



Research Paper

The Politics of Covid-19 Management in Nigeria

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ABSTRACT

The COVID-19 pandemic has thrown nations of the world into serious health, economic and political challenges. However, more worrisome is the attitudes of some African countries in the management of the challenges that the pandemic brought about. This paper assessed the politics of COVID-19 management in Nigeria. The objectives of the paper were to examine the preparedness of Nigeria in handling social, economic and health emergencies like the pandemic; assess the role of politics in the management of the pandemic in Nigeria, especially the palliatives provision and distributions and highlight the effects of politicized management of socio-economic emergencies as COVID-19. The paper adopted secondary and personal observations as method of data collection. Through a descriptive analysis, the paper found that the public institutions particularly health are not proactive enough to effectively manage emergencies; the most individuals and organisations that contributed on the Coalition against COVID-19 (CACOVID) did so with possible hidden intentions and government distribution of the palliatives provided was mired in personal, party and other petty interests. Consequently, the paper recommended that among other things; both the civil society organizations and the media are important tools for checkmating possible excesses of government and her agents and should act out as such, leaders at all levels of government should be more patriotic in dealing with the people, organized private sectors should not be overtly or covertly coerced before performing their corporate social responsibilities to their host communities and government should ensure remarkable budget cuts on political spending to reasonably increase envelopes for health and education facilities.

KEY WORDS: COVID-19, CACOVID, politics, management, palliatives.

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I. INTRODUCTION

The COVID-19 pandemic has thrown nations of the world into serious health, economic and political challenges. Both the developed and underdeveloped countries were not spared. In Europe, Asia and America, businesses were short down; grounding the economy. America alone recorded a total of 2,100,000 cases with death totally 200,000 (VOA News, September 21, 2020).

African countries have had their fair share of the pandemic challenges. Despite initial denials, African countries shutdown their economies to counter the spread of the virus. In Nigeria, the first case of the virus was recorded on 27th February, 2020 in Lagos (ncdc.gov.ng, 28th February, 2020).

Seven month down the line, the number of confirmed cases has risen to 56,177 from all the 36 states and the Federal Capital Territory. Of the confirmed cases 1,078 have died while 44,088 recovered (Ejifoma, 2020). Following the rapid increase of the confirmed cases, the government on March 29th, 2020, ordered residents of Lagos State, Ogun State and Abuja, the Federal Capital Territory to stay at home from 30th March for 14 days (www.premiumtimesng.com 29/03/2020). The initial 14 days of lockdown pronounced in these areas metamorphosed into several months. State governments in their contributions to contain the spread introduced various forms of movement restrictions in their areas.

The lockdown orders opened up a Pandora's Box of economic challenges. With the movement restrictions and closure of markets, cost of basic items skyrocketed. Members of the informal sectors who eke

out a living doing daily businesses suffered hunger. The people complained and protested the lockdown without government providing them palliatives to cushion the effects. Small and medium scale business operators became jobless. This brought more anguish.

In reaction, the Federal Government launched a number of palliative measures including the establishment of a ₦500 billion COVID-19 Crisis Intervention Fund (Ibrahima, 2020). The Federal Government also revealed that it would approach the International Monetary Fund, the World Bank and the African Development Banks to raise some \$7 billion Dollars loan under the institutions Rapid Financing Instrument (RFI) to finance the economic stimulus packages. The government also set up the Presidential Task Force (PTF) to work with the Nigerian Center for Disease Control (NCDC) to mobilize efforts to contain the virus in the country (statehouse.gov.ng>covid19>objectives). The Central Bank of Nigeria equally initiated a private-led initiative to mobilize funds to support the containment of the virus spread, codenamed Coalition Against COVID-19 (CACOVID). Private individuals and corporate bodies donated generously to the initiative.

However, the management of the pandemic, the attitude of some of the donors, the management of the donations as well as the Federal Government COVID funds generated debates and doubts among Nigerians. Hence, this study assessed the politics of COVID-19 Management in Nigeria using mixed methods approach with qualitative dominance.

1. DATA COLLECTION AND ANALYSIS

The study made copious use of secondary data and personal observations. We accessed online versions of newspapers with information in our areas of interest. Data obtained was analyzed descriptively using the content analysis.

2. CONCEPTUALIZATION OF KEYWORDS.

Politics: Politics in this study is seen as all that has to do with the struggle for state power, the seizure of state power, the use of state power and the consolidation of state power. Our concept of politics here also entails authoritative allocation of values. These imply that politics involves the use of state power to determine who gets what, when and how in society (Easton, 1965; Lasswell, 1935; Nnoli, 1978).

CACOVID: This is an acronym for Coalition Against COVID-19. It is a private sector-led task force in partnership with the Federal Government, the Nigeria Centre for Disease Controls, and the World Health Organization with sole aim of combating COVID-19 in Nigeria. Under the CACOVID initiative, palliatives were procured and distributed with the intent to cushion the effects of the COVID-19 orchestrated lockdown and equip health workers.

COVID-19: This refers to the novel corona virus. It is an infectious disease caused by a new strain of corona virus firstly discovered in Wuhan, China. ('CO' stands for corona; 'V' for virus; and 'D' stand for disease. The disease was first referred to "2019 novel-corona virus" or 2019-ncovid. The COVID-19 virus is linked to the same family of viruses such as Severe Acute Respiratory Syndrome (SARS) and Middle East Respiratory Syndrome (MERS). It is also related to some types of cold (Eranga, 2020). Some people, particularly Nigerians hold the belief that it could be a European version of Africa malaria fever. The symptoms include fever, cough, and shortness of breath. It is usually transmitted through direct contact with respiratory droplets of an infected person, generated by coughing and sneezing. Key prevention is personal hygiene through constant hand washing with soap in running water.

3. OVERVIEW OF THE HEALTH CARE SYSTEM IN NIGERIA BEFORE COVID-19

The healthcare situation in Nigeria has been terrible over the years. While Nigeria has qualified health practitioners doing well within and outside the country in private capacities, the country's health system is poor to be very polite. The menace is the same in the states' and Federal Government's health facilities. Even the Aso Rock Clinic that supposed to serve the health needs of the villa's VIPs is not spared (Ogunmade, 2017).

The consequences of the negligence of the health infrastructure of the country are just huge. Nigerians die of simple ailments that are preventable and largely curable. Overall life expectancy at birth is 54 years; infant mortality rate is 86 per 1000 per 100,000 live births (WHO, 2018). Communicable and infectious diseases are still major health problems in Nigeria. The top causes of death in Nigeria are: Malaria, lower respiratory infections, HIV/AIDS, Diarrheal diseases, road injuries, protein-energy malnutrition, cancer, meningitis, stroke and tuberculosis. Malaria has remained the foremost killer diseases in Nigeria. It accounts for over 25% of fewer than 5 mortality 39% childhood mortality and 11% material mortality (Muhammad, Abdulkareem and Chowdury, 2017).

Nigeria still has the second highest HIV/Aids burden in the world, with about 3.4 million Nigerians living with the virus. Health challenges facing Nigerians are the product of years of poor handling of the Nigerian health sector. In Nigeria, the leaders demonstrate very poor political will to develop the country's health infrastructure. Against recommendation in the Abuja Declaration that governments spend at least 15% of their budget on health, Nigeria currently spends less than 5% of its budget on it (World Health Organisation, 2011).

However, since then, the country budgets for health oscillate below 10 percent to the chagrin of stakeholders in the sector. Nigeria's health budget for 2018 stood at ₦340.46bn, which was 3.96 per cent of its ₦8.6trn proposed national spending. A breakdown of the health budget showed Nigeria, then estimated to have a population of 196 million allocated approximated ₦1,832. Furthermore, of the total N9.45bn budgeted for 2020 by the Federal government, N427.3bn (4.5 percent) was allocated to health. Revised budget proposed against the backdrop of Nigeria's National Assembly budgeting N37bn for renovations is expected to be passed into law that would see funding for local, primary healthcare services cut by more than 40% (Offiong, 2020). This would also affect immunization, childcare, maternal healthcare and family planning services.

The Nigeria health facilities/infrastructures are deplorable. The needed facilities are either in gross short supply or old and unusable. The workers are starved of good welfare and conditions of services. The continuous neglect of their basic entitlements, not to talk of the institutional and infrastructural decays led to health workers unions embarking on strike actions. For instance, in July, 2019, the national association of resident Doctors threatened to embark on a strike over three major grievances against the federal Government, including unpaid salary arrears, skipped salaries of N23.6bn and irregularities in the implementation of the Residents Doctor Act (Offiong, 2020). It is more worrisome that this is happening at a time that multimillion naira offices of several duplicated government agencies litter the Federal Capital Territory while federal teaching hospitals are in sorry states. For instance, it was reported that Nigeria can not boast of 500 ventilators across the 36 states and the FCT during the early days of the COVID-19 outbreak in the country (Moshood, Igomu, Onwuzoo, Folorunsho-Francis and Adejoro, 2020). According to the reports, the University of Abuja Teaching Hospital was having only 1 functional ventilator, Orile Agege General Hospital had none, at the Lagos State University Teaching hospital which was acclaimed as one of the best at the peak of the pandemic, has only 15. The University of Benin Teaching Hospital was said to have some but none was functional at the time and the Imo State Teaching Hospital two were available but only one functional.

Consequent upon this neglect, government officials including the rich and powerful resort to foreign medical tourism. Those who cannot afford foreign medical attentions use shylock and largely weak private hospitals. The real poor who had no option flood the neglected government hospitals. Some resort to prayer houses and others to crude herbal treatment. Hence, the high mortality rates as stated before in this study.

4. COVID-19 PANDEMIC IN NIGERIA.

The new coronavirus was discovered in Wuhan, China towards the end of 2019. This explains its identity as 2019-nCoV or COVID-19. The spread continued into the year 2020. As at 24th January, 2020, a total of about 830 cases had been recorded in nine countries including China, Japan, Singapore, Thailand, South Korea, Nepal, Vietnam, the United States of America and Taiwan. Consequently, the World Health Organisation declared the new virus disease a global pandemic on 11th March, 2020. In June, a total of 6, 500, 000 infection cases have been reported in about 210 countries of the world and over 383, 000 deaths were linked to the disease (Angham, Mohammed, Nany, Emad and Salam, 2020).

In Nigeria, the COVID-19 first case was recorded on 27th February, 2020. Then, there were a whole lot of myths to the virus. Many Nigerians gloat that COVID-19 is mainly targeting the country's elite particularly politicians. However, by March, 30, 2020, the number of confirmed cases in Lagos rose to 83, and from the initial 3 cases reported on March 23 in FCT to 23 cases. Within the period, some states had confirmed cases as well but Lagos and FCT remained the epicenter of COVID-19 pandemic. As at 20th November, 2020, the total confirmed cases rose to 65,982, active cases 3,035 discharged cases 61,782 and deaths 1,165 (NCDC, 20th November). The upsurge led to a health crisis in Nigeria. The health facilities were overstretched with many facilities for treating other ailments were converted to COVID-19 facilities.

To tackle the surging cases, President Muhammadu Buhari on 30th March, 2020 declared a 14 days lockdown in FCT, Lagos and Ogun States. The lockdown was extended by additional 14 days on April 31, 2020. Several other state governments, including Rivers, Kaduna and Ekiti initiated full or partial lockdown. Millions of Nigerians observing the COVID-19 lockdown lacked the food and income that their families needed to survive. The lockdown did not apply to those providing essential services, such as food distributors and retailers including market stalls selling food and groceries, which the government said could operate for four (4) hours every 48 hours (Human Right Watch, 2020).

Consequently, the lockdown threw Nigerians into difficult times. According to Morka (2020), Executive Director of the Social Economic Rights Action Center, the vast majority of people outside of the formal system were hit devastatingly by the lockdown. He argued that any disruption to their daily livelihood has huge and significant impact on their ability to meet their most basic needs: The lockdown prevented many Nigerians working in the informal sectors from traveling to work or conducting their businesses. Local food vendors and traders could not feed their families during the lockdown, with their daily earnings which is their only of sustenance. Prices of food items equally went up, meant more pains for common people who couldn't stock up on necessary items.

The informal sector according to the Lagos Chamber of Commerce (2019) employs more than 80% of Nigerians. These include people in occupation from street trades, taxi drivers, tradesmen, and artisans to food vendors and hairdressers. In Lagos alone, 65% of the estimated 25million people work in the informal sector. These workers have low incomes, often do not have saving, health insurance, or pensions as a basic social safety net, and 72% are summarily poor.

Apart from the informal sector, Nigerians operating private formal businesses and employees had unusual tales to tell during the lockdown, most of them did not work or receive salaries for good 4 to 5 months, these include operators of private schools at all levels, hotels and clubs, churches, etc. Even those in the public service are not exempted because our values are such that we care for neighbors and relatives. The salaries of the very formal sectors were overstretched as friends, and relatives in the informal sector and private employers pester them to access reliefs For instance, we observed within our neighborhoods that civil servants whose salaries were steady were worshipped by helpless friends and other dependants for support.

Another aspect of the lockdown experience was the closure of schools which led to obstruction of academic calendars. School children were made to stay idle for 4 to 5 months observing the lockdown. Both West African Examination Council and National Examination Council had their examination dates adjusted as a result of the pandemic (Adebowale, 2020). The lockdown experience affected learning adversely despite the introduction of radio/television classes. These alternatives could not be like the normal classroom learning especially considering our various development and infrastructural challenges as a country This is because in Nigeria, the availability and reliability of public power supply to power electronic gadgets for online learning is poor. Many areas or locations still do not have good telecommunication network coverage for mobile telephone and internet services. Even where and when the power supply and network services exist, the capacity to explore the opportunities they provide is lacking in most trainers and trainees alike.

5. MANAGING COVID -19 IN NIGERIA

The Federal government, state governments and corporate bodies swopped into action to contain and slope the curve of the spread of the COVID -19 in Nigeria. The Federal and state government introduced lockdowns, aimed at restricting movement except those on essential services, the president set up the presidential task force on COVID -19, and the Central Bank of Nigeria mobilized the private sector operators to support government with donations. There was also the presidential addresses/ briefings of the president, partial reopening of the economy, inclusion of the Conditional Cash Transfer of the N-power programme, distribution of the palliatives by both government and CACOVID etc. However, these wonderful efforts to stem the tide of the pandemic where largely politicized, casting doubts and debates on the sincerity of all the stakeholders in the management of COVID - 19 among Nigerians

Lockdown/ restriction on movement orders: President Muhammadu Buhari in his address to Nigerians on the corona virus crisis on March 29th, 2020, ordered residents of Lagos, Ogun and FCT states to stay at home for an initial period of 14 days with effect from 11pm Monday 30th March, 2020. The order however, exempted hospitals, and related medical establishments as well as organizations in healthcare related manufacture and distribution (www.premiumtimesng.com 29/3/2020). The purpose of the containment period is to identify, trace, isolate all individuals that have come in contact with confirmed cases of COVID – 19. The various state governments imposed partial or total lockdown.

However, at some points and places, people did not follow the presidents' orders. The orders were largely observed in breaches. During the period, there was little or no restrictions as people who were not exempted were traveling especially at nights. Various checkpoints mounted to enforce the orders were turned to Automated Teller Machines by security agents, making merchandize of the lockdown orders, while the real poor masses continued to suffer closure of markets.

During the lockdown also, political parties and politicians carried on as if there was no restriction. Political rallies were held in various parts of the country especial during Edo and Osun gubernatorial elections in flagrant violation of lockdown orders and NCDC safety protocols. These could explain the surge in the confirmed cases during the period. Does it mean the virus could only spread in markets, churches and schools?

Institution of the presidential taskforce on COVID-19

Early in March, President Buhari established a high powered Presidential Task Force (PTF) to coordinate Federal Government efforts in fighting the pandemic. The PTF is headed by the secretary to the Government of the Federation (SGF), Mr. Boss Mustapha. It had the Ministers of Health, Interior, Information,

Foreign Affairs and relevant agencies of government like the Director General of the Nigeria Centre for Disease Control (NCDC) as members.

The membership of the PTF generated mixed reactions among Nigerians. The Nigeria Medical Association among others frowned at the composition of the PTF without adequate representation of professional bodies related to the challenge. The body maintains that most of the people in the taskforce are politicians. People were of the view that such a high powered taskforce should be made up of selected professionals with distinctive profiles in the area. Apart from the DG of NCDC, other members are not properly skilled in the area of infectious diseases control and management. The membership was borne largely out of political correctness than responsibility.

COVID-19 donations

Following an announcement made on the 26th March, 2020, by the Governor of the Central Bank of Nigeria, the CACOVID was formed (CNBC Africa, 15th May, 2020). It is a private sector led initiative established to assist government in combating the corona virus disease in the country. The purpose of the relief fund is to support the Federal Government of Nigeria in containing the COVID-19 pandemic in Nigeria; ensure patients get the care they need and frontline workers get essential supplies and equipments; and to accelerate efforts to provide tests and treatment (The Guardian Nigerian, 15th May, 2020; Nairametric, 15/5/20). Good numbers of the private sector donated handsomely. Major companies, including Dangote groups, Access Bank, and MTN donated to the CACOVID relief fund, in addition to several private organizations and individuals (Premium Times, 15/5/20; Nairametric, 15/5/20; the Africa Report, 16/5/20). As of June, 2020, CACOVID has mobilized more than \$72 million in donations.

However, the dispositions of the donors to their customers or client after such huge philanthropic gestures left much to be desired. For instance, banks in Nigeria were reported to have laid-off about 2,477 of their employees in the second quarter of 2020. The banking sector reduced its total headcount to 94, 498 as of June 2020 from 96, 975 in March of the same year. The total banking sector employees was 103, 610 at the end of 2019 (National Bureau of Statistics Second Quarter Report, 2020, Nairametrics, 13th September, 2020). The criticisms that followed such retrenchment made the Central Bank of Nigeria to issue a press statement confirming that it had agreed with banks to suspend the sacking of bank staff. The CBN particularly maintained that in order to help minimize and mitigate the negative impact of the COVID-19 pandemic on families and livelihoods, no bank in Nigeria shall retrench or lay-off any staff of any cadre (including full-time and part-time) (Bassey, 2020). Here lies the politics of the CACOVID donations. Some of the donors donated only to start laying-off their staff for lack of funds. The Access Bank, in particular laid off many staff while it just gave such whopping sum to the CACOVID. Did the CACOVID donors donated out of philanthropy or was there coercion or other ulterior motives? Some private universities and renowned churches donated both in kind and cash yet, they owed their staff during the period. The donation was just merely a ploy to curry political favour either now or latter.

The ideal would have been for the donor banks to credit the accounts of their vulnerable customers. With their customers' BVN and account numbers it would be easy for the banks to pay COVID bonuses to them within a given total account balance.

Presidential Address/Briefing: In the addition to the regular meetings of the PTF, the president addressed Nigerians on few occasions. The president is the father of the nation and as such ought to reflect the mood of the state. His address to the nation reassured the people of his government's commitments in the Covid-19 fight.

However, the president just addressed the country for only three (3) times all through the excruciating pains of the lockdown. These included 29th March, 13th April, and 18th May, 2020. This is not caring enough. The situation is even worsened by allegation in some quarters that most of the broadcast were pre-recorded and not a live broadcast. In other countries, like the USA, the president is seen addressing the nation regularly through live interviews, twitter messages, etc personally to reassure the people of government's commitment. But in the case of the country, the SGF dominated the process. The messages coming to the Nigerian people on the COVID were from the presidency not the president.

Palliatives distribution

COVID-19 palliatives in Nigeria were of two categories. These included Federal Government palliatives procured and distributed through the Ministry of Humanitarian Affairs, Disaster Management and Social Development and the private-led CACOVID palliatives. In addition the president directed the Ministry to expand its Conditional Cash Transfer (CCT) to accommodate more Nigerians with a cash of ₦20, 000.00 each for four months.

However, the manner with which these palliatives, especially the government owned were distributed sparked off argument and debates. The minister in charge of these palliatives, Mrs Farouq stated as at March 31st

that the National Social Register included 11, 045, 537 people from 2, 644,493 households. The president on the 13th April directed an expansion from the 2.6 million households to 3.6 million in two weeks (Okwumbu, 2020). Despite the increase, there is no clear evidence that such number of Nigerians benefited N20, 000 bonuses for 4 months as the ministry claimed. The allegation was that even when some bonuses were paid, there were ethnic, religious and political biases. While the North received much more, the allegation was that the South got much less.

Following the doubt over the sincerity of the claim on CCT palliatives, the Action Aid Nigeria, a non-governmental organisation through its Country Director, Ene Obi expressed concern over the management of the CCT and COVID-19 palliatives. The NGO urged the government to publish list of palliatives' beneficiaries. Another civil society organisation, the Social-Economic Rights and Accountability Project equally filed a lawsuit at the Federal High Court, Abuja to order the Federal Government and Central Bank of Nigeria (CBN) over COVID-19 palliatives in the country. The Civil Society Organisation expressing doubt about the sincerity of government in the management of the several funds mobilized in the fight against COVID-19, asked the court to order the Federal Government and CBN to publicly identify and name Nigerians who have so far benefited from any cash payments, cash transfers, food distribution and other reliefs and palliatives during the lockdown in Abuja, Lagos and Ogun states because of COVID-19. The suit number is FHS/ABJ/CS/657/2020 (This Day, 29th June, 2020).

Furthermore, the quality of the palliatives distributed in some states leaves much to be desired. Some of the distributed bags of rice for instance were allegedly expired, poisonous and dangerous to health. The Vanguard on the 4th August, 2020 had a headline of Benue State Government alleging that the Ministry of Humanitarian Affairs gave them 1,800 bags of expired rice. The South West states also expressed concern and worries over the quality of rice supplied to the region as Oyo State Government discovered that palliative rice supplied to the state was very bad. The Oyo State Government vowed to return the bags of rice after discovering that much of the rice had expired. The Governor said the rice is not fit for human consumption (Oluwole, 2020).

Another form of manipulation witnessed in the handling of the COVID-19 palliatives was massive hoarding of the items in various warehouses across the country. While some states shared their portions of the palliative items on time, others allegedly hoarded and were repackaging them for possible resale (Obiezu, 2020; Gbaoron, 2020). Particularly, the Adamawa State APC Chairman, Ibrahim Bilal accused the state government of repackaging the state's shares of the COVID-19 palliatives for resale. This was happening when many Nigerians suffered hunger due to the lockdown. Nigerians especially the youth besieged suspected warehouses housing the COVID-19 palliatives in Abuja, Jos, Kaduna, Kogi States etc and looted them.

6. LESSONS/RECOMMENDATIONS FOR MANAGING SIMILAR CHALLENGES IN NIGERIA

The COVID – 19 pandemic has cost Nigeria and Nigerians much in every area of life. However, the experiences from the pandemic are huge takeaways for the government and the governed in managing similar challenges in future.

Firstly, the government should learn to be proactive in managing the challenges facing the country. Like what happened in the health sector, it was a product of perennial neglect of that important sector. The budget votes for health have been poor. Facilities in the sector have been deplorable and dilapidated. The morale of the personnel has equally been affected. The government should not wait for tragedies to occur before taking necessary actions. More budgetary allocation and releases should be made for health, education, security and agriculture.

Secondly, the spirit that led to the establishment of CACOVID should be encouraged and promoted. The corporate social responsibilities of the organized private sectors as expressed in the CACOVID helped the government to meet development needs. The task of socio-economic development should not be left to the government alone. The organized private sectors should not be overtly or covertly coerced before performing their corporate social responsibilities to their host communities. However, each should support based on her ability. This would forestall the bad feelings many Nigerians expressed when after giving handsomely to support COVID fight these bodies started laying-off their workers for lack of funds.

Furthermore, the leaders at all levels of government should be more patriotic in dealing with the people. The allegation of distributing expired and poisonous items to the people if true is not desirable. More undesirable is the biased manner with which the palliatives were allegedly distributed on the bases of religion, tribe, etc. In case there is atom of truth in the incidences of alleged hoarding of palliatives and distribution of “not good for human consumption items”, the authorities should vehemently sanction those responsible to serve as deterrence to others. The allegations are not good for the country's image in the comity of nations.

Lastly, both the civil society organizations and the media are important tools for checkmating possible excesses of government and her agents. The courage of the ActionAid, SERAP, etc is laudable. Such actions of filing lawsuit against the government to court for explanations could make leaders sit up. The media publicity

and coverage of the pandemic helped in educating the public and exposing manipulations in the processes. This also serves as checks on the use of power by those entrusted with it.

II. CONCLUSION

Nigeria has the resources to combat challenges as the COVID – 19 pandemic. The only thing needed is the political will of the leaders at various levels which makes proactive actions imperative and eschews ethnic as well as religious biases in proffering solutions to problems facing Nigerians.

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