

## JOURNAL OF CONTEMPORARY INTERNATIONAL RELATIONS AND DIPLOMACY (JCIRD)

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## About the Journal

Journal of Contemporary International Relations and Diplomacy is a university-based academic and peer-reviewed journal domiciled in the Department of International Relations and Diplomacy, College of Social and Management Sciences, Afe Babalola University, Ado Ekiti, Nigeria. The Journal welcomes rigorouslyresearched original articles that are theoretical, empirical/policyoriented in diverse areas of international relations and diplomacy as well as cognate disciplines. Submission of articles to JCIRD implies that the work has not been published previously and is not under consideration in any other journal. JCIRD is published on a bi-annual basis.

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## Nuhu Yaqub

## **EDITORIAL**

# COVID-19 Pandemic and the Future of International Relations: Special Issue

At the outbreak of the new disease coronavirus in late December 2019 (COVID-19), the world staggered into 2020 in utter dread of a borderless ferocious "invisible enemy." The international crisis triggered by the pandemic sparked, first, a wave of conspiracy theories, then followed by an avalanche of predictions about the new world order. The COVID-19 pandemic has impacted and is still impacting international politics in much-conflated ways, ranging from the battered global economy, disruptive social interaction, overstretched healthcare system, suspicious relations between states, and so on. While state actors would want to follow a perspective (s) that they think safeguards their existential survival, it is apparent that no state is selfsufficient to single-handedly fight the aggressive nature of the virus. The best option would be a return to a world order of mutual understanding and coexistence through multilateral organizations. But how ready are states in a threatening and uncertain international milieu?

In July 2020, the Department International of Relations and Diplomacy, Afe Babalola University, Ado-Ekiti, Nigeria organised a two-day virtual International Conference on the theme, "COVID-19 Pandemic and the Future of International The Relations." Conference brought together a cross-section of academics. researchers. diplomats, and international relations analysts to explore the changing nature of international relations in a COVID-19 era.

At the end of the Conference, it was obvious that we are now in a period in which significant international changes in relations are made, not only in the COVID-19 era but also in post-COVID. This Special Issue contains eight quality research articles that address a broad range of topics related to the main theme, "COVID-19 Pandemic and the future of International Relations" Topics ranges from COVID-19 pandemic and Conspiracy theories; Global Shift of Power amid COVID-19; Global Migration, Diaspora Policy African Free Trade Agreement, Class Nature of Health Services in Nigeria and COVID-19 Pandemic, State Fragility and National Security Issues as well as Refugees and Internally Displaced Persons amid COVID-19 pandemic.

This Edition is a must-read. While there are limited number of print copies, we caan send soft copies to our readers. Please send an email to jcirdabuad@ gmail.com if you would want one. Whether in print or online, we hope you enjoy this Special Issue on COVID-19 Pandemic and the Future of International Relations. We see a challenging future for this field, and we hope to follow the trend. We, therefore, encourage those working in the area of international relations to consider JCIRD as a potential venue for the publication of their best work and we look forward to seeing your papers finding their way into the pages of our journal.

Adaora Osondu-Oti, PhD Editor-in-Chief

## COVID-19 PANDEMIC AND CONSPIRACY THEORIES: IS THE WORLD IN NEW THROES OF THE GREAT POWERS' HEGEMONIC

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### Abstract

The paper interrogates COVID-19 pandemic Conspiracy Theories as part of great powers' hegemonic rivalry. The theory of hegemony, as contrived by different scholars in the field of International Relations (IR) and Diplomacy, would provide the framework of analysis. The paper also examined the role of "reactance theory" not hitherto mentioned in this research field. Reactance theory was a fundamental precursor of hegemonic rivalry. It examined selected COVID-19 conspiracy theories from various sources to identify the extent to which conspiracy theories were applied as an instrument for hegemonic control and advantage in the global power dynamics. Findings from the paper revealed that great powers' hegemonic rivalry was majorly at the root of the COVID-19 pandemic conspiracy theories alongside socio-cultural and religious motives. The paper proposed that hegemonic rivalry as a validation of Power Transition and Reactance theories would be a recurring theme in IR. And that conspiracy theories would continue to be deployed in the conduct of international relations and diplomacy as a preferred option to lethal confrontation. Consequently, states in the international system must embark on programmes to inoculate citizens against the negative impact of conspiracy theories.

**Keywords:** COVID-19 pandemic, Great Powers, Hegemonic rivalry, Conspiracy theories, Reactance, International relations

### Introduction

The coronavirus infectious disease 2019 (COVID-19) pandemic has continued to impact the world in different ways by creating a global health crisis that has altered the normal way citizens and states used to live and interact. Its origin in Wuhan, China, with a devastating economic impact on global economies, particularly among the great powers, has made COVID-19 a subject of interest among scholars of International Relations (IR). The highly contagious nature of the virus and patterns of transmission necessitated the World Health Organization

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(WHO) to prescribe various safety measures and protocols such as restriction on movements, social or physical distancing, use of hand sanitizers, and the wearing of face masks (WHO 2020). Many countries have imposed these measures to varying degrees of compliance. However, several conspiracy theories have emerged which continue to undermine global efforts at addressing the spread and impact of the disease. The rapid spread and devastating nature of COVID-19 and the imposed measures have challenged virtually every area of human endeavour, from overstretching health sector infrastructure to other sectors such as the airline industries and hospitality business. Indeed, there is hardly any area of human endeavour that is not impacted negatively as the entire world economies continue to witness unprecedented declines. Global growth is projected to be negative, at -4.9 percent in 2020, 1.9 percentage points below the April 2020 World Economic Outlook (WEO) forecast (IMF 2020)).

The ban on international travels as part of the measures to cope with the spread of COVID-19 has resulted in a devastating impact on airlines, tourism, and hospitality businesses. Airports are closed down except for a few skeletal services. Educational systems are disrupted as schools have to close down with some leveraging on information technology, which has become the 'new normal' in place of physical communication. Global figures of persons that were infected by COVID-19 reached 32.7 million and 991,000 deaths as of September 27, 2020, as reported by WHO (ibid.). Hospital beds were grossly inadequate even in the most advanced countries of the world. Cemeteries were full in some counties such as Brazil with very high death figures necessitating the construction of new cemeteries to bury the dead. The whole world was consequently taken over by a storm, with panic and an avalanche of conspiracy theories, fake news, misrepresentations, and misinformation. Initially, there were accusations and counters accusations regarding the source of the novel coronavirus, lending speculations to whether this was a path to the hegemonic rivalry between the US and China. It is against this background that the paper will examine the International Relations (IR) perspective of Covid-19 Pandemic's conspiracy theories.

The objective of this paper is to interrogate the Covid-19 Pandemic conspiracy theories as part of the great powers' hegemonic rivalry. The paper is thus structured into seven sections, starting with this introductory section. Section two looks at the conceptual and theoretical issues that will shape the paper's analysis. This will be followed by an analysis of the various genres of conspiracy theories. The third section dwells on what this paper refers to as "traits of conspiratorial thinking." The succeeding fourth section will then examine the sources of the conspiracy theories associated with the phenomenon of the pandemic. The fifth section shall look at how the conspiracies about the pandemics have fueled the hegemonic rivalry of the great powers. From here, in the sixth section, we will examine the impact of the Covid-19 conspiracy theories. This is to be followed by an analysis of how to recognize and deal with conspiracy theories. Finally, the seventh section will conclude the paper with a couple of recommendations.

## **Conceptual and Theoretical Perspectives**

The concepts of great powers' hegemonic rivalry and conspiracy theory in the field of International Relations are germane to understanding the purpose of this paper. The Encyclopedia Britannica (2020) defines hegemony as, "the dominance of one group over another, often supported by legitimating norms and ideas." It states further that "the term hegemony is today often used as shorthand to describe the relatively dominant position of particular set ideas and their associated tendency to become commonsensical and intuitive, thereby inhibiting the dissemination or even the articulation of alternative ideas." On its part, the Meriam Webster's Dictionary (2020) defines hegemony as "the preponderant influence or authority over others or the social, cultural, ideological or economic influence exerted by a dominant group." Norrlof (2015) posits that "in international relations, hegemony refers to the ability of an actor with overwhelming capability to shape the international system through both coercive and non-coercive means." According to Schmidt (2018), different theoretical perspectives offer contrasting accounts of hegemony. These perspectives include those of realism, liberalist constructivism as well as neo-Gramscianism, and the English School (Schmidt, ibid). As evidenced by the review of the theoretical literature, Schmidt (*ibid*) observes that hegemony is a multifaceted and complex concept that means different things to different scholars; despite offering some common themes that emerge from the literature review.

There are two key components of hegemony which are: preponderant power and the exercise of leadership. In the view of Schmidt (ibid.), "Realist theories of hegemony place much emphasis on overwhelming material power with a propensity to equate unipolarity with hegemony, while a hegemon or unipolar power is simply defined as a state that possesses vastly superior material capabilities." Stability theory as a derivative of realist theory concerns the role of the leadership component of hegemony as does liberal theorists. The neo-Gramscian, constructivist, and English School accounts of hegemony in Schmidt (ibid.) analyses "accentuate how hegemony is exercised; hence they all agree that hegemony is less an attribute of the hegemon itself and more about the relationship between the hegemon and subordinate actors." Therefore, Schmidt (ibid.) believes that material preponderance alone is not a sufficient condition for understanding the concept of hegemony.

International Relations scholars have tended to discuss hegemony either as a function of material preponderant or in concert with the role of leadership as a basis for sustaining the concept. But they appear to pay inadequate attention to the concept of hegemonic rivalry as a consequence of both paradigms. In this regard, the *reactance* theory by Brehm (1966) is both a consequence and an explanation for the theory of hegemonic rivalry. According to the Encyclopedia Britannica (2020) "reactance, in electricity, is a measure of the opposition that a circuit or a part of a circuit presents to electric current insofar as the current is

varying or alternating." Reactance is said to be "present in addition to resistance when conductors carry alternating current" (Encyclopedia Britannica, ibid). Reactance is also defined by Motion Control Tips (2020) as a "property that opposes a change in current and is found in both inductors and capacitors." For example, it is the property found in transformers that reacts to a surge in electrical current thereby protecting electronics in our homes from possible damage. In other words, the reactance acts as a check against the power surge. The operative word in the definition of reactance is *opposition*.

However, reactance in this paper is concerned with human behaviour against the electrical current in physics. In their review of Reactance theory, Steindl, Jonas, Sittenthaler, Traut-Mattausch, and Greenberg (2015) submit that, in general, people are convinced that they possess certain freedoms to engage in so-called free behaviours; yet, there are times when they cannot, or, at least, feel that they cannot do so. This suggests that reactance is unpleasant motivational arousal that emerges when people experience a threat to or loss of their free behaviours. Reactance thus serves as a motivator to restore one's freedom while the amount of reactance depends on the importance of the threatened freedom and the perceived magnitude of the threat (Steindl, et. al., 2015). Whereas threats could be internal, that is self-imposed, arising from choosing specific alternatives and rejecting others, external threats arise either from impersonal situational factors that, by happenstance, create a barrier to an individual's freedom or from social influence attempts targeting a specific individual (Brehm & Brehm, cited in Steindl, et. al., *ibid.*). Although the primary focus of reactance theory is on the individual, its propositions readily fit into the experience of sovereign states which are under constant hegemonic influence or pressure within the international system.

The idea in the international system that a hegemon will exercise power in a way that subordinate states will acquiesce is, in reality, a faux pas, going by historical and contemporary evidence such as ongoing rivalry among the US, China, Russia, Iran, and North Korea. In other words, these rivalries are consistent with reactance theory as a consequence of the hegemonic power, which the US has enjoyed since the end of the Second World War (Kim, 2019). The competitiveness inherent in the international political system is itself a basis for the rights of sovereign states to aspire to be economic and military hegemons. Great powers' rivalry can therefore be conceptualized as the continued struggle by states considered as great powers to exercise their freedom to aspire to or remain as hegemons. Deviations from or attempts to restrict the aspiration of states towards the attainment of goals they consider desirable for their survival are bound to generate conflicts, which are replete in the global environment. It follows that conflict as a permanent state of human interaction at the level of the international political system can be accentuated in any given context by using every convenient means or weapon which are all elements of state power and capabilities that may cover economic, technological, military, psychological and informational. This presents

the framework for the analysis of the Covid-19 Pandemic as the context in which conspiracy theories are perceived as a weapon of choice in the path to hegemonic rivalry among the great powers.

## **Conspiracy Theories and Actual Conspiracies**

Critically interrogating the concept of conspiracy theories according to Alliance for Science, *(ibid.)* "presents a mixed grill of actual conspiracies and conspiracy theories in which actual conspiracies relate to clandestine government plans and elaborate murder plots which may not be proven using the historical or scientific method." Alliance for Science *(ibid.)* suggests that such clandestine plots "are not to be confused with research concerning verified conspiracies such as Germany's pretense for invading Poland in World War II." Another example of such verified conspiracies includes the definitive debunking of the arguments used by President Bush and his advisers for a war in Iraq by a UN former inspector who disclosed, among other details, that:

- i. There was no link between Saddam Hussein and Al Qaeda;
- ii. Iraq's chemical, biological and nuclear capabilities were destroyed in the years after the Gulf War;
- iii. Satellite monitoring and spying on Iraq would have detected new centres for producing weapons;
- iv. Sanctions prevented Iraq from getting the ingredients needed to make weapons (Pitt and Ritta,2002)

Pitt and Ritta (ibid.) also discussed the role of the Central Intelligence Agency (CIA) with regard to its influence on the US false claim about Iraq's weapons of mass destruction that led to war against Iraq. The assassination of Iranian General Quasem Soleimani and Washington Post journalist, Jamal Khashoggi, can be identified as two other examples of actual conspiracies (BBC, January 3, 2020; Washington Post, December 23, 2019). Thus, actual conspiracies occur often across the globe at national and international levels. However, conspiracy theories, on the other hand, are those that reject the standard explanation for an event as they are formed around a belief that some covert but influential organisations are responsible for an event (Alliance for Science, op. cit.). It follows that conspiracy theories do not derive from a vacuum hence they are not false by default. Their validity, according to Alliance for Science (*ibid.*), depends on evidence just as in any theory; although they may be discredited at face value due to the incredible nature of many of them. The fact that conspiracy theories do often raise legitimate concerns about contents, their subject matter of interest creates the problem of when they may be dismissed outright or given the necessary attention. For example, legitimate questions about the origin of the coronavirus pandemic require due consideration aside from the several conspiracy theories that are contrary to scientific evidence.

## Traits of Conspiratorial Thinking

Conspiracy theories offer meaning when people feel vulnerable, powerless, and threatened to such an extent that believing in conspiracy theories gives them that feeling of control (The Verge, 2020). When there is a need to resolve conflicts and contradictions as a way of providing emotional relief, conspiracy theories can become handy. Psychologists have, however, attributed conspiracy theories to events such as hallucinations or delusions, a mental condition or disposition that results in denial of reality. The theories may emanate from an erroneous or misguided way of thinking or could be deliberate to achieve pre-determined goals. Further, the theories, therefore, involve finding a conspiracy where there is none. According to The Verge (ibid.), there are seven traits of conspiratorial thinking which can be remembered with the acronym CONSPIR as follows:

- i. Contradictory
- ii. Overriding suspicion
- iii. Nefarious intent
- iv. Something must be wrong
- v. Persecuted victim
- vi. Immune to evidence
- vii. Re-interpreting randomness

From the above acronym, conspiracy theories can be readily identified because they contradict the facts, often as a result of overriding suspicion and nefarious intent of those who promote them. Nefarious intent can be established especially when promoters are noteworthy for embarking on this characteristic, as exemplified in QAnon conspiracy theory. QAnon is a fringe movement among supporters of US President, Donald Trump, known for creating conspiracy theories and spreading them on multiple social media accounts. It is known mainly as a farright conspiracy theory, alleging that a cabal of Satan-worshipping pedophiles is running a global child sex trafficking ring and plotting against US President, who is fighting against the cabal (BBC, August 20, 2020). People with a mindset that something is or must be wrong are also readily identified with conspiracy theories, just as those who see themselves as victims of persecution. A close look at conspiracy theories further reveals that they are immune to evidence, hence no matter the facts presented, promoters of conspiracy theories will make efforts at re-interpreting randomness. This was the case with the US Secretary of State, Mike Pompeo, who after he was confronted with scientific consensus evidence that the novel coronavirus was not man-made, tried to re-interpret his previously held conspiracy theory by suggesting that China cannot be trusted (Quinn, 2020b). From an international relations standpoint, conspiracy theories would be a deliberate strategic response to global power dynamics, in which the trait of conspiratorial thinking involved is synonymous with the nefarious intent of the promoters of the theory. Each of the above traits can be identified in several conspiracy theories, including those associated with the Covid-19 pandemic as shown in Table 1 below.

Types/Variants	Sources/Peddlers
a. The virus escaped from Chinese laboratories	a. US Rightwing Politicians
<ul> <li>b. Covid-19 was created as a biological weapon</li> <li>c. Covid-19 was imported into China by</li> </ul>	b. Anti-Vaccine advocates
<ul> <li>d. Covid-19 is Connected to 5G</li> <li>e. Covid-19 is connected to Bill Gates</li> <li>f. Covid-19 is a plot by Big Pharmacies</li> </ul>	<ul> <li>c. Quack Medics who claim breakthrough on cures</li> <li>d. Chinese counter conspiracy theorists</li> <li>e. End time Prophets</li> <li>f. Anti-Covid-19 activists who reject WHO/ Governments imposed measures to control the spread of the virus.</li> </ul>
g. China and WHO concealed the time of	g. Social media: Facebook, Instagram,
the outbreak of Covid-19	WhatsApp, and other media sites.
<ul> <li>h. Covid-19 death rates are manipulated.</li> </ul>	

Table 1. Covid-19 Pandemic: Conspiracy Theories and Sources

Source: Author's Compilation (2020)

Table 1 shows different types and sources of conspiracy theories associated with the Covid-19 pandemic as compiled from the literature. A review of some covid-19 conspiracy theories would reveal the motivational basis of their promoters and the conspiratorial traits involved.

#### The Virus Escaped from a Chinese Laboratory

One of the earliest conspiracy theories associated with the Covid-19 Pandemic was the idea that the virus escaped from a laboratory located in Wuhan, China. The idea was promoted by the US President who, contrary to the US intelligence community, claimed he had seen evidence that the coronavirus originated in a Chinese laboratory (CNN, May 3, 2020; Financial Times February 13; 2020; Quinn 2020a)). It is important to point out that the basis for associating Covid-19 Pandemic with a Chinese laboratory is as a result of the fact that the theory has the benefit of being plausible because it is true that the original epicenter of the epidemic, the Chinese city of Wuhan, hosts a virology institute where researchers have been studying bat coronaviruses for a long time (CNN, ibid.; Financial Times, ibid.; Quinn, ibid.). According to Alliance for Science (op. cit.), "the idea was seeded originally via a slick hour-long documentary produced by the Epoch Times (an English-language news outlet based in the United States with links to the Falun Gong religious cult), that has long been persecuted by the Chinese Communist Party (CCP). Alliance for Science (ibid.) also observed that "The Epoch Times insists on calling Covid-19 'the CCP virus' in all its coverage." It could be seen as Alliance for Science (ibid.) suggests that the idea then "tipped into the mainstream, being reported in the Washington Post, The Times (UK) and many other outlets." Alliance for Science (op. cit.) explained that a prominent virologist who spent years collecting bat dung samples in caves and was a lead expert on the earlier severe acute respiratory syndrome (SARS) outbreak, was sufficiently concerned about the prospect that she spent days frantically checking laboratory records to see if anything had gone wrong.

According to Alliance for Science (ibid.), the lead expert admits breathing a "sigh of relief" when genetic sequencing showed that the new SARS-CoV-2 coronavirus did not match any of the viruses sampled and studied in the Wuhan Institute of Virology by her team. It is possible to appreciate from this narrative, the traits of conspiratorial thinking that must have informed the idea that the virus escaped from a Chinese laboratory. The involvement of Epoch Times with a link to Falun Gong indicates the trait of a persecuted victim, Trump's contradiction of the US intelligence community provides evidence of overriding suspicion, nefarious intent, being immune to evidence, and contradiction. The trait of contradiction and being immune to evidence is further established from genetic sequencing research findings which indicated that the virus was not man-made.

## COVID-19 Pandemic was created as a Biological Weapon

A modified variant of the Covid-19 Pandemic conspiracy theory was that the virus did not only escape from a laboratory, but it was intentionally created by Chinese scientists as a bio-warfare (Washington Examiner cited in Alliance for Science, op. cit.). According to Alliance for Science (ibid.) "nearly three-in-10 Americans believe that Covid-19 Pandemic was made in a laboratory," either intentionally or accidentally (the former is more popular: specifically, 23 percent believed that it was developed intentionally, with only 6 percent believing it was an accident). Alliance for Science, ibid.) notes that "this theory that the Chinese somehow created the virus is particularly popular on the US political right, gaining mainstream coverage by US Senator Tom Cotton (Republican, Arkansas) who amplified theories, first aired in the Washington Examiner, that the Wuhan Institute of Virology is linked to Beijing's covert bio-weapons program." The evidence so far suggests that this theory like the former contradicts what has been proven scientifically, hence it points to the nefarious intent of the promoters. More significantly, is the fact that "The Examiner has since added a correction at the top of the original piece admitting the story is probably false" (Alliance for Science, op. cit.).

## COVID-19 Pandemic was imported into China by the US military

Another Covid-19 Pandemic conspiracy theory was the idea that the US military personnel had brought the virus to China during their participation in the 2019 Military World Games in Wuhan. This was seen as a response by China to US anti-China conspiracy theory considering the fact that the idea was spread initially by Chinese foreign ministry spokesman Zhao Lijian, who had in a Tweet suggested that "it is possible that the US military brought the virus to Wuhan" (Alliance for Science, ibid.). And that "this conspiracy theory, and an accompanying attempt to rename Covid-19 Pandemic the 'USA virus,' was a transparent 'geopolitical ploy' useful for domestic propaganda but not widely believed internationally." An attempt by China to respond with its conspiracy theory about the origin of the virus despite contrary evidence provides yet another indication of hegemonic rivalry between the two great powers.

## COVID-19 Pandemic is connected to 5G

The idea that Covid-19 Pandemic is connected to 5G technology was a popular conspiracy theory that spread across many countries, including Nigeria. In its special coverage of the impact of Covid-19 Pandemic, GlobalVoices (May 15, 2020) observed that "when it comes to spurious information and the coronavirus, it has been an open season with some Nigerian evangelical pastors." Commenting further, it notes that "as purveyors of disinformation, several pastors have pushed back against government lockdowns that would impact church closures." Specifically, GlobaVoices (ibid.,) reports that it was Pastor Chris Oyakhilome of LoveWorld Incorporated (also known as Christ Embassy), in Lagos, Nigeria, who delivered a sermon with over 12,000 views on YouTube, in which he claimed that "the introduction of 5G technology was responsible for the outbreak of the coronavirus pandemic". The Pastor "also alleged that the administration of a Covid-19 Pandemic vaccine will be used as a ruse to enthrone a 'new world order' led by the anti-Christ".

In a report by Premium Times (April 9, 2020), three other Nigerian pastors, Sam Adeyemi, Matthew Ashimolowo, and Oyemade debunked Oyakhilome claims linking Covid-19 Pandemic to 5G. Ashimolowo dismissed the claims as "conspiracy theories that had nothing to do with the anti-Christ," adding that "it had always been the nature of Christian leaders to plant fear in their members" in the face of "major world occurrence" (Premium Times, ibid.). The British regulator firm Ofcom, in reaction to the broadcast, said it had sanctioned Loveday Television "for broadcasting 'potentially harmful statements' about the Covid-19 Pandemic, including a baseless conspiracy that the virus is linked to the rollout of 5G phone networks" (Guardian, May 18, 2020). It emphasised that "the broadcast also echoed claims from the US President Donald Trump that an antimalaria drug, hydroxychloroquine, was a cure for the virus" despite contradictory scientific evidence. Ofcom announced the sanction after "its investigations revealed that Pastor Oyakhilome's claims were baseless." The indication is that traits of conspiratorial thinking such as nefarious intent, contradiction, and manipulation of facts or reinterpretation of randomness, including a feeling of victimization, were all at play in this variant of conspiracy theory linking Covid-19 Pandemic to 5G. This also indicates that not all Covid-19 conspiracy theories may be part of the great powers' hegemonic rivalry.

## COVID-19 Pandemic is connected to Bill Gates

Many conspiracy theories have been linked to Bill Gates having as their basis, video of a 2015 Technology Entertainment Design (TED) talk given by Gates, where he discussed the Ebola outbreak and warned of a new pandemic. Bill Gates also became a new target of disinformation after he criticised the defunding of the World Health Organization (CNN, op. cit.). Most conspiracy theories are like viruses. They resemble, constantly mutate, and have several variants circulating at any one time (Alliance for Science, op. cit.). One of the sources of Covid-19 Pandemic's Bill Gates conspiracy theories' outlet is QAnon and right-wing pundits who claim that Bill Gate had foreknowledge of the Covid-19 Pandemic or even purposely caused it (Alliance for Science, ibid.). Another source of this conspiracy theory, according to Alliance for Science (ibid.), is anti-vaccination activists, who argue that the Covid-19 Pandemic is part of a dastardly Gates-led plot to vaccinate the world's population. The microchips that will somehow track and control people were associated with it. This variant of Covid-19 Pandemic conspiracy theories does not appear, however, to be connected to great powers' hegemonic rivalry since promoters are mainly anti-vaccine activists from within and outside the great powers cycle.

## **COVID-19** Pandemic is a Plot by Big Pharmaceuticals

Closely connected to conspiracy theories that link Bill Gates to the Covid-19 pandemic is the idea that Covid-19 is a plot by the big pharmaceutical companies. According to Alliance for Science (ibid.), "many conspiracy theory promoters are in reality clever actors trying to sell quack products". To this end, many quack anti-vaccine and anti-genetically modified organism (GMO) medical personnel and drug manufacturers have "made false claims that they have a cure for Covid-19, hence they sell all manner of pills and potions which they claim can cure all manner of ailments". The strategy for promoters of this variant of conspiracy theories is to depend on their market on getting people to believe that conventional or evidence-based medicine does not work but a plot by big pharmaceutical companies to make people ill. Big Pharmacies' conspiracies, in Alliance for Science (ibid.) view, are "a staple of anti-vaccination narratives, so it is hardly surprising that they have transmuted into the age of the coronavirus". Conspiracy theories that link Covid-19 to big pharmaceutical companies appear, therefore, to be engineered by economic motive as their underlying nefarious intent rather than part of the hegemonic rivalry.

## China and WHO Concealed Time of Outbreak of Covid-19 Pandemic

The idea that WHO and China concealed information on the time of the outbreak of the virus was a consistent argument and line of thought that was promoted by US President Trump and appeared to have been supported by the US intelligence community (Bloomberg, April 1, 2020). This line of argument has all the traits of conspiratorial thinking put together but particularly that of overriding suspicion and nefarious intent which was overtly demonstrated by the US Vice President Mike Pence during his interview with a cable news network (CNN) reporter, in which he condemned China for a lack of transparency about the pandemic (CNN, May 17, 2020). In the interview, Pence also reiterated that the US intended to punish China for the global pandemic.

## COVID-19 Pandemic Death Rates are manipulated

There have also been conspiracy theories concerning the official reported figures of death from the Covid-19 pandemic, suggesting on the one hand that China was underreporting its death figures and, on the other, that the US figures have been inflated. The key promoter of the idea that China underreported its Ccovid-19 pandemic death figures was no other than US President Donald Trump. According to Bloomberg, (ibid.), U.S. President Trump suggested at a daily coronavirus briefing at the White House that "China's reported virus data appear to be on the 'light side' but that he hadn't received an intelligence report saying the country had concealed the extent of its outbreak." While this idea is being promoted in China, a second idea suggested that the US Covid-19 pandemic death figures were inflated and, therefore, there is no reason to observe lockdown regulations or other social relations suggested measures. The prominent promoter of this conspiracy theory, according to Alliance for Science (op. cit.), was Dr. Annie Bukacek, whose warning that Covid-19 pandemic death certificates were being manipulated, has been reportedly viewed more than a quarter of a million times on YouTube.

Another variant of this theory was the idea that a deep state of America's elite is plotting to undermine President Trump and that Dr. Anthony Fauci, the face of the US coronavirus pandemic response, is a secret member. This conspiracy, however, supposedly gave way to Fauci's expression of disbelief at the mentioning of the 'deep state' during a press briefing. Republican lawmakers in the U.S. have also been particularly harsh about China's role in the outbreak. The political calculation, according to Alliance for Science (ibid.), seems to be that "enhancing China's role in the pandemic could be politically helpful to Trump, who has sought to shift blame for the U.S. outbreak away from his administration's delays in achieving widespread testing for the virus". China on its part contends that allegations of manipulation of Covid-19 death figures were an attempt to divert attention from surging deaths in the U.S. and other Western countries.

Conspiracy theories that Covid-19 death figures were being manipulated are, however, not limited to China as reports of similar manipulations have been rife in Western countries and Africa. Western officials have pointed to Iran, Russia, Indonesia and, especially North Korea, which has not reported a single case of the disease, as probable under-counts (Alliance for Science (ibid.). In Nigeria, there were allegations that Covid-19 pandemic figures were being inflated to attract western donors and justify lockdowns. According to The Punch (2020) "there are still thousands, if not millions of Nigerians still living in denial and believing that the Covid-19 Pandemic story is a spurious tale. To them, the viral pandemic is a hoax". The Punch (ibid.) also states that "many of them are quick to back the numerous conspiracy theories making the round on social media platforms" and hence "they are the most difficult to convince to abide by the National Centre for Disease Control (NCDC) guidelines aimed at curtailing the spread of the rampaging pandemic in the country."

COVID-19 Pandemic Conspiracy Theories and Great Powers Hegemonic Rivalry International relations scholars have for over the past several decades focused attention on US-China relations. For example, Kim (2019), an effort to make sense of the trade war between the USA and China draws insights from two international relations theories, that is, hegemonic stability theory and power transition theory. Kim notes that "since the end of the Second World War, the USA has undoubtedly been a global hegemon with its preponderant military and economic strength," has created a "liberal international economic order" and "maintained it by promoting global free trade" (Kim, ibid.). He further observed that the "USA sudden turn to protectionism, under the banner of America First' in the Trump administration, illustrates 'US fear' that its hegemony or Pax Americana is declining vis-à-vis China's growing power". The US fear for China's rise to global power "also demonstrates that the USA now seeks to deter China from overtaking its hegemony to keep US hegemony as long as possible" (Kim, ibid.). Ongoing trade war between the US and China, argues Kim (ibid.), can be seen as part of the hegemonic rivalry, hence the "driving force of the trade war between the world's two largest economies is more political than economic." In other words, "as China's economic and political influence in the world vis-à-vis that of the USA increases, US fear about China's power also grows" (Kim, ibid.). Under these circumstances, Kim further states: "Washington is assumed to make every effort to assert its global dominance by deterring China's challenge to its hegemony". Kim argues further that "it is this sort of 'US fears about hegemonic power transition from Washington to Beijing that brought about US policies against the Belt and Road Initiative (BRI), the Asian Infrastructure Investment Bank (AIIB), and Made in China 2015".

Therefore, "the fear of hegemonic power transition is, indeed, a driving force for the US-launched trade war." Hence, "understood in this way, the trade war between the USA and China may be a harbinger of a much larger-scale conflict between the two parties, since ... war is more likely to occur when the power gap between a declining hegemon and a rising challenger is getting closed" (Kim, ibid.). This view of the US fear of China's hegemonic rivalry supports Robert (2006), who had earlier observed, of the US, that "our culture values domination and control," noting that "it is not surprising that when we see regions of the world evolving automatically, and events occurring beyond our influence, we feel threatened... when we feel emasculated, we look for war." Taken together, the postulation by Kim (op. cit.) and Robert (op. cit.) provide a basis for the linkage of Covid-19 Pandemic's conspiracy theories with great powers' hegemonic rivalry between the US and China.

The fact that the US is notorious for some of the types of Covid-19 pandemic conspiracy theories identified in Table 1 earlier, coupled with Chinese counter conspiracy theories against the US, it would be unarguable that these conspiracy theories are indications of great powers' hegemonic rivalry, as predicted by Kim (op. cit.). This is more so when we consider the rhetoric as well as the targets of interest and the prevailing international relations environment between the two great powers. Another consideration that gives rise to the fact that some Covid-19 pandemic's conspiracy theories are part of the great powers' hegemonic rivalry derive from the US admittance of its fear of the rising influence of China as indicated by Kroenig (2020b). This admittance is observed in U.S. national security strategy declaration, that "the return of great power competition with Russia and China" is "the greatest threat to U.S. national security" (Kroenig, ibid.). Such a bold and open declaration by the US can be viewed as an indication of her intent to engage China in the hegemonic rivalry. It is, therefore, to be expected that China, in a way that is consistent with Reactance theory, would be ready to engage the US at its own game of underhand tactics, ranging from political, economic, technological, and psychological warfare to diplomacy. It seems, therefore, that the two great powers have, by their inherent power rating, a duty to win both local and international support in the pursuit of their agreed or settled national interests.

Juxtaposing Kim (op. cit.) prediction alongside the US national security declaration, one would further appreciate why rightwing politicians in the U.S., led by no less a personality than President Trump himself, are pushing the conspiracy theory that the coronavirus was bioengineered in a Chinese laboratory as a consequence of which Chinese diplomats respond in a push back, with Chinese counter conspiracy theory that the virus originated in a U.S. bioengineered project and imported into China by the US military (Gan, 2020). Chinese response in this way can be likened to the paradigm in military tactics which holds that "the best anti-tank weapon is the tank itself," meaning that the best weapon against conspiracy theory is conspiracy theory itself, which is also similar to another military adage that the "best form of defense against an attack is attacked." It adds up, therefore, that some of the Covid-19 pandemic's conspiracy theories are deliberate concoctions used by the US and China for strategic ends in their game of hegemonic rivalry, knowing the potential of such theories to influence attitudes and change behaviour in desired directions (Zimbardo Embessen and Maslach, 1977). This raises the question about the global impact or effectiveness of Covid-19 pandemic theories.

## Impact of Great Powers Rivalry in the Context of Conspiracy Theories

The global impact of great powers' hegemonic rivalry in the context of the Covid-19 pandemic's conspiracy theories cannot be overemphasised. According to fact-checking by CNN, Donald Trump alone made 654 false claims with regard to the coronavirus pandemic (CNN, op. cit.). Many people believing in the Covid-19 pandemic's conspiracy theories globally were not disposed to observe government lockdown and other imposed measures such as social distancing and wearing of facemasks. There were reports of resistance or non-observance of imposed measures to control the spread of the virus in Nigeria, as in many African countries. In other words, the Covid-19 pandemic's conspiracy theories have created a huge challenge for governments across the globe in ways that would have been different had such theories not been created deliberately. For example, data from the Pew Research Center reveals that twenty-nine percent of Americans believe that the Covid-19 pandemic was created in a laboratory, which means that about twenty-nine percent of the US population was unlikely to abide by WHO protocols such as social distancing, washing of hands, use of hand sanitizers and wearing of facemask, with the probability of spreading the virus and increase in death from the disease.

From the foregoing, the global impact of Covid-19 Pandemic's conspiracy theories includes the following:

- a. Mistrust between, U.S. and China; U.S. and WHO; citizens and governments.
- b. Alignment of citizens to ideologies of democracy and socialism.
- c. Lack of maximum collaboration in fighting the Covid-19 Pandemic.
- d. Rejection of Assistance (U.S. and Iran).
- e. Global economic recovery is placed in jeopardy.
- f. Burning down of 5G towers.
- g. Withdrawal of broadcast license.
- h. Refusal to adhere to safety measures.
- i. The arrest of fake news, miss representations, and misinformation peddlers.
- j. Spike in the number of infected people.
- k. Increase in loss of lives.

## How to Recognize and Deal with Conspiracy Theories

The way Covid-19 Pandemic hit the world made it open to various interpretations as it became extremely difficult to differentiate between what is factual information, scam, or rumour. Consequently, World Health Organization (WHO) declared it a "massive infodemic," citing an over-abundance of reported information, which was false, about the virus that "makes it hard for people to find trustworthy sources and reliable guidance when they need it" (WHO, op. cit.). This necessitated WHO to create a 24/7 online service to help fact check all necessary information. Based on WHO's and many governments response around the World, it is realisable that dealing with conspiracy theories requires recognizing the following:

- a. Context the prevailing circumstance.
- b. Fact check on the source(s).
- c. Looking for consensus scientific evidence.
- d. Debunking the myth with simple case illustrations.
- e. Replacement of myth with facts.
- f. Appeal to social motivation.
- g. Having opposition parties that can counter or refute the government's conspiracy theories.
- h. Inoculation inducing resistance through pre-emptive attitude protection strategy, using misinformation to fight misinformation, using two-sided messages (Rhodes, 2019).

#### Conclusion

Some of the Covid-19 pandemic's conspiracy theories have shown that great powers' hegemonic rivalry was very much at play with respect to the US and China. This is manifest in attempts at finger-pointing, blame game, and countercharges, among the two global powers. The use of Covid-19 pandemic's conspiracy theories as part of great powers' hegemonic rivalry is altogether not surprising, bearing in mind that China's steady rise to great power status has remained a cause for concern to the US, which has held on to the status of a global hegemon since the end of the Cold War and demise of the Soviet Union, her hitherto most formidable rivalry. Scholars of international relations have observed that, while the US was engaged in its Cold War with the former Soviet Union, it paid less attention to China's rise to the status of a hegemonic rival. Covid-19 pandemic's conspiracy theories, therefore, became an available non-lethal option for great powers' hegemonic rivalry in the international environment, which the US has sought to deploy against China in an attempt to maintain her threatened hegemony.

Covid-19 pandemic's conspiracy theories also serve as tools not only for the conduct of international relations but also as a way of diverting attention from internal contradictions, which appear to be challenging President Trump in an election year. The effectiveness of conspiracy theories by the US and China in the conduct of a hegemonic rivalry war is mitigated by a democratic culture, which allows for freedom of speech and opposing views against what prevails in autocracy. Social media played a major role in the spread of the Covid-19 pandemic's conspiracy theories. That being the case, traditional media outlets need to raise the bar to mitigate the deleterious impact of the phenomenon of fake news and disinformation that go with conspiracy theories. Covid-19 pandemic's conspiracy theories have also revealed that the intelligence community can be under pressure to act in favour of a hegemonic interest as was with the case during the war on Iraq when intelligence sources indicated that Saddam Hussein had weapons of mass destruction, which proved to be false after thousands of lives were lost (Pitt and Ritta, 2002).

Hegemonic rivalry as a validation of power transition and reactance theories will continue to be a recurring theme in international relations. To that extent, conspiracy theories would be deployed in the conduct of international relations and diplomacy because of their allure as well as effectiveness in shaping attitudes and behaviour towards the attainment of national objectives of the great powers. States in the international system must be prepared to embark on appropriate inoculation of their citizens to guide against the negative impact of conspiracy theories. For the future of international relations, Nigeria and other countries outside the great powers' blocs should avoid entanglement in the middle of this great powers' hegemonic rivalry and instead use a range of available options to fight the scourge of the novel coronaviruses' conspiracy theories. Nigeria in particular should seize the moment to be creative in developing her health infrastructure for a more effective response to future pandemics.

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## IS COVID-19 PANDEMIC CAUSING A GLOBAL SHIFT OF POWER FROM THE UNITED STATES TO CHINA?

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#### Abstract

The academic discourse on the global shift of power from the West to the East has been ongoing for more than two decades. China's economic expansion following its positive economic growth in the 1990s led to the notion that China is likely to displace the United States as the dominant power in the international scene. China is the only country among other emerging economies that meets most of the criteria of an emerging superpower. With the emergence of the COVID-19 pandemic in Wuhan, China, and further spread to all over the world, countries (both big and small) are struggling to contain the virus. China was the first to emerge out of the health crisis with steady economic recovery as the pandemic is significantly being curtailed. Due to the COVID-19 crisis faced by powerful nations and their unsuccessful containment of the virus as China did, the recent discourse among academics and analysts is that the pandemic is causing a likely shift in the global shift of power from the US to China. Thus, this paper addressed an important question. Is

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the COVID-19 pandemic likely to cause a "real" shift of the global power from the US to China? Findings reveal that China's rise is evident in all sectors including economy, military, technology, and diplomatic influence but China is not yet a superpower. Although power may finally shift from the US to China in some sectors such as technological development and diplomatic influence, it will still take some years for China's power to be consolidated. For now, the US remains the superpower and leads in many dimensions including military and economy.

Keywords: COVID-19 Pandemic, Global Shift, Power, United States, China

#### Introduction

The end of the Second World War brought remarkable changes in the international arena. While Europe suffered great devastation after the War, the United States (US) remained a leading world economy. For instance, the global economy was worth a total of \$4.5 trillion (£3.5trn) in 1940, with the US leading the way, as it had done so since the late 19th century.\* The victory of the Cold War in the early 1990s also positioned the United States (US) as the sole superpower in the world. The US currently has a nominal gross domestic product (GDP) of \$21.44 trillion and is dubbed an economic superpower because its economy constitutes almost a quarter of the global economy, backed by advanced infrastructure, technology, and an abundance of natural resources (Silver, 2020). When the US position in the world is being consolidated, China was severely damaged by Chairman Mao Zedong's catastrophic Great Leap Forward. It later started economic reform under Deng Xiaoping's leadership in 1978. Before the economic reform embarked by China and other emerging economies in Asia such as India, Singapore et cetera, "Asia was the poorest continent in the world marginal except for its large population" (Navyar, 2019).

In less than two decades, Asia witnessed a profound transformation led by China's positive reform. China rose to become the world's second-largest economy off the back of further sweeping market reforms with a nominal GDP of \$14.14 trillion (Silver, 2020) and is now seen competing with the United States. When economies are assessed in terms of purchasing power parity, the US loses its top spot to its close competitor: China. In 2019, the US economy in terms of purchasing power parity was put at \$21.44 trillion, while the Chinese economy was measured at \$27.31 trillion (Silver, 2020). The rise of Asia represents the beginning of a shift in the balance of economic power in the world (Nayyar, 2019). Since the turn of the 21st century, there has been a dominant perspective in the literature that power is shifting from the North to the South (Renard, 2009; Humphrey, 2011; Woo, 2012; Osondu-Oti, 2016). The economic growth of countries such as China led to Jim O'Neill's invention of the term BRIC (Brazil, Russia, India, and China);

<sup>\*</sup> See the world's biggest economies the decade you were born", https://www.lovemoney.com/gallerylist/79693/ the-worlds-biggest-economies-the-decade-you-were-born

a term used to describe emerging economies that would wield much power on the global stage (Osondu-Oti, 2016) in years to come. Among the emerging economies, China is at the forefront of global economic advancement, with the prediction that the next five years could see the Chinese economy surpassing that of the United States (Moneyweb, 2020). China's rise in the late 20th and early 21st centuries is probably one of the significant and most frequently written and read chapters in any future book of international politics and world history (Zhu, 2005).

The emergence of coronavirus has added a new dimension to the academic discourse on the global powers' rivalry with the COVID-19 pandemic seen as a major force that could accelerate the global power shift. While the virus was first found in China in December 2019, it has spread to all continents of the world, except Antarctica (Osondu-Oti, 2020a). Western and European countries have been severely affected and have imposed a series of lockdowns to curtail the virus spread. The COVID-19 pandemic has disrupted all aspects of the world society and is having great and differential impacts on countries. The world's sole superpower (the United States) has not been able to manage and curtail the disease as China did. At the moment, the United States is the COVID-19 epicentre of the world. As of November 8, 2020, the United States registered 10, 186, 081 cases with 243, 290 deaths, the highest in the world.\* Although, Wuhan, China was the initial epicentre of the COVID-19 but the last week of March 2020 and onwards saw the epicentres of COVID-19 shifting westwards with the US, Western Europe, and the UK emerging as the worst affected, and China showing signs of recovery (Asthana, 2020). China ranks 59 in the world with only 86, 212 registered cases, and 4, 634 deaths.<sup>†</sup>

This new development has led to a new assertion that China has won the third world war: the war of "biological weapon" fought with the COVID-19 pandemic. To some scholars, COVID-19 is triggering the struggle in the fight for global dominance. According to Asthana (2020), the COVID-19 pandemic has added a new dimension to the global strategic balance and triggered a chain of events in the struggle for global strategic dominance. Is this struggle going to cause a "real" shift of the global power from the US to China? This paper analyses the perceived shift of power [amid the COVID-19 pandemic] from the US (the world superpower) to China (the rising competitor). The next section (Section II) is a theoretical explanation of the global power shift using the power transition theory. Section III is an analysis of the extent to which power is shifting from the US to China in the COVID-19 using the key determinants of a world superpower. Section IV is the conclusion.

<sup>\*</sup> It is important to note that cases have continued to rise and deaths are still being registered. For information on daily cases, see https://www.worldometers.info/coronavirus/?utm\_campaign=homeAdvegas1

See the https://www.worldometers.info/coronavirus/?utm\_campaign=homeAdvegas1

#### **Power Transition Theory**

Much of the argument on the shift of power in the global arena falls under the power transition theory (Osondu-Oti, 2019). Power transition theory was originally brought forward by A. F. K. Organski (1958) and was further developed by Organski, Jacek Kugler, and several other scholars (Rauch, 2018). Its central claims are that the international system is usually hierarchically ordered with a dominant power at the top that creates and sustains the international order; and due to uneven growth rates, new powers are regularly rising (cited in Rauch, 2018). The theory is based primarily on the changes in the distribution of power in the international system (Zhu, 2005). Organski's power transition theory rests on two fundamental observations (Kim and Scott, 2015). The first is that a country's power stems from internal development; and since development occurs at different rates, nations will rise and fall relative to one another (Kim and Scott, 2015). The second fundamental observation of power transition theory is that the international system is decisively shaped by the dominant nation, the hegemon, and those occasions in which a rising power overtakes the dominant power is called power transitions (Kim and Scott, 2015). Power transition focuses on differential growth rates and their effect on altering relative power between nations, resulting in new relationships among nations or competing groups and the formation of new political and economic entities (Tammen et al, 2017).

Power transition is set in motion by the rise of a previously underdeveloped big nation, dissatisfied with the existing international system and its powerful stakeholders (Lai, 2016). As its national power grows and expands, this rising "big fellow" has the impulse to make changes, intentionally or compulsively, to the rules of the system that purportedly works against its interests (Lai, 2016). Changes of this kind challenge the existing international order. If the challenger and the status-quo powers cannot come to terms with the changes peacefully, they often settle their differences on battlefields (Lai, 2016). Power transitions may be peaceful as in the case of the USA overtaking Britain where the rising power is satisfied with the global order, but in some [other] cases, the power transition may lead to war as when a dissatisfied power, Germany, rose in power vis-à-vis the hegemon, Britain (Kim and Scott, 2015). Both Organski and other power transition theorists contend that the international system is hierarchical and that in each historical era a single dominant power leads the international order as head of a coalition of satisfied powers (Zhu, 2005). And, as long as the leader of this status quo coalition enjoys a preponderance of power, peace is maintained, but when power reaches parity, that is when a dissatisfied challenger begins to overtake the status quo power, wars are most likely to break out (Zhu, 2005). Power transition theorists emphasise power parity and dissatisfaction with the status quo as crucial elements contributing to the risk of system-transforming war (Zhu, 2005).

Since Organski conceived power transition theory, several foundational works in the power transition framework have been developed (Kim and Scott, 2017). Organski and Kugler (1980) empirically tested power transition arguments for the

first time in the power transition literature and encouraged others to participate in developing power transition theory both theoretically and empirically (Kim and Scott, 2015). Although power transition theory progressed in academia, it did not receive corresponding attention from policy circles and think-tanks in most parts of the world until the turn of the 21st century when the rapid rise of China and its potential impacts on the East Asia regional and global security order became a hot issue (Kim and Scott, 2015). Many East Asia and Chinarelated area studies' experts and other international relations scholars have been paying greater attention to global power shifts as espoused in the power transition theory (Osondu-Oti, 2019; Tammen et al, 2017; Kim and Scott, 2015). As China continues to develop, power transition theory has been receiving new and [modified] scholarly attention (Kim and Scott, 2015), with the argument that "China's reemergence may challenge the United States as the dominant global and Asia-Pacific regional power (Zhu, 2005). As argued in the power transition theory, rising states will naturally seek to challenge the status quo and to revise the dominant norms of the system to reflect their interests and values (cited in Osondu-Oti, 2019). However, power transition theory has its shortfall, especially its explanation of war during a power shift. As Zhu (2005) noted, the power transition perspective remains far from satisfactory as a theory when used to explain and predict great power relations at both global and regional levels. Power transition theory identifies one possible cause of wars between great powers when there are multilevel factors that contribute to the outbreak of wars (Zhu, 2005). No doubt, power transition provides an opportunity for war, but for war to occur, there must exist other factors, including the international and domestic constraints as well as the political will of decision-makers on each side (Zhu, 2005).

# COVID-19 Pandemic: Driving the Global Power Shift from the US to China?

At the end of the Cold War, the United States emerged as the lone superpower. While the United States has led the world for more than two decades, and still fulfills all the criteria that keep the country as the sole superpower, it is no longer sitting "tight" on that throne with the rise of challenging powers, particularly China. China has been referred to as an emerging superpower\*, given that Beijing's power is now beyond the classification of great power.<sup>†</sup> China is seen as an emerging global superpower based on economy, military, technology, and political/diplomatic influence, among others. According to Dellios (2005), China

<sup>\*</sup> A superpower as a country that has the capacity to project dominating power and influence anywhere in the world, and sometimes, in more than one region of the globe at a time, and so may plausibly attain the status of global hegemony. It is a state with a dominant position characterized by its extensive ability to exert influence or project power on a global scale through the combined means of economic, military, technological and cultural strength as well as diplomatic and soft power influence. Traditionally, superpowers are preeminent among the great powers.

<sup>&</sup>lt;sup>†</sup> A great power is a sovereign state that is recognized as having the ability and expertise to exert its influence on a global scale. Great powers characteristically possess military and economic strength, as well as diplomatic and soft power influence, which may cause middle or small powers to consider the great powers' opinions before taking actions of their own. International relations theorists have posited that great power status can be characterized into power capabilities, spatial aspects, and status dimensions

will, in all likelihood, be the first superpower to come of age in the 21st century. While others such as India may follow, China is showing signs of maturing into this role first (Dellios, 2005). Although academic discourse on the shift in the global balance of power from the US to China is not new, and the global shift is yet to occur, there is a belief in some quarters that the current COVID-19 pandemic could cause the "long-awaited" shift of power from the US to China. According to the Economist (2020), the pandemic is likely to accelerate the rebalancing of global economic power from the West to the East in the coming years. To what extent can this be true? Why is the COVID-19 pandemic seen as causing a shift in global power? To address the first question, it is important to critically assess some key dimensions of global superpowers including economy, military, technology, and diplomatic influence to see how these two countries (US and China) currently fare. The narrowing of the gap in overall national power between the system leader and the rising power is perhaps the most defining factor of this stage (Lai, 2016). Thus, measuring both countries using key global powers' determinants would help to ascertain the possibility or otherwise of a power shift from the US to China. And, to address the second question (why the COVID-19 pandemic is seen as causing a shift in global power), an assessment of how the two countries have managed the COVID-19 pandemic (hereafter, referred to as US-China COVID-19 Pandemic management) will be done.

## Key Dimensions of US and China's Powers

#### Economy

Since the late 19th century, United States has led the global economy with countries like Germany, the former Soviet Union (now Russia), United Kingdom, France, Italy, Japan, China, India, Brazil et cetera coming behind. While these countries have either lost a position at a point or were displaced by another country in the ranking of five or ten best economies, United States has maintained its position as the world's leading economy since 1871. For example, China's economy floundered in the 1960s and Japan thrived with a GDP of \$375 billion (£292bn), making Japan enjoy the fastest economic growth in the world during this period.<sup>‡</sup> Japan moved from the world's sixth-largest economy in 1960 to the third largest in 1970 and took the second spot by 1990 with a GDP of \$2.3 trillion (£1.8trn).§ China, which launched a series of market reforms in the late 1970s saw a great transformation in its economy and was catching up fast. By 1990, China's GDP topped 2.1 trillion (£1.6trn)\*\* and in the first decade of the 21st century, China has become the second-largest economy in the world, behind only the United States with a prediction that China might over the United States soon (by 2050). Market-oriented reforms have caused Communist China to position itself to the point where its rise is becoming a serious issue of consideration for the 21st century (Dellios, 2005), primarily because of its rapid economic ascension.

<sup>&</sup>lt;sup>‡</sup> See The world's biggest economies the decade you were born, https://www.lovemoney.com/gallerylist/79693/the-worlds-biggest-economies-the-decade-you-were-born (accessed November 5, 2020)

<sup>§</sup> Ibid \*\* Ibid

Today, the United States and China are the two largest economies in the world in both nominal and purchasing power parity (PPP) methods (World Bank and International Monetary Fund, 2019). The US is at the top in nominal whereas China is at the top in PPP since 2014 after overtaking the US (World Bank and International Monetary Fund, 2019). Both countries together share 40.75% and 34.27% of the total world's GDP in nominal and PPP terms, respectively in 2019 (World Bank and International Monetary Fund, 2019). The GDP of both countries is higher than the 3rd ranked country Japan (nominal) and India (PPP) by a huge margin (World Bank and International Monetary Fund, 2019). Therefore, only these two compete to become first (World Bank and International Monetary Fund, 2019). China's nominal gross domestic product as of 2019 is \$14.14 trillion, making it second to the United States, which was \$21.44 trillion and is expected to reach \$22.32 trillion at the end of 2020 (Silver, 2020). However, China's GDP based on purchasing power parity (PPP) was measured at \$27.31 trillion, exceeding that of the United States that stood at \$21.44 trillion (Silver, 2020).

The US is often dubbed as an economic superpower and that is because the economy constitutes almost a quarter of the global economy but the gap between the size of the two economies in terms of nominal GDP is lessening (Silver, 2020). In 2018, the Chinese GDP in nominal terms stood at \$13.37 trillion, lower than the US by \$7.21 trillion, and by 2023, the difference would be \$5.47 trillion (Silver, 2020). It is important to point out that "when China's total income is divided by its massive population, the picture changes" (Frankel, 2020). The two concepts total and per capita income - each has distinct implications for geopolitics. When it comes to power politics and China's influence in international institutions, total income matters more (Frankel, 2020). The World Bank's International Comparison Program (ICP)\* which in its assessment presented China's economy above the US (based on purchasing power parity) compares countries on a purchasing power parity (PPP) basis, "which is the right method when computing per capita incomes, but potentially problematic when assessing geopolitical power" (Frankel, 2020). The PPP measure has many uses (for example, it is more appropriate for comparing standards of living because it accounts for the fact that many goods and services are cheaper in China than they are in the US) but assessing geopolitical power is not one of them (Frankel, 2020). For example, it does not help answer such questions as to how China's economic size and power compared with the US in the broader contest for global supremacy, including for instance, how much money China can contribute to the International Monetary Fund and other multilateral agencies. Also, in times of great powers rivalry (South China Sea rivalry for example), it does not help answer how many ships China can buy, build, and deploy?

<sup>\*</sup> The main objectives of the ICP is to The main objectives of the ICP are to produce purchasing power parities (PPPs) and comparable price level indexes (PLIs) for participating economies; and convert volume and per capita measures of gross domestic product (GDP) and its expenditure components into a common currency using PPPs.

This is problematic because, in the real sense, China has far less clout than the US. Moreover, the US does not lack the economic or financial power to sustain its 75-year leadership of the international order (Frankel, 2020). For example, a superpower must surely have a currency that is freely traded throughout the world, which China is yet to achieve. Although, the US (under Donald Trump) is surrendering its influence in multilateral organisations such as the World Trade Organization, NATO, and the World Health Organization (even amid the pandemic) (Frankel, 2020). It should surprise no one that China is filling the vacuum (Frankel, 2020) but has not surpassed the US. There is every likelihood that the US would bounce back and take its proper place in multilateral fora with the election of Joe Biden as the 46th President of the USA. Amid the COVID-19 pandemic, the US economy has suffered negative growth (just like many other world economies) but has maintained its position as the largest economy in the world.

## Military

The United States retains its top spot as the undisputed military power in the world - both numerically and technologically.\* According to a report published by Pentagon on China's military power, Beijing's armed forces were expanding at a fast rate, which could soon "contest US military superiority" (Current Affairs Correspondent East Asia, 2019). China has the largest military on the globe with two million active personnel in the People's Liberation Army (PLA) and it is trying to transform its military into a major global power by any means necessary (Current Affairs Correspondent East Asia, 2019). But, its military expenditure falls far short of the United States military (Parton, 2019). According to SIPRI, China only spends slightly over one-third as much as the United States and 13 percent of annual global military expending in 2017 (Current Affairs Correspondent East Asia, 2019).

In a report (2000) released by the US Department of Defence (DoD), it states:

The People's Liberation Army (PLA) force structure and capabilities focused largely on waging large-scale land warfare along China's borders. The PLA's ground, air, and naval forces were sizable but mostly obsolete. Its conventional missiles were generally of short-range and modest accuracy. The PLA's emergent cyber capabilities were rudimentary; its use of information technology was well behind the curve, and its nominal space capabilities were based on outdated technologies for the day. Further, China's defense industry struggled to produce high-quality systems. Even if the PRC could produce or acquire modern weapons, the PLA lacked the joint organizations and training needed to field them effectively. The report assessed that the PLA's organizational obstacles were severe enough that if left unaddressed they would "inhibit the PLA's maturation into a world-class military force (cited in O'Hanlon, 2020).

<sup>\*</sup> See United States Military Strength (2020). United States is ranked 1 of 138 out of the countries considered. https://www.globalfirepower.com/country-military-strength-detail.asp?country\_id=united-states-of-america (accessed November 6, 2020)
The PLA's objective is to become a "world-class" military by the end of 2049; a goal first announced by General Secretary Xi Jinping in 2017 (cited in O'Hanlon, 2020). Although the Chinese Communist Party has not defined what a "world-class" military means, within the context of the People's Republic of China (PRC) national strategy, it is likely that Beijing will seek to develop a military by mid-century that is equal to or in some cases superior to the US military, or that of any other great power that the PRC views as a threat (O'Hanlon, 2020).

However, for now, "anything about [China's 2049 goal of becoming a world-class military) is aspirational" (O'Hanlon, 2020) and not a present reality. According to the DoD report, China is already ahead of the United States in certain areas such as shipbuilding (cited in O'Hanlon, 2020). The PRC has the largest navy in the world, with an overall battle force of approximately 350 ships and submarines including over 130 major surface combatants. In 2015, RAND reported that "China can now hold the US Navy's surface fleet at risk at significant ranges from the mainland" (cited in Roberts, 2020). Two years later the Pentagon calculated that "the PLAN [PLA Navy or PLAN] is the largest navy in Asia, with more than 300 surface ships, submarines, amphibious and patrol craft (cited in Roberts, 2020), more than the US Navy. The US Navy trails at 287 hulls, Russia has 83 hulls, the UK 75 hulls, and Australia at 48 hulls (Mizokami, 2019). According to the Centre for Strategic and International Studies (CSIS), the Chinese Navy has more ships than "Germany, India, Spain, and the United Kingdom" combined (Mizokami, 2019), a sign that is moving closer to top ranks such as the United States and Russia. Admittedly the number is imposing but it does not tell the whole story (Mizokami, 2019).

Comparing the US and China's military goes beyond numbers. The United States has much larger and more sophisticated ships than China (O'Hanlon, 2020). America's fleet is much larger on a ship-by-ship basis, including eleven nuclear-powered aircraft carriers and an almost equal number of amphibious assault ships (Mizokami, 2019). The bulk of China's naval buildup has been in the area of surface ships, many of which are not suitable for long-range, expeditionary warfare (Mizokami, 2019). China's hull superiority is a result of a supercharged economy that allowed Beijing to increase defense spending by double digits (Mizokami, 2019) including commissioning more warships. For example, China commissioned 18 warships in 2016 and 14 in 2017, and the US commissioned 5 ships in 2016 and 8 ships in 2017 (Mizokami, 2019). But, one reason for the US Navy's advantage is its eleven nuclear-powered aircraft carriers, each of which weighs close to 100,000 tons fully loaded, giving the US Navy a massive 1,000,000+ ton advantage (Mizokami, 2019).

The [US] Navy remains way ahead in tonnage still by a factor of at least two-toone over China's and by at least ten-to-one in carrier-based airpower (O'Hanlon, 2020). The [United States] is way ahead, too, in the quality and quantity of long-range attack submarines, even though China now has a fine force of shorterrange and mostly nonnuclear-powered attack subs itself (O'Hanlon, 2020). China lacks the major power projection platforms essential to any navy destined to conduct long-range operations; it has just one carrier, and no amphibious assault ships capable of carrying helicopters and F-35 Joint Strike Fighter-class aircraft (Mizokami, 2019). China has no cruisers, a surface ship larger than a destroyer; the principal ship is designed to protect carriers and amphibious ships from mass missile attacks (Mizokami, 2019). Although the U.S. Navy has thirteen fewer ships than the Chinese Navy, by total ship tonnage it outweighs the Chinese Navy by a considerable margin. America's navy weighs roughly three million tons more than China's enormous advantage. The average US warship is much, much larger than its Chinese counterpart, making them more capable in their assigned missions and capable of sailing far from home (Mizokami, 2019). The US Navy also has 22 guided missile cruisers to China's none, and the service's guided-missile destroyers are larger and generally more powerfully armed than their Chinese counterparts (Mizokami, 2019). In terms of the military budget, the DoD report states:

China's roughly \$200 billion annual budget, according to DoD (even after adding in many things that China leaves out of its official defense budget figures), represents only about 1.5% of the country's GDP. China does not seem to be in any huge hurry to build and flex its muscles, as it is far and away from the world's no. 2 [number 2] military power. China only spends about one-third as much as the United States on its armed forces in absolute terms and only about one-half as much as a fraction of national economic output. If China were in NATO, we would berate it for inadequate burden-sharing, since its military outlays fall well below NATO's 2% minimum (Cited in O'Hanlon, 2020)

With the huge size of China's economic and manufacturing base, China does indeed have the capacity to devote lots of resources to its armed forces but it does not have the combat experience of American armed forces from, among other things, the wars of the broader Middle East this century (O'Hanlon, 2020). What China's economic transformation has brought is China's devotion to the development of vital sectors including military spending. The United States maintains robust, formal alliances in Europe and Asia, and far outweighs China in military spending and capabilities (Congressional Research Service, 2008). However, studies have shown that China is poised to broaden its lead in hulls, it is also adding larger platform ships that gave the US Navy its huge advantage (Mizokami, 2019) but it will take China more years to meet up with the US. With China's armory of over 30 intercontinental ballistic missiles (ICBMs), 110 intermediate-range ballistic missiles (IRBM) as well as its submarine-launch missile capability (which is still small), China is seen as a rising power but this nuclear force is by no means comparable to that of the US (Dellios, 2005). China does have a global reach, but with its minimal deterrent force, China is hardly a nuclear superpower to be taken seriously (Dellios, 2005). As Mizokami (2019) noted, comparing the US and Chinese navies [at the moment] is like comparing apples and oranges. China is starting to build apples, and at its current rate of naval construction, the country could have a fleet to match the US Navy in a few decades, and the kind of ships China builds and how large its fleet ultimately becomes could determine the balance of power in the Pacific (Mizokami, 2019).

## Technology

Rapid advancement in information and communication technology is another factor in the race for global supremacy. While US companies are the frontrunners in technological development, China's tech groups (and its government) are no less ambitious, and parity with their American rivals is within reach (Moeller, 2019). China now has the second-largest research and development [R &D] budget in the world for science and technology (O'Hanlon, 2020). See figure 1 for both governments' spending on R&D.



Figure 1

Source: Roberts, Godfree (2020), "Does China Outspend US on Defense?", https://www.unz.com/article/doeschina-outspend-us-on-defense/ (accessed October 20, 2020) Beijing and Washington want their neighbours and near-neighbours to embrace Chinese and US technologies respectively (Moeller, 2019) but the future of communication is believed to be Asian. The US was long the biggest and most important internet market in the world, but China's larger population allowed it to surpass the US (Wu et al, 2019). The Asian giant [China] now has four times as many mobile users as the US providing opportunities for domestic businesses in everything from e-commerce and messaging to games and digital payments (Wu et al, 2019). Today, the Chinese telecommunications group [Huawei) is generally regarded as the authority on 5G and the use of artificial intelligence in mobile networks (Moeller, 2019) all over the world. The [world telecommunication] industry is dominated by a trio of overseas suppliers, and Huawei is the strongest, dominating the development of the fifth-generation technology that carriers around the world are beginning to deploy (Wu et al, 2019).

As of 2018, China's market share in global mobile infrastructure was 29% led by Huawei, followed by Ericsson 25%, and Nokia 21% (Wu et al, 2019). There does not seem to be a US-made offering of 5G-plus-AI that can match Huawei's (Moeller, 2019). Beijing is becoming, if it has not already become, for most countries [including] many Asian nations [and Africa] paramount economic partner, making it difficult to resist Chinese serenades (Moeller, 2019). While the US has created the most valuable technology companies in the world (Microsoft, Apple, Alphabet Facebook et cetera), with the leading players in software, smartphones, e-commerce, search, and social networking, China's technology sector has surged in the past five years, with Tencent and Alibaba making their way into the top ranks of global companies (Wu et al, 2019). China is rapidly growing as a global technology superpower. Although Alexander Graham Bell invented the telephone and made the US the world's telecommunications pioneer, those days are long gone as American makers of communications equipment have lost ground in the last two decades (Wu et al, 2019).

## **Diplomatic Influence**

The very term 'superpower' is about global reach (Dellios, 2005) and diplomatic influence. The coining of the term superpower came up in 1944 by William Fox in his book, "The Superpowers: The United States, Britain, and the Soviet Union: Their Responsibility for Peace" where he spoke of the global reach of a super-empowered nation (cited in Dellios, 2005). As noted by Dellios (2005), a 21st-century superpower needs to be a great power in the traditional sense and as a member of the United Nations Security Council, the People's Republic of China belongs to the elite club of recognized great powers (Dellios, 2005). China's global reach in the 21st century is unprecedented and indisputable. The [People's Republic of China] PRC has captured the attention of many developing countries due to its pragmatic approach to diplomacy and how the government

links diplomacy, commerce, and foreign aid in the dramatic expansion of its global economic influence (Congressional Research Service, 2008). Since the end of the Cold War and the acceleration of China's economic take-off in the mid-1990s, Beijing's "win-win" diplomatic style has featured greater accommodation and an emphasis on short-term, common economic interests (Congressional Research Service, 2008). China's style of diplomacy and its foreign policy principle of "non-interference" have been characterized as sensitive to local conditions rather than imposing standards (Congressional Research Service, 2008). Many countries appear to appreciate this style (Congressional Research Service, 2008), rather than the conditional aid and interference of the US in countries' domestic policies, done in the guise of assistance.

Superpowers are expected to broaden out to the more traditional great powers' attributes of maintaining sufficient diplomacy and China is not lacking in diplomatic tact. China has attained transnational competencies in its soft power diplomacy. China's ability to obtain preferred outcomes by attraction rather than coercion (soft power) (Osondu-Oti, 2020a) is second to none. Many analysts contend that the US soft power has declined in relative terms, and some studies show a dramatic loss in global confidence in the United States' foreign policies (Congressional Research Service, 2008). Even without Beijing's new brand of diplomacy, many developing countries are attracted to China because of what its economy represents. China is perceived as representing an alternative, non-democratic model of development (Congressional Research Service, 2008).

China has invested billions of dollars to promote its soft power, seen for instance in its \$1trillion US dollars Belt and Road Initiative (BRI), which involves the development and building of infrastructure projects in more than 70 countries across Asia, Africa, Europe, Latin America, and Oceania. It is one initiative that experts believe that China is using to dominate the world. Thus, some experts argue that China's rise poses serious challenges to the US interests, while others believe that its implications are limited and that US strengths remain formidable (Congressional Research Service, 2008). In a Congressional Research Service study in 2008, it is argued that the US remains the preeminent global force in many areas of soft power. But, with new development in a space of a decade, China has reinforced and its impact is being felt globally. For example, China now has more diplomatic posts around the world than any other country. According to the Lowy Institute report cited in BBC News (2019), China overtook the US in 2019, with 276 embassies and other representative offices globally (see Figure 2). The report does not count only embassies but also consulates, and such figures indicate countries' strengths and weaknesses in geopolitical reach (BBC News, 2019).





Diplomatic missions worldwide

Cited in BBC News (2019), "China now has more diplomatic posts than any other country", https://www.bbc.com/news/world-asia-china-50569237 (accessed October 20, 2020)

China's diplomatic rise has been rapid in recent years. In 2016, it was still third behind the US and France with only 267 diplomatic missions. In 2017 it had moved to second spot (BBC News, 2019), and in 2019, it surpassed the US. The US has also increased its missions since 2016, but only from 271 to 273, but, China's diplomatic reach - at least in numbers - is unparalleled (BBC News, 2019).

## US and China's Management of COVID-19 Pandemic

The game of global governance/dominance is on and the management of the COVID-19 pandemic has become one of the criteria that scholars have used to assess great powers. More than the blame game and the conspiracy theories surrounding the emergence of COVID-19, when the new coronavirus (COVID-19) broke out in Wuhan, China, in late 2019, nobody, not even the World Health Organization (WHO), knew how far-reaching and devastating it would be. The COVID-19 pandemic has exposed the limitations of the power of humans and rendered powerful states powerless (Osondu-Oti, 2020b). The negative effect of the pandemic on the developed economies of the US and Europe [is huge and] may be long-lasting (The Economist, 2020). After the initial lockdown and opening of economies, new waves of the pandemic has begun to

spread in Europe and the United States. For the United States, the impact of the pandemic has become severe. The COVID-19 pandemic has caused the biggest blow to the US economy since the Great Depression (Mutikani, 2020). Its GDP fell at a 32.9% annualized rate, the deepest decline since records began back in 1947 and more than five years of growth have been wiped out (Mutikani, 2020). The US [economic] outlook remains highly uncertain, as it is difficult to gauge the social and economic impact of the pandemic, which will depend on the success of containing the outbreak and the measures to restart economic activity (CEPAL, 2020).

Although the virus originated in China and "severely weakened China's first quarter of economic performance\*, the Chinese government's stringent measures were effective in slowing the spread of the virus" (Tong and Yao, 2020). The number of daily new confirmed cases outside Hubei Province started to decline in February (Tong and Yao, 2020), and shortly after, China resumed business as usual with mass testing in its provinces.<sup>†</sup> China became the first major economy to return to growth with a 3.2% expansion in the quarter ending in June (McDonald, 2020). China's factory output rose, boosted by foreign demand for Chinese-made masks and other medical supplies, and retail sales, which had lagged behind the manufacturing rebound, finally returned to pre-virus levels (McDonald, 2020). China after its initial containment of the virus emerged as a global health leader sending medical teams and personal protective equipment to dozens of countries around the world including Europe and fellow developing nations. China's recent white paper documents its COVID-19 medical support as the largest in the history of the PRC. China was the "only" country that many other countries counted on when the developed and "bigger" or "superpower" was hard-hit by the virus and unable to assist. Even in the face of economic difficulty due to COVID-19 disruption of economic activities and supply chains, China at the "Extraordinary China-Africa Summit on Solidarity Against COVID-19 held on June 17, 2020, still assured Africa that it will start ahead of schedule the construction of the "Africa Center for Disease Control" headquarters.

The US economic policy response to the COVID-19 pandemic has been substantial and immediate (CEPAL, 2020) but had little or no impact outside its borders, as China did. For the US citizens, three stimulus packages were approved by the United States Congress in March to address the impact of the pandemic on households and businesses. New legislation was later approved in April and June to improve the effectiveness of the programmes included in the previous three fiscal packages (CEPAL, 2020). Thus, the United States fared better than

<sup>\*</sup> China's output contracted 6.8% in the first quarter after Beijing shut down the world's second-largest economy, See McDonald, Joe (2020) https://time.com/5901227/china-gdp-growth-covid-19/

<sup>&</sup>lt;sup>†</sup> In the first week in October, more than 10 million people were tested for the virus in the eastern port of Qingdao after 12 cases were found there. That broke a streak of almost two months with no virus transmissions reported within China. See, https://time.com/5901227/china-gdp-growth-covid-19/

China in providing for its citizens' palliatives to cushion the effects. Although China's ruling party promised in May to spend \$280 billion on meeting goals including creating 9 million new jobs, it avoided joining the United States and Japan in rolling out stimulus packages of \$1 trillion or more due to concern about adding to already high Chinese debt (McDonald, 2020). China, [though], the first country to be struck by the novel coronavirus is pulling ahead in the world's economic recovery (Shih, 2020). Economists say China is likely to recover faster than some other major economies due to the ruling party's decision to impose the most intensive anti-disease measures in history. Today, while China has reported only 4,634 coronavirus deaths and 85,685 confirmed cases, as well as three suspected cases, the US has reported 10, 186, 081 cases, and 243, 290 deaths\* the highest in the world.

Despite the advantages China has over the United States in curtailing the virus faster and reviving its economy, the United States remains the only country that holds the status of a superpower. While a few nations are emerging as strong contenders, China is the country meeting all criteria (Rapoza, 2019), and is increasingly drawing closer to the throne, though, not there yet. China can be the next superpower or share the global superpower with the US but it cannot happen overnight. All indices have to be present, and the fact the COVID-19 has severely impacted the US economy does not mean that the United States would not recover just like China did. With the POTUS-elect, Joe Biden piloting the affairs of the nation, it is expected that the United States leadership will chart a new course and reclaim lost grounds.

No doubt, China under Xi Jinping has a centennial goal of its country becoming a "strong, democratic, civilised, harmonious and modern socialist country" by 2049 during the 100th anniversary of the founding of the People's Republic of China (Parton, 2019), it is still an aspiration, which might or not come to fruition. However, since China started its five-year economic plan (1953-1975), it has often met its desired objectives at the end of the five-year plan. Recently at the fifth plenary session of the 19th CPC Central Committee held in Beijing in late October 2020, China adopted the Party leadership proposals for formulating the 14th Five-Year Plan (2021-2025) for National Economic and Social Development and the Long-Range Objectives through the year 2035 (Xinhua News Agency, 2020). The 14th Five-Year Plan will be pursued in the first five years as China embarks on a new journey to fully build a modern socialist country, after achieving a moderately prosperous society in all respects. At the centre of China's 14th Five-Year Plan is what China called Double Development Dynamics, with a focus on internal development and achieving a modern socialist country. What China has consistently emphasised is achieving a strong modern socialist country, and not becoming a superpower. While a strong economy can take China up to the

<sup>\*</sup> See daily world report on COVID-19 cases all over the world. The current statistics is for November 8, 2020. https://www.worldometers.info/coronavirus/?utm\_campaign=homeAdvegas1?%20

ladder, there are many internal issues that China would need to tackle to be seen as a reliable superpower. For example, with a population of 1.43 billion people, compared with about 329 million in the United States, China has a population that is more than four times the size of the US population, and that means China has more people to care for and provide security. This will surely impact its progress to superpower status. Further studies need to assess the internal challenges to China's attainment of superpower status.

## Conclusion and Recommendations

Since the turn of the 21st century, the dominant perspective in international relations literature is that China is on the verge of displacing the United States in much the same way as the United States displaced Britain as the world's power in the late 19th century. Experts have either argued that that the future is Asian, power is shifting to the East, or that China is the emerging superpower close to taking over from the US. The emergence of COVID-19 has renewed the argument with scholars coming up with political statements that China has won the third world war as it has emerged from the COVID-19 strong and resilient, while the virus has rendered the "all-powerful" United States "powerless." The views from different quarters point to the fact that power is finally about to shift, and the COVID-19 pandemic is helping to accelerate the shift of power from the US to China. This paper assessed the key dimensions of both states' powers in line with the characteristics of a superpower and found that the United States still maintains a strong military and economy way ahead of China, although China's economy based on PPP is ahead. In terms of technology, the United States is still a power to be reckoned with but China's advancement in telecommunication is giving it an edge. The world telecommunication industry is now being dominated by overseas suppliers, where Huawei (Chinese owned Company) is the strongest and is leading in the development of the fifth-generation technology that carriers around the world are embracing. In diplomatic influence, China strengthening its soft power diplomacy and it has a strong persuasive appeal. It has also increased its embassies and consulates abroad and now ranks first.

However, US appeal has not completely diminished as many developing countries still look up to the country for assistance. What stood in the way of US appeal was Donald Trump's harsh immigration policies but China also shares in the crackdown on migrants. The COVID-19 was a test of the strength of the powerful countries, and China is the first to curtail the virus and resume economic activities presented itself as a global health leader than the US. While China's rise is evident and it has reached new heights economically, militarily, technologically, and became influential power, it is not yet a superpower, and whether it will overtake the US will depend on how fast China develops its military and economy, and address internal challenges that could delegitimise its global superpower status.

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## COVID-19 PANDEMIC, GLOBAL MIGRATION AND THE FUTURE OF INTERNATIONAL RELATIONS

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## Abstract

Migration is a right that people claim irrespective of the policy and actions imposed by the territorialisation of the sovereignty of the state. Migration is one of humanity's means of expanding and sustaining civilisation. The COVD 19 pandemic put a check on global migration through the socio-political measures taken worldwide to stop the spread of the disease. These measures include social distancing, handwashing, and face masking. This study is aimed at examining the impact of the COVID 19 pandemic on global migrations and the implications for the future of international relations. The paper adopted the use of discourse and analysis and the reinterpretation of existing secondary data. The study revealed the scourge of the viral disease, without having any vaccine yet, and could only be combated through non-pharmaceutical protocols. Global migration is a natural worldwide phenomenon that provides international labour force, enables the means for exercising a fundamental human right, even if International Law is incapacitated to protect it. The pandemic notwithstanding, global migration will continue in all its ramifications. International relations will retain its pre-COVID19 features with necessary adjustments. The study is relevant as it exposed the challenges posed by the pandemic and how individual and states' vulnerabilities demonstrated the effects of globalisation on the management of the pandemic.

Keywords: COVID 19 pandemic, social distancing, handwashing, global migration, vaccine, international relations

#### Introduction

Humans have always moved from place to place seeking new environments to better their conditions. This fact is evident in traditions, from around the world, that establishes how particular communities emerged, either as individuals or as a group. People have moved from a place of origin to a new place where they make a difference just as their presence marks a distinctive historical-sociological phase

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of the existence of their new societies. We are all migrants and settlers, even before the dawn of the state system (Westphalia, 1648), within the international system; and migrants have become very important in human development. With various diasporas around the world and their cultural psychological links with their states of origin, migrants have become agents of development in their home states through their remittances (OECD, 2005; Ozden and Schiffs, 2006; Artal-Tur, Peri and Requena-Silvente, 2014). But migrants have not always found it easy, especially with the hegemonic role of the state within the international system. The COVID 19 pandemic broke out in November 2019 in the Wuhan region of China. Diseases, of the organs - liver, lungs, kidney, heart, and so on, imperil man. Microbes are pathogens, which, in large enough populations, cause diseases. These are, for example, bacteria, protozoa, fungi, and viruses. Microorganisms are agents of human discomfiture that rubbish human's high pedestal in the ecological chain. Medicine is one of the high points of human achievements, preventing the sick from the brink of death. When a disease crosses the frontier, it becomes a pandemic, not easy to control. So is the case of the COVID-19 pandemic.

International relations, as a discipline, is concerned with the state-to-state interactions, with special appeal to citizens of states who are keen to know what the 'foreigners' (citizens of other states) are up to. The actions of the leaders and rulers of states affect the lives of citizens of other states, sometimes negatively. The discipline is evolving and expanding as our world goes through rapid political, economic, cultural, and technological changes. Sometimes, and often unexpectedly, our lives are affected by natural disasters such as droughts, earthquakes, floods, and tsunamis. Pandemics particularly spread by the movement of people and this makes migrants more suspect. In other words, international relations are liable to take some peculiar turns in years ahead from these phenomena and perhaps others not yet known. Against this backdrop, this paper examines the nexus of the COVID 19 pandemic in the ever-delicate position of global migration in international relations. How would the pandemic likely affect states' jaundiced views of migrants, even with their being a source of labour? What becomes of migrants' rights in international migration law? Through library survey and discourse analysis, the paper attempts to find answers to some of these questions as a contribution to the on-going debate on the future of international relations, especially in the globalising world of constant unforeseen dynamic changes.

## **Conceptualisation and Theoretical Framework**

The novel coronavirus is an invisible deadly enemy of humankind. Corona, in Virology, is a "fringe of large bulbous surface projections of coronaviruses, formed by viral spike peplomers, creating an image reminiscent of the solar corona" (Merriam-Webster Medical Dictionary Since 1828). The medical definition of coronavirus describes it as a type of common virus that infects human, leading to an upper respiratory infection (URI), with seven different identified types, including the following:

- MERS-CoV: the beta coronavirus that causes Middle East respiratory syndrome (MERS);
- SARS-CoV: the beta coronavirus that causes severe acute respiratory syndrome (SARS);
- COVID-19: the new 2019 novel coronavirus (2019-n COV).

The COVID-19 pandemic has affected over 200 countries and territories around the world (https://www.pharmaceutical-technology.com). By January 30, 2020, the World Health Organization (WHO) declared COVID 19 a pandemic - a public health emergency of international concern (The Washington Post, March 11, 2020). International relations refer to the relations among states and other non-state actors in the international system. Deutsch (1989) defined International Relations as the area of human action where inescapable interdependence meets with inadequate control and which always necessitates our paying attention to what happens around the world. As Neuman (1998) pointed out, both International Relations and the international system are state-centered, hence state behaviour determines and compounds an already tenuous way of describing the world. The convergence and divergence of national interests, separation of international and domestic concerns, among others, reflect and magnify the paradoxical situation of humanity in relation to individual interests.

These problems of international relations have been tackled, among other means, by the creation of international organizations (Archers, 1992). The establishment of the United Nations in 1945 culminated in the century-old search for specialised mechanisms to facilitate the collaboration of governments in dealing with challenges of inter-state conflicts, international peace, and security, and other problems of human well-being (Claude, 1962). The more world affairs become widened, the more the state system becomes incapable of handling many challenges (Inoguchi; 1995; Strange, 2003; Mann, 2003; Bull, 2003) facing humanity. According to Rosenau (2003), fragmentation and integrative forces tug people and institutions in opposite directions, forcing choices between localisation and globalisation, a situation more and more captured by the term glocalisation (Robertson, 1995; Robertson, 2014; Roudometof, 2016).

The WHO was established in 1948 to further international cooperation, for improved public health conditions, and given a broad mandate under its constitution to promote the attainment of the highest possible level of health by all peoples (Cueto, Brown, and Fee, 2019). It is a UN agency to manage global health challenges. As Inogushi (1995, p. 4) asked, concerning the UN, "Can an organization which was established based on relations between stable states adapt to issues and problems which do not conform to this paradigm?" We can ask the same question concerning its agency, WHO. How much ready have the member states made the international health establishment ready for the challenges of the COVID-19 pandemic?

Globalisation has bestowed the world with new technologies, foreign investments, widening media, the Internet (in terms of trade) which fuel economic growth and improve human life. But as the Yoruba proverb goes, "Joint feeding is not palatable if one (out of the group) does not have." As the United Nations Development Program (UNDP) Report 1999 pointed out, the giant strides that the world made through globalisation have great repercussions for people. Global governance has been put forward as the answer to the question of developing the order and authority needed to improve the human condition (Rosenau, 2003). World affairs are governed through an interstate system of states and their governments and rival a multi-centric system of diverse types of authorities and actors, in cooperation and competition with the state-centric system (Rosenau, 2003). This paradigm points out the paradox of globalisation. The UNDP Report 1999 showed how globalisation creates new threats to human security. It explained health insecurity in terms of the human immune virus and acquired immune deficiency syndrome (HIV/AIDS) pandemic, and its ravaging effect on the world through travel and migration (Held and McGrew, 2003, pp. 426-427). The problematic global governance explains why the dividends of globalisation continue to elude the majority of people around the world. As Dahl (2003) pointed out, in democracies as well as in international organisations, most decisions are bound to be seen as harming the interest of some people. The globalising and localising interactions often occur across both cultures and issue areas, thus creating hindrances for global governance (Rosenau, 2003).

Aside from inter-state relations, international relations also entail people's rights and freedom to move in and out of states; to migrate from weak to strong regions, and to choose where they like to reside (Bailey, 2015). There have been many voluntary migrations in modern times, as Vertovec (2005) pointed out, unlike the old diasporas, such as Jewish and African (Nicol, 1980), the new diasporas downplay any longing for return. Today, it is estimated that over 3% of the world population live outside their country of birth (Bailey, 2015). The inflow of migrants and their control is of grave concern to states. Yet, nothing reinforces diplomatic relations between and among states more than constant relations and interactions between and among their people and societies across cultural, political, and economic divides. Migration is the lubricant of international relations. There are diverse theoretical approaches to the study of International Relations (IR) to enhance our understanding of and ability to explain political events. Divergent views mean different methods of (political) inquiry. All theories consider the position of the state for different reasons. Amongst IR theories are realism, liberalism, Marxism, critical theory, and postmodernism. Realism centralises egoism and anarchy in a state's political life of power and security (Gilpin, 1986). Ayoob (1998) has, however, argued that the international system is characterised by hierarchy rather than anarchy. Sovereign states act to their advantage with capabilities. Realism is more relevant to the study of inter-state conflict or tension in the international system. Its fixation on sovereign power struggle will not adequately account for the issue of migration. Liberalism champions limited government and people's

welfare advocacy through democracy and market capitalism (Burchill et al, 2005). To Fukuyama (1992) post-Cold War period ushered in the "ideal state". Liberalists reject resort to the use of force in international relations. They posit that liberaldemocracy will bring an end to international conflict. This optimism of the 1990s soon evaporated in the 2000s. Neo-realists gloated that power politics is inseparable from the international system. Like realism, liberalism is pre-occupied with the state but on the assumption that the state will eschew violence because of the dividend of economic growth.

To postmodernism, also called poststructuralism, deconstruction, or not labelled, knowledge claims are intimately linked with politics and power (Devetak, 2005). Postmodernists have not only critiqued mainstream IR theories, but they have also interrogated a myriad of issues in international relations. Some of these theorists are Dillon, Dalby, Shapiro, Campbell, and Connolly. They examine the world in historical times and seek power- perception relations in social practice. Like in the natural sciences, they make no distinction between the experiment and the scientist. Foucault (1977) pioneered the theoretical perspective problematizing the consistency between (modes of) interpretation and (operations of) power. To the postmodern theorist, the constitutive principle of sovereignty conditions the theory and practice of international relations. With the genealogical approach of counter-history, postmodernists demonstrate the hidden meaning of texts. Every account is a distinct narrative, by which reality is conferred on events (Campbell, 1998). These theorists expose the textual interplay behind power politics through deconstruction and double reading.

There are four elements of postmodernist quasi-phenomenology of the state:

- i. Genealogical analysis of the modern state's 'origins' in violence.
- ii. An account of boundary inscription.
- iii. A deconstruction of identity as it is defined in security and foreign policy discourses.
- iv. A revised interpretation of statecraft (Devetak, 2007).

It is clear from the foregoing that postmodernism is a deviant perspective of International Relations, sceptical of the basic assumptions of mainstream theories. Globalisation exposes the soft underbelly of the all-powerful state giving dissent public arena to defy the sovereign state. Migrants and refugees are free of the confinement of space unlike the compliant citizens; they problematize and defy the "territorial imperative" of the sovereign state (Devetak, 2007). It is for this reason that we take postmodernism/poststructuralism as the theoretical framework for this study. It helps to expose the discordance between those who reject feigned citizenship in a sovereign state to seek to claim the grudging citizenship of another sovereign state. Migrants hold the ace of the risk-taking, self-determining self that is the right of all human beings.

## COVID-19 Pandemic: The Dawn of a New World?

The COVID-19 pandemic has been a life-changer. It forced people to abide, willy-nilly, by the requirements of healthy living. It imposed a new regime of social relations on people and in a way, at least, at the height of its first wave. By 23rd January 2020, the International Health Regulations Emergency Committee of the World Health Organization (WHO) declared: "...all countries should be prepared for containment, including active surveillance, early detection, isolation and case management, contracting and prevention of the onward spread of 2019-n CoV infection" (WHO, 2020). Suddenly, the disease considered by people around the world like an epidemic in China was threatening the whole of humanity and became a pandemic of mammoth proportions. Following the WHO declaration of the pandemic, many countries put their citizens under lockdown. In Nigeria, for example, a four weeks lockdown was imposed on Lagos and Ogun states and the Federal Capital Territory (FCT), starting from 30th March 2020 with restrictions on inter-state travels throughout the country (https://guardian.ng/ news/fear-as-covid-19-cases-rise-amid-relaxed-lockdowns). In the lockdown states markets were closed, only food and drug businesses could operate; schools were shut down, students were confined in their homes; mosques and churches could not operate, the faithful had to worship in the privacy of their homes. Movement within states was curtailed (https://www.bbc.com/news/world-52526923). International flights were cancelled. As Amzat et al (2020, p. 219) put it, "the pandemic has caused global disruption by limiting global social relations... COVID 19 de-globalises the world in terms of human migration."

The WHO envisaged that the pandemic would be one big wave but the disease entered its second wave in many countries in Europe in the last quarter of 2020. Some of the countries reported more cases daily than they did early in the year (https://www.euronews.com/2020/11/16/is-europe-having-a-covid-19-secondwave-country-by-country-breakdown). During the lockdowns, only a few businesses - food and drugs and distribution - were spared, permitting only the service sector to operate. The economy has been the punch bag of the pandemic everywhere; faith-based organisations, tourism and hospitality, entertainment, (international) transportation, and, most regrettably, education have all been affected both at the micro and macro levels. By the second quarter of the year 2020, it was recorded that 27% of Nigeria's labour force (over 21 million) are unemployed. Meanwhile, Nigeria's economy contracted by 6.1% year on year in the same second quarter of the year due to the general economic downturn across the world (Kareem, 2020). Depending on how each state fared in the management of the pandemic, especially how early the state lockdown, from late February 2020 onward, countries around the world started to ease the lockdown. But the fears still being palpable, most countries did not dare ease the lockdown. Nigeria had its first confirmed case of COVID 19 on 27th February 2020. It took two weeks before the Presidential Task Force on COVID 19 was commissioned on 9th March 2020, and another nine days for a travel ban on 13 countries on 18th March 2020. It was not until 23rd March 2020 and 20th April 2020 before international and domestic flights were banned respectively. The total lockdown was lifted in Nigeria on 15th May 2020.

By 28th July 2020 confirmed cases of COVID 19 worldwide stood at more than 16.5 million (16,540,137), with 9,616,147 and 655,300 deaths. And as of 9th October 2020, there were 37,754,395 confirmed cases and 1,064,833 deaths (WHO, 2020), globally. With the second wave of the pandemic manifestation around the world, the need for a vaccine is ever accentuated. More than 150 COVID 19 vaccines have been developed, as the WHO (2020) declared. Around 44 candidates were in clinical trials and 11 undergone late-stage testing.

## Global Migration, COVID-19 and Aftermath

Just like in the Animal Kingdom, migration is endemic among human beings and, it is perhaps, the classical deviance attitude of people against the sedentary nature of human society. People move in search of a better life and it is a key factor of the development of human civilisation, however much the state dreads it (Dauvergne, 2008, cited in Kochenov, 2015). The practice of International Law tacitly supports states' rights to deny admittance to non-citizens even as states circumscribe the freedom and rights of their citizens to leave their states. International migration law sees migration as the height of liberty (Kochenov, 2015). The contexts of international relations have always changed with the nature and logic of the world order. The right to "vote with one's feet" has been recognised even if not guaranteed by international law with its post-World War II human rights twist (Shaw, 2008; Kochenov, 2015). Even when states are in dire needs of migrants, as a source of labour, they have always sought to transform migrants into a problematic category through illiberal migration control of what Kostakopoulou (2015, p. 92) called "a game of snakes, threatening failure or repatriation and ladder, promising opportunities of progression and integration."

## Trends in Global Migration

Bailey (2015) has identified three trends--global stock, Europe, and Asia and three issues-population change, high skilled mobility and repeated mobility, and irregular migration in contemporary global migration.

## Global Stock

The USA hosts the largest stock of migrants in the world. The top ten countries with the largest foreign-born in 2010 are:

i.	USA	43 million
ii.	Russian Federation	13 million
iii.	Germany	11 million
iv.	Saudi Arabia	9 million
V.	Canada	8 million
vi.	France	7 million
vii.	The United Kingdom	6.5 million
viii.	Spain	6 million
ix.	India	5.5 million
х.	Ukraine	5 million
Source: Ajay (2015)		

On percentage spread, 10% of the population of high-income states are migrants (UNDESA, 2008). In other words, most migrants today are attracted to rich states as labourers. The top three states with more than half of their population born abroad are Qatar (86%), the United Arab Emirates (70%), and Kuwait (68.8%) (Bailey, 2015). Twenty cities around the world have more than one million foreign-born: nine in North America, four in the Middle East, three in Europe, two in Asia, and two in Australia/Oceania (Price and Benton-Short, 2007).

## Europe

It was estimated that in 2010, 72.6 million migrants lived in Europe, making them one-third of all international migrants. The European Union continues to grapple with the challenge of managing external borders and granting protection to refugees and asylum seekers (Papademetriou and Collett, 2011).

## Asia

China, Bangladesh, and India are frontline countries. Most of the citizens of these countries go out as labour migrants to the Gulf and Asia-Pacific. The International Labour Organization (ILO) estimated that nearly 25 million Asian workers are employed outside their country of birth (ILO, 2011).

It is apparent from the above discussion that a large part of the world population is always on the move. Many of the migrants from the Global South to the Global North and the majority of them having Europe and the Americas as their destinations. The newly rich Asian states also attract many of them.

## **Current Issues in Global Migration**

The issues in the global migration border on causation of migration, qualifications of migrants, and typology of migration. And there are three other issue areas-population change, high skilled mobility, and repeated mobility, and irregular

migration in contemporary global migration.

#### i. Population Change

Population decline in North-western Europe, Germany, and Bulgaria for example, means there is a need for labour hands in this region. There is a constant flow of migrants towards strong regions. Revised population forecasts for Europe have identified three states that will be benefitting from migration by 2050 as Germany, Italy, and Spain (Alho et al, 2006). Another pattern of migration is increasing rural-urban drift. Understandably, many states (the United Kingdom, for example) have been imposing an immigration ban, among other policies.

## ii. High Skilled Mobility and Repeated Mobility

Migration today is hinged mainly on people with high skills, seeking added value to their lives. There is linear migration by which high skilled workers in the Global South move to the Global North, for better use of their skills not being put to use. By circular migration, the high skilled move back and forth between countries of destination and their countries of origin. On the reverse side, high skilled migration to the Global North create a shortage of highly skilled in the Global South. Global South companies hunt for high skills in the Global North. Finally, student migration is a perennial phenomenon as people seek knowledge in choice institutions around the world outside their states of birth. The top three sending states are China, India, and the Republic of Korea. And the top three hosting states are the USA, the United Kingdom, and France (Bailey, 2015).

#### iii. Irregular Migration

The difference is blurred between regular and irregular migration. There is the irregular entry by which migrants enter illegally and try to obtain residency through finding work, marriage, or regularization (programmes of the country). There is irregular stay by which migrants enter through legal means, outstay their visas, or engage in activities not suited to their visa requirements, which put them in the irregular category. Irregular migration is caused by seeking safety, work and family reunification, or fleeing war, political persecution, or natural disaster. Many of these are asylum seekers. There is criminality induced irregular migration through human traffickingexploitation of the victim, coercion, and violation of human rights; and human smuggling– organised illegal international border crossing, for a fee by the migrants. The ILO estimated that 2.5 million people are in forced labour worldwide through trafficking (ILO, 2005, cited in Bailey, 2015). It is difficult to make a distinction between human smuggling and human trafficking. Just like smuggling of goods, the more rampant it is to carry contraband. This makes it more difficult to do legitimate business. So, it is in human smuggling. But where immigration rules are stringent, the market for human smuggling is constantly disbanded.

Even though it is not for staying permanently or semi-permanently, tourism is an aspect of migration that must be considered. This was left out in Bailey's very seminal paper. But tourism is doubly relevant for the lookout on COVID 19, especially bothering on international relations. Tourism, the act, and the industry involve traveling and sightseeing, especially away from one's home or state. According to Yusuf (2018), tourism has direct effects on the social, cultural, educational, and economic sectors of nation-states and their international relations. Whatever the forms - religious, medical, business, sports, and recreation – tourism is for pleasure and education. To the extent that tourism entails leaving one's state for another, however briefly, it enters into the orbit of any discourse on COVID 19 and international relations.

## Post-Covid-19 Pandemic as an Intersection of Global Migration and International Relations

The question of how the pandemic plays out is at least 50% social and political (Cobey cited in Denworth, 2020). The other 50%, Denworth contends, will probably come from Science. The centrality of global migration to international relations lies in its position on the borderline between International Law and Human rights. The world may not be the same again in post-COVID 19 relations because man is a species of habit. There will be changes in social life but international affairs will remain the same, albeit greatly affected. There had been population decline in many parts of Europe and the Americas, which has necessitated the flow of migrants. These regions, with their visa restriction policies, paradoxically and quite often too, resort to visa lotteries to attract highly skilled and sometimes not so highly skilled to their various states (The Diversity Visa Lottery). Population change, which has been reported in these regions, is not about swinging back suddenly. Nonetheless, the pandemic might have inflicted more demographic damages on a global scale. The Middle East, another migration destination, might not be demographically disadvantaged.

The region is however a volatile factor of international relations. But it is still going to be a point of attraction for migrant labour from around the world just like its Asian neighbours. Post-second wave and, perhaps, a likely third wave global migration, will rise back to its prior historical position. Migration policies in the states of the destination regions will be affected, depending on new realities. Italy, for instance, is among the three main states to benefit from migration in the immediate future (Alho et al, 2006). Incidentally, it is also among the states most ravaged by the pandemic (PunchHealthwise, May 6, 2020; Bassetti, 2020). Demographic needs will most probably determine the type of national migration policies to be adopted. Canada is perhaps the state with the most liberal migration policies in response, also, to population decline. For exigency purposes, its policies might not change but with modifications.

The situations back home that make citizens of the Global South always want to "vote with their feet" are not likely to be remedied too soon. The South-North migration flow will likely continue. Actual policies and their implications will determine the counter-policies, so to speak, by other states and non-state actors. There will always be rural-urban drift both inter-state and inter-region. The trends of global migration will have impacts on migration within the state. In the event, we might see some shifts in the imposition of migration cap, depending on "where the shoe pinches." Each state will review its stance vis-à-vis migration, considering demographic needs, the labour force (depending on the void left by the pandemic at its height, and the panic level after), and public opinion. Although the reality of the elderly being the highest fatality bracket of COVID 19 victims, labour force demands will likely remain the same. Hence, high skilled mobility will remain high; so also, will be repeated mobility. In other words, Circular Migration will remain the norm. The Global North will continue to attract high skills from the Global South, who will continue to seek to add value to its human capital. The Global South will likely be able to retain a percentage of their highly skilled in the pocketful of states that might up the ante in development thereby creating opportunities for the high skilled. One cannot put much premium on this in those areas of the Global South where good governance is a rarity. As Scott frankly explained, strong governments and weak economies of developing countries and rich states' denial of immigration to citizens of poor states spell economic doom for all (Scott, 2001).

Student migration will continue and might perhaps be on the rise. Immigration rules might be toughened, especially in the area of Residency Permit by states that choose to bank on monetary economics. Perhaps for election purposes, President Trump of the USA 'suggested at a point' that if American universities have been engaging the students pedagogically online, international students should as well go back to their respective homes and states to be learning from there (The Economic Times, July 8, 2020). Such irascibility is never likely to become common with statesmen across the world. That can never be an American policy. The host countries need the student migrants just as they need the other migrants. They get foreign exchange through international students and they are the ones to lose if this category of migrants is barred. Trump's anti-Immigration convictions and policies are legendary. He has also been disruptive to global governance. There is no reworking governance; we can only "trim its edges from time to time." The global migration dynamics cannot be stopped; it is an aspect of the historical dynamics. Every member of the international community must key into it to be relevant (Osondu-Oti and Oluwatoki, 2018). An increasingly globalised world will have to continuously reconcile itself to global migration. Punitive measures will not stop this very human tendency. Aside from managing immigration against criminality and protecting the national interest, states that go punitive against migration will be the loser in the long run, for they need the migrants. Nothing will ever stop student migration or any type of migration for that matter. Perhaps

we should attempt to tame globalisation if we can adhere to the principles of cosmopolitanism as Held (2003) admonished. Irregular migration will continue, either by entry or for stay. Perhaps human trafficking and human smuggling will be curtailed. It would strategically be akin to anti-drug trafficking; it would require constant probing of the environment and involve international cooperation. States are likely to direct policies against the entry of unwanted elements and to restrict diseases crossing frontiers. Just like international flights and the hospitality business, its cohorts, tourism will take time to bounce back to pre-COVID 19 grand positions in national and international affairs. The damage to the triad was much and it involved both the public and the private sectors everywhere. The International Aviation Transport Association (IATA), and the corresponding bodies for the other two, will bring up new operational guidelines. Tourism, in particular, will be affected by the migration rules of national governments. As the overarching power of national states and their governments dwindle, (Rosenau, 2003), it is likely that the other centres of authority that constitute the second arm of the system of global governance would wade in. They would need to reorganise and stabilise the flow of traffic on international flights to sustain a profitable level and range of clientele in the tourism and hospitality business.

It is not unlikely that the World Health Organization (WHO) will get the attention of the world. The pandemic has exposed the need to review its modus operandi policies, patents, research ethics, and especially vaccine regimens. As a regulatory body, it will be fair to gauge how it fared under the pressure of the pandemic. The UN and other international governmental organizations (IGOs) and institutions in collaboration with non-governmental organisations (NGOs) will have to reconsider some issues of grave international concern post-COVID-19. Giving the global reach of the pandemic and its effects, post-COVID-19 international relations, most certainly, will centre more and more on global governance. State actors as well as non-state actors – IGOs and NGOs and institutions, multinational and transnational corporations, individuals, and specialised corporate bodies – all will have to continuously come together to define and redefine issues of common interest and cooperate to find solutions to human challenges. This is not to say that conflict will be removed from international relations. International politics is full of conflict and cooperation (Genest, 1996). There will still be rivalry and competition post-COVID-19. The hawks will continue to have their voices among foreign policy elites. Failure to resolve conflicts will still result in war; all in the long run. In the same vein, diplomatic efforts to restore peace and cooperation will continue.

## Conclusion

Global migration is essentially a part of international relations; it is a nexus of Human Rights and International Law. States need migrants even if they are wary of their presence. Migration involves inter-state consular/diplomatic relations. This gives leverage over migrants who are subject to sovereignty's machinations on both fronts. COVID-19 pandemic did challenge many norms and practices of national and international affairs. One big lesson of the pandemic is that each state should always be prepared for eventualities and realise that we are in the age of the decline of the state in its competence and authority. Humility on the part of decision-makers will enable them to pay attention to issues of global governance for the benefit of all. The right to leave any country, including one's own, should not only be recognised but should be permitted. All protocols should be put in place to improve this aspect of International Law practice as it is fundamental to the right to liberty. The UN system has a fundamental role to play here; to initiate and encourage states to make it work. Security - human, national, and international and its corollary, development, are germane to realising this lofty goal of international law.

Every state should aspire to the highest form of good governance; perhaps then, strong regions will eschew their condescending attitudes towards migrants and see the latter as people exercising their fundamental human rights. The COVID-19 pandemic has given the world – individuals, societies, states, and the international community – a unique opportunity to think, un-think, and rethink the traditional way of doing things. The critical thinking regime should transcend the non-pharmaceutical protocols of the socio-political aspect of winning against the pandemic. The real scientific victory must not be limited to finding a vaccine. It is to dispassionately review the way we do and perceive phenomena nationally and internationally. This is the true meaning of adjusting to post-COVID-19 international relations.

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# **COVID-19 PANDEMIC, GLOBALISATION AND** NIGERIA'S DIASPORA POLICY: CHALLENGES AND OPTIONS

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## Abstract

This paper examines the COVID-19 pandemic and Nigeria's Diaspora Policy. It specifically interrogates the challenges of the Diaspora Commission, an arm of the Nigerian government in charge of Diaspora matters, in attending to the needs of the Diaspora amid globalisation and the COVID-19 pandemic. This paper relies extensively on information gathered through the news media, journals, government briefs, and personal experiences of some Nigerians in the diaspora. Findings reveal that Nigeria lacks a coordinated diaspora policy as the government failed in many aspects to attend urgently to the needs of the diaspora at the outset of the pandemic. The Nigerians in Diaspora Commission, although made some efforts to coordinate the evacuation of Nigerians abroad, it was done haphazardly and without adequate link with the diaspora. The country's Draft National Policy on Diaspora Matters needs to be ratified and the Commission needs to be strengthened through the provision of adequate funds to achieve its mandate; to address the crisis of this nature and other issues confronting the Nigerian diaspora community. The diaspora is pivotal to the development of the nation and cannot be sidelined in the policy-making of the country.

Keywords: COVID-19 pandemic, China, Nigeria's diaspora policy, remittances, challenges, national development.

## Introduction

The novel coronavirus surfaced in Wuhan, Hubei Province, China, in December 2019. It is a "novel" because it is a new virus different from other viruses of the same variant that had surfaced in the past. Previous coronaviruses were severe acute respiratory syndrome (SARS) in 2002-2004 and the Middle East respiratory

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syndrome (MERS) in 2012-2014 (Oluwashakin, 2020). It was suspected that the coronavirus originated from bats while MERS was believed to have originated from camels (Oluwashakin, 2020). It was named coronavirus infectious disease of 2019 (COVID-19) by the World Health Organisation (WHO). Because of the rapid spread of COVID-19 to other countries, it was declared a pandemic by the WHO in late January 2020. It was first confirmed in Nigeria through a 44-year-old Italian man who arrived in Lagos, Nigeria on 27 February 2020. He made his way into the country on a business visit through a flight by Turkish Airlines (Nwagbara, 2020). From Lagos, it quickly spread to other parts of the country, with its attendant social and economic disruptions and heavy strain on healthcare facilities, as was the case in many countries globally. There is no gainsaying that globalisation has brought increasing interconnection of people and businesses, and as the world becomes a global village, what affects one country also affects the other whether directly or indirectly.

This is because, given the advancement of information technology, people have found various reasons to go beyond borders either to explore business opportunities, tourism, or seek a better life in times of distress, conflict, or hardship among others. The new opportunities offered by the global market; the increase in unemployment and poverty in certain regions and the gap between rich and poor; greater access to information and ease of transport; the action of organised people-trafficking networks and the expansion of organised transnational crime; the acceleration of environmental degradation; and the increase in insecurity in certain regions, all contribute in a coordinated way and various proportions to the acceleration of global migration flow (cited in Neves and Rocha-Trindade, 2008). Thus, with the increasing number of diaspora communities outside their homelands, governments all over the world have been initiating various policies to coordinate diaspora relations with the homelands.

For example, the Act establishing the Nigerians in Diaspora Commission (NiDCOM) was enacted by the National Assembly in 2017 granting the Commission the power to mediate relations with Nigerians in the diaspora for mutual developmental benefits of diasporas and the Nigerian homeland (africaportal.org, 2020). Before the emergence of the Commission, in November 2017, the Federal Government of Nigeria had put in place a Draft National Policy on Diaspora Matters, and other Senate Committees to oversee diaspora affairs. The National Policy laid down the parameters for Nigeria's engagement with its Diaspora, taking into account the internal dynamics of the country as well as the external dynamics of its far-flung Diaspora. It is a Policy geared towards economic, political, social, and cultural development in Nigeria, and it is envisioned that the implementation of the Policy will redound to the nation's development and that of its Diaspora in all areas (NIDCOM, 2016). No doubt, diasporas are seen as strategic factors in the foreign policy of the country of origin and a fundamental instrument of its soft power (Neves and Rocha-Trindade, 2008).

With the Nigerians in Diaspora Commission in place and the emergence of COVID-19 that has impacted various sectors including the diaspora, it is important to analyse the current state of the Draft National Policy on Diaspora Matters and how far it was applied to attend to the needs of the diaspora during the COVID-19 ravaging effects. In other words, this paper examines the COVID-19 pandemic and Nigeria's Diaspora Policy in the era of globalisation. It interrogates the challenges of the Diaspora Commission, an arm of the Nigerian government charged with the matters concerning diaspora, in attending to the needs of the Diaspora amid the COVID-19. The paper is divided into five parts, first, beginning with this introductory part. The second part examines the concepts of globalisation and diaspora. The third part looks at "Nigeria's Diaspora Policy" before COVID-19. The fourth section examines Nigeria's Diaspora Commission and the challenges of the pandemic as well as the available options for the government in the future. Then, the last section is the conclusion and recommendations.

## The Concepts of Globalisation and Diaspora

The word "globalization" has been used to describe the phenomenally rapid expansion of many sorts of global interactions (Osondu-Oti, 2020a). Broadly speaking, the term 'globalisation' means integration of economies and societies through cross-country flows of information, ideas, technologies, goods, services, capital, finance, and people (Rangarajan, 2003). Globalization is the spread of products, technology, information, and jobs across national borders and cultures (Fernando, 2020). The essence of globalisation is connectivity and cross border integration. Cross-border integration can have several dimensions - cultural, social, political, and economic (Rangarajan, 2003). Globalisation is driven by a variety of forces, which include the flow of financial and economic resources, the flow of goods and services, labour, technology, transport, communications and information technology, the spread of culture from one corner of the world to the other, and the global diffusion of religious ideas as well as ideologies (Osondu-Oti, 2020a).

In the year 2001, the International Monetary Fund (IMF) identified four basic aspects of globalisation, which are trade and transactions; capital and investment movements; migration and movement of people, and the dissemination of knowledge (cited in Osondu-Oti, 2020a). The essential nature of globalization is the compression of space, time, and deeper interactions among diverse people from diverse regions. Globalization implies increasing integration of the technological, political, economic, social, and cultural spheres of the countries of the world (Economy Watch, 2010 cited in Osondu-Oti, 2020a). As Tandon (1998) pointed out, globalization seeks to remove all national barriers to the free movement of international capital (cited in Osondu-Oti, 2020a). Globalisation relates to the diaspora based on the connection and movement of people. According to Neves and Rocha-Trindade (2008), the intensification of international migration

and human migratory flows is one of the central dimensions of the process of globalisation.

The term diaspora is of Greek origin and means 'dispersion' (Neves and Rocha-Trindade, 2008). The Merriam-Webster Dictionary has various meanings for the term diaspora. First, it refers to the Jews living outside Palestine or modern Israel. Second, it refers to people that people settled far from their ancestral homelands, and third, it also refers to the movement, migration, or scattering of a people away from an established or ancestral homeland, among others. The International Organization for Migration (IOM) defines Diaspora as members of ethnic and national communities who have left, but maintain links with their homeland (cited in Nigerians In Diaspora Commission, 2020). Contemporary academic literature on migrations abounds in works dedicated to the analysis and development of the concept of diaspora, with numerous references to the diasporas of greatest demographic dimensions, such as the Chinese and Indian diasporas, but without neglecting others of lesser numbers, among which could be mentioned, for example, the cases of the Irish, the Polish and the Portuguese, or in even lesser numbers that of the Cape Verdeans (Neves and Rocha-Trindade, 2008).

According to Sheffer cited in Fouron (2004), although the term diaspora is used by many to designate the Jewish community living outside of Palestine or the modern state of Israel, in reality, it alludes to the dispersal of any previously homogenous population. Thus, diaspora is a perennial, recurrent, and universal phenomenon that precedes and transcends Jewish history (Fouron, 2004). For instance, migrants who maintain their distinctive identities and connections with their homelands while residing permanently in host societies constitute themselves into ethnonational diasporas. Depending on the situation and the status of the migrants, these dispersals may take various forms including the modern diasporas, incipient diasporas, stateless diasporas, state-based diasporas, or dormant diasporas (Fouron, 2004). Although distinctive in important ways, these various types of diasporas also share common characteristics (Fouron, 2004), chief among them is settlement outside their homelands.

The term diaspora also has both sociological and political meaning, when linked to international migration. In terms of migration sociology, the expression 'Ethnic Diaspora' is frequently used, in a somewhat redundant form, seeking perhaps to emphasise that one of the characteristics to be considered in the study of immigrant communities resides in the common ethnic origin of the individuals of which each of the communities are constituted (Neves and Rocha-Trindade, 2008). In terms of political discourse, the use of the term 'diaspora' tends to continually expand its coverage, appearing frequently associated with any situation of migration, without any great scruples of semantic rigour (Neves and Trindade, 2008). Diasporas, characterised by a strong cultural identity and the maintenance of links with the country of origin, which have been consolidated with the acceleration of

migratory movements in recent decades, constitute fundamental strategic actors for origin states in responding successfully to the new challenges of globalisation (Neves and Rocha-Trindade, 2008).

The nexus between globalisation and diaspora is such an intertwined phenomenon in modern international migration. Even though diasporas and globalisation are quite clearly related, however, it can be argued that some diasporas predate globalisation in anything like its generally accepted sense (Nonini, 2005). One need only think of the Jewish or Greek diasporas dating to 800 to 500 BC (Cohen, 1995 cited in Nonini, 2005), or of the Armenian diaspora, which began in the eleventh century and continues to the present, crossing the divide between the premodern and the modem (Tololyan, n.d cited in Nonini, 2005). Moreover, when members of more than 30 ethnic groups in the world now claim they are diasporas (Cohen, 1996 cited in Nonini), it is becoming increasingly difficult to distinguish between diasporic migrations and many other kinds of transnational migrations and movements (Nonini, 2005). The difficulty inherent in this may be attributed to being part of globalisation's impact in modern times if globalisation is perceived as the contraction of human societies by information communication technologies and supersonic travels. Diasporas, characterised by a strong cultural identity, the maintenance of links with the country of origin, and transnational identity, have began to play a role of increasing relevance in the global society (Neves and Rocha-Trindade, 2008). No doubt, globalisation has contributed to the increasing migration of people. There is a natural urge to migrate from one place and settle in another out of shared interest or motivation. This may be climate-induced, it could be as a result of conflict and war, search for greener pastures, economic hardships, famine, among others. In foreign lands, people of diverse kingship and cultural backgrounds might tend to connect either as a group or individually. They also tend to maintain links with homelands, and governments also through their missions abroad promote the interests of the diaspora and encourage cooperation with the diaspora community.

In its simplest form, diasporas are seen not only as people who have migrated and settled in other lands but have to maintain cultural ties and connections with their original homeland. According to the Nigerians in Diaspora Commission (2020), the modern Diaspora can be conceived as ethnic minority groups of migrant origin residing and productively engaged in host countries but often maintaining some strong sentimental and material link with their countries of origin. In the Nigerian context and line with the Draft National Policy on Diaspora Matters, Diaspora refers to two broad categories of people. This first has to do with people of Nigerian descent who live and work abroad and have an interest in contributing to the socio-economic, political, technological, and industrial development of Nigeria. It is important to note that the relationship is not however one-sided. Just as the designated category of Nigerians stands to enhance development in the homeland, Nigeria also recognizes the mutuality of the relationship and is also committed to the well-being and development of its Diaspora. The second category designates members of Historic African Diaspora. These are people of African descent living in other continents in the Americas, Europe, Asia, and Australia and whose history of migration antedates colonization (Nigerians in Diaspora Commission, 2020a).

## "Nigeria's Diaspora Policy": Before the Pandemic

Nigeria just like many other countries of the world recognized the Diaspora as a veritable tool for the socio-economic development of the country leading to the desire to draw a national policy that guarantees their right of participation in the socio-economic development of their homeland. In November 2016, the Federal Republic of Nigeria came up with a Draft National Policy on Diaspora Matters. In the past 50 years, the number of people living outside their countries of origin has doubled from about 120 to over 200 million and constitutes an appreciable number of world populations. This fact underscores the place of this category of people in the world population, particularly with respect to the management of international migration, transit, destination, integration, and return. It further explains why all the world since the turn of the 20th century has engaged in policy formulation and issues surrounding international migration have occupied the front burner of individual countries and the international community. Nigeria's Draft Policy on Diaspora Matters was in recognition of the fact that there are about 15 to 17 million Nigerians in the Diaspora (cited in Nigerians In Diaspora Commission, 2020a) and effective coordination of the diaspora all over the world would contribute to the social-economic development of Nigeria. Among the diaspora scattered all over the world, it is estimated that about 6 million of them reside in the Americas particularly in the United States of America and Canada while another 3 million live in Europe with the United Kingdom as the destination of choice. Diaspora Nigerians are found not only in Europe and America; they are dispersed all over the globe including Africa, Australia, Asia, and the Middle-East, where they live in substantial numbers (Nigerians in Diaspora Commission, 2020a).

The Draft National Policy document recognizes among others, that development between a homeland state and its diaspora is not one-dimensional. The Nigerian Government, therefore, recognizes that while collaborating with its diaspora for the attainment of national developmental goals, it will also facilitate a collaboration framework that would translate into simultaneous benefits for its diaspora. Thus, the Nigerian Government reads the relationship as mutually beneficial. The Policy also recognizes that during emergencies, diaspora women and children are peculiarly vulnerable, and thus, in line with this, the Policy acknowledges the need to develop a framework to cater to such peculiar needs during moments of emergencies and distress. The Policy also endorses a practical step towards the recognition of diaspora through the establishment of a National diaspora Village as well as the creation of a Diaspora category in the National Award Programme (Nigerians in Diaspora Commission, 2020a). While previous governments had taken steps in the direction of granting increasing recognition to the place of the diaspora in our development, President Muhammadu Buhari's creation of the Office of the Senior Special Assistant to the President on Foreign Affairs and Diaspora (OSSAPFAD), together with the Ministry of Foreign Affairs' policy contributions, further emphasize the recognition of the group's potential to positively impact on Nigeria economically, politically and socially. Thus, the Draft National Diaspora Policy document was put in place to guide Nigeria's relations with its Diaspora. For the successful implementation of the Policy, the government mandated that the Policy be coordinated by the Office of the Senior Special Assistant to the President on Foreign Affairs and Diaspora (OSSAPFAD), the Ministry of Foreign Affairs, and the Office of the Secretary to the Government of the Federation (OSGF), in conjunction with other relevant agencies and private sectors. With the massive exodus of Nigerians and its professionals out of Nigeria, initiatives and strategies were put in place for meaningful interaction with the diaspora, leading to the set-up of a Diaspora Commission in Nigeria with the passage of the Nigerians in Diaspora Commission bill in 2017 (Balogun, 2020) to primarily be in-charge of the Diaspora matters. On May 19, 2019, the hitherto office of Senior Special Assistant to the President on Diaspora Affairs and the occupier, Hon. Abike Dabiri-Erewa transmuted to Nigerians in Diaspora Commission (NIDCOM) following the Senate approval and confirmation of Hon. Dabiri-Erewa as the Chairman/CEO of the new Commission (Balogun, 2020). The Act establishing the Commission provides for the engagement of Nigerians in diaspora in the policies, projects, and participation in the development of Nigeria and to utilise the human capital and material resources of Nigerians in Diaspora towards the overall socio-economic, cultural and political development of Nigeria and for related matters.

Since the establishment of Nigerians in the Diaspora Commission, a lot of activities have been embarked upon to fulfill the mandates of the Commission. Such activities include advocacy to states to key into the larger Diaspora movement with the inauguration of Diaspora focal point in the Governor's offices in all the states of the Federation. NiDCOM also ensured the consolidation of the declaration of July 25 (a date set aside to recognise and appraise Nigerians in the Diaspora on their contributions to national development) every year by the Federal Government of Nigeria as 'National Diaspora Day' (Balogun, 2020). One of the objectives of the Commission is to have adequate data of Nigerians living abroad for effective planning purposes and the Commission had flagged off the data capturing programme in partnership with the National Identity Management Commission (NIMC) where the enrolment took the Commission to some parts of West Africa, Europe, Asia and Americas (Balogun, 2020). Also, as noted by Balogun (2020) the Commission under Hon. Abike Dabiri-Erewa does visit some prisons outside the country. Also, following interventions to ameliorate series of attacks on black Africans in South Africa including Nigerians, NiDCOM received the first and second batches of stranded Nigerians back home in Lagos on Sept.

11, 2019, and Sept. 18, 2019, respectively with a total of 501 Nigeria returnees, who received sim cards with N40, 000 worth of airtime plus 9GB of data valid for two months, as well as a soft loan from the Bank of Industry to support those interested in small trade and businesses. A programme of re-integration has been put in place with the support of some non-governmental organisations and their respective states of origin which had been written by NiDCOM after the returnees had been profiled for necessary assistance. With Nigerians in diaspora contributing so much to the Nigerian economic development, estimated at over 25 billion US dollars in 2019, the Commission is working with the National Assembly and other stakeholders to make diaspora voting a reality in Nigeria through an amendment to the country's Electoral Act (Balogun, 2020).

More than two years after the Commission was established, NiDCOM is still confronted with challenges such as the lack of office accommodation, the paucity of funds, and lack of complete data of Nigerians living abroad for effective planning. Realizing the potentials of the Diaspora has been of great challenge to the Commission. Other issues that stand in the way are the lack of enabling environment arising from inadequate infrastructure in the country, increasing insecurity such as kidnapping and Boko Haram insurgency, lack of integration framework for returning Nigerians, inadequate response to emergency and distress situations of Nigerians in the Diaspora, among others. Besides, the National Policy on Diaspora Matters remains in its draft state after four years.

# Diaspora and the COVID-19 Pandemic: Challenges and Options for the Nigerian Government

Throughout history, there have been several pandemics, which COVID-19 happens to be the latest (Bamalli, 2020). The 2019, coronavirus disease, known as the COVID-19, was declared a pandemic on 11 March 2020 by the World Health Organization (WHO), and today, the pandemic has reached all countries of the world, except Antarctica (Osondu-Oti, 2020b). The major strategies put in place to curtail the spread of this dreaded disease are containment and mitigation, which has led to a standstill in the affairs of the world as the disease affects almost every aspect of human activities (Bamalli, 2020). Nigerian government instituted a strict lockdown in April 2020 to curtail the spread. COVID-19 has been less deadly in the African continent than many feared when the pandemic started, which extends to Nigeria, Africa's most populous country, where the number of infections and mortality has been lower than that of countries across the world with similar population densities (Priborkin, 2020), although the second wave is being experienced with an increasing number of cases recorded at more than 84, 000 as at 27 December 2020.

Through the efforts of the Ministry of Foreign Affairs (MFA) and NiDCOM with the supervision of the Presidential Task Force (PTF) on COVID-19, Seventeen Thousand, Three Hundred and Thirty-Eight (17,338) Nigerians
stranded worldwide as a result of the COVID-19 pandemic were returned to Nigeria. These stranded diasporas were from the United Kingdom, United States of America, Canada, Saudi Arabia, United Arab Emirates, Egypt, Morocco, South Africa, Ghana, Senegal, Sudan, Uganda, Kenya, France, Turkey, India, Malaysia, Thailand, Pakistan, and China (Nigerians in Diaspora Commission, 2020b). Despite the challenges posed by the COVID-19 pandemic lockdown, the Commission was active online to link up with the Nigerians abroad. The Commission launched a portal wherein it coordinated the collation of data of Nigerians stranded abroad and facilitated the evacuation of stranded Nigerians back home in conjunction with the Ministry of Foreign Affairs and other agencies (NiDCOM, 2020). According to the NIDCOM's chairperson, Dabiri-Erewa, for example, 'Saudi Arabia repatriated 200 Nigerian prisoners because they wanted to decongest their prison' (Okeke, 2020), which was part of COVID-19 measures to curtail the spread of the pandemic.

According to Bamalli (2020), "the Federal government through the Nigerians in Diaspora Commission maintained "constant communication" with the Nigerians in diaspora globally," but this statement is questionable especially when the Diaspora Commission is still in the process of mapping data of all Nigerians abroad. While the Ministry of Foreign Affairs (MFA), working with Diaspora Commission and other agencies was saddled with the responsibility of evacuating Nigerians stranded abroad following the imposition of travel bans and lockdowns, one of the issues that surfaced was that evacuation of Nigerians was not thought-out properly as citizens that arrived in Lagos were taken to Abuja for 14-day quarantine because the government claimed it does have enough facilities in Lagos. Such actions by the government led to a public backlash of lack of coordination on the part of the MFA. Countries like the UK and the US that faced the lockdown problem handled them speedily and efficiently within one month or less evacuated their citizens, while the Nigerian government took many months to evacuate, and some were not evacuated at all. Also, one of the challenges of the Nigerians in the diaspora is the "unreliable" procedure for getting tested upon return to Nigeria. First is the high cost of the COVID test and second is the controversy surrounding the websites provided by the government, where some returnees paid and were duped, and never recovered their monies.

The COVID-19 pandemic altered the approach to social and economic activities around the world and Nigeria is not an exception. Many Nigerians abroad have lost their jobs where the majority have been working, or own medium and small-scale enterprises, with adverse effects, and the Nigerian government has not taken into consideration the challenges of this group. In many Western countries, they introduced furlough schemes in which the governments pay 60-80% of wages to workers and the employers pay the differences of 20-40% to keep the workforce. There are as many illegal migrants as are the legal ones that are living abroad and working in "black colour jobs", and such jobs have also dried up due to the lockdowns in many countries. As the trend continued and the economies of the receiving states dipped into recession, the diasporas community had less

money available for them to survive, remit, or invest in their countries of origin. Ambassador Rimdap's personal experience, as a diplomat resident in London, provides first-hand information. In his words:

I experience the effects of the covid-19 on the diaspora community. I have been on lockdown since early April (2020) because I fall within the age group of vulnerable people and my spouse is among the frontline workers. The United Kingdom (UK) is one of the countries in Europe highly affected in terms of those confirmed cases and death tolls, as well as the damages to economic activities. So far about 46,000 deaths have been recorded in the UK out of a population of about 60 million people, with more cases rising every day. Many of these deaths included Nigerians and other blacks and ethnic minority groups who are the most vulnerable. Doctors and nurses died from the covid-19 infection in the United Kingdom, and it has been difficult for the diaspora to cope, or support homelands at this critical time (Ambassador Abdul Rimdap, 2020)

Although Nigerians in the Diaspora remitted over twenty-five billion dollars (US\$25B) last year as home remittances through official and non-official channels, it has been estimated that diaspora remittances for the year 2020 would be likely impacted negatively by the global pandemic by about 20% (Nigerians In Diaspora Commission, 2020b), which the government should take into account given the global economic depression. Although the government was confronted with the collapse in oil prices (a major source of its revenue) in the international market during the COVID-19 pandemic and also a sharp drop in foreign direct investment, diaspora should not be over-taxed to cover the government loss. One of the challenges of the diaspora is the government's lack of bilateral agreements on Avoidance of Double Taxation (ADT) with countries with significant diaspora populations. Nigerians living in the diaspora have large concentrations in some countries than others. Where this occurs, it should ordinarily afford them the privilege of having exemption from double taxation. However, this has not often been the case.

Having to be doubly taxed is a source of discouragement for this category of Nigerians and has stood in the way of how they respond to tax regimes affecting them both in the diaspora and the Nigerian homeland (Nigerians In Diaspora Commission, 2020). In midst of COVID-19, living condition is poor and the high cost of remittances, which the government has not addressed is a source of worry for the diaspora. In Nigeria, the formal channels of diaspora transfer of funds to the homeland are mostly expensive. The situation accounts for why diasporas often resort to informal channels of remittances that prevent the Government from having accurate information on how best to plan and harness diaspora resources for national development (Nigerians In Diaspora Commission, 2020). According to the United Nations Migration and Development Brief, Nigeria pays a tax of 9.6% for remittances from abroad, which is one of the highest in the world, as compared to about 3% in other major remittances receiving countries like Egypt, India, and the Philippines.

Also, due to lack of reliable records for Nigerians in Diaspora, the Commission has not been able to take into cognisance the number of deceased Nigerians abroad who lost their lives to the COVID-19 pandemic and offer support where necessary. In addition, some Nigerians in Diaspora faced racists attacks during COVID in countries like China and the extent of how the Nigerian government handled the matter with the Chinese government is still in doubt. The COVID-19 pandemic may not be over soon and could linger with us like other illnesses such as the human immunovirus and acquired immune deficiency syndrome (HIV-AIDS), malaria, and flues. One of the weaknesses of Nigeria's response to the pandemic was the challenges the Commission faces including no well-articulated and full-fledged National Diaspora Policy. This was shown in the manner the MFA engaged in the evacuation of Nigerians that were stranded in many corners of the world. At first, it was very difficult for the government through the Presidential Task Force (PTF) on COVID-19 to decide on the right steps to take. Ambassador Rimdap further shared his experience:

I was directly affected as my son was stranded in Egypt after attending a three months training course which ended in April (2020) and was stranded there for two and a half months. The protocol to quarantine them in selected hotels in Lagos and Abuja created a heavy burden to the government and also put a lot of hardships on the evacuees who had to stay longer abroad than expected. I wondered why only Lagos and Abuja were chosen to be used while we have many hotels in the South-East and South-South of Nigeria with airport links as well?

Although due to criticism of the government's inadequate preparation the procedure was reconsidered and changed to a better protocol of 14 days selfisolation at home, the flaws in the country's Diaspora Policy were obvious. Many Nigerians had to resort to self-help and the assistance of well-meaning Nigerians. For example, many Nigerians in the diaspora were grateful to Dangote and other Nigerians in the private sector that assisted with the process of evacuation. His Imperial Majesty, the Ooni of Ife, also joined them by chartering a plane to assist the stranded Nigerians in Toronto as he stated that the pandemic was a collective fight and it was important to support all that needed support at home and abroad. Another challenge for the government was the method of evacuation, as some countries refused landing permission for a Nigerian air fleet. Whereas Air Peace has successfully evacuated foreign nationals of Israel, India, and China to their countries, they were refused such rights in some Western countries such as the UK due to what the UK stated as "technicality issues." But after a protest by the Nigerian government, the UK allowed subsequent flights to evacuate stranded Nigerians in the United Kingdom. Nigeria faced the same experience with another unknown airline Euro Atlantic that was planned to evacuate Nigerians stranded in Canada, instead of the Nigerian preferred Air Peace. These experiences have shown the need for a registered Nigerian national carrier or to support any of her private airlines as Nigeria's chosen airline, in its BASA negotiations. The denial by Canada, UK, and other countries for Air Peace to evacuate Nigerians abroad was unacceptable and should be a point of negotiation in the country's future BASA agreements. The strengthening of the country's BASA with foreign countries that are skewed against Nigeria in favour of foreign Airlines needs to be addressed. Given the challenges faced, Nigeria's Minister of Foreign Affairs, Geoffrey Onyema, made it clear that a new step is to be taken in BASA with these countries in our future negotiations. BASA, founded on the principle of reciprocity, is a deal that enables a country's airlines to enjoy equal leverage, in terms of flight operations, in countries with which their home country has an air agreement, and Nigeria should use the lesson of COVID-19 to strengthen the Agreement for the advantage of the nation and its diaspora community. Diaspora community is connected and is contributing to the homelands, and must be taken seriously in the foreign policy agenda of the country. Ambassador Rimdap noted that those whom we refer to as 'diasporans' are there only physically but their lives and some of their businesses are in Nigeria."

It is a known fact that for more than six decades, there has been a historic upsurge in international migration, and as more people migrate in a globalised society that is confronted with COVID-19 today, the available option for the country is to develop a full-fledged and comprehensive Diaspora Policy that would take care of immediate and future contingencies related to Diaspora Matters. The Draft National Policy on Diaspora has to be ratified, but not without taking into consideration the changing global dynamics as occasioned by the COVID-19 pandemic. According to Abdur-Rahman Balogun, Head, Media, Public Relations and Protocols Unit of NIDCOM, a breakthrough for the Commission was the validation of "the drafted holistic Diaspora policy" in collaboration with other stakeholders, which is "currently awaiting the approval" of Federal Executive Council (Balogun, 2020). The NIDCOM spokesman opines that the enactment of the policy "will solve a lot of challenges affecting Diaspora activities" in the country. Moreover, adequate cooperation with the diaspora could lead to a transfer of skills and knowledge from the foreign lands to the homelands. For example, as the race to find a vaccine to combat the coronavirus (COVID-19) continues, a Nigerian-born infectious disease specialist, Dr. Onyema Ogbuagbu, is at the centre of the Pfizer-led research in the United States (Thisdaylive, 2020). Such development and trials have culminated in a breakthrough for COVID-19 vaccines in the US, and Nigeria can tap from that. According to Osagie Ehanire, the Nigerian Minister of Health, Nigeria is set to receive its first shipment of COVID-19 vaccines in January 2021, and with its citizen among the scientists at Pfizer, the country has an added advantage.

Another option available for the government amid COVID-19 is to seek for the diaspora community (especially medical doctors) to transfer skills to its medical team/doctors at home, especially as the country struggles with poor health facilities. The COVID-19 pandemic has opened more avenues for Nigerians, especially doctors and nurses for international cooperation and we should take advantage of it. The western world is in shortage of medical doctors due to an upsurge in cases and COVID creates an opportunity for Nigerians to acquire new skills. Moreover, the more we have skilled Nigerians working abroad, the higher the rates of remittances they can send back home for national development. This is because

COVID-19 is already driving the increase in poverty, inequality, and vulnerability to diseases. Some developing countries trained their medical personnel for exports to foreign countries, and Nigeria can draw experience from them. Philippines and Egypt do that with their nurses and other medical personnel. And Cuba has surplus doctors that were exported to Italy and Spain during the height of the COVID-19 pandemic in those countries. It is a good option for Nigeria to train more medical personnel, including nurses and social care workers for use at home and abroad, as part of the Diasporas Policy. COVID-19 provides an opportunity for the Nigerians in Diaspora Commission, Ministry of Foreign Affairs, and relevant agencies and stakeholders in international relations, migration, and globalisation to reflect on and plan for a post-pandemic world. The Commission as a matter of urgency should start the Diaspora Mapping to have complete data of Nigerians living abroad for future planning and activities and to help respond properly to the needs of the diaspora through its missions and relevant agencies.

In line with increasing globalisation and to keep up with new trends in international relations, it is also part of the option for the Nigerian government to ratify the National Diaspora Policy, reflecting current international issues as well as the positive development impacts of diaspora contributions, and the parts the Nigerian government should play in supporting diaspora community all over the world. It needs to be stressed that Nigeria is still grappling with corruption, poverty (Nigeria remains the poverty capital of the world since 2018), and increasing inequality even amidst the COVID-19 scourge. It is, therefore, imperative to extend anti-corruption instruments into NiDCOM to make its activities more transparent. Because there is no limit to the diaspora' contributions in the future, there must then be greater transparency in the Commission as it delivers on its mandate.

## Conclusion

The outbreak of the COVID-19 pandemic has impacted the global community in no small measure, including the diaspora community. In the era of globalisation and increasing interconnectivity, the spread of the coronavirus across borders calls for adequate attention on the diaspora. The Nigerian government, though has a Draft National Policy on Diaspora Matters never envisaged the emergence of the COVID-19 crisis, just like other countries of the world. As governments all over the world strengthen their health system, Nigeria's diaspora policy needs to be review amid the COVID-19 pandemic. For example, Nigeria's Diaspora Policy needs strengthening to address the various needs and challenges that diaspora face both before and amid the COVID-19, especially the lack of coordination and inadequate plans for evacuation, lack of facilities for quarantine during the evacuation, high cost of COVID-19 test for returnees, and remittance challenges, among others. It is also known that NiDCOM has been facing some challenges to implementing its mandates such as lack of office accommodation and paucity of funds. In view of these, the Commission needs adequate funding to deliver on its mandate and ensure that Nigerians in the diaspora are not short-changed in the scheme of things, both at home and abroad. The NiDCOM Act should be reviewed and necessary amendments made for it to be more effective in the delivery of its mandate. It is hoped that appropriate legislation for the sustainable funding for the Nigerians in Diaspora Commission would soon be enacted.

Also, the engagement of the diaspora should not be a one-way consideration. The government should focus on what it can do for the Diaspora, the group that contributes about 6% of annual GDP and upwards of 80% of the annual budget (Nigerians in Diaspora Commission, 2020b) for the country. It should not rely only on what it can gain from the diaspora community. Remittances from Nigeria's Diaspora rank high on the global Diaspora spectrum with the country rated as number one in sub-Saharan Africa in terms of remittances of Diaspora, thus, the diaspora should be supported too by the government. The government should also be considerate on its travel policies for its citizens and reduce the high-cost of the COVID-19 test for returnees from abroad as the pandemic has affected people all over the world, including job loss. It has been estimated that Diaspora remittances for the year 2020 would be likely impacted negatively by the global pandemic by about 20% (Nigerians in Diaspora Commission, 2020b) and Nigeria is not an exception. Thus, there is a need for synergy between the government and the diaspora in ways that would be beneficial to both.

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# COVID-19 PANDEMIC AND THE CHALLENGES FACING AFRICAN CONTINENTAL FREE TRADE AGREEMENT

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## Abstract

The COVID-19 pandemic emergence, which was discovered in China in late 2019, has taken the world by storm, leaving behind a trail of infected persons that are either sick or dead. The rapid spread of the pandemic took an alarming dimension in early 2020, as the scourge spread from China to other parts of Asia and European countries. This prompted the World Health Organization (WHO) to declare COVID-19 a global pandemic. This development triggered precautionary measures to stem the pandemic, with policymakers emphasising sanitary measures, face masks, and, in areas with the most severe cases, lockdowns. The pandemic has unleashed hardships across the world, with a halt in international travel, sealing of national borders, and lockdown of business outfits. In Africa, the pandemic was initially reported in early February in Egypt and rapidly spread across the continent, driven by international travelers. The pandemic has taken a huge toll on the livelihoods of Africans, who have to resort to palliatives. This development has fueled poverty and inequality. The spread of the pandemic on the continent is led by South Africa, Egypt, and Nigeria. A major impact of the COVID-19 pandemic is its interruption of a key element of the new African Free Trade Agreement (AfCFTA), with the implementation of tariff-free on some goods scheduled to commence on 1 July 2020 now postponed in wake of the widespread concern associated with the spread of the pandemic, with grave implications for Africa's economic growth and development.

Keywords: COVID-19 pandemic, African Free Trade Agreement, economic growth and development, lockdowns, livelihood of Africans, poverty and inequality, tariff-free

## Introduction

Coronavirus disease (covid-19) has emerged as a most vociferous pandemic with grave socio-economic implications around the world (Stoppler, 2019; WHO, 2020). According to the World Health Organization, most people infected with coronavirus often experience a mild to moderate respiratory illness and recover without undergoing special treatment. However, elderly people with underlying

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medical conditions, particularly cardiovascular disease, diabetes, chronic respiratory disease, and cancer are more susceptible to develop serious ailments. The virus is highly contagious, spread through the air by coughing and sneezing, close personal contact, among others. COVID-19 Virus emerged on the world stage in Wuhan, China late in December 2019, and rapidly spread through such major Chinese cities as Beijing, Shanghai, Hong Kong, Macau, as well as other provinces. Within a couple of months, the virus has been transmitted to other destinations across East Asia, accompanied by a global alarm about the potency of the pandemic (Bogoch, Watts, Thomas-Bachi, Huber, Kraemer, and Khan, 2020). In their study, Bogoch et al., 2020 revealed that the initial spread of the virus was driven by international air travel that propelled the rapid spread of the virus to such countries as Japan, South Korea, Thailand, Europe, and eventually the United States. Figure 1 shows the spread of the novel virus across the world, initially transmitted by international travelers.





Source: Bogoch et al., 2020

Figure 1 reveals total passenger volume, as well as the density of international travelers, who accounted for the bulk of the initial spread of the COVID-19 virus around the world. The virus has devastated some European countries, with staggering numbers of infections and deaths, overwhelming national health systems, and triggering lockdowns and social distancing as measures to slow down the pandemic. Notable countries that suffered from the pandemic include the United Kingdom, Italy, and France, among several others. Lately, the pandemic has shifted its focus away from European countries, with major hotspots in the Americas, as the United States emerged with the world's highest confirmed cases, followed by Brazil. As of 7th July 2020, there were more than 7.3 million confirmed cases around the world, with more than 416,000 deaths (John Hopkins University, 2020).

## The State of Coronavirus Pandemic in Africa

The spread of COVID-19 or coronavirus pandemic to the African continent was confirmed was on 14 February 2020 in Egypt and a couple of weeks later on 27 February, the first confirmed case in sub-Saharan African was recorded in Nigeria. Indeed, most of the initial confirmed cases on the continent were associated with travelers arriving from Europe and other regions of the world. Within weeks of its outbreak in Africa, COVID-19 had spread to dozens of countries, claiming thousands of lives and sickening tens of thousands of others. The escalating spread of COVID-19 earlier in the year assumed an alarming trend across the world, prompting the World Health Organization (WHO) to declare the virus a global pandemic. The declaration was also accompanied by guidelines to be implemented to slow down the pandemic. These include sanitation measures (washing of hands repeatedly); social and physical distancing, as well, as well as wearing of face masks. Also, policymakers were advised to implement partial or total lockdown in countries, regions, or cities with the severe and escalating prevalence of the virus. All these precautionary measures were embraced across the African continent to stem the tide of the virus.

While most of the precautionary methods were implemented with relative ease; the lockdown was accompanied by hardships, with grave implications for livelihoods. Unlike in developed market economies, where lockdowns were accompanied by effective palliatives, including food, water, and other consumables, most African countries, owing to a dearth of resources, were unable to offer robust palliatives to affected segments of the population, which were most vulnerable to the virus. Consequently, COVID-19 has spawned poverty and inequality in several African countries with grave consequences. While Africa has remained with the least cases of the virus pandemic among the major regions of the world, the spread is escalating rapidly, moving from most urban areas to rural communities, where health facilities are grossly inadequate to cope with the pandemic. Perhaps, the

most difficult challenges associated with the pandemic in Africa is the dearth of testing capabilities and inability to trace contacts, who may have been exposed to the virus. The United Nations affirmed the 74 million test kits and 30,000 ventilators would be needed across the continent's 1.3 billion people.

The preventive measures have undermined the African economies, with travel restrictions, flight cancellations, lockdowns, school closures, as well as border shutdowns. Despite these precautionary measures, the pandemic has continued to escalate across Africa. By the second week of June 2020; Africa recorded 200,000 cases, having taken just 98 days to record the first 100,000 cases and 18 days for the second 100,000 cases. The pace of acceleration continued at an alarming rate, with confirmed cases surpassing the 300,000 and 400,000 marks by the 6th of July and by the 8th of July 2020, respectively; cases have exceeded 500,000, with five countries accounting for 70% of confirmed cases (South Africa, Egypt, Nigeria, Ghana, and Algeria).

Table 1 reveals the top ten African countries with confirmed cases of COVID-19as of 7th July 2020.

Country	<b>Confirmed cases</b>	Active cases	Recoveries	Deaths
South Africa	215, 855	110,054	102, 299	3, 502
Egypt	77, 279	52,072	21,718	3, 489
Nigeria	29, 286	16, 804	11,828	654
Ghana	21,077	4,878	16,070	129
Algeria	16, 879	3, 817	12,094	968
Cameroon	14,916	3,032	11, 525	359
Morocco	14,607	3, 728	10, 639	240
Cote D'Ivoire	11, 194	5,631	5, 487	76
Sudan	9, 997	4, 341	5,034	622
Kenya	8,250	5, 579	2, 504	167

Table 1: Top Ten African Countries with Confirmed Cases of COVID-19 as of 7th July 2020

Source: Africa Centre for Disease Control

Table 1 shows South Africa with the highest confirmed cases of COVID-19 pandemic in Africa, with 215, 855 confirmed cases as of 7 July 2020, while Kenya reveals the lowest among the top ten African nations, with 8, 250 cases. Similarly, South Africa also reveals the highest deaths, with 76 casualties as of 7 July 2020. The African Union and the Imperatives of the Free Trade Area

A major impediment undermining Africa's development trajectory is its low intraregional trade. While Africa's intra-regional trade in 2016 stood at 18% of total exports, this compares to 59% and 69% for intra-Asia and intra-Europe exports, respectively. On the other hand, Africa accounts for less than 3% of annual global trade (Sow, 2018). Currently, Africa's intra-regional trade stands at 20%, which remains low, compared with the advanced economies estimated at 62% (Mhango, 2018). Indeed, indications are that Africa's intra-regional trade is improving. The long-term trend reveals that intra-regional trade in sub-Saharan Africa (SSA) began to rise in the 1980s and 1990s, stagnated in the 2000s at 15%. However, the expansion of intra-SSA resumed after the 2008 global financial crisis, although at a slow pace.

In a similar trend to intra-regional trade, Africa's extra-regional trade is poor, accounting for 2-3% of annual global trade. Carrol and Obscheriajng (2019) identify the following obstacles undermining Africa's intra-regional trade: (i) poor physical and human infrastructure (ii) small size of individual African economies (iii) Residual tariffs and onerous non-tariff measures (NTMs) on processed and semi-processed African products in both developed and market economies (iv) export constraints and other pre-border barriers (v) absence of trade finance (vi) institutional constraints on enterprise growth and inability to scale up production (vii) currency risk (viii) corruption and rent-seeking clientelism (ix) civil obstruction/social instability. Makhubela (2018) affirms that increased intra-regional and extra-regional trade in Africa is key to the continent's development agenda; it provides the opportunity to trade with itself and the outside world. In this respect, the emergence of the African Continental Free Trade Area is a timely opportunity to drive the region's trade policy, according to Makhubela (2018).

Indications are that the profile of Africa's trade partners is undergoing some transformation, largely from developed market economies to emerging markets. Over the past couple of decades, sub-Saharan Africa's trade has slowly shifted from traditional partners in Europe and North America to emerging economies, led by China. An affirmation of this trend, for example, reveals that since 2006, the subregions exports to the United States and the European Union have declined by 66 and 5%, respectively. In contrast, the sub-regions exports to India, Indonesia and Russia have more than doubled. While the share of the sub-region's total exports to traditional trading partners remains substantially higher than those of the emergent partners, the new trend is however unmistakable (Sow, 2018). The shifting trend with Africa's trading partners is revealed in Figure 2.





China has emerged, by far, among emerging market economies as Africa's leading trade partner. Chen and Nord (2018) identify the two main channels of rising economic engagement between Africa and China. They identify trade as the major factor, symbolized by the more than 40-fold increase over the last 20 years. Most of the sub-regions exports to China are fuels, metals, or mineral products. On the other hand, imports from China to the sub-region are mainly manufactured goods and machinery. The other channel of engagement between both trading partners is through Chinese lending, which has risen in recent times and now accounts for about 14% of total debt stock in the sub-region, according to Chen and Nor (2018).

Source: Sow, 2018

## The Emergence of the African Continental Trade Area (AfCFTA) Agreement

The African Continental Free Trade Area Agreement (FTA) is conceived as an Africa-wide free trade framework designed to spur intra-African trade and pave the way for the future creation of a continental customs Union (Parshotan, 2017). The decision to establish AfCFA was endorsed by the African heads of state and governments in 2012 at the 18th Ordinary Session of the African Union. This was followed by negotiations, which began in June 2015. The AfCFA agreement brings together all 55 African countries, with a combined GDP of more than US\$3.4 trillion and a market of more than 1.2 billion consumers. Consequently, AfCFTA has emerged as one of the largest FTAs in the world; it has also become a key pillar and driver for Africa's growth and development over the coming decades for the following reasons (UNCTAD, 2016):

- It is a major element to achieve Africa's Agenda 2063: the Africa we want, which aims at building a prosperous and united Africa;
- It will spur African economic integration through the harmonization of the Free Trade Areas (FTAs) and Regional Economic Commission (RECs);
- It will enable the formation of a continent-wide economic space that would be beneficial to businesses;
- It will broaden the internal market demand available to African countries to mediate any future economic crisis;
- As a mega-regional agreement, AfCFTA will build up Africa's economic clout in dealing with similar agreements around the world, as well as Africa's engagement in trade negotiations at the global level, such as in the World Trade Organization (WTO).

The objectives of AfCFTA are to (Cazares, 2018):

- Establish a single continental market for goods and services, accompanied by the free movement of business professionals and investments, while accelerating the establishment of the continental customs union.
- Expand intra-Africa trade through harmonization and coordination of trade liberalization and facilitation across RECs and throughout Africa.
- Resolve the challenges associated with multiple and overlapping memberships in RECs and expedite the integration process.
- Enhance competitiveness at the industry and enterprise levels by embracing opportunities for scale production, continental market access, and optimal reallocation of resources.

The framework agreement on the African Continental Free Trade Area, the Protocol on Trade in Goods, and the Protocol on Trade in Services, as well as related annexes and appendices, were ratified by 44 of 55 African Union member states in 2018. The agreement went into effect in May 2019, following its ramification by 22 countries, the threshold required to trigger enforcement of the agreement.

In a report released by UNCTAD (2018), the Free Trade Area will be constructed along with the principles of substantial liberalization, flexibility, and building on current accomplishments. Also, a dedicated institutional framework on the Free Trade Area, including a secretariat, will be established to manage and administer it. According to the UNCTAD (2018) report, the single market in goods would be created over a transition period of 5 years by 21 non-least developed countries. Also, about 90% of tariff lines would be subjected to progressive tariff cuts. The remaining 10% of tariff lines would comprise (i) sensitive products, which is subject to liberalization over 10 years by the non-least developed countries and 13 years by the least developed countries (LDCs); and (ii) products excluded from liberalization could be reviewed after 5 years through negotiations.

The agreement on trade in services includes the progressive elimination of barriers to the movement of African services and service suppliers by lifting restrictions to the various means of supply services, including the temporary movement of national persons, supply across borders, as well as commercial establishments. The implementation of continental Free Trade is laden with several potential benefits. UNCTAD (2918) estimates that under full liberalization scenario - 100% liberalization of tariffs on trade in goods. The UNCTAD (2018) report reveals the potential benefits associated with AfCFTA, with total employment projected to increase by 1.2%, attributed to the manufacturing and agricultural sectors. While the combined GDP of African countries stood at US\$2.1 trillion in 2017, most countries are projected to witness increases ranging between 1 and 3% GDP. Overall, Africa stands to reap welfare gains, estimated at US\$16.1 billion, arising from increased employment, better use of domestic resources to boost production in manufacturing and agriculture, and access to an array of cheaper products. It is also projected that the Free Trade Area will increase the value of intra-Africa trade by 33%, assisting African countries to reduce their trade deficits.

Despite the overwhelming evidence supporting the potential benefits of the AfCFTA agreement, the pact is accompanied by several challenges. Analysts suggest that the agreement requires robust implementation if AfCFTA's potential is to be fully realized. Muchanga (2019) identifies the most critical challenges posed by the adoption of AfCFTA in 2019 is how to operationalize the pact and double intra-African trade by 2022 once the tariffs and other trade barriers are removed. This remains a challenging prospect, given AfCFTA's diverse membership of least-developed, landlocked, small-island, as well as lower and upper-middle-income countries. The prospect assumes a worrisome dimension, given the considerable number of member countries embroiled in conflict.

Akeyewale (2019) elaborated more challenges posed by the creation of African Continental Free Trade Areas, affirming the onerous task associated with the harmonization of Africa's heterogeneous economies under the AfCFA agreement. This is particularly against deep inequalities that exist in the African economies, with over 50% of the region's cumulative GDP contributed by Egypt, Nigeria, and South Africa, while six island nations account for a paltry 1%, as revealed in figure 3.





Source: Akeyewale (2019)

Figure 3 reveals the cumulative GDP of African countries and the proportion contributed by each country.

Other challenges identified by Akeyewale (2018) are increased competitive pressure; choking of local SMEs; adverse working conditions and job losses; environmental depletion and theft of intellectual property. TRALAC (2018), in a report on the African Continental Free Trade Area Agreement, noted that concern over significant tariff revenue losses, as well as uneven distribution of costs and benefits, are among the major obstacles associated with the implementation of AfCFTA. It also avers that countries with large productive capacities in manufacturing may experience significant economic growth and welfare gains, while small economies and LDCs may face considerable fiscal revenue losses and

threats to domestic industries. Consequently, the uneven distribution of benefits and costs among member-states may hinder the robust implementation of the AfCFTA Agreement, according to TRALAC, 2018. The report further states that market consolidation in favor of big business entities may arise as smaller firms are squeezed out with stiff competition, particularly in the long run. The report elaborated that in the short run, structural change through the relocation of labor, capital, and other factors of production may be accompanied by painful costs of adjustment.

Africa's regional integration agenda arrived at a crossroads in 2019, with the adoption of the African Continental Free Trade Area Agreement (AfCFTA). The agreement was initially endorsed on 21st March 2018 by 44 African heads of states in Kigali, Rwanda, as a framework to establish a continent-wide free trade agreement. The list of countries endorsing the agreement is indicated in Table 2.

Table 2: List of Africa	n Countries, which initially endo	rsed the AICF I A agreement
1. Algeria	17. The Gambia	35. Sahrawi Arab Democratic
2. Angola	18. Ghana	Republic
3. Burkina Faso	19. Guinea	<ol><li>São Tomé and Príncipe</li></ol>
4. Burundi	20. Kenya	37. Senegal
5. Cabo Verde	21. Lesotho	38. Seychelles
6. Cameroon	22. Liberia	39. Sierra Leone
7. Central African	23. Libya	40. Somalia
Republic	24. Madagascar	41. South Africa
8. Chad	25. Malawi	42. South Sudan
9. Comoros	26. Mali	43. Sudan
10. Côte d'Ivoire	27. Mauritania	44. Swaziland
11. Democratic Republic	28. Mauritius	45. Tanzania
of Congo	29. Morocco	46. Togo
12. Djibouti	30. Mozambique	47. Tunisia
13. Egypt	31. Republic of Congo	48. Uganda
14. Equatorial Guinea	32. Namibia	49. Zimbabwe
15. Ethiopia	33. Niger	
16. Gabon	34. Rwanda	

	Table 2: List of African	Countries.	which initially	endorsed the	e AfCFTA agreement
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#### Source: Gohl, 2019

Note: Member States NOT signed on to the Agreement: Benin, Botswana, Eritrea, Guinea-Bissau, Nigeria, and Zambia by the end of 2019.

AfCFTA came into force on 30th May 2019, with its ratification by The Gambia, which brought the total number of African Union (AU) member state ratifications to twenty-two, the minimum threshold for AfCFTA implementation (Baker McKenzie, 2019). The adoption of AfCFTA represents a huge success for the African Union in its long-held desire for regional integration as a tool to drive free trade across the African continent. AfCFTA has emerged as one of the world's largest free-trade areas, covering more than 1.2 billion people, with a combined GDP of US\$3.4 trillion in 55 countries (African Union, 2018). The

12th Extraordinary Session of the Assembly of the African Union in Niamey on 7th July 2019, witnessed the launching of AfCFTA's operational phase, which is governed by five instruments, namely; the rules of origin, the online negotiating forum, the monitoring and elimination of non-tariff barriers; a digital payment system and the African Trade Observatory. In addition, the beginning of trade under the terms of the agreement was set for July 1, 2020 (TRALAC, 2020).

# COVID-19 Pandemic and the Challenges of African Continental Free Trade Agreement

The Africa-wide free trade framework, otherwise known as the African Continental Free Trade Agreement (AFCFTA) has suffered serious setbacks, fuelled by the spread of the COID-19 pandemic. The shutdown of borders, air traffic, business, lockdown, among other things has undermined economic activities, triggering loss of livelihoods, as well as international trade and investments around the African continent. While AfCFTA became a legal instrument last year, commercial activity under its framework was scheduled to have commenced on July 1, 2020. However, the pandemic has set back negotiations to lay the foundation for trade in goods, including tariff concessions (Naidoo and Cranny, 2020).

Also, the challenges posed by the spread of the COVID-19 pandemic are being tackled through the continent's rapid and coordinated approaches to stem its tides, particularly through targeted lockdowns and the upgrade of healthcare infrastructure. To date, 54 of the 55 nations of the Africa Union have signed up to the free trade agreement, except Eritrea. Also, 28 countries have ratified the framework, with the notable exception of Nigeria, which is the continent's largest economy and oil producer, whose hesitation is grounded on concerns about trans-shipments, where goods could enter free-trade zones from countries that are not a party to the agreement (Udo, 2020). While the COVID-19 pandemic has undermined both domestic and international trade, it has fostered online commercial activities. Indeed, the lockdown on commercial activities has opened opportunities for entrepreneurs to unlock potentials for online transactions, with spectacular results in some cases. For example, the Ivorian fashion label Afrikorea's orders have reportedly doubled since February 2020, resulting in a 53% increase in turnover.

Indeed, every third order includes a hand-sewn protective mask. Similarly, the Nigerian online retailer, Jumia, has reported a quadrupling of orders for consumer goods, with 6.4 million orders in the first quarter of 2020 alone. And with Africa's digital revolution, online transactions have increased exponentially around the continent, with Rwanda and Kenya actively leading innovative financial transactions, with tens of millions of customers now enjoying the benefits of financial inclusion. The implementation of AFCFTA is fraught with severe challenges, particularly on the realization of the July 1, 2020 deadline. Implementation of the agreement required African nations to liberalize at least

97% of their tariff lines and 90% of their imports, accompanied by the free movement of goods to allow zero duties on 40 specific goods that would assist to combat the virus, including soap, disinfectant, and personal protective gear. Indeed, on the advice of the African Centre for Disease Control, the final phase of in-person trade negotiations were halted in March 2020, over the concerns associated with the spread of the coronavirus. The halt undermined two-month of robust negotiations involving hundreds of officials, pouring over thousands of documents, whilst translating between the region's four official languages (George, 2020). As a result of the challenges posed by the novel virus, indications that the launching of AfCFTA may no longer be feasible in 2020.

## Conclusion

COVID-19 virus has emerged as a pandemic that has ravaged the global economy and healthcare systems, leaving behind huge mortality and morbidity rates that are comparable to none in contemporary times. Discovered in China late in 2019, the pandemic has spread around the world at alarming rates, often overwhelming national health infrastructures and personnel at the frontlines confronting the pandemic. While the level of the pandemic in Africa is relatively low, its spread in recent months has alarmed policymakers, owing to the lack of resources and often dysfunctional health infrastructure prevailing in several African countries. This has created challenges in contact tracing with those that might be exposed to the pandemic, as well as the dearth of equipment in hospitals critical in treating victims of the pandemic. The COVID-19 virus has also impacted the implementation of a key aspect of Africa's novel free trade instrument, or AfCFTA agreement, which was scheduled for implementation on July 1st, 2020. The trade instrument was to be implemented at that date, with free tariffs on several goods. However, negotiations were promptly cancelled earlier in 2020 over concerns associated with the spread of the pandemic. This development holds grave implications for Africa's economic growth and development.

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# STATE INSTABILITY AND FRAGILITY AMID COVID-19: A STUDY OF THE NIGERIAN EXPERIENCE USING PARTIAL LEAST SQUARE, STRUCTURAL EQUATION MODELLING (PLS-SEM) ANALYSIS

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## Abstract

The outbreak of the new coronavirus in Wuhan, China, in December 2019, brought to the world the most devastating event in the first two decades of the 21st Century. Like other countries, Nigeria observed many negative changes. Hence, it became crucial to study the multi-dimensional aspects of the virus within the country's context. Therefore, this research purposively sampled a total of 370 respondents with 10 representing each of the 36 states and the federal capital territory (FCT), Abuja. A questionnaire was used as a data collection tool via email. There are three independent variables (IVs), one mediating variable (MV), and one dependent variable (DV). The results indicated that the outbreak of coronavirus has not possessed any effect on either public fragility or state instability. Meanwhile, the public ignorance (dogmatic belief) of the virus and poor health facilities have direct positive effects on both public fragility (susceptibility to the widespread of the disease) and state instability (turning the state incapable of some powers). Public fragility as a mediating variable maintained a direct effect with state instability. Indirectly, both the outbreak and public ignorance of the virus did not influence the Nigerian state instability. On the other hand, poor health facilities maintained an indirect relationship with state instability. This is an indication that the health sector in Nigeria is categorically in shambles. As such, authorities, media outlets, entertainment industries, Non-Governmental Organizations (NGOs), and the general public must join hands to achieve success in the management of the novel infection disease.

Keywords: New Coronavirus, Poor Health Facilities, Public Fragility, State Instability, Nigeria

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## Introduction

The coronavirus infectious disease of 2019 (COVID-19) began in Wuhan, Hubei Province of China. Residents who lived there had some link to large seafood and live animals' market. Hence, it was claimed that the mode of transmission of coronavirus was from animals to humans. The virus has been named by medical experts as "SARS-CoV-2" and the disease it causes has been named "coronavirus infectious disease 2019" (abbreviated as "COVID-19"). The first known patient of coronavirus started experiencing symptoms in Wuhan, China, on 1st December 2019 (Ozili, 2020). In a very short time, the disease spread across the globe. On 11th March 2020, the World Health Organization (WHO) declared COVID-19 a pandemic, having met the epidemiological criteria of having infected more than 100,000 people in at least 100 countries (Callaway, 2020). African countries generally, and Nigeria in particular, could not effectively respond to the surge of infected patients due to poor health facilities (Ohia, Bakarey & Ahmad, 2020). Being a new occurrence, this condition created a gap in the literature, demanding studies that will unravel the multi-dimensional aspects of COVID-19 within Nigeria's context. This research addresses that gap by examining whether or not the outbreak and spread of coronavirus pandemic, ignorance of coronavirus, and poor health facilities directly affect both public fragility and state instability within the country.

## **Research Hypotheses**

Against the above background, this research has formulated the following hypotheses:

- HI: Discovery of Corona Virus has a direct positive effect on public fragility
- H2: Ignorance of Corona Virus possesses a direct positive effect on public fragility
- H3: Poor health facilities have a direct positive effect on public fragility
- H4: Public fragility has a direct positive effect on state instability
- H5: Discovery of Corona Virus has a direct positive effect on state instability
- H6: Ignorance of Corona Virus has a direct positive effect on state instability
- H7: Poor health facilities have a direct positive effect on state instability
- H8: Discovery of Corona Virus has an indirect relationship with state instability
- H9: Ignorance of Corona Virus has an indirect relationship with state instability H10: Poor health facilities have an indirect relationship with state instability

## Nigeria's Fragility

There is disagreement among scholars and practitioners as to what differentiates between a failed state, a weak state, and a fragile state. Nevertheless, there are certain common features of such a state. They are states that are unable to administer their territories effectively. The state is so incapacitated that it cannot provide many essential services. Kaplan (2015) asserts that the best way to assess fragility is to examine the two most important factors determining a country's ability to navigate difficulties: The capacity of its population to cooperate (social cohesion) and the ability of its institutions (formal and informal) to channel this cooperation to meet national challenges. Nigeria is fairly well-endowed with human and natural resources. Despite the potential of these resources, the state has had a series of political, economic, and social upheavals, including a civil war and insurgency that claimed hundreds of thousands of lives. Akinterinwa (2001) describes the country's situation as a "contradiction between Nigeria's potential wealth and rich human resources, on one hand, and the abject poverty that has come to characterize the life of most Nigerians, on the other" (p. 848). Buttressing the above, Hill (2012) asserts that Nigeria's demise has been predicted from the moment it achieved independence. Since political independence in 1960, Nigeria's weakness has been evident in many ways, notably ineffectual governing bodies, a dysfunction in institutions, a plague of corruption, and a weak rule of law. Khodeli (2009) asserts that although Nigeria is a resource-rich country, it is classified by the World Bank as a heavily indebted poor country (HIPC), with some of the world's worst human development indicators. Falola (1998) maintained that Nigeria has been a major African theatre of violence and aggression. Importantly, "as development actors have long recognized, it is not coincidental that violence and poverty are both products of weak governance" (Kaplan, 2015).

The weakness in governance was most pronounced during the post-independence state. As Achebe (1968) opined, Nigeria had lived in peace for a year shortly after independence before things fell apart. Osaghae (1998) contends that soon after independence, there were tribal and religious animosities, and marginalisation particularly between the Muslim North (Hausa, Fulani, etc.) and the mainly Christian South (Ibo, Yoruba, etc.). This resulted in the war of the Biafran secession. In the same line of thought, Lewis, Robinson, and Rubin (1998) argued that Nigeria and, indeed, most sub-Saharan African countries since independence, have faced three central dilemmas of development. The first has been the challenge of state-building. In the wake of colonial rule, governments have encountered the problems of establishing legitimate authority and constructing state capacity.

A second dilemma has been that of nation-building and state-society relations. African nations have confronted the difficulties of managing ethnic diversity, forging national identities, and negotiating relations between citizens and rulers. The third challenge encompasses problems of economic development as the region has grappled with a legacy of poverty, slow growth, and external dependence. In recent times, the greatest threat to Nigeria's existence as one nation-state is insurgency. From the northeast, the threat is the deadly Islamic terrorist Boko Haram. While Islamic terrorism hold sway in the northwest, from the south-south, is the Niger Delta militant groups. Most of the victims of these insurgencies, especially victims of the Boko Haram and armed bandits, are living in internally displaced persons' camps (IDP camps). The number of these camps and the densely populated number of people in these camps are an indication of the state's fragility and weaknesses (The United Nations – UN Global Humanitarian Response Plan Report, 2020).

## Poor Health

Healthcare and general living conditions in Nigeria are poor, especially for children and women. Mortality rates of infants and children under-five are high. In 2017 alone, the country experienced the outbreak of several diseases, including malaria, cholera, acute hepatitis E, and Lassa fever. This is in addition to many diseases that have been claiming the lives of hundreds of thousands of Nigerians over time. The weakened Public Health Care (PHC) system with low coverage of key interventions has resulted in the persistence of high disease burden. Scholars have divergent views on the causes of the deterioration of Nigeria's health sector. Some factors include colonisation, world inequality, globalisation, patriarchy, poverty, and prolonged military incursions. And these factors lead to weak formal institutions, lack of sustained policies, corruption, and nepotism. Other factors are illiteracy and the cultural practices of the people. Close examination of the situation reveals a combination of several intertwined factors. Certainly, poor access to medical equipment and personnel have been a serious threat to effective service delivery in Nigeria (Good, 1977; Stock, 1981; Abdullahi & Tukur, 2013; Kurfi & Abba, 2015).

## Knowledge vis-à-vis Ignorance

Knowledge acquisition is a central element in the reception, interpretation, transformation, and sharing of experience. A society's learning processes are the nerve centers of its adaptive capability, and allow it to learn from the past, engage the present, and imagine the future. In sum, the learning capacity of a society shapes, to a large degree, its economic, political, and cultural destiny (Adamu, 2004). As with many countries, Christian missionaries in Nigeria spread mass education and used it as a mechanism to disperse power to the commoners. Woodberry (2012) argues that the conversionary Protestants catalysed the rise of mass education all around the world (p. 251). Western education came to Africa as a result of European imperialism during the nineteenth century. The Christian missionaries, merchants, and diplomats from Europe found it necessary to institute their educational system to enable the colonial regime to succeed. In Nigeria, Western education was planted in 1842, paving the way for the spread of Christianity and the provision of low and middle manpower for the colonial system (Baba, 2011). Christian evangelisation began, mainly through the village schools, especially in Southwestern Nigeria.

While Western education had already been introduced in the Western and Southern parts of Nigeria in the early 1840s, it was not introduced in the Northern part until the early 1900s. The North had long maintained an Islamic social, religious, and political culture that shaped its educational system. Islam made inroads by about 1250 through trans-Saharan trade routes of North Africa. In Kano, Islam became a state policy in 1380 when a group of Wangarawa (Mali) merchant-clerics arrived in the territory and converted the then chief to Islam.

the chief declared the territory Islamic. The arrival of more Arab traders and Fulani clerics from 1450 further consolidated the city-state as an Islamic polity and as an important center for learning (Adamu, 2004). Ajami is therefore an Arabic word that means an "other" (non-Arab) language that is foreign or unclear. In its original use, it was used to refer to Persians, being the first known neighbors to the Arabs, and later extended to entail a host of others, including al Andalus (present Spain) and Africa. In its modern use, Ajami refers to the practice of writing non-Arabic languages by using a modified Arabic script system. Ajami is an innovation of the use of Arabic letters or precisely Arabic alphabets to convey, for example, the Yoruba language in written form. It is essentially a non-Arabic Yoruba language written in a kind of Arabic letters (Abdulmumin, 2010).

## Methods

This research used a questionnaire via a purposive sampling technique. The Sample size was 370 while the respondents comprised of Nigerians from the six geopolitical zones and Federal Capital Territory (FCT). These zones are North-Central, North-East, North-West, South-East, South-South, and South-West. The ages of the respondents ranged between eighteen (18) and above. The study was purely cross-sectional and data were sourced under a semi-natural social setting. The analyses were done using variance-based structural equation modelling (VB PLS-SEM SMART2.0M3).

Region	Number of States Represented	Number of Respondents
North-West	7	70
North-East	6	60
North-Central	6	60
South-West	6	60
South-East	5	50
South-South	6	60
FCT, Abuja	10	10
Total	37	370

Table 1: Demographic Representation of the Respondents

## Results

The modelled studied variables comprise of Discovery of the Coronavirus, Ignorance of Coronavirus, and Poor health facilities as the independent variables. Public Fragility is the model's mediator. Owing to these collective variables, the state becomes unstable and thus the model's dependent variable.

# A PLS Paths Modelling of Nigeria's Corona Virus Incidence:

The model comprised of measurement and the structural sub-models. The measurement model consists of latent and manifest variables' relationships. On the other hand, the structural model contains only latent variables' relationships (Anderson & Gerbing, 1988). Figure 1 represents the algorithm graph with PLS parameter estimates.

# PLS Paths Model Analysis:

The research model (fig 1) is comprised of two sub-models: measurement and structural. The measurement model is comprised of the relationship between the latent variables and their manifest variables, while the structural model indicates the relationships between the latent variables. The model is analyzed via the evaluation of measurement and the structural sub-models.

# Figure1: Algorithm Graph with Parameter Estimates of PLS Analysis Assessment of the Measurement Model



This evaluation establishes the indicators' reliability and constructs' accuracy (Hair, Hult, Ringle & Sarstedt, 2014). That is to confirm, items used in measuring the constructs are reliable and the constructs are valid for further analysis.

# (a) Reliability Analysis

PLS-SEM prioritized Composite Reliability that depicts individual item's reliability rather than their collectivity. Therefore, items or indicators offer

a better variance estimate shared by respective manifest variables. As a thumb rule, Composite reliability coefficients must have a minimum of 0.7. In this study, the coefficients range from 0.79 to 0.92 which are all above the observed threshold. This signifies 79% - 92% respectively (Hair, Hult, Ringle & Sarstedt, 2014). On the other hand, individual indicator reliability coefficients must have a minimum of 0.5 (0.708)2 (Hair, Hult, Ringle & Sarstedt, 2014). Indicator reliability coefficients are obtained as the squared values of the individual outer loading of each indicator. The presentation in Table 2 indicated that both coefficients have complied with the thumb rule depicting that, all indicators are reliable. The range is between 0.55-0.90. That is an average of 55% and 90%.

# (b) Construct Validity

Convergent and discriminant validities are examined. The former is examined through the outer/main loadings of the manifest variables and the average variance extracted (AVE). On the other hand, the latter is assessed by examining the cross-loadings of the indicators using the most commonly utilised method of the Fornell-Larcker Criterion.

# (ii) Convergent Validity

Hair, Hult, Ringle, and Sarstedt (2014) suggested 0.7 as the minimum outer loading coefficient. Considering the average variance extracted (AVE) that measures the amount of variance captured by the indicators relative to the measurement error, its coefficients must be 0.50() or higher. The presentation in Table 2 portrays that, all outer loadings and AVE coefficients achieved the minimum coefficient requirement across all scholarly arguments.

LV	Relationship	MV	Main Loading	IR	CR	CA	AVE
Dcv	Reflective	dcv4	0.740	0.548	0.792	0.490	0.658
		dcv6	0.877	0.769			
Icv	Reflective	icv2	0.801	0.642	0.907	0.876	0.661
		icv3	0.755	0.569			
		icv4	0.765	0.585			
		icv5	0.866	0.750			
		icv6	0.872	0.760			
Phf	Reflective	phf1	0.776	0.602	0.919	0.898	0.621
		phf2	0.846	0.715			
		phf3	0.739	0.545			
		phf4	0.730	0.532			
		phf5	0.792	0.627			
		phf6	0.811	0.658			
		phf7	0.817	0.668			
Puf	Reflective	puf4	0.849	0.721	0.917	0.865	0.786
		puf5	0.949	0.901			
		puf6	0.858	0.737			
Sti	Reflective	sti1	0.810	0.657	0.928	0.906	0.684
		sti2	0.908	0.824			
		sti3	0.888	0.789			
		sti4	0.821	0.674			
		sti6	0.778	0.606			
		sti7	0.745	0.555			

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LV= Latent Variable, MV= Manifest Variable, IR= Internal Reliability, CR= Composite Reliabili CA= Cronbach Alpha, AVE= Average Variance Extracted.

## (b) (ii) Discriminant Validity

This implies that a construct is unique and captures phenomena not represented by other varying constructs in the model. To achieve discriminant validity, the square root of the AVE of each construct should be higher than the construct's highest correlation with any other construct in the model. Therefore, the AVE square roots are compared with the latent variables' correlation coefficients. The figures in bold in Table 3 (AVE square roots) are all greater than each of the coefficients on which they have been placed. This indicates that discriminant validity has been fully achieved (Hair, Hult, Ringle, and Sarstedt, 2014). Therefore, all the constructs are proved valid for further analysis.

Table.5:	Discriminant vall	uity: Fornell-Larck	ter Criterion		
	dev	icv	Phf	Puf	Sti
Dcv	1.000				
Icv	0.292	1.000			
Phf	0.262	0.572	1.000		
Puf	0.203	0.436	0.594	1.000	
Sti	0.162	0.443	0.627	0.491	1.000

Table.3: Discriminant Validity: Fornell-Larcker Criterion

Diagonals (in **bold**) represent square roots of **AVE** while off diagonals represent correlations. **dcv** = Discovery of Corona Virus, **icv** = Ignorance of Corona Virus, **phf** = Poor Health Facilities, **puf** = Public Fragility, **sti** = State Instability.

## Assessment of the Structural Model

Four issues are evaluated; path coefficient ( $\beta$ ); coefficient of determination ( $\mathbb{R}^2$ ); effect size ( $\mathbf{f}^2$ ) and predictive relevance ( $\mathbb{Q}^2$ ).

#### (a) Structural Model Paths Coefficients for Hypotheses Testing

These consist of direct and indirect effects of the latent variables in the model. Urbach and Ahlemann (2010) argued that path coefficients should exceed 0.1 to account for a strong impact within the model. As such, the significance levels were set at p < .10 with critical value 1.65 (significance level = 10%), p < .05 with critical value 1.96 (significance level = 5%) and also, p < .01 with critical value 2.57 (significance level = 1%). The confidence levels are, therefore, 90%, 95%, and 99% respectively. The statistical details of both direct and indirect effects are contained in Tables 4 and 5, while the bootstrapping graph effect is presented in Figure 2.

## Figure 2: A 5000 Sample Bootstrap Effect Graph



## (a) (i) Direct Effects

This indicates a direct relationship between the independent, mediating, and dependent variables in the model. As depicted in figure 2 above, the regression explained the effects of independent to mediating, mediating to dependent, and independent to dependent variables. Table 4 shows the direct relationship between the independent variables (IVs), the mediating variable (IV), and the dependent variables (DVs). Thus, Discovery of Corona Virus (dcv), does not have a direct positive effect on Public Fragility (puf) ( $\beta = 0.030$ , p> .10, t = 0.631). Ignorance of Corona Virus (icv) has a direct positive effect on Public Fragility (puf) ( $\beta = 0.508$ , p< .01, t = 10.306). As a mediating variable (MV), Public Fragility (puf) has a direct positive effect on State Instability (sti) ( $\beta = 0.170$ , p< .01, t = 3.961). Therefore, H2 is supported, H3 and H4 are strongly supported while H1 is not supported.

Similarly, Discovery of Corona Virus (dcv), does not have a direct positive effect on State Instability (sti) ( $\beta = 0.028$ , p> .10, t = 0.611). Ignorance of Corona Virus (icv) has a direct positive effect on State Instability (sti) ( $\beta = 0.106$ , p< .01, t = 2.981). Poor Health Facilities have a direct positive effect on State Instability (sti) ( $\beta = 0.473$ , p< .01, t = 7.906). Hence, H6, and H7 are strongly supported while H5 is not supported.

Нур	Path	Beta	SE	p value	t value	Decision
H1	dcv -> puf	0.030	0.047	0.264	0.631(ns)	Not Supported
H2	icv -> puf	0.136	0.053	0.005	2.561**	Supported
H3	phf -> puf	0.508	0.049	0.000	10.306***	Supported
H4	puf -> sti	0.170	0.043	0.002	3.961***	Supported
H5	dcv -> sti	0.028	0.045	0.271	0.611(ns)	Not supported
H6	icv -> sti	0.106	0.036	0.003	2.981***	Supported
H7	phf -> sti	0.473	0.060	0.000	7.906***	Supported

Table.4: Direct Effect for One Tail Hypotheses Testing (IV-MV, MV-DV & IV-DV)

**Hyp**= Hypotheses, **Beta** = regression weight, **SE** = standard error, **t** values are computed through bootstrapping standard procedure of 5000 sub samples and 370 cases, p values obtained in excel "TDIST (t value;df;tails)" significance at \*\*p < .05, \*\*\*p < .01.

## (a) (ii) Indirect Effects

To establish an indirect relationship, the prominent argument of Baron and Kenny (1986) maintained:

- i. The predictor (independent) variable (X) must have effect on the mediating variable (M).
- ii. The predictor (independent) variable (X) must also significantly influence the criterion variable (Y).
- iii. The mediator (M) must significantly influence the criterion (dependent)

variable (Y) when the predictor (independent) variable (X) is also included in the regression equation.

McKinnon (2008) added that the path coefficients shrunk when a mediator is introduced between the predictor (independent) and criterion (dependent) variables. That is why all the Beta ( $\beta$ ) indirect coefficients in Table 5 are lower compared with the direct paths' in Table 4. Thus, the presentation in Table 5 indicates that, Discovery of Corona Virus (dcv) does not have an indirect effect on State Instability (sti) ( $\beta = 0.005$ , p> .10, t = 0.720). Also, Ignorance of Corona Virus (icv) does not possess any indirect effect on State Instability (sti) ( $\beta = 0.023$ , p>.10, t = 0.855). Lastly, Poor Health Facilities (phf) indicates an indirect relationship with State Instability (sti) ( $\beta = 0.086$ , p< .05, t = 2.212). Thus, H10 is supported while H8 and H9 are not.

Table. 5: Indirect Effect for Two Tail Hypotheses Testing (IV-MV-DV)	Table, 5: Indirect Effect for	r Two Tail Hypotheses '	Testing (IV-MV-DV)
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Нур	Path	Beta	SE	p value	t value	Decision
H8	dcv -> puf->sti	0.005	0.007	0.473	0.720	Not supported
H9	icv->puf-> sti	0.023	0.027	0.394	0.855	Not Supported
H10	phf-> puf-> sti	0.086	0.039	0.028	2.212**	Supported

Hyp= Hypotheses, Beta = regression weight, SE = standard error, t values are computed through bootstrapping standard procedure of 5000 sub samples and 320 cases, p values obtained in excel "TDIST (t value;df;tails)" significance at \*p < .05.

## (b) Coefficient of Determination $(\mathbb{R}^2)$

This is a measure of the model's predictive accuracy. It represents the exogenous latent variables' combined effects on the endogenous latent variable(s). There is no specified rule for its acceptability as lower values make a substantial impact especially in social science researches (Hair, Hult, Ringle & Sarstedt, 2014). In the structural model as presented in figure 1 above, three exogenous variables; the Discovery of Coronavirus, Ignorance of Coronavirus, and Poor Health Facilities explained 36.7% of the variance in Public Fragility. On the other hand, the discovery of Coronavirus, Ignorance of Coronavirus, Poor Health Facilities, and Public Fragility explained 42.2% variance in State Instability.

(c) Effect Size  $(f^2)$ 

The substantive impact of exogenous construct on the endogenous constructs is measured using Cohen's  $(f^2)$  formula when the former is omitted from the model (Cohen, 1988). Effect size is substantiated by the following formula.

$$\frac{[R^2 \text{ inclusive} - R^2 \text{ exclusive}]}{[1 - R^2 \text{ inclusive}]}$$

Where:

 $R^2$  Inclusive = Variance explained coefficient when the variable is included in the model.

 $R^2$  Exclusive Exclusive = Variance explained coefficient when the variable is excluded.

1 = constant

In this analysis, four effect sizes were computed; three independent and one mediating variables' effects size. Chin (2010), argued that in Social Science oriented researches, 2% effect sizes are small but acceptable, 5-10% moderate, while 11% and above are substantial. The effect sizes are presented in Table 6. It consists of one case without any effect in the model (Discovery of Corona Virus), one weak effect size (Ignorance of Corona Virus), one substantial effect size (Poor Health Facilities), and one small effect size (Public Fragility) and which is the mediator in the model. Their statistics range from 0%, 1.9%, 27% and 2.1% respectively.

Variable	$R^2_{included}$	$R^2_{excluded}$	Effect (f <sup>2</sup> )	Size
Dev	0.367	0.367	0.000	
Icv	0.367	0.355	0.019	Weak
Phf	0.367	0.196	0.270	Substantial
puf*	0.422	0.410	0.021	Small

## Table. 6: Effect Size

\*represents the mediation effect size in the model

## (d) Predictive Relevance

Stone (1974) and Geisser (1975) argued that this accurately predicts the data points of indicators in reflective measurement models of endogenous constructs. Cross-Validated Redundancy is always utilized. It omits every d<sup>th</sup> data point in the construct's indicators and estimates the parameters with the remaining data points. The omission distance D is chosen between 5 and 10 so that the number of observations used in the model estimation divided by D is not an integer (Hair, Hult, Ringle & Sarstedt, 2014). In this study, seven (7) was chosen. Following the thumb rule, Q<sup>2</sup> values must be > 0. This information is presented in Table 7.

	Endogenous variables	
Number of Rounds	Public Fragility	State Instability
Case 1	0.255	0.264
Case 2	0.282	0.259
Case 3	0.277	0.268
Case 4	0.261	0.278
Case 5	0.301	0.288
Case 6	0.269	0.321
Case7	0.257	0.309

 Table. 7: Predictive Relevance (Q<sup>2</sup>)

\*All cases were obtained by 1- SSE/SSO using the blindfolding technique.

SSE = sum of squared errors.

SSO = sum of squared observations.

## Discussions

From the above analysis, the discovery of COVID-19 in the country has not possessed any effect on either public fragility or state instability. Meanwhile, the public ignorance (dogmatic belief) of the virus and poor health facilities (consisting of hospitals, medical personnel, and other relevant expertise) have a direct effect on public fragility (susceptibility to the widespread of the disease) and state instability (turning the state incapable of some powers). The above reflects the findings of the United Nations International Children's Emergency Fund (UNICEF) Report (2017) that predicted Nigeria will be one of the countries responsible for most of the world's total population increase by 2050. Possibly, that is why the country has a lot of health challenges, leading to not only fragility but environmental deterioration (World Health Organization, 2017). This is also in harmony with the findings of Kurfi and Abba (2015) who argued that part of these health challenges is poor access to medical equipment and personnel. Hence, people sometimes resort to the use of traditional medicine (Abdullahi & Tukur, 2013).

Public fragility, as a mediating variable, maintained a direct effect with state instability. That is, when the majority of public panic, the authorities become disorganised as the future is unreliable and unpredictable. This is in line with the assertions of Lewis, Robinson, and Rubin (1998) who argued on Nigeria's three central dilemmas of development. Furthermore, it goes with Falola's (1998) description of Nigeria as a theatre of violence and aggression. Other similar findings are Akinterinwa (2001) whose argument on the country is a contradiction between potential wealth, rich human resources, and abject poverty that characterize the life of most Nigerians. Likewise, Khodeli's (2009) findings which described Nigeria as an indebted poor country speak to Nigeria's fragility. Another related finding is of Hill (2012), who argued that Nigeria has long been stalked by a failure while Kaplan (2015) opined that the best way to assess fragility is to examine the two most important factors: The capacity of a country's population to cooperate (social cohesion) and the ability of its institutions (formal and informal) to channel this cooperation to meet national challenges. The whole indicates that no much difference has been observed between the years of these previous studies vis-à-vis public fragility, poor health facilities, and state instability in Nigeria.

## Conclusion

It has now been established that the COVID-19 pandemic has brought a lot of changes in the global arena. The menace persists across the world due to the influence of several other factors. However, the present study utilised both biological (outbreak of the virus), political (state instability), and societal experience (ignorance, poor health facilities, and public fragility) factors to examine the incidence within Nigeria's context. The collective situation could be explained by the dissatisfying speculated 21st-century economic cold war between two powerful nations of the world (China and the United States of America). As no reliable pharmaceutical remedy to the pandemic has been produced and available so far (as at the period of concluding of this study), Nigerians should be adequately educated and informed that the virus is real and disastrous. And thus, the COVID-19 pandemic needs to be managed as obtained in the rest of the world. In so doing, concerned authorities, media outlets, entertainment industries, Non-Governmental Organizations (NGOs), and the general public must join hands to achieve success in the management of the novel infection disease.

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# COVID-19 PANDEMIC AND NATIONAL SECURITY: CHALLENGES AND PROSPECTS FOR NIGERIA

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#### Abstract

The new coronavirus infectious disease of 2019 (COVID-19) pandemic has had a devastating impact across the world. The impact on Nigeria's national security is examined here, to draw out strategies for a post-COVID-19 era. The need for this is borne out of the devastating impact of the pandemic on the lives of the Nigerians as well as the economy of the country. As a situational research study, the paper drew its information largely from secondary sources such as official documents from ministries, departments, and agencies of government. These include briefings of the Presidential Task Force on COVID-19, National Centre for Disease Control (NCDC) situational updates on Covid-19 in Nigeria, and various media publications; while content analysis was used as the research technique. Apart from the health implication of the COVID-19 pandemic, it has been further revealed that the impact of the pandemic cuts across all facets of Nigeria's national life, be it the political, social, economic, security, food, and even religious lives of Nigerians. Towards recovery from the devastations, the paper recommended the need to strengthen other sectors of the economy such as the service sectors, to generate revenue for national development and reduce the over-reliance on the oil sector for its national development planning. Improving the health sector should be prioritised and more money be voted for the sector to strengthen it for national health emergencies, and other aspects of human security strategies.

Keywords: National Security, Human Security, COVID-19 Pandemic, National Health Emergencies, Health Sector

#### Introduction

The primary responsibility of every responsible government is to see to the security and welfare of its citizens. This is done by making effort towards the protection of the lives of the people and, by inference, maintaining the survival and continued existence of the state. This is because any form of threat to the lives and welfare of citizens, be it either political, economic, social, health, food, or security in a

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state, is a threat to the country's national security. The new coronavirus outbreak, which started as an epidemic in Wuhan, the capital of Hubei Province in China, within a space of three months became a global health pandemic. It caused severe humanitarian catastrophes across the world and threatened national security in respective states. With prevalence in almost every state across the globe, its associated humanitarian catastrophes and deaths increased daily with no regard to age, gender, race, or even religion. (Cone, 2020). Worst still, the contagious nature of the disease and the mode of contracting it, which is through person-to-person contact, made it even more dangerous, thus severing social relations among people.

Between December 2019 and March 2020, the COVID-19 pandemic has spread to over 200 countries and territories all over the world, with Europe and the United States as the worst-hit areas (Centre for the Study of Economics in Africa, 2020). Unimaginably, the COVID-19 was spreading like wildfire across the world, especially in Europe, to the extent that the World Health Organization (WHO) had to consider Europe the epicentre of the COVID-19 pandemic. On 13 March 2020, WHO considered Europe the active centre of the COVID-19 pandemic as cases by country across Europe had doubled over periods of typically 3-4 days (Fredericks, 2020; WHO, 2020; Roser, et al., 2020). As of 17th March, all countries within Europe have had a confirmed case of Covid-19, with Montenegro being the last European country to report at least one case (Machine, 2020). The WHO official statistics, as of Saturday 11th July, indicated a total of 12,322, 395 confirmed cases of coronavirus infections in 216 countries and territories across the world, of which 556, 335 persons associated with the COVID-19 infection have been confirmed dead (WHO Situational Updates, 2020). As of 17th July 2020, the number increased to 13, 885, 946 confirmed cases and a total of 592, 573 deaths, while 7, 779, 604 persons recovered (WHO Situational updates, 2020). On Sunday 19 July 2020 the numbers rose to a total of 14, 007, 791 cases of Coronavirus cases and 597, 105 with 213 territories affected (WHO Situational Updates, 2020). All this indicated a geometric increase in the rise of the pandemic daily.

In North America, the statistics presented by the WHO indicated that a total of 7, 306,371 confirmed cases of COVID-19 infections were documented alongside a cumulative death of 302,508 deaths as at 1000hrs Central European Summer Time (CEST) on Saturday 18 July (WHO Situational Updates, July 2020). Of this data, the United States had a total of 3,544,143 confirmed cases of the pandemic and a mortality figure of 137,674 deaths, exceeding the previously presented statistics of cases for the US which stood at 3,315,629 confirmed cases, out of which 15,720 were in severe condition, 136,958 deaths and 1,462,432 recovered (WHO Situational Report, 2020). In Africa, about 52 countries have confirmed cases of COVID-19 infections, since its first case was recorded in Egypt on 14 February 2020 (WHO, Situational Report, February 2020). As of April, the cases stood at

12,368, about 0.8 percent of the world's total cases (WHO Situational Report, 2020), and a mortality figure of 632 (0.7%) of the World's coronavirus related deaths for the same period (UNDP, 2020). We recall that the disease reached the African continent through travellers returning from hotspots in Asia, Europe, and the United States. Initially confined to capital cities, however, after a few weeks, a significant number of countries in Africa had reported cases in multiple subregions. As of April 2020, South Africa accounted for the highest number of confirmed cases of 1, 934, with 11 related deaths (UNDP, 2020). However, African countries closest to Europe and the Middle East account for half of the COVID-19 cases on the continent. Most of the confirmed cases and deaths have occurred in four North African countries, Algeria (1,699), Morocco (1,374), and Tunisia (643), thus recording 80 percent of the total COVID-19 related deaths in Africa (UNDP, 2020). In addition, Cameroon, Nigeria's neighbour, as of Saturday 18 July 2020, had recorded a total of 16,157 confirmed cases with 373 associated deaths, while Ghana recorded a total of 26,572 confirmed cases and a death toll of 144 (WHO, 2020).

Responding to the pandemic, the World Health Organization and the United Nations called for preventive measures to stop the spreading of the disease. In compliance, many governments across the world-initiated actions aimed at preventing or containing the spread of the disease, as the number of cases was increasing daily. By the end of March 2020, many governments across the globe had imposed lockdowns. The movement of persons and goods was restricted in and out of their territories, which resulted in the global lockdown as well as disruptions in the world economy. The effects were the loss of jobs, decline in diaspora remittances (which has become a source of revenue generation among developing countries), shut-down of businesses across the globe with its anticipated economic recession. These effects prompted the United Nations Secretary-General, Antonio Guterres, and the United Nations Conference on Trade and Development (UNCTAD) to launch a US\$2 billion and US\$2.5 billion respectively. It was a large global humanitarian response plan targeted at the most vulnerable countries to mitigate the danger of the economic recession that was looming (UNDP, 2020).

In Nigeria, the COVID-19 impact was staggering. The country had its share of the pandemic arising from lower incidences of less than 10 confirmed cases and two deaths as of February 2020, to a huge increase to a tune of 2,170 confirmed cases, including 68 deaths and 351 recoveries. It was remarkable to note that these cases cut across 21 states of the federation, including the federal capital territory, Abuja (NCDC Report Update, 2020). Despite the lockdown in place and restriction of movements across the states, there was a rising alteration of the human security index by the COVID-19 pandemic, as well as the fragility of the body polity due to insecurity and the country's dwindling economy. Against this backdrop, therefore, the paper examines the COVID-19 pandemic in Nigeria and its impact on her national security.

## **COVID-19 and National Security**

Beyond the global security, diplomatic, social, and economic challenges that the COVID-19 pandemic posed to the global community, its impact is felt more by individual nation-states. COVID-19 pandemic, a Public Health Emergency of International Concern (PHEIC) posed a serious threat to many countries because of its deadly impact on the lives of citizens. It is the primary responsibility of every responsible government to see to the security and well-being of its citizens. Therefore, the severe strains imposed on the global system have far-reaching consequences on global governance, the economy, and security. For nation-states to survive the COVID-19 pandemic, the pandemic must be viewed as a national security threat. With the increasing death toll of 29, 737,453 confirmed cases alongside 937,391 confirmed deaths in 216 countries (Nigeria inclusive) as of 17 September 2020 (WHO Situational Report, 2020), economic hardships, in terms of job losses, economic recession, and restiveness that accompanied the enforcement of the restrictions on movement, Nigeria was faced with severe national security threats.

Reflecting on the notion of national security, Zabadi (2011), observes that unless one can be assured of one's physical security, everything else will be meaningless. This underscores the importance of security to humans and society. Also, Imobighe (2001), argues that without security, individuals within a state will find it difficult to engage in productive activities. This shows that every human being is always conscious of his or her security at any given time, and in all places. Based on this, it is not out of place to say that every government worth its salt all over the world makes the security of lives and property within its territorial jurisdiction a priority, just as it makes the survival, continuity, defense, and security of the state a primary goal (Onovo, 2009).

The above conceptions of security as an important aspect of human existence provides a base for Paleri's (2008) conceptualization of national security. He perceives it as the measurable state of the capability of a nation to overcome the multidimensional threats to the apparent well-being of its people and its survival as a nation-state at any given time. This is enhanced by balancing all instruments of state policy through governance and the extendable to global security by variables external to it. This view captures the capability of the government to protect the state, ensure its survival and the well-being of the people. It also highlights the importance of policies in ensuring the maintenance of national security. Thus, making it expedient for the government to provide the right mix of policies in a time of national emergencies, such as the COVID-19 pandemic. This view is supported by Okodolor (2004), who argued that national security in its new assumptions focuses more on the capability of a nation to contain and ward off such threats and vulnerabilities that are severe enough to destroy or pose a serious threat to its national values, territorial integrity, and institutions as well as the overall well-being of its people (Okodolor, 2004). This conception of national

security as posited by Paleri and Okodolor lays more emphasis on every index that affects human existence, including human health otherwise known as human security.

The United Nations Development Programme (UNDP, 1994) aptly captures it within the purview of human security, which stresses safety from chronic threats such as hunger, diseases, oppression, and protection from sudden and hurtful impact in the pattern of everyday life. Corroborating this position, Ebo (1997), argues that the security of a nation is ultimately to be found in the security of the citizens and that the presence of food is essential in national security because its absence projects a potential source of threat to the security of the nation. Ebo further emphasized that "... a hungry man is an angry man and in an atmosphere of social and economic alienation, a hungry man is more likely to listen to the rumblings of his empty stomach than to the gospel of government publicists". A strong economy and a healthy population are assets to any country. Thus, food security is seen as the first security any nation must have since a country that cannot adequately feed its citizens leaves them at the mercy of donor agencies that can manipulate them (Mbachu & Eze, 2009).

This brings us to the economy which is a key factor in national security. In achieving the objective of national security, a nation must be economically buoyant (Fage, 1999). An economically buoyant nation can be at ease when it is exercising national power. As Tedheke (1998) asserts, "economic power must be viewed as the ultimate source of national power." A view that is in sync with Marxist contention that the economy is the fundamental base on which the superstructure of the society is made (Aligwara, 2009). From the above, it becomes obvious that hunger, disease, oppression, and a whole lot of threats to humanity, are potent threats to national security. The security of the individual citizen is, therefore, very important. For the citizens to leave in peace, the necessities of life, food, good health, jobs, justice, freedom, and all other ingredients of development must be provided (Okonkwo, 2018). This has been the guiding principles of the Nigeria National Security Strategy since its inception in 2001 to the present 2019 National Security Strategy (NSS).

The NSS (2019), underscores the belief and generally acknowledged view that security is the cornerstone of development and progress in a free society, and that security is a guarantee of the well-being of citizens and stability of the state. The notion of security adopted here, however, reflects the contemporary paradigm shift away from the state-centric focus of security to one which is comprehensive and emphasizes human security (NSS, 2019, p. viii). Drawing from the comprehensive approach of national security as highlighted by the NSS (2019), it is obvious that its objective is the safeguarding the vital core of all human lives, from critical threats in such a way that is consistent with long term human fulfillment. The COVID-19 pandemic falls within this purview of public health challenges, and demands the protection of people, while also protecting the government and territories, from the "invisible enemy".

## Overview of COVID-19 Pandemic and Nigeria's Security

The first case of the COVID-19 pandemic in Nigeria was confirmed in Lagos on 27 February 2020 after the virology laboratory diagnoses, at the Lagos University Teaching Hospital (LUTH), carried out on an Italian citizen (NCDC, 2020). The report was announced by the Federal Ministry of Health as the first case to be reported in Nigeria, since the beginning of the outbreak in China in December 2019 (NCDC, 2020). The Italian citizen works in Nigeria and returned from Milan, Italy to Lagos, Nigeria on 25 February 2020, then proceeded to Ogun state where he resides. Though, he was later confirmed clinically stable, with no serious symptom, after being quarantined and managed at the Infectious Disease Hospital in Yaba, Lagos state. But his contact with many Nigerians at the time of the arrival to the country and his final destination became suspicious because of the nature of the spread of the COVID-19 disease. To ensure that the COVID-19 pandemic was contained, the Lagos State Government went in search of some of those who had person-to-person contact with the Italian, and those traced were subjected to the COVID-19 test and subsequently quarantined.

However, eleven days after the confirmation of the first case scenario, the second case was confirmed on 9 March 2020 from one of the contacts of the first case. Since then the number of cases in Nigeria continued to increase, though not as par with what is obtained in countries of Europe and the Americas, where the number increased at an alarming rate. By the morning of 29 March 2020, Nigeria had a record of a total of ninety-seven confirmed cases of Covid-19 (CNBCAFRICA, March 2020). Regrettably, the first case of fatality was recorded on 23rd March 2020, a former employee of Petroleum Pipeline Management Corporation of Nigeria (PPMC), who died at the University of Abuja Teaching Hospital, Gwagwalada, Abuja, FCT (CNBCA AFRICA, 2020). In a quick response, a Presidential Taskforce (PTF) on COVID-19 was put in place by the President on 9th March 2020. The PTF on COVID-19 serves as an advisory body to the President, and a gateway between the Nigerian Presidency, Ministries, Department, and Agencies (MDAs) of government, State Governments, and Citizens to combat the COVID-19 in Nigeria (FGN, 2020).

The Presidential Task Force also provides daily updates on COVID-19 occurrence, policy guidelines/direction for the fight on COVID-19, in line with international best practices. It also facilitates interactions with the international community on Nigeria's behalf. The PTF is headed by the Secretary to the Government of the Federation (SGF), Mr. Boss Mustapha, with heads of specified MDAs as members, and the NCDC as the lead agency for the task force (PTF on Covid-19, 2020). On the advice of the PTF on COVID-19, the President directed that restriction of movements be placed on Lagos State, Ogun State, and the Federal Capital Territory where the confirmed cases have been reported. The restrictions were to start on Monday, 29 March 2020, at 11 PM Nigerian Time (CNBC AFRICA, 2020). It was further extended for another two weeks before the

expiration of the earlier restriction. However, because of its effects on the lives of the people, it was partially put on hold with some businesses commencing operations on 04 May 2020 (Oyekanmi, 2020). On Monday, 29 June 2020, the federal government of Nigeria (FGN) extended the second phase of the eased lockdown by 4 weeks and approved interstate movement outside curfew hours, with effect from July 1, 2020. On Monday, 27 July 2020, the restriction was later extended by an additional week by the FGN. Similarly, the federal government on Thursday, 6 August, through the SGF and Chairman of the PTF on COVID-19, announced another extension of the second phase of the eased lockdown by four weeks. Regrettably, the spread of the COVID-19 in Nigeria continued to increase slowly, as the latest statistics provided by the Nigeria Centre for Disease Control (NCDC) showed. As of the time of this research (September 2020), the figures revealed that Nigeria had 5,242 confirmed cases, active cases of 7,575, a death record of 1,098 lives. Those discharged were 48,569 persons as of Monday, 21 September 2020, at 4.30 PM (NCDC Situational Report, September 2020). Also, a total of 482,321 tests were carried out as of 20 September 2020 compared (NCDC, Situational Report September 2020).

# COVID-19 Pandemic and National Security Challenges for Nigeria

For a comprehensive understanding of the impact of the COVID-19 pandemic in Nigeria, we shall discuss it under the following headings: economic, security, human and health, social, and political challenges.

## **Economic Challenges**

Before the outbreak of the COVID-19 pandemic, the Nigerian economy was among the category of countries listed as fragile economies by the Outlook for the World Economy, with a global gross domestic product (GDP) growth rate estimated at only 2.5 percent in 2020 (Onyekwena & Ekereuche, 2020). The price of crude oil, (the mainstay of the Nigerian economy) in April 2020, tumbled like never before in the last 20 years to as low and below US\$20 per barrel from above US\$60 (Premium Times, 2020). Regrettably, Nigeria faced a severe economic shock that arose from the COVID-19 pandemic, as a result of the fall of price crude oil, and the incidental lockdown of global businesses. The country's budget has been affected by vital capital issues expunged from the budget to make way for the recurrent expenditures. Payment of salaries, debt obligations, and other projections seem uncertain in the future.

Moreover, with the lockdowns, the country's citizens faced severe food scarcity as household consumption increased while the means to provide them were on lockdown. The economy came under lockdown from 30th March 2020, based on the directive of the World Health Organization as handed down to the states. The lockdown policy and restriction of movement in Nigeria affected the entire Nigerian economy as a result of reliance on the informal sector. According to the International Monetary Fund (2017), the Nigerian economy is 65 percent informally driven. With the lockdown in place, the entire economy was on standstill. It took a toll on the organised private sector which also experienced a shutdown. It was even worse on the organised sector and the government as movement restrictions have not only reduced the consumption of nonessential commodities in general but have affected the income-generating capacity of these groups. It, thus, reduced their consumption expenditure and put the cost on the government, paying palliatives to different categories of the citizens to ameliorate their problems. Another economic problem associated with the COVID-19 is the impact on investment by firms due largely to the uncertainties associated with the pandemic such as limited knowledge about the duration of the pandemic. Also, the effectiveness of policy measures, and the reaction of economic agents to these measures, as well as negative investor sentiments, are causing turbulence in capital markets around the world. Taking into consideration the uncertainty that is associated with the pandemic and the negative profit outlook on possible investment projects, firms are likely to hold off on long-term investment decisions. The Nigerian economy, with such a fragile economy even before the COVID-19 pandemic, would remain volatile, if something drastic is not done, even after its recession.

#### Security Challenges

The country has been grappling with severe security challenges across the six geopolitical zones of the country that are threatening the very existence of the country. In the Northeast, it is the Boko Haram conflict and violent extremism that has engulfed the region down to the Lake Chad Basin area. Armed bandits and rampaging killer herders in Kaduna, Kano, and the Katsina States are challenges facing the national security apparatus. From the northcentral down to parts of southeast and southwest are the rampaging killer herders and sedentary farmers' conflict. While the Indigenous People of Biafra (IPOB) separatist agitators are threatening the independent state of Biafra in the southeast, in the southwest, the state governors are at loggerheads with the federal government over the legitimacy of AMOTEKUN, a regional security outfit for the southwest zone. These are all part of the rampant kidnapping and armed robbery that have come to characterise the Nigerian state. Frankly speaking, the entire security architecture has been demystified by the "army" of insurgents and militants across the country with the same firepower as the security agencies. The military is also overstretched and demoralised due to poor funding of military budgets and the associated corruption in the implementation process.

Regrettably, with the spread of the COVID-19 pandemic in Nigeria, the situation is likely to become worsened and unmanageable. Because the funding of several military and other security operations to contain the security challenges across the country requires huge budgetary allocation to effectively execute. Unfortunately, the security budget when compared to what is required to execute operations is inadequate. For instance, in the 2020 budget, the Nigerian Army requested N872.8 billion naira, but the Ministry of Budget and National Planning reduced it to N438.23 billion naira, which was grossly inadequate and represents a shortfall in Nigeria Army's effort to train and equip the army with relevant firepower for operational effectiveness (Brutai, 2019). With the outbreak of the COVID-19 pandemic, the federal government is compelled to adjust budgetary expenditures to meet up with the challenges of the pandemic. This will affect the overall military budget, and by inference army operations. Also, the Nigerian Military and other security agencies such as the police, Department of State Services (DSS), to a higher degree, rely on foreign military equipment, weapons, and ammunition for their operations. About 80% of the weapons, ammunition, and other security equipment required to combat operations are imported from outside the country (Business News, 2018).

Consequently, the global lockdown effect of the COVID-19 will have a serious impact on security operations because the countries where these weapons and equipment are purchased experienced lockdown, and depressed economies. The COVID-19 economic crises could also threaten peace-building efforts by humanitarian and security actors, who play a vital role in rebuilding social bonds, reintegrating ex-combatants, and restoring livelihood in war-torn zones of Northeastern Nigeria. For example, it has also exacerbated the security situation in the country, that is, while the lockdown was on, Boko Haram attacked several communities in the northeast, killed security forces, and increased the humanitarian situation in the region. The military was also drafted to enforce the lockdown at the expense of the troubled spots in the country.

## Human Health Challenges

Since the incidence of the COVID-19 pandemic in Nigeria, as a public health pandemic, the human security index has been under severe threat. Though the spread of the coronavirus disease and the associated deaths are low in Nigeria, compared to other countries like South Africa, Algeria, Italy, and United Kingdom, it is generating a severe alteration of the human security index in the country. The COVID-19 infection has penetrated across Nigeria. Almost all the 36 states of the federation and the FCT recorded confirmed cases of COVID-19 in their territories, including fatalities (NCDC, Covid-19 States Statistics, 2020). As a Severe Acute Respiratory Syndrome (SARS), the COVID-19 disease has not been selective of age, gender, tribe, or educational qualification. As of September 2020, Nigeria recorded 57,242 confirmed COVID-19 cases across the country, with 7,575 being active cases and a death toll of 1,098 persons (NCDC Situational Update, September 2020). The intensity of the virus spread and implication for human and state security remains a serious concern to the Nigerian government because of the poor health facilities and the fragile economic state of the country. Scientists at the Imperial College London have estimated that up to 3.3 million Africans could lose their lives because of the pandemic; that if no adequate

measures were used to stop its spread given the inadequate health care systems (Oriola & Knight, 2020). Nigeria, therefore, faces serious health challenges as a result of the danger the continued spread of the COVID poses to human lives. For instance, the healthcare system in Nigeria is poor in terms of the availability of healthcare systems in most rural communities. The modern facilities required for operating the health centres even where they exist are inadequate or sometimes not even in existence. The human resources are very few compare to the population of the various communities where they exist. According to the Federal Government, the ratio of Nigeria doctors to population is 1:2753, which is still far from the recommendations of the World Health Organization (WHO) on the required number of medical personnel to cater efficiently for its teeming population (Business Day, 04 March 2020). In addition, there is inadequate investment in human resources for health to provide the required information as at when due. And the inadequate capacity of health institutions to meet the supply of health workers also contribute to the poor health system in Nigeria.

Given the overall intervention on health in Nigeria, which has not been recurrently impressive and in constant free-fall, usually below 5 percent of the total federal government's budget far below the World Health Organization's recommended 15 percent of the annual budget (UNDP, 2020), Nigeria stands a chance of heading towards precipice if the scale of the COVID-19 scales up in Nigeria as it is in Italy, United Kingdom and the United States. To stress the point further, Nigeria's 2020 health budget is a paltry N427 billion, an equivalent of US\$1.18 billion, in a country of over 200 million people. Even at that amount, N336 billion (70%) of the budget is budgeted for recurrent expenditure (medical staff salaries, office running, among others) (Ogunde, 2020). Only N46 billion is earmarked for capital expenditure on medical infrastructure and equipment while N44 billion naira is set aside for actual service delivery which comes to N220 (\$0.6) per citizen per year (Ogunde, 2020). How can and will a country's health sector survive on such a ridiculous budget?

## Social Crises

The downturn of events in Nigeria resulting from the economic impact of the COVID-19 pandemic created conditions for disgruntlement, disenchantment, and social dislocation. Naturally, pandemics have bearing on the social fabric of society. For instance, stress initiated by economic losses often results in visible cracks where incidences of once socially un-acceptable norms become more frequent. Evidence suggests that health-related pandemics have the potential to increase the risks of domestic violence (UNDP, 2020). The National Human Rights Commission's reports, police, and social media reports, and YouTube videos in Nigeria, since the COVID-19 pandemic lockdown, are a-washed with reports showing that domestic violence, gender-based violence such as rape and sexual exploitation, suicide cases, violence against health workers tripled during the lockdown period between March and August 2020. Furthermore, frustrations resulting from the

economic woes and losses are likely to play into the existing fault lines within Nigeria, exacerbating the existing security challenges across the country. Due to economic frustration that resulted from the restriction of movement across the country, the IPOB has reinvigorated its call for the independent state of Biafra. Also, there have been reports that the terrorist groups in the Northeast (Boko Haram and Islamic State in West African Maghreb-ISWAP) are taking advantage of the hardship in the region to recruit young men and women into their groups (UNDP, 2020; Council of Foreign Relations, 2020).

There is also the problem of social relations among people made possible by the restrictive non-pharmaceutical measures, such as isolation, social distancing, and quarantine being implemented. Social connectedness remains a key factor in handling difficult social situations such as fragile conflicts and humanitarian situations in Nigeria. People need as much social closeness as required to nurture the much-needed resilience for perseverance in the face of devastating conflicts. When social connectedness is being weakened through the restrictive non-pharmaceutical measures (as created by the outbreak of the COVID-19 pandemic), the situation leads to stress disorders, mental health, and, in some cases, protracted violence (UNDP, 2020).

# **Political Challenges**

COVID-19 pandemic in Nigeria has also stimulated issues relating to intergovernmental relations between the federal government and state governments, between states within the same geopolitical zones, and those of other geopolitical zones. On 7th April 2020, there was a violation of the Rivers State government's Covid-19 restriction of movement and shutdown of boundaries order in Port Harcourt to curtail the spread of the pandemic (The Guardian, 10th April 2020). The violation resulted in disagreement between the Rivers State government and the Federal Ministry of Aviation regarding the landing of the Caverton Helicopter with 10 passengers at the Airforce Base in Port Harcourt. The incident opened contentious exchanges relating to constitutional morality between the Governor and the Federal Minister, as Governor Wike sealed the office of Caverton Helicopters at the Airforce Base, in Port Harcourt, ordered the company out of the state, while the two pilots (Samuel Ugorji and Samual Buhari) and the 10 passengers were arrested and charged to court (Business Day, 30 April 2020). In response, the Minister of Aviation, Hadi Sarki, drew the attention of the Governor to fact that the permission to land was obtained by the pilot from the Ministry of Aviation. It was argued that such power supersedes that of the state in line with the constitution of the country, as spelled out in the Exclusive List contained in the second schedule of the 1999 Constitution, as amended. Subsequently, Rivers State Attorney General and Commissioner for Justice, Professor Zacheaus Adangor withdrew the cases against the pilots and passengers (Thisday, 20 May 2020).

There are other controversies associated with the COVID-19 pandemic that created altercations between tiers of government and various MDAs. For instance, the Nigerian Army displayed ignorance of claims by the Government of Bauchi State that some military personnel, about 10 inmates of the Nigeria Correction Centre in Bauchi, and four Imams tested positive for COVID-19. According to Sagir Musa, "there was no such report available" (Adanikin, 2020). The Bauchi State Governor, Senator Bala Mohammed, who is also the Chairman, Bauchi State COVID-19 Contact Tracking Committee further stated that 35 confirmed cases involved personnel from 245 Battalion Ikom, Cross River State, 233 Battalion in Zuru, Kebbi State, and the Army Medical Referral Services were being attended to at the Bayara Isolation Centre (Adanikin, 2020). Regrettably, the Cross-River State Commissioner for Health, Betta Edu, dispelled the claim as "Fake News," noting that the state had no record of any case of COVID-19 (Adanikin, 2020). It is important to note that the Government of Cross River State had persistently maintained that the State was free of any Covid-19 disease. Another incident was the altercation between the Governor of Kogi State, Yahaya Bello, and the NCDC. The Governor had insisted that the officials of the NCDC and Department of Hospital Services of the Ministry of Health on constructive engagement assess the testing capacities in the State. He maintained that the officials must be tested for coronavirus after which they would be quarantined for 14 days, in compliance with the NCDC guidelines, before they would be allowed to work in Kogi State. A condition, members of the Ministerial team rejected and returned to Abuja, thus, abandoning the project (The Guardian, 11 May 2020). This has been the reason the number of confirmed cases in Kogi could not be properly ascertained.

Other political challenges that resulted from the COVID-19 pandemic is the controversies generated from the trans-state movement across the geopolitical zones against the restriction of movement and shut down orders. There were incidences where trucks found to be loaded with Almajiris (street urchins) from northern Nigeria were intercepted by government security personnel while trying to enter into some states in the southern parts of the country. At the instance of the State governors, such unwelcome migrants were sent back to their various states. These incidents triggered political reactions and rhetorics from different geopolitical zones, especially when it was discovered that the northern region is more vulnerable to the COVID-19 pandemic than the southern states where these trucks were headed. Available statistics indicate that the number of arrested persons fleeing from the northern states to the southern states include the following: Abia (40), Ondo (23), and Enugu (17) (The Nation, 14th May 2020). In Anambra State, the Governor ordered that the River Niger Bridge linking Onitsha (Anambra State) and Asaba (Delta State), which serves as the gateway to South-Eastern states be barricaded with an iron bar and security devices be installed to check against interstate movements (Vanguard, 25th May 2020). An act considered to exert direct bearing on the integrity of Nigeria, bearing in mind the resumed agitations for secession by the IPOB in the zone.

Other issues include the politicisation of the distribution of palliatives by political parties. For instance, the distribution of COVID-19 palliatives became an issue of antagonism between the People's Democratic Party (PDP) controlled State Government and the State's leading opposition party, All Progressive Congress (APC), which controls the government at the federal level. At the centre of the controversy was the announcement of the Executive Assistant to the Governor on Agri-business, Dr. Debo Akande that the three trailers load of rice given to the state by the federal government as COVID-19 lockdown palliative was 'unfit for human consumption' as they had gone bad due to bad storage which triggered political reactions from the State chapter of the APC in Oyo State (The Guardian, 26th April 2020).

#### National Security in Post-COVID-19 Era in Nigeria: Prospects

There is no gainsaying the fact that the COVID-19 pandemic has had serious negative implications on Nigeria's national security and healthcare aspect of the lives of Nigerians. In as much as we admit this as a fact, how Nigeria as a country makes out for the well-being of her citizens in the future depends on how it manages the COVID-19 pandemic era in the country. For instance, the pandemic has caused Nigeria to take the issue of diversification of the economy more seriously because of the effect of the COVID-19 pandemic, with the help of the Economic Recovery Plan of the present administration, huge revenues are being generated from the services and other sectors aside from the petroleum sector. The COVID-19 pandemic has also created an opportunity for the Nigerian Military, especially the Nigerian Army high command and Defence Policy Makers to de-emphasise the over-reliance on imported weaponry systems, to focus on developing weapons and military equipment locally.

Collaboration and partnership within the country are ongoing as well as the revitalisation of Defence Industries Corporation of Nigeria (DICON)\* for the future development of the military complex in Nigeria. The pandemic is also a wake-up call to policymakers as the unusual and unprecedented nature of the crisis has made it difficult for citizens to rely on foreign health care services and more difficult to solicit for international support, given the competing demand for medical supplies and equipment. A more integrated response, spanning several sectors, including the health, finance, and services sectors is required to address structural issues that make the country less resilient to shocks and limit its range of policy response. Improving investments in the healthcare sector should be made to ensure that people can recover from the pandemic and respond to future developments.

<sup>\*</sup> DICON is the state-run defense corporation of Nigeria and operated by the Nigerian Armed Forces. It is responsible for the production of defense equipment and civilian products.

# Conclusion

The paper has been able to establish that the COVID-19 pandemic threatens Nigeria's national security because of its effect on virtually all aspects of the Nigerian human security index. It affects the economy of the country which is crude oil-driven, the economy of the citizens is affected, which increases hardship in the country. Insecurity has been exacerbated as bandits and terrorist groups are on a killing spree in most of the conflict-ridden communities, and many other challenges that portend danger to the welfare and security of the citizenry. To manage the situation and maintain the country national security interests, the following actions should be taken:

- i. The country should strengthen other means of generating revenue, and reduce the so much reliance on crude oil as the only resource for national development planning
- ii. Improving the health sector should be a major priority for the government. More budget provision for the health sector should be prioritised for national emergencies like the Covid-19 pandemic.
- iii. Politicisation of national emergencies such as health pandemics like the COVID-19 Pandemic should be jettisoned in managing national emergencies to avoid more human catastrophes and conflict among the various institutions of government.
- iv. Expression of ignorance by state actors should be eschewed in times of national emergencies to avoid misleading information that may jeopardize the security and well-being of the people. The government should always have a concerted approach towards emergencies to avoid confusion and ensure effective collaboration among the tiers of government as well as the institutions of governance.

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# NATIONAL RESPONSE STRATEGY AND INTERNATIONAL SUPPORT IN FIGHTING COVID-19 IN IDPS CAMPS IN NORTHEAST NIGERIA

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#### Abstract

The Nigeria Centre for Disease Control (NCDC) revealed that as of 30th September 2020, the country has a total of 7,599 active cases of COVID-19, while 1,111 people had died from the virus. The effect of COVID-19 on all countries is unparalleled, both in terms of fostering public health preparedness, response, and protection for vulnerable communities such as those displaced by Boko Haram in Northeast Nigeria and in terms of mitigating wider socio-economic impact. The objective of this paper is to evaluate the national response strategy and international support in fighting COVID-19 amid internal displacement through a descriptive survey. It is found that, in Nigeria, a national COVID-19 Multi-Sectoral Pandemic Response Plan has been adopted and serves as a Government response framework. On the other hand, the international partners under the World Health Organisation (WHO) play a supportive role in responding to the situation in Nigeria, while contributing across the board to the COVID-19 scourge and other needs. The response to COVID-19 in Nigeria expands on the ongoing efforts to tackle the humanitarian situation in the Northeastern part of the country. Priority is given to curtail the spread of COVID-19 in camps and camp-like settings for internally displaced persons (IDPs). The study concluded that IDPs are susceptible to Covid-19 due to the health threats associated with their displacements such as congestion, substandard shelter, poor nutritional status, and poor health and hygiene conditions. Finally, the use of evidencebased public health guidelines, such as the SPHERE standard by local and international humanitarian actors, is recommended.

Keywords: COVID-19 pandemic, Internally Displaced Persons, International Organisations, Northeast Nigeria

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## Introduction

On February 27th, 2020, Nigeria confirmed its first case of the COVID-19 pandemic. The virus was brought into the country by an Italian national. The novel coronavirus is believed to have emerged from China in the last quarter of the year 2019. Since then, the virus has so far killed more than one million people globally (WHO, 2020b). In Nigeria, the first case of COVID-19 was confirmed by Lagos University Teaching Hospital. At that time, Nigeria had only two laboratories with the needed equipment and professionals to conduct tests for COVID-19. When the case was discovered, a full-scale contact tracing was initiated (NCDC, 2020). In the process, 39 individuals, including four medical workers, were traced to have had contact with the infected person. The involved people have to be quarantined by the Nigeria Centre for Disease Control (NCDC) with the collaboration of other stakeholders. Also, efforts were made to identify and trace all the persons that were on the same plane as the infected person (Tijjani & Ma, 2020).

Thus, the public health response to the outbreak lies with the Federal Ministry of Health (FMOH). The COVID 19 pandemic is a public health emergency. As such, a multi-stakeholder, multi-agency partnership was needed to put together their skills to address the issue holistically. A national Emergency Operations Centre (EOC) for COVID-19, based at the NCDC, has been triggered by the FMOH (Amzat et al., 2020). The EOC is in charge of the public health response to the outbreak of COVID-19 in Nigeria and is constituted of multiple agencies that oversee various response sectors, like infection, prevention, and control, case management, risk, and communication. States have their EOCs that lead the intervention at the state level (Oyeniran & Chia, 2020). The FMOH has led risk communications through the NCDC, creating public health materials in various languages addressing diverse communities, including religious and cultural leaders, as well as recommendations for self-isolation for all categories of people.

Over the past decade, north-eastern Nigeria has suffered from the Boko Haram uprising and is still recovering from a complicated humanitarian crisis that has displaced and exposed millions of vulnerable children, women and the elderly to misery, epidemics and malnutrition (Agbiboa, 2020). Frankly, when immediate public health preventive steps are not taken to control the spread of the highly infectious virus, the conflict-affected states of north-eastern Nigeria are not far from being the hardest hit by the COVID-19 pandemic. In Northeast Nigeria, the number of people in dire need of humanitarian assistance increase from 7.9 million people in early 2020 to 10.6 million people since the outbreak of the COVID-19 (Agbiboa, 2020). This increase in the number of people needing assistance signalled a humanitarian catastrophe if the necessary measures are not taken.

Adamawa, Borno, and Yobe states have recorded COVID-19 cases, including in IDP camps and host communities. With the lockdown restrictions issued during March and April 2020 by state governments in Borno, Adamawa, and Yobe, the supply chains and the distribution of essential humanitarian aid were impacted by these restrictions. In Nigeria, Borno ranks among the worst affected states (Oveniran & Chia, 2020). In light of COVID-19, international humanitarian partners adopted an emergency response strategy of setting up hand washing stations and quarantine and isolation facilities and ensured physical distancing during distributions of palliatives. International aid workers reached about 5.2 million people in the states of Adamawa, Borno, and Yobe with lifesaving assistance (Ibeh, Enitan, Akele, Isitua, & Omorodion, 2020). The response to coronavirus infection for IDPs came with a unique and complicated challenge due to the already complex humanitarian situation in the region. The almost 2 million displaced people in Northeast Nigeria are more vulnerable to the dangers of the COVID-19. Particularly for the 413,271 Internally Displaced Persons living in some extremely overcrowded camps, more especially in Maiduguri with an average of 12 metre square per person in the camps.

## Pre-COVID-19 Internal Displacement in Northeast Nigeria

The Nigerian internal displacement is largely caused by the Boko Haram insurgency in the north-eastern part of the country. The humanitarian situation in Nigeria is alarming, particularly for the categories of concern such as children, women, and elderly people. The magnitude of insecurity in Northeast Nigeria made accessibility difficult; thereby limiting the provision of life-saving assistance and protection of the victims. This led to a famine-like situation in the region. The IOM's Displacement Tracking Matrix (DTM) Round 13 affirmed that the larger segment of the IDP population is scattered across various communities. Specifically, 1,339,512 IDPs - 75.66% - live in with host communities. Some stay with family and friends, while others live in rented or donated houses. In some cases, IDPs took refuge in abandoned and uncompleted buildings. Only 430,932 IDPs - 24.34% were sheltered in camps or camp-like settlements. Borno state is the most affected state by the Boko Haram insurgency with more than 1.3 million IDPs. Despite the size of the displaced people in the State only 403,603 - 29.44%of them - live in the provided camps and camp-like settlements; while the bulk of the victims struggle for shelter in some relatively safer communities in the State (IOM, 2016).

Since the intensification of the Boko Haram insurgency and the counterinsurgency campaign by the Nigerian security forces, the majority of the people forced to flee from their homes remained in the three most affected north-eastern states of Borno, Adamawa, and Yobe as IDPs. At the same time, some other IDPs are spread across the remaining three states of the region. The states hosting these victims were already suffering from dilapidation of the socio-economic structures (Gwadabe, Salleh, Ahmad, & Jamil, 2018). Therefore, the exodus of the IDPs into those states overstretched the already insufficient resources and infrastructural facilities. The situation in the Northeast caused a humanitarian crisis of global concern. The displaced population is in dire need of food and nutrition; healthcare; water, sanitation, and hygiene (WASH); and protection. There is also the need to set sustainable mechanisms for the attainment of durable solutions for the victims (UNOCHA, 2017a).

## Pre-COVID-19 Healthcare of the IDPs

Healthcare is one of the most important necessities for human life at all times. The need for a robust healthcare system became more pertinent during the time of conflict due to the devastation it causes to human life and welfare. However, due to the state of anarchy and the threat that accompanied conflict, the provision of efficient healthcare services becomes very difficult or even impossible in some situations. The Boko Haram insurgency and the suppressive campaign of the Government forces have broken down the healthcare system in Northeast Nigeria at a time it is needed the most. It is reported that in Borno and Yobe states the ratio of health services to the people is one healthcare centre per ten thousand people. In most of the communities liberated from the insurgents, the healthcare system has been severely damaged; and the few remaining facilities are overburden due to the high number of IDPs coupled with the lack of medical personnel, equipment, drugs, and a poor referral system (WHO, 2016). A report by the UNOCHA revealed that more than 40 percent of the healthcare facilities are destroyed or burned down with most of the medical equipment stolen during the fight with the insurgents. The protracted Boko Haram armed confrontation has a serious negative effect on the general livelihood of the people of the region. The nonfunctional healthcare system has paved the way for the outbreak of diseases which mostly affected the most vulnerable groups among the victims, such as children, pregnant women, lactation mothers, and elderly people.

As a result of this breakdown of the health service system which exposed the affected people to more vulnerabilities, a skyrocketed rate of mortality has also been recorded (UNOCHA, 2017a). The geographical constraint is one of the healthcare challenges. Some of the liberated communities are situated in remote areas. Another issue of concern is the epidemic of the wild PolioVirus in the region. The poliovirus has affected scores of children, and for some of the patients even to the extent of disability. This situation is likely to have a negative effect on the affected society in the long run as a whole generation is being crippled. Another health issue bedevilling the Northeast region is the perpetual outbreak of cholera. In just one of the episodes of a cholera outbreak in Borno alone, 152 cases were reported. The outbreak resulted in the deaths of 11 people (UNOCHA, 2017b).

Also, Malaria is another disease challenging IDPs. Malaria has the highest morbidity rate more than other diseases combined, such as cholera, meningitis, measles, and hepatitis, etc. The children remained the most affected by the diseases, followed

by pregnant women. Although, malaria claims more life, other health condition such as acute respiratory infections, mental health issues more especially for the traumatised people as a result of the horror of the conflict they went through, meningitis, measles, and some other ailments also remain of high health concern (WHO, 2017). Furthermore, there are reports of the rising cases of the Human-Immuno Virus (HIV). A test for the disease was conducted on 220,849 IDPs; 13,802 among them were found positive; while 9,567 were already on Anti-Retroviral Therapy (ART). The report further clarified that most of the new HIV cases in the Northeast are a result of rapes and forced marriages (UNOCHA, 2016).

## The COVID-19 and National Response Strategy

In recent years, the outbreak of epidemics such as Lassa and Ebola in Nigeria is supposed to have equipped the country to face COVID-19. However, there were a lot of loopholes when Nigeria recorded its first case of COVID-19 in February 2020. The immediate response strategy the country adopted was contact tracing. The strategy faced a setback due to the attitudes of some travellers that gave incorrect addresses and fake telephone numbers when entering Nigeria (Akintunde, Chen, & Di, 2020). When the pandemic was ravaging the world and cases were alarmingly increasing, the country used the lockdown strategy on two states, and after some weeks all the states went through some form of lockdown to reduce the spread of the virus through human interaction. The lockdown included inter-state travel except for essential services such as health, delivery of food and drugs, and other necessary commodities and services.

## The Presidential Task Force (PTF)

A typical response framework based on an understanding of the response of Nigeria so far is presented in Figure 1. There is a Presidential Task Force (PTF) at the federal level that oversees the national COVID-19 response strategy. There is also a State Task Force in each state of the Federation. The key mandate of the task force is to formulate plans, execute them, and ensure a multi-stakeholder reaction to the pandemic. Although there is an effort to rally other stakeholders, government officials largely dominate the PTF (Ogoina, 2020). For example, even though Nigeria is a religious country, faith leaders (FLs) have been significantly neglected. Some FLs conducted congregational services despite the initial restriction on religious activities. In early June, however, worship places were hastily opened to the public for regular activities with the anticipation to follow the NCDC guidelines. The probability of compliance with safety guidelines is very low for certain religious meetings may, therefore, be relevant in explaining the probability of a second wave of the pandemic.



#### Figure1: National Response Strategy to COVID-19

Source: (Amzat et al., 2020)

The Nigeria Centre for Disease Control (NCDC) reported that during the relaxed lockdown, Nigeria reported a relative rise in the number of COVID-19 incidents. The country recorded 6,527 positive cases in 20 days after easing the total lockdown, which indicated a 52 percent rise in the number of all confirmed cases. The easing of the movement of the people is a prerequisite to the economy's eventual reopening, which, if hurriedly enforced, might further lead to an increase in the number of infected people (Odunayo, 2020). There are some dilemmas in considering a further lockdown; both intended and latent consequences exist. The Lockdown and Stay-at-Home Order have clear adverse effects on the livelihood of citizens, with disproportionate effects on the poor people, most of whom need to go out every day to earn income for survival.

Similarly, Ataguba (2020) noted that poor and vulnerable people mostly work in the informal sector, requiring close person-to-person contacts for money transactions and patronage. Although the lockdown was crucial for disease control, the economic and social pillars for survival and resilience mechanisms of the most vulnerable community in Nigeria are weakened. The prediction that millions of Nigerians will be driven into extreme poverty and many others will be forced into temporary and consistent unemployment, which will further expose them to the "hunger virus" which is as well deadly and would have a long-lasting effect on the population (Amadasun, 2020). Therefore, poverty caused by the lockdown could increase other social problems, such as general insecurity, economic crisis, and domestic violence. Addressing COVID-19 brings confusion involving consideration of the trade-offs between measures in public health and socio-economic implications. The economy can be rejuvenated by sound economic stimulus and recovery policies, as the country has received US\$ 288.5 million and US\$ 3.4 billion in COVID-19 recovery loans from the African Development Bank (AfDB) and the International Monetary Fund (IMF) respectively (Ajibo, 2020). The health crisis will worsen a rushed reopening, nullify any presumed early economic progress, and prolong the process of recovery.

The response of Nigeria to coronavirus has mainly focused on the medical aspects of the pandemic, and most of the strategies used by the country are reactive measures. Only after positive cases were reported in the country did the Federal and state governments create isolation centres. For instance, in Ogun State, where the Nigerian index case was found, there was no molecular laboratory; the patient was transferred for diagnosis and treatment to Lagos State. The same applies to other states, where medical equipment for fighting the disease has only been obtained by governments after positive cases have been registered. The initial panic wave caused by COVID-19 in Nigeria was accounted for by insufficient proactive readiness. The pandemic also highlighted the overall dilapidated state of the healthcare system, which explained why the COVID-19 crisis was handled inefficiently in Nigeria.

## International Support in Fighting Covid-19 amid Internal Displacement

The response of international partners to COVID-19 in Nigeria has been based on existing inter-sectoral efforts to tackle the current humanitarian situation bedevilling the north-eastern region of the country. The Joint Support Framework uses the strategy of inclusion. They carried both government and the people along in fighting COVID-19. All partners operating in Nigeria took part in the fight against the deadly virus. It includes sectors of the government, both national and international NGOs, Agencies of the United Nations, research institutes, donor agencies, and the affected communities. The perpetual Boko Haram insurgency that affects over 7 million people in the north-eastern region creates a rapidly changing environment for the COVID-19 response. As highlighted earlier, the fight has damaged health and sanitation infrastructural felicities, displaced and rendered large sections of the population cut off from other segments of the community, and has adverse implications for disease control (Reuben, Danladi, & Pennap, 2020). The BAY (Borno, Adamawa, and Yobe) states have approximately 2 million IDPs; out of which almost 475,000 individuals are in extremely congested camps/ sites (Tijjani & Ma, 2020). The compounding effects of this crisis heightened the challenge of COVID-19. The Operational Humanitarian Country Team (OHCT) in Nigeria published the Joint Support Mechanism in May 2020 to ensure a coordinated approach across stakeholders and sectors to the management of the COVID-19 emergency. The goal of this structure is to formalise the ongoing multi-sectoral work to tackle the prolonged humanitarian crisis and to exploit these partnerships to respond effectively to the COVID-19 pandemic (Abulude & Abulude, 2020; Amadasun, 2020). The Joint Support Framework's strategic priorities are closely associated with those of the Global Humanitarian Response Plan (GHRP) COVID-19-containing the spread of the COVID-19 pandemic and reducing morbidity and mortality; reducing the degradation of human assets and rights, social stability and livelihoods; and securing, assisting and advocating for refugees, internally displaced persons, migrants, and migrants.

The strategy prioritises the prevention of the spread of COVID-19 in IDP camps, and camp-like settings cantered on these goals. In IDP camps, although there are very few incidents, the congestion and conditions in camps create a highrisk environment for rapid spread, so there is a need to promptly concentrate on prevention. The Water Sanitation and Hygiene (WASH) Sector, the Camp Coordination and Camp Management (CCCM) sector, and the Shelter Sector came together with the Health Sector to establish a solution focused on their complementary areas of expertise. The first consequence of their partnership is the Decongestion Policy, which targets more than 400,000 people living in extremely congested camps or locations (Isgandar & Ilesanmi, 2020; Odunayo, 2020). The proposal calls for 1,207 hectares of land to be purchased to prioritise decongestion as a precondition for the implementation of guidelines for social distancing. Partners in the Nigerian health sector such as the Grassroot Initiative for Strengthening Community Resilience (GISCOR) are already deployed to screen returnees and refugees before transitioning to IDP camps at the point of entry (Polo, 2020; Tijjani & Ma, 2020).

Recognising the existing assets and resources available in the region, the Joint Support Framework allows local business partners to contribute to a versatile and decentralised response in their areas of expertise. Nigeria Health Sector Coordinator, stated, "One big focus is to resolve the myths and stigma surrounding COVID-19, both for the infected people and health personnel." It can only be done by enhancing our alliances and building on existing systems in place" (Adesegun et al., 2020). To utilise their networks and community outreach skills, the Health Sector partnered with the OCHA community mobilisation working group, community teams in the WASH Sector, and community healthcare workers in the Polio eradication programs (Gift & Olalekan, 2020). As a consequence, a public service campaign honouring discharged COVID-19 patients as heroes for beating the disease was created. To provide consistent messages on COVID-19 prevention and recovery, agencies are also working closely with local influencers

such as political and religious leaders. The Joint Strategic Structure, which adopts a triple nexus strategy, enables development, humanitarian and peace actors to contribute to a coordinated response to COVID-19 in the country. The Alliance for International Medical Action (ALIMA), a partner in the health sector, partnered with the Ministry of Health to provide more than 15,000 outpatient consultations on COVID-19. In seven IDP camps, ALIMA also helps to provide critical health services and offers sexual and reproductive health care in hospital environments, integrating prevention and treatment of COVID-19 into their current programs. ALIMA is working on training both healthcare staff and state burial teams in infection prevention and control (IPC) initiatives, under WHO guidelines. ALIMA and other Health Sector collaborators are thus able to work in a harmonised manner for both the GHRP and the Sustainable Development Goals (SDGs) (Tijjani & Ma, 2020; WHO, 2020a).

In the COVID-19 response, teamwork at this stage brings to light cross-cutting organisational problems that require ongoing cooperation to address. As a result of the lockdown, the closure of international airports led to unequal accessibility to humanitarian cargo and other life-saving supplies. "This poses additional difficulties for our partners to acquire lifesaving drugs and other vital supplies" (Abulude & Abulude, 2020; Iwuoha & Aniche, 2020) The closures and foreign market volatility have also rendered it challenging and volatile in terms of cost to procure personal protective equipment (PPE). The Health Sector works with the coordination cell of the supply chain to identify partners to fulfill urgent supply needs and to cooperate with the Logistics Sector to adapt the Humanitarian Cargo Movement Notification Form (HCMNF) mechanism to meet changing needs. Shortages are a major organisational problem due to limited travel, but the Health Sector tends to push for longer-term ways to resolve shortages.

# Conclusion

IDPs are susceptible to Covid-19 due to the health threats associated with their displacements such as congestion, increased risk of exposure to the virus, substandard shelter, and poor nutritional and health status. The government needs to respect the rights, duties, and obligations of health workers, including important concerns for their protection and health at work. The government should include IDPs in the Covid-19 response policy, plans, and activities in camps and communities. Also, to ensure the safety of the rights of health workers and make appropriate infection prevention and control (IPC) and PPE supplies (masks, gloves, goggles, gowns, hand sanitising, soap and water, cleaning supplies) available in sufficient quantities. In the meantime, aid workers have stepped-up public awareness and education of the preventive measures of the spread of COVID-19 and the implementation of risk reduction steps, such as the establishment of handwashing stations, the provision of adequate water sources, and the construction of quarantine shelters. With motorised promotions,

door-to-door hygiene education in line with COVID-19 distancing steps, and carrying out a series of animation videos, public service announcements, and myth busters, aid organisations have improved risk awareness messaging. Restrictions on travel often raise questions about the lack of resources for subsistence and food insecurity. An initial study by the WFP shows that in Borno, Adamawa, and Yobe (BAY) states, about 7 million people may become food insecure because of the potential impact of COVID-19 on food security and livelihoods (WHO, 2020a). This is almost double the 3.7 million people who were expected to be food insecure in 2020.

The United Nations called on all donors, partners, and stakeholders to better finance and support their Global Humanitarian Response Plan to tackle the common threat of COVID-19. This they can do through the provision of research laboratory materials, health workers' protective equipment, sick care medical equipment, water supply, and the installation of handwashing stations in camps and other settlements (Ajibo, 2020). The Nigerian government and stakeholders must continue to maintain and step up their commitment to mobilise more public health resources. This will help to be better prepared and more proactive than ever to scale up COVID-19 initiatives and potential outbreak preparedness and preventive measures for people affected. The use of evidence-based public health guidelines, such as the SPHERE standard by local and international humanitarian actors is recommended to guide their response to the COVID19 pandemic.

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# AN ANALYSIS OF THE CLASS NATURE OF HEALTH SERVICES DEVELOPMENT, ADMINISTRATION AND MANAGEMENT IN NIGERIA: A PRELIMINARY EXPOSITION TRIGGERED BY COVID-19 PANDEMIC

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#### Abstract

COVID-19 Pandemic, no doubt, took the global community without exception by storm when it was declared as a Pandemic by the World Health Organization (WHO) on the 31st of December, 2019. Environmentalists, in particular, have argued rather ominously that our ways of consuming global resources - be they fauna or fossil - unsustainably have made pandemics inevitable occurrences on our planet. Besides, and, speaking epiphenomenally, the mode of societal organization, particularly its hierarchical and vertical structure, is likely to exacerbate the impact of coronaviruses, whenever they strike. The situation of non-sustainability in consumption, which is always going to give rise to existing social inequity and inequality in terms of access has further made the impact of the contemporary pandemics to be unequally inevitable, spatially and temporally. Of course, the impact of the current pandemic on various countries on planet earth varies from one political entity to another; but the enormous impact of the pandemic on the way humans may have to conduct their affairs, going forward, calls for serious analysis and recommendations. But before this future trajectory is calibrated for traction to the right direction, there is a need to look reflectively on the differential nature of not only of the likely impact of the pandemic on social classes in Nigeria but also the need to examine how the development, administration, and management of available services in the health sector, as key social services of unparalleled importance, have historically been approached on a class basis, therein.

Keywords: COVID-19, Class, Health Services, Development, Administration, Management, Nigeria

#### Introduction

Health services in political communities are perhaps the most important preoccupations in terms of policy options to be taken. This is because of the centrality and relevance of health or healthy living to the survival of the human race, particularly in the political community that is in reference. Policies on health services are also divisive at the same time in many respects: namely, along class

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lines and, more crucially, on the issues of the affordability and capacities of the services that may be on offer. Invariably, the have-nots are the ones usually at the receiving end; while the haves use the means at their disposal, whether or not such resources have been acquired legitimately before exercising their "proprietary rights," to access the health services, either in situ or off the shores of the political community under scrutiny. The disproportionate and unequal possession of and/or access to resources in a class organized society, such as Nigeria, is a case for serious attention, especially in the health sector, in the current situation of coronavirus.

The Nigerian society, drawing from the theoretical frameworks of Amilcar Cabral and Frantz Fanon, shall be brought out for analysis. The major concern of the paper is to find out what classes are in Nigeria and how each class can afford and access available health services, among other social services. There is also the need to carry out an analysis of the nature of the development, administration, and management of health services over the years in Nigeria. The next section shall look at, based on the analysis of the pattern of development, administration, and management of the health sector services, the need as well as the call for the amelioration of processes in the sector, with respect to the provisions of facilities and vigorous manpower training as well as ensuring the sector's performance, at least, on the normative issues of accessibility and equity; as well as adequacy and efficiency, to meet emergencies such as Covid-19. Conceptual issues such as what should be the constituents of good health shall also be highlighted in this section. The penultimate section shall be devoted to an analysis of the emergence of Covid-19; examining its impact with respect to the extent of its devastation on the lives of the Nigerian people and the efforts made to ameliorate such impact. The final section shall provide the concluding remarks.

# Theorizing Classes in Africa From the Revolutionary Perspectives of Cabral And Fanon

# Amilcar Cabral

Cabral insightfully analyzed the social structure of the Guinean society. He identified, among others, the traditional authority; the petty bourgeoisie; the lumpenproletariat; the declasses; the colonists, etc. He concluded that the petty bourgeoisie stratum of the society could be the revolutionary class:

It is obvious that both the effectiveness of this road and the stability of the situation to which it leads after the liberation depend not only on the characteristics of the organization of the struggle but also on the political and moral awareness of those who, for historical reasons, are in a position to be the immediate heirs of the colonial and neo-colonial State. For events have shown that the only social structure capable both of having consciousness in the first place of the reality of imperialist domination and of heading the State apparatus inherited from that domination is the native petty bourgeoisie. [Cabral, Ibid.]

The basis of this selection is made obvious in the above quotation. He equally provides a proviso that for it: to fulfill its historical mission, it must be prepared to commit class suicide! Marxists generally would regard this position taken by Cabral to be heretical, especially considering the unsavoury description of the characteristics of the petty bourgeoisie in the Marxist literature:

In countries where modern civilization has become fully developed, a new class of petty bourgeois has been formed, fluctuating between the proletariat and bourgeoisie and ever renewing itself as a supplementary part of the bourgeois society. The individual members of this class, however, are being constantly hurled down into the proletariat by the action of competition, and, as the modern industry develops, they even see the moment approaching when they will completely disappear as an independent section of society, to be replaced, in manufactures, agriculture, and commerce, by overlookers, bailiffs and shopmen. [Marx and Engels, 129:1983.]

In other words, the petty bourgeoisie is liable to vacillation, and, consequently, it is a class that cannot be relied upon as it is always struggling to transit to and nestle with the dominant class. Such a class can hardly be the comrades of the working class – the revolutionary in classical Marxism-Leninism. It must be emphasized, however, that Cabral most probably arrived at his conclusion after considering the objective and subjective realities of the society he wrote for. First and foremost, Guinea-Bissau and Cape Verde Islands (as one country at the point of the anti-colonial struggle) were colonized by Portugal. The colonizer country was up to the decade of the eighties in the twentieth century a very backward country. In addition, it was most probably on the fringe of European civilization and development during its colonial suzerainty. Portugal was also not a democratic country; it was a dictatorship throughout much of the twentieth century.

Furthermore, among the European nations that possessed colonial territories in Africa, the Portuguese variant of colonial conquest, administration and exploitation were the most brutish and the most bestial by the way the citizens of the three colonies (Angola, Guinea/Bissau, and Mozambique) controlled by her were treated. It was not surprising that only very few of the populations in these colonies went to school and even those that acquired western education were not given the same treatment in the workplace, compared to the Portuguese of commensurate qualifications and skills. It was also appalling that Portuguese of lower qualifications and skills were more regarded than the African specialists.

As a result of such monumental discrimination and unbridled exploitation, some of the few educated colonized subjects were the ones who developed or were likely to develop what classical Marxism would refer to as the consciousness of the "classfor-itself;" rather than just being a "class-in-itself." In other words, they were the ones who went through a transformational process and had graduated from being an objective class to acquire the quality of a subjective one. According to Cabral, it had become a class that was conscious of its exploitation and would as well as should, consequently, be prepared to organize itself, to end the exploitative system. It should, however, be emphasized that the material basis of this consciousness must be anchored in a more materialist sense on the production process; and, secondly, in the political process of organization, that is, there must be a political party to push forward the revolutionary activities. A revolutionary change, as Mao Zedong was wont to argue, is never a tea party and, therefore, is not just voluntary and individual exhibitionism. Rather, it must be well-coordinated and driven by the correct socialist cum communist theoretical paradigms articulated and developed, as mentioned, in the process of production.

The relevance of the notion of the petty bourgeoisie committing "class suicide" should not be understood in its conceptually precise meaning, but metaphorically. One is not sure this important theoretical issue has been featured prominently in any serious post-mortem analysis of the collapse of the Soviet Union and other East European socialist states in the eighties and the closing decade of the 20th century. Perhaps, the lesson of the experience of the East European socialist states has shown somehow poignantly that there was and still is a good element of sense in Cabral's theorization that should compel the petty-bourgeoisie to commit class suicide. If reference is made to most of the countries where the socialist/ communist revolution took place or was programmed to take place, there was none that was not led by members of the petty-bourgeois class that adeptly mobilized and organized the working class to participate and exercise historic influence. In the classic case of the defunct Soviet Union, this petty-bourgeois class did perform wonders through the transformation of a largely vast, backward, and poor country or empire (as it was during the reign of the Czars) into a sprawling industrial giant within a generation. The Soviet Union, both on the eve of the Second World War and after, up to the point of its decomposition, was able to contest for global dominance in security and peace matters as well as contending for the moral high ground by supporting countries in the Third World countries struggling for their independence and sovereign integrity.

This scenario was what most probably led Cabral, after a clinical analysis of the social structure of the Guinean society, to call on the petty-bourgeois elements who might have or who had immersed themselves in the struggle to build the socialist society, regardless of the stage of the mode of production, to shun aggrandizement and cancer that eventually destroy the socialist states of Eastern Europe. He urged them to get reborn by committing class suicide. This, they should do, by not only renouncing privileges and ostentations; but, by also ensuring that the bourgeois mode of production would completely be destroyed. The revolutionary petty-bourgeois class should ensure that there would be equitable distribution of the joys and stresses of the socialist/communist construction; and, finally, it's equally important that they would pay attention to the internationalist dimension of how

to bring about the new society into being, for the benefit of the whole of mankind.

The absence of "class suicide," a most important theoretical contribution to Marxist philosophy by Cabral, in the end, made the world witness the historic throwing away of the baby with the birth water, in what would have amounted to the double "creation of the new man and his new society." It must indeed be emphasized that it was not just the painful catalytic collapse of the Soviet Union that the world witnessed when it took place that should be seen as the greatest impact in the long run; but, the fact that this unfortunate development has put a terrible break on the reality that such ecumenical and organic body of thought could ever be brought about by the endowed intellects of the likes of Karl Marx, Frederick Engels, Vladimir Lenin, Mao Zedong, Fidel Castro, Amilcar Cabral, Frantz Fanon, Samora Machel, Che Guevara, Ho Chi Minh, etc. In other words, the prodigally and scientifically produced literature by all of these intellectual giants, the course of which led to some of the observed fundamental historical changes in the affairs of humankind in the 20th century, should certainly be the basis of worries of all men and women of the contemporary era, apart from the failure to sustain same. [See Pantham, 1995:58-59.]

#### Frantz Fanon

With regard to Fanon, the revolutionary class was defined to be the peasantry – another heresy from a committed Marxist, one should say. Again, one is compelled to agree with him that his ideas were empirically based on the African-wide society in which or for which he wrote. To that extent, one would understand the kind of dilemma he faced. It is very likely that if Marx were to write his philosophy of class struggle on African soil the time he did, the tone, particularly on the revolutionary class, would be different also. Indeed, the process of the production of ideas is never divorced from the empirical (temporal) as well as spiritual referents that would surround the author. Hence, Fanon's choice of the peasantry as the revolutionary force is based on the following qualities of man and his other natural endowments: population size; spontaneity; courage; commitment; and faithfulness. These attributes are explained by Fanon as follows:

The peasant who stays put defends his traditions stubbornly, and in a colonized society stands for the disciplined element whose interests lie in maintaining the social structure. But in their spontaneous movements, the country people as a whole remain disciplined and altruistic. The individual stands aside in favour of the community. The country people are suspicious of the townsman. The latter dresses like a European; he speaks the European's language, works with him, sometimes even lives in the same district; so he is considered by the peasants as a turncoat who has betrayed everything that goes to make up the national heritage. The townspeople are 'traitors and knaves' who seem to get on well with the occupying powers, and do their best to get on within the framework of the colonial system. This is why you often hear the country people say of town dwellers that they have no morals. Here, we are not dealing with the old antagonism between town and country; it is the antagonism that exists between the native who is excluded from the advantages of colonialism and his counterpart
#### who manages to turn colonial exploitation to his account. [Fanon, op. cit.:89.]

It is instructive that Fanon stresses the point about the differential "advantages" accruing to the subjects of colonial rule and these invariably cause antagonism between the townspeople and the countryside people. It must however be taken to heart that in spatial differentiations everybody may equally be advantaged and/or equally disadvantaged. All the same, this spatial differentiation and the "advantages" available to one space, which are not available to the other, have created a fundamental level of consciousness that becomes the basis of the potentially revolutionary vocation of the crowd of the sub-classes in the rural area. Furthermore, we should not fail to observe that the countryside in Africa, in general, was largely the site of the production of the export agricultural products that supported as well as energized the exploitative objectives of colonialism. The exception would also be the mineral resources that could have been found in both the towns and the countryside. Finally, it is important to also observe that Fanon has sometimes lumped together with the peasants and the lumpenproletariat (the latter being people living in shanty towns in the urban centres) as well as the other under-classes, jointly, as the spearheads of the agitation against colonialism. It may therefore be pertinent to also ascribe to them the revolutionary consciousness already ascribed to the peasantry. We would need to find out how this consciousness developed and expressed itself, as the decolonization process advanced. To this point, Fanon has, in our view, so succinctly stated that:

That spectacular volunteer movement which meant to lead the colonized people to supreme sovereignty at one fell swoop, that certainty which you had that all portions of the nation would be carried along with you at the same speed and led onwards by the same light, that strength which gave you hope: all now are seen in the light of the experience of symptoms of very great weakness. While the narrative thought that he could pass without transition from the status of a colonized person to that of a self-governing citizen of an independent nation, while he grasped at the mirage of his muscles' immediacy, he made no real progress along the road to knowledge. His consciousness remained rudimentary. We have seen that the native enters passionately into the fight, above all if that fight is an armed one. The peasants threw themselves into the rebellion with all the more enthusiasm in that they had never stopped clutching at a way of life that was in practice anti-colonial. From all eternity, by means of manifold tricks and through a system of checks and balances reminiscent of a conjurer's most successful sleightof-hand, the country people had more or less kept their individuality free from colonial impositions. They even believed that colonialism was the victor. The peasant's pride, his hesitation to go down into the towns and to mingle with the world that the foreigner had built, his perpetual shrinking back at the approach of the agents of colonial administration: all these reactions signified that to the dual world of the settler he opposed his duality. [ibid.:110-111.]. The revolutionary potentials of the peasantry would have to be accepted with a pinch of salt, in any case. Fanon was quite aware of this, though, as he has argued that: "It is true that [the] unchanging way of life [of the peasantry], which hangs on like grim death to rigid social structures, may occasionally give birth to movements which are

based on religious fanaticism or tribal wars." [Fanon, ibid.:89.] In other words, in multi-cultural countries that exist in Africa, micro-level and/or secondary contradictions could vitiate their revolutionary fervor. Furthermore, as a result of the inherent contradictions and/or existential limitations of the peasantry, namely, general poverty, illiteracy, poor health, lacking land security – the greatest asset of the peasantry – etc., Fanon's ascription of revolutionary consciousness is usually assaulted by other Marxist critics. (See, among others, the caustic criticism of Caute in his book, Frantz Fanon.).

Despite the salience and appropriateness of the criticisms of commentators on Fanon's contribution to the Marxist politico-economic thoughts, the peasants have historically and spatially been involved in a variety of ways in the development of their societies:

The history of the 20th Century shows that African and other peasantries in China, Cuba, Vietnam, Algeria, Angola, Mozambique, [Nigeria, a la, the Agbekoya Uprising in the Western Region during the Civil War (1967-70)] are capable of becoming conscious of their status of exploitation and powerlessness and can become highly receptive to political organizations; they can participate in direct political action, aimed at controlling their destinies and, it is hoped, realize developmental goals within their societies. Peasants need no longer be depicted as a stumbling block to historical progress, nor as an embarrassing residue. [Chikwendu, 1983:41-42.]

## Synthesis of the Thoughts of Cabral and Fanon: Establishing their Relevance or Otherwise to the Nigerian Social Class Narratives

We have gone into the details of the theoretical postulations of both Cabral and Fanon to bring to the fore the need to always put most social issues as well as policies of any society in their class perspectives. As could be surmised from the discussions on the two theorists of revolution in the African setting during the anti-colonial struggle, this was precisely what they did. Even with the criticisms that have been levelled against their respective assignments of revolutionary consciousness to other than the proletarian class in classical Marxism, an important contribution to theory-building was achieved by them. In other words, they were able to argue quite convincingly and empirically for the existence of classes, even if some of them were in their rudimentary or nascent formation/development, compared to Europe at the time of the writings of Marx and Engels. Their period of analysis was from the late fifties to the early seventies. From that period to the contemporary period of the twenty-first century, no theorist, especially of the right-wing orientation, can deny the existence of classes in Nigeria/Africa. There are classes in Nigeria that may even be considered to have been more solidly developed than what was obtained with respect to the proletarian class in England and, again, at the time Marx and Engels wrote about them. It is therefore apposite to use their methodological insights to delineate the classes in contemporary Nigeria. The only aspects of their analyses that we shall not bother ourselves with is, after the delineation of the classes in Nigeria, to pronounce that this class or that class shall be the revolutionary one. It is not that we are shy of revolution and/or that we do not envisage that such episodic convulsion may never or cannot occur; rather, based on the main objective of this article to identify which class (or classes) is (or are) dominant in the Nigerian society and to what extent policies on the health sector, in particular, have been made to disproportionately favour the same dominant class, along with the consequences emanating therefrom.

Put differently, we are more concerned with the motive force in the development of the healthcare services in Nigeria; the relative access of the classes to the services being rendered, and the consequences of such a pattern of development, administration, and management. The social classes that we have been and are identifiable in Nigeria comprise the bourgeoisie (both foreign and local); the proletariat; the petty bourgeoisie (members of the intelligentsia, the lawyers, and other professionals); the bureaucratic bourgeoisie in the civil service top cadre; the agrarian classes; the declasses or the lumen-proletariat; etc. In the bourgeois class, we can sub-divide into the national bourgeoisie and its foreign counterpart. A number of these social groups are found in the private sector of the Nigerian economy. Some of them are the ones that now control some of the key privatized companies in the economy's critical branches such as banking; manufacturing, agro-allied industries, mineral resources, several import and export businesses; power generation, and its distribution; etc. They hire the labour-power of the proletariat and also fire the members of the exploited class whenever it suits the bourgeoisie and/or when their services are no longer required. The bourgeoisie in Nigeria is not only entrenched in the economy; it has sought, and to a large extent, it is succeeding in expanding its influence into the political realm, as it happened, to give an example in the transition to civilian rule in 1993, when MKO Abiola contested and won the election that year, which was unfortunately later annulled. Besides, the members of this class want to hobnob with the members of the political class to ensure that most economic decisions of the state shall or can be to favour their capitalist aspirations.

This class configuration in Nigeria should be seen as not just an amorphous group of people existing in a particular landscape. Some groups have definite roles to perform in the political economy. Furthermore, they enter into definite relations with themselves informally and formally in which case, as we have already hinted, one class stands to exploit and oppress the other. The classic case of the bourgeoisie proper and the proletariat proper and their social relations of domination and exploitation in the production process also stand out from the analysis. Perhaps, the resources that accrue to each social class are the likely factors that determine who stands to access a social service such as in the health sector better than the other. Furthermore, they are the factors that are likely to also determine the willingness or otherwise by the state to invest adequately in the health sector. In the Coronavirus Epidemic era, it is pertinent to stress the ad hoc and panicky approach with which the Nigerian state has so far handled its emergence. As we shall point out later, Providence has had a hand in averting the American and European types of result in inadequate hospitalization facilities and climbing deaths. The next section of the chapter provides a background of the health sector in Nigeria and the extent to which such historic and want of preparation can be discerned and recommended for correction.

## The Development, Administration and Management of Health Services as a Strategic Process

The development, administration, and management of any strategic process are undergirded by and/or approached with policy framework(s). What policy framework has the Nigerian state put in place, for the health sector? A framework is necessary because the development process is always complex; it involves not only a lot of people; a lot of resources; but, also, stringent protocols for its coordination and implementation. It is not often realized that the health sector in Nigeria, like the development of the country in its entirety, is a processual undertaking; literally speaking, putting one block at a time on one another. Just as the development of the country requires the contribution of all and sundry, so also is the health sector. This is because, in the health sector, there are the professionals; there are patients; there are structures to be built; and there are programmes, with each of them impinging not only on resources but also the attention of other professionals from other disciplines. In short, the health sector is about every individual and their lives matter a great deal. If this axiom is well understood, it means that the various interests have to be consulted and buy-in leverages, which must be understood by everyone, must be given to every stakeholder for purposes of inclusiveness and success.

In addition, the development process is not an ephemeral thing; rather, it should be conceived to span generations whose timelines can exhaust the imaginations of those on whose shoulders the task of laying the rest of the foundational block (at conception). In other words, development is for eternity. This being the case, development should not only be solid, it must contain elements that shall continue to challenge or be challenged by generations yet unborn. The point being made is simply that future generations' rights are, wittingly and unwittingly, intertwined with the contemporary development process. It must therefore be remembered that the planning process must make allowance for their objection (or, at least, their inalienable right to carry out tokenistic improvement on what is bequeathed to them) and/or their acquiescence, as the case may be, in the future. There must be a question for every generation to ask and/or to answer, which, in turn, shall also generate its question to be reserved for the next generation to ask, answer, and/or to solve. In one breath, the development process is a relay race; each athlete shall hand over the baton to the next upcoming athlete.

We have used metaphors of generations and athletes to stress the different aspects of the development process. A generation's developmental needs are not always identical, at all times; there may be underlying nuances, which those at the helm may not factor therein. It may be factored into the entire planning purposes, but becomes antiquated by the quick turnover in thinking that is taking place simultaneously as the developmental project is being executed. Similarly, those "for whom the project is planned" may have been shortchanged and they are powerless to alter its design details (which is the outcome of the existing unequal power equation). As for the metaphor of athletes, they compete with one another for the interest of their countries and the least they expect is equitable refereeing! Thus, the metaphors are meant to represent the existing divisions, principally, across class lines, apart from other secondary differences such as ethnicity, religion, etc., which, in our clime, are mistakenly always brought to the front burner.

Indeed, development cannot mean the same thing to everyone in the same polity and cannot, therefore, be divorced from the class interests of those who normally take over the mantle to direct it and those for whom it is planned. What then is to be done since the development process that has gone on in Nigeria has never been inclusive of everyone or, more importantly, the dominated class? Even if, as is the case in the health sector, where hospitals, to give an example, are built to treat supposedly everybody, but the costs of accessing them are prohibitive, one cannot be saying that development is taking or has taken place. Going forward, it must be understood that underlying the development process is democratic participation of the people; the location for which a project is being sited or has been planned; and it should be delivered without blemish. Many hospitals, clinics, or dispensary projects have been abandoned because they have been planned and executed for the people and not by the people. The consequences of such arrogance in the exercise of power by the planners have been wasted resources of the people and the denial of the "dividends of development."

In the development process, there are issues of administration and management that are very critical, at least, to the resilience of what structural edifice that might have been put in place for the "benefit of the taxpayers and other stakeholders." Administration is essentially the "performance of executive duties;" [Merriam-Webster's Dictionary and Thesaurus, op. cit.:16], while management connotes the "judicious use of means to achieve an end." [Ibid.646]. The two words are synonyms of each other; but, we have selected the aspects of their respective tangentially disparate meanings to stress their uniqueness as well as to examine how they are to be operated in the context of the health sector provisioning in the country. The major issue is what should constitute the administrative structure of Nigeria's health sector institutions? Should the head be just anyone that is professionally qualified, quite alright, and is therefore competent, or should be someone that can lobby for posts, and when they get into the office they go on to serve the interest of their principal and/or self? Many administrators in the contemporary era of "locust invasions" precisely seek office for the latter kind of shenanigans. This should stop forthwith and because we are concerned about the health and welfare of the people, a democratic setup must abide by the norm of administratively cultured practice. It should never be assumed that the people who know where the shoe pinches will also not know to whom they will have

to entrust their health welfare. Healthy welfare is normally the first awareness that even babies instinctively learn through such behavioural gestures as closeness and bonding with their mothers. Babies are the first human species to practice democracy by the correct choice (identification) of their mothers, as the best representatives and providers of their pristine health and well-being interests! Democratic practice should therefore be nurtured in the administrative structures that are set up to enhance the effectiveness and efficiency of the performance of health institutions. Allowing the beneficiaries of health institutions to partake in how the institutions should be run shall enhance not only how to practice democratic (good) governance, but also how administrative policies are to be churned out and implemented. It does not matter having someone to be the head of the medical facility and, consequently, be the one that is entrusted to churn out ideas and policies of running the place, such a head should also be humble enough to submit such ideas and policies to all the members of the administrative committee for their inputs and test of integrity. The culture of impunity that is so pervasive in every aspect of our national life should be jettisoned or else having escaped the ravages being witnessed in the western European, North American, and Latin American countries in the era of Covid-19, there is a need to "sheath the sword."

Concerning the management of our medical facilities, the concern should be on prudent use of resources to achieve set objectives. Economists want to argue that resources are scarce; this is to extent that they are stolen, wasted on irrelevances, or appropriated illegally. Renewability of resources is the vogue at the moment. To the extent that this is becoming the pattern of human beings' intellectual and innovative pastimes, courtesy of such innovative prowess of information and communications technology, resources are therefore inexhaustible given our knowledge of the horizon that humankind can get to. Newer and better resources are going to be developed or discovered that shall make our hospitals and medical centers improve on services they render to patients. To argue this way does not mean that the human ability to manage and preserve resources must not at all times be brought to bear in terms of how they are or may be used sustainably.

Indeed, the Brundtland Report [Brundtland, 1987] on sustainable utilization of global resources has sounded the contingent warning and/or advice that global commons should be consumed with a mindset that shall provide for the next generations. Just like the way we have argued concerning the administrative machinery in the health sector institutions, the management committee must be very good in planning; be equitable in the distribution of resources to units in these institutions, first and foremost; must be endowed with the ability to recruit the best brains to work in the hospitals, clinics and maternity centres; and, as suggested to the administrative committee, there has to be inclusiveness. Even when the best brains are recruited for the assignment at hand, the management committee must also be partisan in searching for those Nigerians that are democrats in outlook, belief, and work ethics. The management committee of today must be the first and the last in investment in goodwill for the sake of the

healthy well-being of the people and, particularly, the patients that may come to be rendered some services. Based on the foregoing conceptual analysis as it may affect the health sector, what really should be realistic constituents of good health? We shall briefly look at this in the next sub-section before going on to consider a brief history of health services in Nigeria.

### The Constituents of Good Health

The World Health Organization (WHO, 1975) has defined healthy existence as the "complete physical, mental and social well-being and not the absence of disease or infirmity." [Quoted in Mbaya, 2017:3.] While this definition may be adequate from the professional point of view of the health expert, it may not be so from the perspective of a non-expert trying to make sense out of the health issues confronting a given community from the radical school of thought. For instance, does the definition really and fully cover the gamut of what should be considered adequate to address what is good health for the average human being? The critical issue here is as follows: if a person is reasonably considered to be in a state of wellbeing (as defined and/or to be healthy along the indices mentioned above) and, yet, they are still hungry and/or unable to access medical facilities when faced with one disease or ailment or the other, how is an analyst other than the one holed up in the cosmology of WHO expected to define the individual's state of health?

In other words, can an individual be completely healthy (as defined by the WHO) in poverty and want? We are trying to argue that no single individual can be in a "complete physical, mental and social well-being" at any point in time when the world of existentialism is never constructed as such by Providence. The WHO's idea is an ideal that is not corroborated by any empirical evidence. Empirically speaking, what is likely to happen to the individual who is poor and is in illhealth is as follows: it is either to go and steal and/or cause violent damage to a neighbour or another fellow human being if they cannot get work to do to earn an honest income or the poverty scale is such high that they are unable to redress the situation and decide to commit suicide or wait meekly for the inevitable death to come at its appointed time.

Leaving the realm of philosophy in the interim, what can one understand to be the meaning of well-being? According to the Merriam-Webster's Dictionary and Thesaurus (2006:1185), well-being is: "the state of being happy, healthy, or prosperous." Although, linguists may argue that, because the Dictionary has not used the combination – "and/or" in the definition, can it, therefore, be argued that if an individual is only happy and is lacking in healthy existence or is impecunious, that that person's well-being is okay by the WHO's definition. This point of view is better exemplified by the scenario in which the citizens of a state are serially hoodwinked by the political leadership that would promise the delivery of health facilities the absence of which may remotely be responsible for the incidence of their disease(s) affliction. This might have resulted from the non-availability of equipment to carry out preliminary tests that could have revealed the likelihood of the development of the disease(s). Or, it might not have been conducted at all or in time because the equipment was spoilt and nobody cared to repair it. The WHO's definition may have to be reviewed, in the light of the increasing development and innovations brought about by information and communications technology (ICT), to take care of such intervening variables, which may, by themselves, be the triggers for the diseases' rates of infection. The ugliness of the American Coronavirus Pandemic afflictions may not be based on failed promises of development projects, but because simple science defined by, among other things, the use of face mask, the observation of social distancing, frequent use of hand sanitizers, and the denial of the existence and the deadly nature of the disease. Such absences can be explained by two of the synonyms in the concept of disease infections, that is, complication (making worse) and disorder (malfunctioning).

### Brief History of the Development of Health Services in Nigeria

It is pertinent that we have before now tried to come to terms with the concept of health (see above), for obvious political and ideological reasons. In this succeeding analysis, in point of fact and as we shall see also subsequently, the pattern of development of the health services in Nigeria has not been one that makes one feel that the approach taken is one that has many prospects for adequate health service delivery system. Historically speaking, the health sector in Nigerian is largely comprised of two distinct components: the traditional and the modern orthodox health practices. The former comprises indigenous native healers and they go in the following nomenclatures where they have been prevalent:

...Babalawos, Onisegun, and Adahunse among the Yoruba[;] Dibia among the Igbo[;] Nye Dibio in the Ekpeye ethnic group of Ahoada Local Government Area of Rivers State[;] and Obo among Ora of Edo State[;] to name a few. The knowledge base for the practice of medicine of these healers derives mainly from their traditional worldview, myths, and beliefs, including healing techniques, which have been handed over the centuries from one generation to another. [Erinosho, 2019:51.]

Within the traditional health practitioner group, there are the faith healers who can also be subdivided into two: the Christian and the Islamic faith healers. In his comparison of the two faith healer subgroups, Erinosho points out that:

[The] Christian faith healers claim [that] they are inspired by the Holy Spirit to embark on their 'ministries'. The leaders or prophets are presumed to be endowed with special spiritual and personal skills, which enable them to mobilize and carry out healing. The gifts which some of their members possess include speaking in tongues, and the ability to 'see visions'. [Ibid.]

As for the Islamic faith healers, it is noted that:

...[they] are knowledgeable in the Koran [sic.] and some of them also possess extensive knowledge of traditional herbal med icines. These healers are mostly found in northern and western Nigeria, where their services are utilized by adherents of Islam and others who think they can benefit from their skills. [Ibid.52]

From the foregoing, it is clear that the concern of this chapter to situate the class dimensions of the country's health services provision, access and affordability shall have to go beyond the traditional and faith healers to orthodox medical practice. This procedure is more relevant because the traditional and faith healers' therapies are based on conjectures and hypnoses, which are not scientific in the strict meaning of the word. Making this kind of statement of fact does not mean one is trying to deride the traditional medical procedures. Also, it should not be taken to mean that patients of every social class do not still resort to them to solve some of their medical challenges that may be spiritually related. They do so for a variety of reasons, particularly when the procedures are strictly based on their belief systems and practices. The allure as well as the glue of traditional medical practice and its patrons is the cheapness of services. Practitioners of orthodox medicine appear to have given some space to the faith healers in terms of the modicum of the veracity of their prescriptions which are more or less based on excerpts from the Holy Books to which the orthodox medical practitioners also express faith in as well as practice.

The modern (orthodox) medical practice comprises very critical components such as trained personnel; drug manufactures that are based on verifiable criteria as well as reliable, dependable, and ceaseless medical supplies; and the utilization of a variety of equipment for laboratory tests and complex procedures. These features cannot be neglected in modern medical practice except an agency (whether state or private) is prepared to court disasters and other medical complications. To the best of one's knowledge, these are fundamental issues that the traditional medical practices are not in any way capable of competing with when squared up with orthodox medicine. This is aside from the fact that the objective of this chapter cannot be adequately handled and/or achieved via the traditional medicine route. Orthodox medical practice, which Erinosho also refers to as cosmopolitan medicine (ibid.], is the forte of both the state and the private sector practitioners. Both the government and private practitioners are the owners and controllers of the medical facilities and institutions. Orthodox medicine was introduced or brought to Nigeria as a result of the incursion of imperialism into the Nigerian landscape. The development of its services, according to records, started from the initiatives of the Portuguese Catholic Missions in a small clinic on St. Thomas Island, off the coast of Lagos in 1504. The clinic was set up to treat Iberian voyagers, sailors, and seamen on a mission to India from their bases in Southern Europe. The services of the clinic (though skeletal) were extended to the West African towns which included Freetown, El-Mina (Accra), and Benin during the anti-salve trade crusade by the British. [Mbaya, op.cit.:103.]

In terms of the magnitude trailing the introduction of modern medical services in Nigeria, Mbaya [ibid.] draws our attention to fact that it was the British Army that must be given the kudos for starting modern care services on mainland Nigeria. This is because they were the ones that brought the "off-sea" services by the Portuguese exclusively meant for the use of the Europeans at an offshore location to the coastal towns and villages. A Jesuit Missionary – Father Barriera – came to Benin 1605 and, given his appreciation of the terrain, he went ahead to establish both plantations for agriculture and medical facility. This initiative was bolstered by another Father Alvares – another Jesuit – who established a dispensary in Asaba and later in Badagry. The deaths of these two missionaries were said to have created some setbacks in the development of medical services. But, the mantle was carried forward by Dr. E. C. Van Cooten in 1850, on his arrival in Nigeria, also for evangelical work.

Without doubt, it was the Christian missions, including such other denominations as the Methodists, Baptists, and the Presbyterians, that spearheaded the evolution of the development of medical services in Nigeria [ibid.] before colonialism proper stepped in, initially, to complement services already on-going. By 1921, these groups established and administered hospitals, maternity homes, and leprosaria that included the Sacred Heart, Abeokuta; the Baptist Mission in Ogbomosho; Church Missionary School Hospital in Iyi-Emu, Qua-Iboe-Etinan Mission, Uyo; Itu Mission, Calabar Province; the Umahia Mission; the Abara Mission-Ogoja; etc. [ibid.] Mention should also be made that schools were also the responsibilities taken by the missionaries, in addition to the Church and medical services. Concerning our objective of establishing the likelihood of class bias in the development of the health services by the missionaries, one could conclude that there was indeed one, especially, if we factor into the analysis that ideology is a huge component of class production and reproduction. In point of fact, the missionary health facilities were introduced with a cost that was remarkably underpriced so that patients that accessed the available health facilities would not only see better treatment when compared to the traditional health services discussed above as well as improvement in their existential health conditions, they were subsequently preached to, to embrace Christianity as the ultimate salvation in all life's endeavours.

The Roman Catholic Mission built the first full-fledged hospital in Ebiraland in Kogi State in the sixties for all manner of patients. There was no discrimination as to patients' faith before treatment was carried out. Indeed, like the missionaries' school systems, the clinics, hospitals, and maternity facilities were embarked upon for purposes of evangelization, laced with minimal cost recovery policies. [Aliyu, Private Discussion, November 2020.]

The pattern of the intervention of the colonial state in the development of health services in the country follows somehow a different path from these initial initiatives, but the ultimate objectives largely dovetailed. The pattern used by the state comprised building health facilities in major urban centres and locations where they were extracting economic resources such as export crops, iron ores, and other mineral resources. These are areas or locations where there would be European personnel. In addition to the racial outlook of access to the facilities, there was also the dimension that even where there were health facilities for Nigerians, that is where they were made available to meet the needs of the local inhabitants, their quality would be far below the European par. This pattern was pervasive throughout the country up to the end of the colonial period. Given these foundationally poor health facilities, one is not surprised that the health sector in this country is still mired in poor development and utter inadequacies. Poor or inefficient health services and facilities have many ramifications and these include patient to doctor ratio; the number of hospital facilities and their distribution; their classification in terms of primary, secondary, and tertiary institutions; and, finally, the availability of the equipment to reflect and/or ensure that the categorizations in the services are rendered effectively, i.e., at each relevant level.

In terms of manpower, the estimated number of practicing doctors in Nigeria is put at 42,000 by the Nigerian Medical Association (NMA). With the country's estimated population size over 202 million currently [National Population Commission, December 2020], it is obvious that there are not enough doctors to go around. Although different figures are bandied about by, among others, the government (one doctor to 2,753 patients/people); and the World Health Organization (WHO's) estimate of a ratio of four doctors to 10,000 people), there is no doubt that the country still has a long way to go in terms of meeting the WHO's standard of one doctor to 600 people. It is even wishful thinking to assume that Nigeria shall be able to catch up with such countries as the United States of America with a ratio of 26 doctors to 10,000 people and/or Canada with a ratio to 28 doctors to 10,000 people.

What could be more worrisome than the fact that, at the current estimate, there are not less than 5,000 Nigerian doctors each in the USA and the United Kingdom (UK)? The "brain-drained" doctors have argued to the effect that the major reasons for migrating to these two countries plus Canada and Australia were because of the better facilities and work environment; the higher salaries; the career progression; and improved quality of life. It is also a further irony that, as these stark realities face the country, there is a minister of the Federal Republic of Nigeria – Chris Ngige – makes the spurious claim that "Nigeria has too many doctors." Apart from the statement generally agreed to be spurious, it has, unfortunately, come from a person who regards himself as a trained doctor. One is not too sure that his erstwhile colleagues in the profession still regard him as one of them; as he has become an all-around failure in his medical professional practice and his latter-day profession, politics. It is worthy of mention that as the minister spewed this false narrative, it did not occur to him that he never bothered to interrogate why Nigeria's pronounced commitment to continuously allocate 15% of the annual budget (during the April 2001 Meeting in Abuja of the member countries of the African Union) has never been up to 5% of the annual budget, except in the budget year of 2015, when it chalked up to 5.72%. [See table 1 below.]

Year	Total Budget (Trillion =N=)	Allocation to The Health Sector (Billion =N=)	Percentage of The Allocation to The Health Sector	
2015	4.5	257.4	5.72	
2016	6.08	221.7	3.65	
2017	7.44	304	4.09	
2018	9.12	340.5	3.90	
2019	8.92	385.76	4.10	
2020	10.8	406.88	4.60	

 Table 1

 Budgetary Allocation to The Health Sector, 2015-2020

Source: THISDAY, Sunday, December 13, 2020, p.69.

The newspaper from which these figures were obtained also draws attention to the extremely poor allocation to the health sector as follows:

Nigeria has not met this 15% target. However, the pandemic provides an opportunity to build a strong health care system that will see reduced child mortality, maternal mortality, and morbidity of communicable and non-communicable diseases, while catering to the holistic wellbeing of all citizens. Furthermore, health allocation is not enough. Money must be allocated to the right elements like prevention of sickness through our primary health care system, and transparently implement the budget. [Ibid. The emphasis in the original.]

In addition to the admonition by this newspaper, adequate and state-of-theart facilities, after what must have been seen as reasonable attainment of the quantum of medical personnel to cover the population, are the simultaneous supreme requirements for effective medical practice and the promotion of healthy existence. Since the attainment of independence in 1960, the various levels of government have tried to build medical facilities, ranging from dispensaries; other primary healthcare facilities, to general hospitals and tertiary medical institutions. In table 1 below, from a humble beginning in the fifties when the University College Hospital was established as a tertiary medical institution, the country now boasts of 22, spread across the geopolitical zones into which the country has been divided politically and otherwise. Aside from the teaching hospitals, there are the two specified specialized hospitals - the neuro-psychiatry and orthopedic health services institutions. The other point that needs some little attention is the pattern of distribution to the extent that virtually all the zones are equal in medical facilities that have been located close to the people. As a federal state, the equity principle appears to be given some consideration geopolitically. What also needs to be stressed is that since the hospitals in the table are federally owned, the states are not foreclosed from establishing their tertiary medical institutions. Indeed, virtually all the federating state have established their universities some of which also run their teaching hospitals. All said and done, there is a need to interrogate the extent to which the institutions are adequately equipped. As we shall see

below when we look at factors triggering medical tourism – a phenomenon that has made health services in the country a painful non-starter as far as priorities are concerned (see below) – the apparent adequacy of the institutions and their spread amount to nothing.

Table 2
Summary Table of Federal Tertiary Hospitals in Nigeria According to Geo-
Political Zones as of October 2020

S/N	Zone	Teaching Hospitals	Federal Medical Centres	Federal Neuro- Psychiatric Hospitals	National Orthopedic Hospitals	Special Hospitals	Total by Geo – Zones
1	South- South	5	2	2	0	0	9
2	South- East	3	2	1	1	1	8
3	South- West	4	3	2	1	0	10
4	North- Central	4	5	0	0	0	9
5	North- East	3	4	1	0	1	9
6	North- West	3	4	2	1	3	13
	otal by acilities	22	20	8	3	5	58

Source: The Federal Ministry of Health (Headquarters), Abuja, 2020

In table 3, we have the list of the federating states with the number of medical facilities that are functioning in situ, according to the survey conducted by the Federal Ministry of Health, Abuja. The facilities reported by the Ministry have different nomenclatures: they are severally called health facility; family support programme centre; maternal and child clinic; dispensary; secondary school clinic; health centre; health post; health clinic; general hospital; maternity home; etc. Most of these facilities dispense at best what the primary and secondary medical institutions routinely do. As stated earlier, a number of these facilities are either owned by the government and its agencies, corporate (public) bodies, or the private companies, medical practitioners, and non-medical practitioners involved in the medical line of business. The concern that one should ventilate is whether or not the regulatory bodies that are supposed to monitor the extent to which they comply with ethical and professional standards are truly carrying out their functions. One is aware of the existence of the National Agency for Food and Drugs Administration and Control (NAFDAC); the Nigerian Medical Association (for medical practitioners largely); the National Medical and Dental Council (meant essentially for the regulation of medical education); and the Pharmaceutical Council of Nigeria (mainly concerned with the professional

practice of pharmacists and, maybe, occasionally showing concerns about the quality of drugs being sold in the market place). But, a regulatory body like what is obtainable in the education sector - the National Universities Commission (NUC) (for the healthy operations of the university institutions) -which shall conduct visitations to the hospitals, clinics, and other health centres, on a routine basis, with a view to sanctioning and/or accrediting such medical facilities to practice is, to the best of one's knowledge, sorely missing; it is non-existent. It is very, very important to stress this point about having a proactive regulatory agency to monitor and regulate the facilities, several of which are or may even be located in rural areas. These are the ones that are likely to be manned by quack doctors, similar other medical operators that may not have the requisite qualifications, especially, the traditional birth attendants (TBAs), and/or commitment to the best-professionalised services. The discovery in the 2018 Nigeria Demographic and Health Survey is very pertinent to be brought at this point. It reported that: "61 percent of live births do not take place in a health facility..." and this was due to poor facilities, sexism, poverty, ignorance, and other factors, according to the Survey. This is the point that has been emphasized in this study and it is despite what the picture of a multitude of health facilities as depicted in Table 2 below may portray. As the Survey has also pointed out, "without a strong national maternal death surveillance and response system, the number and causes of maternal deaths taking place in facilities and communities are poorly understood."

# Table 3Number of Hospitals and Other Health Facilities in States Other Bauchi in<br/>Country

Serial Number	State	Number of Local Government Areas	Number of Health Facilities	
1.	Abia	16	953	
2.	Adamawa	20	895	
3.				
	Awka Ibom	31	580	
4.	Anambra	21	879	
5.	Bauchi		No Data Published	
			for the State	
6.	Bayelsa	8	288	
7.	Benue	23	1378	
8.	Borno	25	819	
9.	Ebonyi	12	608	
10.	Cross River	18	1273	
11.	Delta	25	777	
12.	Edo	11	716	
13.	Ekiti	16	490	
14.	Enugu	17	937	
15.	FCT	6	507	
16.	Gombe	10	658	
17.	Imo	26	1400	
18.	Jigawa	26	708	
18.	Kaduna	20	1534	
20.	Kano	44	1354	
21.	Katsina	30	1632	
22.	Kebbi	19	825	
23.	Kogi	18	1143	
24.	Kwara	16	682	
25.	Lagos	20	2200	
26.	Nasarawa	13	957	
27.	Niger	25	1501	
28.	Ogun	12	694	
29.	Ondo	18	774	
30.	Osun	30?	1063	
31.	Oyo	33	1381	
32.	Plateau	16	1086	
33.	Rivers	19	664	
34.	Sokoto	23	830	
35.	Taraba	16	1131	
36.	Yobe	15	560	
37.	Zamfara	14 and Related Facilities in	715	

**Total Hospital and Related Facilities in the Country = 34,599** *Source*: Compilations and Calculations were made by the Author from documents of the Federal Ministry of Health (Headquarters), November 2020. See also Erinosho, *op. cit.*, pp.87-94 The second observation or issue is the number of these health facilities. If the country could boast, on a numerical basis at least, of medical facilities that are no less than 34,599, what volumes would they be speaking about? How many bed spaces are they offering? Are they adequate? Has the management of the health services ensured that the phenomena of patients sleeping on the floor or of drugs being out of stock have been overcome? In other words, what capacities of bed space and drug supplies does this number amount to? Is the ratio of Covid-19 infections the country is handling getting worse than the existing capacity can cope with since the aggregate number of isolation and treatment centres in the country is infinitesimally smaller than the number calculated in Tables 3 and 4, in the next sub-section below? Meanwhile, from the evidence obtained by the WHO in its Joint External Evaluation (JEE) of International Health Regulations (IHR) core capacities assessments of Nigeria over whether or not the country could meet emergencies in 2017 the results emanating therefrom indicate that:

- o Nigeria's average score of 1.9 across the 15 JEE indicators on prevent category suggested that overall there was limited capacity to prevent biological, chemical, or radiation health risk;
- o The country was better prepared in the detect category, with an average score of 2.6 across 13 indicators in this category. This score shows that the country has developed some capacities to detect new health risks through real-time surveillance, and laboratory capabilities to test the diseases. However, the suitability of these capacities is still in doubt.
- o The country performed badly in the respond category, with an average score of just 1.5 across 20 indicators in this category. This result suggests that Nigeria has limited capacity to respond to sudden health risks. [brookings. edu/blog/future-development/2020/07/02/how-well-has-nigeria-responded-to-covid-19/. Downloaded on December/13/2020 at 11.20 Hours. The emphasis in the original.]

In interpreting these scores, what comes out is the fact that:

...Nigeria is not prepared to respond to the current COVID-19 pandemic. This is most obviously evident from the low testing rates for [the disease] in the country. Nigeria currently can test only 2,500 samples a day, and just half of these are administered each day because of the shortage of human resources, testing kits, and laboratories, and case definition for testing that prioritizes symptomatic cases and other contacts. As of June 30, [2020], only 138,462 samples had been tested in Nigeria for a population of [206] million; in contrast, South Africa – a country of 58 million people – has already conducted 1,630,008 tests. [Ibid.]

Furthermore, the report noted that:

Nigeria had just 350 ventilators and 350 ICU [Intensive Care Unit] beds for its entire population before the outbreak. In April 2020, the country acquired 100 more ventilators, but given the growing caseload, this will not be enough. There has been a continuous rise in the number of cases and deaths in [the country], and no flattening of the curve has yet been observed. [Ibid.]

The stark reality from this evaluation exercise from WHO is indicative of the helplessness and hopelessness of the pattern of the development, management, and administration of the health sector generally. The dominant class that would even have benefited more from a well-planned health sector failed woefully to rise to its responsibility in the COVID-19 era.

### COVID-19 Pandemic: Some Global Picture and The Nigerian Experience

COVID-19 is the Christian name for the current pandemic that has come from the family of Coronavirus. Pandemics are a recurring decimal; the last major one was in 1918, which was called the Spanish Flu. Since then, the world has witnessed the Asian Flu; the Middle Eastern Flu; Ebola; etc., that was not as challenging as Covid-19. The current pandemic is generally believed to have originated in the Wuhan Province in China and there is hardly any country in the world today that is not going through its throes, although the magnitude of infections in each country differs from one country to another. The global picture of infection in terms of size recovered cases, and mortalities, according to the Johns Hopkins University in the United States, respectively, stood at 84,830,362; 59,960,858; and 1,841,395. Table 4 depicts the picture of the twenty countries that are leading the pack of infections along with their mortalities in the world, as of January 2nd, 2021 (same as the Source of Table 4 below).

Table 4
Select Covid-19 Pandemic Cases from the More Affected Countries as of
November 20, 2020

Serial Number	Country	Cases	Deaths
1.	United States of	nited States of 20,806,389	
	America (USA)		
2.	India	10,324,539	149,470
3.	Brazil	7,703,916	195,511
4.	Russia	3,212,637	58,002
5.	France	2,643,239	64,921
6.	United Kingdom (UK)	2.599,789	74,570
7.	Turkey	2,232,035	21,295
8.	Italy	2,141,201	74,985
9.	Spain	1,936,718	50,837
10.	Germany	1,771,017	34,753
11.	Colombia	1,654,880	43,495
12.	Argentina	1,629,594	43,319
13.	Mexico	1 427 185	126,507
14. Poland		1,437,185	29,058
14.	Iran	<u>1,312,780</u> 1,237,474	55,438
15.	South Africa	1,088,889	29,175
17.	Ukraine	1,069,517	18,731
17.	Peru	1,017,199	
		813,765	37,724
	19. Netherlands		11,565
20. Indonesia		758,473	22,555

Source: The Nation Newspaper, Sunday, January 3rd, 2021, p.6.

By sheer irony and contrary to logic as well as the expectation that it is the poor and underdeveloped countries that are likely to lead the pack with horrible statistics of the volume of infections and deaths, the USA, the global leader in economic, military, and political terms, is rather the leader (see table 4 below). The situation appears to be slipping out of control for her, especially in the current second phase of infections of the pandemic. On current count at the time of writing this paper, too, only South Africa, among the fifty-four African countries, is in the league of the twenty leading countries in both the size of infections and mortalities. The regions of the world most affected by the pandemic are therefore North America, Europe, South America, and Asia. There is no scientific explanation, as such, concerning the mild affliction of the pandemic in Africa, except the usual glib narrative that the tropical climate, particularly its excessive heat aspect, may have been the major factor or reason for the low volume or level of infections and mortalities. But, the scientific community has advised that paying much attention to the protocols for fighting the pandemic, such as using face masks; constantly washing the hands with soap for upward of twenty seconds and rubbing the hands also with alcohol sanitizer; sneezing unto to the elbow of one's garment; maintaining social distancing and avoiding crowds of people; are, for now, the surest preventive measures, giving the reality of the situation that the vaccines that have been approved for use in some of the advanced countries in December 2020. Widespread availability, affordability, and use of the vaccines may not see the light of day in the less underdeveloped countries until possibly the second quarter of 2021.

For the developing countries, particularly for Nigeria, the outbreak of the pandemic is an important demonstration of the fact that health policies should not be played with. Put in its proper perspective, if the most industrially developed countries can be humbled to this extent by the pandemic, the health of the people (which is argued to comprise due diligence in planning, development, and the installation of advanced medical equipment for laboratory testing of all manner of diseases, not just during the pandemics, the management and administration of health processes effectively, etc.) should not be handled with kid gloves. In short, the pandemic has shown that the mightiest can also fall and cry; can, indeed, be humbled. This scenario also points to the fact that the weakest shall simply die, faced with similar challenges. Does the country have a fallback position of her own or does she have to depend on external donors/development partners in an attempt to cushion the effects of the COVID-19 Pandemic? What lessons have now been learned from state perennial unpreparedness to meet challenges, which should now be directing the response strategy of the government and the people at large to other types of the pandemic, going forward? Apart from the Economic Stimulus Bill 2020; cash transfers; the Central Bank of Nigeria Stimulus Package; and food assistance during the first phase of the Pandemic (some of these programmes were inadequate with the target groups very small (about 36 million people). It would appear, in the final analysis, that, as far as health issues are concerned, wisdom by humankind has to be the best weapon that everybody, including babies if it is possible, should have and should at all times be deployed. Wisdom, in other words, should always be on the front burner as there are issues to take of in the fight against COVID-19 in Nigeria. These are discussed below.

### Pertinent Issues to Take Care of in the Fight Against COVID-19 Pandemic and Other Deadly Diseases

In Table 5 below (designed for illustrative purpose at a particular point in time, in the struggle against the pandemic), the peculiar situation and challenge of the COVID-19 Pandemic in Nigeria are issues for sober reflections. In the first instance, if the country were to be one that was well-governed (it is still not well-governed in the grim situation of the pandemic), at least, the foregoing narratives by the WHO and other instances cited below in this paper of a lack of adequate attention given to the health sector, the index individual who brought the virus to

the country on February 27th, 2020 would not have been allowed to get beyond the immigration point at the Murtala Mohammed Airport in Lagos. There is no earthly reason why the frontline workers and working tools to fight the pandemic – the doctors, nurses, and other health workers, plus the personal preventive equipment (PPE) – should not have been mobilized the moment the World Health Organization (WHO) announced the onset of the pandemic. It should be mentioned that the World Health Organization, on the 31st of December, 2019, declared the discovery of a novel coronavirus in Wuhan Province in China, and by January 10th-12th 2020, it published comprehensive documents for countries, covering topics related to the management of the outbreak of the new disease.

Date	Total Confirmed	Discharged	Deaths	Difference in Quantum of Infections Between A New Date and the Preceding Date
20-11-2020	65,982	61,782	1,165	143
19-11-2020	65,839	61,573	1,165	146
18-11-2020	65,693	61,457	1,163	236
17-11-2020	65,457	65,457	1,163	152
16-11-2020	65,305	61,162	1,163	157
15-11-2020	65,148	61,073	1,163	152
14-11-2020	64,996	61,029	1,163	112
13-11-2020	64,884	60,936	1,163	156
12-11-2020	64,728	60,790	1,162	No previous figure to compare with
11-11-2020	Not available	Not available	Not available	Not available
10-11-2020	64,336	60,333	1,160	152
09-11-2020	64,184	60,069	1,158	94
08-11-2020	64,090	59,910	1,154	300
07-11-2020	63,790	59,884	1,154	59
06-11-2020	63,731	59,844	1,154	223
05-11-2020	63,508	59,748	1,155	180
04-11-2020	63,328	59.675	1,155	155
03-11-2020	63,173	59,634	1,151	137
02-11-2020	63,836	59,328	1,147	72
01-11-2020	62,964	58,790	1,146	No previous figure to compare with

 Table 5

 Aggregated COVID-19 Cases for The First Twenty Days in November 2020

*Source*: Nigerian Centre for Disease Control (NCDC), Daily Updates for November 2020. Collated and Computed from the routine daily NCDC disclosures by the Author.

Despite this proactive step taken by the WHO, it took the Nigerian government almost two months to set up the Presidential Task Force (PTF) on the Covid-19, after the index patient – an Italian citizen – had brought the "seed of the pandemic" to the country!!! [See statehouse.gov.ng/covid-19/. Downloaded on Sunday, 22/11/2020 at 12.20 Hours.] This lackadaisical attitude speaks volumes about the incompetence of the people managing the affairs of the country, particularly those working in the health sector. If the Italian had travelled with the "important figures" in government circles on a fateful day in February and given the protocols developed by WHO, everybody on the flight to Lagos would have been quarantined to avoid community spread of the virus. Would this negligence smell the rat of selfish class interest as such? Tell will time; but what has happened in Nigeria as well as in other countries all over the world has demonstrated that Covid-19 Pandemic is no respecter of kings, queens, presidents, and/or the most wretched persons. Every class category has been infected with some, unfortunately, dying.

What is evident from the Table, ultimately, is that if by late November 2020, the casualty figures were still in thousands and the total figures of infection on daily basis would also still be counted in hundreds, rather than in tens or hundreds of thousands, truly the Providential Hands of God must have saved several lives in Nigeria (See below also). One is however aware that the rates of testing were also not efficient and widespread enough; thus, there might have also been incidents of under-enumeration in the figures being put out on daily basis (on infection, recovery, and mortality figures) by the Nigerian Centre for Disease Control (NCDC). The new spikes in the harmattan months are however creating concerns about increasing rates of mortality. Be that as it may secondly, the need to interrogate the class interest of the dominant class in the manner the health sector has been developed, managed, and administered, which is central to the argument of the paper, can somehow be looked at from the perspective of other diseases that are also very infectious and dangerous to health as Covid-19. Diseases such as malaria, cancer, HIV/AIDS, cardio-vascularity, maternal mortality, etc., are as devastating as the Covid-19, as defined by the scientists. Broadly speaking, cardio-vascularity, cancer, and HIV/AIDS may not have had any cure yet, they are generally managed through short-term but intermittent treatments. But what is it that the three levels of governance in the country are doing or have done in terms of setting up world-class research centres as well as the installation of state-of-theart equipment to address their menace? There is none.

It is on record that, at the height of the transmission of the Covid-19 Pandemic in the country, the Chairman of the Presidential Task Force, Boss Mustapha, bemoaned the state of healthcare and confessing openly that he never knew that medical facilities were so grossly inadequate in the country. It is also to everybody's knowledge that diseases such as maternal mortality, cardio-vascularity, cancer, and HIV/AIDS are not only prevalent in the country but, also, are taking a great toll on the mortality of the patients. They, as well as other diseases no matter how inconsequential they may be, are, therefore, deserving of the serious attention of government more than what is being done at the moment. Since the required attention is not being given to them and those who suffer from deadly diseases and, among them, those who are in the dominant class cadre are the ones most likely to partake in the development of the health sector policies, their management and administration are the ones most likely, once again, to have the means to embark on medical tourism. One is correct in referring to the development, management, and administration of the healthcare services in the country as a process in double jeopardy. In other words, the people in charge of putting in place functional and efficient healthcare services have failed woefully to do so; ironically, they are also the ones who, when the chips are down, are in an advantageous position and/ or have the option to jet out to utilize their ill-gotten resources to access better medical facilities in other countries.

At this point, a call for the democratization of the healthcare sector is not a bad idea at all. By not putting in place both the curative and the preventive measures to tackle the pandemics (which unfortunately have come to stay as a recurring decimal) gives us the basis to come to the conclusion that, in the health sector (as well as in the other social sectors such as education and the provision of affordable housing, etc.), where the greatest differences are made in terms of quality of life, upward social mobility, etc., of the populace, the case of the selfish expression of the class interest of the dominant and exploitative class by deliberately depressing services in these sectors is established. This is simply because the dominant class has an option that is not available to the downtrodden. One other evidence to support this point comes out from the following WHO statement on maternal mortality that generally affects the poor and the less-resourced people in the Nigerian polity:

The WHO notes that Nigeria alone accounts for nearly 20% of global maternal deaths. Globally, maternal mortality remains a major public health concern, especially in poorly resourced and developing countries, including Nigeria. About 295,000 women around the world reportedly died during pregnancy and childbirth in 2017, with sub-Saharan Africa accounting for 66% of the total deaths. [mail.google.com/mail/u/0/#inbox/FMfcgxwKjdHIKFNqQTGHvkC. Downloaded on Saturday, 28th November 2020, at 12.36 Hours.]

The case of malarial diseases is even more pathetic given its known devasting effects and magnitudes. Indeed, malaria is a disease that is a great drain on many economies as much as it causes much illness and death. According to the World Health Organization, an estimate in 2018 showed that: "...228 million clinical cases of malaria occurred, and 405,000 people died [from the figure], most of them children in Africa." [See cdc.gov/malaria/about/faqs.html. Downloaded on

Sunday, 29th November 2020, at 15.00 Hours.] Furthermore, "...an estimated 90% of deaths due to malaria occur in Africa south of the Sahara...." [Ibid.] These grim pictures are enough to jolt the conscience of the governments and leaders of Africa, not just the Nigerian government and leadership; that they should wake up from the entrenched lackadaisical approach to health issues. In one respect and as evidence has shown, since Africa is associated with the huge chunk of the fatalities resulting from malarial diseases, the dominant classes should be concerned, at the very least, with and go after serious determination against eradicating not only the disease but also the mosquitoes that spread it because "...the disease maintains a vicious cycle of disease and poverty." (Ibid.) Do they (African governments and leaders) care as the dominant classes in the continent believe that it is a natural phenomenon for the existence of the twins – riches and poverty; dominant and dominated classes – in society.

Thirdly, we have already noted that there must have been "Providential Hands" that have controlled the rate of infection, treatment, and mortalities in Nigeria. Otherwise, both the attitudes of the PTF members and the Nigerian people at large leave much to be desired. Throughout the outings of the Task Force, one is not impressed by the mode of work of the membership. For instance, since its nomenclature connotes a presidential insignia, President Muhammadu Buhari should have personally headed it and, in his absence, his Vice President. This was and has not been done; it was left under the charge of the Secretary to the Government of the Federation (SGF), Boss Mustapha, a lawyer by profession, whose hands are already full with other state responsibilities. The appointment was not only nepotistic (the signal philosophy of governance by the current president of Nigeria), but the leadership of the Task Force should have been directed by the Minister of Health and his deputy, both of whom would have brought more science and professional élan to the work of the body, if the naturally proactive ambience of the President could not be tapped, right on the spot.

(Compare this suggestion to the situation in the US, where, from time to time, President Trump before the Presidential Elections of November 3rd, 2020, would show his presence at the daily briefings at the beginning of the pandemic situation in the USA, with the Vice President always around to give a fillip to the work of their version of the committee.) Besides, by the protocol procedure and to the best of one's knowledge, the Minister ought to be higher in ranking than a secretary to the government. Furthermore, the mode of working by the Task Force, which has required daily briefings for a week or two before briefing the president has indeed not factored in the exceedingly emergency nature of tackling the pandemic. It is shameful how things are done in this clime, especially when in situations that emergency will not be so addressed.

Fourthly, on the attitude of Nigerians towards the pandemic with regard to the "new normal", it brought about both formally and informally in interpersonal transactions, too much to be desired. It would appear as if Nigerians are naturally

people not only prone to disasters but are promoters and welcoming receivers of every shade of serious and dangerous phenomena, natural and human contrived. It is simply the main DNA of Nigerians to throw caution to the winds in every situation confronting them. There is no sense of urgency in everything Nigerians are asked to do and, when they eventually decide to carry out such responsibility, it is treated with outrageous levity. The only thing most Nigerians would take seriously is when there are monies and "palliatives" to misappropriate. The likelihood of the mishandling of the so-called palliatives received its nemesis during the "#EndSARS" protests, during which Nigerians vented their anger and spoke truth to power. Indeed, what has emerged as the likely response to the crass opportunism of the ruling class, going forward, is the reality that, at last, such impunity can indeed be challenged by the combined forces of the working class, the petty bourgeoisie, and the lumpen elements in the society, no matter how much inchoate it may be, organizationally speaking. Both leadership and followership would need to sit up and address the myriad problems in the health sector that face the country. Infantile behaviour by adults that unfortunately doubles down as leadership manifestation and indiscipline should be brought to a halt as it does not take a community anywhere. The country might have been lucky in the chain of pandemics that might have ravaged it (and the entire world) in recent times, it may never be always that lucky all the time and in all situations.

### **Concluding Remarks**

In the bid to add to the existing analysis of the class nature of the Nigerian social formation with respect to the development, administration, and management of the health sector, the paper has adopted the framework used by both Amilcar Cabral and Frantz Fanon, essentially, through their respective analysis of the social classes of the countries with which they were involved during the anticolonial struggles in the sixties and the seventies. The Marxist framework they used is still very relevant to the analysis of the Nigerian social formation as well. Available evidence indicates that, among others, there are such classes as the bourgeoisie (local and foreign); the proletariat; the petty bourgeoisie; the peasantry; lumpenproletariat; etc. While the concern of the paper is not to make a pronouncement on the vanguard revolutionary class with which to entrust the leadership of the struggle for a revolutionary change, since it is not a revolutionary situation (in the real sense of the phrase) that is being looked at in the write-up.

Rather, the paper's main argument is that in a class-riven society the enunciation and implementation of public policies are invariably made to promote the interest of the dominant classes. This is constant in every society, although the extent to which it is carried out is likely to differ from one society entity to another. Thus, such selfish pursuit of personal interests is bound to happen because whether it is the dominant class that is taking the decision or its class associates to whom such favourable accruals shall go, the perfidy of compromising the larger interest of the majority is likely, too, to be in the front burner. This is particularly the case in the health sector of Nigeria. This conclusion is arrived at while tracing the developmental history of orthodox medical practice and the location of its facilities in Nigeria. This is, even though the trajectory of any disease's development, spread, or prevalence, and affliction is class blind. In other words, mortality levels and/or ratios of affliction are normally randomized by Providence. However, development, spread/prevalence, and rates of affliction are also based on or bolstered by effective curative and preventive procedures taken to address a disease's trajectory. In other words, how well a health system is organized is a crucial determinant of how a pandemic can be handled by a political community.

The protocols of handling this particular pandemic have also not lent themselves to and/or have allowed for rigorous Marxist analysis to determine the relative gains and/or losses of one class vis-à-vis another. There is enough evidence in the paper from other equally devastating diseases – such as maternal mortality, HIV/ AIDS, cardio-vascularity, malaria, cancer, et cetera - by which those with the means frequently jet out of the country to treat themselves from same. Such behavioural responses are pointers to the class bias in the pattern of the historical development of the health sector as well as its management and administration in Nigeria. This class bias is also eloquently expressed by the utter neglect of the sector in terms of improvements and innovations in equipment and service delivery. In connivance with the planners, administrators, and managers, which is a blatant form of class dominance. Members of the dominant class invariably have the leeway to escape and go overseas on medical tourism to treat themselves from these and other mortal illnesses. Finally, although disaggregated statistics on the demographics of the patients (dead and recovered) that could have enabled a more comprehensive study that could also have as well allowed for a more nuanced analysis of even the normal superficial social science research undertaking were not available, data on the quantum of available health facilities all over the country was generated that is likely to be useful for future as well as the contemporary comparative analytical study of some other aspects of the Nigerian health sector.

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