

**Infrastructural Deficits and Challenges of Managing Covid-19 Pandemic in Nigeria:  
Rethinking State-building as a Panacea**

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**Abstract**

There is no doubt that Nigeria has been bedeviled by dearth of basic amenities orchestrated by decaying infrastructure. This apparently predisposes the citizens to vulnerability of any disease outbreak as seen in the Covid-19 pandemic. Most recently, Nigeria has been facing twin challenges of economic deterioration and management of the COVID-19 pandemic. The attendant consequences have been mass poverty, unemployment, hunger, loss of human lives and foreign investors and more due to infrastructural deficit. Therefore, this paper is set to examine Infrastructural deficits and challenges of managing Covid-19 pandemic in Nigeria: Rethinking State-building as a Panacea. The paper posits that inability of the Nigeria's government to effectively contain the Covid-19 pandemic is not unconnected to infrastructural deficit inherent in Nigeria. This is also linked to many years of alleged mismanagement of state resources, embezzlement, money laundering and total neglect of basic amenities in the areas of health facilities, education, and power amongst others. The paper adopted documentary method and used descriptive analysis of secondary sources of data while relying on the complex systems theory as its theoretical compass. The study uncovered that infrastructural deficit has undermined development in Nigeria and tend to have made the management of Covid -19 very complex. The inability of the government to manage Covid-19 is not divorced from the lack of capacities of the institutions to function. The paper therefore recommended that the government should consciously embark on state reforms and develop the basic sectors including healthcare, education, housing and transportation as a mechanism for achieving meaningful development to overcome the complex problems associated with Covid-19 pandemic.

**Keywords:** Covid-19 pandemic, Infrastructural deficit, state-building, development

**Introduction**

The development of any society is measured by the available socio-economic infrastructural facilities which include power, portable water, good roads, functional

education; human development indices, and public health facilities amongst others. In Nigeria, the dearth of such infrastructure seems to have brought untold hardship, perpetual frustration, vulnerability and consequent loss of lives to the citizens of the country. It is evident that Nigerians face difficulties arising from poor public health facilities, lack of access to portable water, and inefficient power supply due to negligence by leaders. Due to infrastructural decay occasioned by epileptic power supply, most small and medium scale businesses have closed down, manufacturing companies are no more in existence and have relocated to other neighboring African countries to setup their businesses (Nnaji, 2019). This has resulted to dire health crisis in Nigeria and thus, leaving unpalatable consequences for the nation's economy and its development (Nuhu, 2018).

The novel Corona virus (C0vid-19) with the first case recorded in Huanan-Wuhan in Hubei Province of China in December, 2019. It is assumed that the Covid-19 originates from the sea food market. The wet market provides food and medicine for the population and by extension the Asian people. Covid-19 caught the world totally unprepared, and with no proven and available medical response. Prior to Covid-19 global health crisis, several global public health emergencies had occurred in recent times. The Swine flu in 2009, Polio in 2014, Ebola in 2014, Zika in 2016 and Ebola in 2019. On January 30, 2020, the World Health Organization considered Covid-19 as a serious global public health emergency. Furthermore, on March 11, the WHO declared the novel disease as a pandemic due to its geographical spreads and deadly impact (WHO, 2020; Mohammed, 2020). Most countries like; China, United Kingdom, United States of America, Canada and more countries have established intervention measures to combat the virus, and have recorded some kind of success.

In Nigeria, the first case of COVID-19 was identified in late February 27th, 2020 and the second case in March 9th of the same year, and in no time the virus spread rapidly between States as people move from one place to another (Paintsil, 2020). The rate of transmission of the virus made both consumers and foreign trade partners to seek for safety

by closing businesses (Lahmiri & Bekiros, 2020). In addition, the mandated restrictions on people's movement had a great impact on economic activities, as physical and direct transactions on trade and investment were shutdown. The impact of the COVID-19 is still greatly felt in Nigeria as it has affected the socio, cultural, financial, educational, and economic system of the country (Adegboye, Adekunle, Gayawan, Salzberger, Glück & Ehrenstein, 2020).

Despite the enormous growth potentials of the Nigerian state, infrastructural development remains a challenge. Balogun (2016, p.1) reported that; "Nigeria remains at the center of Sub Saharan Africa's growth story. With a population of over 200 million and an estimated GDP of over US\$650 billion, the country has abundant natural resources including one of the largest natural gas and crude oil reserves in Africa, over 300,000 square kilometers of arable land, and significant deposits of largely untapped minerals. Strong demographic growth with an improving age mix, increased technological innovation, and fast urbanization also continue to shape the future of Nigeria". Regardless of these arguably enviable portfolios, infrastructure continues to pose a challenge to the socio-economic development in Nigerians.

The outbreak of Covid-19 has exposed the fact that Nigeria has been bedeviled by dearth of basic amenities orchestrated by decaying infrastructure. This apparently predisposes the citizens to vulnerability of any disease outbreak as seen in the Covid-19 pandemic. In other words, Nigeria has been facing twin challenges of economic deterioration and management of the COVID-19 pandemic. The attendant consequences have been mass poverty, unemployment, hunger, loss of human lives and foreign investors and more due to infrastructural deficit. The inability of the Nigeria's government to effectively contain the Covid-19 pandemic is not unconnected to infrastructural deficit inherent in Nigeria. This is also linked to many years of alleged mismanagement of state resources, embezzlement, money laundering and total neglect of basic amenities in the areas of health facilities,

education, and power amongst others. Therefore, this paper is set to examine Infrastructural deficits and challenges of managing Covid-19 pandemic in Nigeria: Rethinking State-building as a Panacea.

### **Conceptualization of Infrastructural deficit and State-building**

Infrastructure has to do with social goods that serve as a determinant for several other growth outcomes within a country, including economic, political as well as personal development. Infrastructure consists of power, housing development, transport, water, agriculture, healthcare, waste management, and Information Communication Technology (ICT). Infrastructure refers broadly to the basic physical systems of a business, region, or nation. Examples include roads, sewer systems, power lines, and ports. It consists of set of fundamental facilities and systems that support the sustainable functionality of households and firms. Whaites, (2008) noted that infrastructure refers to the basic systems and services that a country or organization needs in order to function properly. It is one of the key factors necessary for economic growth, welfare, quality of life in any society. Infrastructural development can easily be achieved through state-building.

There seems to be no divergent opinions among scholars on what constitute state-building but what seems to vary in their submissions is how a state can be built and who drives the process. Thus, issues on when and who drives the entire process of building a state appear to have made the understanding of the concept to be more complex. Scholars such as (Fritz & Menocal, 2007) have separately posited that state-building can be seen as strengthening the capacity of state by both national and international actors. More specifically, state-building refers to the set of actions undertaken by national and/or international actors to reform and strengthen the capacity, legitimacy and the institutions of the state where these have seriously been eroded or are missing (Fritz & Menocal 2007, p.131).

## **Covid-19 in Nigeria, infrastructural deficits and need for state-building**

On 27 February 2020, the first case of COVID-19 was confirmed in Nigeria, when an Italian man residing in Lagos tested positive for COVID-19 (Omaka-Amari, Aleke, Obande, Ngwakwe, Nwankwo & Afoke, 2020). The second case was detected on March 9, 2020 in Ogun State; this was the man that had contact with the Italian man (Falaye, 2020). The virus began to spread rapidly between states as death toll increased especially in populated states of Lagos and Ogun (Dan-Nwafo, Ochu, Elimian, Oladejo, Ilori, Umeokonkwo & Ihekweazu, 2020). With this great spike in the pandemic, the Nigerian government began to look for measures on how to contain the virus from spreading. Business hubs were shut down, schools were closed, gatherings and meetings were immediately prohibited, and traveling was banned due to the total lockdown policy put in place by the government. Other health measures were later put in place by health practitioners like washing of hands regularly, sanitizing of hands and surfaces, using of face mask and many more measures that helped to contain the spread of the COVID-19 pandemic (Ogunode, Iriogebu & Abashi, 2020).

In her efforts to proactively mitigate the spread of Covid-19 in the country the Federal Government of Nigeria (FGN) and its various agencies have taken some measures considered to be proactive. As at June, 2021 there was about 1,542 active cases, 166,918 cases have been registered, 2,180,444 people have been tested, 163,259 cases have been discharged, and 2,117 deaths have been reported (NCDC, 2021). The analysis is captured in the table below:

**Table 1: Cases of Covid-19 as at June, 2021.**

S/N	Affected States	Confirmed Cases	Admission Cases	Discharged Cases	Total Deaths
1	Lagos	59,213	316	58,441	456
2	FCT	19,872	596	19,110	166
3	Plateau	9,102	23	9,014	65
4	Kaduna	9,063	1	9,005	57
5	Rivers	7,274	25	7,148	101
6	Oyo	6,858	3	6,731	124
7	Edo	4,908	0	4,723	185
8	Ogun	4,683	0	4,633	50
9	Kano	3,998	24	3,864	110
10	Ondo	3,409	116	3,229	64
11	Kwara	3,129	6	3,068	55
12	Delta	2,629	1	2,556	72
13	Osun	2,578	6	2,520	52
14	Enugu	2,464	100	2,335	29
15	Nasarawa	2,383	0	2,344	39
16	Katsina	2,103	17	2,052	34
17	Gombe	2,059	9	2,006	44
18	Ebonyi	2,038	4	2,002	32
19	Anambra	1,923	19	1,886	18
20	Akwa Ibom	1,909	64	1,826	19
21	Abia	1,693	2	1,669	22
22	Imo	1,661	4	1,620	37
23	Bauchi	1,549	14	1,518	17
24	Borno	1,366	15	1,327	24
25	Benue	1,337	99	1,200	38
26	Adamawa	1,131	1	1,098	32
27	Taraba	1,001	0	977	24
28	Niger	935	5	913	17
29	Bayelsa	906	1	879	26
30	Ekiti	876	3	862	11
31	Sokoto	775	0	747	28
32	Jigawa	532	4	512	16
33	Kebbi	460	16	435	9
34	Cross River	450	42	392	16
35	Yobe	402	3	381	18
36	Zamfara	244	3	233	8
37	Kogi	5	0	3	2
	<b>TOTAL</b>	<b>166,918</b>	<b>1,542</b>	<b>163,259</b>	<b>2117</b>

Source: NCDC, (2021).

The above shows that COVID-19 pandemic, has affected the citizens of Nigerian in so many ways. People were ordered to remain at home, causing significant economic losses in a wide range of sectors, including the aviation industry, which was disrupted by travel bans, cancelations of sporting activities, prohibition of meetings and many more restrictions

were placed by the government (Horowitz, 2020; Elliot, 2020). It also affected jobs, education, religion, prices of goods and services, and individual lives at large. The recent economic instability caused by COVID-19 had spillover effects because it has created disruptions in demand and supply of goods and services (El-Erian, 2020).

The above scenario is made worse due to dearth of infrastructures especially health and education facilities which are in comatose. Most of the healthcare facilities in Nigeria are in poor state. Apart from the poor condition of the health facilities, the number is grossly inadequate when compared with the population of Nigeria. The table 2 below shows that the entire Nigeria has a total of 33,669 public health facilities.

**Table 2: The Strata of Health Care Facilities and Level of Responsibilities in Nigeria**

Responsibility of	Levels	Number of Health facilities	Types of Health Care Facilities
Federal Government	Tertiary Care	47	Teaching Hospitals and Federal Medical Centers
State Governments	Secondary Care	3,768	District Hospital, Comprehensive Health Center and Specialist, and General Hospitals
Local Government Areas	Primary Care	29,854	Dispensary & Health Posts (30%), Health Centers (44%), Clinics (26%)
<b>TOTAL</b>	-	<b>33,669</b>	-

**Source:** PharmAccess, 2016.

The above table shows that Tertiary, Secondary and Primary Healthcare facilities in Federal, State and local governments in Nigeria cannot adequately cater for the teeming population of the country. The African Union (AU) recommended that 15% of Gross Domestic Product (GDP) of each African country should be allocated to the healthcare system to cater for its teeming population. It is quite appalling to note that the budgetary allocation to the health sector in Nigeria for the last decade has been very abysmal. The World Health Organization minimum recommendation for budgetary allocation to health sector is 5% which was complied in Nigeria between the years 2011 to 2015. However, from 2016 to date (with the exception of 2019) the Nigeria's budgetary allocation to health sector

has witnessed significant downward slope in health allocation even as the budget continues upward. This manifestation of poor budgetary allocation to health is captured in the table 3 below.

**Table 3: Budgetary Allocations to the Ministry of Health (2010 – 2020)**

Year	Budget	Allocation to Min. of Health	Percentage (%)
2010	₦4,427,184,596,534	₦111,908,323,964	3%
2011	₦4,484,736,648,992	₦202,458,852,933	5%
2012	₦4,648,849,156,932	₦224,512,036,669	5%
2013	₦4,987,220,425,601	₦279,819,553,930	6%
2014	₦4,695,190,000,000	₦214,946,652,273	5%
2015	₦4,493,363,957,158	₦237,075,742,847	5%
2016	₦6,060,677,358,227	₦221,412,548,087	4%
2017	₦7,441,175,486,758	₦252,854,396,662	3%
2018	₦9,120,334,988,225	₦269,965,117,887	3%
2019	₦8,916,964,099,373	₦315,717,344,056	4%
2020	₦10,594,362,364,830	₦336,597,463,881	3%

**Source:** Authors' Compilation (2021) with data from Federal Ministry of Health

The above table indicates that Nigeria lags far behind in the 15% benchmark set in the 2001 Abuja Declaration of the AU as allocation to the health sector. Besides poor funding and wanton neglect of the public health system, Nigeria depend largely importation for drugs and medicals. There is also a disconnection between traditional medicine and the medical institutions of research and learning is a manifestation of failure to use indigenous knowledge to solve local problems. Sustainable infrastructural development is one way to provide the necessary health facilities needed to tackle diseases and pandemic such as Covid-19. This suggests that the fight against Covid- 19 would have been more successful if not for infrastructural deficit in Nigeria. This requires effective state-building to revive the failing infrastructure in Nigeria.

Basically, State-building is based on three dimensions which consist of a security dimension, a political dimension, and an economic dimension. Whaites, (2008) opined that



state building entails the process through which states enhance their ability to function. All states are trying to improve their structures and increase their capacities. State-building is a national process. According to Fritz & Menocal, (2007) the key goals of state-building include provision of security, establishment of the rule of law, effective delivery of basic goods and services through functional formal state institutions, and generation of political legitimacy for the (new) set of state institutions being built. Ensuring the quality and integrity of government is an important dimension of the state-building process as state-building is inherently a dynamic and ongoing processes. To improve the state of infrastructure in Nigeria, there is need to adopt a strategic 'bottom-up' approaches that will link state and society by working through the citizens and institutions. In order for a responsive state-building to occur political settlements are crucial and must absorb social change in the areas of basic amenities essential to the survival of the people. It should be targeted at efforts to keep up with the demands and the provision of basic infrastructure in the society (Whaites 2008, p. 9).

The goals of tackling infrastructural deficits, hunger, poverty and unemployment, provision of security, establishment and enforcement of the rule of law and effective delivery of basic goods and services through functional formal state institutions should be paramount in state building, (Fritz & Menocal, 2007). There should be an honest attempt to mediate between various legitimate interests and to reach a broad consensus on what is in the best interest of the whole society and on how this can be achieved. Decisions are taken according to the will of the many, while the rights and legitimate interests of the few are respected. The state must be responsive enough to the extent that the necessary objectives, rules, structures, and procedures are adapted to the legitimate expectations and needs of citizens. Public services must be delivered, and requests and complaints are responded to within a reasonable timeframe. The principle of efficiency and effectiveness emphasizes that results should meet the agreed objectives. It is making the possible best use of available resources. The public

good must be placed above individual interests. There must effective measures to prevent and combat all forms of corruption. Conflicts of interest should be declared in a timely manner and persons involved must abstain from taking part in relevant decisions. The professional skills of those who deliver governance should be continuously maintained and strengthened in order to improve their output and impact. Public officials need to be motivated to continuously improve their performance.

### **Conclusions and recommendations**

The COVID-19 outbreak has been worsened by the inherent infrastructural decay in the country resulting to dilapidation of public health and educational facilities. Thus, the greatest challenge in the fight against Covid-19 is high level of infrastructural decay in Nigeria. From the foregoing, it is obvious that infrastructural deficit is responsible for the sluggish success Nigeria has recorded in the fight against the COVID-19 pandemic. Infrastructural deficits in Nigeria manifest in poor healthcare facilities, dilapidation of educational facilities, poor training of health personnel, inadequate power supply, causing lingering poor and erratic electricity supply, poor transportation system and bad road network, inadequate health care and waste management systems, among others. As a way to recover from this setback, there is need to urgently address infrastructural deficit in Nigeria with more emphasis on health and educational institutions. The government should encourage localized manufactured goods to save money on imports. There is need for equity mobilization for infrastructure projects, and innovative financing arrangements to fast-track development and realization of sustainable infrastructure in Nigeria, reduction of Nigeria's dependency on other countries for import of drugs and medical supplies is critical. There is need for training and re-training of health personnel to acquaint them with latest innovations in the health sector. The government should also provide financial support to businesses that were affected by COVID-19 pandemic.

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