was not left out. This policy of government to curtail the spread of the virus was viewed by most people as draconian and dangerous to human psychological well-being, but had been very successful in slowing down the spread of the virus. For instance, Buja et al. (2020) revealed that although the total lockdown of Italy was perceived by the population as draconian, it actually helped prevent the spread of the virus to other parts of the country. Available evidence shows that lockdown has led to psychological disturbances, ranging from suicides to depression, which has led to broken marriages and homes and stress disorders (Hitav et al. 2020).

Buttressing the negative effects of the lockdown, Oke (2020) noted that locking down people in the Nigerian case is like pushing them into hunger and pangs of hunger will lead to anger. Specifically, it has led to protests at the community level and intra-household violence against women and children. This is because the lockdown order was haphazardly copied and announced for implementation without a comprehensive plan for palliatives in Nigeria. Thus, the COVID-19 pandemic, which has necessitated the lockdown order, has not only pushed people into hunger, but also made them, especially those who live on daily income, to see violence as the

only means of surviving or coping during the lockdown. The lockdown strategy was a drastic and temporary measure implemented with two objectives: first, to slow the spread of the virus across the country, and second, to buy time for the health system to increase its preparedness. During the lockdown period, the NCDC worked with all states to enhance contact tracing activities and increase capacity for case detection and treatment. Treatment centres were expanded from an initial single centre in Lagos with 35 beds, as of February 29, 2020, to 38 centres with 1055 beds by April 14; by May 30, 2020 Nigeria had 121 treatment centres with 6550 beds. In the four-week period, the number of laboratories able to carry out COVID-19 testing increased from the initial three to 13.

However, despite bans on interstate travel, the virus had already spread geographically. Ten states reported their first COVID-19 cases during the first 14-day phase of the Federal lockdown, while an additional 13 states reported index cases in the second phase of the lockdown. Index cases in several states were traced to domestically exported cases from Lagos State and FCT. Nearly three-quarters (74%, n=7532) of current cases have no known epidemiological link, suggesting substantial community transmission. Cumulatively, as of May 31, 2020, 337 of Nigeria's 774 LGA have reported a confirmed case. Laboratories in 10 states as of April 15, to 28 in 18 states by the end of May. More than 13000 health care workers were trained on IPC as well as on COVID-19 case management and personal protective equipment. However, the drastic lockdown measures came with a significant economic and social cost. Crime and domestic violence reportedly increased during the period and many people were unable to exercise their usual income-generating activities with effects most pronounced on vulnerable populations and those living in poverty

Upon the completion of five weeks of a federally mandated lockdown, a gradual segmented easing of lockdown measures was initiated on May 4, 2020. This was a phased approach for an initial period of two weeks to create a balance between public health and economic consequences by progressively returning the population to normal activities. This easing of lockdown measures was supplemented by increased testing and contact tracing by rapid response teams, testing centres, and state public health department teams. On March 30, the eve of the lockdown, 71% of contacts of confirmed cases were followed up; by the end of May, this had increased to 91%. The nationwide mitigation measures implemented by the government of Nigeria in the first two weeks post-lockdown includes an 8:00pm to 6:00am curfew, mandatory use of face masks in public, a continued ban on interstate and international movement, prohibition of mass gatherings of more than 20 people, and mandatory testing and supervised isolation of at least 14 days for repatriated citizens. Furthermore, the lockdown strategy adopted by the government to mitigate the spreading of the Covid-19 pandemic in the country also brings about food insecurity. Food security, especially at the household level, is simply defined as the availability, accessibility, stability and effective utilisation of food in good nutrients by all household members. A household is more secured, stable and violence-free when food is available and affordable in the right quantity, nutrients and safe to all members (Amusan & Olawuyi 2019). The reverse is the case when food is in short supply at the household level. According to Roberto et al. (2014), food security includes physical and economic access to food and access to food is one of the pillars of food security. In a more detailed perspective, the Committee on World Food Security (CFS) (2012) adopted the definition of World Food Summit, which sees it

as when all persons at all times have unrestricted physical, economic and social access to sufficient, safe and nutritious food that can meet their dietary needs and food preference that can sustain their active and healthy life.

Similarly, the Food and Agriculture Organization of the United Nations (FAO) and Anti-Hunger Programme (AHP) (2004) highlighted the availability, accessibility, utilisation and stability as the core inter-related factors of food security. Given these definitions, household food security connotes the rights of all household members to adequate, safe and nutritious food that can sustain their healthy and active life. Household food security is dependent on the availability, accessibility and affordability of food. The coronavirus disease 2019 pandemic has harmed household food security. For instance, the lockdown orders have not only prevented farmers from working on farms but also restricted daily income earners from earning their daily incomes and other business owners from doing businesses.

Consequently, this has heightened hunger, violence and malnutrition at the household level.

The WFP (2020) similarly reported that the COVID-19 rapid global spread is threatening to affect millions of people already made vulnerable by food insecurity, malnutrition and the effects of conflict and other disasters. Peterman et al. (2020) also argued that pandemics are closely linked to engagement in negative coping strategies occasioned by household economic insecurity. Low purchasing power or lack of money to buy food is a key component of household economic insecurity coupled with instability in supply because of climatic variables.

Evaluating the negative effects of the lockdown, Oke (2020) noted that locking down people in the Nigerian case is like pushing them into hunger and pangs of hunger will lead to anger. Specifically, it has led to protests at the community level and intra-household violence against women and children. This is because the lockdown order was haphazardly copied and announced for implementation without a comprehensive plan for palliatives in Nigeria. Thus, the COVID-19 pandemic, which has necessitated the lockdown order, has not only pushed people into hunger, but also made them, especially those who live on daily income, to see violence as the only means of surviving or coping during the lockdown. The lockdown policy in Nigeria failed to yield the desired result due to the following:

- Improper planning and implementation
- Lack of trust by citizens in the government
- Nigeria citizens depends on daily income,
- Corruption: officials saddled with the responsibility to restrict movement of people on inter state movement compromise and allow movement across state borders.

The above reasons and many more, makes the lockdown policy a failed strategy in Nigeria because during the lockdown Nigeria still experience surge in the number of cases across states in Nigeria.

Methodology

As said earlier in this paper, qualitative method (secondary sources) was employed for data collection and evaluation.

Conclusion

The presence of Covid 19 pandemic in Nigeria has been of great concern and thus affects the economy, social and wellbeing of her citizens. Covid 19 brought death cases which the government has to develop some policies to combat. Various policy measures include social distancing, isolation, health facilities, washing of hands with sanitizers, wearing of nose mask were therefore employed and enforced with absolute compliance by the general public.

Therefore, the paper concludes that the resultant effects of Covid 19 pandemic are unbearable in line from various cases during the scourge. Arising from the above a purposeful and goal oriented policies have general impact on the populace therefore, policy actors must direct their minds to societal issues in order to evolve and increase quality of lives and property among the general public. Various policies of government developed as a result of the Covid 19 such as washing of hand regularly, use of sanitizers, wearing of face mask, social distance etc must strictly adhered to avoid further spread and death reduction of affected victims.

Recommendation

The effect of Covid 19 lockdown on the public cannot be overemphasized therefore, appropriate steps and planned policies are necessary to combat this scourge. Upon this, the following recommendation among others are suggested.

- Policy actors must be focused on goal oriented programmes.
- Benefactors of intended policies should be incorporated during formulation stage.
- Government institution must be proactive towards planned policies for goal attainment.
- Feedback machinery should be developed during and after the formulation stage.
- External influences should be considered at the various stages of planning for effective policy outcome.

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