

NAME: AKPUFU NATEN VIVIAN

MATRIC NO: 19/law01/025

# The impact on Nigeria of the coronavirus pandemic

AKPUFU NATEN VIVIAN IN ABUJA, 15th April 2020

'Pandemic' means a disease that has spread on a global scale. The Coronavirus Disease (COVID-19) that started out as an epidemic in Wuhan, China in December 2019 and ended up as a pandemic (affecting the whole world) has thrown the whole world into a war-like situation. Scores of thousands of deaths have been recorded cumulatively for all countries across the world. Health systems in most countries are overwhelmed by the seriously sick patients in hospitals, many of whom are on ventilators and nursed in intensive care units (ICU). Global and local economies stand at their worst in decades; the world economy is now declared to be in recession by the World Bank/IMF, and could eventually lead to the deepest depression since 1929.

The price of crude oil (the mainstay of the Nigerian economy) tumbled like never before in the last 20 years. It went to as low as below \$20 per barrel from above \$60 just before the

pandemic. It has never been this bad in the last two decades and this has made a mess of the Nigerian federal government's budget estimates for 2020; making salaries payment, debt obligations and other projections uncertain. This is clearly so because the price of crude oil, which contributes over 90% of Nigeria's externally-generated revenue, now hovers around \$30 per barrel, which is far less than the budget's benchmark of \$57 per barrel, and this signifies tough times ahead. The number of confirmed COVID-19 cases in 52 countries in Africa, as of 9 April 2020, is put at 12,368; a very small fraction (0.8%) of the world's total. Africa's confirmed COVID-19 death toll is put at 632 (0.7%) of the world's coronavirus related deaths for the same date. South Africa accounts for the highest number of confirmed cases at 1,934 with 11 related deaths. On the other hand, African countries closest to Europe and the Middle East account for half of the COVID-19 cases on the continent. Most of the cases and deaths, however, occurred in four North African countries, Algeria (1666), Egypt (1699), Morocco (1374) and Tunisia (643) with 80% (4 out of 5) of the total COVID-19 related deaths in Africa.

On the other hand, Nigeria which is the most populous country on the continent with an estimated population of 200

million (15% of Africa's 1.3 billion people) has 323 confirmed cases of COVID-19 (2.5% of Africa's) and 10 deaths as of 12 April 2020. These numbers are, however, far from the true reflection of the situation in Nigeria, based on the fact that testing is not being carried out on a large scale. The Nigerian Centre for Disease Control (NCDC) stated earlier in the month that the present testing volume is 500 tests per day and hoped to increase this capacity to 1000 or more tests per day in the coming weeks. Thus far, less than 5000 tests have been carried out in a population of 200 million.

It is pertinent to note that Nigeria's prevailing situation is a case of an infectious pandemic overriding existing recurring and ongoing epidemics, especially of cholera, Lassa fever and yellow fever; these jointly kill thousands of people yearly. This is of course outside malaria-related deaths. Malaria fever is an endemic disease that kills tens of thousands of Nigerians (especially children) yearly. Nigeria accounts for up to 25 percent of the global cases of malaria and up to 110,000 deaths yearly especially among children under five (WHO, 2015).

Although malaria is a preventable and potentially eradicable disease, the complacency of the capitalist order in protecting the interest of multinational drug companies, over and above

that of the populace, has seen the persistence of the disease in Nigeria and some other parts of the world. The ongoing outbreak of Lassa Fever and Yellow Fever, terrible hemorrhagic diseases with symptoms of fever, body aches, vomiting, diarrhea and sometimes bleeding through body orifices – mouth, nose, anus etc., is a case of great concern being overshadowed by the COVID-19 pandemic. Hundreds of lives have been lost to these epidemics, including recent cases of doctors and nurses who got infected and died in the process of treating infected patients. An estimated 300,000 to 500,000 cases of Lassa Fever and 5,000 related deaths occur annually in West Africa alone (source: NCDC), and Nigeria accounts for 50% of the region's estimated population of 401 million and a significant number of these cases.

It is now very evident that there was really no preparation to arrest the earliest cases of importation of COVID-19 into the country which could have been done at the points of entry into the country, especially at the international airports. Effective quarantine of travellers coming into the country, since the Chinese outbreak became news in January could have been done. It was not until much later, by 18 March 2020, that Nigeria eventually placed a travel ban on 13 countries with

high incidence of the disease namely the United States, United Kingdom, South Korea, Switzerland, Germany, France, Italy, China, Spain, Netherlands, Norway, Japan and Iran. The regime later banned all international flights into and out of Nigeria effective 23 March 2020. This knee jerk, uncoordinated approach came rather late. By then, many returnees had already melted into the communities.

The regime later banned all international flights into and out of Nigeria effective 23 March 2020. This knee jerk, uncoordinated approach came rather late. By then, many returnees had already melted into the communities. The first case of COVID-19 was confirmed on the 27 February 2020 in Lagos, Nigeria's commercial capital with a population of 21 million. The index case arrived from Milan, Italy, then the fourth country with high incidence (371 cases), and came into the country via Lagos Airport on 25 February 2020 where nothing serious was on ground to check or track new entrants into the country from suspected places with acute infections. The fellow, who works with the multibillion dollars multinational, Lafarge Cement Company, went for a meeting at the company's factory at Ewekoro, Ogun state, an adjoining state to Lagos. It was at the Lafarge's medical centre in

Ewekoro that the case was flagged when he presented sick, and was sent for testing and confirmed COVID-19.

More cases were thereafter discovered, a number of them being high ranking politicians and senior government officials. Among these were President Buhari's Chief of Staff, Abba Kyari; the Governors of Bauchi, Kaduna and Oyo States; the nation's Comptroller General and Head of Immigration; Deputy Speaker of Edo State House of Assembly and son of former Vice President Atiku Abubakar (the main opposition party's presidential candidate at the 2019 elections). What was also revealed was that these political elites clearly shamefully refused to follow the public health advice of social distancing and a minimum of 14-day self-isolation expected of all recent travellers, which invariably led to infection of their contacts, and of course their contacts' contacts. This stupidity no doubt contributed to the leap in COVID-19 cases from less than 10 in two weeks to over 300 confirmed cases now. As parts of the efforts to curtail the COVID-19 pandemic, the federal government ordered a lockdown on Lagos, Ogun and the FCT Abuja, for an initial period of two weeks starting 11:59pm, 30 March 2020, now extended by another 2 weeks from 13 April 2020. Many other states are already applying one stay-at-home

rule or the other up to state boundaries closure. However, locking people down at home in the Nigerian context is like asking people to go hungry for the duration of the lockdown. More than 60 per cent of Nigerians survive on daily pay from menial jobs and petty trading. A lockdown means their means of daily livelihood have been locked down. The plight of private sector employees is no better. Many private employers have maintained a 'no salary during lockdown' stance, or at best a 50 per cent pay cut. Some have even completely laid the workers off. Labour must agitate for full pay for workers, whether private or government employed, for as long as the lockdown lasts. Government must also distribute foodstuff and domestic essentials to the poor masses to cushion the effect of the lockdown.

Pangs of hunger will lead to widespread anger. Protests in different forms are already being seen within the communities. People are protesting against a lockdown without palliatives, against the high-handedness of law enforcement agents, and even rejecting all manner of palliatives that smack of insult to their intelligence, such as packs of food that are not enough to feed a family of six in 2 weeks being distributed to be shared among 60-80 families in a cluster. This protest mood that is

brewing has the potential to transform into a movement that would pose a serious challenge to the lockdown if the hunger question is not resolved. It could also get a lot worse, as we are beginning to see in some places in Lagos and Ogun States where a layer of lumpen youth, pushed to extreme hunger by the lockdown, go on mass looting of shops and houses, carting away ordinary people's food and belongings.

The necessity for the labour movement to be visible on issues that concern the workers and poor masses cannot be over-emphasized at this moment. Labour must organize and harness these pockets of protests and demand adequate food distribution to all households in need. However there are safety precautions we can all take to prevent the virus;

To prevent the spread of COVID-19:

Clean your hands often. Use soap and water, or an alcohol-based hand rub.

Maintain a safe distance from anyone who is coughing or sneezing.

Don't touch your eyes, nose or mouth.

Cover your nose and mouth with your bent elbow or a tissue when you cough or sneeze.

Stay home if you feel unwell.

If you have a fever, a cough, and difficulty breathing, seek medical attention. Call in advance.

Follow the directions of your local health authority.

Avoiding unneeded visits to medical facilities allows healthcare systems to operate more effectively, therefore protecting you and others.



