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Assessing Nigeria's Policy Response to COVID-19: Strategic Challenges, Public Health Outcomes, and Governance Lessons

***Dr. Bakari Muhammadu Sukare**; & ****Abubakar Abdullahi**

*Department of Public Administration, Faculty of Management Sciences, Taraba State University, Jalingo, Nigeria. ORCID: 0009-0007-8715-6719. **Department of Public Administration, Faculty of Management Sciences, Taraba State University, Jalingo, Nigeria. ORCID: 0007-0007-3721-7899

Corresponding Author: sukarebakari@gmail.com

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Abstract

The COVID-19 pandemic presented a multidimensional crisis that tested the resilience of public health systems, governance structures, and socio-economic frameworks globally. Nigeria, Africa's most populous nation, faced the daunting challenge of responding to the pandemic within the context of fragile health infrastructure, pervasive poverty, weak institutions, and a high burden of pre-existing public health threats. This study critically assesses Nigeria's policy responses to COVID-19, examining the strategic challenges encountered, the outcomes on public health, and the governance lessons derived from the experience. Using a qualitative research design and relying on secondary sources such as government documents, reports of the Nigeria Centre for Disease Control (NCDC), publications by the World Health Organization (WHO), scholarly articles, and media reports, the study identifies major policy measures adopted by Nigeria, including border closures, lockdowns, palliative distribution, public awareness campaigns, and the establishment of treatment and isolation centers. Despite these efforts, Nigeria's response was undermined by corruption, poor coordination between federal and state authorities, inadequate funding, low testing capacity, vaccine inequities, and widespread misinformation. The findings suggest that while Nigeria's mortality rates were relatively lower than predicted, the governance weaknesses exposed by the crisis highlight the

urgent need for reform. The study concludes that Nigeria must strengthen institutional capacity, build resilient health systems, enhance transparency, and develop proactive pandemic preparedness strategies. Recommendations include improving health financing, leveraging digital technology, fostering intergovernmental collaboration, and strengthening community-based responses. These governance lessons are critical for future pandemic preparedness and broader public administration reforms in Nigeria.

Keywords: COVID-19, Nigeria, policy response, public health, governance, crisis management

Introduction

Background to the Study

The COVID-19 pandemic, caused by the novel coronavirus (SARS-CoV-2), emerged in Wuhan, China, in December 2019 and rapidly spread worldwide, becoming a global health emergency. By March 11, 2020, the World Health Organization (WHO) declared COVID-19 a pandemic. The global outbreak disrupted economies, healthcare systems, governance structures, and social life on a scale unseen since the influenza pandemic of 1918.

Nigeria, Africa's most populous nation with an estimated 200 million people, recorded its first confirmed case on February 27, 2020, in Lagos State. Given the country's fragile healthcare system, weak institutional structures, and large informal economy, the pandemic presented a unique challenge. Nigeria had to confront the spread of the virus while managing socio-economic consequences of lockdowns, supply chain disruptions, rising unemployment, and social unrest.

The government responded with a series of measures, including nationwide lockdowns, curfews, closure of borders, the establishment of isolation and treatment centers, distribution of palliatives, and public health campaigns to promote handwashing, mask-wearing, and social distancing. Yet, these interventions were hampered by limited resources, corruption in palliative distribution, poor intergovernmental coordination, and weak public trust in government institutions.

Problem Statement

Despite adopting measures aligned with global best practices, Nigeria struggled to contain the pandemic effectively. Testing capacity remained one of the lowest globally, vaccination rollout was slow, and compliance with safety measures varied widely across regions. In addition, weak governance, corruption, misinformation, and inadequate social protection systems undermined response effectiveness. These realities raise critical questions:

- Why did Nigeria's COVID-19 response fall short of expectations despite early interventions?
- What governance lessons can be drawn from the policy challenges experienced during the pandemic?

- How can Nigeria strengthen institutional resilience to manage future health crises more effectively?

Objectives of the Study

This study seeks to:

1. Critically examine Nigeria's policy responses to COVID-19.
2. Identify strategic challenges encountered in policy implementation.
3. Evaluate the outcomes of these measures on public health.
4. Draw governance lessons to strengthen future pandemic preparedness and crisis management.

Research Questions

1. What policy responses did Nigeria adopt in tackling COVID-19?
2. What strategic challenges constrained the effectiveness of these responses?
3. What were the health outcomes and socio-economic impacts of Nigeria's COVID-19 policies?
4. What governance lessons can be drawn from Nigeria's COVID-19 experience for future crises?

Significance of the Study

This study contributes to scholarship and practice in three major ways:

1. **Academic contribution:** By integrating public administration, public health, and crisis management perspectives, it expands understanding of governance under pandemic conditions.
2. **Policy relevance:** The study highlights gaps in Nigeria's COVID-19 response, offering lessons for strengthening pandemic preparedness.
3. **Practical importance:** By identifying strategies for resilient health governance, the study provides actionable insights for policymakers, civil society, and international development partners.

Literature Review

Empirical Review

Nigeria's Initial Response to COVID-19

Nigeria's first case of COVID-19 was confirmed on February 27, 2020, in Lagos State. The federal government, through the Nigeria Centre for Disease Control (NCDC), responded by activating its Incident Coordination Centre (ICC). Measures included: border closures, travel bans, nationwide lockdowns (beginning March 30, 2020), curfews, public awareness campaigns, and the establishment of isolation and treatment centers (NCDC, 2020).

Scholars such as Adepoju (2021) and Ogunode (2021) observed that Nigeria's early response demonstrated promptness when compared to past epidemics such as Ebola in 2014. However,

unlike Ebola, COVID-19 required a nationwide, long-term, and resource-intensive intervention, which proved much more difficult.

Critical question: If Nigeria acted early, why did its outcomes remain inconsistent across regions?

Public Health Outcomes

According to WHO (2022), Nigeria recorded 266,000 confirmed cases and about 3,155 deaths as of January 2022. Compared with countries of similar population size, these figures appear low. Scholars such as Okereke et al. (2020) suggest underreporting due to low testing capacity. Nigeria averaged fewer than 1 test per 100 people compared with South Africa's 6 tests per 100 (Africa CDC, 2021). Vaccination rollout was also slow: by December 2021, only 7% of Nigerians had received at least one dose.

Regional disparities worsened outcomes. Lagos and Abuja had more testing centers and higher vaccine uptake, while rural northern states lagged behind (Olapegba et al., 2020).

Critical question: Did Nigeria's relatively low death rate reflect effective policy, demographic advantage (younger population), or data deficiencies?

Socio-economic Impacts

Lockdowns triggered severe economic hardship in a country where over 40% of the population lives below the poverty line (World Bank, 2021). Millions of Nigerians rely on the informal sector, which was crippled by restrictions. The World Bank estimated that Nigeria's GDP contracted by 1.8% in 2020, with unemployment and food insecurity rising sharply.

Palliative measures, such as food distribution and cash transfers, were criticized for corruption, favoritism, and lack of transparency (Transparency International, 2021). Civil society and media reports revealed instances where relief materials were hoarded in warehouses during lockdowns.

Critical question: Could better-designed social protection schemes have mitigated the socio-economic devastation of COVID-19 in Nigeria?

Governance Challenges

Nigeria's federal structure complicated response coordination. States exercised varying degrees of compliance with federal directives. For example, Lagos State strictly enforced lockdowns, while some northern states resisted restrictions due to socio-religious considerations (Aliyu, 2021).

Corruption further eroded public trust. The Auditor General's Office reported irregularities in COVID-19 expenditure, raising questions about transparency and accountability (ICPC, 2021).

Additionally, misinformation flourished. Social media platforms circulated conspiracy theories, with some Nigerians believing COVID-19 was a "disease of the elite" (Ezeibe et al., 2020). This mistrust undermined compliance with safety measures.

Critical question: What governance innovations are required to overcome weak accountability and public mistrust in times of crisis?

Comparative African Context

Studies comparing Nigeria with other African states reveal both strengths and weaknesses. Ghana's response was praised for transparent communication and extensive testing (Asante & Mills, 2020), while South Africa mobilized significant resources for relief packages. Nigeria's relatively lower mortality rate was seen as a demographic advantage rather than a result of policy success (Sambo & Adebisi, 2021).

Critical question: Why did some African states with fewer resources outperform Nigeria in terms of testing, transparency, and vaccine rollout?

Gaps in Literature

From the above review, several research gaps are evident:

1. **Holistic Analysis Gap:** Most studies focus narrowly on health or economic effects but rarely integrate governance, public health outcomes, and socio-economic implications into a single framework.
2. **Long-term Perspective Gap:** Few studies examine the pandemic's implications for long-term governance reforms and institutional resilience.
3. **Comparative Insight Gap:** While some comparative studies exist, systematic cross-country analyses of Nigeria's response remain limited.
4. **Data Reliability Gap:** Underreporting, weak surveillance, and inadequate data collection limit accurate assessment of Nigeria's COVID-19 outcomes.
5. **Community Response Gap:** Research rarely explores the role of community-driven initiatives, religious leaders, and local innovations in shaping public response.

These gaps justify the present study, which attempts to provide a multidimensional assessment of Nigeria's COVID-19 response.

Theoretical Framework

To analyze Nigeria's COVID-19 policy response, this study draws on four interrelated theories:

Systems Theory

Ludwig von Bertalanffy's Systems Theory emphasizes interdependence between different parts of a system. Nigeria's COVID-19 response demonstrates the interconnectedness of health, economy, politics, and society. Weakness in one area (e.g., poor health infrastructure) undermined other areas (economic sustainability, public trust).

Crisis Management Theory

This theory explains government responses to emergencies under uncertainty. Nigeria's crisis management was marked by reactive policies (lockdowns, curfews) rather than proactive

planning. The lack of a well-prepared pandemic preparedness plan reflects weak crisis anticipation capacity.

Good Governance Theory

Good governance emphasizes transparency, accountability, inclusiveness, and responsiveness. Nigeria's palliative distribution failures and corruption highlight governance deficits. Where governance principles were weak, public compliance also declined.

Social Contract Theory

Rooted in Hobbes, Locke, and Rousseau, this theory emphasizes citizens' willingness to obey authority in exchange for protection and welfare. During COVID-19, Nigerians expected protection from the state, but governance failures eroded compliance. Citizens questioned why they should obey lockdown orders when palliatives were inadequate.

Research Methodology

Research Design

This study adopts a **qualitative research design**, which is particularly appropriate for exploring complex governance issues, policy frameworks, and socio-political outcomes of health crises such as the COVID-19 pandemic. Unlike quantitative designs that emphasize numerical data, qualitative design allows for in-depth examination of processes, challenges, and governance practices as they unfolded in Nigeria.

Qualitative design also enables critical interpretation of the narratives, meanings, and power dynamics behind Nigeria's COVID-19 response. As Creswell (2018) argues, qualitative research is suitable when the objective is to understand social phenomena within their natural settings.

Sources of Data

The study relied exclusively on **secondary sources of data**, given the limitations posed by the pandemic on primary data collection. These include:

1. **Government Reports** – policy documents, official statements, NCDC daily situation reports, and health ministry publications.
2. **International Organizations** – WHO, Africa CDC, World Bank, IMF, and UNDP reports.
3. **Academic Literature** – peer-reviewed journal articles, working papers, and published books on COVID-19, public administration, and governance.
4. **Media Sources** – reports from reputable outlets such as BBC, Al Jazeera, Premium Times, and The Guardian (Nigeria).
5. **Civil Society Reports** – Transparency International, BudgIT, Amnesty International, and other NGOs that monitored COVID-19 governance.

The use of multiple sources ensures triangulation, enhancing the credibility of findings.

Data Collection Methods

Data were collected through systematic **document analysis**. This involved reviewing official records, media reports, and scholarly publications to extract relevant information on Nigeria's policy responses, challenges, and outcomes. Keywords such as *COVID-19 Nigeria*, *policy response*, *public health outcomes*, and *governance lessons* guided the search.

Data Analysis

The study employed **thematic analysis**, which Braun and Clarke (2006) describe as a method for identifying, analyzing, and reporting patterns within data. After gathering documents, the researcher categorized information under key themes such as:

- Policy responses (lockdowns, border closures, testing, vaccination, palliatives).
- Strategic challenges (corruption, poor coordination, misinformation, underfunding).
- Public health outcomes (testing rates, mortality, vaccination coverage).
- Governance lessons (accountability, transparency, institutional reforms).

Patterns and contradictions were compared across sources.

Ethical Considerations

Although this study used secondary data, ethical issues were still considered. Only publicly available data from credible sources were used, and proper acknowledgment was given through referencing. Sensitive issues, such as corruption and governance failures, were addressed objectively without bias.

Limitations of the Study

Several limitations shaped this research:

1. **Data Gaps:** Underreporting and inadequate testing in Nigeria mean that official statistics may not fully reflect reality.
2. **Secondary Data Dependence:** The study relied on existing data, which may have inherent biases depending on source perspectives.
3. **Evolving Situation:** The pandemic is dynamic; data and conclusions may shift as new waves and policies emerge.
4. **Comparative Scope:** While references to other African countries were made, the study primarily focuses on Nigeria, limiting broader generalization.

Despite these limitations, the methodological choices provide a reliable foundation for analyzing Nigeria's COVID-19 response within the scope of governance and public health.

Results and Discussion of Findings

Nigeria's Policy Responses to COVID-19

Early Interventions

Nigeria's first confirmed case of COVID-19 was reported on **February 27, 2020**, involving an Italian national in Lagos State. The Nigeria Centre for Disease Control (NCDC) quickly

activated its **Incident Coordination Centre (ICC)** and began contact tracing. The government imposed **international travel restrictions** by March 2020 and shut down airports and land borders soon after.

The Presidential Task Force (PTF) on COVID-19, later renamed the Presidential Steering Committee (PSC), was created to coordinate national response. Initial measures included:

- **Lockdowns:** Abuja, Lagos, and Ogun states were subjected to strict lockdowns starting March 30, 2020.
- **Curfews:** Nationwide curfews limited movement between 8 pm and 6 am.
- **School Closures:** Schools were closed from March 2020 to late 2021 in many states, with online alternatives poorly implemented.
- **Public Awareness Campaigns:** Media, radio jingles, and SMS messages promoted handwashing, mask use, and physical distancing.

Critical Question: Did Nigeria's early adoption of lockdowns prevent exponential community transmission, or did weak enforcement limit effectiveness?

Public Health Measures

Nigeria emphasized **non-pharmaceutical interventions (NPIs)** such as:

- Mandatory face masks in public places.
- Handwashing stations in markets, banks, and schools.
- Social distancing in places of worship, though adherence varied.
- Establishment of over 100 isolation and treatment centers nationwide (NCDC, 2021).

Despite these measures, enforcement was inconsistent. In some states, political gatherings and religious events continued, undermining national guidelines.

Economic and Social Protection Policies

Lockdowns devastated livelihoods, particularly in the informal sector, where over 65% of Nigerians are employed. To cushion this:

- The federal government launched the **Conditional Cash Transfer Programme**, providing ₦20,000 to vulnerable households.
- The **COVID-19 Survival Fund** targeted small businesses with payroll support.
- Palliatives in the form of food items were distributed, though reports of corruption and hoarding were widespread (BudgIT, 2021).

However, Transparency International (2021) found that palliative distribution lacked transparency and accountability. Many beneficiaries complained of being excluded.

Table 1: Nigeria's Key Policy Responses to COVID-19

Policy Measure	Description	Observed Effectiveness
Border Closures	Airports and land borders shut	Moderate – slowed importation of cases

Policy Measure	Description	Observed Effectiveness
Lockdowns	Movement restrictions in major states	Mixed – effective in cities, weak in rural areas
Palliative Distribution	Food and cash transfers	Low – corruption, exclusion, and hoarding
COVID-19 Survival Fund	Support for SMEs	Moderate – reached some businesses
Public Health Campaigns	Media and awareness drives	High in urban centers, low in rural areas

Source: Compiled from NCDC & WHO Reports (2020–2022)

Vaccination Strategy

Nigeria received its first batch of vaccines (AstraZeneca) through the **COVAX facility** in March 2021. The National Primary Health Care Development Agency (NPHCDA) coordinated vaccine rollout in phases:

- **Phase 1:** Frontline health workers and vulnerable groups.
- **Phase 2:** Older adults and people with underlying conditions.
- **Phase 3:** General adult population.

By December 2021, only about 7% of Nigerians had received at least one dose, far below the WHO's 40% global target. Challenges included vaccine hesitancy, misinformation, and inequitable distribution. Lagos and Abuja fared better, while northern rural areas lagged behind.

Critical Question: Why did Nigeria's vaccination drive lag despite international support through COVAX?

Strategic Challenges in Implementation

Despite adopting early measures, Nigeria's COVID-19 response faced multiple strategic and structural challenges that undermined effectiveness.

Weak Health Infrastructure

Nigeria entered the pandemic with a fragile health system characterized by:

- **Low investment in health:** Only about 4% of the national budget was allocated to health, far below the Abuja Declaration's recommended 15% (WHO, 2021).
- **Poor facilities:** Most primary health care centers lacked electricity, oxygen supply, or intensive care capacity.
- **Shortage of health workers:** Nigeria had fewer than 4 doctors per 10,000 people compared to WHO's recommended 23 (World Bank, 2021).

These weaknesses meant isolation centers were quickly overwhelmed, while many patients had to be managed at home. The lack of ventilators and oxygen worsened mortality outcomes during peak waves.

Critical Question: Could prior investment in Nigeria's health system have reduced the pandemic's devastating impact?

Governance and Corruption

Corruption undermined nearly every stage of Nigeria's pandemic response.

- **Palliatives scandal:** In October 2020, warehouses filled with COVID-19 palliatives were discovered in Lagos, Abuja, and other states, sparking public outrage (BudgIT, 2021).
- **Diversion of funds:** Reports by the Independent Corrupt Practices and Other Related Offences Commission (ICPC, 2021) revealed irregularities in COVID-19 expenditure.
- **Lack of transparency:** Relief packages and loans meant for small businesses were often captured by politically connected individuals.

This eroded public trust and fueled resistance to government directives.

Intergovernmental Coordination Problems

Nigeria's federal structure complicated policy implementation.

- Some states (e.g., Lagos) strictly enforced lockdowns, while others (e.g., Kano) downplayed the pandemic's severity.
- Federal–state disputes emerged over resource distribution and testing centers.
- Lack of harmonized policies created confusion, weakening compliance.

Example: While the federal government mandated mask use, some state governments hesitated to enforce it due to socio-cultural pressures.

Critical Question: Does Nigeria's federal system enhance resilience through decentralization, or weaken coordination during crises?

Public Mistrust and Misinformation

Mistrust in government institutions was widespread even before COVID-19. During the pandemic:

- Many Nigerians believed COVID-19 was "a disease of the rich" (Ezeibe et al., 2020).
- Conspiracy theories about vaccines being a Western plot spread across northern Nigeria.
- Religious leaders in some regions discouraged compliance with lockdown measures.

The lack of consistent, credible communication further fueled misinformation. In contrast, Ghana's government conducted weekly televised briefings with real-time data, which boosted public trust (Asante & Mills, 2020).

Public Health Outcomes

Case Counts and Mortality

By January 2022, Nigeria recorded:

- **266,000 confirmed cases**
- **3,155 deaths** (NCDC, 2022)

While these numbers appear low compared to countries like South Africa (over 90,000 deaths), scholars argue they likely reflect **under-testing and underreporting**.

Table 2: Nigeria's COVID-19 Testing Compared to Selected African Countries (as of Dec. 2021)

Country	Population (Millions)	Tests per 100 People	Confirmed Cases	Deaths
Nigeria	206	0.8	266,000	3,155
South Africa	60	6.2	400,000	90,000
Ghana	32	3.5	160,000	1,450
Kenya	54	3.9	280,000	5,400

Source: Africa CDC (2022); NCDC (2022)

Observation: Nigeria's low death count relative to its population may partly be due to its younger demographic (median age 18.1 years).

Vaccination Rollout

Nigeria's vaccination drive was slow.

- March 2021: First vaccines (AstraZeneca) arrived via COVAX.
- By December 2021: Only **7% of the population** had received at least one dose.
- Vaccine hesitancy was high, particularly in northern states.

Regional disparities were striking:

- Lagos and Abuja had higher coverage due to better facilities.
- Rural states like Zamfara and Taraba recorded less than 2% coverage.

Critical Question: How can vaccine equity be ensured in a country with vast socio-regional disparities?

Socio-economic Effects

COVID-19 intensified Nigeria's economic fragility.

- GDP contracted by **1.8%** in 2020 (World Bank, 2021).
- Unemployment rose to **33%,** the second-highest globally (NBS, 2021).
- Inflation surged, particularly food prices, worsening hunger.

Lockdowns worsened poverty, especially for informal workers who lacked social safety nets.

Table 3: Socio-economic Effects of COVID-19 in Nigeria (2020–2021)

Indicator	2019 (Pre-COVID)	2020–2021 (COVID Impact)
GDP Growth Rate	2.2%	-1.8% (2020); 3.4% (2021 rebound)
Unemployment Rate	23%	33%
Poverty Rate	40%	45% (2021 est.)
Inflation (Food)	11%	19%

Source: World Bank (2021); NBS (2021)

Social and Psychological Effects

Beyond physical health, the pandemic created psychological stress:

- School closures left millions of children out of classrooms, with limited online access.
- Domestic violence cases surged during lockdowns (UN Women, 2021).
- Anxiety, depression, and trauma increased, particularly among health workers.

Critical Question: Should Nigeria's pandemic preparedness also prioritize mental health infrastructure, not just physical health systems?

Governance Lessons Learned

Nigeria's COVID-19 experience provides valuable governance lessons.

Strengthening Accountability and Transparency

Corruption in palliative distribution highlighted the need for:

- **Open data systems** for relief allocation.
- **Independent monitoring** of emergency funds.
- **Digital payment systems** to reduce leakages.

Building Institutional Resilience

COVID-19 exposed the fragility of Nigeria's institutions. Reforms should focus on:

- Increasing **budgetary allocation to health**.
- Establishing **permanent pandemic preparedness units**.
- Training health workers in crisis response.

Enhancing Community Participation

Local actors played crucial roles in awareness campaigns. Strengthening collaboration with traditional rulers, religious leaders, and community organizations can improve compliance and trust.

Leveraging Technology and Digital Innovation

The pandemic accelerated Nigeria's digital transformation. Mobile apps were used for case reporting, and digital platforms facilitated awareness. Expanding **telemedicine, digital tracking**, and **real-time dashboards** could enhance crisis response.

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