

THE IMPACT ON NIGERIA OF THE CORONAVIRUS PANDEMIC: SOCIOECONOMIC PANDEMIONUM

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). 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.

In 2018 Nigeria climbed out of the recession which had been triggered by the sharp drop in crude oil earnings in 2015-2017, but low economic growth rates were recorded subsequently, 1.9% in 2018 and 2.3% in 2019, and was projected to rise to 2.9% in 2020 and 3.3% in 2021. The estimated growth rate for 2020 has, however, now been shattered by the ongoing meltdown in the world economy which is presently in recession, a development accelerated by the ongoing Coronavirus pandemic. The first casualty of Covid-19 was the Chinese economy, where the pandemic first broke out; it instantly applied the brakes to production in most factories in China, which led to the disruption of the supply chain of both finished and semi-finished products for direct consumption and raw materials for other factories elsewhere in the world. Expectedly, when the world's second largest economy, China, stopped production, a sharp reduction in the demand for crude oil also occurred. This sharp reduction in demand from China and others, the pandemic panic-related crude oil supply war between two major crude oil producers in the world, Russia and Saudi Arabia (leading to a supply glut), and speculators' activities all led to a sharp drop in the price of crude oil from above \$60 per barrel to less than \$20 per barrel in the last days of March 2020 before it started rising again.

Even long before the announcement of lockdowns across countries, immediate job and income loss was on the order of the day for Nigerian small business owners occasioned by the pandemic in the earliest days, showing the inter-dependence of the world economy at all levels even in backwater town and villages. A typical example here is the effect of the pandemic on the sporting world and the spiraling effect on the owners of the ubiquitous soccer leagues viewing centres across Nigerian cities, towns and even villages where sport fans pay to watch these matches. With the suspension of the various leagues, it has been zero income for this sector.

Another example is the aviation industry which has witnessed an unprecedented suspension of its activities and led to loss of millions of jobs around the world. The International Air Transport Association (IATA) on 3 April stated that 91,380 jobs were at risk in Nigeria's aviation industry due to the travel restrictions imposed by several countries to control the spread of the coronavirus which led to a revenue loss of \$760 million. The body further projected that airlines across Africa and the Middle East have lost about \$23 billion to the pandemic. Many airlines have announced various measures, from outright lay-offs to stoppage of workers' salaries to cuts in wages. Nigeria has an estimated population of 200 million people, a very poor doctor to patients ratio of 4 doctors to 10,000 patients, worsening daily because doctors, including the newly graduated ones, continue to emigrate to Europe, North America, the Middle East, etc. at the slightest opportunity (compare this to the UK – 26:10000, or the US – 24:10,000). The scenario is even worse for the nursing workforce that requires less stringent professional requirements to work in the aforementioned countries.

The truth is that if COVID-19 breaks out in Nigeria at even a quarter of the scale seen in Italy, the entire health system would go under within days. According the WHO (2004), there are approximately 5 hospital beds per 10,000 people in Nigeria, 12 times less than what used to be the case in 1988. The University College Hospital, Ibadan with the highest bed spaces only boasts of about 900; most other Teaching and General Hospitals (mostly public) have less than half of this capacity.

The overall intervention on health in Nigeria has been recurrently unimpressive and in a constant free-fall, usually below 5% of total federal government's budget and far below the WHO's recommended 15% of the budget. Nigeria's 2020 health budget is a paltry N427 billion, equivalent of \$1.18 billion, in a country of 200 million people. Even at that, N336 billion (70%) of this is budgeted for recurrent expenditure – medical staff salaries, office running, among others. Only 46 billion naira is earmarked for capital expenditure on medical infrastructure and equipment while just 44 billion naira is set aside for actual service delivery which comes out to N220 (\$0.6) per citizen per year. In comparison, South Africa with a population of 56 million has a healthcare budget almost 12 times that of Nigeria, at \$12 billion. Other African nations like Ghana, Angola, Egypt, Gabon, Morocco and Tunisia, according to World Bank records, also spend more per capita on healthcare than Nigeria.

All these are pointers to the fact that Nigeria's health sector has suffered from gross underfunding that has led to the poor state of the infrastructure, lack of equipment, scarce and inadequate protective gear for health personnel, poor remuneration and avoidable brain-drain (over 5,000 registered Nigerian doctors practice in the UK alone). The thought of the horrid state of Nigerian hospitals sends jitters down the spines of the ruling class; now that they, like the masses, would have to contend with this reality on the ground, especially with the option of medical tourism closed to them for now.

Very closely related to this is the issue of lack of pipe-borne water, sanitation facilities and decent accommodation for most people in Nigeria. This fact alone constitutes a major hindrance to the attempts at containment of the pandemic. Regular hand washing under a running tap presupposes that people have clean and running pipe-borne water. About 69 million Nigerians have no access to clean water (UNICEF). This lack of access to water invariably leads to water-borne diseases like cholera, which continue to break out as regular epidemics in Nigeria. Social distancing and self-isolation presupposes that people have enough space to practice that. In a city like Lagos where we have over 100 slum areas, about 80 people can be found sharing a 10-room building with only two toilets and a bathroom being shared by all with no pipe-borne or treated water readily available.