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An x-ray of health sector administration in Nigeria: Lessons from the Covid-19 Pandemic

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Abstract

This study examined the Nigeria health sector administration with the view to x-ray the management of the sector given the sudden current experience occasioned by the COVID-19 pandemic. The main objective of the study is to identify and ascertain the existential challenges of the sector and take note of any improvements or lessons learned from the COVID-19 global health emergency. The study reviewed health documents, time series secondary data on National budget allocation from 2010-2021, exiting epidemic ravaging Nigerians, and previous studies on health issues in Nigeria with the view to understand the capacity of the sector in terms of human and materials resources among others. The system theory by Bertalanffy's organism model and David Easton's model was used as a framework of analysis. To this end, the paper discovers that COVID-19 has exposed the weakness and fragility of the Nigerian Health system. This is contrary to numerous political statements by the political class to invest in the critical sector-the discovery is that the Nigerian Health sector is in dire need of urgent intervention to avoid total collapse in terms of incessant industrial action, high medical tourism, high level of brain-drain, dilapidated infrastructure, poor funding among others. Thus, the study recommended that there is a need for a greater commitment in the sector in terms of funding in line with the 2021 WHO declaration to spend at least 15% of the national budget on health which Nigeria is a signatory to, in an attempt to strengthened health Infrastructure through National Health Trust Fund (NHTF), Man Power development and retention, attractive and competitive remuneration to health workers and legislation to prohibit medical tourism by the political class and government appointees among others.

Keywords: Health, Infrastructure, Management, Funding, Epidemic, Pandemic

Introduction

Health is wealth. A nation is only great and healthy as its citizens. The health of a nation invariably translates to economic development. According to Fitz Patrick[1] HIV/AIDS, maternal mortality, malaria, and tuberculosis have

[1] Fitz, Patrick, T. Welfare Theory: An Introduction to the Theoretical Debates in Social Policy 2nd Editions, Red Globe Press, 2011

undermined development and impoverished many developing nations such as Nigeria. Nonetheless, it has been enunciated that the pursuit of better health should not avoid an improved economy; rather measures to improve health will themselves contribute to economic growth.

This implies that the way a country funds its health care system goes a long way in determining the health status of its citizenry. Thus, adequate and deliberate funding for the health sector should be pragmatic and robust if a country is set to achieve the national health objective of strengthening and providing health for all. However, what seems to be obtainable in public hospitals and the health sector, in general, does not support the management required for COVID-19. The sector is lacking in basic requirements, and the absence of a state of the art facilities to confront the public health risk occasioned by COVID-19, incessant industrial disharmony, and limited National Health Insurance coverage among others.

According to West Africa Health Organization (WAHO), the scale and nature of the COVID-19 pandemic have exposed weaknesses in the health system in the West African sub-region. Weaknesses in infrastructure, human resources diagnostic and therapeutic facilities, manufacturing, capacity particularly for medicine and vaccines, and deficits in the level of community engagement required to effectively tackle the COVID-19 pandemic.[2] It is imperative to note that despite the country's strategic position in Africa, it is highly underserved in the healthcare delivery sphere. Health Resources such as facilities, personnel, and medical equipment are inadequate, especially in rural areas. The latest data from a survey of Africa's 10 largest economies show that only Ethiopia has fewer hospital beds per capita than Nigeria. The most recent World Health Organization (WHO) data puts the number of hospital beds at only five (5) per 10,000 people in Nigeria.[3]

To buttress the foregoing argument, what seems to be manifesting in the management of COVID-19 today in Nigeria are poor remuneration and other basic allowances of health personnel, insufficient Personal Protective Equipment (PPE) for healthcare givers, inadequate testing laboratory center for COVID-19, and other underlying diseases, inadequate bed spaces among others. This condition invariably weakens the fight against COVID-19 and created a suspicious relationship between patients and health personnel for the fear of contracting the novel virus as it were. To this end, therefore, this study intends to examine the healthcare sectors in relation to the management of the COVID-19 pandemic in Nigeria. With the aim to note if there are lessons learned towards upgrading the health sector in the country.

Statement of the Problem

[2] Akor, 2020 in Daily Trust Friday 10th July 2020
[3] Samuel, N.U. "Strengthening Health Systems in Africa: The COVID-19 Pandemic Fallout" Journal of the Pan African Thoracic Society (JPATS) Vl. 1 (1) 2020, 15-17.

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It is a well-known fact that Nigeria's healthcare sector is in deplorable condition. It has been in the public domain that the sector is neglected for a long period living the fate of the poor masses at the mercy of their faiths. This could be attributed to poor funding of the sector resulting in inadequate, dilapidated infrastructure, poor industrial harmony, unconducive working environment among others. This situation contributes to the fragile state of the healthcare system resulting in the mass exodus of medical vocation to developed countries such as the United State of America (USA) United Kingdom (UK), India, Saudi Arabia, and China among others as well as brain drain of trained medical experts to Europe and America.

The advent of COVID-19 has further exposed the weaknesses and fragility of Nigeria's health system. Many of the challenges confronting the management of the global health emergency in Nigeria can be linked to poor funding. This was again manifested in the forms of non-availability or shortage of Personal Protective Equipment (PPE), ventilators, non-availability of COVID-19 testing kits and laboratories, and industrial action of health personnel in the midst of battling COVID-19 among others. The aforementioned challenges have to a very large extent; hamper the timely and proper containment and management of the COVID-19 outbreak in Nigeria.

Many studies have been conducted concerning the dilapidated health sector in Nigeria in terms of the number of personnel, infrastructure, funding, etc but in its current form, none of the studies under review interrogated the state of Nigeria's health sector from the prism of curtailing or managing, a pandemic or an epidemic in recent time. It is against this backdrop; that this study intends to examine Nigeria's health sector to note if there are lessons learned given the poor state of the sector in the face of the current global health emergency.

Theoretical Framework

System Theory

The system theory has several perspectives. Ludwig Von Bertalanffy[4] and his colleagues in the field of biological developed the first variety of biological system models. In this regard, a system is seen as a living organism that is nurtured and survived by its internal organs. For example, living organisms have well-developed organs such as the brain, heart, liver, intestine, eyes, and ears. According to Dlakwa[5], these organs must work in harmony to enable the organism put effective resistance against pressures exerted on it by exogenous forces. Through the homeostatic adjustment process, the organism can continue to cope with the periodic disturbance from the environment. In other words, the survival of the organism depends on the extent to which it can maintain a form of dynamic equilibrium with the ever-changing environment in which it operates.

[4] Ludwig Von Bertalanffy, General System Theory: Essay on its Foundation and Development, New York: George Brazikker, Inc, 1968

[5] Dlakwa, H.D, Concepts and Models in Public Policy Formulation and Analysis Pyla-Mak Service Ltd, Kaduna 2014

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The components of the system model constitute the sub-systems, and the outside environment that impinges on the system directly is referred to as the supra-system. According to Dlakwa[6], the supra-system can be further encased on the system. This interpenetration of influence from the environment of the supra-system is referred to as the supra-supra-system influence on the system.
In applying this theory to our study, the system we are considering is the health sector. In this case, the various components of the health system comprised personnel, funding, infrastructure, and working relationship among other components. Within the context of this research, it is obvious that the internal environment within which the health system is located and operates is hampered by personnel, and physical development capabilities. Since health falls under the concurrent legislative list, both the state and the federal government have hampered the potential efficiency and capabilities of the health sector. In essence, the capacity of the Nigerian health sector to function optimally will depend not only on the capacities of the local and state government but also on the influence of forces in terms of adequate funding, creating a conducive environment, and catering for the welfare of the health personnel that should emanate from the federal government. In this case, the state and local government constitutes the sub-system while the federal government is here referred to as the supra-supra-system.

The other perspective of system theory is from the angle that operates based on the input-conversion-output concept. This theory was propounded by David Easton in 1965. According to this perspective, the system interacts with its environment and is interdependent on the other parts. The health sector has similar characteristics to other systems. This theory from the two perspectives is relevant to this study because the health sector has mandates in which its successful implementation is highly predicated on the roles of all tiers of governments in doing the needful to sustain the sector in carrying out its mandates of providing adequate health to all.

Input for this study is all the necessary ingredients for effective health care delivery, which include, funding, harmonious working relation, and environment, provision of state-of-the-art facilities, and effective collaboration with the external bodies (environment) such as WHO, National Health Insurance Scheme, (NHIS), Primary Health Care (PHC) United Nations International Children Emergency Fund (UNICEF), National Center for Disease Control (NCDC), etc. The extent of the interrelationship, and interdependence of these elements, would determine the effectiveness or otherwise of the Nigerian health sector.

An Analysis of Nigeria's Health Sector Administration

Long before now, Nigeria's health industry has suffered neglect principally in the aspect of funding dilapidated infrastructure, and the inadequate number of health personnel. Funding serves as oxygen to any capital-intensive project like health development, without which, no meaningful development or impact

[6] Dlakwa, H.D, Concepts and Models in Public Policy Formulation and Analysis Pyla-Mak Service Ltd, Kaduna 2014

would be achieved. Searching a beam light on the health sector in the light of the COVID-19 pandemic, it is apparent that certain variables such as availability of funds, personnel welfare, and supporting infrastructure are critically examined within the spectrum of public hospitals in Nigeria. According to Parma[7], most of the government-owned hospitals in the country are ill-equipped and in a dilapidated state. These facilities should be fully upgraded to meet the current health challenges of the teeming population. Government hospitals especially tertiary hospitals that attend to specialist cases should be adequately equipped with state-of-the-art facilities so that people can get access and adequate services needed for their ailments and therefore discouraged from going abroad for medical treatments. In the light of the foregoing, Innocent, Uche and Uche[8] asserted that "Nigeria has the highest number of people traveling outside the country for medical tourism in Africa. Such exercise is not only an indictment to the collective leadership responsibilities, but is also inimical and injurious to the fragile economy in the aspect of capital flight".

To further underline the fact that the Nigerian healthcare system is poorly developed, the experts have often observed that there is no discernible and well-maintained adequate, and functional surveillance system in the sector. Emphatically, a successful modem day health care delivery model requires routine surveillance and medical intelligence as the backbone of the healthcare sector. This is because medical intelligence and surveillance represent a very useful component in healthcare in the healthcare system and control of disease outbreaks.[9] In the light of the COVID-19 public health crisis, and its management, the outbreak revealed how fragile preventive medicine is in Nigeria. The public health department proved to lack adequate capacity not only to foresee the impending dangers associated with the pandemic but to adequately manage it.

However, beyond medical intelligence and surveillance by the public health departments, healthcare resources particularly personnel, drugs, bed spaces, personnel protective equipment (PPE), and other vital medical equipment necessary for comprehensive patient diagnosis, prescription, prognosis, and eventual treatment are grossly lacking. For instance, according to Samuel [10], the doctor-to-patient ratio is currently 1:6000! This ratio contradicts the World Health Organization (WHO) recommendation of 1 doctor to 600 people. This eventually leads to increased waiting times especially in most government hospitals due to fewer doctors for patients. According to Adegoke[11], the ratio of nurses to patients in Nigeria is 1:1,135. For example, the nurse-to-patient ratio

[7] Parma, H. "The Fledgling Nigerian Healthcare. Market" Available at fledgl;ing-Nigeria-healthcare-market-hemiaj-parmar. March 7, 2015 Retrieved on 17/06/2020.
[8] Innocent, E.O., Uche, O.A., Uche, I.B, "Building a Solid Health Care System in Nigeria: Challenges and Prospects" Academic Journal of Interdisciplinary Studies. MCSER Publishing, Rome-Italy Vol. 3 No. 6 2014
[9] Samuel, N.U. "Strengthening Health Systems in Africa: The COVID-19 Pandemic Fallout" Journal of the Pan African Thoracic Society (JPATS) Vol 1 (1) 2020, 15-17.
[10] Samuel, N.U, " Strengthening Health Systems in Africa: The COVID-19 Pandemic Fallout" Journal of the Pan African Thoracic Society (JPATS) Vl. 1 (1) 2020, 15-17
[11] Adegoke, Y. "Does Nigeria have too many Doctors to worry about a "Brain-Drain" BBC Africa, Lagos, 2019

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in a critical care unit must be 1:2, and the nurse–to–patient ratio in an emergency department must be 1:5. And most of the available qualified doctors are concentrated in urban cities and towns while the rural areas have been left at the mercy of native doctors and others sort of self-medication. With this situation, Nigeria currently risks-high mortality and morbidity due to COVID-19 community transmission. It is worth mentioning that more and more medical doctors are leaving the country for greener pastures abroad because of the poor healthcare system, demoralizing remuneration, and deteriorating hospital facilities. The exodus of doctors has escalated in the last two years, Nigerian doctors are leaving the country to pursue professional and material fulfillment in the United States, the United Kingdom, Canada, Saudi Arabia, and Kuwait. Public hospitals, which serve the majority of the population, are at the center of the crisis. [12]

According to the Punch reports by Tolu-Kolawole[13], no fewer than 727 medical doctors trained in Nigeria relocated to the United Kingdom between December 2021 and May 2022. The figure was contained in data obtained by our correspondent from the website of the General Medical Council of the United Kingdom on the number of foreign doctors working in the UK. The data showed that Nigeria is the country with the third-highest number of foreign doctors working in the UK, behind only India and Pakistan. As of November 2021, 8,983 Nigerian-trained doctors were working in the UK. But another 727 were licensed between December 2021 and April 2022. That brought the total number of Nigerian doctors in the UK to 9,710. It was further reported that the development is coming at a time the Federal Government failed to pay the new hazard allowance to medical doctors and other categories of health workers.

Table 1: Federal Budget Allocation to Health Sector from 2010-2021

Year	Recurrent	Capital	Total	% of Total Budget
2010	₦111.9B	₦53B	₦164.9B	3.7%
2011	₦203.3B	₦644B	₦266.7B	5.4%
2012	₦217.8B	₦65B	₦282.8B	5.8%
2013	₦215B	₦64.2B	₦279.2B	5.7%
2014	₦216.4B	₦46.3B	₦262B	5.6%
2015	₦237.52B	₦20.1B	₦257.54B	5.5%
2016	₦221.4B	₦28.65B	₦250.1B	4.13%
2017	₦252.8B	₦55.6B	₦308B	4.15%
2018	₦269.34B	₦71.11B	₦340.46B	4%
2019	₦315.62B	₦50.155B	₦365.7B	4.1%
2020	₦336.32	₦46B	₦527.3B	4.14%
2021	₦380.21	₦131.74	₦546.98B	4.18%

Source: Daily Trust,2020

[12] Maclean, R., and Mark, S. "*10 African countries have no ventilator that's only part of the problem*" The New York Times. April 20, 2020

[13] Tolu-Kolawole, D. "727 Nigerian Doctors migrate to the UK in Five Months" The Punch Newspaper, May, 19 2022

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Given the foregoing figures, it is visible the healthcare sector is grossly under-funded. Despite the little improvement in the federal budget compared to previous years, allocation to the health sector is still significantly below the 15% recommended in the National Health Act, 2014, and the 2021 Abuja Declaration. This study, therefore, infers that there is a significant correlation and impact between the poor funding of the sector and the widespread of COVID-19 in the whole 36 states of the federation with raising cases of fatalities linked to COVID-19 and related outbreaks. The predicament succeeded in leaving the healthcare services delivery sector more fragile, weaker, and overwhelmed. It is in the light of this that, the West Africa Health Organization (WAHO) says the scale and nature of the COVID-19 pandemic have exposed weaknesses in the health system in the West Africa sub-region. In furtherance to that, the body said, weaknesses in infrastructure, human resources diagnostic and therapeutic facilities, manufacturing capacity particularity of medicines and vaccines, research, and deficits in the level of community engagement required to effectively tackle the COVID-19 pandemic.[14] The fragile state of health centers in Nigeria is exposed. Many times, industrial action was embarked on by medical doctors who ought to be at the forefront of the fight against the COVID-19 outbreak and other existing epidemics such as Lassa fever, Cholera, and measles. On 15th June 2020, the National Association of Resident Doctors embarked on strike amid a pandemic as a result of the poor supply of PPE by the government. Other proceedings and subsequent strikes were due to non-payment of hazards allowances, and salaries among others. MaCauly[15] affirms that the COVID-19 emergency further exposed the country's appalling health system. The authorities are now under pressure to provide things that should have been before now. An emergency should not mean that the country is caught unprepared.

From this background, it is pertinent to note that, the finding is key to a medical breakthrough in such a time as this. Nnamani [16] has also contended that, for effective service delivery to be realizable in the Nigerian health system, the sector must be adequately funded. Unfortunately, fifteen years after the Abuja Declaration of a 15% annual budget for the health sector the Nigerian government is yet to deliver on this promise. However, a study of ten (10) year health sector budget from 2010-2020, showed that the best that Nigeria could attain is in 2012 with 5.8%.

The mono-economy status of Nigeria is obviously why revenue is frequently at its lowest ebb making it extremely difficult to achieve impact in a capital project such as health investment. It is a known fact that oil has been the mainstay of the economy constituting 95% of foreign earnings since the discovery of oil in the 1950s. To this end, the oil price in the world market kept determining the pace of critical project/capital expenditure at the federal level and capital and

[14] Akor, cited in Chidebe, R. C. W, *"Nigeria's Unhealthy Healthcare in the eye of Corona virus"* The Cable Nigeria. April 4, 2020

[15] Maclean, R., and Mark, S. "10 African Countries have no Ventilator that's only part of the problem" The New York Times. April 20, 2020

[16] Nnamani, C. "Nigeria: Nnamani wants adequate funding for the Health Sector" This Day Newspaper, May 18, 2005.Retrieved 06/06/2020.

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recurrent at the state government level. With the outbreak of COVID-19, oil prices suffered a setback in the world market. This was a result of the global shutdown to mitigate the spread of COVID-19 and immediate non-industrial activities all over the world. This scenario became a huge challenge for mono-economy countries like Nigeria. This necessitated the reverse of the 2020 Fiscal Appropriation Act.

According to Salau, Matazu, Alkassim, Agabi, Ilwani, Shehu&Terzungwe[17] the budget size was cut by N84 billion from N10.59 trillion to N10.509 trillion. The capital allocation for the federal ministry of health was cut by N15.17 billion. Reporting on other stakeholder's reaction to the downsizing of the budget-no government which genuinely mean well to its citizens, will vote "a plating N25.5 billion for basic healthcare for 200 million people in 774 local governments, particularly at a time the nation is facing huge health challenges, including the COVID-19 pandemic, adding that the provision for the renovation of the National Assembly complex, which is not in a distressed state, was a scandalous misplacement of national priority.

The above table 1 is a clear negation of the World Health Organization, the Abuja Declaration: Ten years on. According to the declaration in April 2001, the African Union countries met and pledged to set a target of allocating at least 15% of their annual budget to improve the health sector and urged donor countries to scale up support. Years later, only one African country reached this target. Twenty-six (26) countries have increased the proportion of government expenditures allocated to health and 11 had reduced it. In the remaining nine countries there was no obvious trend up or down. Current spending varies dramatically.

More so, the total government's health expenditure, as a proportion of the Total Health Expenditure, was estimated at 18.69% in 2003; 26.40% in 2004, and 26.02% in 2005 respectively.[18] What these reveal is that the federal government's capital expenditure as regards the health sector has dwindled over the years. In the Abuja Declaration, which Nigeria and 43 other African countries signed in 2001, a commitment to spending 15% of annual budgets on public health was made; however, this has not been achieved over the years.[19] Additionally, up to the year 2020, the budgetary allocation for health remains below the 15% expenditure that was signed by the Nigerian government in the Abuja Declaration.[20] Even in the face of this, Nigerian leaders continued to squander large fortunes on foreign medical treatment for its officials. According

[17] Salu, A., Matazu, H.K., Alkassim, B., Agabi, C., Iloani, F.A., Usman, U.S. and Terzungwe, S. "Revised Budget: Anger over Innocent cuts in Health, Education. Daily Trust, June, 4, 2020.
[18] Soyibo, A., Olaniyan, O and Lawanson, A. O. "National health accounts of Nigeria 2003 2005: Incorporating sub-national health accounts of states" Main Report submitted to Federal Ministry of Health, University of Ibadan. The Nigerian Academy of Science, Lagos: West African Publishers Limited, 2009.
[19] Obansa and Orimisan, cited in Yanusa, Y., "Trends and Challenges of Public Health Care Financing System in Nigeria: The Way Forward" IOSR Journal of Economics and Finance, 4(3) 2014, 28–34.
[20] Yanusa, Y., "Trends and Challenges of Public Health Care Financing System in Nigeria: The Way Forward" IOSR Journal of Economics and Finance, 4(3) 2014, 28–34.

to the Nigerian Health Sector Market Study Report [21] "Nigerians spent an estimated 260 USD million on medical bills in India alone in 2012 and 40% of all visas to India were for medical reasons. The Nigeria Medical Association (NMA) estimates that Nigeria spends 500 USD million to USD one billion on medical tourism per year." Against this background, Abubakar [22] noted that in 2013, Nigerians spent 1 USD billion on foreign medical trips with a majority being Nigerian politicians. Similarly, the BBC[23] also reported how the Nigerian President, Muhammadu Buhari traveled abroad to treat an ordinary ear infection. It is being suggested that the huge medical bills incurred by Nigeria for its political leaders abroad could be utilized in addressing its health infrastructural deficit.

Many Nigerian-trained medical doctors and nurses are being enticed by Western countries with good remuneration and better working conditions. Some doctors in Nigeria are frustrated by the epileptic power supply and lack of modern medical equipment. The political leadership appears indifferent to the parlous medical situation because of the ease with which they travel abroad for medical checkups for themselves and members of their immediate families. In 2017, President Muhammadu Buhari spent more than 100 days in a London hospital. Perhaps, the Nigerian government does not see the president's hospitalization outside the country as a national security risk. There also appears no jolt of conscious local patriotism among the political elite that allows its symbol of sovereignty, the president to be treated outside the country. The clarion call for the revitalization of the healthcare system in Nigeria is predicated on such an embarrassing situation whereby our scarce foreign exchange is expanded on medical trips abroad for government officials and businessmen who could afford it. The issue is that Nigeria has both the manpower and resources to maintain world-class hospitals but inept political leadership and crass corruption have vitiated them. The corona virus pandemic is a wakeup call on Nigerian leaders to urgently address the dilapidated healthcare system or else perish because of a lack of foresight when a worldwide health crisis might force other countries to close their borders to medical tourists like Nigerian officials.[24]

Unfortunately, in the same period, studies conducted on sudden deaths by Olayinka et al.[25] revealed that out of 48 cases, 35.5% were by communicable diseases, 60% by non-communicable diseases while the overall adult mortality reported on CD cases was 718. In 2011, following the need to tackle rising

[21] Nigerian Health Sector Market Study Report 2015:15
[22] Abubakar, M., Basiru, S., Oluyemi, J., Abdulateef, R., Atolagbe, E., Adejoke, J., Kadiri, K.(2018). "Medical Tourism in Nigeria: Challenges and Remedies to Healthcare" International Journal of Development and Management Review
[23] BBC Nigeria's Buhari broke a promise to end medical tourism. BBC.com.news.nigerias-Buhari-broke-promise-to-end-medical-tourism.html June 7, 2016.
[24] Uzochukwu, B.S.C., Ughasoro, MD, Etiaba, E., Okwuosa, C., Envuladu, E. and Onwujekwe, O.E. "Healthcare Financing in Nigeria: Implications for Achieving Universal Health Coverage" Nigerian Journal of Clinical Practice, 18(4), 1–10. 2015.
[25] Olayinka et al cited in Uzochukwu, B.S.C., Ughasoro, MD, Etiaba, E., Okwuosa, C., Envuladu, E. and Onwujekwe, O.E. "Healthcare Financing in Nigeria: Implications for Achieving Universal Health Coverage" Nigerian Journal of Clinical Practice, 18(4), 1–10. 2015.

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health challenges, the Nigerian Center for Disease Control (NCDC) was established. But up to 2016 government's funding of the health sector still lagged. More so, from 2016 to 2020, the trend remained static and even in some instances deteriorated. For instance, in 2016, only N155m naira out of N251m naira was released to NCDC and during this period, 1,166 Nigerians died of Cerebrospinal Meningitis.[26] What is more, in 2017, the NCDC was given N782m out of N1.5billion budget whereas N1billion was recorded to have been spent by the president on a foreign medical trip abroad 2017.[27]

By November 2018, the act establishing NCDC was signed into law by President Muhammed Buhari.[28] This happened following Bill Gates' criticism of Nigeria's poor funding of her primary healthcare system. Yet in the same year, despite Gates' criticism, only N654m was released out of a total proposed budget of N1.9b by NCDC.[29] In 2019, it was hoped that funding for the health sector will improve dramatically but stunningly, the year marked the worst budgetary allocation to NCDC with an N224m release out of an N1.4b budget. Similarly, in the face of the COVID-19 Pandemic, only a meager amount was released to the NCDC despite donations made by individuals, international organizations, and other world governments to Nigeria. Consequently, upon this, Covid-19 testing laboratories and centers were sparsely distributed. In a country with a population of over 200 million, as of 17 April 2020, the country had only 169 ventilators serving an estimated 1,266,440 persons per ventilator.[30] More so, 70% of ward health centers are severely outdated, dilapidated, and short of essential and affordable drugs with a lot of epidemiological cases gaining momentum. A careful computation and summary of NCDC's weekly epidemiological reports from January 1 to April 5, 2020 (14 weeks) indicate as follows in Table 2 and Table 3.

[26] Chidebe, R. C. W, *"Nigeria's Unhealthy Healthcare in the eye of Corona virus"* The Cable Nigeria. April 4, 2020
[27] Mbamalu, M., Oyebade, W and Oyedoyin, T. "Nigerians Weigh the Cost of Buhari's Medical Vacation Abroad" The Guardian Nigerian News. February 17, 2017
[28] Obi-Ani, N. A., Ezeaku, D.O., Ogechi, I., Isiani, M.C., Obi-Ani, P., Chisolum, O.J., Adu-Gyamfi, S. "COVID-19 Pandemic and the Nigerian Primary Health Care System: The Leadership Question" *Cogent Arts and Humanities*, Vol 1 Issue 1, 2020
[29] Chidebe, R. C. W, *"Nigeria's Unhealthy Healthcare in the eye of Corona virus"* The Cable Nigeria. April 4, 2020
[30] Maclean, R., and Mark, S. "10 African countries have no ventilator that's only part of the problem" The New York Times. April 20, 2020

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Table 2: As demonstrated in Table 2, from 2009 to 2013, no Nigerian health budget was neither up to 6% of its total budget nor 1% of its GDP

Year	GDP (NGN billion)	Total Allocation Budget	Allocation to Health (NGN billion)	% of GDP	% of Total Budget	Total Release	% of Released	Amount Utilized
2009	25,102.44	3557.7	154.6	0.6	4.3	48.6	89.2	24.5
2010	30,980.84	4427.2	164.9	0.5	3.7	33.6	58.8	32.8
2011	36,123.11	4971.9	266.7	0.7	5.4	38.8	61.2	26.0
2012	42,132.16	4877.2	282.8	0.7	5.8	-	-	-
2013	63,50.00	4920.0	279.2	0.4	5.7	-	-	-

Source: Adopted from Obi-Ani et al (2020)

Table 3: NCDC weekly reports on epidemics

WK 1–14 January 1 TO 5 April 2020	Lassa Fever	Cholera	Acute Flaccid Paralysis	Cere-spinal Menin	Measles	National sentinel influenza	Yellow Fever	Monkeypox
Suspected Case (s)	4410	635	1131	201	9753	186	456	9
Confir	96	0	0	0	37	52	52	2

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WK 1–14 January 1 TO 5 April 2020	Lassa Fever	Cholera	Acute Flaccid Paralysis	Cere-spinal Menin	Measles	National sentinel influenza	Yellow Fever	Monkeypox
med Case(s)	4							
Death case(S)	125	23	0	3	39	0	0	0
TOTAL	5499	658	1131	204	9829	238	508	11

Source: Adopted from Obi-Ani et al (2020)

The above table 2 and 3 alluded to the fact that the Nigeria health sector is grossly under-funded contributing to the incessant infestation by diseases in form of outbreaks year in, and year out across the country. Table 3 further affirmed the fact that there are other existential health threats confronting humanities in Nigeria aside from the recent COVID-19 outbreak. It is the position of this study that, these health alarms should serve as a wake-up call to Nigerian authorities to find a lasting solution to the deteriorating health departments in Nigeria.

Conclusion

From the foregoing discussion, it is evident that the Nigeria Health Sector is in a state of comatose given the inadequacies surrounding the required number of medical doctors, low remuneration (low salaries and hazard allowances) dilapidated infrastructure, high level of brain drain, high traffic of medical tourism leading to the huge capital fight, etc are some of the issues bedeviling Nigeria's health sector even at this current global health emergency. Due to the above predicaments, lessons are expected to be learned and the existential challenges surmounted from the experience of the COVID-19 pandemic, but contrary to that expectation, the Nigeria health sector is yet to experience any meaningful intervention to address the human and material needs of the sector in an attempt to address other related lethal diseases confronting humanities in Nigeria. Thus, the study found that there has not been a significant improvement in the aforementioned challenges in the health sector. Needless to say, the COVID-19 pandemic has worsened the already poor condition of Nigeria's healthcare system and exposed patients to a greater vulnerability which leads to untimely death and other related hardship. It is based on this that, this study foresees that, if urgent intervention is not made to rescue the

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health sector from total collapse, it shall continue to serve as a death trap for poor Nigerians whose health conditions have been deteriorating due to the age-long neglect of the health care sector at all levels. To this end, the scary discoveries underscore, the urgent need for a comprehensive working document and genuine political will to strengthen the country's health systems in the interest of having a healthy population and prosperous nation.

Recommendations

1. The three tiers of government need to establish unified legislation against medical tourism, especially by the political class and government appointees. This could serve as a measure of determination to strengthen the health sector for the benefit of all. These will as well, tackle high capital flights as a result of foreign trips for medicals across Europe and America.
2. There is an urgent need for government to invest more in preventive medicine to arrest or be proactive against any future health emergency that may occur, and also contain other existing epidemic such as Lassa fever, malaria, cholera, tuberculosis, and other infectious diseases that are endemic in Nigeria.
3. Government at all levels should endeavor to invest heavily in science and technology. This will go a long way in improving medical research toward curtailing overdependence on the Western nations for any meaningful scientific breakthroughs in health such as the production of vaccines, test kits, ventilators, Personal Protective Equipment (PPE), protective gears, drugs, and consumables to hospitals and other related aids. To achieve this target, the United Nations threshold of 15% of the country's health budget should serve as a benchmark.
4. Incentives to medical personnel by way of attractive and competitive wages in terms of salaries and hazard allowances would tackle the incessant industrial disharmony and brain drain that is crippling Nigeria's health sector.
5. There is a need for the federal and state government to employ more health workers to fill in the gaps in the Doctors and Nurses' ratio to patients and Community Health Extension Workers (CHEWS) to assist in early dictation and contact tracing against any future occurrence of a health emergency.