BACKGROUND

With the identification of the first Index Case for COVID-19 in Nigeria on the 27th of February 2020, there have been a series of events, revelations and concerns raised across the country by a broad range of groups. While the identification of the index case and the management of same had raised hopes that the country would, as it successfully did with the Ebola virus disease of 2014, be able to contain the spread of the virus and place the country once again amongst the countries with a coordinated and result-yielding response mechanism, events in the past weeks have proven otherwise. Nigeria, currently with 139 cases of COVID-19 infections, has, like other countries affected by the virus, become one of the countries frantically seeking effective strategies and policies for containing the spread of the infectious disease. Recent events in the country have revealed a situation which immediately contradicts the assurance given by the country’s minister of health, Dr Osagie Ehanire, in January 2020, that the country was prepared for containment of the spread of the disease. This claim had been refuted by International Centre for Investigative Reporting (ICIR), a group of investigative reporters’ which had examined the country’s preparedness.

COVID-19 RISES

As at 1st April 2020, the total confirmed rate of COVID-19 in the country, according to Nigeria Centre for Disease Control (NCDC) had risen to 174 with 9 cases discharged with two fatalities recorded. Following the steep rise from the 18 suspected cases on March 5, 2020 to 97 announced by NCDC on March 29, many states of the federation have, as part of the frantic efforts at containing the transmission of the deadly virus, started putting in place effective policies. These include restriction of movement within some states, closure of state boundaries, banning of public (social and religious) gatherings, closure of markets and an unprecedented work.
from home order. Not less than eight states as at Saturday, March 28 have taken the option of forceful enforcement of partial lockdown of cities and communities*. The severity of the case was earlier underlined by the decision of the country’s lawmakers to adjourn sittings on Tuesday, 24th March 2020 for a period of two weeks*.

A day earlier, the presidency had announced the indefinite suspension of the country’s Federal Executive Council (FEC) weekly meetings*.

**NCDC TRACKING 6,000**

Obviously, government underestimated the required response to the numerous challenges posed by this pandemic. With the increasing spread of infections, the truth has now dawned on the country with state agencies, federal states of the country, individuals and corporate bodies making frantic input into a country-wide response. The NCDC is now tracing over 6,000 individuals who may have been exposed. The country now has the huge task of combating a deadly disease, but it is equally faced with an extreme tracking difficulty. This is compounded by the fact that Nigeria does not have a proper data base, not to talk of a reliable mass of statistics. Some streets are wrongly named, and some houses either lack numbers or are poorly numbered.

**GLIMPSES OF HOPE**

In the past weeks, the country seems to have awakened from its lethargy in terms of its preparedness and response to the pandemic. Governments at all levels are devoting some resources to combating the spread and impact of the virus; more isolation centres are being set up; there is increasing restriction of travels and lockdowns across some states and cities; together with an expansion in diagnostic capacity and institution of economic stimulus. There has been encouraging private sector interest in supporting the response, as corporate and private individuals are beginning to make financial and material donations.

While these measures have the potentials of reducing the spread of the virus in the country, and raise confidence amongst the populace, who were gradually becoming apprehensive, suspicious and cynical of the ability of government to respond to the challenge, there, however, still remain concerns about the appropriateness of the measures adopted, effectiveness of the measures and the adequacy of the current policy response.

**NGOS EXCLUDED**

The current measures being taken appear to exclude non-governmental organisations and other civil society groups. These non-governmental organisations and CSOs are important groups with huge experience

and expertise in public health, community mobilisation, citizens engagement and inclusive service delivery. Their exclusion from this response could significantly slow down the adoption of required behavioural change, and access to services, that are relevant and critical to the response.

THE LIMIT OF INDIVIDUAL TRANSPARENCY

The media have been awash with news of identification of cases, tracing of persons of interest, and disclosure of testing positive to the virus by highly placed public officials and privileged individuals. As much as this transparency among public figures and the celebrities is welcome, care must be taken not to create an impression that this is a privileged persons’ illness. Such perception could impact negatively on the public awareness messaging, and acceptance of the reality of vulnerability and susceptibility of the poor to the virus.

HEALTH CARE SECTOR ON LIFE – SUPPORT

There is also concern about the limited diagnostic capacity of the country which is a stark reflection of years of underfunding of the health care sector. The sector has been historically underfunded, receiving less than 5% of the total budget, rather than the 15% as recommended by the Abuja Declaration of April 2001. This is made worse by poor budget performance, and impaired by the inefficiency in health financing with high out of pocket expenditure.

The country as at now, is currently expanding diagnostic capacity across the country, and has few large and capable isolation centres. Health workers are struggling with inadequate supply of protective equipment. These are gears that are imported rather than produced in a market of 200 million people. These are all manifestations of a protracted public health crisis. While the governments’ COVID-19 driven knee-jerk funding of the response and economic stimulus is commendable, the fragmented, lame and uncoordinated approaches to public health still remain a fundamental challenge. The challenges of COVID-19 response is a reflection of this reality. While it is important for every critical measure to be taken in reversing the escalating trend of COVID-19 in Nigeria, ultimately the solution to this crisis is the positive transformation in public health.

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1. In April 2001, the African Union countries met and pledged to set a target of allocating at least 15% of their annual budget to improve the health sector and urged donor countries to scale up support. Years later, only one African country reached the target. Twenty-six countries had increased the proportion of government expenditures allocated to health and 17 had reduced it. In the remaining nine countries there was no obvious trend up or down. Current donor spending varies dramatically.

2. As of 2016, Nigeria’s out of pocket expenditure as a share of current health expenditure is put at 75.2% by the WHO.
STATE, ECONOMY AND PUBLIC HEALTH

There has been increasing, but understandable concern, about the impact of the pandemic on Nigeria’s economy. The government is therefore instituting policies and mechanisms to stimulate the economy and keep it afloat. While these are important measures, they appear to be corporate focused, to the exclusion of the informal sector, where a vast majority of the populace earn their livelihood; these include the poor, vulnerable and excluded citizens.

RIGHTS OF CITIZENS AS CENTRAL FACTOR

Also missing in the conversation is the sobering fact that millions of children are at significant risk of harm. Girls in particular, face increased threats of sexual violence, discrimination and abuse. There is also going to be increase in the domestic burden of care of women, as well as the peculiar challenges of persons with special needs. As public health services which are already very weak, become overwhelmed by the COVID-19 response, existing women and adolescent girls’ needs stand the risk of being ignored. Although, the country’s internally displaced persons (IDPs) have been largely unaffected at the moment by the spread of COVID-19, they stand a major risk of infection due to the peculiarity of their environment.
WHAT IS TO BE DONE
In the face of the rise and expansion of the COVID-19 cases in the country, and the stringent response of the governments at all levels, it is critical that all containment and mitigation policies, systems and actions pay adequate attention to concerns of the poor, voiceless and vulnerable, especially women, adolescent girls, persons with pre-existing conditions such as HIV, TB etc and persons with disability.

National Response Plan:
We welcome President Muhammadu Buhari’s confirmation to the country that “the whole instruments of government are now mobilised to confront what has now become both a health emergency and an economic crisis”. This is an important statement, but this should be reflected in a comprehensive Strategic Country Response Plan that will guide the response at all levels.

Increased Diagnostic Capacity:
While the frantic effort of the states that have taken immediate actions and the NCDC are appreciated and applauded, we find the number of testing centres in the country, put at now at seven, extremely inadequate for a country with a population of over two hundred million. It is thus urgent that government increase the number of diagnostic centres, and ensure that every state has at least one functioning diagnostic centre. In addition to this, diagnostics should also be decentralised allowing the private hospitals, diagnostic centres and state governments to establish laboratories with coordination and support from the NCDC.

The Role of Development Partners and Non-Governmental Organisations:
While we commend the efforts of the government and the support of the private sector, including individuals, there is a need for development partners, who have been major contributors to the health sector over the years, to reprogramme existing funding to support the COVID-19 response. This is urgent and it will be a major turnaround, which will help to catalyse and support existing responses. The development and humanitarian community must rise to the occasion to support communities with public health information and emergency relief, especially for the poor and the vulnerable, who are mostly women, children, adolescent girls, IDPs, and the people living with disability.
Support for the Poor and Vulnerable:
The crisis will not only impact on the economy, it will hugely impact the lives of the poor and vulnerable people. In stimulating the economy, the government will need to take an important note of the poor and vulnerable. The lock-down in cities and major informal market centres will further compound the condition of these groups. It is therefore important for the government to invest and support the livelihoods of the marginalised and the vulnerable groups, who, for decades, were already locked-down socially and economically, before the onset of the pandemic and the recent lock-down ordered by the government.

Corporate Sector Support:
The unprecedented support of the corporate sector to this response is commendable, but this support should be properly coordinated with basic accountabilities. These corporate bodies and individuals should also consider extending their support through non-governmental organisations and other civil society groups, who have direct access and links to the vulnerable communities, to avoid the bureaucracy and possible abuses historically associated with government-led actions.

Increased Isolation Centres:
As isolation centres are being created across the country, it is advised that the government and all stakeholders involved, should do this ensuring that such facilities are established in strict accordance with human rights standards (including gender-responsive measures). Some of these centres should be retained and sustainably maintained as communicable diseases centres.

Information Management and Community Mobilisation:
There is a need for a properly coordinated information management and community mobilisation to guard against fake news, disinformation, demobilisation and stigmatisation. Social media may spread incorrect information, and can worsen and impair fragile socio-political situations, heightening the risk of civil unrest. Lack of appropriate information could lead to and exacerbate misinformation and stigma. This could increase the likelihood of preventing potentially infected people from immediately seeking care to avoid discrimination and stigma, especially among minorities and marginalised groups. For effective data management, it is important that data collected on COVID-19 cases are disaggregated by sex, age, disability, aggregate number of tested persons to enable an inclusive analysis in exposure and treatment, and to design differential preventive measures.

*As revealed by Dr. Chineye Enwueze, DG, Nigeria Centre for Disease Control (NCDC) on Sunrisa Daily, Channels TV 8.00am 30 March 2020.*
Preventing Violence against Women and Girls:
It is important to recognise that violence against women and girls (including intimate partner violence) tends to increase during emergencies. The **COVID-19** response must therefore provide mechanisms to ensure adequately resourced, accessible and context sensitive essential services to address gender-based violence (GBV). This can be done in collaboration with and support from NGOs who have capacity and experience in GBV response.

Human rights-based Approach:
Central to this response is the protection of the rights of people, especially children, adolescent girls, IDPs, migrant communities, minorities, the poor and vulnerable to their rights to life and dignity. Government's current use of security forces in enforcing restriction of movements and lockdowns, could exacerbate human rights abuses. It is therefore important that government's actions in the course of the pandemic, are seen to advance human rights and not abuse it.

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