



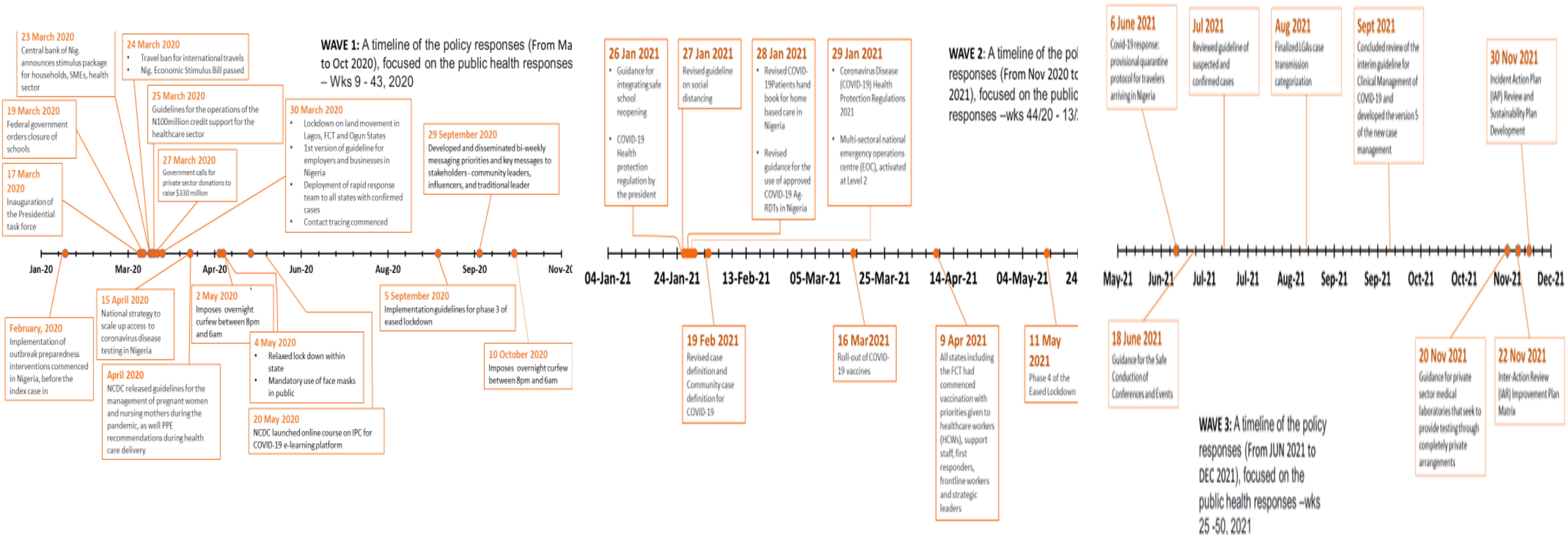
CATALYSE

***National Responses to Covid-19 in
Nigeria: Data and Evidence to Support
Health Preparedness and Responses***

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Timeline of National COVID-19 Responses



What informed decision makings?

Drivers for decisions	Decision making for health systems response to COVID-19
Routine data/WHO Guideline/Balance of health benefits and harm	The government of Nigeria was slow in closing its international borders at the initial time, till civil society organisations decried the risk of the Coronavirus importation to the country. The government developed the policy of the lockdown strategy and training of health workers on infection, prevention and control on the strength of this evidence of the balance of health benefits and harm.
Experiences of other countries/ Human rights and socio-cultural acceptability	Considerations of human rights to association were weighed against the policy of lockdown in the lockdown implementation guidelines as a controlled number of persons were allowed to congregate. Travelling, churches, mosques and schools were re-opened with deliberate plans to guide human activities in socially accepted ways.
Routine data analysis/Health equity, equality and non-discrimination	The treatment centres and laboratory for the management of COVID-19 cases were open to all members of the public at minimal cost with support from the federal and state government as well as private donors. The vulnerable population got conditional cash transfers, palliatives and resources especially among displaced persons



What informed decision makings?

Drivers for decisions	Decision making for health systems response to COVID-19
Societal and economic implications	The easing of the lockdown policy was in consideration of the economic hardship of majority of Nigerian households whose survival depend on daily income.
Financial and economic considerations	The federal government made provisions for the financial and economic effects of the COVID-19 pandemic lockdown by creating funding baskets and disbursing cash and palliatives to eligible households, as well as soft loans to pharmaceuticals and medical
Research/Feasibility and health system considerations	The welfare, capacity and safety of health workers was a part of health system consideration in establishing trainings across the country, deploying skilled hands and provision of personal protective equipment.



Why was this what informed decision making?

Reasons for use of evidence	Evidence-informed decisions that were made
Lessons learned from polio eradication initiative and control of previous epidemics	<ul style="list-style-type: none">• FG's establishment of screening at ports of entry, intensification of media sensitization, and free testing of symptomatic patients• Early recognition of risks and deployment of non-pharmaceutical pandemic control measures were based on past experiences and successes in epidemic control• Provided guidance for planning community engagement activities to enhance response and preparedness for COVID-19 at the community level
Proven interventions/strategies	<ul style="list-style-type: none">• S-I-N approach was adopted for early recognition and source control for IPC in hospital settings• WHO's "My 5 moments for hand hygiene" is being used to train health workers and educate communities on the steps in hand hygiene• Distribution of soaps in IDP camps as part of hand washing campaigns• Engineering and environmental controls such as adequate ventilation, physical distancing and environmental hygiene• Compulsory COVID-19 vaccination for all aged 18 years and above



Why was this what informed decision making?

Reasons for use of evidence	Evidence-informed decisions that were made
Risk assessment & Situation analysis reports	<ul style="list-style-type: none">• Constitution of a COVID-19 mitigation team based on an assessment of high risk of importation and local transmission of infection in the country• Decision to adopt a multi-sectoral response for effective containment of COVID-19 was based on recognitions of a weak Nigerian health system from an early risk assessment• Expansion of COVID-19 diagnostic laboratories by NCDC was based on establishment of community transmission trend• Decision to relax the lockdown restrictions (while maintaining key limitations to curb a spike in COVID-19 cases) was based on evidence indicative of emerging epidemic control• An increase in reporting of sexual violence within one week of the nationwide lockdown necessitated the decision to violate the lockdown and continue to offer health services to victims of sexual assault• Training on Infection Prevention and Control for health workers commenced following the findings of a research that high number of health workers got infected with COVID.



Facilitators/barriers to the use of relevant information for decision-making

- Facilitators:
 - Setting up committees tasked with the use of data for recommending appropriate actions towards combating the pandemic strengthened data demand and use culture (eg the Presidential steering committee and the Ministerial advisory committee)
 - Availability of timely and well communicated morbidity and mortality data about pandemic
 - High political will, buy-in and participation from top decision makers (eg the President)
- Barriers
 - Lack of timely dissemination of produced guidelines to end users
 - Lack of organizational capacity to make use of data for strategic planning
 - Lack of funds to facilitate relevant COVID-19 research
 - Lack of granular, timely and frequent information, crucial for efficient and effective social protection program planning



Conclusions and Recommendations

- Nigeria's health system response to COVID-19 upheld the use of evidence in making critical decisions on the prevention and control of the pandemic
- The decision making for health systems response to COVID-19 in Nigeria appeared to consider resource availability over and above the factors that enable equity and social inclusion

• Recommendations

- Provision of support for organizational capacity building with regards to data demand and use at all levels of government, as well as encouraging comprehensive integrated approach to data use
- There is need for a policy to address (at the national, state and local government levels) the concerns of the population that is adversely affected by the government's instituted measures such as movement⁺ restrictions and lockdown; added to easing the lockdown policy

