

Contending Narratives on the COVID-19 Pandemic and Public Authority Governance in Nigeria

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Abstract

This study interrogates the contending narratives in the fight against COVID-19 and public authority governance in Nigeria. Since the outbreak of the Coronavirus in 2019 in Wuhan, China, countries worldwide have been battling against its exponential rise. In Nigeria, with many reported coronavirus cases, the government had responded by budgeting millions of dollars to curtail the spread of the disease and procure vaccines. However, Nigerians have questioned the responses of the public authority in the governance affairs of Coronavirus. Why is this the case? Literature on the COVID-19 pandemic in Nigeria has pointed out corruption, mismanagement, human rights abuses, poor planning, and the decay in the health sectors. With David Easton System Theory, the study generated data through documentary methods and analysed them using the narrative analytical technique. The article observes that while the COVID-19 pandemic has resurfaced the contending trajectories in the health, political and economic discourses, public authorities' governance has continued to witness cycles of legitimacy crises. The study suggests that no amount of audio pledged by the government can remedy the Nigerian trajectories without addressing the public authorities' fallout with the people and strong legislations against government officials' foreign medical tourism.

Keywords

COVID-19, Nigeria, legitimacy crises, systems theory

Introduction

The year 2020 began with the Coronavirus pandemic that initially started in December 2019. From being an epidemic circle in China, it suddenly exploded to become a pandemic across countries in Asia, Europe, the Americas, Australia, and Africa. In these continents and countries, government health and financial policy responses have been remarkably different, particularly in tracking coronavirus cases. While the government responses differ across the world, citizens, on

the other hand, have reacted and responded differently. The two scenarios generated questions and debates on governmental approaches of employing democratic measures, on the one hand, and authoritarian means, on the other, to handle widespread cases better than others. In a survey conducted by The Winton Centre for Risk and Evidence Communication on 700 respondents from selected countries in Europe, Australia, and America to assess governments' response and reactions to the risk of Coronavirus, it was found out there were striking differences and similarities (Freeman, 2020). While the differences further generate debates on the appropriate government decision and citizens' responses, there are constant fears and anxieties across the world on the number of deaths and new cases per day and the economic toll of the COVID-19 pandemic.

In that vein, the severity of deaths without limits outside China, the original epicentre, is alarming. According to the World Health Organisation (WHO), an epidemiological update indicates that from January 2020 to 17 February 2021, the pandemic outbreak has claimed 2,394,323 lives and "caused" a cumulative of over 108,484,802 confirmed cases globally. At the continental and regional levels, America is the worst hit with 48,401,821; Europe 36,573,613, South-East Asia 13,215,160, Eastern Mediterranean 6,023,779, Africa 2,732,136, and Western Pacific 1,537,548 (WHO, 2021).

On the other hand, the global economic prospect of COVID-19 has remained dramatic. In its flagship World Economic Outlook, the International Monetary Fund (IMF) estimated the pandemic's final economic toll at \$28 trillion (Elliott, 2020). While the economic shock has worsened compared to the Great Depression of the 1930s, the recovery and performances in developed and developing countries' macroeconomic and microeconomic indicators have remained low. However, Jones, Palumbo & Brown (2021) argued that except for China, with a registered increase in the economic growth of 2.3%, other national economies and businesses count the costs as the worldwide government struggles with a new variant of Coronavirus and new measures to tackle its spread.

Beyond these figures of death, new cases and the economic toll, public authorities' overwhelming governance response in Africa has been a subject of comparison with the developed countries. In Nigeria, there has been a comparison between Nigeria and other African countries in their reactions. While comparison with developed economies may appear contentious, the key to governing the problem is a matter of decision-making in the whole society. Peters and Pierre (2016), in their joint study, contend that this decision-making is a functionalist approach that typically includes decision-making as a core function of government. So, in both developed and developing economies, governance is about final action in a societal process where governing institutions set priorities for society and impose regulation and other authoritative measures to involve the community in pursuing those collective priorities (Peters & Pierre, 2016). In line with this, Pernia (2017) argued that Easton's political system's essence is the political system's roles in decision-making on behalf of society and the performing actions that implement the decisions and allocate scarce resources.

Decision-making and other authoritative measures in Nigeria have generated controversies.

However, the government's goal is to adopt as many combinations of containment decision-making strategies as possible. In Africa and particularly in Nigeria, the measures are necessary considering the health report by the African Centre for Strategic Studies (ACSS) of many African countries such as Uganda, Nigeria, Senegal, and South Africa. The ACSS reported that these countries have existing fragile health systems, current disease burden, and overcrowded informal sectors (ACSS, 2020a). Similarly, in the ACSS composite compiled lists, the study identified collapse in the public health system, rising conflict; forced displacement; and lack of government transparency as some of the risk indicators of COVID-19. The report also categorised Nigeria, Sudan, DRC and South Sudan as multi-layered highest risk profile countries to express high impacts of COVID-19 using the risk indicators (ACSS, 2020b). This appears to be a justification for a total of 102 new legislative actions and executive orders by governments across 45 countries in Africa. These legislative actions were codified to address the outbreak of COVID-19 and save the collapsing health sectors in these countries (International Centre for Not-for-Profit Law (ICNL 2020).

In Nigeria, the government strategies to manage the outbreak of the virus began with establishing the Presidential Task Forces (PTF) on COVID-19 for the whole country. Nigeria confirmed its first case of the Coronavirus in Nigeria, Lagos, on Friday, 28 January 2020. The patient was an Italian contractor who arrived in Nigeria from Milan. It was announced by the Nigeria Centre for Disease Control (NCDC) which was established in 2011 to address public health emergencies and enhance Nigeria's readiness and response to any communicable and non-communicable diseases. The confirmation of the first patient of Coronavirus led to the activation, through the NCDC, of the Nigerian Coronavirus Emergency Operation Centre generally called the Public Health Emergency Operation Centres (PHEOCs). Before the activation, PHEOCs have been established in 23 out of the 36 states of Nigeria to detect, prevent, monitor and respond to infectious diseases outbreak.

The Nigerian government inaugurated the PTF on 17 March 2020 to function for six months and with a possible extension to strengthen containment strategies. The Secretary to the Federation (SGF), Boss Mustapha, headed the task force while Dr Sani Aliyu became the National Coordinator. Other task force members included experts in health and health-related disciplines, ministries from the Aviation, Education, Information and Culture, Environment and Humanitarian Affairs, and Disease Management as well as Director-Generals of the Department of State Security (DSS), the Nigeria Centre for Disease Control, and the Nigerian representative of the World Health Organisation (WHO). As a national response team, the task force synergises with all the states and local governments, private sectors, faith-based establishments, and civil societies to create adequate and maximum awareness among the Nigerian populace. It also seeks health and financial assistance from donor agencies such as WHO, IMF, and World Bank. Further, it advises Nigeria's federal government on containment measures such as lockdown and other related health policy.

However, while the NCDC measures and activities by the task force yielded success stories in containing the spread of Coronavirus, renewed contending narratives emerged from Nigeria's public authority decision-making on COVID-19. At large, the controversies overshadowed visible attempts made by the government in the handling of the outbreak both at the national and

state/local levels. The controversies are based on two issues. The first is that literature on public authority governance has revolved around so many years of corruption and bad governance in all government sectors. So, during the COVID-19, the literature on bad governance resurrected, including human abuses. The second is that during other national health emergencies like the Ebola and Lassa Fever, the government has failed despite repeated promises to increase funding and revive the health sector. At each end of the controversies, neither the increased funding nor revamp of the health system took place.

Therefore, the article interrogates why the literature persisted to generate contending narratives that have resurfaced in the middle of efforts made by public authorities in Nigeria to fight COVID-19. The article is divided into four parts. The first adopts a theoretical framework as a guide to the explanation of the literature on governance in Nigeria. It will aid in the understanding of public authority's persistent failures in Nigeria. The next part highlights the Nigeria epidemiological report card and NCDC's activities to protect Nigerians against the Coronavirus. The third part identifies health, political, and economic issues classified as the substantive COVID-19 contending narratives in Nigeria. The fourth part forms the conclusion and recommendations. In this study, public authority governance implies responses by relevant authorities at the federal, state, and local governments and agencies in Nigeria to curtail the spread of Coronavirus.

Theoretical perspective

One framework of interpreting public authority governance crises in managing the Nigerian political system is through the lens of Easton's systems theory analysis. David Easton first conceived the adaptation of systems theory to political science in his book, *The Political System*, in 1953. In the book, Easton defined politics as the "authoritative allocation of value". In that context, Easton identifies the primary study of politics, which is concerned with understanding how authoritative decisions are made and executed for a society (Easton, 1957). Activating the meaning of authoritative allocation of value, Gabriel (2017) argued that Easton has successfully distinguished between authoritative action that is "political" permitted by authoritative agents or public authority in the name of the whole society from other private activity that is "para-political" and related to other societal subsystem interaction. Implicit in Gabriel's "political" explanation is that the political system is different from religion, social, economic, and cultural subsystems because it has its definite boundaries that are in constant interactions in the decision making for society (Stewart, 1981)

In that vein, Evans (2014) argued that two points from the 1953 book seem relevant in discussing Easton's system theory. The first is the derivation of the meaning of "political", and the second is the understanding of "political system". As regards the first, political refers to concerns with all activities that significantly influence the making and execution of authoritative policy for society. So, authoritative policy by the political authority is binding and enforceable through legitimacy. However, authority is the legitimate exercise of imperative control on all society members (Gabriel, 2017). Pertinent to the second, a political system is a set of interactions abstracted from the totality of social behaviour through which values are authoritatively allocated for a society. In

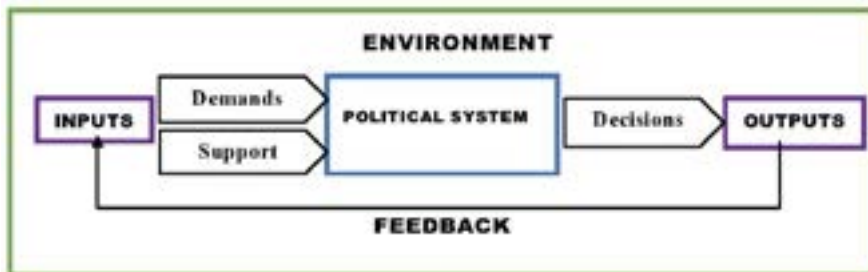
that context, Easton rejected the traditionally accepted units of analysis for a society known as the state and power and instead chose the system as the central unit of analysis (Evans, 2014).

Therefore, David Easton conceived four properties of a systems theory (see figure 1). The first property as *a system* is the basic unit of analysis. Its interaction in any society creates authoritative powers to make and implement decisions across the political system. The system integrates with many intra- and inter-systems for the benefits of cooperation and authoritative decisions. Easton's substantial departure hinges on the idea that the explanation of political life has neglected an anthropological study of the "fact" regarding political life outside the states and power over the centuries.

Consequently, all historical societies are structured in forms of political processes or interaction and social behaviour that requires minimal use of state and power. Because the authoritative allocation of values to exercise domination is by virtue of voluntary support or by legitimisation, a strategic process that entails justifications and attempts to influence public opinion (Wæraas 2009). In that context, the exercise of power in the Weberian concept is too irrelevant because the legitimisation principles ensured public authority endorsement with support from the general public when the subject perceives the system in an environment worthy of voluntary compliance (Wæraas, 2009).

The next property by Easton is the *environment* of a political system. According to Evans (2004), there are two types of environment in a political system. The first is a domestic environment surrounded by intra-societal interactions such as tax, justice, security, and economic well-being. The second is an international environment surrounded by extra-societal interactions that prevail in international politics. The environment is where every unit of the action takes place. Any conflict or change that emerged from this environment can be a determinant factor in any political system's functional or dysfunctional stage. In other words, every political system must encounter stressful disturbance from the environment. Nevertheless, the system must cope with the disturbances from the environment that are sometimes dangerous to the system survival. Therefore, in the boundaries or environment, the inputs demand or support and outputs or decisions are only valid within the political system units known as the environment.

Figure 1. David Easton's Political System Model.



Source: Pernia (2017)

The third property is the *inputs and outputs*. Maintaining the essential variables between the system and environment, Easton created two components: the *inputs* and the *outputs*. These two components underlie the existence and structure of interaction in the political system. The inputs and outputs relationship are to ensure system maintenance and persistence. For the inputs, it has demands and supports from the internal source or environment. Simultaneously, the outputs imply the decision from political authority or response from the internal sources' demands and supports. Generally, the political system inputs interact with the outputs, which are the authoritative political decisions or policy. In that way, government decision-making aims to balance the inputs of demands or supports from internal sources.

In most cases, the government responds to internal sources from domestic environments or people, political class, civil societies, and oppositions. On the other hand, international environment sources like international organisations—the IMF, World Bank and European Union or countries such as China and the United States receive authoritative decisions from Nigeria's political system. Nonetheless, the type of decisions in the environment is dependent on the nature of the political system—democracy, dictatorship or monarchy. The final property considered by Easton is the *feedback loop*. The *feedback loop* is a never-ending essential circle of communication and information chain of interaction that is either positive or negative in the political system's environment. So, when a specific policy as output interacts with its environment to generate an outcome or inputs, this new outcome, following interactions with the environment, produces new supports either favourable or dishonourable to the policy. The supports, as a feedback mechanism within the political system, lead to new demands and supports.

Drawing from Easton's four significant broader properties, we explain the underlying questioning of the public authority's decision-making in the governance of coronavirus affairs in Nigeria. By so doing, we understood what had dominated the public discourses in Nigeria since the first case of the virus in the country. The PTF is expected to coordinate Nigeria's National COVID-19 pandemic Multi-Sectoral Response Plan (PMSRP). The PMSRP's overall goal is to stop further transmission of the Coronavirus within Nigeria and ensure effective and safe treatment centres to manage outbreaks. Furthermore, the PMSRP revolved around four administrative policy purposes and objectives. The first is to provide a coordinated and effective national and sub-national response to the COVID-19 pandemic. The second is to reduce COVID-19 related morbidity and mortality while the third is to mitigate pandemic-related impacts on critical social, economic and health infrastructure and systems. The fourth is to facilitate post-pandemic recovery and rehabilitation operations (PMSRP 2020).

These analogies of Easton's properties and the PMSRP objectives are significant in managing the COVID-19 pandemic and public authority governance in Nigeria. As a political system, Nigeria has institutions of government responsible for managing and piloting the affairs of the country, known as the legislature, the executive, and the judiciary. With distinct spheres of responsibilities in these institutions, their existence and functions are for the interest of all citizens. Therefore, the authoritative allocation of values during the COVID-19 pandemic should be around the institutions, policy formulation, enforcement and interpretation through correspondence with

the people. Thus, the synergies of interaction in governance policies of COVID-19 that emanate from the public authorities and its institutions should always serve and reflect inputs from the environment. Contrarily, the absence of synergies of functionalities and properties within the system can lead to crises and a dysfunctional political system. If the properties function properly, the political system will be stable and achieve the required goals.

In Nigeria, debates and controversies have revolved around the crisis of functionalities and synergies of interactions. The Nigeria National COVID-19 Pandemic Multi-Sectoral Response Plan (PMSRP) and decisions by the public authority have created dysfunctional interactions in the country. The outputs from the government and the inputs by the citizens and other non-governmental establishments such as private schools and faith-based institutions appear to be disconnected. This disparity of response between what the people want and what the government offers has continually been a nightmare in Nigeria. In protest against government outputs, Nigerian's compliance with lockdown and prevention measures is at a low ebb. Although citizens' responses globally have been problematic, Nigeria's poor compliance with public authority PMSRP guidelines has been characterised by two factors.

The first factor is the weakness in the Nigeria national plan for COVID-19. The PMSRP policy responses taken together are not commensurate with the magnitude of the health, economic, and political problems COVID-19 has generated in the country. In that case, the policy is weak and appears suspicious to the citizens considering years of government's poor track records of policy implementation and enforcement, and transparency in Nigeria. At the peak of 493 confirmed cases and 17 deaths of COVID-19 in Nigeria, the funeral ceremony of Mallam Abba Kyari, Chief of Staff to President Muhammadu Buhari, who died of COVID-19 disregarded the PMSRP policy. The second factor, the absence of trust, is an offshoot of the weakness of government policy measures over the years. For instance, the Nigerian government's failure to disclose critical details of the cash transfer programme cast doubt on how many Nigerians will benefit from the Social and Economic Rights Accountability Project (SERAP). Resnick (2020) argued that trust in political institutions refers to citizens' relative confidence that their governments are capable, reliable, impartial, and efficient. These trust variables are often shaped by partisanship, access to information and past interactions with government authorities.

Nevertheless, as the Nigeria examples indicate, the perceived weakness in national planning and executions and trust can be fragile. For instance, after the decision to ease the five-week lockdown on Monday, 4 May 2020, the government lamented the low level of citizens' compliance with the COVID-19 containment guidelines across Nigeria. As Adepoju (2020) asserted, the wide variations in the reliability of the success or failure of COVID-19 control measures in Nigeria hinged on the pandemic's politicisation and a lack of inter-institutional and public collaboration. According to Kelley (2020), the missing link in Sub-Saharan Africa in implementing COVID-19 guidelines by a public authority is the absence of accountability even in the face of strong government leadership and national policies. He argues that accountability implies openness about the pandemic, inclusiveness and partnership in the federal response, community engagement, and mobilisation to support the response.

Given the levels of support in Nigeria, the government's fear and policy vision about the pandemic is different from the perspective of what the policy should be and the realities facing Nigerians. What this indicates is that the government has lost legitimacy, hence, legitimacy crises in Nigeria. Therefore, the foundation of the legitimacy crisis in Nigeria lies at the heart of policy disconnection. For Friedrichs (1980), the legitimacy crisis results from a perception dimension that takes both a behavioural and structural dimension considered primarily to be a fallout of source or perception, both of which may be traceable as partial symptoms indicators of such a crisis. In his study on *Why People Obey the Law*, psychologist Tom Tyler found that the value of legitimacy corresponds to securing social order and social action that enables the effective exercise of political authority, with a minimal threat or use of force (Greene, 2017).

In the report of the National Human Rights Commission in Nigeria, Adesope (2020) argued that two weeks into the lockdown, the security operative in ensuring compliance with the lockdown order in Nigeria killed 18 Nigerians while the Coronavirus had killed 12 people. However, the extent of some countries' successes in obeying the lockdown measures and policies can also be an attribute of the political system's nature. The nature of a political system, democratic or undemocratic, ensures a high degree of compliance. The compliance reflects the connection between the political system's public authority units and the people to adequately protect human health and guarantee the maintenance of national units.

The Nigeria Epidemiological Report Card and the Activities of NCDC

To effectively achieve the mandate of the PTF, the National COVID-19 Pandemic Multi-Sectoral Response Plan developed a blueprint for a coordinated national strategy to respond to the pandemic. To achieve the task, the Federal Ministry of Health (FMOH) and its agency, the Nigeria Centre for Disease Control (NCDC), coordinate daily epidemiological summaries and review global epidemiological reports and other updates on the outbreak. At the multi-sectoral national Emergency Operation Centre (EOC), the NCDC, as of 17 February 2021, reported a total number of 149,369 cases confirmed; 21,860 active cases on admission; 125,722 discharged and 1,787 deaths in 36 states and the Federal Capital Territory (FCT) (see table 1.) The daily update reveals Lagos state to have the highest reported cases of 53,725 followed by FCT 18,799, and Plateau 8,793.

Table 1: Geo-political representation of COVID-19 pandemic epidemiological report in Nigeria

Geo-political zones in Naigeria	No. of Cases confirmed	No. Of Cases on admission	No. Discharged	No. Deaths
North Central	34519	10820	23406	293
North East	6011	969	4887	155
North West	15521	629(-4) From Zamfara state	14656	240
South East	8055	1202	6737	116
South-South	15325	2652	12329	344
South West	69938	5592	63707	639
Total	1493669	21860	125772	1787

Source: NCDC (2021)

The National Emergency Operations Centre, led by the NCDC, deployed Rapid Response Teams to the affected states in Nigeria to support response activities. It has engaged media houses to update Nigerians on the intensive national risk communications campaign about the Coronavirus. This campaign ensures Nigerians observe social distancing thoroughly, washing hands with soap and water and alcohol-based sanitisers, report to NCDC on noticing COVID-19 symptoms through its website, WhatsApp, Twitter/Facebook, and avoid large gatherings. In addition, using face masks and observing basic hand and respiratory hygiene has been made mandatory. Through the Ministry of Health, the NCDC has continually engaged with health officials across the country. It has increased its resource mobilisation to support states affected through the deployment of Surveillance Outbreak Response Management and Analysis System (SORMAS) to states not using SORMAS but with coronavirus cases (NCDC, 2020).

Notwithstanding, these measures provided a national framework and leadership coordination of the various health and non-health functional areas at the federal, state, and local levels. However, rather than these measures serving as workable alternative solutions for contact tracing, testing, treating and vaccinating, they generated three contending narratives. The first narrative is health trajectories. Next is the political narrative that characterised the public authorities in Nigeria. The last is the economy spheres. Together, these narratives create a circle of legitimacy crisis that surrounds public authority governance in Nigeria.

Health Trajectories of COVID-19 Pandemic in Nigeria

Historically, the medical research movement era started in the early 1900s with an aspiration from the scientific community to solve health and social problems. The reason for the movement is that sciences that contribute to the knowledge of the human body and its process are the technical resources of treatment and prevention. This means well-equipped laboratories with highly trained medical personnel and elaborately organised medical centres with teaching and research facilities under the auspices of medical practitioners who give all of their time to the patient and investigation care are vital for a modern medical school of a high standard (Rockefeller Foundation Annual Report [RFAR], 1920)

So, while the scientific community has set the agenda for reform, there has not yet been identified any large federal agency or international health body to assist in funding the public health agenda. Similarly, a general census that increases funding by public authorities for prevention and, at best, total or partial control of killer diseases is not in place. Nonetheless, Mr John D. Rockefeller Snr (senior) and his son John D. Rockefeller Jr. (Junior) were among the leading international community members to fund such projects. After establishing the Rockefeller Foundation in 1913 (RF), Mr Rockefeller Snr, in 1920, initiated health projects and medical schools in the United States, Canada, UK, Belgium, China, Brazil, and West Africa, as well as the Central America region. In these countries and regions, the foundation supported medical training centres and campaigns against hookworm, yellow fever, and malaria (RFAR, 1920).

In Nigeria, the journey for medical research development started with the Yellow Fever Commission by the Rockefeller Foundation on the West Coast of Africa in 1925. In that year, the commission built a Research Unit in Yaba, Lagos State, Nigeria, and subsequently established the West African Council for Medical Research (WACMR) in 1954. In 1972, Decree No. 1 established the Medical Research Council of Nigeria (National Institute for Medical Research [NIMR], n.d). On 29 September 1977, in the exercise of the powers conferred on him by section 3 of the National Science and Technology Development Agency Decree 1977 No. 5, the Head of the Federal Military Government, General Olusegun Obasanjo, with the approval of the Federal Executive Council, established the Nigerian Institute of Medical Research (NIMR). The NIMR was responsible for researching health-related problems such as parasite and infective diseases and engaged in operation research to control diseases endemic, research, and training of scientists in medicine in Nigeria, among others (Nigeria Decree [ND No.5], 1977). Whereas the NIMR is concerned with human medicine and research development, it has no formal guideline for human subjects' research (Adebayo, 2020).

However, in 1987, an independent international commission on Health Research and Development was commissioned by the Council on Health Research for Development (COHRED) to improve people's health in developing countries. The release of the commission's report in 1990 led to the establishment in 1993 of the COHRED, with a priority on strengthening Essential National Health Research (ENHR). In line with COHRED and ENHR, the Nigerian government set up the National Health Research Advisory Committee (ENRAC) in March 2000 (Adebayo, 2020).

In 2004, the Nigerian government established the National Health Act, with the aim of defining the national health system and spelling out the health actions at the federal, state, and local levels in Nigeria. Under this scheme, Primary Health Care (PHC) became the engine of Nigeria's health system. To date, the PHC is the bedrock of the Nigerian health system and the first level of contact between Nigerians and their health system (Nigeria National Primary Health Care Development Agency [NPHCDA], 2019). In November 2018, the Bill for an Act to establish NCDC was signed into law by President Muhammed Buhari to protect the health of Nigerians through evidence-based prevention, integrated disease surveillance and response activities, using a One Health approach guided by research and led by a skilled workforce (NCDC, 2021).

Despite the historical development of medical research and the health sector in Nigeria by the public authorities, the health care sector has come under severe health emergency. Part of the health emergency has been orchestrated by the activity of public authorities and policymakers in Nigeria. The activity revolves around the error of omission through bureaucratic interference to underfund the health sector. Generally, the idea of prevention and protection of the community against contagious diseases requires the government to prioritise policy and increase funding for medical practitioners' research and training. However, in Nigeria, public authority holders are deprioritising the health sector with dwindling health budget allocation for years.

In that context, Ejide (2019) argues that no less than 3.9% to 5.8% of the entire national budget was allocated to Nigeria's health sector between the fiscal years of 2010 and 2019. This

goes contrary to the Abuja Declaration of April 2001 that mandated African governments to allocate a 15% national budget to health for the 19 years that followed. While countries such as Rwanda, Botswana, Niger, Zambia, Malawi, Togo and Burkina Faso have all implemented this percentage, Nigeria is yet to do so despite the deteriorating health care system. In 2020, the Nigerian government slashed the budget from 44,498,247,834 billion to 26,457,743,000 billion under the Basic Health Provision Fund (BHCPF). While the health budget stood at 5.9% against the 19% required by the Abuja Declaration, Onyeji (2019) insists that basic statistical calculation reveals that the revised budget is valued at approximately 133 per person in Nigeria for one year for a projected 200 million Nigerians. The neglect of the health sector by public authorities has given rise to three complex scenarios: an increased cost resulting from medical tourism outside Nigeria, mass exodus through medical emigration, and worsening public health disaster in Nigeria.

First, Akor (2018) states that medical tourism rose from N359.2 billion to more than 360.1 billion annually as of 2019 (Voice of America, 2019). Second, medical emigration has become the order of the day. Adegoke (2019) asserts that more than 5,000 Nigeria-trained doctors are registered medical practitioners in the United Kingdom, excluding other popular destinations such as Canada, the US, and Saudi Arabia. In the last 20 years, Momoh (2019) posits, 35,000 Nigerian medical personnel immigrated to Europe, the US, and Asia for medical practices. Ironically, Igoni (2020) argues that Nigeria needs roughly 300,000 medical professionals to actualise the WHO recommended doctor-patient ratio of 1:600 instead of the alarming under 40,000 doctors (1:3,500 ratio) currently practising in Nigeria. Due to poor incentive and the absence of modern facilities, the rise in brain drain and medical emigration in Nigeria is foreseeable in the present time, with an anticipated increase in the future. Third, health emergencies and disaster cases like the Lassa fever, cerebrospinal meningitis (CSM), yellow fever, lower respiratory infection (LRI), HIV/AIDS, cholera, measles, monkeypox, tuberculosis and acute flaccid paralysis (AFP) have claimed more lives than could have been prevented in Nigeria.

To be specific on public health disaster, Muhammad, Abbulkareem, & Chowdhury (2017, p. 8), contend that as far back as 2017, much of the top 10 causes of death in Nigeria were malaria (20%), LRI (19%), HIV/AIDS (9%), diarrheal diseases (5%), road injuries (5%), protein energy malnutrition (4%), cancer (3%), meningitis (3%), stroke (3%), and tuberculosis (2%). In a similar vein, the World Bank (2018, p. 7) states that malaria (30%), diarrhoea (26%), and pneumonia (18%) accounted for 74% of deaths in 2018 in Nigeria. In 2019, causes of death changed in sequence going in the order of lower respiratory infections; neonatal disorders, HIV/AIDS, malaria, diarrheal diseases, tuberculosis, meningitis, ischemic heart disease, stroke and cirrhosis (Centres for Diseases Control and Prevention [CDC], 2019). In 2020, between January and February, 26 of the 36 states in the country and the FCT have reported 472 confirmed cases of Lassa fever with 70 deaths making a case fatality ratio of 14.8%. (Aljazeera, 2020). NCDC also reported that between 2019 and 2020, the total cases suspected of Lassa fever stood at 6881. Of these, there were 1,541 confirmed cases and 311 deaths (NCDC, 2020).

Amidst the rising cases of COVID-19, Saleh and Jimoh (2020) mention that between April and May 2020, mysterious deaths of 471 were reported in Yobe state, 100 in Jigawa, and over 150 in Bauchi. In relation to the mysterious deaths in Kano, Mohammed (2020) insisted that Kano city witnessed 150 deaths caused by complications from hypertension, diabetes, meningitis and acute malaria and not from the COVID-19 pandemic. Despite this number of deaths in northern Nigeria, it took days for a preliminary investigation to ascertain their causes. While the Kano state government downplayed the fear of death from Coronavirus, the public authorities' negligent character in Nigeria appears to affirm the omission and crisis in the country's primary healthcare system.

Even when the legislative arm attempted to work on health care in Nigeria, the issue generated controversy. In 2020, a proposed piece of legislation titled the Infectious Disease Act, which aimed to address the Federal Government of Nigeria's coordinated response to infectious diseases, was plagiarised from Singapore. Durojaiye (2020) contends that apart from the bill's title, Infectious Disease Act, 63 sections of Part One to Part Five of the Nigerian Act were plagiarised verbatim from the Singaporean Infectious Disease Act of 1977. The bill, which was supposed to create legal guidelines on how best the Nigerian government can manage outbreaks like the coronavirus pandemic to replace the National Quarantine Act of 2004, was a subject of controversies (Hundeyin, 2020). While the bill has been challenged in courts in Nigeria, the House of Representatives speaker, Honourable Femi Gbajabamila, insisted on the bill's good intentions against worries by the public. Even with a good intention, the NCDC Director-General, Chikwe Ihekweazu, came out publicly to distance himself and the agency from the proposed bill on the ground that necessary stakeholders were not duly informed and considered the bill ill-timed.

Political Contending Narrative of COVID-19 pandemic in Nigeria

The fight against COVID-19 in Nigeria and the activities of public authorities has generated a political contending narrative. As an entirely different narrative from the health-related trajectories, the political narrative has at least two strands of controversy. It is political because it has narratives that are directly related to the governance of public authority. As such, the public authority deliberately used propaganda to execute and manage the COVID-19 pandemic. The first strand of controversy in this relation offers an interpretation of the conspiracy between the business elite and Nigeria's government. The business community focused its attention on the government rather than on the people during the pandemic. The second strand discussed the Nigerian government's appetite to borrow money from the international financial institutions to fight COVID-19 and its corrupt tendency to mismanage the funds.

With regard to the first strand of controversy, there is obviously no crime for the private sectors to support the government in tackling the COVID-19 outbreak in Nigeria, but it becomes rational to ask why private donations should go to the government rather than to the people during the pandemic. The coalition of private donors to support the Nigerian government was led by Africa's richest businessman, Aliko Dangote, and other business fellows in the banking, telecommunication, oil, and food manufacturing sectors. Given the idea of corporate social responsibility (CSR),

any attempt to substitute their social responsibility with a donation to the government during the pandemic represents a calculated political gain. The business community's knowledge of the economic hardship that most Nigerians face before, during, and after the lockdown and their awareness of the Nigerian government's insensitivity towards Nigerians' plight render the justification for donations to the government worthless.

Fasan opines that while Coalition Against COVID-19 (CACOVID) in Nigeria has contributed ₦21.5 billion to the Nigerian government, corporate donors and philanthropists in the United States gave palliatives to the vulnerable and distressed people (Fasan, 2020b). In the United States, such gestures led by Jeff Bezos, founder of e-commerce giant, Amazon, donated \$100m to Feeding America. Jack Dorsey, the chief executive of Twitter, pledged \$1bn to a charity running a food programme for the poor. Reacting to the responsibility of establishing a food bank for the people during COVID-19 by private individuals, as part of their CSR, Morgan (2020, p.1) asserts:

Most people's lives have been completely upended by the Coronavirus sweeping the world. While the pressure is on, and governments are overloaded, it is up to business, large and small, to do things that will better their customers, employees and the community at large, until this difficult time passes.

In Nigeria, private individuals can 'fill the gap' as their CSR by finding ways through 774 local government and 119,973 polling Units in Nigeria to give back to their communities by providing hand sanitisers, financial support, food banks and beverages to vulnerable Nigerians during the unprecedented moment. However, while private individuals procured essential medical equipment and built isolation centres to support the government, the Nigerian government's transfer of food, cash and palliatives to assist COVID-19 victims was not devoid of controversy.

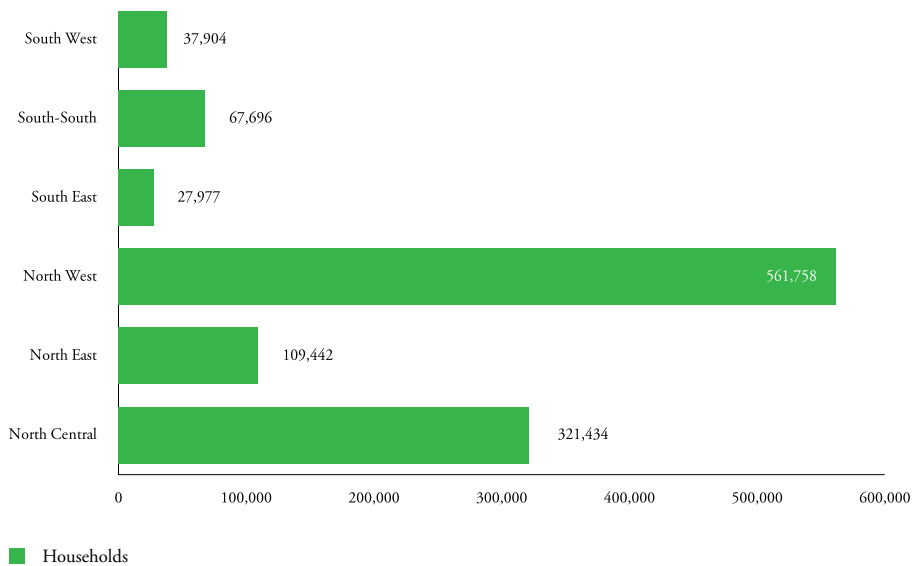
The palliative controversy in Nigeria redefines the failure of a political system, particularly the output property as government outputs to provide palliatives failed to commensurate with the demand and support from the inputs. As such, rather than positive feedback from the people, negative feedback was the order of the day. For instance, Nigerians' national embarrassment of scrambling for food like refugees on national television demonstrates a betrayal of the government's trust. Although most state governments and private individuals provided palliatives, however, the distributed food commodities were insignificant compared to undistributed stockpile of food items hoarded and later discovered in warehouses across nine states in Nigeria including Lagos state, Adamawa states, Taraba states, Ekiti state, Osun states, Kwara state, Plateau state, Kogi state, and Kaduna state. Public authorities denied the accusation of food hoarding while millions of Nigerians were starving. Dabang and Ukomadu (2020) assert that the bizarre scenes across Nigeria further eroded people's trust in government. In her view, the head of Social Action Nigeria, Vivian Bellonwu, maintains that the amount of food kept in storage is an indication of systematic failure (Obiezu, 2020).

During the government distribution exercises, gatekeepers and politicians hijacked the scheme to score cheap political points in the distribution affairs. Above all, it was sectional to meet only some zones and ethnic groups in Nigeria. In the end, it exposed the low level of transparency in

government as the determinant sharing formula for the beneficiaries in the palliative plan was not in the public domain. In the disbursement exercises across the six geo-political zones in Nigeria, the Northern regions were topped by household beneficiaries (see figure 2). In states ranking, some northern states received more than some zones in the distribution exercises.

Similarly, the top states in household beneficiaries were from the Northern states such as Katsina (133,227), Zamfara (130,760), Jigawa (99,044), Kano (84,148), and Plateau (78,430) (Okon, 2020). The comparison of the distribution with states from the South is striking. While the total household beneficiaries from the top five states in the North stood at 525 609, the total households' beneficiaries in 15 out of 17 states, excluding Lagos state and Ogun states, from South West, South East, and South-South zones stood at 133,577, slightly higher than that of one state in the North — Katsina state (see figure 2).

Figure. 2: Household palliative distribution by Geo-political zones in Nigeria



Source: Okon (2020)

In response to the imbalance in distribution, Obinna, Iniobong, Odog, & Kwen (2020) argued that the series of allegations such as discrimination and politicisation emanated from the distribution of palliative packages of N20,000 cash to help ease the lockdown. The issue of doubts in the distribution originated from the criteria employed to ascertain the poor of the poorest because some states and individuals benefited more than others did (Obinna *et al.*, 2020). The level of politics in the household beneficiaries and the sharing formula has further deepened Nigeria's ethnic animosities.

The second strand of the controversy focused on the status of funds borrowed by the Nigerian government to tackle COVID-19. In April 2020, through the United Nations, the European Union gave the Nigerian government the sum of £1.2 million to provide lifesaving preparedness and response activities to Coronavirus (UNICEF, 2020a). The government also received medical supplies of 10,000 test kits, 15 oxygen concentrators, PPE, emergency health kits and other vital supplies (UNICEF, 2020b). Apart from this, the Executive Board of the International Monetary Fund (IMF) approved Nigeria's request for an emergency loan of 3.4 billion US dollars to meet the urgent balance of payment needs arising from the COVID-19 pandemic (IMF, 2020). This loan is outside the request made by the Nigerian government to the World Bank for an additional \$2.5 billion and African Development Bank (AFDB) for \$1 billion to fund the coronavirus fight (Carsten, 2020).

The borrowing plan supported by the multilateral lenders such as IMF, World Bank, China Eximbank and German Development Bank in the guise of fighting COVID-19 and a "quest to sustain the economy" amounts to the continuing act of mortgaging the entire country in the long run. Given this, Chiejina (2020) stipulates that Nigeria's total debt stock stood at 16.88% when it rose from N25.701 trillion in September 2018 to N26.215 trillion in September 2019. However, with the recent approval of \$22.7 billion foreign loans for the federal government in the 2016-2018 External Borrowing Plan, the total debt stock would be about N33 trillion and 21 Debt/GDP ratio (Elumoye, 2020). It is not debatable that the reality of Nigeria's borrowing plan has shown that over the decades, public authority holders stash the monies borrowed in foreign accounts.

Considering the Former Nigeria Military Head of State, Late Sani Abacha's loot of \$321 million recovered and the loans from the multilateral lenders, it appears that the measures and actions adopted to utilise these funds have not been matched so far with available results. In other words, the funds have not been commensurate with the objectives for borrowing, recovered loots and donations. Even where the government took measures to address Nigerians' economic predicaments, both in the formal and informal sectors, they seem to be deliberately slow, inconsistent, and selective in measures and approach.

The Economic Spheres of COVID-19 Pandemic in Nigeria

As COVID-19 ravages continents and countries around the world, the economic shock would be devastating. According to this study, the prevalent crises across the world vary depending on how strong and weak each nation's economy was before the outbreak. The point here is that countries with economic strength may be able to minimise the anticipated economic shock. In contrast, weak economies, mostly in the developing countries, are more likely to go into economic recession. As business collapsed, the economy and investment crumbled, and unemployment rose. The 'desperation' by world leaders to get back the economy appears to have created debate and division among policymakers, medical practitioners, leaders and citizens.

The debate has been between the proponents of saving humanity before the economy, on the

one hand, and the supporters of salvaging the economy and saving a life, on the other hand. The reality is that the epidemiological update of the coronavirus pandemic has created a global economic shock. Even without the debate, public authorities' support packages worldwide and the multilateral lenders' economic roadmaps will inevitably avert economic shock in countries and continents. However, the UN report estimates that 3.3 billion workforces are out of work (BBC, 2020) and that the economic shocks are more severe than the 2008 financial crisis. Given the extraordinary nature of the outbreak-induced economic woes, potential economic global bailouts will be needed (Masters, 2020). The warning signals and indicators of COVID-19 would spotlight the mono-cultural economy of Nigeria, dependent on oil, as the economic recession looms.

Are-Adib (2020) opines that the economic and social impacts of COVID-19 will have multiple adverse effects across the continent. For Nigeria, revenues declined due to dependency on oil prices fluctuations. Despite public authority's years of preaching of diversification in Nigeria, it appears that the oil price collapse has not decimated the Nigerian economy to force the government to implement diversification and stop reliance on oil exports as the primary source of revenue. Ozili opines that Nigeria is not new to economic recessions such as the global financial meltdown in 2009 and the oil price collapse in 2016. However, he asserted that the impending 2020 economic crisis would be difficult to revive because economic agents who are supposed to lend a helping hand are experiencing the economic shock (Ozili, 2020, p. 2). For that, national governments' economic stabilisation to ensure quick stability while achieving maximum results must include oil-dependent and non-oil dependent economic strategies and people-centred decision-making initiatives.

Okunade (2020) insists that the economic woes caused by COVID-19 in Nigeria have cut the oil revenue target from \$57 to \$30 per barrel and affected the planned sale of public assets to finance the 2020 appropriation bill. The drop in oil price is also affected by recurring instability between OPEC members' states and Russia. Nwagbara (2020) argues that Nigeria's reduction of N1.5 trillion in capital expenditure by 20%, recurrent expenditure by 25%, and the idea to use 50% of privatisation proceeded to finance the budget evidenced in the Nigerian economic situation. Our historical economic shock shows that Nigeria's real GDP dropped by 1.58% in 2016, 0.82% in 2017, 1.93% in 2018, 2.27% in 2019, and from 5%-10% in 2020. On the contrary, unemployment rose from 14.23% in 2016 to 20.24% in 2017, and then to 23.13% in the third quarter of 2018. From there, it went up to 28.65% in 2019 and surged to above 35% in 2020. Nevin (2020, 18) predicted that Nigeria should expect fiscal crises at both federal and state levels and depleted external reserves. This symptom of Nigeria's economic downturn will further generate other symptoms such as crisis in the production of goods and services, non-payment and reduction of salaries by the state government, food shortage, and collapse in the informal sectors.

Some of the economic symptoms in Nigeria, according to Velde (2020), include a fall in government revenues, pressure on the Naira, drop in stock markets, and income drop of the majority of the population. Globally, the International Labour Organisation (ILO 2020) estimated that apart from the expected 1.6 billion informal economy impact of the COVID-19 in April 2020, 2 billion

people, roughly 6 of 10 workers in Sub-Saharan Africa and Southern Asia, are likely to be affected by the economic shock. The estimation stipulates that 94% of lower-middle-income countries with the largest informal employment such as India, Bangladesh, Pakistan, and Nigeria would be worst affected. Accordingly, Obiakor (2020) asserts that the International Labour Organisation maintained that 80% of Nigeria's workforce is in the informal sector making daily wages and, as such, most vulnerable to the negative economic shocks of COVID-19 pandemic.

Given the ILO report, Onyekwena and Ekeruche (2020) assert that the effects of COVID-19 will lead to a fall in household consumption and uncertainties that come with the pandemic, which will make it extremely difficult for the Nigerian government to weather the crisis. In that case, the warning was the approval given by Nigeria's President Buhari for \$150 million deductions from the Stabilisation Fund managed by the Nigeria Sovereign Investment Authority (NSIA). Udo (2020) argues that the deduction aimed to support the June 2020 Federal Account Allocation Committee (FAAC).

Notwithstanding the anticipated crises, Adeyeye argues that Nigeria has the potential to diversify given its abundant reserves of natural resources such as iron ore, gold, limestone, lead, zinc, coal, tin, bentonite and barite. However, he lamented that as of 2019, these potential natural resources contributed only 0.3% to the national GDP and oil contributed 65% despite its limited potential employment opportunities and revenue generation which is respectively estimated at just over 5 million jobs and 8 trillion naira by 2025 (Adeyeye, 2020).

Government Fiscal Measures against COVID-19 Pandemic

To facilitate the effect of COVID-19 and other diseases in Nigeria, the federal government proposed two critical fiscal policies and vaccine budgets. The first fiscal arrangement is through the apex bank, the Central Bank of Nigeria. The fiscal stimulus includes a 50billionnaira credit facility for household and small-scale enterprises besides the 100billionnaira loan to the health sector and 1 trillion naira to the manufacturing industry. In addition to this, the apex bank revised the interest rate downward from 9% to 5% starting from 1 March 2020 and adjusted the exchange rate from 306 to 360 and devaluation of the naira (Onyekwena & Ekeruche, 2020).

The government also introduced regulatory forbearance grants towards all Deposit Money Banks. By doing so, CBN considers temporary and time-limited restructuring of the tenor and loan terms for businesses and households most affected by the coronavirus pandemic, mostly from the oil and gas, agriculture, and manufacturing sectors. It also granted a further one-year suspension on all principal repayments in all the intervention facilities from the apex bank in Nigeria (Odotola 2020). Secondly, the government earmarked a sum of N22.73 billion for GAVI/Immunization, N4.8 billion for Polio Eradication Initiative, N815 million for Non-Polio SIA Vaccine, and an additional N4 billion for Procurement of RI Vaccines and devices. The government set aside N1.41 billion for its expanded midwives service scheme, N5.5 billion for counterpart funding on the global fund for health, and plans to spend N554.92 million on Kits' Procurement Commodities for Community Health Influencers (Adepoju, 2020).

On the other hand, the federal government's legislative backing of the efforts became evident on 24 March when the House of Representatives introduced and passed the "Emergency Economic Stimulus Bill 2020" to cushion *COVID-19* effects on the country. Despite all these tax measures to monetary and fiscal policy, the exclusion of most Nigerians, particularly in the informal sectors whose businesses are not registered, calls for greater concerns. Similarly, the monopoly given to the newly established Private Limited Company, microfinance bank, to manage a huge amount of 50 billion naira is questionable. The newly incorporated microfinance bank came into existence in 2019, and giving it such a monopoly without considering the bank's national coverage is also suspicious. With over 900-microfinance banks in Nigeria and stringent collaterals such as "moveable assets and deed of debenture", the need for an urgent review is vital to avoid defeating the fund's aims. Most of these households in Small and Medium Enterprises (SMEs) cannot meet the requirements to qualify for loans.

Also, the public sentiments in Nigeria share that any fund budget for the procurement of medicines and supplies in health-related areas offers public authority holders another opportunity to engage in corrupt practises. As Fasan (2020a) echoes, one thing is certain amid the Nigeria Central Bank N1 trillion stimulus package and N500 intervention funds on *COVID-19* — no credible evidence of where a fraction of the money is going to— hence; misappropriation such as corruption will raise the risks of *COVID-19*.

Conclusion and Recommendations

The coronavirus pandemic that initially started in China, Asia, is now a global health catastrophe. In all continents, the gradual rise in coronavirus cases has put pressure on public authorities. Despite nationwide vaccination in some developed and developing countries, public authorities have still faced multiple challenges such as health and economic challenges. In Africa, Coronavirus has pierced the continent's health, economic, and political space as many countries, including Nigeria, have adopted a different approach to curtail the spread of *COVID-19*. Therefore, as the number of deaths rose globally, governments worldwide urged citizens to observe social distancing and maintain personal environmental hygiene.

The government's National *COVID-19* Pandemic Multi-Sectoral Response Plan has come under severe scrutiny and suspicion in Nigeria. Despite the national plan to mitigate the health and economic impacts of *COVID-19*, citizens' responses to the national plans appear to be indifferent, particularly to the government's multi-sectoral response plan. The general understanding of Nigerians' lack of interest in the national plan lies at the heart of systematic political failure. The failure is the inability of outputs and decisions from the political system to be derived from the inputs (demands and supports) in the environment in a never-ending chain, hence, a wider gap between the government and the citizens in policy responses. The implication is the recurring decimal over the years of the circle of legitimacy crisis in Nigeria.

A legitimacy crisis is a product of a decrease in trust and transparency in governance. In that

situation, the support of the citizens towards the government's ability and its institutions to address the society's challenges is doubtful. The absence of transparency and trust in the fight against the COVID-19 pandemic has neutralised Nigeria's public authority efforts. In such an environment of mistrust, there is a deficiency of governance that flows from the federal government to the local government and to all citizens. The degree of mistrust in all spheres determines the degree of legitimacy and response from the people. The circle of mistrust, while blurring government strategies, has also created controversies.

The article identified three possible accelerated strands of controversies that have contributed to the circle of legitimacy crisis and mistrust during Nigeria's COVID-19 governance. The first is the deplorable health emergencies. Decades of Nigeria's public authority neglect of the health care system has undermined Nigerians' demand for concrete steps to address the country's healthcare system. The second controversy is the political dimension, a narrative of concern towards the borrowing agenda from international financial institutions to finance the cost of COVID-19-related measures. Historically, Nigeria's authority has a borrowing appetite; however, to meet up with the demand for borrowing has not been sufficiently utilised over the years. While COVID-19 offers an excuse to borrow, government officials have track records of corrupt practices in Nigeria. The scepticism, therefore, of Nigerians toward government borrowing has further created mistrust in governance in Nigeria.

The last controversy is the economic spheres and anticipated economic shock of COVID-19 to the Nigerian economy. Previous governments have discussed diversification; however, the economic shock impact would have been lesser if Nigeria had a diversified economy. While economies worldwide are fighting the effect of Coronavirus, the degree of fiscal challenges for Africa's most populous nation is still dependent on oil prices and focuses on stimulating microeconomic indicators. Considering the impact of COVID-19 on Nigerians' socio-economic well-being, the North's insecurity will further hamper local production of agricultural products with anticipated food insecurity.

Thus, this article recommends that the Nigerian government adopt open and transparent governance to regain legitimacy from citizens and to address the fallout with the public. It should work on increased healthcare budgeting to fix the health sector, strong legislation against government officials' medical tourism, and avoidance of undue political interference in health policy. Besides, adequate funding should be earmarked from the annual budget to research existing health emergencies in Nigeria. Fiscal, monetary and other measures must be objective enough and realistic to support the informal sectors and identify the relevant households and individuals. The government should suspend the regular state government tax on the informal sectors to demonstrate the government's sincerity and genuineness.

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