

COVID-19 AND POLITICAL MODERNITY IN AFRICA: CITIZENS' ENGAGEMENTS AND STATES' RESPONSES

JEREMIAH O. AROBOSEGBE

*Department of Political Science
University of Ibadan, Ibadan, Nigeria*

ABSTRACT

COVID-19 is an unprecedented epidemic in human history. Its impacts have continued to be felt differently in all areas of human endeavour. States' interventions to it have also been divergent and legion. While its epidemiological distributions—infection and mortality rates—have defied initial anticipations and predictions, global responses to this pandemic have however, reflected the dynamics of North-South relations. Developed economies like China together with matured political democracies like Australia, Canada, France, Germany, the United Kingdom and the United States of America have been efficient—in deploying palliatives, policies and solutions to it. Unfortunately, given the context of corruption, predatory rule and other failings underlining their incapacities, the states across Africa have exhibited disappointing responses to this emergent experience. While this pandemic has opened up new opportunities for benefitting from foreign aid assistance from Europe and North America by these states, their developmental capabilities and demographic-distributional reach have remained constrained and undemocratic. How are the states in Africa contending with COVID-19 economically, epidemiologically and politically? What are the impacts of the continued state-led responses to the pandemic for the democratic, demographic and developmental transformations of the states in Africa? Drawing on Nigeria, this article addresses these questions.

Keywords: Africa; Citizenship; COVID-19 Pandemic; Nigeria; Political Modernity

INTRODUCTION

Among the forays of academic analyses put across on its continuing impacts, COVID-19 offers an instance for re-examining important considerations regarding the state's capacity in Africa. While consensus abounds on the claim that the manner in which the state is constituted affects its functionality and the effectiveness of its power;¹ attention is here drawn to the baggage and set of attitudes and practices undermining its capacity for the developmental transformation of its demographic landscape on an efficient scale. Central to this discussion is an evaluation of the character and role of the state in social services delivery, particularly Africa's health care delivery systems at large.

Africa is one of the most endowed continents in the world. Its geographical area is thirty and a half million km² (30,415,875 km²) and is occupied by 1.3 billion inhabitants. It is bigger than China (9.6 million km²); Europe (10.18 million km²) and the United States of America (9.8 million km²) put together.² Compared with China where 1.4 billion inhabitants occupy its 9.6 million km², the claim by global establishment sources regarding its overpopulation is therefore overstated. Africa contains 33% of the world's diamond reserve; 40% of the world's gold; and is 90% rich in

¹ Y. Francis Fukuyama. 2013. Democracy and the quality of the state. *Journal of Democracy* 24(4):5-16; and Y. Francis Fukuyama. 2014. *Political order and political decay: from the industrial revolution to the globalization of democracy*. New York: Farrar, Straus and Giroux. See also Y. Francis Fukuyama. 2014. States and democracy. *Democratization* 21(7):1326-1340.

² Comprising an active and young population – with an average age of 18 – Africa is also the future of humanity. See Colin Legum. 1979. *Africa in the 1980s: a continent in crisis*. New York: McGraw-Hill.

raw materials and natural resources, including crude petroleum, iron, manganese and wood. Its land area is 60% arable land.³

With 23% of its labour-force venturing into new businesses, entrepreneurship is highest in Africa.⁴ Several initiatives have contributed to the economic and political integration of these post-colonial states. The Casablanca and Monrovia Groups (1960s); the Organization of African Unity (1963) and later African Union (2002); the Monrovia Declaration (1979); the Lagos Plan of Action (1980); the establishment of the African Economic Community (1991); and the Regional Economic Communities (2000s) have impacted positively on economic growth and political integration across the continent.⁵

Notwithstanding these abundant human and natural resources, not much is accounted for in terms of Africa's records of economic and political performances. From the mid-1980s onward, economic growth has remained unequally distributed.⁶ Other areas of its dismal outputs include education, employment, health and social security. The living conditions of millions of Africans are dire.⁷ Conflict is alarming. Inequalities are endemic while poverty, social exclusion and unemployment have become pathological. More than half of the population in sub-Saharan Africa lacks access to basic health facilities and sanitation infrastructures. A huge proportion of the children in the continent are sick and undernourished. Added to the ongoing impacts of climate change-informed production challenges on agriculture and pastoralism together with the ravaging conflicts across the regions,⁸ the material conditions of these helpless populations are precarious and vulnerable. Far from being a deliverable human right, social protection has remained hardly attainable.⁹ These negative indicators impel us to question the character of the state in Africa *vis-à-vis* the overall quality of governance across the regions. They underline the need to enquire about the demographic-representational role of the state in the delivery of healthcare, social security and other welfare services – as historically constituted.

Drawing on Nigeria's experience with the COVID-19 pandemic, our enquiry points at those attitudes and practices historically animating governance failure by public and state officials across the state in Africa as underlining the predatory character of governance as well as the rentier nature of the state.

³ See John M. Luiz. 2006. The wealth of some and the poverty of sub-Saharan Africa. *International Journal of Social Economics* 33(9):625-648.

⁴ In Asia it is 13% while in Latin America it is 19%. See <https://www.weforum.org/agenda/2019/09/is-it-possible-to-build-a-welfare-state-that-works-in-africa/>.

⁵ Ibid. See also Jeremiah O. Arowosegbe. 2011. Claude E. Ake: political integration and the challenges of nationhood in Africa. *Development and Change* 42(1):349-365.

⁶ See Richard Sandbrook. 1985. *The politics of Africa's economic stagnation*. Cambridge: Cambridge University Press. See also World Bank. 2008. *Poverty estimates for the developing world*. Washington, DC: World Bank. 28 August.

⁷ See Nicolas Van de Walle. 2001. *African economies and the politics of permanent crisis*. Cambridge: Cambridge University Press; and European Report on Development. 2010. Social protection for inclusive development. Florence: European University Institute. Nicholas Awortwi and Gregor Walter-Drop. eds. 2020. *Non-state social protection actors and services in Africa: governance below the state*. London and New York: Routledge.

⁸ See Jeffrey Herbst. 1990. War and the state in Africa. *International Security* 14(4):117-139. See also The Economist. 2020. Africa: the forever wars. *The Economist*. 28 March.

⁹ See Jimi O. Adesina. 2011. Beyond the social protection paradigm: social policy in Africa's development. *Canadian Journal of Development Studies* 32(4):454-470. See also Stephen Devereux. 2013. Trajectories of social protection in Africa. *Development Southern Africa* 30(1):13-23.

This article comprises four sections. The first is introductory and provides a background to our enquiry. The second critiques the role of the state in the delivery of healthcare and other social services in colonial and postcolonial Nigeria. The third examines Nigeria's distinct experience with the COVID-19 pandemic. It highlights how the character and nature of the state undermine its effective containment and resolution across Nigeria's *constituent units—the states*. The fourth offers the conclusion.

THE STATE AND SOCIAL SERVICES IN AFRICA

Our examination of Nigeria's experience with the COVID-19 pandemic is treated in relation to the role of the state in social welfare administration. In Africa, healthcare delivery by the state – as a component of social security and welfare administration – dates back to the colonial state in the twentieth century. Social welfare policies were reluctantly introduced and selectively implemented by the colonial state. For the most parts, such policies benefitted colonial officials and their collaborating traditional rulers at the neglect of the mass of the populations. As Stephen Devereux and Francie Lund have argued, healthcare and social security administration in colonial Africa were premised on expediency, such that regardless of the actual needs of the local populations, healthcare and social welfare were meant to strictly support civilian colonial administrations; colonial law enforcement agents and military officials *with a discounted focus* on the rural populations.¹⁰ To guarantee the security of European economic interests across the colonies, it privileged the officials in charge of the system; followed by those perceived as capable of crippling or sacking it through their roles in civil unrests and protest movements.¹¹ As an elitist stratagem of hegemonic co-optation deployed by the colonial state, healthcare and social security policies – in all the colonies of Africa – paid no attention to the ordinary people. It was not until a series of protests highlighted the impacts of the poverty and other risks resulting from *leaving out* the local populations that their needs were accommodated by the state.¹²

At independence, the postcolonial state was marked by a fragmented approach to healthcare and social security. Little investment was made towards developing wholistic systems of welfare administration. The chief problem in this regard, as Claude Ake puts it, has been that the elites in Africa are not interested in a developmental state.¹³ Accordingly, rather than addressing the historic fault lines of its colonial predecessors, healthcare and social policy in the postcolonial state have been premised on clientelism, patronage and other elite practices that subvert the state in the interests of its corrupt officials. While the human and natural resources of the states sustained their profligate practices during the first two decades of their post-independence period, 1960s-1980s; from the late 1980s, the economic crisis experienced by these states have affirmed their vulnerability and imminent collapse.

¹⁰ Stephen Devereux and Francie Lund. 2010. Democratizing social welfare in Africa. In Vishnu Padayachee. ed. *The political economy of Africa*. London and New York: Routledge. p. 154.

¹¹ John M. Luiz. 2013. A review of social welfare in sub-Saharan Africa: from the colonial legacy to the millennium development goals. *Economic Papers* 32(1):110-121.

¹² For a list of such protests and their impacts in Anglophone, Francophone and Lusophone Africa, see *ibid*.

¹³ Claude Ake. 1996. *Democracy and development in Africa*. Washington, DC: The Brookings Institution.

Several challenges starred the postcolonial transition. In addition to conflict, instability and the problem of political integration;¹⁴ elite-mass gap as well as poverty and underdevelopment threatened the economic stability of the new states. As these states grappled with high birth rates and heightened demographic expansions from the 1960s to the mid-1980s, pressures for urban migration worsened. Between 1975 and 1980, tropical Africa recorded the highest growth rates in the world – 5.90 percent per annum.¹⁵ Regretfully, this was not accompanied by the required expansion in the quality of infrastructural development across the regions. As John Illiffe recalls, deteriorating terms of trade occasioned soaring debt levels.¹⁶ By 1984, Africa emerged as the most indebted continent in the world relative to its share of exports.¹⁷ As the productive capacities of the states declined, the strength of the national economies also dropped.¹⁸ Rural-urban terms of trade depreciated;¹⁹ while pressures for industrialization intensified. With time, mass expectations for economic security became undermined by institutional fragility and state weakness. The effects of these developments were heightened costs of living; deceleration in the quality and standard of living; and reduction in overall life expectancy.

By the late 1980s, corruption and profligacy; incapacity and incompetence on the part of states' officials in national economic management and planning; poor policy choices, weak policy administrations; neopatrimonialism and predatory rule plunged Africa into massive economic crises.²⁰

The impacts of Africa's harsh economic experiences dictated the need for macroeconomic stabilization reforms. These were introduced as solutions with the promise of delivering accelerated development and an end to Africa's marginalization by encouraging foreign investments as well as the diversification and expansion of exports.²¹ Unfortunately, Africa's economic crisis became rather pronounced by the late 1980s when the International Monetary Fund and the World Bank imposed macroeconomic policies and the structural adjustment programmes.²² The high point of these policy packages from the Bretton Woods institutions has been the devaluation of national currencies. Earlier in the 1980s, Nigeria's Naira was N1.00 to US\$1.50 and N1.00 to £0.89. After forty years of active devaluation, in 2020, the Naira is now N521.00 to US\$1.00 and N601.00 to £1.00. Throughout the continent, interest rates on foreign

¹⁴ For a re-articulation of the scholarship on these developments, see Claude Ake. 1967a. *A theory of political integration*. Homewood, IL: The Dorsey Press. See also Claude Ake. 1967b. Political integration and political stability: a hypothesis. *World Politics* 19(3):486-499.

¹⁵ John Illiffe. 1987. *The African poor: a history*. Cambridge: Cambridge University Press. pp. 232-5.

¹⁶ Ibid.

¹⁷ Ibid.

¹⁸ The worst illustration of this drop is the depleted value of the national currencies of the states during this period.

¹⁹ Ibid.

²⁰ For a strong statement on these contexts and developments, see Thandika Mkandawire. 2015. Neopatrimonialism and the political economy of economic performance in Africa. *World Politics* 67(3):563-612. See Jeremiah O. Arowosegbe. 2017. Corruption and profligacy as governance failure in Nigeria. *Journal of the Historical Society of Nigeria* 26:122-153.

²¹ See Thandika Mkandawire. 2001. Thinking about developmental states in Africa. *Cambridge Journal of Economics* 25(3):289-313. See also Thandika Mkandawire. 2005. Maladjusted African economies and globalization. *Africa Development* 30(1 and 2):1-33.

²² Ibid.

loans have continued to rise.²³ These conditions have constrained the expansion of healthcare, infrastructural development and the private sector. Agricultural farms and industries have either shrank or have been closed; while the operations of agricultural-credit factories and institutions have stifled. Job opportunities have been undermined for the rural youth. As importation rose on most food items like milk, rice, sugar, tomatoes and utilities like tissue papers and tooth picks; every shipload of these products imported into Africa not only transfers and makes her wealth available for sustaining other overseas economies; but also brings into the continent a corresponding shipload of unemployment. By 2020, Nigeria's annual cost of importing tooth picks amounted to US\$18.5million, while in the same year, Nigeria's annual importation of tomato paste came to US\$400million. Local production of basic food items for domestic consumption has been discouraged. With a basket filled of home-grown tomatoes priced at below N2,000.00 in Nigerian markets, local farmers suffer state neglect and are forced out of production by unsupportive policies.

These background experiences affect the management of diseases and epidemics across Africa. They underline the context not only for appreciating citizens' experiences with the COVID-19 pandemic, but also for understanding citizens-states' relations during these extremely challenging global conditions. Nigeria's experience is drawn upon for nuancing the issues thrown up above for enquiry.

THE SOCIETY AND STATE IN NIGERIA

With 207,866,456 people in an area of 923,768 km², Nigeria has the highest population in Africa.²⁴ It is the seventh largest state in the world. Its total fertility rate, that is, live births per woman is 5.4.²⁵ Its deaths below the age of 5 in every 1,000 live births is 90.2.²⁶ Its infant mortality, that is, infant deaths per every 1,000 live births is 54.7.²⁷ Its life expectancy, from birth to death, for both sexes is 55.75 years.²⁸ 107,112,526 of its people, that is 52.0 percent of its total population, is urban.²⁹ Its urbanization is estimated at about 4.3%.³⁰ Due to its historical

²³ In Nigeria and Senegal, by 2020, interest rates on foreign loans are as high as 30%.

²⁴ For some of the latest estimates and figures on Nigeria's changing population dynamics, see *Demographics of Nigeria* at https://en.wikipedia.org/wiki/Demographics_of_Nigeria. Retrieved on Friday 06 November 2020.

²⁵ This represents the replacement-level fertility, that is, the average number of children per woman needed for each generation to independently replace itself without needing or resorting to international immigration. Any value below 2.1 will normally cause a decline for the native population. See United Nations Population Division. 2020. *World population prospects: the 2019 revision*. Geneva and New York: United Nations. See also <https://www.worldometers.info/demographics/nigeria-demographics/>. Retrieved on Friday 06 November 2020.

²⁶ Ibid.

²⁷ Ibid.

²⁸ Ibid.

²⁹ This estimate is based on worldometer elaboration, a worldometric projection generated from the latest United Nations data on world population figures. See worldometer (www.worldometers.info). Elaboration of data by the United Nations, Department of Economic and Social Affairs, Population Division. *World population prospects: the 2019 revision*. Geneva and New York: United Nations. See also https://en.wikipedia.org/wiki/Demographics_of_Nigeria Retrieved on Friday 06 November 2020.

³⁰ Akinyemi, Akanni Ibukun and Uche C. Isiugo-Abanihe. 2014. Demographic dynamics and development in Nigeria. *African Population Studies* 27(2):239-48.

dysfunctionalities,³¹ especially as illustrated in its increasing conflicts, corruption and harsh economic conditions, Nigeria currently accounts for Africa's highest emigration.³² Not surprisingly, its *ethno-linguistic fragmentation* is one of the highest in the world.

Nigeria has 250 ethnic groups and more than 500 languages. Its largest and politically dominant ethnic groups are Fulani 27.04%, Igbo 18% and Yoruba 21%.³³ Its population is predominantly youthful – 18 years above – and is actively growing. The major religions of most of its inhabitants are Christianity 40% and Islam 40%. *Atheists, freethinkers* and *traditionalists* make up the remaining 20% of its population.

Nigeria's total borrowing from China alone is fixed at US\$3.121 billion.³⁴ This amount represents only 3.94% of Nigeria's total public debt of US\$79.303 billion by 31 March 2020. Between May and June 2020, Nigeria's foreign reserves dropped by US\$673.13 million in two months.³⁵ In August 2020, National Information Technology Development Agency (NITDA) put the total number of Nigerian children of school age but out of school at 46 million. Of this total, 44.7 million are in Northern Nigeria.³⁶ According to the National Bureau of Statistics, Nigeria's unemployment rate jumped to 27.1% in 2020. This report puts the total number of unemployed Nigerians at 21,764,614, which is 21.7 million, indicating an unemployment rate of 27.1%, as against the 23.1% recorded in the third quarter of 2018.³⁷ By the second quarter of 2020, in terms of their educational qualifications and trainings, the report reveals the following distributions *vis-à-vis* Nigeria's unemployment situations – PhD 17,831; Masters 119,513; Bachelors 2,844,811; Diploma 2,009,014; O-Level 8,135,050; Vocational 50,367; Junior Secondary 1,344,603; Primary 3,179,040; Below Primary 39,635; No Qualification 3,733,194; Others 291,560.³⁸ Drawing on this report, the actual distributions of Nigeria's labour force by the second quarter of 2020 are labour force population 80.3 million; working age population 116.9 million; total employed 58.5 million; total unemployed 21.8 million; *unemployment rate* 27.1%; *underemployment rate* 28.6%; youth unemployment 14 million; youth employment rate 34.9%.³⁹

³¹ As an oil-rich economy, an explanation for Nigeria's deeply-conflicted and fragile status, is its failure to develop a truly modern state legitimately strong enough for undertaking tax extraction and sufficiently capable of enforcing democratic accountability on a permanent basis. This failure underlines the lack of autonomy of the state in Nigeria as a pathologically weak state. For a further articulation of this position, see Michael J. Watts. 2004. Resource curse? Governmentality, oil and power in the Niger Delta, Nigeria. *Geopolitics* 9(1):50-80.

³² See various global estimates and records on inter-continental or international migration.

³³ See Toyin Falola and Michael M. Heaton. 2008. *A history of Nigeria*. Cambridge: Cambridge University Press.

³⁴ In terms of external sources of funds, loans from China alone accounted for 11.28% of the external debt stock of US\$27.67 billion as at 31 March 2020.

³⁵ See Punch Daily Newspaper. Friday 31 July 2020.

³⁶ For a geographical distribution of this statistics in all the geo-political zones and states across the federation, see "46 million Nigerian children out of school, says the National Information Technology Development Agency (NITDA)" on Thursday 13 August 2020. *Punch*. Friday 14 August 2020.

³⁷ Federal Republic of Nigeria. 2020. *Nigeria: labour force statistics*. Abuja: National Bureau of Statistics.

³⁸ Ibid.

³⁹ Ibid.

COVID-19 AND THE STATE IN NIGERIA

The first case of the COVID-19 pandemic in Africa was confirmed in Nigeria on 27 February 2020. This was incidented in Lagos State by the Federal Ministry of Health. It involved an Italian businessman who travelled from Milan, Italy to Lagos, Nigeria.⁴⁰ Before this period, the Federal Ministry of Health had put some measures in place to curtail the outbreak. The Nigeria Centre for Disease Control (NCDC), a federal agency statutorily charged with detecting, managing and monitoring all communicable diseases, occupied the central position in combating the pandemic.

As parts of the measures to stem its continued spread, Nigeria's international and local airports were all closed. All land borders—international, inter-state and intra-state—were also locked and shutdown. Large assemblies and small gatherings of people were prohibited.⁴¹ Although a state of emergency was not declared, the emergency powers of the state were invoked for comprehensive enforcement.

According to the claims of the state and other official sources, several initiatives were deployed to stem the escalation of the pandemic. A National Monitoring Committee and a Presidential Task Force were set up to coordinate COVID-19-related developments across the six geo-political zones. Public awareness and mass education campaigns were put in place. Social development programmes were introduced to help the poor cope with seasonal unemployment. Ambulances and equipment were procured and distributed across the states. Hospitals were equipped in all local government areas and states of the federation. Isolation and testing centres were expanded with the needed facilities provided nationwide. The hallmark of these whole efforts was the periodic imposition of inter-state lockdowns.

According to the Nigeria Centre for Disease Control, by Friday 26 February 2021, the following statistics were recorded regarding the corona virus, COVID-19 pandemic in Nigeria: active cases 20,863; confirmed cases 154,476; deaths 1,891; discharged cases 131,722; samples tested 1,489,103.⁴² Of the six geo-political zones and the 36 states of the federation, Lagos, Federal Capital Territory, Plateau, Oyo, Rivers, Edo, Kaduna and Ogun have the highest infection and mortality rates overall.⁴³

POLICY REGIMES AND THE COVID-19 PANDEMIC

In contrast to governments' claims, the management of the COVID-19 pandemic has been deeply problematic across Africa. Although its infection and mortality rates have not been

⁴⁰ This was established following active testing and contact-tracing, which revealed the taxi driver that conveyed the Italian businessman from Murtala Muhammed International Airport to Lagos township.

⁴¹ Consistent with global practices during this somber period, large gatherings were prohibited throughout Nigeria – in airports, hospitals, markets, offices, recreational centres, religious institutions and schools, especially from March to August 2020.

⁴² Given Nigeria's population of over 207 million people, these infection and mortality rates are relatively low.

⁴³ Lagos had 21,106 confirmed cases and 212 deaths; Federal Capital Territory 6,028 confirmed cases and 81 deaths; Plateau 3,630 confirmed cases and 33 deaths; Oyo 3,433 confirmed cases and 43 deaths; Rivers 2,809 confirmed cases and 59 deaths; Edo 2,657 confirmed cases and 109 deaths; Kaduna 2,641 confirmed cases and 43 deaths; Ogun 2,027 confirmed cases and 30 deaths.

exponential compared with the experiences and statistics in Europe and North America,⁴⁴ the ineffectual role of the states, evidenced by corruption, predatory rule and weak policy administrations in its management has accentuated other catastrophic consequences. This much has been the case in many developing societies and post-colonial states. Clearly, COVID-19 is a global health crisis unprecedented in living memory. It has ignited food shortages, unemployment and worsening global economic recessions. While the world economy hangs on a tight rope; Africa remains desperate. On the one hand, stiff lockdown measures have halted the spread of the pandemic. Attendant death rates have also been reduced. On the other hand, such measures have disrupted education; they have frozen businesses and economies; they have undermined confidence in Africa's governance processes while also widening inequalities.⁴⁵ In a report, the International Monetary Fund (IMF) and the World Bank indicated that government's handling of the COVID-19 pandemic in India, particularly during the lockdown, devastated the economy in a manner that would have best been avoided.⁴⁶ In addition to its complete lockdown, India imposed one of the strictest travel restrictions in the world. From March to August 2020, electricity consumption reduced to 30% below its threshold. According to this report:

The decline in both mobility and light intensity in India was the highest in districts with the most COVID-19 infections per capita. And, while mobility declined between 20% and 30% in a third of the districts, it fell between 30% and 35% in another half of the districts, and even more than that in the remaining 15% of the districts. To make things worse, India's 23.9% fall in the gross domestic product (GDP) in April-June 2020 was more than double the average 11.6% decline in GDP in 60 countries publishing quarterly GDP numbers. The decline in economic activity in India was only matched by Peru, which had one of the highest per capita COVID-19 infection cases in the world. Overall, India's GDP is expected to contract by 9.6% in 2020-21.⁴⁷

Measured by the total COVID-19 infection cases per million people, the number of infections in India in late September 2020 was 4,574; in Bangladesh it was 2,207; in Nepal it was 2,670; and in Pakistan it was 1,416.⁴⁸ The death rate, defined as the ratio of COVID-19 deaths to COVID-19 infections was 3.7% in Afghanistan; 2.1% in Pakistan; 1.6% in India; and 1.4% in Bangladesh.⁴⁹ Surprisingly, although Maldives had 19,038 COVID-19 infection cases per million people, its death rate was only 0.3%.⁵⁰

For understandable political reasons, the reliability of government records on human population in Nigeria is undermined by the inaccuracies of state-generated biometrics, census results and other demographic sources. Furthermore, the impacts of Nigeria's status as an unenumerated

⁴⁴ For estimates and specific figures for different continents and states across the world, see the most recent issues of *The New York Times* and *The Washington Post*.

⁴⁵ See International Monetary Fund. 2020. *World economic outlook*. Washington, DC: International Monetary Fund. See also International Monetary Fund. 2020. *World economic databases*. Washington, DC: International Monetary Fund.

⁴⁶ World Bank. 2020. *Beaten or broken? Informality and COVID-19*. Washington, DC: World Bank.

⁴⁷ Ibid. Cited in *Economic and Political Weekly*. 2020. Pandemic in the eyes of the World Bank and the International Monetary Fund. *Economic and Political Weekly* 55(44):7.

⁴⁸ Ibid. p. 7.

⁴⁹ Ibid. p. 7.

⁵⁰ Ibid. p. 7.

political system have been recounted in other works.⁵¹ Our emphasis here is to highlight the limitations of the official statistics provided from time to time by the Nigeria Centre for Disease Control (NCDC) for accurately taking stock of the infections and mortality rates of the COVID-19 pandemic in Nigeria.

The management of the pandemic has been undermined by Nigeria's internal structural crises. The overall quality of governance – since the late 1980s – has been poor. Economically, only few of the federating states are viable. Majority of the distressed states are in Northern Nigeria. In 2019, the Annual States' Viability Index (ASVI) placed Enugu, Kaduna, Kwara, Lagos, Ogun and Rivers as the economically most viable states. Borno, Katsina, Kebbi and Taraba states were ranked as the least viable states in Nigeria. Internally-generated revenue (IGR) for each of these states is significantly below 10% of their annual total receipts from the Federation Account respectively. With a total revenue generation of N398 billion compared to its Federation Account Allocation (FAA) of N270 billion that added up to 147% in the twelve months of 2019, Lagos was ranked *top-most* in IGR. Katsina State generated N8 billion but received N136 billion as its Federation Account Allocation in 2019.

Kano State in North-Central Nigeria illustrates some of the harsh realities across the states in Northern Nigeria. Of a population of 18 million people, the number of churches in the state is 674. Its industries are 58 while its jobless youth are 3.8 million. The mosques therein are 435,389; while its parentless under-aged wandering children are 3.67 million. Official statistics put the number of divorced women as 857,443.⁵² About 1 mosque is available for 40 people; 1 industry is distributed across 300,000 people.⁵³ Kano State receives the usual monthly allocation from Nigeria's Federation Account and pays the salaries for less than 300,000 people with its multiplier effects on about one million people. The rest of the population struggles to buy and sell at Bata and Kurmi markets in Kano City at which the existing industries can hardly employ 50,000 of the population.⁵⁴ Other states are also like Kano.

Democratization notwithstanding, the connections between Nigerians and their elected representatives remain marginal. Compensation by the state for endangered frontline workers was never delivered.⁵⁵ At different periods between April and August 2020, members of Nigerian Medical Association embarked on industrial strike actions to compel the Federal Government to (i) approve the payment of work-related compensations and other hazard allowances for their members; as well as (ii) expand and improve upon the quality of health facilities across the six geo-political zones, among other heated demands. In response, the Minister of Health, Dr. Emmanuel Osagie Ehanire together with the Minister of Culture and Information, Mr. Lai Mohammed and the Minister of Labour and Employment, Dr. Chris Nwabueze Ngige dismissed these requests and threatened to sack all the health workers for embarking strike. Contact tracing is not effective in any part of the federating units.

⁵¹ See Jeremiah O. Arowosegbe. 2020. Academics and election administration in Nigeria. *Journal of International Development* 32(7):1009-1032. For our emphasis, see in particular pp. 1026-7.

⁵² This estimate includes those between 14-18 years of age.

⁵³ Kano State. 2020. *Restructure. Restructure. Restructure*. Kano: Kano Statistics Board.

⁵⁴ Ibid.

⁵⁵ There is no record anywhere, of government paying damages to any category of frontline workers exposed to COVID-19 deaths and other related difficulties in discharging their services.

The level and quality of testing have been unimpressive. The expansion of basic health facilities, public responses by health officials together with the investments in training health officials and other relevant personnel for rapid delivery during emergencies, have been ineffectual. The most serious area of concern has been in the failure of the state in its efforts to cushion the adverse economic impact of the lockdowns and other restrictions imposed on the populations from March to August 2020. In June 2020, the Governor of Oyo State, in South-West Nigeria, Engineer Seyi Makinde provided the following dubious breakdown as an account of how his government spent the N2.7 billion received from the Federation Account in fighting the COVID-19 pandemic: (i) N118 million was disbursed for supporting the University College Hospital (UCH), Ibadan; (ii) N321 million was invested for buying ambulances; (iii) N370 million was put into building the state's designated isolation centre at Olodo; (iv) N453 million was spent on securing the state's borders; N614 million took care of procuring reagents; while N900 million went into the delivery of palliatives for the state's indigenes.⁵⁶

On Friday 06 November 2020, Governor of the Central Bank of Nigeria, Dr. Godwin Emefiele declared that Nigeria's apex bank has spent N3.5 trillion to cushion the effects of the COVID-19 pandemic on the Nigerian economy.⁵⁷ According to him, the focused areas targeted by this investment are agriculture, electricity and gas, housing construction and solar power. Although governments at all levels have declared huge sums of money, including announcing several projects for managing the pandemic, on a day-to-day basis, infrastructural decadence continues unabated. Unemployment rather continues to soar. The quality of life of most Nigerians is excruciating. None of the acclaimed facilities purportedly provided by Nigeria's elected politicians – at the Federal and State levels – have been accessed by the masses. While there is no evidence backing the delivery of these services by state officials; there is also no means of democratically compelling them to account for their stewardship, by the citizens. At this somber period in Nigeria's constitutional and political history, when discussions of promoting China's economic interest, through loan arrangements dominate all African parliaments, the question of securing citizens' rights has been relegated in the democratic governance process.

⁵⁶ See Punch. 2020. COVID-19: Oyo spent N2.7 billion on fight against coronavirus. *Punch Daily Newspaper*. 24 June. See also How we spent N2.7 billion on fight against coronavirus – Oyo Government. <https://thelagostimes.com/how-we-spent-n2-7-billion-on-fight-against-coronavirus-oyo-govt/> Retrieved on Monday 09 November 2020.

⁵⁷ Godwin Emefiele. 2020. We've spent N3.5 trillion on COVID-19 palliatives – CBN. <https://www.correctng.com/weve-spent-n3-5-trillion-on-covid-19-palliatives-cbn/> Retrieved on Monday 09 November 2020.