Interrogating Covid-19 Protocols and Policing in Nigeria: Implications of Government Distrust and Service Failure (2019 – 2022)

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Abstract

The study examined covid-19 protocols and policing in Nigeria, with implications of government distrust and service failure, 2019 – 2022. Specifically, the study interrogated how government's attitude to healthcare delivery undermined covid-19 protocols and policing in Nigeria; and how multidimensional poverty in the country undermined Nigeria's lockdown protocols and policing in the fight against the virus. By adopting documentary method of data collection, *expost facto* research design and securitisation theory, the study found that government's historical attitude towards healthcare delivery for its citizens led to the failure of its covid-19 protocols and policing, as result of the poor compliance of citizens. The study further found that multidimensional poverty among Nigerians led to the undermining of governments lockdown measures and guidelines during the pandemic. This were borne out of the citizens' distrust of their government who have hoarded palliatives meant to cushion the effect of the pandemic. The study concluded and recommended amongst others, that the government must invest in quality healthcare by increasing its spending and budget allocations to the healthcare sector. It must also ensure that it desist from playing politics with palliatives meant to help cushion the effect of the pandemic on its citizens.

Keywords: *Covid-19 Protocols, Policing, Nigeria, Government Distrust, Lockdown, Pandemics.*

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Introduction

The coronavirus disease, popularly known as covid-19 was a respiratory infectious disease which some scholars say originated in a wet market in Wuhan (Sahu, 2020; Chinna, et al, 2021). Although, this is now hotly contested, as some are of the view that it was genetically mutated in a type of research known as Gain of Function Research (GOFR), which was accidentally or deliberately leaked (Zweig, 2023). The virus which was first reported in 2019 has spread globally, sending shockwaves down the spines of billions of people, with millions of confirmed cases and deaths recorded by the World Health Organisation (WHO). On 30th of January, 2020, the WHO declared covid-19 as a Public Health of International Concern (PHEIC) and on 11th of March, 2020, it was declared a pandemic.

Notably, this is not the first time diseases of an epidemic and pandemic proportions have bedevilled the world. From 1918 - 1920, there was the Spanish Flu infected more 500million people and claimed

between 17million to 50million lives, making it one of the deadliest pandemics on earth (Centre for Disease Control, [CDC], 2019). The H1N2 influenza of 1957 – 1958, death toll was in region of 1million – 4million lives (CDC, 2019). Also, from 2002 – 2004, Severe Acute Respiratory Syndrome (SARS) caused by SARS-Cov-1, led to at least 774 deaths worldwide, having infected 8000 persons from 30 countries and territories (Pasley, 2020). Furthermore, from 2009 – 2010, the Swine Flu pandemic spread across the world like wild fire infecting more 1.4billion people, leading to 18,449 deaths in total (WHO, 2010). Although, Ebola Virus Disease (EVD) was not declared a pandemic, it was an epidemic which occurred from 2013 – 2016, having a great regional significance. It claimed a total of 11,300 lives and infected more 28,000 persons (Centre for Disease Control and Prevention, 2016). In all, the most deadly pandemic that have affected Nigeria is the covid-19 pandemic. When EVD was brought to Nigeria through the Liberian diplomat, the Federal government invoked the Quarantine Act of 1926, issuing guidelines on how to contain the virus (Aniaka, 2014).

As at April, 2023, Covid-19 has a total number of global confirmed cases of 770 million and deaths are currently at 6.9million (WHO, 2023). The Nigeria Centre for Disease and Control (NCDC), total confirmed cases are 266,665 and deaths are 3,155 (NCDC, 2023). Prior to the millions of infections and deaths as stated above, world leaders became concerned about the rapid spread of the virus after its discovery in Wuhan, China. In order to get their citizens to be prepared to fight the virus, they decided to securitise covid-19, by elevating it to the realm of national security threat. This elevation of covid-19 - a health issue to the level of security, is what has been described as securitisation; which gave rise to formulation of undemocratic policies known as protocols, without which, policing will be problematic.

In a broad perspective, securitisation refers to the various processes employed by state actors in the transformation or elevation of subjects from ordinary or regular political issues into matters of security, with the intent of formulating extraordinary policies (like the covid-19 protocols) to enable extraordinary policing to be deployed in the name of security (Floyd, 2016; Buzan, Waever and Wilde, 1998). One of the major imports of securitisation is the unification of people against a given phenomenon or subject, often considered a high risk, threat, or an enemy of all (Floyd, 2016).

Policing on the other hand refers to the systematic maintenance of law and order in a state, especially with regard to the protection of lives and property. Several institutions engage in the act of policing a society or a state. These include the military, the police, the navy, the air force, immigration officers and other paramilitary agencies and establishments of government (Onuoha, et al, 2021; Defiem and Hauptman, 2015). Without policies, laws, statutes or executive orders, policing becomes problematic. Thus, during covid-19, the laws, policies and executive orders put in place to fight the virus came in form of covid-19 protocols, put forth by WHO and state leaders to contain the virus. Inherent in these protocols are securitising speeches and acts that seeks to elevate the disease from a public health issue to a security threat that requires extraordinary policing to deal with it. In sections three and four, we shall vividly consider some securitising speeches and acts made by world and state leaders, leading to extraordinary policing of covid-19.

Extant studies from scholars like Zmerli (2021), Ezeibe et al. (2020), Bertsou (2019; 2015), Citrin and Stoker (2018), Clark (2016), have conceptualised the term political distrust to mean relational attitude of a people that deals with perceptions of untrustworthiness in a given state or society. The use of the concept political is quite broad as it cuts across different strata and organisations in society. The "political" is not only limited to government circles and its business, but pervades different units and segments of society. This study adopts the term government as it focuses strictly on elected representatives of the people charged with responsibility to deliver the dividends of governance to the people of a state. Consequently, government distrust refers to the attitudinal disposition held by citizens of a state on account of government failed promises, propaganda, lies, poor governance, etc. It is this view of government distrust that has made the securitisation of covid-19, its protocols and policing a subject of debate and somewhat problematic in Nigeria. This study will however rely on the intersection of political distrust and government distrust for comprehensive analysis.

It is against this background that this study attempts to examine covid-19 protocols and policing in Nigeria, with implications for government distrust and service failure. Specifically, the study interrogated how Nigeria government poor track record in health care delivery undermined covid-19 protocols and policing. Furthermore, it examines how Nigerian citizens' multidimensional poverty undermined covid-19 protocols and policing.

Statement of the Problem

Just like other world leaders, covid-19 was securitised by Nigerian leaders as well. The reason for this was to formulate extraordinary policies in the form of covid-19 protocols to police the state during the pandemic. However, this appeared to have failed following the high level of government distrust by Nigerians towards the government and its policing agencies. Some of the reasons that accounted for this government distrust of citizens leading to the problematic policing of covid-19 in Nigeria are: lack of transparency and accountability, political and economic corruption, poor health care governance, multidimensional poverty, income inequality, kidnapping, banditry and terrorism, etc.

Furthermore, with the poor governance of the healthcare sector, Nigerians found it difficult to believe their leaders securitisation and posturing during the pandemic, because its domestic healthcare system have been left in shambles. This poor state of the country's health care system accounts for why its leaders run to Asia, Europe or America for quality health care at the slightest health challenge. This has been described as medical tourism (Folinas, Obeta, Etim and Etukudoh, 2021). This government distrust of Nigerian leaders led to widespread misinformation and disinformation, with serious ramification for self-help measures in medication and eventual rise of confirmed cases and deaths attributed to the virus. Also, multidimensional poverty of citizens in Nigeria led to the blatant violation of the lockdown measures and other covid-19 protocols imposed by the government in several States of the federation.

It is in the light of the foregoing that this paper interrogates the following research questions that guided the study.

1. How has poor government track record in health care delivery undermined covid-19 protocols and policing in Nigeria, 2019 – 2022?

2. How has multidimensional poverty in Nigeria undermine its lockdown protocol and policing in the fight against the virus, 2019 – 2022?

Methodology

This study adopted *expost facto* research design, which means 'after the fact'. It examines how an independent variable (groups with specific characteristics that exist before the study) affects a dependent variable (Zainab and Kowalczyk, 2022). This design enabled us to generate data to answer the research questions. The method of data collection was documentary from secondary sources. The researcher adopted a purposeful sampling of data for the study. Maxwell (2012) notes that qualitative researchers often makes use of purposeful sampling, rather than probability sampling in their study because it helps them sieve rich and relevant text of documents that are germane to their research. Specifically, data collected were from journal publications, books, internet sources, newspapers, archive materials, organisational/institutional publications, etc. Data gathered for the study were during covid-19 period and post covid-19. This reason for gathering and analysing data from this period is because, they were the period the government securitised covid-19, formulated protocols and implemented same through extraordinary policing to checkmate the virus. Furthermore, content analysis technique was employed to analyse data gathered for the study. This technique, according to Obikeze (1990), was developed as a result of the need for a reliable scientific method for assessing, analysing, and interpreting a large variety of materials.

Theoretical framework

Securitisation Theory

Waever (1995) introduced the idea and theory of securitization, which was later expanded upon by Buzan, Waever, and de Wilde in the now-famous Copenhagen School (CS). Buzan, Waever, and Wilde (1998) present a novel method for studying security at the national and international levels in their academic work, *Security: A New Framework of Analysis*. According to the theorists, national security is the result of national units acting collectively and influencing the domestic system (Buzan, et al., 1998). According to them, national security and strategic studies are security theories that are "firmly rooted in traditions of power politics" (Buzan et al., 1998, p. 21), with key emphasis on the military (Buzan, 1991), with various states having different goals and intentions (Hanik, 2021).

The CS scholars outlined five essential components of security, as was previously noted. These comprise the social, political, economic, military, and environmental spheres. According to them, the traditional security discourse is centered on the first two sectors. The remaining ones, however, are the result of dialectics that emerged from discussions in the 1970s and 1980s between "narrowers" and "wideners" (Charette, 2009). As the name suggests, the narrowers are those who maintain that security is solely the province of the state, whereas the wideners, led by the CS scholars, expanded the field of security studies to encompass regional security as well as other sectors (such as economic, social, environmental, political and health), emphasizing the interconnected dynamics between them (Buzan, 1991).

The wideners' ideology severely challenged conventional perceptions of threat, as dogmatically highlighted by the realist viewpoint on security (Waever, 2004). Beyond this, the conceptualization of "securitization" resulted from the introduction of a social constructivist approach to security, particularly in the works of Ole Waever from 1989, titled: *Security, the Speech Act: Analyzing the Politics of a Word*, and 1995 (*Securitization and De-securitization*). This gave rise to the idea that security is a social construct or an intersubjective term. Security is a verbal act in the views of CS scholars. As a result, "something is done by saying the word" (Buzan, Waever, & Wilde, 1998, p. 26). This demonstrates that, according to Eroukhmanoff (2017), "words do not merely describe reality but constitute reality, which in turn triggers certain responses." Lastly, security should not just be seen as an "objective" threat but also from the viewpoint of the people or organizations who are securitizing a problem.

Basic assumptions

Securitization theory's fundamental tenet is that neither security nor an existential threat is a natural occurring phenomenon in a state. Instead, it mostly depends on how a particular society defines and constructs it (Buzan, Waever, and Wilde, 1998). In this regard, covid-19 was constructed as a security threat by the Nigerian state; and it was seen as such following the President's exercise of its powers in the Quarantine Act to issue the Covid-19 Regulations. Some of the assumptions are:

a. That securitisation is a speech act and a communicative process in which an actor a) claims that there is an existential threat to a referent object, b) extraordinary and exceptional measure can be taken by the actor to deal with the threat to a referent object, c) convinces the masses who are the audience that any rule-breaking behaviour is justified to deal with the threat (Waever, 1989; 1995).

b. That a referent object beyond the political or the state can be anything or anyone. For instance, apart from the five key sectors (social, economic, environmental, political and health), referent objects could be an ideology, a religious group, a civilisation, ethnic groups, international groups or community, (Buzan and Waever, 2003)

c. That an issue can either be politicised or non-politicised depending on whether they are part of a public debate; but can be securitised through the use of extraordinary measures in so far as they are presented as an existential threat by the securitising actor (Buzan, Waever and Wilde, 1998).

d. That an audience (the public, analysts, elites, and security professionals) is key to either legitimise or de-legitimise a securitising move by a securitising actor (Salter and Piche, 2011; Buzan, Waever and Wilde, 1998).

e. That an issue once highly securitised can be de-securitised when the community no longer considers such issue an existential threat to a referent object by discontinuing the use of extraordinary or exceptional measures to handle the threat (Waever, 1995).

Securitisation of Covid-19 and Government Distrust in Nigeria

In line with the above assumptions of the theory of securitisation, it is evident that covid-19 was highly securitised beginning with the World Health Organisation (WHO) designation of the pandemic as a Public Health Emergency of International Concern (PHEIC) on 30th January, 2020, to its declaration as a global pandemic on 11th March, 2020 (WHO, 2020).

From the moment the virus appeared on Nigeria's territorial space in February, 2020, it created an economic, educational, social, and health crisis, all levels of the country's national life (Amzat, et al, 2020). Due to its high transmission rate, coupled with the unpreparedness of several national health institutions, covid-19 crippled all forms of human activities, lives and institutions like economy and trade, communications, healthcare, and social relations (Nicola, et al, 2020). Within the first 6 months, 7 million cases have already been recorded with more than 500, 000 deaths globally. Then came cessation of education, poor economic forecast, and recession; as poverty and hunger ravaged most low income countries to which Nigeria belong (Nicola, et al, 2020; Pitlik, 2020; Amzat, et al, 2020).

It would be that the above dire state of affairs in the world, that prompted scholars, professionals and world leaders; as well as global and regional institutions to take critical measures, leading to the securitisation of the viral disease. To make this happen, the pandemic was elevated from a public health issue and public discourse to an existential threat requiring urgent and immediate action. In this regard, securitising speeches, statements, and declarations were made by world leaders, acting as securitising actors by emphasising the need to tackle the virus by through exceptional measures. For context, Antonio Guterres, the United Nations Secretary General, notes that *"the world faces its gravest test since the founding of United Nations (UN), which poses a significant threat to international peace and security",* urging political leaders to assemble its resources for "*the fight of a generation*" (United Nations, 2020). Similarly, Tedros Adhanom, the Director-General of WHO, equally securitised the pandemic through the use of certain war rhetorics to delineate the threat health professionals faces as they confront the virus when he notes that public authorities were facing an "*unprecedented threat, but it's also an unprecedented opportunity to come together as one to face an uncommon enemy- an enemy against humanity"* (Tedros, 2020). In addition to this, health professionals and scientists reported that the impact of pandemics "*has been profound, and the public health threat it represents is the most serious seen in a respiratory virus since the 1918 H1N1 influenza pandemic*" (Ferguson et al 2006: 1).

In Nigeria, the narrative is not different, as several national leaders securitised covid-19 through their statements and speeches. President Muhammadu Buhari, when addressing the nation regarding the pandemic comments that "*the year 2020 has been most challenging for the whole of humanity as a result of the havoc wreaked by the covid-19 on lives, livelihoods, global and national economies, governance structures, health, social welfare and other systems*", adding that Nigerians "*remain the greatest weapon to fight this pandemic*". Furthermore, the Health Minister remarked that the pandemic "p*oses a threat to Nigeria … and under no condition should we be lulled into complacency"* (Osagie, 2020, para. 3). Agitated by the socio-economic and humanitarian crises posed by the pandemic in Lagos, the Governor charged the residents of the State to be vigilant so as not to *"stand the risks of losing both lives and livelihood, on a devastating scale*" and "*therefore … reiterate that this is not the time to get tired or complacent. Instead, we must be re-energized to battle this invisible and seemingly relentless enemy*" (Sanwo-Olu, 2021, para. 22). Governor Okowa of Delta state also sees the pandemic as a "*threat*" which must be "*defeated.*" (Okowa, 2020, para. 4). The aim of these speeches remains the same as they tend to make citizens trust that whatever actions taken by the political class is in their best interest.

But in Nigeria, this appears to not be the case as there were gross violation of government's guidelines and protocols regarding the pandemic. First, there was poor compliance with the 50 persons' rule, which

suggest that there should not be gathering of more than 50 persons of public gathering in any part of the country. Many religious centres in the country violated this rule (Ezeibe, et al, 2020). Again, most markets in the country were crowded as though there wasn't a government directive on lockdown, 50 persons' rule, social and physical distancing, facemask use, etc. Furthermore, the policing of interstate travels during lockdown in order to contain the spread of the virus, was undermined by extortionate policing in various highways and state borders in the country, as commuters and drivers paid their way into different parts of the country (Onuoha, et al, 2021).

In addition, political distrust of government officials and other political agents of the state undermined the securitisation of covid-19, its protocols and policing. Decades of poor government track records in healthcare delivery, high rates of multidimensional poverty in Nigeria, hunger, poor government accountability and lack of transparency, low levels of confirmed cases and death rates in the country, high rate of insecurity, etc were all factors that undermined covid-19 protocols and policing. For the citizens, the Nigerian state lacks the moral or political right to talk of about protection from covid-19 when it has fared woefully in the protection of the citizens from Boko Haram insurgent groups, kidnapping, banditry, farmers-herders clashes, etc. It was equally out of place for the same government that has ran aground the healthcare sector through its poor management to speak of putting in place health facilities to provide medical care for infected persons in the country, when it hardly seeks medical care from domestic health care facilities; as they run out of the country for medical tourism at the slightest health challenge (Okboh, 2019).

Beyond this, covid-19 should have been de-securitised in the light of new knowledge that it is not as lethal as was initially thought, considering it has lesser effect on some demography (young and healthy) of a state's population. The de-securitisation of the pandemic would have necessitated a return to normalcy in the day to day lives of people, especially those who depend of daily economic activities to feed themselves and their families. Without prejudice to the arguments made by state leaders and other opinion leaders on national television and on social media, some scholars (Kraaijveld, 2021; Loanidis, 2020; Schippers, Loanidis & Joffe, 2022; Joffe and Redman, 2021; Schippers, 2021) were of the view that covid-19 threat and risk levels were unduly exaggerated, leading to the deployment of unsustainable exceptional measures. Africa, that was projected to have greater number of deaths and infected cases due to its poor health infrastructure, eventually had the least number of confirmed cases and death rates (WHO, 2023). In this regard, the logical thing to do in Nigeria and Africa, was to de-securitise seek alternative measures to address the few confirmed cases through science and research, instead of the failed continued securitisation witnessed throughout 2020.

Data Presentation, Discussion and Analysis

Poor government Attitude Towards Health Care Delivery Undermined Covid-19 Protocols and Policing in Nigeria, 2019 – 2022

From the above review of extant literature, it was established that Covid-19 protocols are the various guidelines and regulations made by governments of states like Nigeria to help combat the virus. These protocols are largely the product of securitisation of the pandemic by the government of the day. Examples of this is the Covid-19 Regulations Guidelines (2020) which gave birth to protocols like lockdown, self-isolation, facemask use, vaccine intakes, quarantine, etc. Whereas policing refers to the various enforcement institutions that help implement these protocols. During the pandemic, it appears that there was poor compliance with covid-19 protocols, thereby undermining policing during the pandemic.

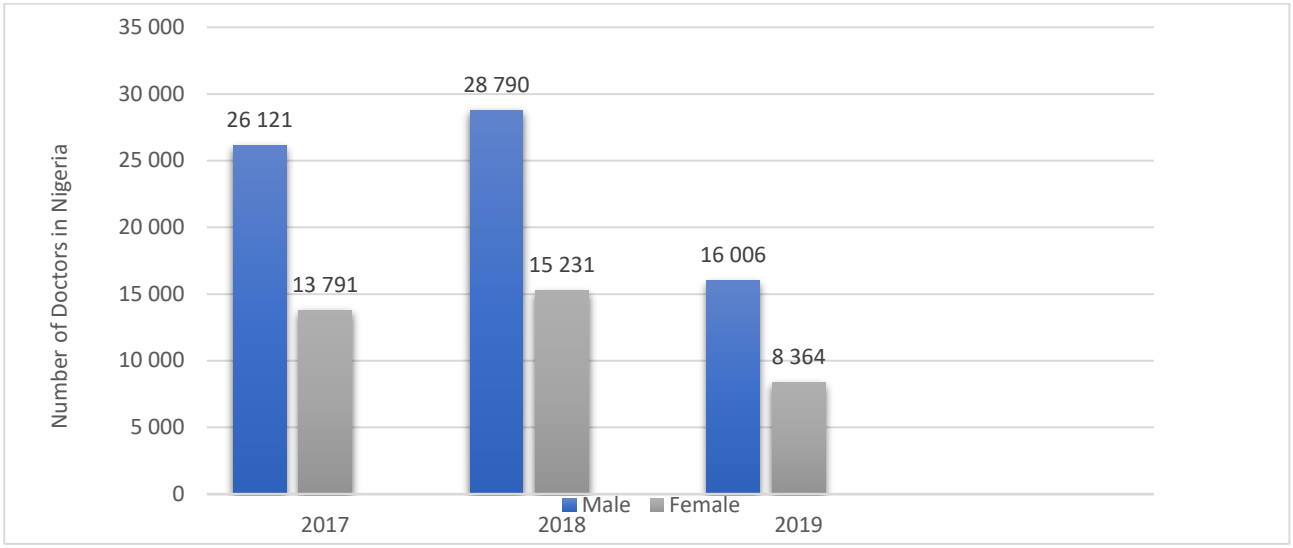
Generally, the lack of faith of Nigeria's political elite in domestic healthcare architecture, poor coverage of National Health Insurance Scheme and other health programmes, poor government budgetary allocation and spending on healthcare, catastrophic health expenditure (CHE) and out-of-pocket (OOP) spending by individuals and households, high death rates of Nigerians to diseases that are amenable to

quality healthcare, poor doctor-patient ratio, all contribute to citizens distrust of government's covid-19 protocols, which further undermined its policing aimed at containing the pandemic.

Nigeria is a country with a very young population, with the mean age of 18 years for its over 206million population. It further has an annual population growth rate of 3.2%, with the forecast of being the 3rd most populous nation on earth by 2050 behind India and China (World Bank, 2021). However, this population has been left un-catered for in terms of quality health access and provisioning from the government, leading to the loss of quality years of life. As at 2014, Nigeria's total bed space in hospitals is 134,000 (which translates into 0.8 beds per 1000 of the Nigerian population. There is however, a deficit of 386,000 beds in 2019 (Smith, 2021).

The National Health Insurance Scheme (NHIS) which was established in 1999 and implemented in 2005 by the federal government to ensure universal and affordable healthcare only has about 5% coverage in Nigeria (FMoH, 2018). In 2019, the total number of doctors in Nigeria, catering for its entire population is a little over 24,000 as shown in figure 1 below, which implies an average of 1:10,000 (1 doctor for every 10,000 patients in Nigeria). This is far below the WHO benchmark of 1:600 (Adewale-Tambe, 2022a). The situation is a lot worse in some states where there is only one doctor for every 30,000 patients in southern Nigeria; and 1 doctor to 45,000 patients in northern Nigeria (Adejoro, 2022). Currently, Nigeria will a need an additional 363,000 doctors in order to deliver effective, affordable, accessible and qualitative healthcare to its populace and to meet up with WHO target. The poor state of Nigeria's medical and health facilities, compounded with poor remuneration for health workers has led to an exodus of Nigerian health professionals to other climes like United Kingdom, United States of America, Saudi Arabia, etc (Adewale-Tambe, 2022b). Several health professional groups like National Association of Resident Doctors (NARD), Nigeria Medical Association (NMA) Joint Health Sector Union (JOHESU) have embarked on series of strike actions to draw attention of the government to their poor remuneration, poor health infrastructure, amongst others (Adeloye, et al, 2017).

Figure 1. Number of Doctors in Nigeria, 2017 - 2019



Source: Statista (2022)

Beyond this, Nigeria's disease burden is one of the highest in the world with high economic impact leading to high rate of OOP expenditure on health. For more than a decade, Nigeria has been home to the highest case of malaria in the world. Out of the 229million infected persons in the world, Nigeria had 61million infected persons in 2019. With 97% of Nigeria's population being at risk of malaria infection, it is the cause of more than 60% of hospital visits in the country (WHO, 2023). According to World Health Organisation (2023), Nigeria accounts for 26% of global malaria cases and 31% (207,000) of

global deaths to malaria. One out of every four infected persons with malaria is a Nigerian (WHO, 2023). In addition, 30% of children below the ages of 5 die of malaria annually, while infant mortality is at 25% (FMoH, 2018).

Table 1 shows incidences of malaria cases in Nigeria. Although, there were steady drop of malaria incidences per 1000 of Nigerian population from 2000 – 2015, but increased again from 2016 – 2020. Although under 5 death rates have consistent decline, it is however worrisome to such number to die annually, with 30% dying of malaria as noted above. Furthermore, there were progressive death rates of vulnerable groups of diseases that are amenable to quality healthcare in Nigeria. There are alarming rates of neonatal deaths, which also shows corresponding death rate increases for maternal deaths. The same observation can be distilled for teenagers in Nigeria and young adults between 20 – 24 years of age, who die needlessly for diseases that actually amenable to quality and affordable health care. Overall, NCD death rates have consistently increased over the years, which is currently at 32% of total deaths in Nigeria.

Table 1. Disease Burden and Deaths of Vulnerable Groups in Nigeria

Categories	2000	2005	2010	2015	2020
Neonatal deaths	247,770	247,487	257,926	270,498	276,770
Under 5 deaths	921,376	894,310	882,064	894,575	862,795
No of deaths (15-19yrs)	33,282	32,083	32,498	34,520	36,710
No of deaths (20-24yrs)	38,654	38,974	37,433	37,129	38,668
Maternal Deaths	61,000	65,000	76,000	81,000	82,000
Incidence of Malaria per 1000 population	413	408	376	294	313
% of Deaths by NCD	21	24	N/A	26	32

Source: Compiled by researcher from World Bank, 2023

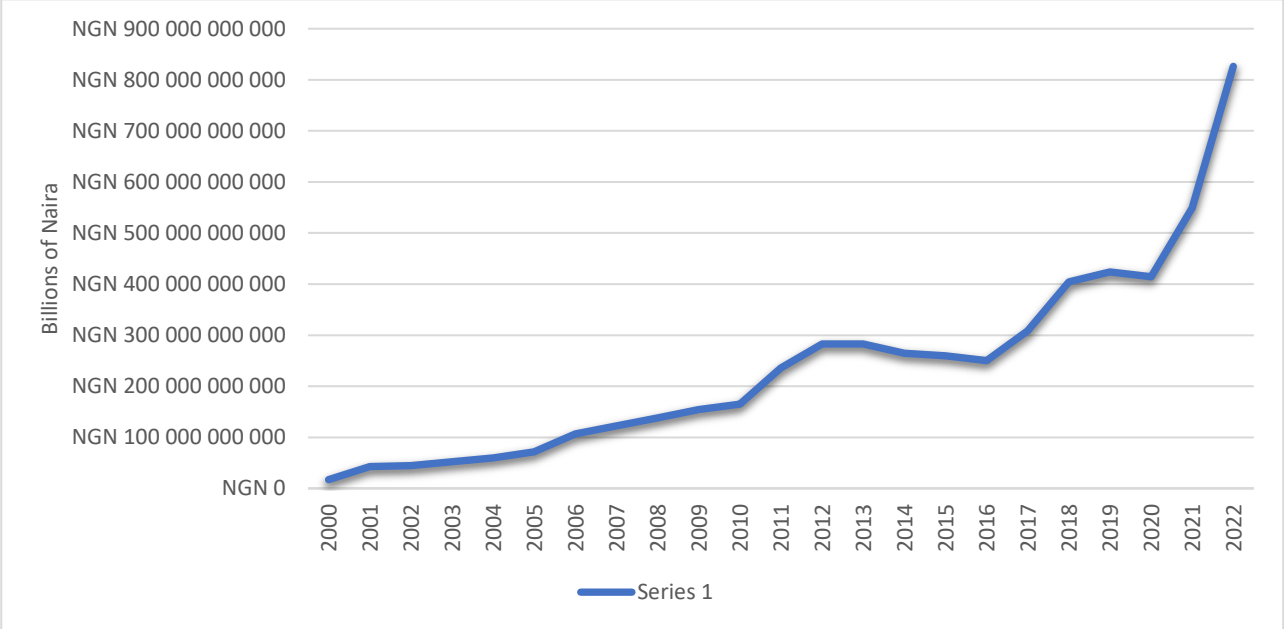
According to Lancet Rankings on Health Systems Performance, Nigeria ranks 142 out 195 countries in 2018, using health access and quality (HAQ) as its metrics (Lancet, 2018). In Lancet's HAQ Index Scores, Nigeria had a score of 42/100, revealing a poor health outlook and Healthy Life Expectancy (HALE) for its citizens generally. Relatedly, Nigeria also ranked abysmally on World Bank Universal Health Coverage Service (UHC) Coverage Index (having an index score of 38/100), based on access to health and affordability metrics (World Bank, 2021). The above rankings show that medical care in terms of access, quality and affordability in the country are quite problematic, revealing the country's lag in meeting United Nation's Sustainable Development Goal 3 (SDG 3), with specific targets of two indicators as captured in SDG 3.8.1 (attaining universal health service coverage) and SDG 3.8.2 [focusing on affordable health care through the reduction of household expenditure/out of pocket spending on health care] (Global Health Observatory, 2023).

One of the reasons for Nigeria poor UHC is its poor healthcare budget and spending, leading to increase in out-of-pocket (OOP) spending and catastrophic health expenditure (CHE). Health spending by an individual or household is said to be catastrophic when they are above 10% of total household expenditure (Edeh, 2022; Obembe, Levine and Fonn, 2021). Figure 2 below show Nigeria's budget spending over a 20-year period.

At first glance of the above figure, it is evident that the country budget spending on health increased steadily up until 2013, before it dropped from 2014 – 2016. However, this appears not to be a true reflection of the nation's budgetary allocation on health. This is so because the value of allocation was not proportionate to the country's population with is growing at over 3% yearly; and also, the value of naira to the dollar in 2012 was stronger than it is today. As shown in table 2 and in figure 3 below, 2012 was the year Nigeria had its highest budgetary allocation and percentage of total budget to the health care sector. And when the dollar value is considered, it appears that Nigeria's budgetary allocation to health has been stagnant. Even at 5.95% in 2012, the allocation is still far from the agreed 15% made at the Abuja Declaration on Health in 2001, where African leaders commit to allocating such percentage to healthcare delivery in their respective states (Lancet, 2022). With a budgetary allocation of over

N423billion as shown in table 2, the per capita health care allocation to every Nigerian in 2019 is N2,058. Instructively, from the data below, 2020 health allocation from the national budget has the lowest percentage to national budget at 3.38%. The question is, how anyone can pay for their health needs in Nigeria with such a paltry sum.

Figure 2. National Health Budget, 2000 - 2022



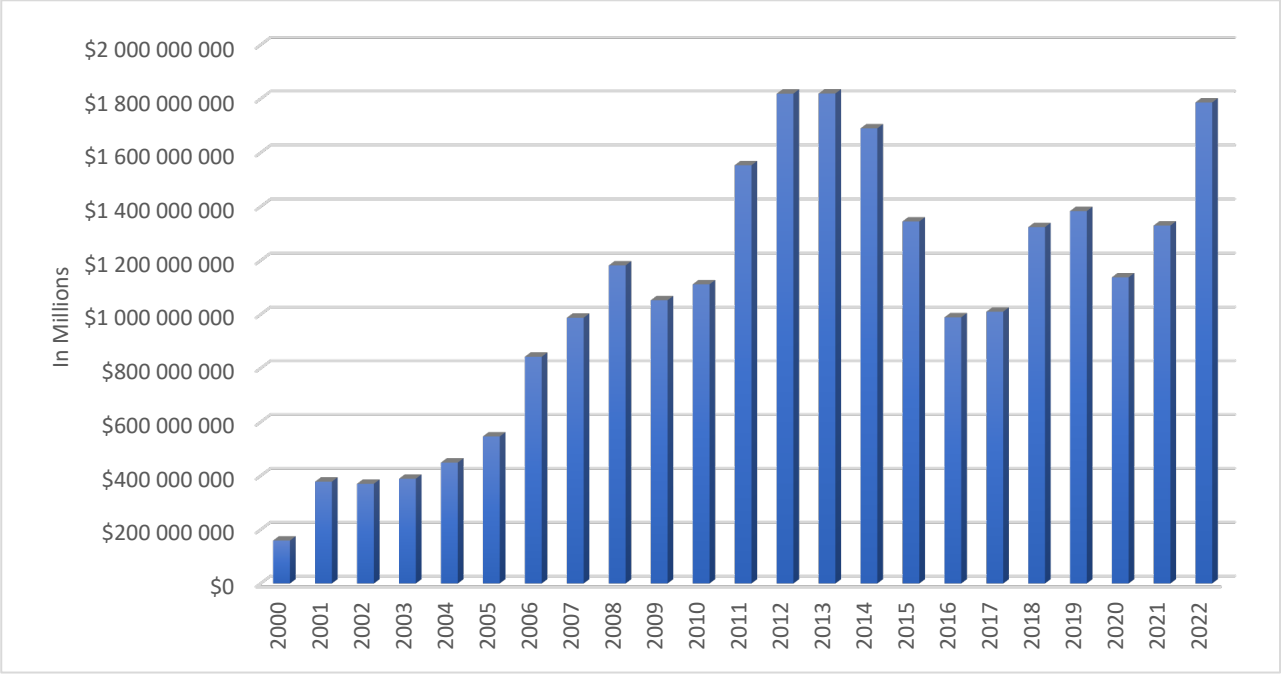
Source: Compiled by authors based on data from Federal Ministry of Health, 2023

Table 2. Nigeria's Health Budget, 2000 – 2022

Year	Allocation in N' Billions	Year	Allocation in $ Millions	% of total budget
2000	17,114,684,155	2000	159,665,434	3.64
2001	42,629,588,516	2001	378,541,428	4.77
2002	44,652,636,040	2002	370,583,673	4.39
2003	52,149,106,213	2003	389,303,823	5.34
2004	59,787,376,511	2004	449,536,583	33.4
2005	71,685,426,092	2005	546,605,018	3.98
2006	106,940,000,000	2006	842,886,279	5.7
2007	122,399,999,999	2007	987,890,689	5.4
2008	138,179,657,132	2008	1,181,981,425	5.4
2009	154,567,493,157	2009	1,052,805,378	5.38
2010	164,914,939,155	2010	1,111,977,937	3.58
2011	235,866,483,244	2011	1,553,565,588	5.58
2012	**282,771,771,425**	**2012**	**1,819,196,665**	**5.95**
2013	282,501,464,454	2013	1,819,616,885	5.66
2014	264,461,210,950	2014	1,690,362,579	5.63
2015	259,751,742,847	2015	1,345,082,431	5.78
2016	250,062,891,074	2016	989,415,075	4.13
2017	308,464,276,782	2017	1,010,400,427	4.15
2018	404,604,612,676	2018	1,324,051,160	4.44
2019	423,922,751,254	2019	1,383,570,997	4.75
2020	**414,187,245,124**	**2020**	**1,137,877,047**	**3.38**
2021	549,245,356,453	2021	1,329,891,904	4.16
2022	826,256,267,147	2022	1,886,429,833	4.72

Source: Compiled by authors based on data from Federal Ministry of Health, 2023

Figure 3. Nigeria's Health Budget, 2000 – 2022



Source: Compiled by the authors based on data from Federal Ministry of Health, 2023

The above poor budgetary expenditure on health accounts for why most citizens in the country have little or no access to health care facilities in the country. Hence, the high incidence of OOP spending on health which have further impoverished the masses, robbing them of their little resources they could have used to purchase household items like groceries and food stuff. Also, those who can't pay for their health care needs suffer from avoidable diseases or die needlessly in the process. Furthermore, the few who can afford to pay for their healthcare needs often do not get quality healthcare services because of the poor state of healthcare facilities in the country. This accounts for why there is a high level of medical tourism of Nigerians to Asian countries like India. Annual value of medical tourism by Nigerians is about US$1.34billion (US$1.9billion for 2019), with 9000 medical travel per month (out of which 5000 visit India) (PharmAccess, 2022).

In view of the foregoing data presentation and analyses, it manifestly clear that Nigeria's poor track record in health care delivery hampered its covid-19 protocols compliance and policing in Nigeria.

Multidimensional Poverty and Compliance with Lockdown Protocols

According to the World Bank (2022), multidimensional poverty is the intensity of poverty at the individual level, with poor people deprived on various levels of needs. This could be inability to receive basic education, poor purchasing power, lack of food, poor healthcare, unhygienic sanitary condition, access to potable clean water, access to clean energy, etc. The World Bank measures this using its Multidimensional Poverty Measure (MPM). The MPM seeks to examine poverty beyond monetary deprivations and focuses on six indicators namely: income and consumption, sanitation, drinking water, educational attainment, educational enrolment and electricity (World Bank, 2022).

In Nigeria, the National Bureau of Statistics (NBS) documents that about 133 million (more than half of the population) suffers from multidimensional poverty (NBS, 2022). A disaggregation of this data from the NBS shows that 65% (86million) live in the north, while 35% (47million) live in the south. It is this grim statistical outlook on Nigeria's poverty situation that has made its citizens to defy government's protocols and policies regarding covid-19. In order to earn a living majority of Nigerians engaged in economic activities that are purely under the purview of the informal sector. Iwuoha and Aniche (2020), note that 80 – 90% of Nigerians belonged to the informal sector and earn their living from day to day

activities. This largely accounts for why the lockdown protocol instituted by the government was observed more in breach than in compliance.

The reason for the non-compliance was because the restrictive approach deployed by the government to curb the pandemic did not reflect the country's internal socio-economic and political peculiarities and unique environmental factors before adopting the Western approach (Chidume et al., 2020). This lockdown method was termed "copy and paste" from developed countries by Iwuoha and Aniche (2020), who assert that only 18% of their population are in the informal sectors; compared to 90% of Nigerian population who are found in such sector having no form of social security. In Nigeria, the informal economy is significant because it provides employment opportunities for the teeming unemployed citizens and the medium to meet the needs of poor consumers through cheaper and accessible goods and services (Ogbuabor & Malaolu 2013, cited in Awofeso & Irabor, 2020). In order to tackle the existential threat of hunger and provision of other essential goods, resulted in self-help measures to survive by disregarding the lockdown. These were violent and non-violent self-help measures. The non-violent were in form of citizens going about their normal activities in spite of the lockdown, while the violent self-help measure involves the massive breaking in of government warehouses and looting the stashed palliatives (Aluko, Oyebanjo and Ayegboyin, 2023; Obiezu, 2020).

Multidimensional Poverty, Government Distrust and Increase in Confirmed Cases

Obeying government declared lockdown was quite problematic for majority of Nigerians, as it will mean malnutrition and outright starvation for them due to their multidimensional poverty status. Although, the state has promised to cushion the effect of the pandemic by providing certain palliatives to the citizens during lockdowns, the citizens have little or no trust in the government to fulfil this promise (Afrobarometer, 2022).

Government distrust by citizens of its agencies and institutions account for one of the reasons for self-help measures by citizens of a state. According to Lord (2019), 'when citizens lack trust, they are less likely to comply with laws and regulations.' The trust deficiency of Nigerian government and its institutions has been increasingly alarming. For instance, Afrobarometer (2018), ranked Nigeria amongst the countries with highest level of institutional distrust. The 2019 Afrobarometer report notes that trust in the Nigerian President Muhammadu Buhari was 45%. This is not surprising given the number of times he went on medical tourism overseas. The result of this is usually civil disobedience and mass protest which are self-help measures as can been seen in table 3.

Table 3. Effects of Government Distrust in covid-19 policing in Nigeria

Category	Remarks (R)	Frequency of (R)
Impact of political distrust on COVID-19 in Nigeria	Political distrust inspires people to allege that COVID 19 is a scam	80
	Political distrust promotes defiance of stay-at-home order	94
	Political distrust promotes defiance of social-distancing order	90
	Political distrust makes people to neglect personal hygiene order	55
	Distrust induces suspected Covid-19 carriers to escape from isolation centres	68
	Distrust prompts patients in isolation centre to protest poor healthcare delivery	57
	Distrust prompts patients in isolation centre to allege human rights violation	40
	Distrust makes people to hide their loved ones with suspected symptoms	63
	Political distrust promotes attacks on healthcare givers in isolation centres	51
	Political distrust makes people to resort to alternative medicine for cure	50
	Political distrust makes people to celebrate when the virus kills a politician	76
	Defiance of government initiatives to mitigate the virus is escalating case	95
	Defiance of government initiatives to mitigate the virus is increasing deaths	91

Source: Ezeibe, et al., 2020

One of the most significant covid-19 protocols which demanded full attention of policing institutions in Nigeria was the lockdown of the nation. This was proclaimed by President Muhammad Buhari on 29th March, 2020 in the Covid-19 Regulations following the exercise of his powers in sections 2, 3 and 4 of the Quarantine Act of 1926 (Federal Government of Nigeria, 2020). The Covid-19 Regulations called for the restriction of movement and gatherings across the nation especially in highly affected States like Lagos, Ogun and Abuja (Ojedokun, 2021). This also includes restrictions on air travel to and from Nigeria. Also, public places, private business establishments, schools and government officers were shut down and heavy restrictions on movement. People were further encouraged to work from their homes and discouraged from going out and from being in crowded places (Federal Republic of Nigeria Covid-19 Health Regualtion, 2020). Although this directive and regulations from the presidency was intended to contain the spread of the virus, it was however flouted by citizens nationwide, leading to a spike in confirmed cases and deaths. For instance, during the lockdown period, (31st March to 30th April, 2020), there was a drastic increase in the number of confirmed cases from 139 with 2 deaths to 1932 with 58 deaths as shown in table 4 (NCDC, 2020).

Table 4. Trends of Covid-19 Confirmed Cases and Death Rates Between 29th February and 31st August

Nos	Period	Number of confirmed case(s) (Persons)	Number of death(s) (Persons)
1	29th February	1	0
2	31st March	139	2
3	30th April	1932	58
4	31st May	10,162	287
5	30th June	25,694	590
6	31st July	43,151	879
7	31st August	54,008	1,013

Source: Nigeria Centre for Disease and Control, 2020

Lockdown Enforcement Protocol in Nigeria

In view of covid-19 Regulations, 2020, various policing institutions like the Police, Army, Navy, Federal Road Safety Corps (FRSC), Nigeria Customs Service (NCS), Nigeria Immigration Service (NIS), etc. were deployed to strategic areas for strict enforcement and compliance. According to Shodunke (2022), this deployment brought some strategic positioning of the officers at check points and transit routes across the nation. In view of the policing institutions mandate to ensure compliance of citizens, they were also trained on how to ensure that they do not fall victim of contracting the virus, their various institutions issued guidelines to their officers on protective measures, engagement with citizens and disease victims, prevention of misinformation and rumour, medical emergencies and management of public order, use of personal protective equipment (PPE) (Nigerian Police Force, 2020; Independent, 2020; Ramalan, 2020)

In spite of the instructions reeled out, the interactions from the personnels fell short of acceptable standards. During this time, instances of maltreatment of citizens at the hands of officers for violating the lockdown guidelines were rife. Prior to the lockdown protocols issued by the state, the public and members of the Nigerian Police Force has had strained relations. This state of affairs greatly undermined or diminished any form of cooperation expected from the public during the lockdown period. The Police have always had poor reputation owing to various corruption charges, leading to the public scrutiny of its activities occasioned by its incessant violation of the rights of citizens, and lack of credibility and due process of law in the discharge of its statutory duties (National Human Rights Commission [NHRC], 2020).

Multidimensional poverty and self-help measures during lockdown

Notably, the reason for the adoption of self-help measures by citizens specifically relates to their multidimensional poverty state which has been compounded by distrust of the government and its

institution or agencies over the years, like in the case of poor healthcare delivery as discussed above. Basically, and in any society, trust is built over time based on met or unmet expectations of citizens of their public and private institutions in different areas of their national life (Siegrist and Zingg, 2014). Essentially, the case of palliative hoarding by various state governments in the country was a breach of trust. Apart from federal government's palliative offering to help mitigate the harsh economic conditions of the pandemic, a coalition of private individuals and businesses like Coalition against Covid-19 (CACOVID) made several donations in the form of food stuffs and money as shown in table 5.

Table 5. Coalition against Covid-19 (CACOVID) Donations

Nos	Donors	Value (NGN)
1	Access Bank Plc	**1billion**
2	United Bank of Africa	**1billion**
3	Nigeria Deposit Insurance Corporation	**1billion**
4	Dangote Industries Limited	**2billion**
5	Flood Relief Fund	**1.5billion**
6	Flour Mills Nigeria Ltd	**1billion**
7	Central Bank of Nigeria	**2billion**
8	Bua Sugar Refinery Limited	**1billion**
9	First Bank of Nigeria	**1billion**
10	MTN Nigeria Plc	**1billion**
11	Zenith Bank	**1billion**
12	Amperion Power Distribution Ltd	**1billion**
13	GLOBACOM	**1billion**
14	Famfa Oil Limited	**1billion**
15	African steel mills Nigeria. Limited	**1billion**
16	Guaranty Trust Bank	**1billion**

Source: Nweze and Oguadinma, 2022; Abara, 2020

However, while people starve as a result of the lockdown of the economy, the government hoarded these palliatives and relief assistance. The discovery of these palliatives in government warehouses, after they were reported to have been distributed (Aluko, Oyebanjo and Ayegboyin, 2023), flared tempers and resulted in violent self-help measures by the citizens in the form of looting after forcefully breaking to the warehouses. Furthermore, the government's financial palliatives were given to political stalwarts and loyalist for disbursement, which ended up being mismanaged and largely unaccounted for (Sahara Reporters, 2020). Figure 4 below shows the number of those who got the palliative is abysmally low compared to those who didn't receive it; while table 5 reveals the level of distrust even within government circles regarding the manner and methodology of the palliative distribution of conditional cast transfer

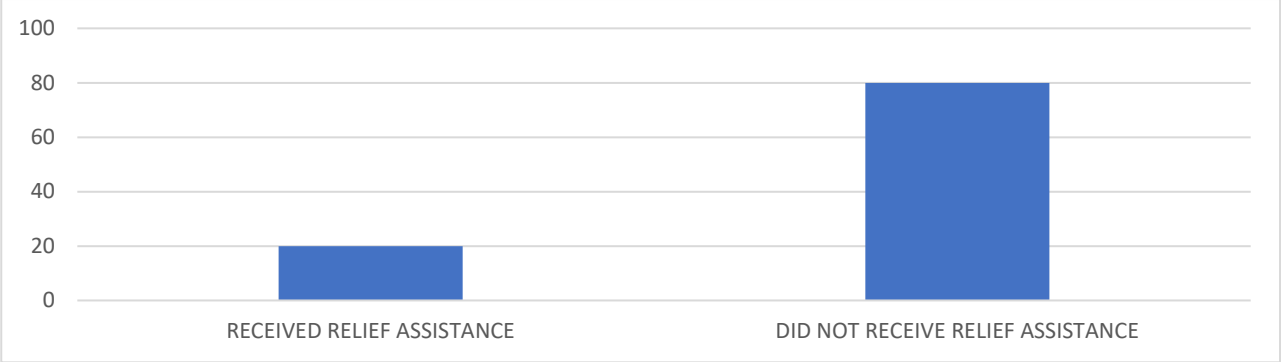
Table 6. Stakeholders Remarks on Palliative Distribution of Conditional Cash Transfer (CCT)

Nos	Stakeholders	Remarks on Palliative Distribution (CCT)
1	Centre for Transparency and Advocacy	There appears to a politicisation of the palliative distribution
2	Ohaneze Ndigbo Youth (Igbo Socio cultural association)	The palliative distribution is a skewed programme in favour of some groups in Nigeria
2	Socio-Economic Rights and Account ability project (SERAP)	The palliative distribution lacks transparency as the data upon which it was based are unreliable
3	Christian Association of Nigeria (CAN)	The palliative distribution lacks nationwide coverage and transparency
4	The President of the Senate	The distribution is poor and unfair. Distributing N20,000 to the poor is not the best at this time
5	Nigerian Governor's Forum	The palliatives distribution lacks credibility and is selective
6	House of Representative Caucus	The palliatives distribution is selective and partial as it does not cover enough grounds

7	Indigenous People of Biafra	The palliative distribution is lopside as it is done to the exclusion of the South East Zone

Source: Onah, Uguibe and Onah, 2020

Figure 4. Nigerian Relief Assistance



Source: Afrobarometer, 2022

For non-violent self-help measures, the citizens refused to comply with non-pharmaceutical protocols issued by NCDC, as most of them noted their lack of trust in government's protocols by dismissing the existence of the virus. Others who acknowledged the existence of the virus, resorted to take care of themselves through traditional medicine rather to observe governments guidelines through the NCDC nor even take the vaccines (Afrobarometer, 2022). Many refused wearing the facemask, attended mass gatherings, religious houses flouted the protocols as they hosted their congregants without recourse to the protocols and health guidelines of the government (Ezeibe, et al, 2020).

Due to the harsh economic state of the nation during covid-19, policing became problematic. Even the policing institutions adopted self-help measures to mitigate the harsh economic conditions during covid-19 by becoming extortionate (receiving bribes) at their various border posts and check points (Onuoha, et al, 2021), which further undermined the lockdown protocols of the government. Instructively, the police and other policing institutions adoption of this self-help measure (which could be violent or non-violent depending on the willingness of a motorist or commuter to comply with their demands) aided the violation of government protocols, especially the lockdown by allowing motorists and commuters bribe their way through borders, transit routes and checkpoints, which have serious ramification for the spread of the virus (Elekwa, 2020). In one of the cases in Lagos, a policeman was filmed demanding N40,000 from a motorist who violated the imposed lockdown (Oyero, 2020).

Conclusion

The study interrogated covid-19 protocols and policing in Nigeria, with implications for government distrust and failure. From the study, it is evident that the government abdicated its responsibility of providing quality and affordable health care to its citizens. This apparent lack of capacity fuelled distrust amongst the citizens, which made compliance to covid-19 protocols almost non-existent during the pandemic. Also, the fact that the covid-19 palliative was not distributed inequitably further undermined trust within the state.

Recommendations

The government must ensure that it meets up with its international obligation on Universal Health Coverage under SDG 3.8, through its Primary Health Care facilities across the state. They must also strive

to meet up with 2001 Abuja Declaration on Health, wherein governments promised to allocate 15% of their total national budget to health. With this, there will be more resources for the healthcare sector, thereby enabling millions of Nigerians quality and affordable access to healthcare, and to reduce OOP drastically. When this happens, there will be a gradual restoration of confidence and trust of the people on their government.

The government must ensure that it promotes an economic policy that will drastically reduce the poverty rate in the country. Successive governments have failed to this, leading to Nigeria being the poverty capital of the world in 2018. Today, it has 133 million of its citizens as being multidimensionally poor. In the light of this economic policies that will restore the confidence of the people must be aggressively promoted especially by substituting the consumption style of the economy to production style through systemic nationwide incentivisation to domestic and local producers. When the domestic economy grows, there will be employment creation, leading to the reduction of poverty in the country. Furthermore, the government must encourage a more inclusive government so that what happened during the lockdown periods of distributing palliatives based on political affiliations will be not reoccur. To discourage self-help of any form, the government must ensure it provides needed security and social services for the people that will make them feel government's impact on their lives. This will include equitable distribution of social services, revamping the security architecture to guarantee protection of lives and property, speedy dispensation of justice, increase in social spending (especially in education and healthcare) for the people, etc. This will help restore confidence and trust in the government.

References

Abara, E. (2020). Updated: List of all Companies and Billionaires that have contributed to COVID-19 Relief Fund. *Nairametrics*. Retrieved from https://nairametrics.com/2020/04/18/list-of-all-companies-andbillionaires-that-have-contributed-to-covid-19-relief-fund/

Adejoro, L. (2022, October 20). *Nigeria has one doctor to 10,000 patients – NMA*. Retrieved from https://punchng.com/nigeria-has-one-doctor-to-10000-patients-nma/#:~:text=This%20ratio%20of%201%3A10%2C000,one%20doctor%20to%2045%2C000%20patients

Adeloye, D., David, R. A., Olaogun, A. A., Auta, A., Adesokan, A., Gadanya, M., Opele, J. K., Owagbemi, O., & Iseolorunkanmi, A. (2017). Health workforce and governance: the crisis in Nigeria. *Human resources for health*, *15*(1), 32. https://doi.org/10.1186/s12960-017-0205-4

Adewale-Tambe, N. (2022a, October 12). 2023 Budget: Health gets highest allocation ever but fails to meet AU commitment. Retrieved from https://www.premiumtimesng.com/news/headlines/559213-2023-budget-health-gets-highest-allocation-ever-but-fails-to-meet-au-commitment.html?tztc=1

Adewale-Tambe, N. (2022b, October 20). *Brain Drain: Nigeria needs 363,000 doctors but has only* 24,000. Retrieved from https://www.premiumtimesng.com/news/headlines/560772-brain-drain-nigeria-needs-363000-doctors-but-has-only-24000.html?tztc=1

Afrobarometer. (2022). Round 9 survey for 2022. Retrieved from https://www.afrobarometer.org/wp-content/uploads/2022/08/Nigeria-Afrobarometer-R9-Summary-of-Results-26august2022.pdf.

Afrobarometer. (2019). Nigerians support elections and multiparty competition but mistrust electoral commission. Retrieved from https://www.afrobarometer.org/wp-content/uploads/2022/02/ab_r7_dispatchno275_nigerian_views_on_elections.pdf

Afrobarometer. (2018). In Nigeria, perceived corruption remains high despite praise for president's anti-graft fight. Retrieved from https://www.afrobarometer.org/wp-content/uploads/2022/02/ab_r7_dispatchno187_corruption_in_nigeria_1.pdf

Aluko, O. P., Oyebanjo, P. A., and Ayegboyin, A. C. (2023). Looting of Covid-19 palliatives in government's warehouses in Nigeria: The viewpoints of Christianity and pragmatism. *Humanus Discourse, 3*, 1-19.

Amzat, J., Aminu, K., Kolo, V. I., Akinyele, A. A., Ogundairo, J. A., & Danjibo, M. C. (2020). Coronavirus outbreak in Nigeria: Burden and socio-medical response during the first 100 days. *International journal of infectious diseases : IJID : official publication of the International Society for Infectious Diseases, 98,* 218–224. https://doi.org/10.1016/j.ijid.2020.06.067

Aniaka, O. (2014). Law and ethics of Ebola outbreak in Nigeria. Canadian Institute of Health Research. Retrieved from https://papers.ssrn.com/sol3/papers.cfm?abstract_id=2477856.

Awofeso, O., & Irabor, P. A. (2020). Assessment of Government Response to Socioeconomic Impact of COVID-19 Pandemic in Nigeria. *Journal of Social and Political Sciences, 3(3): 677-686*

Bertsou, E. (2019). Rethinking political distrust. European Political Science Review, 11(2), 213–230. https://doi.org/10. 1017/S1755773919000080

Bertsou, E. (2015). *Citizen Attitudes of Political Distrust: Examining Distrust through Technical, Ethical and Interest-Based Evaluations*. London: London School of Economics and Political Science.

Buzan, B. (1991). *People, states and fear: An Agenda for security Analysis in the Post-Cold War Era.* Brighton: Weatsheaf

Buzan, B., & Waever, O. (2003). *Regions and powers.* Cambridge: Cambridge University Press

Buzan, B., Wæver, O., & Wilde, J. D. (1998) *Security: A New Framework for Analysis.* Boulder, CO and London: Lynne Rienner

Centre for Disease and Control (2019). The Deadliest Flu: The Complete Story of the Discovery and Reconstruction of the 1918 Pandemic Virus. Retrieved from https://archive.cdc.gov/#/details?url=https://www.cdc.gov/flu/pandemic-resources/reconstruction-1918-virus.html.

Centre for Disease Control and Prevention (2016). 2014-2016 Ebola Outbreak in West Africa. Retrieved from https://www.cdc.gov/vhf/ebola/history/2014-2016-outbreak/index.html.

Charette, C. (2009). *A critical application of securitisation theory: Overcoming the normative dilemma of writing security*. Spain: International Catalan Institute for Peace.

Chinna K, Sundarasen S, Khoshaim HB, Kamaludin K, Nurunnabi M, Baloch GM, et al. (2021) Psychological impact of COVID-19 and lock down measures: An online cross-sectional multicounty study on Asian university students. *PLoS ONE 16*(8): e0253059. https://doi.org/10.1371/journal.pone.0253059

Citrin, J., & Stoker, L. (2018). Political trust in a cynical Age. *Annual Review of Political Science, 21*(1), 49–70. https://doi.org/10.1146/annurev-polisci-050316-092550

Clark, D. (2016). Why does half the world distrust government? Retrieved from https://blogs.worldbank.org/voices/why-does-half-world-distrust-government.

Defiem, M., and Hauptman, S. (2015). Policing. *International encyclopedia of social and behavioural sciences. Second Edition, 18*, 260-265.

Edeh, H. C. (2022). Exploring dynamics in catastrophic health care expenditure in Nigeria. *Health Economics Review, 12*(22), 1-20.

Eroukhmanoff, C (2017). Securitisation Theory. In: Stephen McGlinchey, S. M, Rosie Walters, R. W & Christian Scheinpflug, C. S (eds.) *International Relations Theory*. Bristol: E-International Relations.

Ezeibe, et al (2020). Political distrust and the spread of covid-19 in Nigeria. *Global Public Health.* https://doi.org/10.1080/17441692.2020.1828987

Federal Government of Nigeria (2020). *Official Gazette of the National Health Act*. Lagos (NG): The Federal Government Printer. Retrieved from https://nigeriahealthwatch.com/wp-content/uploads/bsk-pdf-manager/2018/07/01_-Official-Gazette-of-theNational-Health-Act-FGN.pdf.

Federal Ministry of Health (2023). National Health Budget. Retrieved from https://www.health.gov.ng/index.php?option=com_content&view=article&id=145&Itemid=517.

Federal Ministry of Health (2018). National health accounts 2017. Abuja (NG): Federal Ministry of Health. Retrieved from https://www.health.gov.ng/doc/FINAL-VERSION-NHA-2017.pdf.

Federal Republic of Nigeria (2020). Covid-19 Regulations. Retrieved from https://pwcnigeria.typepad.com/files/fg-covid-19-regualtions-1.pdf.

Ferguson, N. M., Cummings, D. A. T., Fraser, C., Cajka, J. C., Cooley, P. C., Burke, D. S. (2006). Strategies for mitigating an influenza pandemic. *Nature, 442*(7101), 448–452.

Floyd, R. (2016). Extraordinary or ordinary emergency measures: what, and who, decides the "success" of securitisation? *Cambridge Review of International Affairs, 29*(2), 677-694. https://doi.org/10.1080/09557571.2015.1077651

Folinas, S., Obeta, M.U., Etim, G.U. & Etukudoh, S.N. (2021). COVID19 Pandemic: The Medical Tourism and its Attendant Outcome for Nigeria. *IOSR Journal of Business & Management, 23*(7), 26-35. http://dx.doi.org/10.9790/487X-2307062635

Global Health Observatory (2023). UHC service coverage index 3.8.1. Retrieved from https://www.who.int/data/gho/indicator-metadata-registry/imr-details/4834.

Hanik, M. R. (2021). Same threats, different results? The (de)securitisation of covid-19 in Germany and United States of America. Retrieved from https://www.diva-portal.org/smash/get/diva2:1603700/FULLTEXT01.pdf

Independent. (2020, April 20). COVID-19: Police deploy 2,500 personnel to enforce lockdown in Plateau. Independent. Retrieved from https://punchng.com/covid-19-lagos-task-force-destroys-goods-of-traders-defyingban/

Ioannidis, J. P. A. (2020). Coronavirus disease 2019: The harms of exaggerated information and non1448 evidence-based measures. *European Journal of Clinical Investigation, 50*(4), e13222. https://doi.org/10.1111/eci.13222

Iwuoha, V. C., & Aniche, E. T. (2020). Covid-19 lockdown and physical distancing policies are elitist: towards an indigenous (Afro-centred) approach to containing the pandemic in sub-urban slums in Nigeria. *International Journal of Justice and Sustainability. 25*(8), 1-11. http://dx.doi.org/10.1080/13549839.2020.1801618

Joffe, A. R., & Redman, D. (2021). The SARS-CoV-2 Pandemic in High Income Countries Such as 1478 Canada: A Better Way Forward Without Lockdowns [Review]. *Frontiers in Public Health, 9*. 1479 https://doi.org/10.3389/fpubh.2021.715904

Kraaijeveld, S. R. (2021). COVID-19: Against a Lockdown Approach. *Asian Bioethics Review, 1540 13*(2), 195-212. https://doi.org/10.1007/s41649-020-00154-y

Lancet (2022). The Lancet Nigeria Commission: Invest in health and the future of the nation. Retrieved from https://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736(21)02488-0.pdf.

Lancet (2018). Measuring performance on the Healthcare Access and Quality Index for 195 countries and territories and selected subnational locations: a systematic analysis from the Global Burden of Disease Study 2016. Retrieved from https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(18)30994-2/fulltext.

Lord, K. M. (2019). Six ways to repairing declining social trust. Retrieved from https://ssir.org/articles/entry/six_ways_to_repair_declining_social_trust.

Maxwell, J. A. (2012). Qualitative Research Design: An Interactive Approach. Retrieved from https://www.researchgate.net/publication/43220402_Qualitative_Research_Design_An_Interactive_Approach_JA_Maxwell. .

National Human Right Commission (2020). National Human Rights Commission Press Release On Covid-19 Enforcement So Far Report On Incidents Of Violation Of Human Rights. Retrieved from https://www.nigeriarights.gov.ng/nhrc-media/press-release/100nationalhuman-rightscommission-press-release-on-covid-19-enforcement-so-far-report-on-incidents-ofviolation-of-humanrights.html

Nicola, M., Alsafi, Z., Sohrabi, C., Kerwan, A., Al-Jabir, A., Iosifidis, C., Agha, M., & Agha, R. (2020). The socio-economic implications of the coronavirus pandemic (COVID-19): A review. *International journal of surgery (London, England)*, *78*, 185–193. https://doi.org/10.1016/j.ijsu.2020.04.018

Nigeria Bureau of Statistics (2022). Nigeria launches its most extensive national measure of multidimensional poverty. Retrieved from https://nigerianstat.gov.ng/news/78**.**

Nigeria Centre for Disease Control (NCDC). (2020). Coronavirus Disease (COVID-19) Pandemic. Available. Retrieved from https://covid19.ncdc.gov.ng/

NCDC. (2023). Covid-19 in Nigeria. Retrieved from https://covid19.ncdc.gov.ng/

Nigeria Police Force. (2020). Guidelines for policing during COVID-19 emergency. Nigeria Police Force.

Nweze, C. N., & Oguadinma, P. O. (2022). Re-Strategizing Government Palliative Distribution in Curbing the Effect of COVID-19 Lockdown: The Voice of Enugu State Nigeria Residents. *Journal of Social Service Research, 48*(5). https://doi.org/10.1080/01488376.2022.2116524

Obembe, T. A., Levin, J., & Fonn, S. (2021). Prevalence and factors associated with catastrophic health expenditure among slum and non-slum dwellers undergoing emergency surgery in a metropolitan area of South Western Nigeria. *PloS one*, *16*(8), e0255354. https://doi.org/10.1371/journal.pone.0255354

Obiezu, T. (2020, October 27). Nigerians Justify Massive Looting of COVID-19 Supplies. VOA. Retrieved from https://www.voanews.com/a/covid-19-pandemic_nigerians-justify-massive-looting-covid-19-supplies/6197611.html.

Obikeze, D. S. (1990). *Methods of Data Analysis in the Social and Behavioural Sciences*. Enugu: Auto Century Publishing Co. Ltd

Ojedokun, U. A. (2021). Covid-19 lockdown enforcement: Strategies of Nigeria Police Force and lessons for the future. *Salus Journal, 9*(2), 16-22

Okboh, Anthonia (28 January 2019). Examining Nigeria's healthcare challenges. Business Day. Retrieved from https://businessday.ng/why-nigeria-is-broke/article/examining-nigerias-healthcare-challenges/.

Okowa, I. (2020). Covid-19: Press statement by His Excellency, Dr Ifeanyi Okowa to the people of Delta State on coronavirus pandemic. Retrieved from https://www.deltastate.gov.ng/covid-19-press-statement-by-his-excellency-senator-dr-ifeanyi-okowa-governor-of-delta-state-to-the-people-of-delta-state-on-the-coronavirus-pandemic/.

Onah, F.N., Ugwuibe, C.O. & Onah, F.O. (2020). Tackling the pains of coronavirus lockdown through palliatives in Nigeria: Addressing the gaps and critical strategic issues. Retrieved from https://ssrn.com/abstract/3637833.

Onuoha, F. C., Gerald, E. E., & Onuh, P. (2021). Extortionate policing and the futility of COVID-19 pandemic nationwide lockdown in Nigeria: Insights from the South East Zone. *African Security Review, 30* (4)ıo https://doi.org/10.1080/10246029.2021.1969961

Osagie, E. (2020). *An address of the Honourable Minister of Health Dr. Osagie Ehanire at handing over ceremony of Infectious Disease Treatment Centre at Federal Medical Centre Keffi On Friday 4th December, 2020*. Retrieved from https://www.health.gov.ng/index.php?option=com_content&view=article&id=312:press-briefing-by-hon-minister-of-health-dr-osagie-ehanire-at-the-presidential-task-force-on-covid-19-press-briefing-on-

monday-30th-november-2020&catid=36&Itemid=408&tmpl=component&print=1&layout=default&page=.

Oyero, K. (2020, April 11). Lockdown: Police arrest inspector filmed collecting N40,000 bribe. *Punch*. Retrieved from https://punchng.com/police-arrest-inspector-filmed-collectingn40000-bribe-duringlockdown/.

Pasley, J. (2020). How SARS terrified the world in 2003, infecting more than 8,000 people and killing 774. Retrieved from https://www.businessinsider.com/deadly-sars-virus-history-2003-in-photos-2020-2?r=US&IR=T

Pharm Access (2022). *Nigeria health sector: Market study report.* Retrieved from https://www.pharmaccess.org/wp-content/uploads/2023/02/Nigeria-Healthcare-Market-Study-10-Case-StudiesProviders-link_Final-Report_2022.docx.pdf.

Pitlik, S. D. (2020). Covid-19 compared to other pandemics. *Rambam Maimonides Medical Journal, 11* (3). https://doi.org/10.5041/RMMJ.10418

Polko, P., and Ratajczak, S. (2021). Vaccination as a matter of security and security management in European Union. *European Research Studies Journal, XXIV*(4), 446-456

Ramalan, I. (2020, March 23). COVID-19: Police, military to go after defiant churches, mosques, other gatherings – Lai Mohammed. *Daily Nigeria News*. Retrieved from https://dailynigerian.com/covid-19-police-military-to-go-after-defiant-churchesmosques-other-gatherings-lai-mohammed/

Sahara Reporters. (2020, May 21). Lagos journalists cry out over police harassment, threaten strike action. *Sahara Reporters*. Retrieved from http://saharareporters.com/2020/05/21/lagos-journalists-cry-out-over-policeharassment-threaten-strike-action.

Sahu, P. (2020). Closure of Universities Due to Coronavirus Disease 2019 (COVID-19): Impact on Education and Mental Health of Students and Academic Staff. *Cureus 12*(4): e7541. https://doi.org/10.7759/cureus.7541.

Salter, M. B., and Piche, G. (2011). The securitization of the US-Canada border in American political discourse. *Can. J. Polit. Sci. 44*, 929–951. https://doi.org/10.1017/S0008423911000813.

Sanwo-Olu, B. (2021). *Governor Babajide Sanwo-Olu's coronavirus press statement – July 11, 2021*. Retrieved from https://lagosstate.gov.ng/blog/2021/07/11/governor-babajide-sanwo-olus-coronavirus-press-statement-july-11-2021/#:~:text=Regrettably%2C%20in%20spite%20of%20the,19%20pandemic%2C%20in%20Lagos%20State.

Schippers, M. C., Iaonnidis, J. P. A., Joffe, R. A. (2022). Aggressive Measures, Rising Inequalities and Mass Formation 3 During the COVID-19 Crisis: 4 An Overview and Proposed Way Forward. *Frontiers, Public Health*. https://doi.org/10.3389/fpubh.2022.950965.

Siegrist M, & Zingg A. (2014). The role of public trust during pandemics: Implications for crisis communication. *European Psychologist*, *19*(1), 23.

Shodunke, A. O. (2022). Enforcement of COVID-19 pandemic lockdown orders in Nigeria: Evidence of public (non)compliance and police illegalities. *Int J Disaster Risk Reduct.* https://doi.org/10.1016/j.ijdrr.2022.103082

Smith, E. (2021). *Foreign investors are gearing up to plug Nigeria's $82 billion health-care gap*. Retrieved from https://www.cnbc.com/2021/01/04/nigerias-82-billion-health-care-gap-investors-stand-by.html.

Statista (2022). *Number of doctors in Nigeria from 2017 to 2019, by gender*. Retrieved from https://www.statista.com/statistics/1260784/number-of-doctors-in-nigeria-by-gender/.

Tedros, G. A. (2020). *Media briefing on covid-19*. Retrieved from https://twitter.com/WHO/status/1240314219653935105

United Nations (2020). *World Faces 'Gravest Test' since Founding of United Nations, Secretary-General Tells Security Council, Calling for Unity to Address COVID-19 Pandemic*. Retrieved from https://press.un.org/en/2020/sgsm20041.doc.htm#:~:text=The%20world%20faces%20its%20gravest,hospitals%3B%20the%20overworked%20essential%20workers.

Waever, O. (2004). Aberystwyth, Paris, Copenhagen: New 'Schools' in Security Theory and their Origins between Core and Periphery. *Paper presented at the annual of the International Studies Association, Montreal*, March 17-20, 2004.

Waever, O. (1995). Securitization and De-securitization. In R.D. Lipschutz (ed.). *On Security*. New York: Columbia University Press.

Wæver, O. (1989). Security the Speech Act: Analysing the Politics of a Word. *Copenhagen: Centre for Peace and Conflict Research*, Working Paper no. 1989/19

WHO (2023). Coronavirus disease dashboard. Retrieved from https://covid19.who.int/

WHO (2023). Malaria. Retrieved from https://www.who.int/news-room/fact-sheets/detail/malaria

WHO (2020). *COVID-19 Public Health Emergency of International Concern (PHEIC) Global research and innovation forum*. Retrieved from https://www.who.int/publications/m/item/covid-19-public-health-emergency-of-international-concern-(pheic)-global-research-and-innovation-forum.

World Bank (2023). Global death estimates. Retrieved from https://data.worldbank.org/indicator/SH.DTH.NMRT?locations=NG

World Bank (2021). Universal Health Service Coverage Index. Retrieved from https://data.worldbank.org/indicator/SH.UHC.SRVS.CV.XD

World Bank (2022). Multidimensional Poverty Measure. Retrieved from https://www.worldbank.org/en/topic/poverty/brief/multidimensional-poverty-measure#:~:text=What%20is%20the%20Multidimensional%20Poverty,%E2%80%A2

Zainab, S., and Kowalczyk, D. (2022). *What is an expost facto research design?* Retrieved from https://study.com/learn/lesson/ex-post-facto-designs-research-methodology-examples.html

Zweig, D. (2023). *Is Gain-of-Function Research a 'Risk Worth Taking'? Or 'Insanity'?* Retrieved fromhttps://www.thefp.com/p/is-gain-of-function-research-a-risk