



Nigeria's Policy Response to COVID-19

Policy Report ● June 2020

Key Messages

- **Number of cases.** Nigeria detected its first COVID-19 case on February 27, 2020.¹ As of June 13, the country tested 92,924 samples and had 15,682 confirmed cases and 407 COVID-19 related deaths. 35 of the 36 states in the country plus the Federal Capital Territory (FCT) are affected by the pandemic. The number of confirmed cases almost quadrupled from 2,170 on May 1.²
- **Geographic variation.** There is huge geographic variation in the number of cases in different states, in part because of limited testing capacity and scale-up of testing in many states. As of June 13, most cases were concentrated in Lagos (45%), Kano (7%), and FCT (8%). A total of 158 deaths (39%) have been recorded in these two states and FCT. However, cases are now increasing in many northern and southwestern states of the country.
- **Lockdown and re-opening.** On March 30, the federal government announced a lockdown (i.e., stay at home order and closure of schools and businesses) of Lagos, FCT, and Ogun states. Many governors in other states followed the federal initiative and implemented lockdowns. On April 27, Nigeria's president announced a gradual re-opening of Lagos, FCT, and Ogun state from May 4.
- **Socioeconomic welfare policies.** The federal and some state governments have initiated health and socioeconomic welfare policies ("palliatives") to support vulnerable groups. These palliatives include food assistance, cash transfers, and economic stimulus packages. However, many of these welfare programs are inadequate, or are marred with serious gaps such as politicization of food assistance, opaque accountability mechanisms, and partial exclusion of the informal sector from some stimulus packages. These gaps may constrain the intended effect of federal and state government welfare interventions on families and businesses most affected by the COVID-19 pandemic.
- **Twin shocks.** Nigeria is experiencing "twin shocks"—the pandemic and a concurrent oil price shock that is straining the federal budget. These shocks will likely affect the financing of health and Nigeria's readiness to transition away from external aid for health.
- **Economic impact.** The federal government expects that the Nigerian economy will require US\$6.9 billion dollars to cushion the impact of the pandemic,³ which it plans to raise from domestic and external sources.

In this brief, we focus on Nigeria's response to the COVID-19 pandemic. We begin by examining the country's level of preparedness to deal with a pandemic prior to COVID-19. We then give a snapshot of the current COVID-19 situation, the policies that the federal and state governments have enacted to curb the epidemic, and the policy gaps. Finally, we describe how the country is funding its COVID-19 response.

Background

On January 23, 2020 the World Health Organization's International Health Regulations (IHR) Emergency Committee advised all nations worldwide to be prepared to deal with transmission of the new coronavirus (then called 2019-nCoV, now called SARS-CoV-2) in their countries. The committee stated: "all countries should be prepared for containment, including active surveillance, early detection, isolation and case management, contact tracing and prevention of onward spread of 2019-nCoV infection, and to share full data with WHO."⁴ On January 30, the WHO declared COVID-19 to be a public health emergency of international concern.⁵ In Nigeria, the first COVID-19 case was detected on February 27.

Pandemic preparedness prior to COVID-19

There are two metrics widely used to assess a country's readiness to deal with a pandemic: (i) the WHO's Joint External Evaluation (JEE) of IHR core capacities, and (ii) the Global Health Security (GHS) Index.

Joint External Evaluation of Nigeria's IHR core capacities

The JEE is an independent, collaborative multi-sectoral effort, based on a country mission, to capture a country's capacity to prevent, detect, and respond to public health risks. The report measures a country's preparedness across 19 technical areas (with 48 separate indicators), grouped into three categories: risk prevention (7 technical areas, 15 indicators), detection (4 technical areas, 13 indicators), and response (8 technical areas, 20 indicators). Each indicator receives a score of 1 to 5, where 1 is no capacity and 5 is sustainable capacity.

Figure 1 summarizes the findings of the 2017 JEE of Nigeria, based on a June 11-20, 2017 mission.⁶ We have provided the average score across the indicators in the three broad categories.

In 2017, Nigeria's average score of 1.9 across the 15 indicators in the risk prevention category suggested that overall there was limited capacity to prevent biological,

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chemical, or radiation health risk. The only indicators that scored 3 or higher were veterinary or animal health workforce (3), vaccine coverage (3), and national vaccine access and delivery (4).

Nigeria was better prepared in the detection category, with an average score of 2.6 across the 13 indicators. Many indicators scored 3: laboratory testing for detection of priority diseases; indicator- and event-based surveillance systems; integration and analysis of surveillance data; syndromic surveillance systems; a system for efficient reporting to international agencies; and human resources available to implement IHR core capacity requirements. One indicator scored 4: an applied epidemiology training program in place.

The country performed poorest in the response category, with an average score of just 1.5 across the 20 indicators in this category. Only 6 out of the 20 indicators had a score of 3: emergency operations program; internal and partner communication and coordination; communication engagement with affected communities; rumor management; mechanisms to detect radiological and nuclear emergencies; and an enabling environment in place for management of radiation emergencies; none had a score higher than 3.

Global Health Security Index

The GHS Index is based on "a detailed and comprehensive framework of 140 questions, organized across 6 categories, 34 indicators, and 85 sub indicators to assess a country's capability to prevent and mitigate epidemics and pandemics."⁷ The six categories are prevention (e.g.,



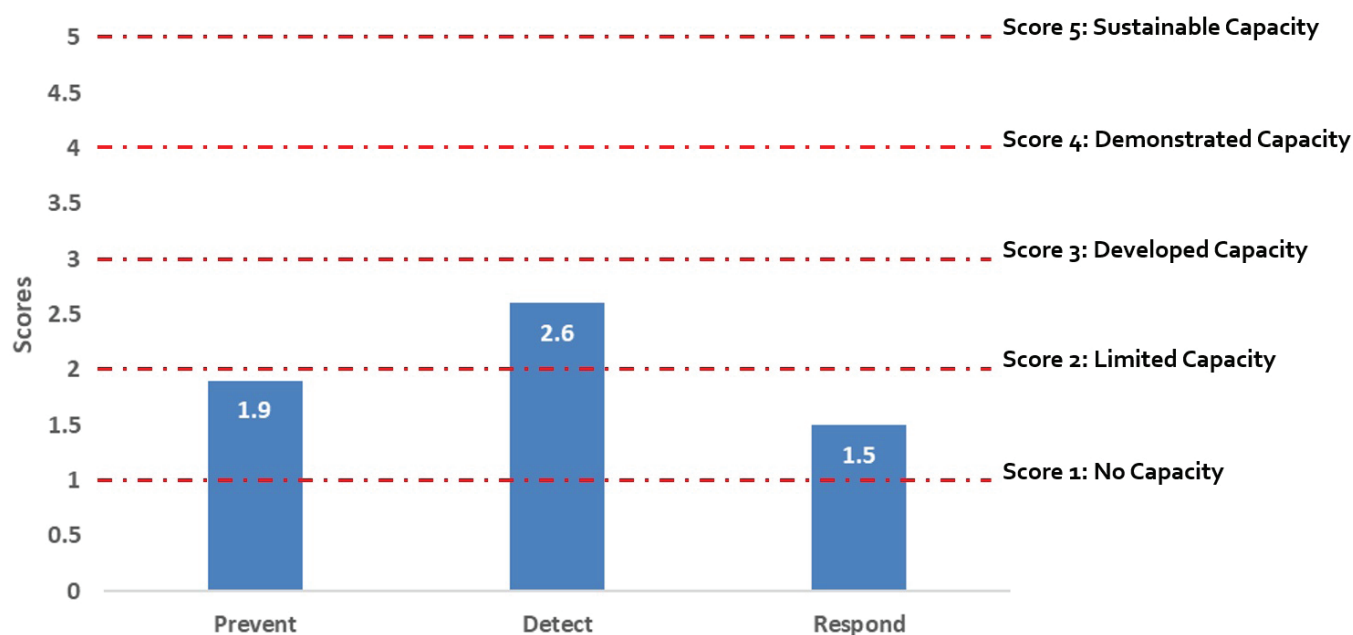


Figure 1. Nigeria's average score on preparedness to tackle public health risks
Source: Authors' creation using data from reference 6

immunization and tackling antimicrobial resistance); detection and reporting (e.g., real-time surveillance); rapid response (e.g., emergency response operation); health system (e.g., capacity in clinics, hospitals, and community care centers); compliance with international norms (e.g., compliance with IHR reporting); and risk environment (e.g., political and security risks). The index ranges from 0-100, where 100 means perfect health-security conditions. A score below 33.3 is considered low, 33.4 to 66.6 is moderate, and 66.7 to 100 is high.⁸

In 2019, Nigeria's overall preparedness score was 37.8, close to the global average across 195 assessed countries of 40.2, putting Nigeria in the "moderate" preparedness category.⁸ Across the six categories, Nigeria performed poorly on prevention and health systems. It performed relatively better on compliance with international norms, followed by detection and then rapid response.

Current COVID-19 situation and impact

Nigeria's first case was identified on February 27, 2020. According to Nigeria's Center for Disease Control (NCDC), as of June 13, the country had tested only 92,924 people, of whom 15,682 had the coronavirus that causes COVID-19. Of these confirmed cases 10,174 were active, 5,101 had been discharged, and 407 died.⁹

On May 25, 2020 the country had 28 functional COVID-19 testing laboratories with one in the process of activation. Of the 28 NCDC accredited labs, three are part of a public-private partnership embarked on by the government to facilitate increased access to testing. Four more laboratories are under construction.^{10 11} In spite of the expanding number of laboratory facilities, the NCDC was able to conduct only 46,803 tests by May 25, and plans to increase testing to 3,000 per day for a population of around 200 million. The government also plans to conduct 50,000 tests in each state from May to July. The low testing rate can be attributed to the shortage of human resources and testing kits, a slow pace of country wide molecular laboratory activation, and case definition for testing that prioritizes symptomatic cases and their contacts.

Additionally, Nigeria had only 350 ventilators before the outbreak, some of which were not functional. In April, it acquired 100 more ventilators.¹² NCDC's testing guidelines aim to identify suspected cases, test them, and then place positive patients in government-identified isolation centers.¹³ Many states created isolation centers where infected patients could be quarantined, but in some states (e.g., Lagos) people are avoiding these centers.¹⁴ There has been a ten-fold increase in the number of cases since February 2020, and no flattening of the curve has yet been observed. (Figure 2)

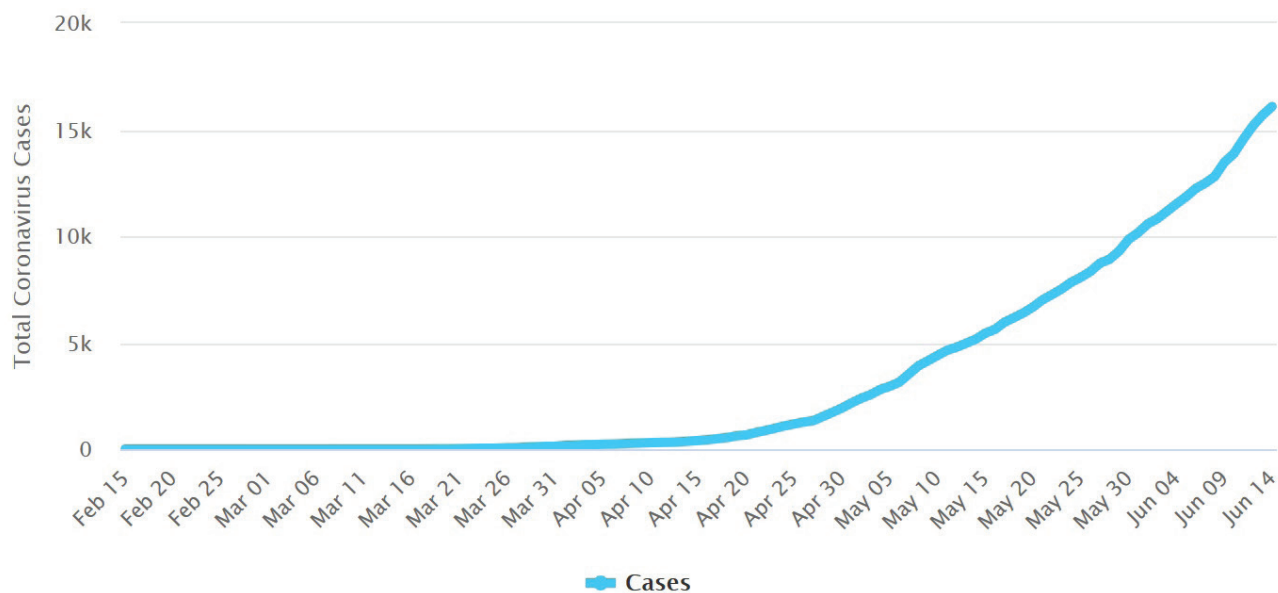


Figure 2. Total confirmed cases in Nigeria (as of June 13, 2020)¹⁵

The three states with the highest number of confirmed COVID-19 cases are Lagos (7,035 cases, 82 deaths), Kano (1,091 cases, 50 deaths), and FCT (1,212 cases, 26 deaths). These states account for about 60% of total confirmed cases, and 39% of deaths. (Figure 3) However, many of the northern and southwestern states are now seeing an increase in the number of cases, and as of June 13, there are more than 100 reported COVID-19 cases in each of the states of Oyo, Ogun, Sokoto, Katsina, Kano, Jigawa, Bauchi, Gombe, and Borno.

The age-sex distribution of COVID-19 cases in Nigeria shows that a higher proportion of cases are men and most cases fall in the 20-50 year age bracket. (Figure 4)

In addition to the direct impact of COVID-19 on the population, the pandemic is likely to have indirect effects by disrupting health services for other conditions, including HIV, TB, malaria, and vaccine-preventable diseases. In recognition of this risk, on April 4, 2020, the Global Fund released a guidance note that allowed recipient countries to use 5% of the savings in current grants or under-used grants for the national COVID-19 response.¹⁷ Gavi, the Vaccine Alliance also provided immediate additional funds for health systems support.¹⁸ Similarly, other sources of public and private funds will be channeled to fight the current pandemic, which could also weaken health systems.

Policy steps taken

Following are some of the policy steps taken by the government in Nigeria (summarized in the timeline in Figure 5).

Public health policies

Prior to the index case

Before the arrival of the index case the NCDC issued an advisory to the public on the new coronavirus, which gave information on the cause, symptoms, routes of transmission, and preventive measures.¹⁹ The country rapidly deployed surveillance and temperature screening at airports from equipment purchased during the Ebola pandemic, collected passengers' contact details, and interviewed those arriving from COVID-19 hotspots.²⁰ Three laboratories had been prepared for COVID-19 testing and treatment, and isolation centers in four states with international airports had been assessed with plans for possible upgrades where required.²¹ However, Nigeria did not isolate visitors and returnees for the recommended 14-day period. Instead, travelers from countries with community spread of COVID-19 were asked to self-quarantine on arrival. No measures were put in place to ensure that returnees isolated at home, which led to clusters of infection identified in FCT and Lagos states.

Contact tracing

After the first case was confirmed on February 27, the Nigerian government initiated the process of contact tracing one day later.²² The government also started using its polio elimination infrastructure and resources to strengthen COVID-19 contact tracing.²³ Despite experiences gained during the Ebola epidemic, contact tracing in Nigeria still has its challenges. The director of Nigeria's CDC reported that people have avoided testing and isolation at various

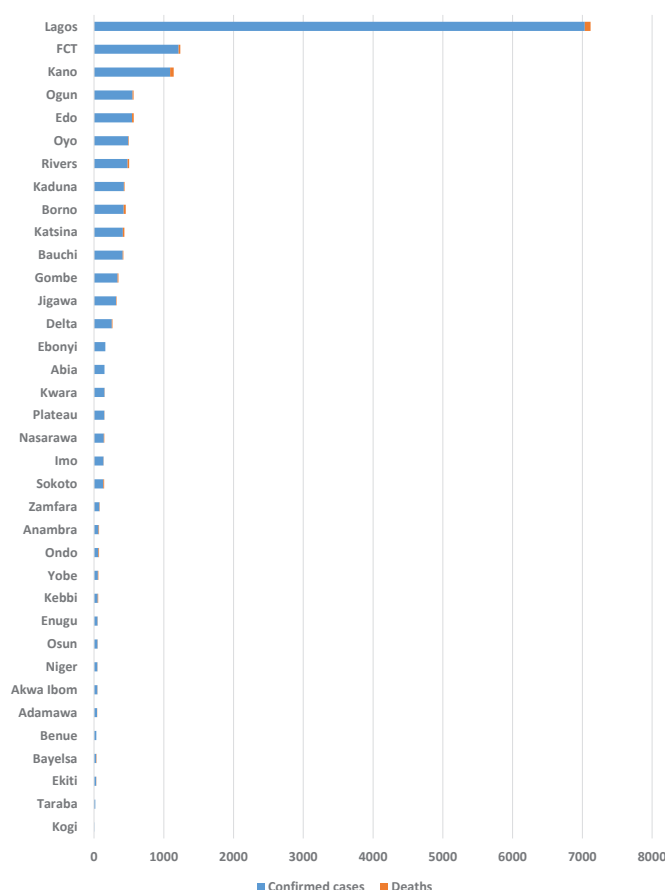


Figure 3. Total confirmed cases and deaths in Nigeria (as of June 13, 2020)¹⁶

centers out of fear of stigmatization, hampering the NCDC's response and control efforts.²⁴

Lockdown order

The lockdown policy in Nigeria included stay-at-home orders and the closure of schools, religious worship centers (churches and mosques), and markets. The federal government imposed a two-week lockdown in Abuja, Lagos, and Ogun states between March 30 and April 14. The order was later extended for two more weeks to April 28. On April 27, the president of Nigeria announced a gradual opening of the lockdown in Lagos, FCT, and Ogun states effective from May 4. Following the federal lockdown order, many state governments implemented similar lockdown policies, with varying degrees of restrictions.

Travel ban

Many state governments restricted travel when they started implementing lockdowns after March 30. On April 23, the governors from 35 states agreed to implement a complete ban on inter-state travel for two weeks. Only

essential service providers were allowed to travel during this period. A number of industries were exempt from the travel ban, such as hospitals and related medical establishments, health care related manufacturers and distributors, food processing, petroleum distribution and retail entities, power generation, transmission and distributions companies, and print and electronic media staff who can prove they are unable to work from home.²⁵ In the north, Kano state government relocated Almajiris by bus to their states of origin with only temperature checks as a screening tool (Almajiris are young children that have left their homes to live with and be taught by an Islamic scholar and who are often left to beg on the streets for sustenance).²⁶ There are reports that some Almajiris tested positive for COVID-19 following the relocation exercise.²⁷

On March 23, 2020 the federal government closed all airports to international flights.²⁸ On April 20, the government added domestic flights to the closures. On May 6, the federal government announced the extension of the domestic and international flight ban to June 7.^{29 30} Only

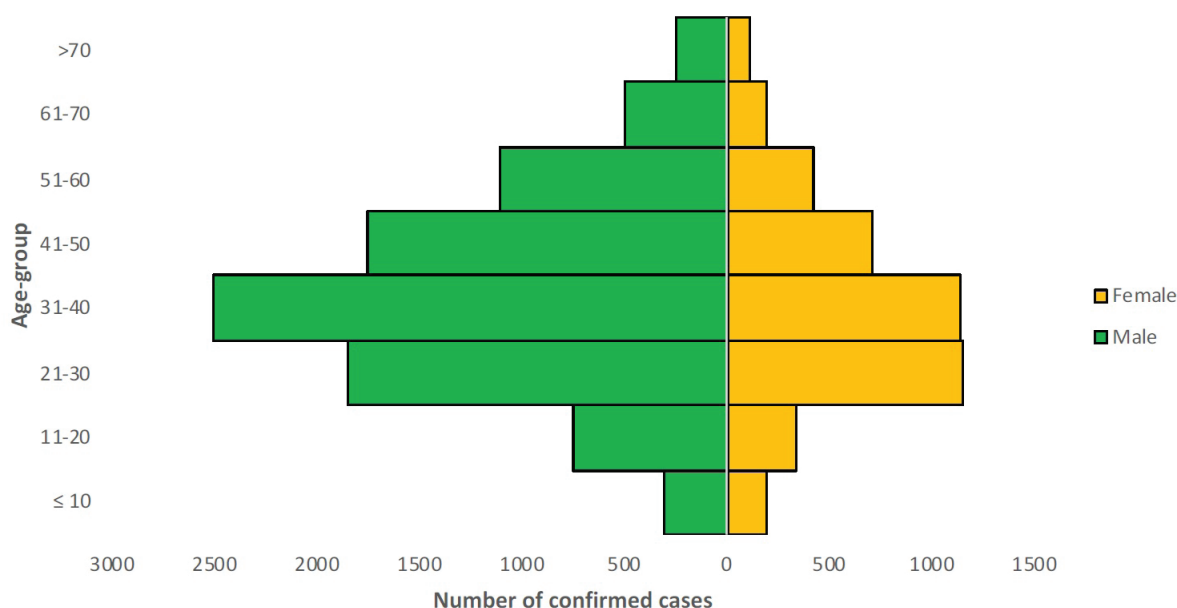


Figure 4. Age-sex distribution of confirmed cases (as of June 13, 2020)¹⁶

emergency and essential cargo flights were allowed during this period.

Overnight curfew

The federal government announced a nationwide overnight curfew from 8:00pm to 6:00am that prohibits all movement during these hours, except essential services. However, the government did not clarify what it meant by essential services.³¹ The curfew came into effect on May 2, 2020.³²

Mandatory face mask and physical-distancing in public

Starting May 4, the federal government mandated the use of face masks in public as it gradually loosened the lockdown restrictions in Lagos, FCT, and Ogun states. In addition, businesses have been instructed to implement physical-distancing measures to avoid fines and imprisonment.³¹

Social and economic policies

Food assistance

After President Buhari imposed the lockdown order in Lagos, FCT, and Ogun states, on April 1, 2020 the Federal Ministry of Humanitarian Affairs Disaster Management and Social Development announced that it will provide food rations to vulnerable households in these states. The COVID-19 Regulations 2020 released on March 30 also stated that internally displaced people will receive two months of food rations.

Cash transfers

In addition to providing food rations, on April 1 2020, the government of Nigeria announced that it will make transfers of 20,000 Naira (US\$52) to poor and vulnerable households registered in the National Social Register (NSR). The NSR currently has 2.6 million households registered and the government plans to add 1 million more households to the register during the COVID-19 crisis to provide financial assistance.^{33 34}

Economic Stimulus Bill 2020³⁵

The house of representatives passed the Emergency Economic Stimulus Bill 2020 on March 24 to provide support to businesses and individual citizens of Nigeria. To achieve this objective the bill has provided for the following measures:

- A 50 percent income tax rebate to employers and business owners to prevent job losses in the formal sector.
- Deferment of mortgage payments for the national housing fund for home owners for 180 days starting March 1, 2020.
- A waiver on import duties on medical equipment, medicines, and other personal protection equipment as required for the treatment of coronavirus.

Stimulus package

The Central Bank of Nigeria (CBN) has arranged a stimulus package to different sectors of the economy that have



Figure 5. Timeline of important policy steps taken by the government of Nigeria

Key: **green** indicates public health policies; **blue** indicates social and economic policies

Abbreviations: **CBN**—Central Bank of Nigeria, **FCT**—Federal Capital Territory, **FMHADMSD**—Federal Ministry of Humanitarian Affairs, Disaster Management and Social Development, **SMEs**—Small and medium enterprises, **NSR**—National Social Register

been affected by the pandemic. The specifics of this package are:

- A 50 billion Naira (US\$128.5 million) credit facility to support households and micro, small, and medium enterprises (SMEs) affected by COVID-19. Recipient households and businesses will need to provide evidence that their income has been severely affected by COVID-19 to be eligible for the loans.
- A 100 billion Naira (US\$277.78 million) credit facility to support pharmaceutical companies to set up drug manufacturing plants, or to set up new hospitals or expand existing hospitals.

*Basket Fund*³⁶

On April 6, 2020, the United Nations (UN) and the government of Nigeria launched a basket fund that will act as a common platform to channel funds from diverse stakeholders. These stakeholders could include the UN and other multilaterals, bilateral agencies, the private sector, foundations, and philanthropies.³⁷ The aim of this basket fund is to improve efficiency and effectiveness in the national response to the COVID-19 pandemic.

Policy gaps

The government has instituted many social and economic measures to alleviate the hardships faced by the poor and vulnerable in the country, and to cushion the impact of COVID-19 on the economy. However, many of these policy responses have weaknesses and are not commensurate with the magnitude of the problem. We have identified some of the gaps in current policies and ways to both improve their effectiveness and mitigate their adverse effects. (Box 1)

Lockdown order

Gap: The lockdown directive in FCT and Lagos—the commercial nerve center of the country—saw the closure of private establishments and government offices except for essential services. The effectiveness of the lockdown measures was hampered by mass movement and crowding seen in markets on days of the week allowed for restocking of supplies. Most states restricted market days to 2-3 times a week for a limited number of hours resulting in a rush of crowds into markets with little regard for physical distancing rules.

What needs to be done: The government needs to immediately initiate a plan to provide economic assistance to

Box 1: What needs to be done**The government needs to:**

1. Provide immediate economic assistance to organizations in the informal sector through microfinance facilities and other community-based channels.
2. Provide urgent economic assistance by exploring the option of giving out pre-paid debit cards at community/ward level to the poorest.
3. Improve the efficiency and transparency of cash transfers by opening bank accounts and mobile payments for the poor and bringing more people into the financial network.
4. Provide loans to poor households that do not require collateral or allow signed guarantees by community leaders.
5. Provide loans to poor households that are free of interest or low interest with long moratorium and repayment period.
6. Improve transparency and accountability in the food ration distribution system by: assigning food distribution management to local communities; using the system of house marking; depoliticizing food rations; and preventing middlemen from controlling the distribution of rations.
7. Distribute electronic cards to poor households for purchasing food items from government authorized outlets.

organizations in the informal sector. However, many businesses in the informal sector are unregistered and so it will be very difficult for them to secure any form of loan. Many of these businesses are often supported by microfinance facilities and these businesses are to a certain extent embedded in the communities. The government can provide assistance to these enterprises through microfinance facilities and other community-based channels.

Economic Stimulus Bill 2020

Gap: As mentioned, this policy aims to provide tax rebates to businesses that are registered under the Companies and Allied Matters Act so they can use this saving to continue employing their current workers. However, the policy focuses on providing relief to formal sector businesses, whereas 65% of Nigeria's total GDP comes from the informal sector. The informal sector employs more than 90% of the workforce, and these workers need urgent support to survive.^{38 39}

What needs to be done: The government needs to immediately explore provision of economic assistance, such as small interest-free loans or small grants through registered microfinance institutions, to enterprises in the informal sector. This will provide much needed cashflow to businesses to restart their operations.

Cash transfers

Gap: Currently, the NSR only has 2.6 million households (11,045,537 people) registered on its platform. The government plans to increase this number to 3.6 million during the COVID-19 crisis.³³ However, 87 million people in Nigeria live below the US\$1.90 a day poverty line used by the World Bank.⁴⁰ Therefore, the cash payments by the federal government will only reach a fraction of the poor. Additionally, Nigeria does not have a robust national information management system, challenging the use of electronic payments. This has resulted in many people in the NSR not receiving the amount promised by the government because of potential leakages in the supply chain, and the logistical issue of providing hard cash to everyone in a diverse and vast country like Nigeria.

What needs to be done: An immediate solution the government can explore is to provide pre-paid debit cards to the poor. This can be done at the community/ward level to ensure that the cards reach the poorest. It will take a short amount of time to distribute these cards from household to household, and will likely be better in tracking resources than the current system of handing out cash to poor and vulnerable populations. However, this is a short-term solution to tackle the current crisis, and more effective measures like direct bank transfer needs to be strengthened.

The long-term solution to improve the efficiency and transparency of cash transfers will be to transfer cash directly to the beneficiaries' bank accounts. However, people need a Bank Verification Number (BVN) to open a bank account, and obtaining a BVN requires a valid national ID or international passport, which most Nigerians do not have. Currently, only about 40% of the Nigerian population have bank accounts and the poor population is mostly out of the financial and banking system.^{41 42} Therefore, to improve the effectiveness of cash transfers the government needs to bring more people into the financial network by opening bank accounts for the poor.

Central Bank of Nigeria's stimulus package

Gap: The CBN's stimulus package has offered a credit of 3 million Naira to poor families impacted by COVID-19. However, the loan can only be availed against collateral. Yet many of the households affected by COVID-19 are poor and do not have any collateral. In addition, the loans are not interest-free.



What needs to be done: Collateral-free loans should be made available to poor households, or community leaders should be allowed to guarantee loans to these households. The loans should be interest free or available at a low interest rate and a long moratorium and repayment period.

Moreover, not many poor households and businesses in the informal sector are aware of the available economic packages and policies implemented by the government. Therefore, the government needs to immediately develop an effective communication strategy to build awareness at the grassroots.

Food assistance

Gap: The extended lockdown has led to people facing hunger in many regions of the country. The government has not been able to provide food support to everyone who needs it, as the distribution system has been marred by corruption and politics.^{43 44}

What needs to be done: The government should improve transparency and accountability in the food ration distribution system. It should also make sure that the distribution of food rations is not politicized, and that middlemen do not control the distribution of food rations to affected communities. To achieve this, the government should make local communities own and manage food distribution in their areas. The government could use the system of house marking that was used in the polio campaign (in which houses visited by vaccinators are marked) during food distribution, i.e., putting a mark on those houses where food has been distributed. The government could also use technology to plug leakages, track rations, and reduce corruption. For example, it could distribute electronic cards to everyone in the community to be used by the recipients of the card to buy food items from government authorized outlets.

Funding the COVID-19 response

How much financing is needed

According to the government of Nigeria, it will require US\$330 million to procure medical equipment, personal protective equipment, and medicines for COVID-19 control. The government will invest some of the amount, and it will also reach out to private, bilateral, and multilateral institutions to raise the remaining funds. Many wealthy individuals and private banks and business groups came together and raised US\$55.7 million by April 6, 2020.⁴⁵ The Nigerian state oil company has pledged US\$30 million for

the government's COVID-19 efforts.⁴⁶ The European Union has contributed EUR€50 million to the Basket Fund to strengthen the Nigerian COVID-19 response.⁴⁷

To alleviate the macro-economic situation triggered by the sudden fall in oil prices, the Nigerian government has borrowed US\$4.34 billion from the domestic stock market to finance its budget.⁴⁸ The International Monetary Fund (IMF) approved US\$3.4 billion of emergency support to Nigeria to tackle the economic impact of the pandemic.⁴⁹ The government now plans to raise US\$2.5 billion from the World Bank and US\$1 billion from the African Development Bank.

Financial outlook

Nigeria's economy was still recovering from the 2014 oil price shock when COVID-19 hit, and the current drop in oil prices has further jeopardized Nigeria's financial situation. The IMF has already revised Nigeria's growth rate from 2.5% to 2% in 2020 because of low oil prices and limited fiscal space.⁵⁰ The World Bank has predicted the possibility of a recession in Sub-Saharan Africa (SSA), and in such a scenario Nigeria will require more financial support than currently planned by the government. External and domestic funding that have been earmarked for other diseases and immunization are being re-routed in many cases to COVID-19 control. Nigeria will require more resources not only to respond to the economic crisis but also to finance other disease control programs (e.g., HIV, TB, and malaria) whose financing will be crowded-out through responding to COVID-19.

What needs to be done: Along with mobilizing additional funding, the government also needs to focus on efficiency gains in its response to the COVID-19 pandemic. It should also make sure that immunization financing is maintained as any drop in immunization funding will have profound long-term impacts. There is also a key opportunity for integration of different health programs in the context of overall health systems strengthening.

Conclusion

At the federal level, and in some states, evidence-based policies such as physical distancing and "test and trace" approaches have been implemented. However, implementation has happened on a background of weak health systems, slow emergency response, and less than optimal data/information monitoring systems. These weaknesses led to implementation gaps.



The federal government and the CBN have initiated many policies to mitigate health and economic shocks. However, the financial packages that they rolled out will mostly provide relief to workers only in the formal sector. The government must quickly come up with remedial measures to fill this gap. Similarly, social welfare schemes—such as food assistance and cash transfers—have been inadequate and inefficient.

Nigeria finds itself in a precarious financial situation. Given the low oil prices, the brakes put on economic activity due to the lockdown, and a weak global macroeconomic situation, the economic condition in the country might worsen and Nigeria could require more international support than currently envisioned.

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Methods

Our research included a desk-based review of websites, strategy documents, grey literature reports, and academic literature. This project was screened for exemption by the Duke University Institutional Review Board as part of the study 'Driving health progress during disease, demographic, domestic finance and donor transitions (the "4Ds"): policy analysis and engagement with transitioning countries.'



This is one in a series of reports focusing on the response of middle-income countries to the COVID-19 pandemic. The briefs are part of a broader study called *Driving health progress during disease, demographic, domestic finance, and donor transitions* led by the [Center for Policy Impact in Global Health](#).