

## Policy Design, State Capacity and Management of Covid-19 Pandemic in Nigeria

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Received 12 March 2021; accepted 2 April 2021

Published online 26 April 2021

*Canadian Social Science*, 17(2), 72-76. Available from: <http://www.cscanada.net/index.php/css/article/view/12113>

DOI: <http://dx.doi.org/10.3968/12113>

### Abstract

COVID-19 pandemic spread across the globe with alarming intensity. Due to its seemingly intractable nature, governments at various levels had to take safety measures aimed at containing the spread of the virus and cushioning its impact. In Nigeria however, lack of preparedness for emergency aggravated the debilitating effects of the deadly disease which have exposed the weak points of policy design, state capacity and institutional mechanisms. Though, federal government adopted mitigation measures through regulatory instruments to minimize the transmission of the virus, the policy responses are not commensurate with the magnitude of the problem, compared to what obtains elsewhere. There were no aggressive measures for early detection and diagnosis targeting individuals with symptoms. Many of the economic compensation packages that were approved to support and sustain people also encountered long administrative delays which are not ideal in an urgent situation as those in charge of the distribution of palliatives failed to grasp the depth of citizens' deprivation, which requires swift remedial action. As a consequence, people became severely affected and had to pay the supreme price owing to leadership ineptitude. Based on this, the paper recommends well-crafted policy design and implementation; competent leadership; and provision of adequate health care.

**Key words:** Pandemic; Policy design; State capacity; Palliative and lockdown

Rasheed, I. O. (2021). Policy Design, State Capacity and Management of Covid-19 Pandemic in Nigeria.

### INTRODUCTION

The COVID-19 pandemic spread across the world with massive scale of destruction of lives and disruption of socio-economic activities. Discovered in Wuhan, the Hubei region of China, corona virus is linked to Severe Acute Respiratory Virus related to common cold. Its outbreak shows that most countries were not prepared for the scourge to the extent that they went through problem-recognition process before reacting. Knowledge about the nature of the problem and the best ways to address it, Capano et al (2020) observe, was particularly inadequate at the outset as much about the disease and potential solutions to its virulence and spread was poorly understood. Hence, various kinds of "track, test and trace" measures were adopted.

As a novel infection with serious clinical manifestation (such as fever, dry cough and tiredness) including death, it has reached at least 124 countries" (Emmanuel et al, 2020). The pandemic was an exogenous shock which overcame normal policy logic followed by policy actors resulting in some initial policy inconsistency. COVID-19 became a thorny policy problem as it involves many types of uncertainty, issues around immediacy, data limitations and lack of consensus among experts and variations in expertise.

Countries around the world face unbearable health and social emergencies, but the steep rise in the number of global COVID-19 cases is showing no signs of pulling down. At present, there have been almost 58 million cases of corona virus worldwide. With regard to Nigeria, government started taking preventive decisions after the "World Health Organizations declared it a pandemic on

March 11, 2020” (Migone, 2020). In late July, the WHO announced that over 10,000 healthcare workers in Africa had tested positive for COVID-19, raising fears about the ability of a country like Nigeria, which only has four doctors per 10,000 people to successfully control the pandemic that has overwhelmed even better-resourced health systems of Europe and America.

According to a World Bank report, a range of measures have been implemented to contain the spread of the virus. These include non-pharmaceutical measures as school closures, workplace closures, public event cancellations, restrictions on public transport, social and physical distancing, use of protective masks and international travel controls. In a similar vein, the Nigeria Centre for Disease Control, Nigeria has recorded 99, 063 confirmed cases, 79,417 cases discharged and 1,350 deaths as of January 10, 2021 (*The Nation*, January 13, 2021). For the survivors however, each new day dawns with fresh challenges of inadequate medical supplies, crowded facilities, marathon shifts, and lack of Personal Protective Equipment.

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## COVID-19 AND LEVEL OF PREPAREDNESS

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Though Nigeria had serious experience with *Ebola* virus, “its response to COVID-19 has been indicative of first reaction to an (un)known and (un)expected event” (Capano, 2020). Despite having few precedents to draw from in fashioning its response, the Nigerian government was slow engaging in denialist approach which undermined its efforts to respond effectively. Though, the first reported case of the deadly disease in Nigeria was 3 January 2020, federal government did not commence full lockdown until March 30, 2020.

Providing solution to a pressing problem is a function of an effective strategy. In this regard, Christensen and Lagreid (2020) argue that planning and preparing for the unexpected and unknown, dealing with uncertainty and ambiguity, tackling urgent issues and responding to citizens’ demands and expectations are crucial tasks for the public authorities. Good policy design entails the capacity of policy formulators to base their decisions mainly on evidence-based knowledge, clear goals, consistent policy tools, and the political will to accept decisions in this manner. Conversely, virtually all public policies in Nigeria are inconsistently designed because an insufficient amount of accurate information is gathered and mobilized due to politicized nature of administration. Failing to anticipate future problems leaves decision makers without plans and in a state of cognitive uncertainty (with respect to problem and its solutions) when crisis occurs (Rashmesh, 2019).

It is in recognition of this scenario that Capano (2020) avers thus:

In cases of unpreparedness and lack of recent pandemic

experience, it is expected that the health response, as well as responses to the socio-economic effects of the virulent disease will be strongly influenced by the most relevant existing political and policy characteristics of the country’s governmental system.

This is attributable to peculiar nature of governance and administrative system in the country. The existing characteristics that affect policy design, state capacity, institutional arrangements and political games often vitiate the effectiveness of policy implementation.

Having been caught napping by the sudden COVID-19, policy makers chose to adopt incremental model as an antidote to the scourge. The model presupposes that administrative decision-making usually involves a continuation of past policies with the least possible modifications to suit changing circumstance. The process relies on muddling through, including decision maker’s experience and intuition rather than on formal procedures. Decision makers “use previous activities and policies as the basis for their decisions and focus their efforts on modifying past activities, programmes and policies” (Harris, 2016). The model contrasts sharply with the rational model of decision making which involves “conducting a thorough analysis of all possible solutions and their consequences and then evaluating their advantages and disadvantages” (Lindblom, 1959).

A comparative assessment of the pandemic indicates that Norwegian government managed to control the pandemic rather quickly by adopting both suppression and control strategy based on collaborative decision-making style (Christensen & Lagreid, 2020); government in Hong Kong introduced economic stimulus package for both public and private sectors (Hartley & Jarvis, 2020); just as Canadian government provides income support for workers who suffered income reduction because of the pandemic (Migone, 2020). In Nigeria, rather than act faster to put higher priority on safeguarding the peoples’ well-being, it appears central government shirks its responsibilities, forcing sub-national governments into leading roles. Lagos and Ogun states for example, took bold steps to declare movement restrictions with a view to controlling the fatalities of the virus while minimizing the output costs of the lockdown. Some states imposed partial lockdown and enforced closure of inter-state borders.

Tackling the pandemic requires so much resources and commitment from the government and the private sector. Unfortunately, stimulus packages announced by the government to cushion the effects of the lockdown imposed on some states and Abuja, the federal capital territory to contain the further spread of COVID-19 have not been fairly distributed. As Nigeria was less prepared and less capable of containing the virus, political leaders followed mitigation path having focused on trying to reduce the mortality rate. Despite the assurance given by the Ministry of Humanitarian affairs, Disaster management and Social development, on food rations to

vulnerable households, the reality is that the government has not been able to provide food support to everyone who needs it, as the distribution system is marred by corruption.

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## CONTRADICTIONS IN THE NIGERIAN STATE

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In spite of abundant resources Nigeria is endowed with, its neo-colonial nature continues to weaken its relevance in global politics. The structure of the Nigerian political economy points towards economic rent, which is still extracting from the circulation of resources that come from oil. The spate of corruption, mismanagement and impunity in the country has heightened despair and robbed it of the loyalty and patriotism of the citizens (Agagu, 2010).

Development plans that will outlive the incumbent administration and “the diversification of the base of the economy are not accorded priority” (Utomi, 2020). This has been the main cause of inconsistent policies in Nigeria as both ruling and opposition parties often engage in political game by trying to politicize issues which add no value to good governance. When policy problems are poorly diagnosed, policy solutions are wrong and complimentary policy instrument mixes are implemented ineffectively.

In Nigeria, problems occur during COVID-19 lockdown because measures taken by the authorities to handle the health crisis were not accepted by the citizens as the latter flouted government instructions owing to their lack of trust in government. Regardless of whether fellow citizens wallow in abject poverty, the National Assembly experiences few problems as its fund is in a special category called statutory transfer which mandates the federal government, after receiving revenues, to make the legislator’s funds immediately available before other considerations. While the country’s debt profile has been a source of concern to the policy makers and development practitioners, the yearly allocation for the law-making arm with 469 members on its payroll surpasses the annual budget of 21 of Nigeria’s 36 states (Femi Orebe, 2020).

In Nigeria where citizens are most vulnerable and health care systems already overwhelmed, millions of people do not have access to life-saving supplies, such as test kits, face masks, and respirators. Besides, the medical officers were barely kitted without PPEs, improvised or not. Temporary closures without the provision of protective gears and other preventive protocols exposed health workers to avoidable risks. The situation turned dramatic as Kano state governor, Abdullahi Ganduje trivialized the gravity of the pandemic when he demanded N10 billion from the central government (Oluwajuyitan, 2020). In his defensive rationalization, he claimed Kano state deserves same treatment as Lagos state (which had

committed over N4 billion before central government’s intervention of N10 billion to fight the pandemic).

Apart from the health sector, the COVID-19 pandemic also has exposed the huge socio-economic inequalities in the Nigeria education system. On 23 March 2020, the Federal Ministry of Education announced the temporary shutdown of all schools in the country in a bid to contain the virus. With the exception of wealthy families whose children attend private schools with well equipped ICT infrastructure, learners from disadvantaged communities without access to computers and other devices outside schools cannot afford remote learning during the pandemic.

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## COVID-19 AND DISTRIBUTION OF PALLIATIVES

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The rationale for the establishment of government is the provision of good governance. In the event of epidemic, those at helms of affairs are required to take adequate measures that safeguard the lives of the citizenry through a well crafted policy. Dimock *et al* (1983) sees public policy as “deciding at any time or place what objectives and substantive measures should be chosen in order to deal with a particular problem”. Having identified a problem, it is necessary to develop factual data about its magnitude, its severity and the number of people it affects. The kind and quality of information gathering may change as the process evolves. Thus, seasoned administrators or policy makers monitor internal and external environments continuously and systematically in order to anticipate future changes and make adjustments so that potential changes do not become crises (Eneanya, 2015). The policy efforts of any government to manage the spread of the pandemic in terms of regulatory actions, risk assessment, proactive risk management, travel bans and budgetary responses determine how virulent diseases could be controlled.

Since political leadership is not proactive enough in the area of information gathering and problem analysis that require urgent decision, all manners of challenges caught policy makers off guard. The pandemic has brought socio-economic hardships to the global community and Nigeria in particular. This necessitates social and economic readjustments. Diagnostic and personal protective equipment and Intensive Care Units suddenly become the priority products, as countries battle to prevent the spread and reduce the mortality rates. With the restrictions on movement in Nigeria, government gave assurances of distributing food and other essential items to the vulnerable groups and those infected with the virus. From available records however, there is inequitable distribution of the purported palliatives.

To complement the efforts of government in the fight against the apparently deadly disease, the Central

Bank of Nigeria and other stakeholders formed the Coalition against COVID-19 (CACOVID). The coalition was created to support the government in tackling the pandemic by providing medical facilities to states so as to cater for the affected by the virus and also provide palliatives and other essential items (such as medical kits, establishment of isolation centres) to the vulnerable within the society. It was formed to meet the exigencies of time. As the novel corona virus disrupted lives and businesses globally, it became the body to ensure normalcy in the midst of ensuing confusion at home.

CACOVID spent N4.2 billion on building 39 fully equipped isolation centres in the 36 states and the Federal Capital Territory. It also procured medical equipment such as polymerase chain reaction (PCR) test kits for N9 billion. The most tasking of its duty was the provision of palliatives for the poor and vulnerable during the lockdown when businesses and offices were shut. Not only that, the coalition equally spent N28, 767,590,517 to provide food for about eight million Nigerians. (*The Nation*, December 20, 2020)

Rather than distribute the palliatives, the state governors chose to keep the food items and other relief materials in designated warehouses at different locations which sparked off protests recently. In a bid to rationalize the delay, the Nigerian Governors' Forum spokesperson, Bello Barkindo said 'the items meant for the distribution had not been completely received from CACOVID'. His stance underscores the usual policy style in Nigeria characterized by a set of political and administrative routines and behaviours, heavily influenced by the rules and the structures of the civil service. The hardship caused by COVID-19 crisis led rampaging youths and hoodlums to burgle warehouses where palliatives were kept, most especially in Lagos, Ogun Kwara and Osun states.

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## STATE CAPACITY AND MANAGEMENT OF THE PANDEMIC

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State capacity can be operationalised in terms of the government's capability to implement its decisions. The vision, mission and action of political leadership are central to effective policy execution. Having personified the state, leaders are required to be proactive, possess analytical power and have the ability to go beyond the well-trodden path in thinking as well as in action. A good planning system would help public executives create an intelligent agenda and build a strong network to implement and evaluate programmes. Besides, public strategic planning blends futuristic thinking, objective analysis and subjective evaluations of goals and priorities to chart future courses of actions (Eneanya, 2015) which provide latitude for leaders to manage national affairs successfully.

The reverse has always been the case in Nigeria where

leaders are blinded by their personal idiosyncrasies and self-righteousness which may generate erratic decision making process. When a response to an unexpected crisis is needed-and there is no previously prepared plan that can be followed immediately, or there is one, but it has been neglected or forgotten, the government's governance characteristics determine what responses are chosen. Successful communication with the public and a high level of citizens' trust in government would have helped. Policy makers lack institutional legitimacy that could have attracted public sympathy. Crisis management is most successful when it is able to combine democratic legitimacy with government capacity.

As mitigation measures, the federal government adopted a revised budget for the year 2020 in response to the COVID-19 emergency. A N500 billion COVID-19 intervention fund is included in the revised budget to channel resources to additional health-related current and capital spending (tests, supplies and facilities). From this standpoint, Zainab Ahmed, finance minister noted that 'there will be a cut of 20% from the capital expenditure of the 2020 budget while recurrent expenditure will be reduced by as much as 25%' (*The Nation*, September 13, 2020). Though COVID-19 engendered some innovations including production of face masks, hand sanitizers, automated soap and sanitizers, there have been sweeping effects of the pandemic on tourism, hospitality industries and stock markets across the globe.

Some of the social vices people perpetrated during the lockdown include extortion, rape, ritual killing, and cyber crime. While global bodies, countries and individuals contributed money and materials to other countries to save lives, some heartless Nigerians have capitalized on the demands during the pandemic period to commit certain financial crimes that have very huge impact on the country's economy. These financial crimes have been traced to individual and corporate bodies that embezzle, redistribute or misapply funds meant for COVID-19 medical materials.

There have also been cases of capital flight under the pretense that those involved were mandated to buy medical equipment for the pandemic. Many foreign organizations like European Union, World Bank, and even individuals donated money to many NGOs in Nigeria that did everything but used the funds sent to them to work for the patients in whose names the monies were sent.

As earlier predicted, there is a second wave of COVID-19 across the world and many countries are reverting to lockdown-some in part and others in whole-to head off the fresh urge. Trends in recent weeks have shown a rebound of the pandemic after abatement of infections from the earlier wave. In a report by *The Nation* newspaper, the new wave was illustrated in Nigeria when no fewer than 26 generals were reported to have tested positive for the new virus after they attended the



2020 Chief of Army Staff (COAS) Annual Conference in Abuja. Accordingly, testing was ordered for participants at the conference following the death of Major General Olu Irefin, the General Officer Commanding, GOC 6 Division of the Army in Port Harcourt.

## CONCLUSION

The devastating impact of COVID-19 pandemic on socio-economic activities and government programmes in Nigeria is worrisome. It has exposed the weakness of the state capacity and institutional mechanisms saddled with health-related matters. The lockdown imposed by the government to minimize its spread make citizens vulnerable to all sorts of social vices. It was established that lack of preparedness for emergency exacerbated the spread of the virus. Rather than take appropriate actions when it mattered most, political leaders were busy dilly-dallying on the next line of action. At present, countries are trying to ease confinement measures with a view to improving productive economic activities. To avert this unpleasant scenario in the future, it is suggested that government takes decisive action to safeguard the health of the citizens, undertake proactive policies to ensure well-being of people, equip health institutions with modern facilities, regulate the religious bodies to stop preaching that attract large gatherings of worshippers, and improve upon its sensitization programmes.

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