

**ASSESSMENT OF GOVERNMENT POLICY ON HEALTH
EMERGENCIES: THE MANAGEMENT OF THE COVID-19
PANDEMIC**

By

Ugoeze Chisom SYLVANUS-KILLIAN (Mrs.)

(PG/NLS/2015056)

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CHAPTER ONE

INTRODUCTION

1.1 Background to the Study

The outbreak of the COVID 19 pandemic in the year 2019 put the world health system in a great fix. It was like the world had come to an end with the way the various government of the world responded to the emergency. Coronavirus disease 2019 (simply called COVID-19) is a viral pneumonia with symptoms such as dry cough, fever, sore throat, dyspnea, body pain, and diarrhea (Adhikari, Meng, Wu, Mao, Ye, Wang, Sun, Sylvia, Rozelle, & Raat, 2020). This disease emerged in late December 2019 in Wuhan, Hubei province of China, and within three months, it had spread globally.

Sequel to the advice of the International Health Regulation Emergency Committee, the Director-General of the World Health Organisation, WHO, declared the Covid-19 outbreak as a Public Health Emergency of International Concern (PHEIC) on 30 January 2020 and thereafter, characterized as a pandemic in 11 March 2020 (WHO, 2020). The outbreak was reported in all continents, with the first case in Africa reported in Egypt in February 2020 (Roussel; Giraud-Gatineau; Jimeno; Rolain; Zanotti, Colson; & Raoult, 2020). Globally, over 81,673,161 million confirmed cases and over 1,781,540 deaths have been recorded (Worldometer, 2020).

The pandemic had its toll on virtually every country in the world, including Nigeria, which recorded its first case in February 2020 from a supposed Italian who was on transit in the country and had since gone on to record over 84,811 cases as of 29th of December 2020

(Nigeria Centre for Disease Control, 2020). As of 27th December 2020, there were 3376 confirmed cases, 3111 discharges, and 64 deaths recorded across various states in Nigeria. States like Lagos, Kano, Rivers and Kaduna were among the high burden states in Nigeria (Rivers Public Health Emergency Operations Centre, 2020).

Several measures were put in place to sensitize the public on the implications of the outbreak and possible means of avoiding getting hit. Policies were made to prepare the health system to cope with the emergency situation. In all, the policies of government were more of restrictions and regulations of human movement rather than the way out of the health conundrum. A lot of people never believed the government was working to protect them but saw government actions as one of the means of punishing the people and exerting total control on their activities.

As a preventive measure, before the importation of COVID-19 into Nigeria, the government established a Coronavirus preparedness group through its nation's leading public health agency, the Nigeria Centre for Disease Control (NCDC), had commenced point of entry screening for travelers. Based on lessons learned from the Ebola Virus Disease outbreak during the administration of the Dr Goodluck Ebele Jonathan led administration, the NCDC strengthened the National Reference Laboratory with diagnostic capacity for epidemic-prone pathogens. Through this process, the NCDC supported 22 of the 36 states to establish emergency operation centers (EOC) and trained rapid response teams in all 36 states (Kapata, Ihekweazu, Ntoumi, Raji, Chanda-Kapata, & Mwaba, 2020).

The agency also provided relevant public health advisory to Nigerians; shared the case definition and preventive information with networks of national and subnational public health workers; built capacity for contact tracing and case management; and strengthened five laboratories for diagnostic capacities (Adepoju, 2020).

The Nigeria Center for Disease Control (NCDC) was the key communication agency of government policy through its significant online presence and tech-enabled provision. Its role proved critical at a time when commentators have recognized the widespread proliferation of Covid-19 misinformation in Africa, particularly in Nigeria. With over 4.5 million followers on Facebook and 2.3 million followers on Twitter, the NCDC routinely shared information such as its daily situation report and changing guidance on social media, where it regularly receives tens of thousands of interactions. The Nigeria CDC's public campaign message, Take Responsibility, reflects the WHO guidance that outbreaks can be controlled only through sustained behavioral change by the public. Nigeria CDC's Covid19 mini-site brought together dashboards with disaggregated data, health guidelines, travel information, location data on sample collection sites and laboratory capacity, and frequently asked questions in a single place for ease of use, while also embedding global data and material from the WHO. The Nigeria CDC's automated online tool, NCDCB, allowed users to assess their risk factors and understand when they should contact health agencies for a formal diagnosis or more information. This form of triage allows the Nigeria CDC to more intelligently reserve its contact routes, which ranged from a toll-free telephone number to WhatsApp, Telegram, and Twitter, for other queries. Intelligent use

of technology-driven solutions has been key in one of the continent's most digitally connected countries.

1.2 Statement of the Problem

The emergence of Coronavirus (COVID-19) as a global pandemic took the entire world by storm. Nigeria on a daily basis witnessed an influx of people with different health conditions and the government undertook strict social, security and medical measures to safeguard the people. The fear of contact with the virus was far more than the effect of the real virus. There was desperation on the part of the government and non-governmental organisations to spread the message of COVID restrictions to enable the people stay safe throughout the period of the pandemic.

To this end, the government devised several means to carry on with the prevention cum survival message of the COVID 19 pandemic. One of the means devised by the government was to opt for the use of Pidgin English as a way of reaching majority of the people especially those that were living in the remote areas of the State. Various ethnic nationalities in Nigeria also adopted various ways including the simplest language in order to reach the grassroots and to sensitize and enlighten the people during the COVID-19, its dangers, its mode of transmission, as well as measures to prevent the spread using the institutional framework of the National Centre for Disease Control, NCDC.

Accordingly, it is apparent that the oversight function of the legislature on the health facilities cum emergency health operations was not evident at the peak period of the pandemic. This led to the adoption of nearly draconian measures in combatting the spread of the pandemic.

1.3 Research Questions

In view of the objectives above, the following questions were preferred to guide the study.

- i. What were the communication strategies of government in controlling the spread of Covid-19 in Nigeria?
- ii. What was the citizens' response to government's Covid-19 protocols in Nigeria?
- iii. How did government protocols affect the management of health emergencies in Nigeria?
- iv. What are the factors limiting the development of the public health system in Nigeria?

1.4 Objectives of the Study

The broad objective of the study is to assess how government health policy affect the management of health emergencies like the COVID 19 pandemic in Nigeria. Specifically, the study sought to:

- i. ascertain how government protocols affected the management of health emergencies in Nigeria and;
- ii. determine the factors limiting the development of the public health system in

Nigeria identify the communication strategy used by government to control the spread of Covid-19 in Nigeria;

iii. examine citizens' response to government's Covid-19 protocols in Nigeria.

1.5 Significance of the study

A study of this nature bears a lot of significance in the life and future of a nation. This is because its findings will serve as bastion for planning and good decision making by both the government and the people in the future and appropriation of lessons learnt in the process of the pandemic. This study will therefore, be of benefit to the government, media, advertising firm, policymakers, university students, lecturers, and researchers. It will enable the government to fashion laws that will boost the compliance culture and morale of citizens. Similarly, it will enable policymakers and stakeholders to fashion policies that will guide citizens on how to respond to any health emergencies.

This study is beneficial to the people as well as health professional as it could generate results or findings through data collected from respondents leading to further studies in relevant aspects of health emergencies. The study will allow the media and advertising firms to see the need to adopt the international best policy strategies which are aimed at reaching the masses during health emergencies. Besides, students, lecturers, and researchers may find the study useful as a reference material in future researches.

1.6 Scope of the Study

This study Centre on the Assessment of Public Health Policy on the management of Health Emergency in Nigeria: A Study of COVID-19 Pandemic using the institutional framework of the National Centre for Disease Control, NCDC. The focus on NCDC is hinged on the coordinating role it assumed in directing other agencies of government during the COVID 19 pandemic. The time frame for the study covers the period between 2019 and 2020 only. The milieu for the research was Rivers State due to the availability of research material in the jurisdiction and unfettered access to public health workers in the area. Additionally there was the need to achieve specificity considering the paucity of time and resources available to the researcher to complete the work.

1.7 Limitations of the study

Navigating through this study was tough and challenging. Health professionals were unwilling to cooperate and divulge information to the researcher but with persistence and persuasion, the hurdle was overcome. Also, the time frame allotted for the completion of the study did not give the researcher the latitude to combine other activities except studying but the researcher was able to work for more extra hours in order to complete the study on record time.

This study was done within the limits of the time frame and other intellectual capacity available to the researcher. However, with painstaking support of the examiners and

researcher assistant adequate data were collected to promote and preserve the quality of this study.

1.8 Definition of Key Terms

The following are defined as used in this study:

Pandemic: Pandemic is the cause of a new disease with worldwide spread. It is the general name given to epidemic diseases (WHO, 2020). According to the World Health Organization (cited in White, Kosar & Richard, 2020), pandemic status can only be attained when 3 conditions are met,

- i. There is an emergence of a disease that the population has not been exposed to before,
- ii. The causative agent of the disease infecting people and causing a dangerous disease,
- iii. There is a spread of the disease factor easily and continuously among people.

Public health policy: relates to laws, regulations, actions, and decisions implemented within society in order to promote wellness and ensure that specific health goals are met. It can range from formal legislation to community outreach efforts (Mailman School of Public Health, 2021)

Public health and social measures (PHSMs): PHSMs include personal protective measures (e.g. physical distancing, avoiding crowded settings, hand hygiene, respiratory etiquette, mask-wearing); environmental measures (e.g. cleaning, disinfection, ventilation); surveillance and response measures (e.g. testing, genetic sequencing, contact

tracing, isolation, and quarantine); physical distancing measures (e.g. regulating the number and flow of people attending gatherings, maintaining distance in public or workplaces, domestic movement restrictions); and international travel-related measures.

COVID-19: a potentially severe, primarily respiratory illness caused by a coronavirus and characterized by fever, coughing, and shortness of breath. In some people, the disease also damages major organs, as the heart or kidneys.

Management: The simplest way to understand management is to conceive it as a set of activities (including planning and decision making, organizing, leading and controlling) directed at an organization's resources (human, financial, physical, and information), with the aim of achieving organizational goals in an efficient and effective manner (Griffin, 2013). However, management in the context of this study is considered as activity, involving decisions and actions that aim at achieving the stated goals of either formal or informal establishments (in this case addressing COVID-19)

CHAPTER TWO

LITERATURE REVIEW

This chapter reviews literatures relating to the public health policy on the management of health emergencies in Nigeria with particular reference to COVID-19 pandemic. For the purpose of this study, an attempt is made to review related literatures and adopting a theoretical framework to bring the research to the frontline of existing literatures and their application to this study. This chapter will therefore, be subdivided into conceptual review, empirical review and theoretical framework

2.1 Conceptual Review

2.2.1 Overview of the Coronavirus

Corona virus disease 2019 (COVID-19) is defined as illness caused by a novel corona virus now called severe acute respiratory syndrome corona virus 2 (SARS-CoV-2; formerly called 2019-nCoV), which was first identified amid an outbreak of respiratory illness cases in Wuhan City, Hubei Province, China (WHO, 2020). It was initially reported to the WHO on December 31, 2019. By January 30, 2020, the WHO declared the COVID-19 outbreak a global health emergency (WHO, 2020). On March 11, 2020, the WHO declared COVID19 a global pandemic, it was the first of such designation since declaring H1N1 influenza a pandemic in 2009.

The corona virus disease (COVID-19) is the novel disease of respiratory system, causing the pandemic with flu like symptoms i.e. fever, cough, runny nose, sore throat, and

shortness of breath and feeling tired (Chun, & Byung, 2015). It is caused by a virus known as SARS-CoV-2 (Severe Acute Respiratory Syndrome Corona Virus-2). According to the National Cancer Institute (n.d) a highly contagious respiratory disease caused by the SARS-CoV-2 virus. SARS-CoV-2 is thought to spread from person to person through droplets released when an infected person coughs, sneezes, or talks. It may also be spread by touching a surface with the virus on it and then touching one's mouth, nose, or eyes, but this is less common.

The most common signs and symptoms of COVID-19 are fever, cough, and trouble breathing. Fatigue, muscle pain, chills, headache, sore throat, runny nose, nausea or vomiting, diarrhea, and a loss of taste or smell may also occur. The signs and symptoms may be mild or severe and usually appear 2 to 14 days after exposure to the SARS-CoV-2 virus. Some people may not have any symptoms but are still able to spread the virus. Most people with COVID-19 recover without needing special treatment. But other people are at higher risk of serious illness. Those at higher risk include older adults and people with serious medical problems, such as heart, lung, or kidney disease, diabetes, cancer, or a weak immune system. Serious illness may include life-threatening pneumonia and organ failure. Research is being done to treat COVID-19 and to prevent infection with SARS-CoV-2.

In a similar submission, COVID-19 is described as illness caused by a novel coronavirus called severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2; formerly called 2019-nCoV), which was first identified amid an outbreak of respiratory illness cases in Wuhan City, Hubei Province, China (Centre for Disease Control, 2019). It was initially

reported to the WHO on December 31, 2019. On January 30, 2020, the WHO declared the COVID-19 outbreak a global health emergency (Gallegos, 2021). On March 11, 2020, the WHO declared COVID-19 a global pandemic, its first such designation since declaring H1N1 influenza a pandemic in 2009.

The corona viruses belong to the family of viruses, which cause diseases in humans (and few in other mammals) and may transmit through animals to human or human to human. Its main reservoirs are rats, cats, bats and camels (Du, He, Zhou, Liu, Zheng, & Jiang, 2020). Infrequently, zoonotic corona viruses may infect humans exposed to animals having corona virus infection, who may subsequently spread it in responsible for lethal human respiratory infections. In this regard, Gillings School of Global Health (n.d) defined COVID-19 as a disease caused by a new strain of coronavirus. COVID is an acronym. 'CO' stands for corona, 'VI' for virus, 'D' for disease, and '19' for 2019 (year first identified). This disease has also been referred to as '2019 novel coronavirus' or '2019-nCoV'.

WHO (2023) conceived Coronavirus disease (COVID-19) as an infectious disease caused by the SARS-CoV-2 virus. Most people infected with the virus will experience mild to moderate respiratory illness and recover without requiring special treatment. However, some will become seriously ill and require medical attention. Older people and those with underlying medical conditions like cardiovascular disease, diabetes, chronic respiratory disease, or cancer are more likely to develop serious illness. Anyone can get sick with COVID-19 and become seriously ill or die at any age. The virus can spread from an infected person's mouth or nose in small liquid particles when they cough, sneeze, speak,

sing or breathe. These particles range from larger respiratory droplets to smaller aerosols. It is important to practice respiratory etiquette, for example by coughing into a flexed elbow, and to stay home and self-isolate until you recover if you feel unwell.

Humans are at higher risk of contracting the disease when they have been in contact with persons who are confirmed to have COVID-19. Those who have traveled to countries where there has been a significant outbreak of the novel disease are also at higher risk of contraction. People who have flu-like symptoms within 14 days after travels to such countries may be suspected for COVID-19 (WHO, 2020). This disease can be transmitted from infected persons to an uninfected population through fomites including the respiratory droplets within the area of six feet during coughing, sneezing, spitting etc. SARS-CoV-2 can survive on inanimate surfaces such as tables and door handles depending on the type of material and environmental conditions. New studies have shown that the SARS-CoV-2 can remain detectable in aerosols for up to 3 hours; on cardboard surface survived for 24 hours and up to 2 to 3 days on plastic and stainless steel (National Institute of Health, 2020).

Humans may acquire SARS-CoV-2 through air and after touching the contaminated objects (NIH, 2020).

2.2.2 COVID-19 Management Protocols

The government, cooperate bodies, philanthropist have been supportive in the fight against covid-19 transmission via telecast, jingles, adverts, billboards, fliers, poster across

Nigeria. The Federal Ministry of Health and the Nigerian Centre for Disease Control worked assiduously to put in place certain control measures and rules (guidelines) for prevention of COVID-19. These measures include:

- i. Wash hands with soap and water or alcohol-based hand sanitizers for 20 seconds before and after taking meals even after completion of routine work.
- ii. Do not touch nose, eyes, mouth, face or any body part with unwashed hands.
- iii. Do not touch and share personal belongings like towel, and bedding with others in home or at workplace. Upon the use of items such as cups, drinking glasses and other eating paraphernalia, they must be washed with water and soap. Inanimate surfaces in homes and workplaces (counter tops, door knobs,, dining tables, among others) should be routinely cleansed up with the help of disposable wipes, bleach or alcohol based surface disinfectants.
- iv. Do not shake hands and embrace others in greetings across the workplace or at home.
- v. Keep a safe distance (approximately 6 feet) from others while visiting outside.
- vi. Prohibit visitors who do not have an essential need to be in home and at workplace until the time situation gets better.
- vii. Avoid crowd or close contact to people, for example, sharing vehicle, room or in gathering especially visiting hospitals, clinics or any other public place until threat of COVID19 is averted.

- viii. Make use of face mask and gloves in open spaces or at work stations, dispose of face mask and gloves after use, and avoid reusing them. There is no need of using medical mask at home if exhibiting no symptoms.
- ix. Avoid getting in touch with pets through snuggling, petting, licking, kissing or sharing food. If animal care is qsnecessary, then wear face mask and wash hands before and after touching pet animals.
- x. In case of medical emergency, call local emergency medical service, inform dispatch person that you are COVID-19 suspect. Put on face mask or use tissue paper before the arrival of Medical Emergency Personals.
- xi. If you are returning from COVID-19 affected areas you should self-monitor for 14 days in isolation at home.

Eradication of highly contagious SARS-CoV-2 virus that causes the deadly pandemic COVID-19, demanded individual attention and awareness regarding the route and mode of transmission across borders throughout the entire world. Proper hand-washing, staying at home and maintaining social distance are proved to be the most effective preventive measures which are immediate solutions to save human beings from this unseen enemy.

2.2.3 Management of Health Emergencies in Nigeria: COVID-19

The management of Health Emergencies in Nigeria with respect to COVID-19 were in two phases; Pre-outbreak measures and outbreak response measures.

2.2.3.1 Nigeria's Pre-outbreak Preparedness Measures

Following reports of the corona virus disease in Wuhan, China in December 2019, the NCDC published a notification of a new virus on its website on January 7, 2020.

Subsequently, on January 26, 2020, the NCDC established a multi-sectoral National Coronavirus Preparedness Group (NCPG) in order to ensure a cohesive and effective coordination of the country's preparedness efforts. The NCPG met daily to review global COVID-19 epidemiology, assess the risk of spread, and initiate measures to strengthen the country's preparedness for early detection and timely response in the event of a COVID19 outbreak in Nigeria. An inter-ministerial Multisectoral Technical Working Group was inaugurated at the Federal Ministry of Health on January 31, 2020 to further strengthen preparedness (Sohrabi, Alsafi, O'Neill, Khan, Kerwan, Al-Jabir, Iosifidis, & Agha, 2020).

Measures instituted by the NCPG included strengthening in-country diagnostic capacity for the testing of COVID-19 by leveraging and optimising three existing laboratories within the NCDC molecular laboratory network and assessing existing infectious disease treatment centres with a focus on identifying gaps and developing plans for case management. Interim protocols and guidelines for case management of COVID-19 were

developed while the Nigeria Pandemic Influenza Preparedness and Response plan was reviewed for relevance to COVID-19 response. Infection prevention and control (IPC) and case management trainings were conducted for frontline healthcare workers in designated treatment centres. Findings from a WHO risk assessment identified 13 countries, including Nigeria, as high-risk priority zones for proactive surveillance, detection and containment and spread of COVID-19.

Consequently, an in-country risk assessment was conducted to assess border screening at the country's international airports, and surveillance efforts were enhanced at the four international airports across the country to include temperature checks for all passengers and screening questionnaires for passengers arriving from countries with community transmission of COVID-19. The NCDC also began to release updates on the outbreak and recommended preventive measures to the public. The first public health advisory was issued on January 22, 2020, with updated versions subsequently published on the NCDC website and disseminated using multiple streams including social media. In addition, to assess and test the functional capabilities of all response systems in terms of preparedness, the NCDC and its partners conducted a national multi-stakeholder simulation exercise on February 27 and 28, 2020 (Leung, Chu, Shiu, Chan, Mcdevitt, Hau, Yen, Li, Ip, & Peiris, 2020).

2.2.3.2 Nigeria's Outbreak Response Measures

Following the confirmation of the first COVID-19 case in Nigeria on February 27, 2020, the NCPG transitioned to a national multisectoral Emergency Operations Centre (EOC) at the NCDC. The EOC was activated at level three, the highest level of response in the country intended for public health emergencies requiring national coordination and use of all available resources for the response. The EOC comprises multiple pillars, including: coordination, surveillance and epidemiology, case management, laboratory, points of entry (PoE), IPC, risk communication, logistics, and research. POE and case management pillars are led by the Departments of Port Health Services and Hospital Services of the Federal Ministry of Health respectively. Sub-national EOCs were activated in both Lagos and Ogun states to coordinate the response in the first two affected states (Amah and Okedi, 2022).

National multidisciplinary rapid response teams (RRTs) were strategically deployed to the initial two states (Lagos and Ogun), plus FCT, and then to all states to strengthen coordination and response activities at the state and local government area (LGA) levels. The national RRTs, comprising NCDC staff and graduates/residents of the Nigeria Field Epidemiology and Laboratory Training Program (NFELTP), provided technical and logistical support at the state and sub-state levels. At the national level, the Presidential Task Force (PTF) on COVID-19 was established by the President of Nigeria on March 9, 2020 with an overarching mandate to coordinate and oversee the country's multi-sectoral and inter-governmental efforts both to contain the outbreak and to mitigate the impact of

the COVID-19 pandemic in Nigeria. The National COVID-19 Multi-Sectoral Pandemic Response Plan was adopted by the PTF in March, 2020 and serves as a blueprint for a whole-of-Government response (Baud, Qi, Nielsen-Saines, Musso, Pomar, & Favre, 2020).

The PTF provided high-level strategic leadership to the national response guided by scientific evidence. Daily PTF media briefings were held to enlighten Nigerians on evolving evidence, address trending issues and to provide update on the government's response. Technical evidence-based recommendations from the PTF informed the President of Nigeria's policy decisions for the various phases of the outbreak. Overall, Nigeria's response strategies were aimed at suppressing the transmission of COVID-19 by testing all suspect cases, isolating all confirmed cases, and tracing all contacts of confirmed cases, with the implementation of country-wide or regional interventions as appropriate (NIH, 2020).

The Nigerian response was characterised by robust collaborations with partners. Development and implementation of response strategies were facilitated by technical and material support from several local and international partners including the WHO, Africa CDC and philanthropic organisations. The need to generate relevant research evidence led to the formation of the Nigeria COVID-19 Research Consortium (NCRC) whose aim is to develop and implement a research agenda on COVID-19 with identified national priorities, in line with WHO's global research roadmap. NCRC also serves as the coordinating body

for COVID-19 research in Nigeria (Carsana, Sonzogni, Nasr, Rossi, Pellegrinelli, Zerbi, Rech, Colombo, Antinori, & Corbellino, 2020).

Given the novelty of the virus, the evolving nature of transmission in Nigeria from imported cases to clusters of cases to community transmission and level of response implemented, the NCDC EOC convened a mid-action review meeting on May 9, 2020, to strategically review the existing response approach, share lessons learnt, and identify key opportunities for improvement and further collaboration. The outcome and key recommendations of the meeting in line with the emerging data and global best practices have been used to improve response strategies, drive control and prevention measures against the disease, as well as focus on interventions to strengthen the health system. The gaps identified include poor utilization of state level public health EOCs for coordinated responses, suboptimal utilization of data to guide decision making, delayed turn-aroundtimes of laboratory results, on-standardization of case management across treatment centers and poor adherence to IPC practices in health care facilities. Several intervention measures were instituted which include training and mentorship of State EOC teams on the incident management system as a tool for outbreak response coordination, development and operationalization of data management, analysis and use plans, deployment of the electronic surveillance system to laboratories to speed up the release of results, the establishment of a community of practice for COVID-19 case managers and deployment of online IPC training programme for healthcare workers (Brodin, 2020).

Essentially, according to Banko (2021) some of the key government policy directives and enforcement actions observed in the implementation of the COVID-19 management in Nigeria appeared to merely replicate what other countries have experimented with minor differences. Included in the categorization are the following: ➤ Border closure along with international flight operations;

- Lockdown involving public services, school systems, worship centers and businesses;
 - Inter-state border closure and restrictions in movement, except exempted goods and services;
- Management of palliatives – provided by government, corporate bodies and private persons;
- Appeal for local and international assistance and supports in finances and materials;
- NCDC guidelines on hand washing, sanitizer, facemask and social distancing; and
- Banning of social and traditional functions like wedding, burial, partying, nightclubs among others.

2.2.3.4 Effective Communication Strategies in Public Health Emergencies

There are a number of published guides from the World Health Organization (WHO), the US Centers for Disease Prevention and Control (CDC), and others that outline good risk communication based on lessons learned from past health crises, including Ebola and Zika (ToppenbergPejcic et al., 2019). Early learnings are also being drawn from jurisdictions

that have thus far been successful at containing transmission of the virus and preventing deaths. Researchers at University of British Columbia have identified five main principles of democratic health communications that have enabled some countries to successfully control widespread transmission of COVID-19 (Tworek et al., 2020). Choosing appropriate language and metaphors is also an important component of effective communication.

Some of these elements include:

Trust and Credibility- Acknowledge uncertainty; explain what is known/unknown

- Be honest and transparent; explain what actions are being taken and why
- Employ mechanisms of accountability
- Rely on messengers who are competent and experts in the field
- Be consistent in messaging
- Use simple messages
- Correct misinformation

Empathy -Acknowledge concerns, hardship and express understanding

- Express gratitude Avoid

- Shaming and blaming people and organizations Nicola Sturgeon, Scotland's First Minister, delivered a speech to Parliament on September 22 that is empathetic and expresses gratitude to the people of Scotland for their ongoing sacrifices.

Autonomy and Empowerment

- Give people choice within a set of guidelines/ principles •

Express confidence in people's ability

- Give people things to do
- Provide specific descriptions of desired behaviours.

2.2.3.5 The guidelines advised regulatory institutions to avoid:

- Being paternalistic and overly authoritarian
- Over reassurance
- Fostering unrealistic expectations
- Drawing too much attention to misinformation

2.2.4 Public Health Policy on the Management of Covid-19 in Nigeria

The NCDC at the outset of the Covid-19 outbreak, created a policy framework for the management of the pandemic detailing the roles and duties of the NCDC and other sister agencies in the management of the pandemic. The policy framework was tagged strategic objectives and was divided into four. Below is a flow chart of the policy.

STRATEGIC OBJECTIVES

1. ENACT NEW PUBLIC HEALTH LAWS TO EQUIP COMPETENT PUBLIC HEALTH AGENCIES WITH LEGAL POWERS AND AUTHORITY AND TO FILL THE DEFICIENCIES IDENTIFIED IN THE NATIONAL LEGAL ASSESSMENT.

S/No.	Activities	Lead Implementing Agency	Timeline
1.	Conduct an assessment to - (a) identify the powers and functions of public health agencies, (b) highlight areas of overlaps, and (c) recommend draft bills or legal instruments to resolve the overlap or conflict	NCDC in conjunction with Ministry of Health and Ministry of Justice	2 months
2.	Stakeholders Forum or Meeting to Validate report and draft bills/legal instruments	NCDC in conjunction with Ministry of Health and Ministry of Justice	2 months
3.	Transmission of draft bills/legal instruments to National Assembly for appropriate legislative action	NCDC in conjunction with Ministry of Health and Ministry of Justice	1 month
4.	Develop Draft Bills to amend laws recommended for amendment in the legal assessment report	Ministry of Justice supported by NCDC and the relevant ministry or agency	2 months
5.	Convene Consultative Forum with Federal Legislators to Deliberate on the Draft Bills and Transmission for Legislative Action	NCDC in conjunction with Ministry of Health and Ministry of Justice	2 months
6.	Convene a National Stakeholders Forum on the Operationalization of the Public Health Emergency Act 2022	NCDC in conjunction with Ministry of Health and other relevant agencies	2 months

2. DEVELOP REGULATIONS AND OTHER SUBSIDIARY LEGAL INSTRUMENTS TO ADDRESS ISSUES OF PUBLIC HEALTH SURVEILLANCE, DETECTION, DISEASE REPORTING AND PUBLIC HEALTH MEASURES REQUIRED FOR IHR IMPLEMENTATION

S/No.	Activities	Lead Agency	Implementing Agency	Timeline
1.	Conduct Post-Implementation Review of National Technical Guidelines on the IDSR to determine suitability of conversion of the Guideline to a Legislation or Regulation	NCDC	in conjunction with Ministry of Health	3 months
2.	Convene Stakeholders Consultative Meeting on the Statutory Codification of the IDSR	NCDC	in conjunction with Ministry of Health	2 months
3.	Develop Draft Bill on IDSR	NCDC	in conjunction with Ministry of Health	1 month
4.	Convene Stakeholders' Review Meeting on Draft Bill	NCDC	in conjunction with Ministry of Health	1 month
5.	Conduct an assessment to identify the scope and extent of the powers of public health agencies to issue subsidiary legislation or regulations	NCDC	in conjunction with Ministry of Health and Ministry of Justice	3 months
6.	Conduct capacity building training of legal officers from different public health agencies on subsidiary legislation or regulation drafting	All relevant agencies		6 months
7.	Legal Units or Departments of various public health agencies to develop draft subsidiary legislation or regulations to strengthen public health security and IHR Compliance	All relevant agencies		12 months

3. REVIEW AND AMEND ALL PUBLIC HEALTH LEGISLATION TO ENHANCE AND PROMOTE INFORMATION SHARING AND COORDINATION AMONG ALL PUBLIC HEALTH AGENCIES

S/No.	Activities	Lead Implementing Agency	Timeline
1.	<p>Review and develop a draft bill to amend the NCDC Act with regards to the “National Health Emergency Preparedness and Response Committee” to:</p> <p>(a) Clarify membership, composition and meetings of the Committee;</p> <p>(b) Functions and responsibilities of the Committee; and</p> <p>(c) Mandatory duty to share information between public health agencies that are members of the committee.</p>	NCDC in conjunction with Ministry of Health	2 months
2.	Review and develop a draft bill to amend the NEMA Act with regards to definition of public disasters.	NEMA	1 – 6 months
3.	Conduct an assessment to identify the laws that should be amended to statutorily incorporate information sharing amongst public health agencies	NCDC in conjunction with Ministry of Health and Ministry of Justice	3 months
4.	Develop Draft Bills to amend laws recommended for amendment in the report	All relevant agencies	3 months

4. DEVELOP ADEQUATE PUBLIC HEALTH LEGAL INSTRUMENTS TO STRENGTHEN PUBLIC HEALTH CAPACITIES AT POINTS OF ENTRY

S/No.	Activities	Lead Agency	Implementing Agency	Timeline
1.	Harmonization of public health legal instruments to accommodate for general disease outbreak (human and animal) at points of entry	FMOH NCDC NAQS Port Health Service and all relevant stakeholders		1 – 6 months
2.	Convene Stakeholders Forum to deliberate on strategies to streamline the application of the different public health legal instruments at points of entry	FMOH NCDC NAQS Port Health Service and all relevant stakeholders		1 – 6 months
3.	Information and Public Awareness Campaigns on Rights of the Public at points of entry	All relevant Public Health Authorities		12 months
4.	Develop SOPs and MOUs to harmonize public health surveillance operations at point of entry and exits	All relevant agencies		3 months
5.	Convene Stakeholders Meeting to Validate SOPs and MOUs on public health surveillance operations at point of entry and exits by public health agencies	All relevant agencies		2 months

This policy was the guiding principle behind the management of the Covid-19 pandemic in Nigeria. NCDC was the coordinating agency of government while other agencies followed suit.

2.2.5 The Public Response System to the COVID-19 Policies

Government, private sectors and individuals adopted several response measures that are unilaterally or multilaterally lax in nature, to comply or negate the implementation of all the proposed plans that aimed at defeating the coronavirus pandemic. Apart from denial that coronavirus exists, the poor state of health infrastructure generated dissent reaction from medical personnel over scarcity or unavailability of personal protective equipments, to safeguard healthcare providers. The shortages of material and financial requirements provoked protests among different categories of medical workers (Banko, 2021).

At the federal level and in most states, evidence-based policies such as social distancing and “test and trace” approaches were implemented. However, implementation has happened on a base of weak health systems, sluggish emergency response, weak accountability system, and fragmented data and information monitoring systems. These weaknesses have led to implementation gaps (Dixi, Ogundeji, & Onwujekwe, 2020). It resulted in poor adherence to the NCDC/PTD guidelines. People ignored warning against clustering in hundreds at social functions, advisory on the practice of handshakes, warm embrace and intimate association. It extended to neglect of regular hand washing, use of hand sanitizers, wearing of facemask and other personal hygiene cautions.

Non-compliance motivated government to lockdown. However, the lockdown translated to unprecedented hardship, hunger and anger. In some cases, the situation compelled ordinary people to defy the lockdown by going out in search of livelihood. Some states shared raw food and bread but on a limited scale. The inadequacy was to such extent that

young people and women protested in their street in rejection of the ‘food rations’ (Becker, Aborisade & Shivji, 2020). The protest also engulfed police brutality on civilians in the course of enforcing government policies on COVID-19. Several cases of killing attributed to security forces during the lockdown made Nigerians to wonder how the police and the army could be killing people more than the coronavirus does.

Although, government banned interstate movements, desperate travelers connived with some unscrupulous elements in the Nigeria Police Force and the Nigerian Security and Civil Defence Corp (NSCDC) to commercialize the policy. Passenger movements continued to soar at borders areas, which occasionally prompted some Governors e.g. Enugu, Ebonyi, Rivers etc to enforce the order and impounded vehicles and passengers at the border posts. Security agencies and other local vigilante groups constitutes by some state and local government pretended to close any exit routes against travelers but surreptitiously converted the policy into serious economic opportunity by collecting toll fee to allows the commuters to pass at any check point (Banko, 2021).

The defiant conduct among different tribes in Nigeria but the Hausa-Fulani in particular compelled political and religious leaders from the Southern Nigeria to raise alarm over the surge of Hausa-Fulanis from states in the North to the states in the South, claiming federal governments’ complicity in the saga. It heightened mutual suspicion, war, tension and divisive verbal threats (Banko, 2021).

2.2.6 Challenges of managing public health policy in Nigeria

The WHO (2020) had succinctly described the status of Nigeria in response to the COVID-19 pandemic in the following words; many African countries, including Nigeria, are seriously battling with the disease amidst lack of resources, lack of technical expertise, high population density and lack of proper awareness. This submission is not different from the opinions of other researchers such as Nwankwo (2011); who believed that, the major factors that affect the overall contribution of the health system to economic growth and development in Nigeria according include inter alia, lack of consumer awareness and participation, inadequate laboratory facilities, lack of basic infrastructure and equipment, poor human resource management, poor remuneration and motivation, lack of fair and sustainable health care financing, unequal and unjust economic and political relations between Nigeria and advanced countries, the neo-liberal economic policies of the Nigerian State, pervasive corruption, low government spending on health, high out-of-pocket expenditure on health, absence of integrated system for disease prevention, surveillance and treatment.

At present, Nigeria have progressed to the dreaded community transmission stage as far as COVID-19 is concerned (WHO, 2020). This evidently manifested following the confirmation of COVID-19 cases from patients with no history of travel to neither an infected country/state nor contact with known confirmed COVID-19 case; thus the dynamics of transmission imply that social interactions, potential exposures in health care settings and even family events have been the major triggers to several unconfirmed cases.

Given the complex nature of the country, large size population, poor health care system manned by inadequate diagnostics and isolation centers, as well as corruption; fighting this public health crisis is therefore fraught with numerous challenges including; poor preparedness and response plan. The socio-cultural and religious beliefs, porous nature of international and interstate borders as well as lack of synergy between federal and state governments may in part, affect policies directly intended to reduce the spread of the virus. No doubts that measures related to self-isolation/quarantine, social distancing, and movement control would be key in this direction, nonetheless the measures would be greeted with a lot of resistance and criticisms from the populace due to poor public health information dissemination and economic challenges.

Some of the challenges in Nigeria at the onset of the pandemic were the problem of contact tracing due to false or wrong contact addresses given by people who came in from Europe and other parts of the world. There were also handful of COVID-19 patients who ran away from isolation centres in States like Delta, Oyo, Sokoto and Kano (NCDC, 2020)

Furthermore, the distrust of Nigeria citizens towards the government was another factor responsible for the increase in the community spread of COVID-19. Another school of thought was that the COVID-19 pandemic was a “phony”, as most Nigerians assume it is another avenue for the politicians to embezzle public fund or the tax payer’s money. The protest stage by confirmed COVID-19 patient to the street at the Kwadon isolation Centre in Gombe State over abandonment by the government of the State with no medical personnel, no treatment facilities and a poor meal has been identified as another setback

for curtailing community spread. Unfortunately, other people living within the environment that were not part of the isolated COVID-19 patients joined in solidarity protest. The protesters were not using face mask, the social distance warning was not observed and some engaged in sharing of used face masks, resulting in increasing risk of COVID-19 spread (Akinyemi et al., 2020).

Similar to the above, Akinyemi et al., (2020) noted that, Nigeria being a secular nation with multi-regions settings, the closure of places of worship to curtail the spread of COVID-19 was seen by religion organizations as means of depriving them of their freedom of worship. This was flagrant violation of government order on social or physical distancing. Some Northern Nigerian Muslims' faithful went on rampage, when the Law enforcement agency disrupted their Jumat (Friday) service. In another development, there was a serious misconception by some Christian folks that COVID-19 is genetically engineered to drive in the Anti-Christ. Some are of the opinion that the pandemic will enable the agents of Anti-Christ to produce vaccine that contain microchips. These chips will serve as a means of identity (mark of the beast in the book of revelation) and at a later date will be used for buying and selling. This microchip was also tied to the current 5G network (been promoted across the world by Huawei Technology, China), as the required network for the function of the microchips that will be incorporated into the vaccine

Over the years, poor remuneration of health workers has had an adverse effect on their morale such that over 21,000 Nigerian doctors are practicing abroad, while there is an acute shortage of physicians in Nigeria. Corruption has often manifested in Nigeria's health

sector through the supply of fake drugs, substandard equipments, willful misdiagnosis of diseases, sharing of unallocated budget funds, inflation of contracts, diversion of drugs, favouritism in treatment and appointments based on political patronage. This has manifested in the lack of targeted efforts at outreach, health promotion and disease prevention activities designed to reach the people where they are. This has resulted in low immunization coverage, pre-natal care and screening. Public health, where it exists, is in a passive mode, with little activity designed to motivate people to change their behaviour or to adopt attitudes and practices that reduce their risk to disease (Ayara, 2011).

2.3 Empirical Review

Ozili (2020) examined covid-19 pandemic and economic crisis in Nigeria. The author used contents analysis and description. He found out that government responded to the crisis by providing financial assistance to businesses, not to households that were affected by the outbreak. The monetary authority adopted accommodative monetary policies and offered a targeted 3.5trillion loan support to some sectors. Whenayon, Odusanya and Joshi (2020) examined covid-19 outbreak situation in Nigeria and the need for effective engagement of community health workers for epidemic responses. Their findings revealed possible evidence of ongoing and increasing community transmission of covid-19 infections, inadequate testing capacity and overwhelming of health resources. They also revealed infection of several health workers in the face of existing critical skilled health workforce shortage.

Mohammed, Mohammed, Mohammed, Danimoh and Laima (2020) examined the risk perception and willingness of medical students in north east Nigeria to participate in mitigating Covid-19 pandemic. The study was a cross sectional study which studied 475 medical students from four medical colleges across the North Eastern region. Selected schools and classes were used to obtain information on the knowledge, perception and willingness to assist in providing health care services during this pandemic. Majority of the respondents had good knowledge and perception on Covid-19 (80.4% and 96% respectively). In addition, 78.3% of the respondents felt that they were at risk of becoming infected, however 93% of them stated that they were willing to assist in providing health care services during this pandemic. Parental disapproval and fear of becoming infected were the reasons given for those who were unwilling to be involved in provision of health care during this period. More male respondents (67.3%) were willing to participate in providing health care service during the pandemic compared to 32.7% of females and this was statistically significant. This study has shown that majority of medical students in the North-East have a good knowledge and perception of COVID-19 and are willing to assist in providing health services if needed during the Covid-19 pandemic. Yulong, Jiao, Zhizhong, Jiqui and Yan (2020) explored the current development status and problems of health emergency management in China and provide a reference for improving, constructing, and implementing a public health emergency management system. Cases of major and severe public health emergencies in China were analyzed along with the relevant health emergency management literature from the last decade. China's health emergency system gradually improved during the study period. Monitoring and early warning systems

were significantly strengthened. Material reserves and transfer management systems were constantly improved. However, the operational efficiency of command and decision systems was low, versatile talent accounted for a relatively small proportion, and emergency fund investment was insufficient.

Faisal, Jamil and Alauddin (2017) examined the major public health problems in Nigeria. They collected data through scientific database sources, web search engines, direct observation and relevant documents from the Nigerian Ministry of Health. The major public health challenges Nigeria faces are infectious diseases, control of vector some diseases, maternal mortality, infant mortality, poor sanitation and hygiene, disease surveillance, non-communicable diseases and road traffic injuries etcetera. Omoleke and Taleat (2017) examined the contemporary issues and challenges of the Nigerian health sector. It also attempted to identify the effect of the issues and challenges on the Nigerian citizens' health condition. They utilised primary data by interacting with randomly selected medical doctors, pharmacists, image scientists and nurses to elicit facts and information on issues, challenges and problems they experience in their hospitals. The findings of their experiences revealed that constellation of social, economic and environmental challenges are being experienced from hospitals, ranging from brain drain, poor remuneration, obsolete infrastructure, inadequate medical facilities and underfunding of the hospitals.

Banko (2021) conducted a study which examined the management of COVID-19 in the country, especially, how political leadership braced up with the challenges. As analytical research, it relied on secondary data and applied content analysis for inference. It adopted

“bounded rationality model” of decision-making theory to explain the challenges posed to decision-making under crisis or emergencies, and discuss how it affected the management of coronavirus in Nigeria. The findings show that there are glaring deficits of proactive leadership in the COVID-19 management in Nigeria. It resulted in most of the management guidelines introduced by government being copy and paste (imitation of what other countries adopted without comparing the differences in climate). The consequences were dissensions and remarkable poor public compliance behaviours. It requires that Nigerian leaderships begin to develop health infrastructure, human and industrial capacities that countries tap during emergency that confines nations to its territorial borders.

In the opinion of Banko (2021), sequel to the unusual expanse of devastations that COVID19 pandemic caused in developed world, which has technological and functional medical infrastructure, it dampened the spirit of most third world nations and resulted in an initial prediction that it posed precarious situations in Africa. It however negatively affected the

COVID-19 management guidelines meant for public compliance. From among the Nigerian discerning critical mass, which listened to news from international media and followed up issues on the social media, they were quick to fault with COVID-19 management strategies in terms of policy guidelines and enforcement actions. It thus became evident that government merely copied and pasted most of the guidelines from the countries of primary origin to apply on Nigerians. No innovation blended with the local peculiarities of the country, to ease the grasp of the guidelines and elicit the compliance

behaviours expected from the Nigerian masses. The copy and paste trend failed to appreciate the enormity of subsisting systemic decay that characterize government insensitivity and corruption, or the gauge of official lies that show insincerity of government, including the citizen's distrust on government policies and actions. This was in addition to public ignorance about the virus due to inadequate information, poor orientation, and the imminent negative attitude that rebuffed COVID-19 preventive measures, which replicated western models.

Ogwumike (2020) carried out a study titled; "COVID-19 Pandemic- Challenges and Opportunities in Nigeria". The study highlights the challenges faced globally by all sectors during the pandemic and the underlying opportunities to fill existing gap in the system. The paper also, in a brief discourse, looked at what the situation was in the context of Nigeria. The study underlines government's efforts and response towards containing and fighting the pandemic and ameliorating the effects of the measures undertaken by her to checkmate its spread through restriction of movement, lockdown and social/physical distancing. The paper concludes that the economy should be reformed and that government should advance to digital technology; that it is in everyone's interest that people who feel unwell should not check their pocket before they seek medical attention, that government should make policy of free health care, and do well to strengthen the weak institutions by investing in health care infrastructure, to improve on the health facilities and the ability of the national health system to withstand any future outbreak of contagious diseases.

Anyanwu, Festus, Nwobi, Jaja and Oguttu (2020) conducted a study titled; “A Perspective on Nigeria’s Preparedness, Response and Challenges to Mitigating the Spread of COVID19”. The study reviewed the preparedness of Nigeria to the COVID-19 pandemic and recommends strategies that could be useful in controlling the disease. Published articles on COVID-19 worldwide, socioeconomic and disease status and preparedness to COVID-19 in Africa and Nigeria, were retrieved from databases such as Pubmed, MEDLINE, Scopus, Web of Knowledge and Google search engine. Nigeria is the most populous black nation in the world, and is one of the largest crude oil producers in the world. However, its healthcare system is dilapidated and weak, due to years of neglect and widespread corruption. As a result, Nigeria is vulnerable to COVID-19, as evidenced by the current geographical distribution of the disease in its population. Many socioeconomic factors could potentially facilitate the spread of COVID-19 in Nigeria. This could lead to a high caseload in the country, which could overwhelm the health care system. The application of social distancing, personal hygiene, especially hand hygiene and mask-wearing, as practiced in many countries, has proven to be effective to reduce the spread of COVID-19.

In Nigeria, social distancing, in many instances, may be impracticable, given its large population, and a high density of people living in crowded conditions like slums and camps. Moreover, there is a sizeable population of internally displaced people, due to the attack by Boko Haram fighters in Northern Nigeria, and herdsmen in Southern Nigeria. The implementation of these measures is likely to be a great challenge. Nigeria has

announced a complete lockdown for the containment of COVID-19, but its implementation and efficacy are doubtful, due to the same reasons previously mentioned

Jimoh, Amzat, Kafayat, Victor, Akinyele, and Ogundairo (2020) researched on Coronavirus outbreak in Nigeria, assessing the burden and socio-medical response during the first 100 days. The basic objective was to look at the preparedness of the health system to withstand such global pandemic. The coronavirus disease of 2019 (COVID-19) pandemic shocked the world, overwhelming the health systems of even high-income countries. Predictably, the situation elicited social and medical responses from the public and governments, respectively. Nigeria recorded an imported case from Italy on 27th February, 2020. Hence, this study assesses the early socio-medical response to COVID-19 in Nigeria in the first 100 days after the index case. The paper employed analytical methods and collated data from various media reports and official sources. The study found that the incidence of COVID-19 grew steadily in Nigeria, moving from an imported case and elitist pattern to community transmission. The case fatality stood at 2.8%. The country recorded an upsurge (52% of total cases) in the transmission of COVID-19 during the short period the lockdown was relaxed.

This study presents a concise response framework to highlight some specific multisectoral responses to the pandemic. A combination of social and medical responses to a large extent helped Nigeria curtail the spread of the virus. The potential of overwhelming COVID-19 is still imminent in Nigeria as the country is attempting to hurriedly open the economy, which could sacrifice public health gains for temporary economic gains.

The world has experienced varying pandemics in the past from the Antonine plague (165 AD), the Black Death (1346–1354), the Spanish (1918–1920), the Asian Flu (1956–1958) among others. The Covid-19 pandemic is a recent phenomenon and its study is still limited. To this end, the literatures used in the analysis of this research are largely materials conducted on other pandemics which have affected the world. In the light of the above, research conducted on the above pandemics were used to draw parallels with the Covid-19 pandemic. Also, works on social media and its influence as a tool of information dissemination are similarly reviewed.

Elmahdawy, Gihan, Poao, Mohamed, Abdulrazaq, Peter, Redouane, Anthony, Cyril, and Stella (2017) investigated the experiences of the victims of Ebola virus as it pertained to health systems and the effects this virus had on economies of African countries. The objective was to weigh the effect of the Ebola virus against the health system in Africa and its economic implications. Using the analytical method, the authors canvassed for the revamping of the healthcare systems of Third World countries, militated against by inadequate information sharing systems and the need to involve donor agencies to curb the virus spread in case of a relapse occurs. Unfortunately, Africa was still gasping from Ebola virus when the Coronavirus pandemic once more exposed further several deficiencies in Africa's primary health care systems; which had been railing from poor funding by narrowminded leaders who prefer medical tourism abroad to fixing basic primary health care infrastructure in the continent.

The above study was on Africa and specific on Ebola but the Ebola virus Disease was not as severe as the COVID 19 under consideration in this study. The study however gave a glimpse of what the healthcare system is for the continent of Africa and indeed Nigeria.

The current study takes a holistic view in time as to the effect of government health policy on the management of health emergencies with view to pointing out how NCDC policy framework affected the management of the COVID 19 pandemic in Nigeria.

Additionally, Oleribe *et al.* (2015) emphasized that African countries were unprepared to tackle the outbreak of Ebola virus just as with the case of Covid-19. In Nigeria, there was no preemptive closure of borders until the index Italian case forced panic stringent lockdown of the major epicenters of Lagos and Abuja. This led to the shutdown of educational institutions and prompted delays in programs such as the National Youth Service Corps. Consequently, there was a massive mobilization, awareness creation and sensitization of the citizenry to the dangers, symptoms and signs of the virus. The unintended outcome of coronavirus pandemic was the special emphasis on hygiene and sanitization.

In their own research endeavor, Cenciarelli et al. (2015) analyzed the wide spread of the Ebola Virus disease in the different West African countries. They attributed the spread of the virus to the reactions of several communities to the virus due to the mistaken beliefs about the origin of the disease and how it could be contained as a result of wrong information which increased the mortality rates during the pandemic (Cenciarelli et al., 2015). In Nigeria, where a good number of citizens believe that the virus is a hoax created

by the government to corruptly enrich few State officials. This belief is difficult to erase from the minds of many people, thus making almost impossible to adhere to personal hygiene instructions issued by both the WHO and the Nigeria Centre for Diseases Control (NCDC).

Furthermore, Brandt et al. (2011) writing on 'The Impact of the 2009 Influenza A (H1N1) Pandemic on attitudes of Healthcare workers toward seasonal Influenza vaccination 2010/2011,' assert that the risk in communication is a challenge in the attempt to curtail the spread of infectious diseases. The people, at the time, rejected the vaccination required of them to prevent the spread of the flu due to ignorance and hysteria. As such, it becomes imperative to provide the public and healthcare workers with relevant information capable of banishing any ambiguities and aiding in the prevention of the infectious diseases so as to decrease panic.

Humphrey (2018) in her study of the influenza identifies the social behaviors of cities that had lower risks of infections which had enforced the isolation of sick persons, the quarantine of their contacts, school closures and bans on public gatherings. In addition, the spread of the virus affected those who were victims of bacterial infections, malnutrition and malaria. Some communities compulsorily imposed the wearing of face masks. It was also discovered that several persons misused the facemask as some were improperly made. This is self-evident with the Covid-19 preventive measures as regards the use of facemasks. In Nigeria, the urban poor and those living in rural areas use only one face mask day in day out on the claim that they washed it daily (Eze Personal Communication, 2020).

Garett (2007) outlines further that, in some cities with lower mortality rates, a pandemic was curtailed by shutting down public places, closing down schools, churches, and limiting commercial activities. An important point he expresses in his research is the role the media plays. As such, even as far back as 1918, there were articles with dubious remedies on how to cure the influenza, and articles on churches, schools, and theater closings with lesser news on how the influenza affected the economy (Garett, 2007). Garett further argued that any future pandemic would prove to be more severe in its reach because of the increased population in the world and would therefore be more detrimental. Unfortunately, his assertions are the realities of the Covid-19 pandemic, as there remains an unimproved health sector by virtue of which those living in urban areas have better access to health care while the rural poor are in most cases neglected in Africa.

DiMaggio (2011) admits that the internet changes society and this is supported by Bowd (2016) who posits that the advent of social media came with opportunities for news outlets to engage more people thereby leading to an increased spread of information to a wider audience. Meanwhile the research conducted by Oginni and Motui (2015) analyzes the engagements of Africans with the social media. These scholars assert that the engagement of Africans with social media is relatively low and that authors did not fully explore the impacts of social media usage for civic engagements in individual countries or subregions of the African continent. To this end, the pandemic has made Africans, specifically Nigerians to be more active in social media in order to keep up with the global sphere.

2.4 Gap in Literature Review

This literature review summarizes findings from studies published January 2007 through 2020 that examine factors associated with pandemics generally, COVID-19 cases and deaths in the world. It includes analyses and reports published by government, research, and policy organizations using data from 2020. This review further engaged studies done by media organizations (The New York Times and Kaiser Health News) that include original data analysis on this topic. Most studies included in this literature review are articles from peer-reviewed journals, but the study also included studies published by independent policy and research groups as well as government reports. The study excluded reports from advocacy or industry groups.

All the studies reviewed focused more on either the Ebola Virus Disease or the Influenza disease which were prevalent at the time of their research but none took a peep at how government policy affected the management of the various pandemics within the period. There have also been several researches on the COVID 19 pandemic which centres on either the response of the people to government protocols or the strategies employed by the government to reach the people and stop the spread. None was looking at how government policy affected the management of the pandemic through the health system. This informs the necessity of this study. Government do not act arbitrarily when tackling issues of public importance. Government draws up a policy framework to aid her in dealing with certain issues in the society as is the case of the COVID 19 pandemic.

The key outcome of interest was COVID-19 cases and deaths. The study was unable to find studies that examined the effects of low compliances to Covid-19 protocols, testing, and on the outcomes of interest, but incorporated the studies that examined factors associated with best strategies because they were factors also associated with COVID-19 cases and deaths. The study included studies that looked at LTCFs specifically but did not limit our inclusion criteria to only residents or other type; that said, the vast majority of studies identified were for health care facility settings.

To collect relevant studies, the researcher conducted keyword searches of PubMed and Google Scholar, as well as websites of long-term care policy-specific journals. The researcher also identified studies using a snowball technique based on bibliographies of previously pulled studies. While the researcher tried to be as comprehensive as possible in the inclusion of studies and findings that meet the need of the present study, it is possible that the researcher missed some relevant studies or findings. For each study, the researcher read the final publication and summarized the data sources, methods, and findings. The present research broke findings out into key factors of interest – community spread, quality/infection control, and other characteristics. Studies may be cited in multiple of these categories or in multiple places within a category.

2.5 Theoretical Framework

This study is anchored on the structural functional theory propounded by the Robert Merton and Herbert Spencer (1968). The main argument of the structural functionalism is that the society is a complex system whose parts must work together to promote solidarity

and stability that is; parts of the society are interdependent and this interdependency imposes structure on the behavior of institutions and their members. According to Merton (1968), the social system is the prior casual reality and the system parts are functionally interrelated, all social phenomena have functions for the larger social system. Concerning these functions, the theory has the following assumptions:

- i. They may be functional for the whole system or only part of it
- ii. There may be functional alternatives
- iii. There may be multiple consequences from particular phenomena,
- iv. Dysfunctions account for tension and change in the system
- v. Approaches assume that systems can be identified and specified, that the boundaries are measurable
- vi. They cannot explain the existence of social change and social conflict
- vii. Explanations can be tautological

Susser (1992) stated that focuses on input-output analysis, both see political system as striving for homeostasis or equilibrium, and both consider feedback in the analysis. Yet functionalism is significantly different. Applying functional analysis to the study of political system: process, content, function and form. Studies based on process and content faces huge obstacles.

Analyzing the above, the need is therefore, for union as well as separation. Democratic government demands that a synthesis be found between the coordinating agencies of government, and the possibility of concerted government action. The first is obtained by continuing with the separate organs of government. It is intrinsically good to do so, for it

sets a limit of jurisdiction over the functions of each distinctive technique. But it does not mean that separation of function prevents leadership. Too much separation destroys responsibility, immobilizes would soon be a constitutional crisis and possibilities of the rise of dictatorship. But it is essential to temper leadership by imposing limitations upon it. The real limitations are those which make the government responsible to the people, that is, it must answer to the people for its policies and if its answers are not satisfactory to the people, they should have the means to replace it. It can be ensured further by the presence of an independent and impartial judiciary, the guardian of the rights of the people. Thus, the separation of Powers is living force in all democratic countries as a check to irresponsible power.

From the structural theory, society is being structured to carry out specific functions, this gives rise to the following questions; why are there traces to the flaw in human nature which is seen to be selfish and engaging in the pursuit of personalized self-interest defined as power affecting the structured organs of government? As is in our case, how does the structure of the NCDC nay, the government affecting the effectiveness in handling the health emergencies in the country? Given that health cannot be traded for anything else, it follows that investigating how government policy affects the management of health emergencies, is a necessity not a luxury.

CHAPTER THREE

RESEARCH METHODOLOGY

This chapter deals with the following sub-headings: design of the study, area of the study, population of the study, sample size and sampling technique, instrument for data collection, validation of the instrument, reliability of the instrument, administration of the instrument and methods of data analysis.

3.1 Research Design

Descriptive survey design was adopted for this study. Descriptive survey design is a research design which involves interpretation of existing conditions or relationship, opinions, ongoing attitudes, prevailing practices, beliefs, effect that are being felt as well as current phenomenon (Nworgu, 2006). In order to conduct a good analysis and achieve a realistic conclusion, data was collected from both primary and secondary sources.

3.2 Population of the Study

The population of the study includes all members of staff of the NCDC which according to www.ncdc.gov.ng, stands at 500 and the residents of Rivers State which according to the projected census figures for 2022 stands at 8,567,893.

3.3 Sample Size

A sample of 379 determined through Krejcie and Morgan (1990) at a confidence level of 95% and a margin error of 0.05. Krejcie and Morgan (1970) using the following formula to determine sampling size: $s = X^2 NP (1-P) / d^2 (N-1) + X^2 P(1-P)$ s = required sample size

X^2 = the table value of chi-square for one degree of freedom at the desired confidence level

N = the population size

P = the population proportion (assumed to be .50 since this would provide the maximum sample size) d = the degree of accuracy expressed as a proportion (.05)

Table 3.3.1: Sample Size

Type	Population (N)	Sample size (S)
NCDC	500	217
River State	8,567,893	384
Total	8,568,393	601

Source: Field work (2023)

3.4 Sampling Techniques

Two sampling techniques were adopted since there is at least two population categories (staff and citizens). Simple random sampling (probability sampling) for staff of NCDC and accidental sampling (non-probability) for citizens will be adopted. The simple random sampling technique will ensure each member of the entire population has equal chance for selection as part of the sample size. Hence, it provides a realistic basis for arriving at reliable generalizations about the entire parent population.

3.5 Instrument for Data Collection

The instrument for data collection was the questionnaire. The questionnaire had two sections. Section A was focused on background information on the residents' response to Covid-19 characteristics for the collection of demographic data, while section B was psychographics of the respondents which dealt with the research questions. The questionnaire contained 15 items that sought information on Communication Strategy of NCDC and Rivers State Residents' Responses to Covid-19 Messages'; items 1 to 5 concerned the communication strategies that were used by NCDC to control the spread of

Covid-19 among Rivers State residents, items 6-10 concerned with the extent did the NCDC implement the communication strategies adopted in Rivers State to sensitize the residents on Covid-19, items 11 to 15 concerned with eliciting data in line with the research question. The instrument for data collection was weighted on a four-point Likert-type rating of Strongly Agreed (SA) = 4 points, Agreed (A) = 3 points, Disagreed (D) = 2 points, and Strongly Disagreed (SD) = 1 point.

3.6 Validation of Instrument

Copies of the instrument were subjected to face and content validation. Prof Vincent Asuru of the department of Educational foundations, and an expert in measurement and evaluation in Ignatius Ajuru University of Education validated the instrument. The project supervisor was the final clearing house for the suitability of the items on the questionnaire. The instrument was vetted in terms of relevancy, appropriateness and language level. The recommendations and corrections made were incorporated in the final version of the instrument before being administered.

3.7 Reliability of Instrument

The reliability of the instrument was tested by the researcher using test-retest method. The instrument was administered to 20 respondents who were not part of the population for the study. Each set was re-administered to the same group of residents within a two weeks' interval. The Cronbach Alpha Statistics was used to determine the reliability indices

respectively which were 0.88 and 0.86. The Cronbach Alpha statistics is suitable for the study because it measures internal consistency between items in sections.

3.8 Method of Data Collection

Data was collected with the help of six research assistants stationed across the local government areas of the states. The researcher trained the research assistants on the content of the instrument and the procedures to distribute and retrieve the instrument. The researcher explained the purpose of the research to the respondents. The research assistants also helped in the retrieval of the instruments. However, out of 601 copies of the questionnaires administered, only 350, representing 58.2% copies of the questionnaire were retrieved, the remaining copies were either not retrieved or not satisfactorily filled; hence they were discarded from the analysis which reduced the sample size of the study to 350.

3.9 Methods of Data Analysis

Data was analyzed using descriptive statistics by employing simple percentages and presented through statistical tables, frequencies and weighted mean scores (WMS) on a four-point Likert Scale and a 2.5 decision rule.

CHAPTER FOUR

DATA PRESENTATION, ANALYSIS AND DISCUSSION

This section reviews mode of data collection, collation, presentation and analysis discussion of the data obtained in the course of the study. Six hundred and One (601) questionnaires were administered to respondents. However, Three Hundred and Seventy -Nine (379) were filled as shown in Table 4.1. With this in mind, a review of the demographic attributes of the population would be followed by the thematic presentation, analysis, and discussion of findings according to the objectives listed in chapter one above.

4.1 Data presentation

Table 1: Distribution of Respondents by Age

Age	Frequency	Percentage (%)
30-35	60	17.12
36-40	105	30
41-45	80	22.86
46-50	45	12.8

51 and above	60	17.12
Total	350	100

Source: Field Work

Table 1 above shows that most of the respondents within the age range of 41-45years were more in number than other age ranges. This was because this age bracket is believed to be within their most active years in medical practice.

4.2 Psychographic Data

This section presents the responses of the respondents according to the research questions posed. The responses are presented in tables using the four point Likert Scale for Weighted Mean Scores.

Research Question One: What was the communication strategy of the NCDC in controlling the spread of Covid-19 in Nigeria?

S/N	What was the communication strategy of the NCDC in controlling the spread of Covid-19 in Nigeria?	SA	A	D	SD	WMS	DECISION
1	Utilisation of the Internet and electronic media in the dissemination of information	112 (449)	140 (420)	77 (154)	28 (28)	3.00	Agreed

2	Regular interface with healthcare professionals	33 (132)	105 (315)	133 (266)	79 (79)	2.26	Disagreed
3	Provision of testing kits to healthcare facilities	55 (220)	98 (294)	70 (140)	120 (120)	2.21	Disagreed

Source: Field Work

The table above shows that the utilisation of the Internet and electronic media in the dissemination of information was the predominant strategy of communication deployed by the NCDC in the management of the spread of Covid-19 pandemic in Nigeria. This implies that the NCDC preferred electronic means of communicating its policies and programmes to the people.

Research Question Two: What was the citizens' response to NCDC's Covid-19 protocols in Nigeria?

S/N	What was the citizens' response to NCDC's Covid-19 protocols in Nigeria?	SA	A	D	SD	WMS	DECISION
1	Citizens believed and cooperated with the NCDC	56 (224)	42 (126)	147 (294)	98 (98)	2.06	Disagreed

2	Citizens did not default the Covid-19 protocols	49 (196)	35 (105)	98 (196)	154 (154)	1.86	Disagreed
3	Citizens were happy about the Covid-19 protocols	42 (168)	70 (210)	133 (266)	112 (112)	2.16	Disagreed
4	There were stiff resistance to the covid-19 protocols	84 (336)	119 (357)	84 (168)	70 (70)	2.66	Agreed
5	Some citizens dismissed C0vid-19 as a mythical ailment meant for the rich	84 (336)	91 (273)	126 (252)	49 (49)	2.6	Agreed

Source: Field Work

The above table shows that the citizens of Nigeria were very much averse to the Covid-19 protocols preferred by the NCDC given their restrictive nature in their daily movement and routine. In fact, many a citizen never believed that Covid-19 was real ab initio. Some dismissed the pandemic as a mere farce concocted by the rich to create panic and confusion in the society in order to have more power and privileges in the society.

Research Question Three: How did NCDC protocols affect the management of health emergencies in Nigeria?

S/N	How did NCDC protocols affect the management of health emergencies in Nigeria?	SA	A	D	SD	WMS	DECISION
1	It stretched health facilities to their limits	70 (280)	140 (420)	84 (168)	56 (56)	2.64	Agreed
2	Some health facilities were unable to cope with their financial obligations during the pandemic	133 (532)	161 (483)	49 (98)	7 (7)	3.2	Agreed
3	Several health facilities were not accredited treatment centres due to inadequate health personnel	98 (393)	84 (252)	112 (224)	56 (56)	2.64	Agreed

Source: Field Work

The table above shows that the NCDC protocols were actually very harsh on the operations of the healthcare system in the Nigeria most of which lacked adequate facilities to handle the scourge. In the end, most of the health facilities were stretched beyond their carrying capacity in terms of manpower and other operational logistics.

Research Question Four: What are the factors limiting the development of the public health system in Nigeria?

S/N	What are the factors limiting the development of the public health system in Nigeria?	SA	A	D	SD	WMS	DECISION
1	Lack of proper funding of health care by the government	147 (588)	161 (483)	24 (56)	14 (14)	3.26	Agreed
2	Inadequate number of health personnel to man the facilities	112 (448)	168 (504)	24 (56)	24 (56)	3.04	Agreed
3	Lack of proper implementation of health policies in Nigeria	140 (560)	175 (525)	14 (28)	7 (7)	3.2	Agreed

Source: Field Work

The table above shows that the factors limiting the development of the public healthcare system in Nigeria include but not limited to Lack of proper funding of health care by the government, Inadequate number of health personnel to effectively man the facilities and lack of proper implementation of health policies in Nigeria.

4.3 Discussion of Findings

From the data obtained and analyzed above, the following were the major findings of the study:

- i. The study reveals that, the utilisation of the Internet and electronic media in the dissemination of information was the predominant strategy of communication deployed by the NCDC in the management of the spread of Covid-19 pandemic in Nigeria. James (2009) observes that information is an obligatory factor in the management of human dealings. He also maintains that the media can efficiently be utilized to address national issues (in this case Covid-19). However, Mweri (2021) insists that the mass media especially the social media was overloaded with both true and false information during the Covid-19. This made it difficult to differentiate between facts and fiction about the pandemic. He also notes that information overload has numerous effects on the publics. One of the effects of information overload is that it slowed down the productivity and ability of people to make effective and timely decisions. In the words of Mweri (2021), “information overload shuts our brains down.”

Similarly, Shalvee and Sambhav (2020) acknowledge that the media serves as one of the central means of communication. They also observe that during the COVID-19 crisis, the mass media was used to inform and create awareness among the people. This is because the mass media has the power to encourage the people to either obey or disobey the COVID-19 protocols. Furthermore, Shalvee and Sambhav (2020) suggest that every mass media is under obligation to use simple language that can help persuade the audience to comply with the protocols put in place by the government. From the foregoing, it is deducible

that language and the mass media played significant role in educating the people during the COVID-19.

ii. The data in this regard showed that, the citizens of Nigeria were very much averse to the Covid-19 protocols preferred by the NCDC given their restrictive nature in their daily movement and routine. In fact, many a citizen never believed that Covid-19 was real ab-initio. Some dismissed the pandemic as a mere farce concocted by the rich to create panic and confusion in the society in order to have more power and privileges in the society. According to Amah and Okedi (2022), one of the obstacles to the realization of the objective of the Covid-19 prevention communication in Rivers State was the myths, premised on the belief of many residents that Covid-19 is a rich man's disease, and that it did not exist in Rivers State. Many people believed that government was only hiding under the guise of the virus to cover its underperformance. This disposition of the people was reflected in their nonchalant attitude towards adopting measures that were designed to prevent the spread of the disease but as a result, the government-imposed lockdown, that prohibited inter and intra-state movements. Even at that, there was an increasing rate of infections and death due to covid19 related infections nationwide.

iii. The study also reveals that, the NCDC protocols were actually very harsh on the operations of the healthcare system in the Nigeria most of which lacked adequate facilities to handle the scourge. In the end, most of the health facilities were stretched beyond their carrying capacity in terms of manpower and other

operational logistics. The gaps identified include poor utilization of state level public health EOCs for coordinated responses, suboptimal utilization of data to guide decision making, delayed turn-around-times of laboratory results, onstandardization of case management across treatment centers and poor adherence to IPC practices in health care facilities (Amah and Okedi, 2022). iv. Furthermore, the study reveals that, the factors limiting the development of the public healthcare system in Nigeria include but not limited to lack of proper funding of health care by the government, inadequate number of health personnel to effectively man the facilities and lack of proper implementation of health policies in Nigeria. Amah and Okedi (2022) reports that working with local hospitals day by day implies a keen awareness of the challenges they are facing with COVID-19. Nigerian health system is well-supported by the government and its partners, but the states, the low-income states particularly, have far fewer resources. For months, they began donating desperately-needed consumables, including face masks, gloves, and gowns, to partner hospitals. They have also created a series of informational posters regarding COVID-19 in local languages based on approved government content. As Okoroma (2020) reports, the greatest problem bedeviling sectorial growth in Nigeria is policy summersault. Several policies of government have been conceived with good intentions but the faithful implementation has been the clog on the wheel of progress of the country. He argued that many successive governments had gone on a wild goose chase in trying to undo the policies of

their predecessors and this has led to a chaotic and cacophonous policy environment. This according to him was the bane of development in the country.

CHAPTER FIVE

SUMMARY, CONCLUSION AND RECOMMENDATIONS

5.1 Summary of Findings

This study was conceptualized to assess the effect of health policy in terms of implementation on the management of health emergencies in Nigeria using the Covid19 pandemic as a test case. The following objectives were set out viz:

- i. identify the communication strategy used by NCDC to control the spread of Covid-19 in Nigeria; ii. find out citizens' response to NCDC's Covid-19 protocols in Nigeria;
- iii. ascertain how NCDC protocols affected the management of health emergencies in Nigeria and; iv. determine the factors limiting the development of the public health system in Nigeria.

These objectives were transformed into research questions that formed the bedrock of the research. To establish the intellectual footpath for the study, the systems theory and the structural functionalism theory were reviewed as anchors. The researcher further

adopted the descriptive survey design as the research methodology guiding the study. The basic population was the 500 members of staff of the NCDC and the residents of Rivers State as at the year 2022 from which a final sample of 350 respondents were drawn using the Krejcie and Morgan (1970) formula. The questionnaire was the basic tool for data gathering and the data were analysed using the Weighted Mean Scores on a Four-Point Likert Scale.

The study found among other things that: the basic strategy for the communication of the health policy by the NCDC was the utilization of the electronic media and the Internet. Even though there were other modes of interface with other agencies of government involved in the handling of the Covid-19 pandemic, the Internet and the electronic media featured more. This made the sharing of information easy and faster, removing several bureaucratic bottlenecks in the information dissemination process.

The study further found that citizens of Nigeria never found the news of the outbreak of the Covid-19 pandemic funny and therefore were very skeptical about its realism. In fact, the multiple regulations cum protocols which tended to control the daily life routine of the citizens, made the believability of the existence of the disease difficult. This created a lot of resistance on the part of the citizens and subsequent disdain for Covid-19 protocols.

The study also found that the policy utilised in the management of the Covid-19 saga was most rash and incompatible with what was obtainable in the Nigerian health system.

Consequently, the health system was unable to cope with the dictates of the Covid-19 management policy. Many healthcare facilities were therefore adversely affected to the extent that most of them were not accredited as centres that could handle Covid-19 related cases, forcing the government to create emergency health care tents with shortage of manpower to grapple with.

The study then found that some of the challenges that were limiting the growth of the healthcare system in Nigeria had to do with poor funding of the health sector by the government, lack of effective implementation of national health policies and manpower shortages- a situation where Nigerian trained health care professionals prefer to practice outside the country because of government neglect. And even when they decide to stay, they prefer private medical practice to working on the side of the government.

5.2 Conclusion

In the light of the findings above, it will be safe to conclude that the utilization of the electronic media and the internet by the NCDC as a means of communicating the policy and other issues relating to the Covid-19 pandemic proved a game changer that made information freely available for whoever was looking for it instead following the traditional bureaucratic route bedeviled by hiccups and undue red-tapism. But in the rural areas where internet facility was lacking, people still depended on second hand information, making them disbelieve the intentions of government in the management of the pandemic and subsequently not fully cooperating with the protocols.

We can also infer that the reaction of the citizens to the Covid-19 outbreak, regulations and protocols were encouraging because of the poor healthcare system in the country.

Many people are not very buoyant to cope with the restrictiveness of the COVID-19 protocols. To them, it was so sudden, rude and the regulations were autocratic and draconian. The inconsistency of successive government to effectively implement known policy documents to the letter was also brought to the fore. The issue of poor funding by the government was further buttressed as could be seen in the data generated. This could only mean that should the study have found otherwise; the researcher would have been in doubt.

5.3 Recommendations

On the basis of the findings from the study, the following recommendations were therefore put forward:

The Federal Ministry OF Health through NCDC may consider incorporating the use of traditional communication media to communicate its health policy to the people. This will reduce the incidence of resistance among citizens. This could be implemented effectively by engaging village and community heads and leveraging on their good will and cooperation. This is because they understand their people more and may have earned the people's trust. Additionally, religious leaders and places of worship is also a good place to disseminate information relating to public health issues, since the citizens would

be hearing from their religious in whom they have more confidence than the organs of government.

The Federal Ministry of Health in Conjunction with national Assembly may also implement legislations that would ensure an overhaul the healthcare system to be able to cope with health emergencies like the outbreak of COVID-19 pandemic. This could be achieved by upscaling oversight functions to ensure a thorough implementation of budgetary allocations directed to public health facilities. The national Assembly may also carry out impromptu visits to public health facilities in their constituencies and share the status report with the federal ministry of health thereafter. Each healthcare facility should have minimum operational standards before being granted approval to operate in the country.

The Federal and State Ministries of health could ensure consistency in the implementation of healthcare policy for the benefit of the people. Adequate attention should be paid to the healthcare system in terms of finance, policy and management. This could be easily achieved by galvanizing stakeholder cooperation for the development of the Public health system.

Critical capacity building and training of health workers is an essential component of public health emergencies. Professional bodies in the health system may recommend a minimum number of trainings a public healthcare practitioner must attend annually to ensure that are adequately prepared for any health emergency of public concern. Therefore, the Federal and State Ministries of health must ensure a robust and standardized training on critical-care medicine so as to

improve the knowledge and capacity of the front-line health care service providers so that they will be better prepared to deal with health emergencies.

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