



African Health Economics and
Policy Association
Association Africaine d'Economie
et Politique de la Santé

Health system responses and capacities for COVID-19 in Nigeria: a scoping review

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Catalyse

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Background

- Prior to the index case in 2019, there was no official preparedness plan on ground and inadequate public awareness on COVID-19 in Nigeria. Health system financing and infrastructural development was at a very low point This study aimed to find out information and determine capacity of the Nigerian health system responses to COVID-19.

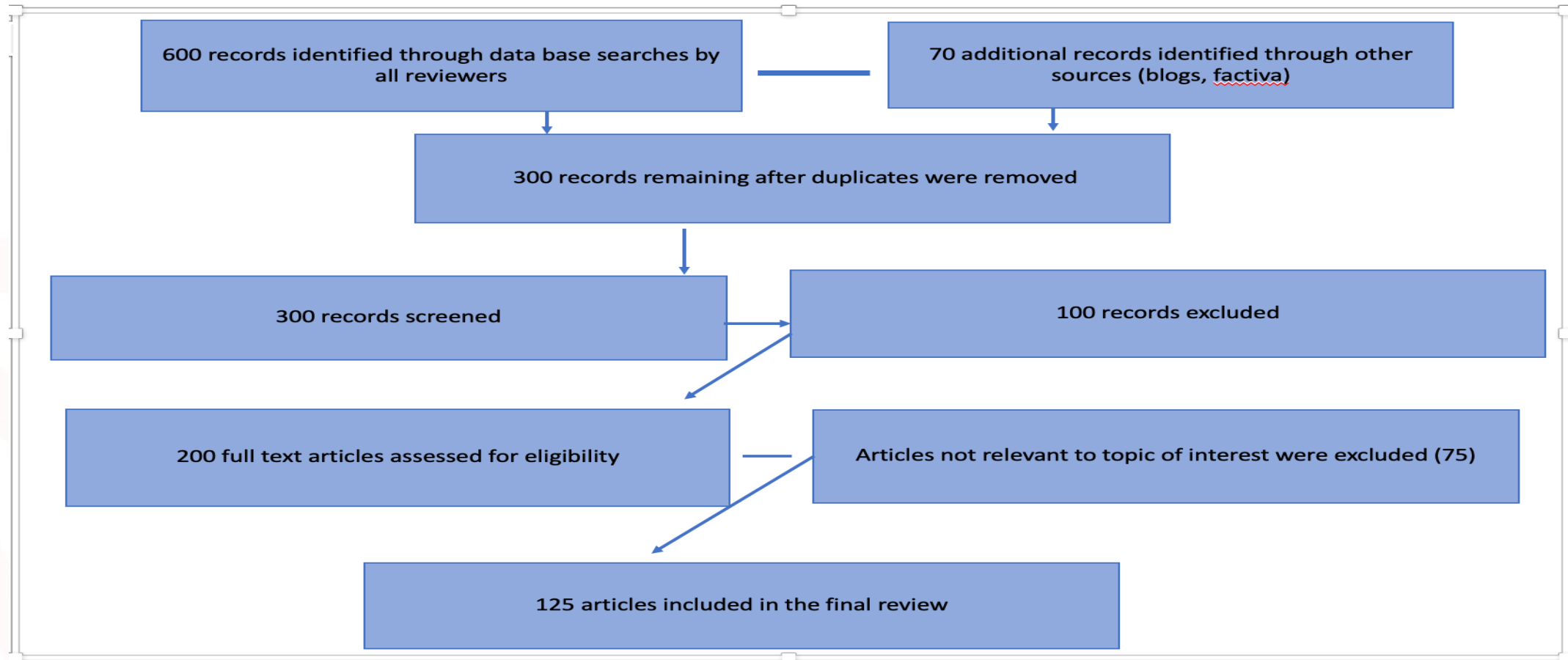


Method

- A scoping review of media and official documents and journals, published from 1st December 2019 to 31st December 2021 was done. Other online news sources that have consistently reported health systems response to COVID-19 in Nigeria, were also reviewed. Geographical scope of articles was national and sub-national. The search was conducted in English and performed in PubMed, Google Scholar and Scopus.
- Review was performed by two reviewers who merged independently sourced documents and using a data extraction template removed duplicated and non relevant data.
- A data repository was generated and the transcript from the review was summarized through narrative synthesis

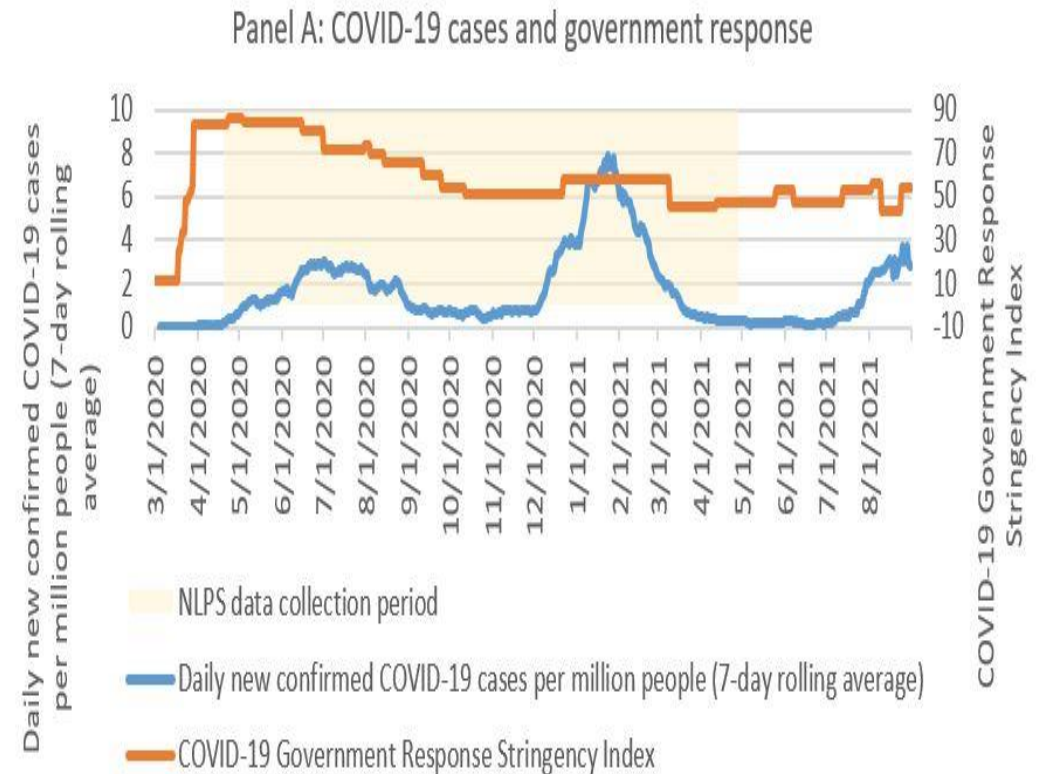


Flow chart of scoping review



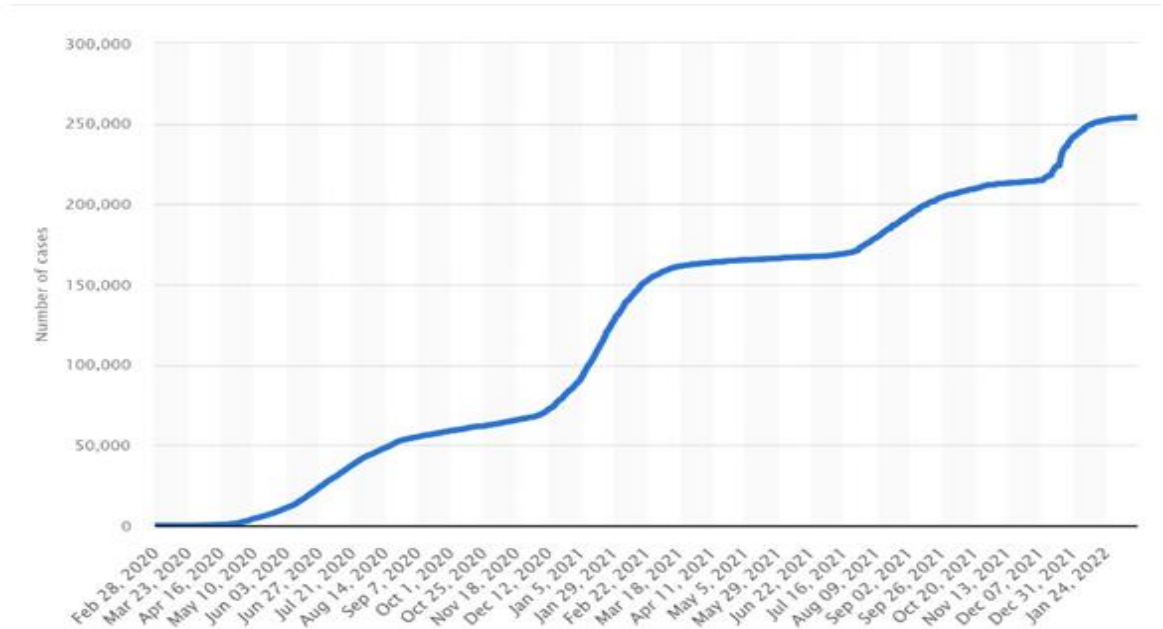
The trend of COVID-19 cases and deaths in Nigeria

- The disease moved from being an imported case initially to that of community transmission with cases having no history of international travel.
- Nigeria recorded the first case of COVID 19 on February 27, 2020, and was subsequently hit by three separate waves of infection that peaked in June 2020, January 2021 and August 2021.
- Growth rate of 0.07 and doubling time of 9.84 days by day 45 of outbreak
- Doubling time for imported cases was 12.88 days and for local cases 2.86 days
- Reproduction rate of 4.98 on day 22 and 5.61 on day 25
- By the 31st of December, 2020, there were 87,510 COVID-19 cases with 73,713 discharged and 1289 death cases of COVID-19.
- On 15 February 2021, the number of positive cases of COVID-19 in Nigeria increased by 108 cases, reaching a total of 254,124 cases.
- There were about 3,140 deaths and 230,000 people treated in the Nigeria



The trend of COVID-19 cases and deaths in Nigeria

- The epidemic curve in Nigeria was on an upward trajectory as the number of cases crossed the 10,000 mark by early June 2020, 3 months after the first case was recorded. With cumulative incidence at 44 per 100,000; CFR: 1.55
- Lagos state still leads with the highest cumulative number of cases (30,188) and deaths due to Covid-19 (247) while Cross River has the highest case fatality rate with a CFR of 7.1 percent.
- Upsurge in number of cases by 52% after lockdown was relaxed
- Disparity in incidence rate across states (0.09 in Kogi and 83.7 per 100,000 in Lagos state)
- Highest number of cases in 31-40 age group
- Highest case fatality rate in 61-70 age group (12.4)
- On December 22, 2021, Nigeria recorded the highest daily increase in cases since the outbreak began



Details: Nigeria; February 28, 2020 to February 15, 2022

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Interactions between COVID-19, Non-communicable disease and Communicable disease

- Emerging evidence suggests that COVID-19 may actually trigger the onset of a myriad of non-communicable diseases such as diabetes in previously healthy people and may cause severe complications of pre-existing diabetes.
- Prevalence of NCDs during pandemic was 39.9% vs former 29%
- The closure or slowdown in normal clinical services is likely to further aggravate the underlying conditions of patients, leading to more severe cases of NCDs.
- The highly contagious measles cases continued to increase in Nigeria (Confirmed cases in December 2020 were 9,316 compared to 2,064 confirmed cases in November 2019)
- COVID-19 threatens to further derail efforts to overcome malaria, particularly treating people with the disease (2020)



Health related consequences

- Immunization was adversely affected by the coming of COVID-19 with a decline in number of fully immunized children
- Comparing the pentavalent performance in 2019 with that of 2020, it showed a decline in performance especially in the COVID-19 months.
- Increase in endemic diseases because of focus on pandemic
- many clinical activities had either been halted or reduced in order to curb the COVID-19 transmission.
- The number of antenatal care service performed also dropped and by January 2021, it was 2.9% compared to 56.8% in 2018 (NDHS)
- Number of Postnatal care service performed- was 7.7% by January 2021, compared to 67.0% in 2018



Socio-economic consequences of COVID-19

- Daily livelihood of citizens was disrupted. The lockdown prevented a lot of Nigerians who were working in the informal sector, from conducting their business or travelling to work.
- 42% of overall job loss could be directly traced to the Coronavirus.
- The poorest (49%) and urban (39%) households had a higher percentage of lost employment.
- Domestic violence was on the rise.
- There was a 60% reduction in oil price.

Response to COVID-19



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- A laboratory diagnostic test for SARS-CoV-2 was made available within 48 hours of isolating the index case.
- The testing capacity of Nigeria was supported with a donation of 20,000 test kits and COVID-19 mobile laboratory both by private bodies/individuals.
- Government controlled free laboratories were inadequate (70 in number).
- There were 32 fee-based laboratories that were operational and 7 corporate laboratories.
- 100 more ventilators were purchased (in addition to the existing 350), although these too, were not enough, considering the growing caseloads.
- During lockdown, poor families were to receive 20,000 Naira for four months; Not all did.
- Billions of naira donated by private sector were unaccounted for.
- Short supply of PPE's and equipment: Some states took to local manufacturing of PPE's.
- In February 2021, the US /CDC Nigeria and the Government of Nigeria launched the ECHO Knowledge Sharing Platform in the West Africa region for COVID 19 compliance.



Conclusion

- Nigeria responded in a characteristic manner by setting up a task force and putting in place numerous public health measures, however, the short human resource supply and dearth of health infrastructure, poor health and financial policies.
- Poor public policies to manage the socioeconomic consequences of COVID-19
- Poorly instituted accountability mechanisms, with hints of corruption marred this effort.
- Nigeria's health system response and capacity to handle COVID-19 was grossly inadequate.