17 COVID-19 and Nigerian federalism

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17.1 Introduction

The political geography of Nigeria has always been complicated, unsteady, and uncertain. Novel issues are introduced daily, and these are often shaped by class, regional, party, and other primordial interests. A largely mono-economy dependent on crude oil sales, with weak institutions that are bedeviled by corruption and inefficiencies, its largest achievement since 1999 has been the sustenance of liberal democratic practice (Babalola 2019; Ihonvbere 2020). Though the return to liberal democratic rule in 1999 has opened the country's political space to mass political actions, the alignment and realignment of socio-political forces and careful explorations of elite interests often show by how much the limits of the Constitution can be stretched. Nigerians know that there remains a lot of work to be done to ensure and assure democratization, positive pluralism, accountability, the rule of law, and social justice.

Political discourses before and since redemocratization, while calling for different forms of confederation, federalism, and other political arrangements have been unanimous on the acceptance of a federal political arrangement (Ibiam 2016). The debate has been on resource control and the structure and division of powers between the center and the constituent units: the 36 States and Federal Capital Territory (FCT). Today, there is substantial agreement that the Central government is way too powerful for the good of Nigeria's federal structure (Yagboyaju and Akinola 2019). Yet, the extant structure, aside from revenue collection and resource control, has not prevented the States from providing good governance and investing available resources in the promotion of the common good (Table 17.1).

17.2 COVID-19 in Nigeria

The Federal Government has done well in its response to COVID-19, mounting a public education campaign, shutting the borders, closing all schools, limiting travels

Table 17.1 Key Statistics on COVID-19 in Nigeria as of 10 January 2021

<i>Cumulative Cases</i>	<i>Cumulative Cases per 100,000 Population</i>	<i>Cumulative Deaths</i>	<i>Cumulative Deaths per 100,000 Population</i>	<i>Case Fatality Percentage</i>
97,478	47.3	1,342	0.7	1.4

Source: *World Health Organization Weekly epidemiological update* – 12 January 2021. Geneva: WHO, 2021. Available from <https://www.who.int/publications/m/item/weekly-epidemiological-update>

within the country, shutting the airports markets, places of worship and entertainment, setting up a COVID-19 Presidential Task Force (PTF), a National Monitoring Committee, and activation and expansion of its social development programs to support the “poorest of the poor” particularly through the Conditional Cash Transfer Initiative (Abdulrauf 2020; Federal Republic of Nigeria 2020). The country’s National Centre for Disease Control (NCDC) works with other stakeholders including the Presidency and the Ministry of Health and gives daily briefings to the nation. The officers of the NCDC and PTF have visited most of the states in the country to inspect isolation centers, laboratories, and hospitals to establish the levels of preparedness and capacity to engage the COVID-19 challenge (Babalola 2020; NCDC 2020a). The visits were equally opportunities to review public campaign and awareness initiatives. Though the country had only two centers for testing for infectious diseases, the Government has provided funds to upgrade existing facilities, procure equipment and ambulances, establish more testing centers, and isolation centers (Dixit, Ogundeji and Onwujekwe 2020). On 8 October 2020, the PTF announced that all the 36 States and FCT now have facilities for Digital Surveillance of COVID-19 as well as functional laboratories for testing and made the usual appeal that Nigerians should patronize them (NCDC 2020b). Interestingly, while the NCDC and PTF are engaged in daily updates about COVID-19, aside from Lagos State, the other states are not following in similar direction. It is yet to be seen if the state governments will maintain these facilities.

The COVID-19 infection case figures have been relatively low: 58,848 confirmed cases, 50,385 discharged, and 1,112 deaths as of 1 October 2020 (NCDC 2021a). This is a rather low figure for a country of over 200 million. Aside from the top four epicenters of the pandemic, Lagos (19,461), The FCT (5,709), Plateau (3,450), Oyo (3,261), Edo (2,626), Rivers (2,432), and Kaduna (2,419), the infection figures are almost evenly distributed across the other states with some states recording almost insignificant infections (NCDC 2021a). Lagos is high because of its population, and it also serves as the commercial and transport hub of the country. The Governor of the State, Babajide Sanwo-Olu, has been surprisingly proactive and creative, and the intense campaign and investment in contact tracing and a relatively effective initiative of house-to-house testing are yielding results (Government of Lagos State 2020). Lagos has also established Testing Centers in all its local government and Community Development Areas with a public campaign encouraging citizens to see them as help centers and not death centers. Overall, testing in the country remains low at under 500,000 at the end of September 2020 (Onuah 2020).

The low casualty figures in Nigeria have contradicted all permutations and forecasts. The assumption was that, due to very poor health infrastructure, high concentration of population at the peri-urban centers and shanties, and the very poor attention to rural communities in terms of social infrastructure, the pandemic was going to hit Nigeria very hard. The difficulty in communication between capital cities and rural communities also promoted fears as to how to communicate messages on COVID-19 protocols to poor rural dwellers. All calculations and predictions, even for Lagos with its over 20 million population, failed to come true.

17.3 Low cases of infection and policy limitations

Nigeria must, however, not be carried away with the low cases of infection and casualties. As pointed out earlier, testing has been very slow, and community spread may

only just be around the corner. This is where the big bang will occur if serious and urgent steps are not adopted at the state and local government as well as community levels. All the cities have very crowded slums with no health facilities (African Center for Strategic Studies 2020). Most communities still lack access to water and electricity. Though the National Orientation Agency (NOA) has offices all over the country, it has failed woefully to make itself relevant in the campaign against COVID-19. While its leaders complain about funding, the truth is that they have been unable to come up with innovative ways to raise funds, package the COVID-19 protocol message, and reach out to under-served communities. Similarly, the low reading culture in the country has meant that newspapers and magazines circulate very poorly in the cities and not at all in the rural areas.

The levels of unemployment, ignorance, and poverty are also high. With the lockdown or border closures in most states, the poor began to get desperate and ready to challenge control policies (Kalu 2020). Indeed, several such challenges occurred in cities like Lagos, Warri, and Abuja. With poor monitoring, existing disconnection between the people and their communities from the custodians of state power at all levels, the official structures of power have not been able to effectively convey appropriate information to the populace. The truth is that door-to-door testing is haphazard and few and far between, people are not volunteering, it costs a fortune to use private facilities, and the bureaucracy at public facilities are not encouraging. The stigmatization of post-COVID-19 patients, general beliefs in informal treatment options, and the well-known poor relationship between patients and healthcare managers have also discouraged voluntary testing (AFP 2020). The low figures may therefore not actually reflect the true state of coronavirus infections in Nigeria.

17.4 Ignorance, superstition, and COVID-19

With the traditional neglect of the rural areas and inner cities and closure of markets, offices, and businesses, the palliatives distributed by governments did not resolve the problem of hunger and anxiety in society. Some State governments did not bother to distribute palliatives, and this generated ever more anger and opposition to the COVID-19 protocols. In some cases, items sent by the Federal Government were hoarded by officials for future use during political campaigns. This was confirmed during the recent massive protest code-named #ENDSARS by youths fed up with the system and political leadership where several warehouses loaded with palliatives were raided and looted all over the country (Obiezu 2020). There have also been accusations and counter accusations about the quality of the distributed materials as well as the extent of distribution. At the local government areas (LGAs), some chairmen politicized the distribution only favoring their political factions or political party members.

Interestingly and unfortunately, there is still a lot of superstition, ignorance, and misperception among the populace. This is amazing given the global campaign and increasing local efforts at promoting public education on the coronavirus. Many have quickly bought into all sorts of conspiracy theories especially those propounded by hundreds of online videos and write-ups condemning the World Health Organization, Bill and Melinda Gates, and the great political powers of the global system that the virus was designed for everywhere but Africa and aimed to recreate the world in a particular fashion, concluding that COVID-19 is a hoax. The poor, even educated

persons argue publicly that the “Hunger Virus” is more dangerous than the Coronavirus! Many will argue that they were yet to know or see anyone infected or killed by the disease. Some contend that COVID-19 does not kill Africans and in comfortable ignorance of the devastating effects of COVID-19 in countries like South Africa, Egypt, and Ghana, they proceed to spread this misinformation to the public. There is also the erroneous view held in the rural areas that the local gin or concoctions (usually a cocktail of herbs and roots immersed in alcohol) can eliminate the virus from the system (Onyemelukwe 2020).

Some Nigerians have continued to buy into arguments made elsewhere that the summer heat would end the spread of the virus in Europe and America, that the hot African sun will “melt” the virus. An even more widely held view, privately supported by some health practitioners, is that Nigerians, like most Africans, have natural immunity from access to fresh foods produced without chemicals, and the traditional use of several malaria, yellow fever, and other medicines such as Nivaquine and Camoquine. Most of these drugs are available without prescription and in a country where self-medication is very rampant; abuse of drugs without prescription has precipitated several tales of woe. The churches were not left out. Many corrupt and poorly informed church leaders used the opportunity to make ludicrous claims about their ability to prevent the virus through the power of the Holy Spirit through “special” prayers. They sold “special” anointing oils, Holy water, and perfumes to their ignorant followers who continue to wallow in ignorance about the dangers of the coronavirus.

Given the rather high profile of the early cases of infection among governors, top government officials, politicians, top academics, and businessmen, some Nigerians have contended that the virus only “catches” the rich and powerful that travel round the world and stay in big hotels, not poor people (CBC News 2020). This perspective arose from the fact that only prominent deaths from COVID-19 made the news and it therefore began to appear that other lower segments of society were not being infected. Clearly, these views, while reflecting the extent of ignorance and hunger in the land, also expose the poor level of public education. To some extent, you have numerous communities in the country without a single case of coronavirus where business has remained as normal as possible. During political campaigns as witnessed in the gubernatorial elections in Edo and Ondo States in late 2020, only “visiting” politicians and dignitaries wore face masks at meetings and rallies. The people mingled and rubbed shoulders as always and amazingly, there was no spike in the rate of infection, contrary to widespread fears. The Independent Electoral Commission (INEC) made it mandatory that wearing a face mask was a precondition to vote. Political party leaders complied by distributing masks. Those in the voting queues wearing masks took them off as soon as they had voted.

17.5 Power structures and responses to COVID-19

The coronavirus pandemic was, if nothing else, a true test of the *hardened* nature of Nigeria’s federal structure and practice. When the Index case was reported on 27 February 2020 in Lagos, it quickly became obvious that the country had made no preparations. It took a little while to settle down and put in place some agencies to tackle the challenge. In large measure, the Federal government took it as a national challenge, rose to the occasion, and has managed, with a variety of intervening factors

and forces, to keep the rate of infection to a manageable level and the discharge rate very high with the death rate relatively low. Since that date, the Federal Government has not relaxed in its efforts to educate the public, provide social palliatives to poor segments of society, establish institutions, interface with herbal medicine practitioners, encourage scientific research, partner with civil society, engage regional leaders in the fight against COVID-19, and continue to provide daily updates using all available media at its disposal (NCDC 2021b).

If the Federal Government had a fairly quick reaction time, the states and local governments were caught napping. Lagos state was the only exception, not just because the Index case was in Lagos but the government quickly appreciated the possible impact of the virus on its huge population. Some state governors, such as in Cross River, claimed that they were not doing any “lockdown” but were “locking out” the coronavirus. In others, as in Kogi, the existence of the virus in the state was denied. Kogi people were described as very “strong” and naturally protected from the virus. Many states especially in the northern part of the country simply remained silent, pretending that it was best to adopt that position until an outbreak was reported. In Kano, the report of hundreds of deaths was quickly attributed to “Meningitis” though the dead, in compliance with Muslim rites, were buried without autopsy. It took the intervention of the President of Nigeria and the dispatch of a team from the NCDC and Federal Ministry of Health to confirm that some of the deaths were COVID-19-related. Many states built ramshackle structures that they called isolation centers with little or no facilities just rickety beds and tables. Others simply white-washed some old facilities and commissioned them with fanfare. In sum, most did not take the pandemic seriously enough, did not engage in holistic enlightenment campaign, provided no succor for the poor, imposed no lockdown, and provided little or no leadership to the people and their communities (Okeke 2020). Interestingly, the only lockdown respected by Nigerians was the federal lockdown. As for the local governments, they showed no initiative and only waited for instructions from the state governors before engaging in minor assignments. They could not fumigate markets and schools, distributed very few face masks and sanitizers, and waged almost no public campaign. Aside from Lagos State where state government assistance and policies pushed the local governments and Development Centers into action, there is no record of any autonomously generated initiative or programs by a local government in response to the pandemic.

In terms of responses to COVID-19, the Nigerian system operated more like a unitary rather than a federal system. The states and local governments largely sat back and waited for federal leadership. Each state and the FCT received a COVID-19 financial assistance of N1 billion but most did not deploy the funds to the fight against COVID-19 (KPMG 2020). This did not come as a surprise because what has been described as “feeding bottle” federalism where the states rely heavily on monthly revenue sharing with the federal government has continued to distort and weaken the country’s federal arrangement. Save for a handful of states, the majority of the 36 states and FCT do not generate significant resources internally. This leaves them dependent on federal allocations, grants, and bailouts.

The Central government was fully in charge of funds, ideas, programs, and policies. The states were prepared to follow the lead of the federal government, and such disposition only allowed the center to get stronger and bolder in its dealings with the constituent units. It was not uncommon to see federal officials visiting states,

inspecting facilities, issuing directives, commissioning projects, and promising support. The federal and interstate lockdown periods were enforced by the federal police and army. States like Imo recruited professionals like Professor Maurice Iwu to lead the effort against COVID-19 while others left the initiative in the hands of politicians. It is instructive to note that the responses to the COVID-19 pandemic did not generate any new political issues around the structure of the Nigerian federation. Though opposition, pro-democracy, and regional pressure groups continued to raise the need for restructuring or “true federalism” – essentially to carry out far-reaching constitutional reforms aimed to devolving more powers, responsibilities, and control over resources to the constituent units – the President of Nigeria announced that his government would not be intimidated or pressured into any form of political rearrangement.

The COVID-19 pandemic empowered the federal government to take charge, define policies, establish institutions, and bring the states under its “control” especially in the areas of health, education, social investment, security, and general propaganda. In the 2021 federal budget, several items, policies, and programs have been provided that would continue these federal opportunities (Budget Office of the Federation 2021).

17.6 Institutional responses to COVID-19

The Nigerian Legislature was not left out of the response to COVID-19. The issues of public response, expansion of health facilities, training and insurance for health-care workers, compensation for frontline workers, and deepening of the emergency response system were tabled and discussed before the National Assembly was compelled to shut down (National Assembly 2020). The 109 Senators donated 50 percent of their salaries to the National COVID-19 Relief Fund, while the 360-member House of Representatives donated 100 percent of the salaries for March and April. With the shutdown, the Speaker and principal officers continued to interface with the Presidency and Ministers on the provision of palliatives to the most affected communities. The Speaker of the House of Representatives held meetings with the Chinese Ambassador to Nigeria on the ill-treatment of Nigerians in China as well as with stakeholders with a view to providing free electricity service for two months to all Nigerians. As well, all representatives were encouraged to go to their constituencies and provide palliatives, sanitizers, public education, and other forms of support in response to COVID-19.

There were, however, no clear strategies to engage other sectors or institutions to collaborate on mapping a grassroots-based or bottom-up strategy to the pandemic. There was no sustained conversation with trade unions, students’ organizations, farmers associations, traditional, and religious leaders, civil society, the media, and the medical community, especially at the state level. While this was largely the result of the general unpreparedness, it was equally a reflection of the historical suspicions and absence of common grounds on any issue in the country.

17.7 The second wave of COVID-19

Given the comparatively low rates of infection, deaths, and dislocations in the economy occasioned by the first wave of the pandemic, the Nigerian government, following recommendations from the PTF and NCDC, gradually relaxed the lockdown in the

country (NCDC 2021c). However, to the government's credit, it continued to insist on public adherence to COVID-19 protocols. In some states, structures earlier set up for testing, contact-tracing, and public enlightenment were abandoned or dismantled. Nigerians steadily went back to their old ways. Many that had face masks put them in their pockets or wore them under the chin. Hotels, night clubs, places of worship, supermarkets, and public places were opened. While the relaxation of the lockdown saw many private concerns and offices install sanitizer-dispensing equipment at their entrances and within the establishments, as soon as initial supplies ran out they were not refilled. Nigerians were engaging in handshakes and long hugs in public while they did everything against established protocols. The anti-COVID-19 pandemic group resumed their arguments that it was not COVID-19 that killed people but other diseases. Facebook and WhatsApp platforms were filled by European and American videos striving to convince the uninformed that COVID-19 was deliberately invented to reduce world population, and the vaccinations were meant to reduce global population by 3 billion. The Nigerian media remained active in cautioning Nigerians that the pandemic was not over. Then the second wave came and panic set in.

The daily infection figures quadrupled moving from between 400 and 500 to 900 to over 1,000 infections daily. For instance, on 10 January 2021, the infection figure was 1,585 with Lagos, FCT, Kaduna, Plateau, and Oyo states taking the lead. The national infection rate was 99,063, death rate stood at 1,350 with 79,417 recoveries. As of 12 January 2021, only 1,033,858 samples had been tested in the country which is embarrassingly low (NCDC 2021a). The death rates were up, isolation centers are once again filling up, and this time, government was caught unawares. What is strange in the Nigerian second wave experience is the attitude of the Federal Government. While some countries with rising infections were shutting their airports and borders, Nigeria has not done that. In fact, the country introduced a policy requiring all Nigerians to obtain National Identity Numbers (NIN) and link these with their phone numbers. Those that failed to do so within two weeks, later extended by another four weeks, would have their phone lines disconnected (Nigerian Communications Commission 2020). This precipitated a mad rush to the few and far offices of the National Identity Management Commission (NIMC). Senior public officials were horrified to witness hundreds of people without facemasks struggling and crushing each other to gain access to the NIMC offices to obtain the NIN. No doubt a super-spreader opportunity, this was a direct creation of government. To make matters worse, the Federal Road Safety Commission (FRSC) announced that the NIN was now a requirement for obtaining a drivers' license.

With the second wave, members of the Nigerian power elite continued to hold large lavish weddings and parties where COVID-19 protocols took a back seat. The markets remain very crowded with very few people wearing face masks and no evidence of public enlightenment in place. The Federal Government directed the reopening of schools on the 18 January though the Minister of Education has announced that this date would be reviewed following widespread condemnation by academic unions and civil society groups (Xinhua 2021). This, again, if not properly handled, would be dangerous for the country: over 90 percent of schools have no running water, and adequate plans have not been made to provide water for hand washing, face masks and sanitizers are not available, and seating arrangements in compliance with social distancing regulations have not been made. Most primary and secondary schools have no basic emergency health facilities.

So far, the most state and local governments are not acting as if they are aware of the second wave. It is business as usual. Though the Federal Government has directed that all Isolation Centers be re-opened, many states have not taken decisive actions. The airports have not been shut, and over 100 persons have escaped the COVID-19 arrival tests forcing the government to publish their passport numbers and threaten a six-month travel ban for non-compliance. Contact tracing is not effective, and the general irresponsibility of the public in their ignorance and/or arrogance has simply refused to comply with COVID-19 protocols. Nigeria has failed to expend its testing facilities to enable it to get a fairly good picture of infection rates. Since many states are not conducting tests, it means that the infection rate is much higher than declared. Unless urgent steps are taken to rev up testing, contact tracing, public enlightenment, and treatment, a disaster could still be in the offing in Nigeria.

17.8 Responses and lessons in Nigeria

Nigerian political and social science discourse has always bemoaned the fragility, weakness, and limited hegemony of the Nigerian state. This is largely due to its inability to dominate civil society. It relies more of political domination especially through the legal monopoly of the structures of coercion. The state has failed in virtually every sector, and since political independence in 1960, the state and its custodians have not resolved a single challenge – from education, health, and transportation, through security, agriculture, and power to social services, industrialization, and building public confidence (Ihonvbere 2020). With no dependable and replicable data for planning, contact tracing, and distribution of palliatives remains complicated. The COVID-19 pandemic has exposed its weaknesses and incapacity to respond to the needs of the people. Suffering an underlying popularity deficit in terms of state-civil society relations, its efforts in responding to the pandemic have not yielded appreciable results. By some stroke of luck, unlike in India or South Africa and Brazil, the infection and morbidity rates have been comparatively low.

The first observation is that Nigeria's response to the COVID-19 clearly exposes the fault lines in the country's federal arrangement and practice. It also confirms the position of critics over the years that the Center was too powerful, too intrusive, too large, and too costly to manage. The Legislative Exclusive List in the 1999 Constitution contains 68 items while the Concurrent list contains 30 items. This gives excessive responsibilities and powers to the federal government. Of course, where there is a clash, the Federal interest prevails. Second, the response also exhibited the weaknesses of the 36 states and FCT and the 774 LGAs save for Lagos State, the country's business, and former political capital, the other tiers were not prepared and found it difficult to coordinate responses and align them with national initiatives where necessary. Third, the LGAs have remained silent, as if non-existent. With poor administrative structures, overstaffing, poor infrastructure, excessive political control, and intrusion by the State Governments, they lack the ability to respond adequately, even if only on preventive grounds. Fourth, it took time for the media to kick into the response. This slow response can be attributed to initial poor communication between government and media practitioners and weak public education. Fifth, civil society has been slow in fully appreciating the impact and implications of COVID-19. Hampered by the constant badgering from the state and sections of the Legislature, lacking resources as external funding has been dwindling and lacking effective institutional capacity, it has been very slow in reaching out to, and educating the populace.

The private sector, with time, kicked in with donations of cash to support the fight against COVID-19 (GBC Health 2020). They have also recently announced a plan to distribute food items to the 774 local governments through the state governments to support the poor. The government has announced that the cash donations received from the sector would not be distributed but deployed to post-COVID-19 restructuring and rehabilitation of the health sector. Even then, the private sector has not done enough in the areas of public education and support for underserved communities and constituencies.

The long-standing calls for the establishment and development of Primary Health Care Centers (PHCs) in the 8,804 Wards of the country to bring healthcare closer to the people have been largely ignored or treated with levity. Now the chicken has come home to roost and everything is top down. All ideas, financing, initiatives, supervision, and policies are top down. Lagos state is perhaps the only state to have remained upbeat and proactive in the federation. The state governor, a two-time COVID-19 survivor, has been leading by example and being very creative in designing strategies to contain the pandemic. The pandemic has confirmed the value of a decentralized political system and the importance of democratized decision-making processes to encourage innovation and accountability.

Clearly, Nigeria's federation will no longer remain the same after the pandemic. If a section of the power elite appears to be finding accommodation in a federally dominated arrangement, that, in itself, is generating new political pressures from below that can be expected to challenge the status quo. The growing strength of the regional ethnic groups, the "Revolution Now" protests, the "#End SARS" agitations, the numerous strike actions in virtually all sectors are pointers to this trend. From economic and social arrangements, institution building, and relations between and within constituent units and the Centre, it is expected that the permutation would experience a substantial shift. The federal government is realizing that it cannot do it all alone and that a strengthened state and local structure would consistently ease its own burdens.

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