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CORONAVIRUS PANDEMIC;

It would be hell if the Covid-19 breaks out in Nigeria on the scale presently being witnessed in Europe and the US. Apart from the dire state of the healthcare system, 69 million Nigerians have no access to clean water. This invariably leads to water-borne diseases like cholera, which continue to break out as regular epidemics. Social distancing and self-isolation presuppose that people have enough space. In 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.

Clearly 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.

**Two Million Infections and Over a Hundred Thousand Deaths**

By the early hours of 12 April 2020, the overall statistics of COVID-19 (Coronavirus infections) and associated deaths remain alarming and fearful. The viral infection continued to gallop; it is now over the 1.8million mark for all cases in 203 countries and territories across all continents of the world – Asia, North and South America, Europe, Australasia and Africa. The number of deaths related to coronavirus is now [at the time of writing] well over 120,000. The statistics are alarming because the rise to the 1.8 million confirmed cases took less than 4 months.

The global impact of COVID-19 has been terrible. When it really hits Nigeria, the results will be catastrophic / Image: Commonwealth Secretariat

The capitalist leaders of the world, especially in the advanced capitalist countries, are particularly panicky because of the way the pandemic has quickly overwhelmed their health systems; glaringly exposing the decades-long short-changing of the health sector in the various countries and by extension revealing how fragile and interconnected the world economy is. This interconnectedness explains the current accelerated economic downturns in most countries.

Political office holders and health officials in many countries are crying out that the capacity to hold down the death rates arising from the virus is very limited, and in places like Europe and America the ratio of cases to fatalities continues to rise unabatedly. Patients are left to die unattended because of lack of ventilators and other equipment, whilst health personnel are daily being faced with the painful option of saving the young ahead of the elderly.

Overall death counts for the COVID-19 pandemic, within its short history, remain unpreceded in modern times since the 1918 Spanish flu pandemic that affected 500 million of the then 1.5 billion world population and led to millions of deaths including hundreds of thousands of deaths in the then Nigerian population of 18 million. But 1918 was more than a century ago; that was a period when the world did not have anything near the present level of sophistication of modern medicine and intensive care practice. As of 12 April 2020, the United States had become the country with the highest number of COVID-19 confirmed cases with an incidence of over 500,000 cases and more than 23,000 deaths. Italy has fatalities with about 20,000 deaths from 160,000 cases, Spain with 17,000 deaths from 170,000 cases. France had recorded almost 12,000 deaths from 118,000 cases while China had 3,339 deaths from 82,883 cases. Sadly, over the last one week the number in deaths and confirmed infected individuals have increased astronomically by every ticking minute.

**Nigeria and Africa: Epidemics before Pandemic and Ill-Preparedness for All**

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 1.3billion 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 200million.

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.

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**Early Faces of Coronavirus in Nigeria – President’s Chief of Staff, Atiku’s Son and Governors**

A number of high-ranking public figures have fallen ill / Image: fair useThe 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.

**The Truth, the Farce and the Science of the Pandemic**

Contrary to the many spurious unscientific explanations and conspiracy theories on the origin of the disease being peddled on social media and by some religious personalities – including the notion that the new non-ionisation radio wave 5G technology is linked to the origin of Coronavirus – the truth is that Coronaviruses are not strange to the medical world and they have been studied in the past. The name Corona has to do with its appearance under the electron microscope, it has a fat layer envelope which is shaped like a crown (‘coronam’ in Latin means ‘crown’). It should be noted that one of the germs that cause the common cold (catarrh) is a type of Coronavirus which affects many people but soon resolves on its own.

In other instances coronaviruses have been known to jump from some animals and infect humans (a phenomenon called zoonotic infection) and then spread further via human to human transmission such as the case with the coronavirus that caused the 2012 Middle East Respiratory Syndrome (MERS Coronavirus or MERS-CoV) and the one that caused the 2003 outbreak of Severe Acute Respiratory Syndrome (SARS Coronavirus or SARS-CoV), thought to have come from bats. The present pandemic is caused by a virus whose genetic content mapping is very close to the genetic map of the virus that caused the 2003 severe acute respiratory syndrome – it is this similarity that earned the new coronavirus similar nomenclature, SARS-CoV 2. It was also previously referred to as 2019-nCoV or Wuhan Coronavirus.

Towards the end of December 2019, this novel coronavirus was identified as the cause of the sporadic severe respiratory tract disease cases in Wuhan, the capital city of Hubei Province, China. It rapidly spread, resulting in an epidemic throughout China and then moved to other parts of the world like wildfire, affecting every continent on earth, except Antarctica. The World Health Organization (WHO) later designated the disease COVID-19, which stands for corona virus disease 2019, and declared it a pandemic on 11 March 2020.

However, a major undoing of the fight against COVID-19 in Nigeria is the fact that a large number of people at first did not believe the ‘novel coronavirus story’; these layers were not won over by the propaganda of the government about the reality of the pandemic and steps to take to limit its spread – understandably as the government has failed them in all facets of life. Many believed it was just another ploy to siphon money from the nation’s coffers and deceive the people. At the very best, they reckoned that even if the disease was real, it was for the rich and maybe a punishment for those in power going by the first Nigerian faces of the disease. More so, at this stage the number of those infected, or the number of deaths (6), was in no way alarming.

The truth however, as enunciated above, is that the science and manifestation of the new coronavirus disease is real, predictable and reproducible. Moreover, in other parts of the world where it has affected close to 2 million people and killed some 120,000, it is obvious now that COVID-19 does not discriminate; it affects the rich, the poor, workers, political leaders, whites, coloured people, blacks, the elderly and the young.

What has been reproducible about the Coronavirus pandemic the world over is the high rate at which it spreads among clusters of people and close contacts; and the fact that it does not kill evenly among all age groups. About 80% of infected persons may actually show mild (low fever, dry cough, runny nose) or no symptoms, while about 10 to 15 per cent would develop moderate to severe symptoms that need hospital admission cum treatment, with many recovering fully. However about 5-10% of COVID-19 patients develop serious complications of severe breathlessness and hence need intubation and ventilators and management in intensive care units (ICU); many of whom usually die. Most people in this category are individuals with underlying medical issues such as cancer patients, those with kidney disease, diabetics and the elderly; the older the person, the worse is the likely outcome.

Here lies the essence of the great concern about Nigeria and most countries in Africa: it would be hell if the disease breaks out here on the scale presently being witnessed in Europe and the US, where we have hospitals and isolation facilities over-filled, people admitted on hospital corridors and horrendous scarcity of life-saving machines like ventilators.