Letter to the Editor

Undermining factors in Nigerian attempts to check COVID-19 spread, and necessity for a repositioned health sector

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The window period when African policymakers can take decisive measures to safeguard their citizens and economies from the 'multi-headed monster hydra' – the COVID-19 pandemic – is fast eroding, with the incidence of new cases on the rise in Nigeria and Africa as a whole.

Relying on WHO situation report, speculation about Africans' immunity to this zoonotic infection was put to the test with the first imported case in Egypt on 15 February 2020. Since then, the Wuhan-originated viral outbreak continues to spread across African countries, with Nigeria receiving her shipped-in share through an Italian consultant on 28 February 2020 (1).

As at 07:00 on 25 March 2020, the prevalence of COVID-19 rose to 46 cases (43 active, 2 discharged and 1 death) in Nigeria. This comprises of both imported cases and contact of the index cases (2). Imported cases are only reported when symptoms are expressed, which is usually a few days after interacting with other intact people. Thus, in reality, Nigeria is at least 14 days behind the actual prevalence of the COVID-19 outbreak. The Federal Government of Nigeria responded appropriately, though sluggishly. Despite news of COVID-19 spreading in neighboring African countries, the funds for logistics to check possible outbreaks and cushion the economic impact were not available until 18 March; the closure of borders and all educational institutions was delayed until 23 March; and all public servants were moving freely until 24 March, when a certain cadre were asked to work from home. In Lagos State (the main hotspot for COVID-19 infection), the government responded much earlier, but the state's efforts were undermined by the federal government delay in the pronouncement of the closure of borders and federal institutions, as well as by the free movement of federal civil servants. Accordingly, Nigeria should anticipate an increase in the incidence of COVID-19 positive cases.

Presently, surveillance has increased, people have been informed about preventive measures and the need for self-isolation for those returning from abroad, and contacts with index cases and contact tracing have been stepped up. However, the targeted results might be hampered by the zoonotic nature of COVID-19 (3), making its spread possible via wet markets as well as roaming domestic animals. Also, the incessant state-to-state movement of Nigerians may compound the present ordeal, as road transportation is poorly monitored or not monitored at all. A large proportion of Nigerians use road transportation; in fact, the road alone accounts for about 84% of transport GDP, while the air transport contributes just 6-7% (4). Closing airports without strict monitoring of road and rail transport, especially to and from the COVID-19 hotspots (Lagos and Abuja), may weaken efforts to halt this infection.

When poorly handled, the impact of COVID-19 infection could be diverse and enormous. Checking its spread thus requires multi-sectoral involvement. Unfortunately, the Nigerian health sector is short funded and has been hijacked by the health provider professional bodies (medical doctors, nurses and medical laboratory scientists), whose inter-professional rivalry invariably compromises health service delivery in Nigeria.

Interestingly with this outbreak, the Nigerian government realized the need for scientists to sequence the coronavirus genome to identify the strain in Nigeria (5), environmental specialists to limit the environment-borne spread, and sociologists and councilors to reassure patients and relative on high chance of surviving the infection and to educate the public against stigmatisation of infected people. Unfortunately, at the time when they were most needed, Nigerian scientists could not proffer any solution for COVID-19, as research is not only poorly funded in Nigeria but scientists are hardly ever given access to patients, data or samples from patients. The only claim for a possible antiviral solution to COVID-19 could not be verified in Nigeria due to the lack of adequate facilities, and instead was sent to the USA for verification (6), which potentially could compromise intellectual property protection and licensing. In order to strike a balance between future outbreaks of infections and control/treatments, the Nigerian government must reposition the health sector to accommodate multi-professional contributions that meet global best practice standards and provide adequate funding for the health sector and life science research.

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