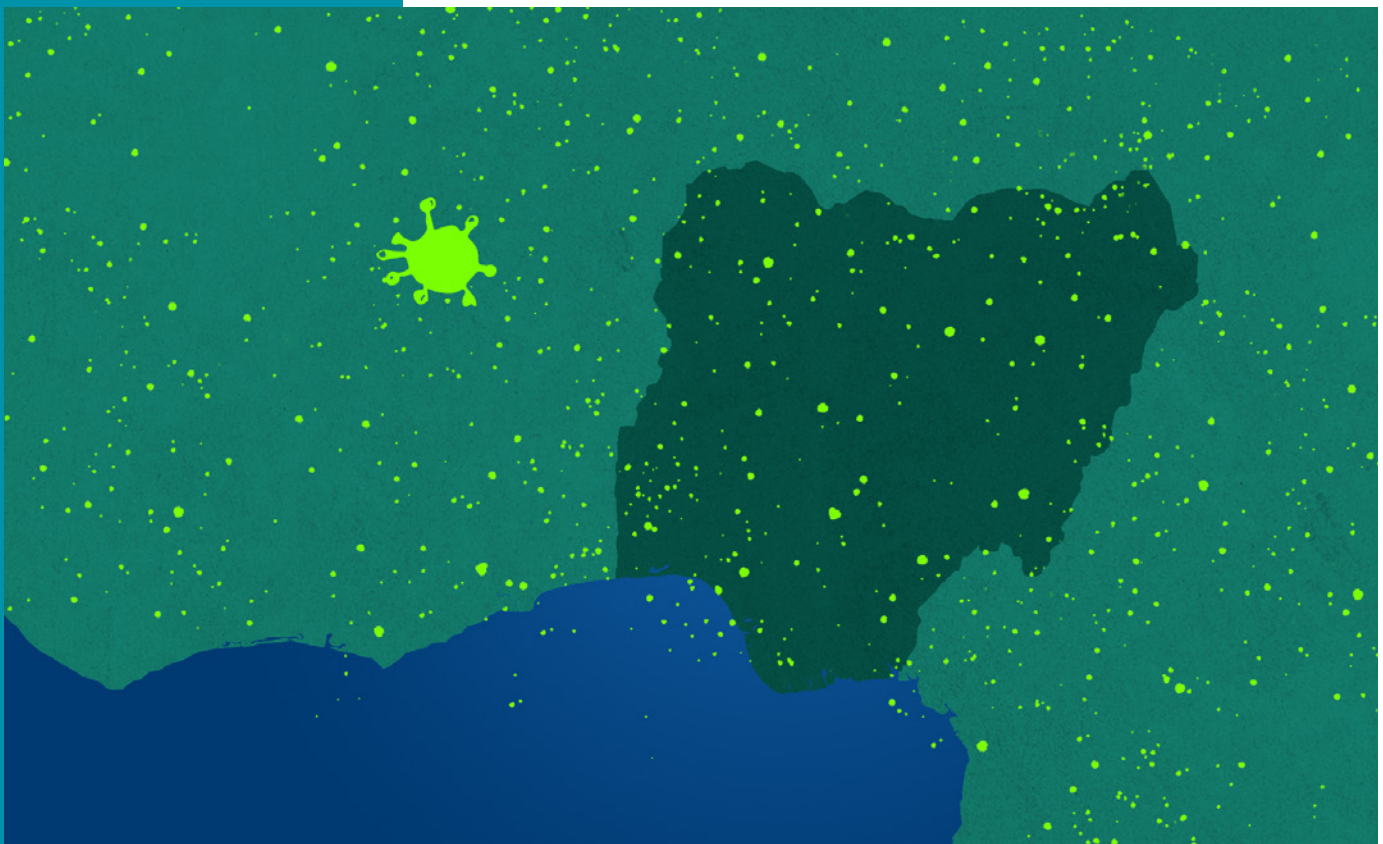


HEINRICH BÖLL STIFTUNG
WASHINGTON, DC

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COVID-19 PANDEMIC CASE STUDY: NIGERIA



BY NNIMMO BASSEY

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AUTHOR

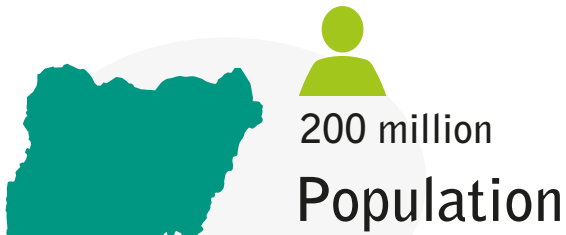
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Overview

Covid-19 in Nigeria



World Bank, 2019

<https://data.worldbank.org/indicator/SP.POPTOTL?locations=BR-XK-UA-MA-NG-PH>

GDP per Capita

(in US Dollars)

2,209 \$

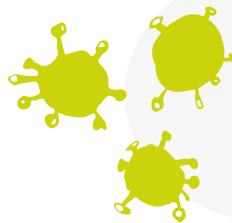


World Bank, 2019

<https://data.worldbank.org/indicator/NY.GDP.PCAP.CD?locations=MA-UA-XK-BR-NG-PH>

Covid-19 Cases

67412



WHO, November 30th, 2020

<https://covid19.who.int/region/afro/country/ng>

Covid-19 Cases

per 100 000

33,54



WHO, November 30th, 2020

<https://covid19.who.int/region/afro/country/ng>

Covid-19 Deaths

per 100 000

0,6



John Hopkins University, November 30th, 2020

<https://coronavirus.jhu.edu/data/mortality>

Fatality Rate

1,7%



John Hopkins University, November 30th, 2020

<https://coronavirus.jhu.edu/data/mortality>

ICU beds

per 100 000

1



Reuters, 2020

<https://graphics.reuters.com/HEALTH-CORONAVIRUS/AFRICA/yzdpxoqbdvx/>

1. What Existing Domestic Challenges Are Being Amplified by the Pandemic?

Which New Challenges Have Arisen Because of the Pandemic?

Nigeria recorded its first official case of coronavirus on 27 February 2020. A citizen of Italy who had travelled from Europe to Lagos, Nigeria, is believed to have brought along the virus. Immediately after, a Nigerian who had come into contact with the index case also tested positive. The infection then spread rapidly and by the end of the sixth week after the initial case, had reached almost all 36 states in Nigeria. At the end of September 2020, Nigeria had 58,647 confirmed cases of Covid-19 and 1,111 deaths, though it is widely believed that the figures are much higher. The Nigerian Centre for Disease Control, a federal government agency under the supervision of the federal Ministry of Health, does not appear to have the capacity to effectively track exposures and carry out tests. As of 12 October 2020, only 553,037 tests have been conducted in the whole of Nigeria, a country of nearly 200 million people.

The pandemic should not have taken Nigeria by surprise. Since the first human case of Covid-19 was discovered in Wuhan City, China, in early December 2019, the world has become more aware of the threat the virus posed as well as the ease of its spread. The [World Health Organization](#) almost immediately released guidelines to help countries stay safe, curtail the spread of the virus and ensure that the welfare of their citizens is guaranteed. Guidelines established by the WHO include protocols for social distancing, use of personal protective equipment, contact tracing, care for patients, required preventive hygiene and patient isolation. Despite the efforts and the relatively late index case, the pandemic caught Nigeria unexpectedly and deeply challenged the country's health-care, policing and welfare systems.

1.1. Accentuating the Healthcare Crisis

Nigeria has arguably one of the worst healthcare systems in the world: more than half of the population of the country have no access to primary medical care and depend instead on self-help and unregulated traditional medical practices. One reflection of the poor healthcare system in Nigeria is the measure of life expectancy. According to a 2019 report by the World Population Review, life expectancy in Nigeria ranges [between 53 and 55 years](#). In the ranking of 202 countries, Nigeria beats only four other countries to emerge 198th, performing better than only Sierra Leone (199th), Chad (200th), Lesotho (201st) and Central African Republic at 202nd.

In maternal death statistics, Nigeria accounts for [nearly 20%](#) of all global maternal deaths. According to the World Health Organization, in 2015, the maternal mortality ratio for Nigeria was over 800 maternal deaths per 100,000 live births, with about 58,000 maternal deaths. In simple terms, a woman in Nigeria has a 1 in 22 risk of 'dying during pregnancy, childbirth or postpartum/post-abortion'. The emergence of Covid-19 significantly stressed the health sector, creating a fresh set of challenges. The modest resources which the sector receives from national and sub-national budgets had to be spent on responding to the new challenges engendered by the outbreak. For instance, many sub-national governments reapplied allocations for primary healthcare into the purchase of ventilators, which were in dire shortage at the outbreak of the pandemic. Reports indicate that as at April 2020, [16 out of Nigeria's 36 states](#) had only 169 ventilators. Resources were also channelled into creating emergency isolation centres that were not previously budgeted for.

At the height of the initial pandemic, around May 2020, other routine medical services were halted. Immunization activities as well as pre and post-natal activities stopped altogether. Health facilities and health workers were simply not equipped with the type of equipment necessary to protect themselves in order to attend to other health service deliveries. As the disease spread, resident doctors in the country embarked on a strike protesting failure of the government to provide personal protective equipment as well as payment of a statutory hazard allowances [despite promising to do so](#). The strike action further amplified the health crisis in Nigeria and the weakness of government responses. It also amplified the debilitating conditions of practicing as a health professional in Nigeria, a major reason Nigerian health workers are constantly searching for opportunities to [leave the country](#).

1.2. Policing the Lockdown and the Rise of Rights Abuses

The first response of the Nigerian government to the outbreak of the Covid-19 pandemic was the enforcement of an initial two-week lockdown on 30 March 2020, to take effect in two Nigerian states – Lagos and Ogun – and the federal capital territory, Abuja. The lockdown included the restriction of all human and vehicular movement except those on essential services, a restriction on the opening of businesses, a total shutdown of schools and near total shutdown of government services. This lockdown was again extended on 13 April. In all, the lockdown remained in place for about three months before it was relaxed. As of October 2020, there is still a midnight to 6 a.m. curfew all over the country.

Enforcing the restriction of movement has given rise to widespread abuses by law enforcement officers. The emergence of Covid-19 and the need to enforce restrictions and other protocol has given rise to a new set of human rights challenges in Nigeria. Operating under the pretext of emergency actions to push back the spread of the virus and enforce health and safety regulations, there has been notable rise in cases of human rights abuses and repression, while attempts to seek redress for these abuses have been dismissed. Authorities responsible for enforcing the protection of rights consider these abuses necessary fallouts of enforcing various restrictions against the spread of the coronavirus.

On 15 April 2020, barely two weeks after the introduction of restrictions, Nigeria's Human Rights Commission – a federal government established and funded [human rights watchdog](#) – reported that it had already received 105 complaints of rights violations, including 29 extra-judicial killings, violation of rights of movement, unlawful arrest and detention, seizure or confiscation of properties, extortion, sexual and gender-based violence, discrimination, torture and inhumane and degrading treatment.

Individual states are also making emergency laws and establishing executive orders ostensibly for ensuring social distancing and other safety measures in response to the pandemic. However, some of these laws and executive orders contain clauses that allow the local government to infringe on fundamental rights, which has happened in several cases. The Ebonyi State Coronavirus and Other Dangerous Infectious Diseases and Related Matters Law 005 of 2020 [was cited](#) in the arrest of a journalist with the Sun newspapers over a report [he](#) wrote. The law, which principally deals with the restriction of movement, social gatherings, transportation or movement of essential supplies, such as food, water and pharmaceuticals, also criminalises the dissemination of false information about the coronavirus and other infectious diseases. The later provision offers opportunities for the government to easily arrest and detain journalists doing their jobs.

In Rivers State, a similar order allowed the government to demolish two hotels it accused of breaking Covid-19 restrictions. In other cases, task forces with unlimited powers are set up to enforce restrictions. These ad hoc agencies are accused of whipping, arresting and even killing while enforcing Covid-19 guidelines.

In Delta State, Michael Ikeogwu, Chairman of Nigeria Union of Journalists (NUJ) and Mathew Omonigho, the Daily Post's correspondent in the region, were assaulted by security operatives attached to the state Covid-19 Task Force when they tried to cover the abuse of residents of the Uvwie Local Government Area whom they accused of violating the [state lockdown order](#).

Notable organisations have reported that human rights abuses have increased significantly in Nigeria on account of the Covid-19 pandemic. In April 2020, Aljazeera reported that Nigerian security forces [killed 18 people](#) during curfew enforcement. This was higher than the casualties of the pandemic at the time. Amnesty International Nigeria [warned](#) that the Nigerian authorities must ensure that human rights are upheld in the fight to curb Covid-19. Action Aid Nigeria also raised concerns that the enforcement measure have been abused by some law enforcement officers in Nigeria and perpetuate severe human rights abuses, inflicting hardship on vulnerable citizens, [especially women and youths](#). Reports indicate that women are more vulnerable to these abuses than men. During the pandemic period, there has been an unexpected increase in sexual-based violence against women, [mostly](#) by their spouses. Women have also been deliberately targeted by [law enforcement officers](#) for abuse. The pandemic has thus clearly created opportunity for increased human rights infringements.

1.3. Social Welfare Gaps

A key challenge which the outbreak of the pandemic has created is the need for a social welfare system for Nigerians. The emergency lockdown by the national government in selected places was followed almost immediately with state-wide lockdowns by sub-national governments which restricted access to markets, businesses, farms and other sources of livelihood. The immediate outcome of this was a drastic hunger crisis. In April 2020, three weeks into the lockdown, [construction workers](#) in Lagos embarked on a protest asking the government to lift the restrictions and allow them to return to work. It is important to note that their key concern was that they work and get paid on a daily basis, but the lockdown effectively translated into zero income and livelihood. While the protest was principally by construction workers, the sentiments expressed reflected the mood in the entire country.

In 2018, a report by the World Poverty Clock revealed that Nigeria had overtaken India to become the [world poverty capital](#), meaning it had overtaken India to become the country with the highest number of poor people. According to the report, 86.9 million Nigerians now live in extreme poverty, representing nearly 50% of the population. By

April 2019, a few months after the initial report, new figures revealed that the number of extremely poor Nigerians had increased to 91.5 million people. By October 2019, a mere six months later, the same organisation released a report that a further 2.9 million Nigerians had been pushed **below the poverty line**, indicating that 94.4 million Nigerians live in extreme poverty. With the breakout of Covid-19 and the reduced national productivity, the existing problem of extreme poverty is likely to have increased alarmingly. According to the World Bank, before the pandemic, the number of poor Nigerians was expected to increase by about two million, mainly on account of the **quickly expanding Nigerian population**, but as a result of Covid-19, that number will now increase by seven million.

With the lockdown, restriction of movement and the curtailing of economic activities, a more immediate and desperate problem of poverty emerged. For the majority of citizens, staying at home meant an increase in the chance of starvation and possibly death. The response of national and sub-national governments to this existential crisis was to hurriedly put in place emergency welfare packages, ostensibly to support the most vulnerable Nigerians who were hit hardest by the restrictions. For a country that has never instituted any citizen support welfare programme, this was a daunting challenge, made even more daunting by the threat of Covid-19. For reasons of entrenched systemic challenges, the palliatives hardly reached the intended beneficiaries. After six weeks of lockdown, many Nigerians began breaking the protocols and resumed their search for their livelihood. Governments were forced to follow suit and relax the lockdown and restrictions.

By July 2020, most of the Covid-19 emergency measures had all but disappeared. While officially the health and safety measures, including the use of face masks in public places, social distancing and even the curfew remained, actual compliance and enforcement was almost non-existent. 'Normalcy' had returned.

1.4. A New Wave of Corruption

The distribution of measures to support the most affected families was immediately overtaken **by fraud and widespread corruption**. It was revealed that most of the food materials procured through government emergency contracts, or direct procurements, for distribution were **either never procured or were outrightly stolen**. In reality, the need to support vulnerable Nigerians created opportunity for a new wave of corruption which may be continuing.

Faced with the outbreak of the pandemic and the crash in the price of crude oil, in April 2020 the Nigerian government requested and received an International Monetary Fund **\$3.4 billion emergency assistance** under the Rapid Financing Instrument to support efforts aimed at addressing the severe economic impact of the Covid-19 shock and the

sharp fall in oil prices. This was just the first in what became a series of cash and in-kind donations to the federal and sub-national government by corporate entities, individuals and charities. The Nigeria Minister of Finance announced on 6 April that the Nigerian government was seeking to borrow around \$7 billion from international lenders – including \$3.4 billion from the IMF, \$2.5 billion from the World Bank and another \$1 billion from the African Development Bank – [to tackle the impacts of Covid-19](#).

The donations were mainly to support medical efforts, including the building of isolation centres as well as the procurement of equipment and welfare support for Nigerians. It is reported that the EU donated \$54 million to the Nigerian government, the United Nations donated 50 ventilators and personal protective equipment worth about \$2 million, the government of Germany donated €26 million, the United States Agency for International Development (USAID) proposed 'new funding for Nigeria for prevention and mitigation of the novel Coronavirus (COVID-19), that has reached \$21.4 million', and the Chinese Chamber of Commerce donated \$107,000. It is also believed that the private sector in Nigeria [has also made donations](#) to the federal government worth an estimated 27 billion Naira as at June 2020. Unfortunately, the mood of philanthropy may have created an opportunity for a new wave of corruption which continues to attract concern. Several frontline organisations have continued to [demand accountability](#) for how public resources were and are being expended by national and sub-national governments.

Beyond the human rights, economic and health challenges that have emerged and become exacerbated by the Covid-19 pandemic, another critical sector that the pandemic has impacted is education, where the lockdown has caused a major disruption.

2. What Is the Situation of the Health Sector?

For many decades, the health sector in Nigeria has continued to decline as successive governments at the national and sub-national level increasingly lose interest. In April 2001, heads of African governments, concerned with the appalling health indicators for the African continent, gathered in Nigeria's capital Abuja and adopted a [resolution](#) to allocate a minimum of 15% of their annual budgets to the health sector. Most of the countries, including Nigeria, never bothered to get to the target. In 2018, for instance, the Nigerian national health budget was 340.46 billion Naira, representing just 3.96% of the overall budget. In 2020, only 427.3 billion Naira, representing [4.5% of the national budget](#), was allocated to the health sector. The effect of this systemic neglect has been damaging. Nigeria currently has a doctor to patient ratio of 1:2,753, which translates to [36.6 medical doctors per 100,000 persons](#). As bad as this distribution is, it is getting worse.

A recent survey conducted by NOI Polls and Nigeria Health Watch and published as 'Emigration of Nigerian Medical Doctors' reveals that over 80% of Nigerian medical doctors are currently seeking work opportunities [abroad](#), desperately waiting for the opportunity to leave the country. Nigeria's political elite have responded to the country's healthcare crisis through medical tourism. Every year, tens of thousands of Nigerians, mostly the elite, leave the country to get medical care outside the country, spending as much as [\\$1 billion in 2019 alone](#). This health tourism has perhaps inadvertently had a negative impact on any real effort to fix the broken healthcare system.

Nigeria has some of the worst healthcare indicators on the globe, a situation being reinforced by various factors such as mismanagement and increasing brain drain in the sector. Interestingly, at the height of the Covid-19 pandemic, 58 Nigerian trained medical doctors attempted to migrate to the United Kingdom, after being recruited by NES Health Care, a UK-based firm that helps over 150 private hospitals to employ doctors [from around the world](#).

3. How Does Your Country Trace Infections?

Nigeria's infection tracing system has been mostly ineffective, with a limited success rate. When an individual tests positive for Covid-19, the protocols in place require that the individual documents all places visited and contacts they had. Thereafter, the Nigeria Centre for Disease Control initiates processes to locate all those on the list, including those they too have been in contact with. On paper this seems like a simple, workable system. In reality, however, contact tracing is difficult, chiefly due to some Nigerian peculiarities. There are no comprehensive databases containing key information about Nigerians. It is almost impossible to move from the video image or name of a possibly infected person to the person's mobile number and address, and actually establishing contact.

Tracing the spread of infections has been made more difficult by the fact that Nigerians refuse to support the efforts. According to Nigeria's Presidential Task Force Committee on Covid-19, Nigerians are refusing to assist in [contact tracing](#) due to fear and stigmatization. People who have recovered from the infection or have been tested for it are stigmatized and avoided. Unfortunately, many Nigerians have the erroneous belief that those infected remain infectious.

Given the fact that the available health infrastructure is simply not enough, and Nigeria's testing capacity is greatly limited, when individuals exposed to Covid-19 are eventually found the health professionals only admit those who have exhibited symptoms of the virus for testing and treatment. Others to whom they may have been exposed are only advised to self-isolate and are educated on the symptoms [to look out for](#). No tests are conducted on them. The weakness in this system of infection tracing is that the majority of Nigerians appear to be asymptomatic and show no signs of the infection, even though they may be able to infect others. It is widely believed that by the [end of April 2020](#), many more people had become infected than the records of the NCDC claim.

Another major limitation to infection tracing is the fact that for some odd reason, sub-national governments view low-infection figures in their states as a mark of their good performance in the health sector. Some states deliberately refuse to test patients and when they eventually do, they refuse to make the results public. In Cross River State for instance, the government continued to insist that the state had no infections for months after the first case was recorded in Nigeria. To maintain this facade, the state deliberately refused to conduct tests and trace contact of people who had showed significant symptoms. It took the intervention of the state branch of the Nigeria Medical Association [to compel](#) the government to change its approach of denial.

4. Will the Pandemic Have Lasting Political Effects?

The potential lasting political effects of a pandemic that disrupts as much as the Coronavirus has are difficult to predict with any reasonable measure of certainty. While the economic effects are more immediate and predictable, the political impacts tend to be more silent and may take longer time to unfold. However, tumultuous events that test the efficiency and integrity of systems tend to leave a trail of disruptions, revelations and new thinking. In Nigeria, preliminary evidence suggests that [the trust and confidence of citizens in government institutions](#) has significantly dwindled during the pandemic. There has also been a marked decline in how citizens perceive public officials and political office holders. This may already be having an effect on Nigeria's democracy. Since the initial scare of the pandemic receded and Nigeria eased the lockdown, there have been two important sub-national elections that were marred by widespread voter apathy and low turnout. Some analysts believe this is traceable to the pandemic and government response weaknesses. In the same period, there have been at least two public protests where citizens have participated massively across cities demanding immediate reforms. There are reasonable grounds to believe that the experience of the pandemic, the government's inadequate response and non-existent support system have negatively affected the confidence of Nigerians in political institutions as well as trust in political leaders. This could have dire consequences for Nigeria's democracy.

5. Do You See Gender-related Effects?

As previously stated, the outbreak of the Covid-19 [pandemic](#) and the restrictions it gave rise to have resulted in increased human rights abuses in Nigeria. Evidence indicates that women are more vulnerable to these abuses than men. During this time, there has been an unexpected increase in sexual-based violence against women. Key women's rights civil society organisations report that since the lockdown was instituted, there has been an increase in the number of incidences of gender-related abuses. The most common [gender-based violence](#) reported has been 'spousal violence, landlord-tenant violence, neighbour-to-neighbour violence, and parent-children abuse. Others are home-owner-house help violence, boyfriend-girlfriend violence, violence on widows, police-sex worker violence, police-citizen violence, visitor-caught-in-lock-down child rape'. Similarly, in Lagos State, the government-run Domestic and Gender Violence Response Team reports that it has been inundated with increased reports of sexual and domestic violence since the lockdown began.

In some cases, women have also been deliberately targeted by law enforcement officers for abuse. On 28 July 2020 in Rivers State, a woman was arrested by for not wearing a facemask while travelling on a public transport bus. One of the arresting officers [took her](#) to a guest house where he raped her after threatening to kill her. This and other cases highlight a new pattern of abuse targeted at women.

6. How Could the Actions of the United States Be Helpful in Alleviating the Challenges Your Country Faces?

As of 24 April 2020, the United States government, through USAID and the Department of State, has already provided up to \$21.4 million for the prevention and mitigation of Covid-19. According to information made available by the US Embassy and Consulate in Nigeria, a good part of the assistance is for [supporting key activities to control the spread of Covid-19](#) including 'rapid public-health information campaigns, water and sanitation, and preventing and controlling infections in health-care facilities'. USAID assistance has included support extended to the Nigeria Centre for Disease Control to enable it send one million mobile phone text messages a day to Nigerians in vulnerable places. In August 2020, the US government through the US Consulate and Embassy in Nigeria also [donated 200 ventilators](#) to support Nigerian health facilities in combating the pandemic.

Clearly, the United States has extended critical support to the health sector, which has contributed to bolstering the ability of Nigeria's health institutions to respond to the challenges associated with Covid-19. However, records indicate that direct support to the Nigerian government in any particular sector hardly translates into actual improved performance in those sectors. For instance, a five-year 'Support to Anti-Corruption in Nigeria' project financed by the European Union and implemented by the United Nations Office on Drugs and Crime (UNODC) [in cooperation with the](#) United Nations Development Programme (UNDP) provided support to 14 government agencies with a view to enhancing their operational capacity as well as improving inter-agency coordination. Overall, the project aimed at reducing the prevalence of corruption in Nigeria and bettering the negative indicators. Despite the investment in the project, Nigeria's corruption remains the same and may actually be worsening. The same patterns of challenges have been associated with other support extended to the Nigerian government and their agencies.

A critical provision in the context of the Covid-19 pandemic and the challenges it poses would be in supporting the Nigerian healthcare system in directly developing systems for monitoring the spread of the pandemic, tracing infections, preventing the spread and conducting tests. The systems currently in place for achieving these are weak and outdated. For efficiency to be developed in this regard, the system has to embrace technology in monitoring and tracing. This is even more important at this time, when the spread of the virus is believed to have long entered the community spread phase.

The coronavirus pandemic exposed deep problems in the Nigerian healthcare system. Nigeria's secretary to the federal government, Boss Mustapha, declared his shock at how bad the healthcare system in the country was. According to him, he only discovered this after he had been appointed chairman of the Presidential Task Force on Covid-19. Part of the problem has been the appalling lack of attention the government accords the health sector. The revelations engendered by the pandemic present an opportunity for civil society organisations and other non-state actors to embark on research and advocacy aimed at ensuring that the challenges in the sector are addressed. One way would be to launch a campaign aimed at ensuring that Nigeria implements the African Union 2001 'Abuja Declaration' under which Nigeria and other African countries pledged to commit at least 15% of their annual budgets to improving their health sectors.

To address other challenges which have been exacerbated by the pandemic and the social restrictions occasioned by it, including corruption, human rights abuses and the abuse of women and girls, support to civil society organisations with experience in those areas would be invaluable. Holding public institutions accountable for their performance in this period will go a long way in rebuilding the confidence of citizens in the structures and institutions of the state.

7. How Could the Actions of the European Union Be Helpful in Alleviating the Challenges Your Country Faces?

Like the United States, the European Union has also extended backing to the Nigerian government to support its effort against Covid-19. In April 2020, the [EU gave the Nigerian government](#) a grant of €50 million to support efforts to contain the spread of Covid-19. Foreign missions of various EU countries have also continued to support Nigeria in its fight against Covid-19. As previously stated, however, previous records indicate that donations to the government in Nigeria have not always had the desired impact. Beyond supporting citizens' organisations within Nigeria to advocate for improved accountability and delivery of services, EU support can also be instrumental in demanding increased investment in the health sector as well as act as a stimulus for the many businesses that have been affected by Covid-19. In March 2020, [Nigeria's central bank](#) floated a credit relief of \$136.6 million to support small and medium-scale businesses that had been hard hit by the pandemic. This support went a long way in helping businesses get back on their feet. Such disaster funds from the EU could be instrumental in Nigeria's overall recovery from the effects of the pandemic.

8. Which International Organisations Are Most Relevant for Your Country in This Situation and What Do You Expect of Them?

Beyond the broad challenges that have been triggered by the Covid-19 pandemic, the situation nonetheless provides an opportunity for Nigeria to force paradigm shifts in some sectors. The spotlight on the health sector for instance provides an occasion to drive new investment in strengthening primary healthcare systems in the country through increased budgetary provisions as well as recruitment, training and other development activities.

Overall, Nigeria needs to embark on a detailed and far-reaching reform of the health sector, principally focusing on ensuring that all citizens have access to services that are available and affordable, and that the system is sustainable in the long run. In this regard, international organisations like the World Health Organization and the United Nations Development Programme can be helpful in supporting the articulation of frameworks and policy advocacy efforts towards restructuring the Nigerian health sector.

Imprint

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