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Commentary Article

Six months of COVID-19 response in Nigeria: lessons, challenges, and way forward

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Abstract

Background: The declaration of COVID-19 as a public health emergency by the World Health Organization necessitated countries across the globe to implement response and mitigation measures. We aimed to assess the Nigerian government's response following six months of detection of COVID-19 in Nigeria.

Methods: A narrative review of existing literature on the topic was done. The authors' opinion as experts supporting the COVID-19 pandemic response was included. The review and opinion were summarized, covering six months of the outbreak response in Nigeria.

Results: Contact tracing commenced after identifying the index case of COVID-19 in Nigeria but has been faced with challenges such as inadequate equipment and shortage of funds. School closure was implemented barely three weeks after detecting the index case, but the resumption of terminal classes has been announced recently. The Nigerian government implemented restrictions on gatherings involving up to 11 people after three weeks following the detection of the index case of COVID-19. The lack of enforcement and supervision of gatherings and public events made many individuals disregard the restriction measures. Lockdowns on religious gatherings and public events have been recently eased nationwide, and regulatory measures have been put in place. The Nigerian government implemented bans on international travel from all countries, especially high-risk countries. However, the existence of porous borders limited success, which could have been obtained from the travel ban.

Conclusion: COVID-19 mitigation measures should be implemented and reinforced as required nationwide and get provided the needed support.

Keywords: Coronavirus Disease, COVID-19 Mitigation, Lockdown, Response, Nigeria

Background

The emergence of novel Coronavirus disease (COVID-19) since late fall in 2019 introduced a global health crisis that has revealed the present-day health system's limits globally [1]. Presently, nearly 24 million confirmed cases and 820,000 fatalities had been recorded globally, out of which 5% is accrued to the African continent [2]. As of 26th August 2020, Nigeria had recorded 52800 cases and 1007 deaths [2]. The declaration of COVID-19 as a public health emergency by the World Health Organization (WHO) on March 11, 2020, necessitated countries across the globe to implement response and mitigation measures [1]. The Nigerian government immediately set up an Emergency response team, and an emergency response was activated at the highest level [3].

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Public health campaigns and awareness were initiated early alongside the issuance of advisory against travel to and from high-risk countries [4]. In this study, we aimed to assess the Nigerian government's response following six months of detection of COVID-19 in Nigeria.

Testing/contact tracing

Prior to detecting the index case of COVID-19 in Nigeria, the African Centre for Disease Control (ACDC) had set up a task force to enable the timely detection of COVID-19 cases in Nigeria. Similarly, the Presidential Task Force was set up by the Nigerian government shortly after detecting the index case [5]. Because COVID-19 did not previously exist in Nigeria, testing activities were primarily focused on travelers or internationals who could contact infected persons. The intensification of the testing activity enabled the prompt identification of the index case of COVID-19, an Italian traveler. Contact tracing commenced after the identification of the index case of COVID-19. Since no case was detected earlier than February

27, there was no need for contact tracing. Although testing and contact tracing were faced with some challenges such as inadequate equipment, shortage of funds, and inadequate expertise, the decentralization of testing facilities and commencement of community-wide testing and contact tracing have helped reduce the risk of exposure of non-infected persons too ill persons [6,7]. The deployment of more personnel such as doctors, nurses, and community health workers are required to enable an improved response in events of future outbreaks [6]. A transition from a vertical to a horizontal approach in the COVID-19 response could yield satisfactory results in the COVID-19 response [8].

School closure

Identification of educational institutions as possible transmission sites for COVID-19 necessitated its closure [9]. School closure was implemented barely three weeks after the detection of the index case. The closure was initially commenced at some levels only. Shortly after, all educational institutions in the country were temporarily closed [9]. Although different reactions met this activity, it was a laudable mitigation measure that commenced early enough. School closure was especially needed for children in the junior category who would not adhere to standard precautions such as social distancing, regular handwashing, and use of face shields. Similarly, it was required in higher institutions to enable both local and international students to return to their homes and home country, respectively. Recently, terminal classes in primary and secondary schools were declared open nationwide examinations [10].

The declaration of these exit classes' resumption by the Nigerian government emanated from a desire to keep these no further at home. The commencement of online schooling has helped reduce the brunt of school closure to a minimal level, and institutions who could afford it are unbothered since regular classes continue, for whom examinations are scheduled [11]. Although online schooling as an alternative may not be affordable to an average family, it sure is a strategy to check delays in academic activities in the absence of which individuals are prone to engage in risky behavior [11]. In the events of future outbreaks, be it local or global, it is expected that the capacities of institutions, especially those run by the government, get enlarged in proceeding with online schooling. This would reduce the inequity associated with schooling in public schools compared to self-owned schools, as previously obtained in the Nigerian educational setting.

Restriction of gatherings/Cancellation of public events

The Nigerian government implemented restrictions on gatherings involving up to 11 people after three weeks following the detection of the index case of COVID-19 [12]. The cancellation of public events also became recommended at this period [12]. These measures were conceived because of the likelihood that crowded spaces could increasingly place individuals at risk for onward transmission of COVID-19. The lack of enforcement and supervision of gatherings and public events, especially at the community level, made many individuals disregard the restriction measures [13]. This gave room to indifference in the attitude of many regarding the supposed existence of COVID-19. Physical religious gatherings became suspended, and religious activities' online scheduling became the new routine for five months following the initial declaration [14]. Although the Federal government earlier announced the resumption of religious activities, State governors rejected the decision because the States were incapable of managing the aftermath of a surge in COVID-19 infection rates [14].

Lockdowns on religious gatherings and public events have been recently eased nationwide [15]. Regulatory measures have been put in place to ensure compliance with temperature checking, use of face masks, and handwashing [15]. Also, religious gatherings have been admonished to ensure a maximum of a quarter-full capacity in their respective worship centers [16]. However, this might not be obtainable in mosques where throngs of persons gather on Fridays for the Jumat service. Besides, enforcement of face masks in religious gatherings lacks as it is evident that many individuals shy away from its use. Therefore, coordinated health teams are required to make regular checks to places of worship and event centers to ensure adherence to precautionary measures to forestall increased rates of COVID-19 infection.

International travel controls

The Nigerian government implemented bans on international travel from all countries, especially high-risk countries such as China, Korea, and Germany [4]. Travel bans were commenced early, but not immediately after detecting the first case [4]. It was expected that the Nigerian government would declare a total ban on international travels; however, this activity was poorly coordinated and badly implemented. Also, the existence of porous borders that lacked supervision and monitoring of security personnel limited the success, which could have been obtained from the travel ban [17]. Although many in-bound travelers were isolated for two weeks following their arrival, some individuals were missed in the isolation exercise. This amplifies the existing laxity in the Nigerian security system. To nip future pandemics in their buds, it is highly required that the Nigerian borders be closed to entry during such periods except for emergencies. Also, responsible security personnel are mounted at all land borders that presently exist in the country.

Conclusion

On the overall, the Nigerian government has not entirely performed poorly regarding the COVID-19 response. There are, however, opportunities to translate the successes and learn from the failures in ensuring an appropriate COVID-19 response. It is required that response activities such as testing, and contact tracing are commenced early enough and sustained throughout the outbreak to prevent further transmission. Also, mitigation measures should be implemented as required nationwide and get provided the needed support, contributing to a break in the epidemic chain of COVID-19 and subsequent diseases.

Abbreviation

COVID-19: Coronavirus Disease-19; WHO: World Health Organization; ACDC: African Centre for Disease Control

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Availability of data and materials

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Authors' contributions

Olayinka S. Ilesanmi (OIS), and Aanuoluwapo A. Afolabi (AAA) are the principal and responsible investigators of the study. OIS and AAA participated equally in the writing and editing of the manuscript. OIS and AAA approved the final draft of the manuscript.

Ethics approval and consent to participate

We conducted the research following the Declaration of Helsinki. However, Commentary Articles need no ethics committee approval.

Consent for publication

Not applicable

Competing interest

The authors declare that they have no competing interests.

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