

## INNOVATIONS

### **Governance and Public Policy Implementation in Nigeria: The Covid-19 Palliative Measures in Focus**

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**Abstract:** Following the outbreak and growing number of confirmed cases of coronavirus 2019 (COVID-19) pandemic across the country, the Federal Government of Nigeria announced lockdown measures in states of the federation. This was followed by the closure of schools, religious houses, offices, business organisations and the ban on the social gatherings. The government also adopted the policy of producing, purchasing and distributing palliative items to the citizens. This paper, therefore, examined the challenges associated with the implementation of palliative measures from the prism of public policy. The study adopted the descriptive approach to trace the outbreak of the pandemic, describe its spread and measures adopted by the government to contain the epidemic. Relevant data for the paper were gathered from tertiary shreds of evidence, particularly books, journals, government publications, information from the centre for disease control dashboard, etc. The data were analysed qualitatively along with the existing literature. Findings revealed that the implementation of the policy was constrained by paucity of data, lack transparency as well as coverage, ethnic and party considerations. This, however, culminating in nationwide protests. The study recommended that public policies must be well planned and executed devoid of any parochial considerations.

**Keywords:** 1. Governance, 2. Public Policy, 3. Coronavirus 2019 (Covid-19), 4 Global health pandemics, 5 Palliative measures

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#### **1. Introduction**

Over many centuries, the world has experienced several “plagues” “infectious diseases”, “endemic diseases”, “epidemics”, and “pandemics” that have claimed billions of lives as well as distorted social and economic activities. For instance, the bubonic plague that began in Constantinople in 541 C.E. and engulfed Europe, North Africa, the Middle East, Central and South Asia and China had killed millions of people leading to a decline in the European population and the Roman Empire (Marriott, 2002; Orent, 2004). The second wave which re-emerged in the 14<sup>th</sup> century and codenamed “Black Death” claimed a higher percentage of the population in Asia and Europe and had profound effects on economic, religious, and cultural life (Cantor, 2001). In the Americas, smallpox and other ailments unintentionally introduced after 1492 by European conquerors and settlers may have wiped out as many as 95 percent of the native population for 130 years (Mann, 2005, p. 93).

The twentieth century witnessed two major pandemics since the historic ‘Spanish Influenza’ of 1918, the ‘Asian flu’ of 1957 and the ‘Hong Kong flu’ of 1968. While the influenza pandemic which ended in 1920 took a higher toll than any previous epidemic and killed upwards of 50 million

people across every race and nation, and possibly twice that number (Youngerman, 2008; Peckham, 2020); not less than fourteen thousand people lost their lives from Asian Flu coupled with telling effect on the economy as a result of the closure of production companies, factories and offices etc. (Jackson, 2009). The Hong Kong flu that killed an estimated one million people worldwide were the third influenza pandemic in the twentieth century.

So far, the twenty-first century has witnessed four pandemic outbreaks, namely, Severe Acute Respiratory Syndrome (SARS) first discovered in 2002; the bird flu of 2003; the Middle East Respiratory Syndrome (MERS) of 2012; Ebola which peaked in 2013 to 2014 and the present-day coronavirus disease 2019 (COVID-19), which started in Wuhan city, Hubei Province of China in December 2019 and spread across the world at an alarming rate (Wu et al., 2020; Dickson, 2021). Consequently, owing to the mortality and morbidity rate as well as the rapid spread of COVID-19, the World Health Organization (WHO) recognised and declared it as a global pandemic (Nyashanua, Simbanegavib, and Gibsona, 2020).

To check further spread of the pandemic and to cushion its effect, the government adopted measures such as lockdown, incarceration or quarantine of infected persons, ban on travel, enforcement of healthier conditions in housing and the workplace to ensure safer food and water supply. The government also procured and distributed food items and other materials for distribution to alleviate the effect of the lockdown measures. However, the crisis that has trailed the distribution and sharing of items had led to protests across the country, leading to looting and wanton destruction of lives and property. The pertinent questions, therefore, are:

1. Has the implementation of the palliative policy of the Federal Government of Nigeria to cushion the effects of COVID-19 lockdown achieved the envisaged objectives?
2. What are the problems faced in the process of implementing and distributing the palliative policy and items?

## **2. Literature review**

This study revolves around three major variables, namely, governance, public policy and palliative measures. It is, therefore, pertinent to define and explain their interrelatedness for purposes of clarity. At the outset, debates about the definitions of governance have emerged at different spatial scales, and from within different types of institutions and academic fields. Thus, the concept of governance has gained popularity in management sciences and public policy discourse because of its multivalency and several meanings. But for this study, 'governance' is defined as a descriptive label that highlights the changing nature of the policy process, policy formulation and implementation as well as the role of actors in the making of public policy (Richards & Smith, 2002; Kennett, 2008). From the standpoint of Rosenau (1992) also (cited in Bingham et al., 2005, p. 548), governance refers to the creation, execution, and implementation of activities" (in this case, public policy) to satisfy the need or shared goals of citizens and organizations.

Put differently, governance stresses the interaction between the state and other actors involved in policy development, which often takes the form of complex policy networks (Atkinson, et al., 2013). This implies that the governance approach to public policy is based on the assumption that, in addition to the state, a multitude of actors shape policy development in one way or another. Thus, governance is about determining "who has power, who makes decisions, how other players participate in decision making and how an account is rendered" (Institute on Governance 2013; Atkinson, et al., 2013, p. 20).

From the writings of early and present time scholars like Anderson (1975; 1997), Dye (1976; 2002; 2013), Fischer (1980; 1995), Dunn, (1981; 2004), John (1998), Hill and Hupe (2002); Hill and Varone (2016) etc., there is a general agreement that public policy is the principal instrument of the state through which authoritative interventions are possible in the lives of citizens. According to Brooks (1989, p. 16 and Smith (2003, p. 5), public policy refers to “the broad framework of ideas and values within which decisions are taken and action, or inaction, is pursued by governments about some issue or problem”. This implies that public policy must contain goal(s) and the means to achieve them not mere declaration of intentions, wishes, principles or expression of desires. Public policies reflect not only society’s most important values but also conflicts among and within values. They represent many values that are given the highest priority in any given decision (Anyebe, 2017; Reddy, 2021).

The above notion has been captured and paraphrased by Easton (1965) in his observation that politics is “the authoritative allocation of values for a society”. This orientation to the study of politics generally is termed "allocative" since it regards allocation or distribution' as the major, if not sole, function of the government. The second measure of economic efficiency, known as allocative efficiency refers to “the efficient distribution of productive resources among alternative uses to produce the optimal mix of output” (Wallis and Dollery, 1999, p. 12).

The action of policymakers can determine definitively which of society’s different and sometimes conflicting values will prevail. Consequently, public policies are not made in a vacuum. They are affected by social and economic conditions, prevailing political values and the public mood at any given time, the structure of government, and national and local cultural norms, among other variables (Kraft and Furlong, 2013). It is actual resource allocation on programmes designed to respond to perceived public problems and challenges (such as the COVID-19), requiring government action. Therefore, being a course of action usually developed and implemented by the government and its officials, public policy is expected to meet the need of all citizens in society (Dye, 2002).

As a result, Laswell (1971) had advocated that policy sciences must strive for three principal attributes: First, decisions should be a part of a larger social process; policymakers and other actors particularly must be involved in clarifying goals, trends, conditions, projections and alternatives; and third, the methods employed in policy implementation should not be limited to a narrow range.

Similarly, Marsh and Rhodes (1992); Cairney (2009) have identified the approaches to policy implementation and conditions for policy success to include: First, clear and consistent policy objectives; second, strict implementation of the policy as originally intended; third, clear specification and communication of task by skilful and compliant officials; fourth, the commitment of required resources (including political will) to the programme; fifth, the minimisation of dependency relationships while support from interest groups are maintained; and sixth, not allowing external, or socio-economic to significantly undermine the process. It is, however, instructive to note that in most situations, socio-economic conditions, such as a relatively aggrieved or more dispersed population, are more likely to constrain policy success (Greer, 2004).

The palliative measures or what Blackmore and Parker (2020, p. 1) call “palliative care” are approaches adopted to improve the quality of life of patients and their families facing the problems associated with a life-threatening illness. Palliative care, among other things, provides relief from pain and other distressing symptoms; offers a support system to help the family cope during the patient’s illness; enhance the quality of life, particularly in the course of illness etc. In Nigeria, the measures are adopted to assist the affected persons and the community through the

procurement and distribution of drugs and food items to the people. The Nigerian government initiated and provided palliative to citizens as an aspect of policy through the task force

**3. Research Methodology**

The approach adopted for the study was essentially descriptive. The purpose was to interpret the major elements and characteristics of the COVID-19 pandemic and the crisis of governance orchestrated by the implementation of palliatives measures. Information on the outbreak, spread, various waves or variants, and efforts adopted by the government to contain the novel health crises were extracted from the tertiary data, particularly books, government publications, the Medline, Scopus indexed publications and science databases. These allowed for the retrieval of essential information for analysis including title/abstract, keywords, number of citations, and authors' affiliations, which might not be available in other databases (such as Embase or Science Direct). The data gathered from these sources were conceptually analysed along with the extant literature.

**4. The Outbreak of Covid-19: The Nigerian Experience**

As earlier indicated, coronaviruses are viruses that usually affect the respiratory tract in birds and animals, including, cats, dogs, rodents, pigs, cattle, and humans. The variant that affects humans was first discovered in the 1960s. This version, human coronavirus or HCoV is responsible for most common colds, and more serious diseases are not that common, until the recent outbreak of COVID-19 in Wuhan, the Hubei province of China in late December 2019 (Ness, 2020). The initial indication of a COVID-19 infection is coughing, fever, and short breath, and in the later stages, it can damage the kidney, cause pneumonia, and unexpected death. By March 2020, the first wave had spread to all continents, affecting one hundred and seventy-seven countries of the world (Fouad, 2020).

Later on, a report from the WHO (2020) revealed that COVID-19) was sweeping across the globe, having sickened more than six hundred and forty thousand people and claimed over thirty thousand lives in approximately two hundred and two countries with no sign of slowing down. The total number of confirmed COVID-19 cases reached over thirty-three million people as of September 29, 2020, with more than two hundred and thirteen countries across all the regions of the world.

Believed to have been caused by SARS-CoV-2, the pandemic has caused high rates of mortality, predominantly in adults globally (Bogiatzopoulou, et al., 2020). Since its outbreak, all the variants, namely, 'alpha', 'beta', 'delta', and 'omicron' appeared to be much more aggressive with many more cases and casualties recorded globally. As Bollinger and Ray (2022) have noted, the recent delta and omicron waves have infected people directly and increased the ability to re-infect people including those who have recovered from earlier versions of the epidemic.

In Nigeria, the first case of COVID-19 was confirmed in Lagos State on February 27, 2020. As of December 31, 2021, the country's infection toll reached 242,341, while 3,031 fatalities had been recorded (Ileyemi, 2022). The centre revealed that 214,778 Nigerians have been successfully treated and discharged nationwide, while 25,014 people are still down as of December 31, 2021. Table 1 shows the index cases of infection as of February 1, 2022.

**Table 1: Highlight of index cases of COVID-19 among selected states in Nigeria as of February 1, 2022.**

State	Estimated population (in millions)	No. of Confirmed Cases	No of Death	No. of Recoveries/ Discharged	No. of Active Cases
Lagos	12,550,598	98,499	769	80,066	17,664

FCT	3,564,126	28,232	247	27,736	249
Rivers	7,303,924	16,461	154	16,212	95
Kaduna	8,252,366	11,192	88	11,086	18
Plateau	4,200,442	10,227	75	10,149	3
Oyo	7,840,864	10,202	201	9,885	116
Edo	4,235,595	7,675	321	7,339	15
Ogun	5,217,716	5,805	82	5,706	17
Delta	5,663,362	5,330	111	5,170	49
Ondo	4,671,695	5,143	107	4,673	363
Kano	13,076,892	4,944	127	4,745	72
Akwa Ibom	5,482,177	4,638	44	4,562	32

Sources: National Population Commission, 2016; NCDC, 2022; Author's compilation

From table 1 above, Lagos state with the highest population recorded the highest number of confirmed, active, recoveries cases and death. This is followed by the FCT, Rivers, Kaduna Plateau, Oyo, etc. Therefore, the epidemic has been excessively prevalent in the country with sudden spikes in mortality and morbidity and of greatly increased frequency and severity. It spread to entire regions of the country and becomes national in scope.

## 5. Results and Discussions

Overall, the outbreak and spread of COVID-19 around the world not only resulted in serious harm to human lives but also caused heart-breaking financial and political emergencies as well as significant social and economic disruption in the infected nations (Broone, 2020). Consequently, the pandemic has heightened human suffering, undermined the economy, turned the lives of billions of people around the globe upside down, and significantly affected the health, economic, environmental, and social domains owing to measures adopted to check it (Mofijur, et al., 2020). In most countries, protection measures taken to save lives and cushion the effect of the epidemic had been either hijacked, politicised, or compromised.

In Nigeria to be specific, the central government response began with the establishment of the Presidential Task Force on COVID-19 headed by Boss Mustapha, the Secretary to the Government of the Federation. The task force was mandated, alongside other government agencies, to coordinate and oversee Nigeria's multi-sectoral inter-governmental efforts to contain the virus' spread. The government also initiated a process to provide palliative measures, including funds disbursements and food items distribution to the citizens (Olawoyin, 2021).

As a result, the following measures were adopted and implemented for the benefit of targeted groups: First, three months moratorium on loans to all *Tradermoni*, *Marketmoni* and *Farmermoni* beneficiaries earlier issued by the Bank of Industry, Bank of Agriculture, and the Nigeria Export and Import Bank. Second, is the continuation of the school feeding programmes in the affected states despite an order of closure of schools (Sanni, 2020; Agbedo, 2020). Third, the expansion of the initial number of households that would benefit from the direct distribution of raw staple food items such as rice, beans, garri, spaghetti, indomie, vegetable oil, fairly used clothes and cash (Eranga, 2020).

However, the items were alleged to have been misapplied by politicians who shared various items among themselves. BudgIT (cited in Olawoyin, 2021) reported that in most local government areas in Lagos, including Agege, Mushin, Ikorodu, Sururlere and Epe, the items were hijacked and diverted by politicians and shared among party members. Therefore, some residents who were not members of the party lamented the hijack and their exclusion from the whole distribution process. Similarly, in Ogun, Rivers, Niger and Kano states, the selection

process of the beneficiaries was strictly for political party loyalists, and the vulnerable groups in the community could not benefit from the palliative distribution.

In FCT, in which five area councils are essentially rural settlements with a huge number of poor and vulnerable households, the distribution of palliatives was chaotic and uncoordinated owing to alleged misapplication and politicisation of the process. Also, there was no verifiable digital database in Nigerian that captures poor and vulnerable persons. Nigeria's lack of a good and systematic database has in small measure affected the effective distribution of COVID-19 lockdown palliatives (Ezeah, 2021).

Consequently, the misapplication of the palliative and politicisation of its distribution by state governors and other stakeholders exacerbate the #EndSARS protest, where hoodlums attacked government-owned warehouses where the items meant to be distributed across the states of the federation were stored. In Plateau state to be specific, some protesters broke into the warehouses in the Bukuru community of Jos South local government area and looted items delivered to the state by the federal government were kept and asked the residents of the area to pick whatever they could see in the warehouse (Olufemi, 2020). In a related development, warehouses for the palliatives donated by the private sector-led Coalition Against COVID-19 (CACOVID) were massively looted in several states including Lagos, Osun, Kwara, Cross River, Kaduna and Plateau (Onyeji and Adebawale, 2020).

### **Conclusion and policy prescription**

The formulation and implementation of public policy in developing countries have been an extremely complex process. The COVID-19 palliative measure is not an exception. Specifically, the distribution of the items procured by the government to alleviate the suffering of the citizens represented a classic failure of public policy in Nigeria. Findings from the study revealed that the distribution of the items was selective favouring members of the ruling party in their respective states. There was no data or proper template designed to facilitate the proper distribution of palliative measures to those who were hit hard by the lockdown. The Social Register, which existed many years before the advent of the pandemic and was used by the task force for distributing palliative items was questionable. Moreover, lack of good governance, paucity of data, corruption, lack of input from the beneficiaries, etc are parts of the problem.

Consequently, the implementation of palliative policy lacks transparency as well as coverage. This led to the outbreak of nationwide protests where the protesters looted government and private shops and warehouses where the hoarded items were stored. Hence, the policy had failed in achieving its main purpose. The culture of non-implementation of public policies is, therefore, very high in the country and virtually affects all levels of government. The government policies designed to allocate scarce resources generally must be well planned with accurate data and executed devoid of political or ethnic considerations. The Nigerian government through the Presidential Task Force on COVID-19 must redesign the distribution process, consider proper structuring of the project and re-strategise government palliative support systems in tackling the challenges of COVID-19 Lockdown in states of the nation.

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