

Review Paper

Do Weak Institutions Prolong Crises? [#ENDSARs] in the Light of the Challenges and opportunities beyond COVID-19

Pandemic and the Next Normal in Nigeria

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Abstract

With the close of 2020 unprecedented year, a year like no other, Nigerians is still reeling from the impacts of an emerging, rapidly and evolving COVID-19 pandemic, while the spring continue to unfolded. COVID-19 was considered a “deaths of despair” with an opioid crisis and realizing that humanity is in for a long haul with COVID-19, itself may be a game changer. If we expected COVID-19 to be short lived, we have been remarkably, if not catastrophically, disappointed. As many people were

already feeling significantly stressed, and where depression was increasing risks of overdoses and suicide. From time immemorial, humankind have suffered the psychological effects of various catastrophes, such as wars, floods, famines, wildfires, earthquakes, windstorms and last but certainly not least, the possibility of outbreaks of potentially deadly infectious diseases. Hence, these zoonosis diseases, result from pathogens being transmitted from animals to humans. To protect ourselves from zoonoses, there is need for new measures and precautions, for instance ending and preventing deforestation as well as protecting conservation areas and endangered species against such danger. Of course, we are certainly no exception today as people try to figure out how to cope and help others cope with the grief, stress, and anxiety caused by the greatest health challenge of our time: the coronavirus 2019 (COVID-19) pandemic. With more than 1,129 Nigerian having lost their lives as of October 24, 2020 and more than 61,882 thousand infected since COVID-19 first gripped our nation, although reports suggest that the incidence of COVID-19 has begun to drop, the pandemic has taken a profound psychological and emotional toll on us all. However, social and behavioral scientists have identified some strategies to help us face our fears, as well as even rise to the challenge of supporting others during this fraught time. While awaiting the unprecedented investment in the development of the SARS-CoV-2 vaccine and the simultaneous scale up of vaccine manufacturing which has been taking place, including unprecedented collaboration and resources to develop safe and effective vaccines for COVID-19 that can be manufactured and delivered in the scale of billions of doses to people around the globe. Continuing in this unprecedented commitment towards collaboration as well as transparency is essential towards ensuring that effective and reliable access to information will continue to inform policy decisions at all levels to support the development of national roadmaps to accelerate as well as sustain progress towards public health interventions and building trust in communities that will benefit from a safe and effective vaccine as well as making sure we get it to them as quick as possible.

Keywords

“deaths of despair”, opioid crisis, infectious diseases, end SARs, COVID-19, building trust, public health interventions, Nigeria

1. Introduction

Whilst the world is constantly spinning and still in the grip of an explosive coronavirus pandemic of historic proportions, the likes of which have not been experienced in the last 200 years, with more than 1839 deaths with a case fatality ratio [CFR] of 1.21% in Nigeria and 152,074 cases (5.49% of all the cases in the total WHO African region and attack rate of 73.4 per 100,000 population) as of 3:59am; 70,387 deaths in Africa and 2,789,884 confirmed cases as of 4:00pm and 2,460,792 million deaths globally and 110,974,862 million cases as of 10am EST on February 22, 2021 and the end is not in sight, given the rate of infection that is going on in the world and its distribution, this panic about a

contagious disease makes people irrational and xenophobic, and inequality has become one of the biggest problems plaguing our country has been experienced in the ongoing (#ENDSARs), the relationship of [#ENDSARs] protests to increase community transmission of the second wave of COVID-19 as earlier posited by Samson et al., (2020) is imperative, particularly through the use of event study methodology. This [#ENDSARs] has resulted to the significant increase in infection rates, loss of human lives, sexual violence, correctional facilities attacked and convicts freed, public and private properties completely destroyed or vandalized and the sanctity of the palace of peace maker, the Oba of Lagos violated, the international airport invaded, disrupting the travel plans of fellow Nigerian and other visitors etc. and our world, which has threatened the core fabric of society, striking the world economy with the biggest shock since the second world war. Figure 1 of the studies conducted by Olalekan et al., (2020) shows the United Nations Global Multidimensional Poverty Index for Nigeria on Poverty Rates. Stating that many Nigerians suffer so much on a range of poverty issues in the country, especially the Nigerian youths. Considering these facts, the United Nations report that people are multidimensionally poor when they are poor in many respects including education, health, access to potable water, nutrition, electricity, their assets, among other indices. Thus, given the ranking of [#ENDSARs] protest among states in Nigeria (see figure 1 below). Approximately 43% of the educated youths of the labour force is still either unemployed, or working but living in poverty (ILO, 2015). More than 500 million young people are surviving on less than \$2 a day (ILO, 2015; Olalekan et al., 2018; Raimi et al., 2019; Olalekan et al., 2019; Raimi et al., 2019; Olalekan et al., 2020). In emerging countries like Nigeria, it has been estimated that 260 million young people are not in employment, education or training (The Economist, 2013). This is true for one in three young women (ILO, 2017). Although the effects of the COVID-19 pandemic and financial crisis have varied widely, one consistent factor is that young people in Nigeria have been worst affected (ILO, 2015). Nearly, four (4) million of those in slave labour are children. According to the most recent estimates, there are more than 150 million children aged 5 to 17 undertaking some form of child labour (ILO, 2017), nearly one in ten (10). Indeed, Nigeria leaders and government institutions are actively promoting policies that can increase inequality and poverty. Yet Nigeria billions in oil wealth are suspected of being stolen, inequality continues to grow and 10 million children are still out of school (Mayah et al., 2017). Nigeria leaders know this, but rather they have choosing to suppress democracy and the freedom to demand a fairer society, which is what the Nigeria youths is demanding for. While, the richest man in Nigeria earns enough interest on his wealth in one year to lift two million people out of extreme poverty. Despite almost a decade of robust economic growth in Nigeria, poverty has increased over the same period (Mayah et al., 2017). As poverty is rising daily, workers are frustrated, their salaries not matching the cost of living. This is due to the growing gap between the political rich and the poor which curtails any chances of futuristic prosperity.’ Increasingly though, having a job does not also

mean escaping poverty. Recent estimates by the International Labour Organization (ILO) show that almost one in three workers in emerging and developing countries live in poverty, and this is increasing (ILO, 2017). Perhaps the most shocking element of the global labour market today is modern slavery in the 21st century. Sadly, many states in Nigeria still have no minimum wage or collective bargaining and most minimum wages are significantly lower than what is needed to survive or what could be described as a living wage (Oxfam Australia, 2017). According to President Buhari of Nigeria, Speech to UN General Assembly, September 2017 (Buhari, 2017) He states that “we must be mindful, and focus on the widening inequalities and poverty within societies, and the gap between the rich and the poor nations. These inequalities and gaps are part of the underlying root causes of competition for resources, frustration and anger leading to spiraling instability”, hence, cumulatively fueling [#ENDSARs] protest across Nigeria (see figure 1 below). However, his policies on recent economic growth have gone exclusively to the top 10%, while poverty and inequality have increased. Thereby leading to thirteen (13) million out of school children and more not in school and one in 10 women die in childbirth (Mayah et al., 2017; Olalekan et al., 2020).

While, abusers and autocrats have not had it all their own way this year. Their treasuries have been drained by the pandemic. Their finances will remain wobbly even if a vaccine is found and the public health pretext for curbs on freedom is no longer plausible. The crash was synchronised, its aftermath has highlighted the importance of risk as well as resilience and could be the imperative of our times, as institutional money managers continue to move their holdings from risky assets to more liquid. After all, it is a humanitarian crisis of the likes that humanity have not experienced in recent times. Today, time is a luxury that leaders don't have and is running out. COVID-19 has upended business as usual for communities and corporations, everyone is rightly focused on protecting lives as well as livelihoods, despite the non-availability of treatment which has triggered worries both nationally and globally (Raimi et al., 2019; Omidiji & Raimi, 2019; Raimi et al., 2020; Adedoyin et al., 2020; Olalekan et al., 2020; Ajayi et al., 2020; Olalekan et al., 2020; Raimi et al., 2020; Gift & Olalekan, 2020; Samson et al., 2020; Gift et al., 2020; Raimi & Raimi, 2020). Communities, especially governments and healthcare professionals, are leading efforts toward supporting victims as well as their families to contain the virus that already has infected millions of people around the world as well as claimed hundreds of thousands of lives. Looking at first responders and frontline healthcare workers, we have seen heroic efforts on their part, this philosophy of helping others, especially when you're in a privileged place to do so, but not without consequences like mental exhaustion. Has it has often been said that crisis reveals character, indeed a truism for organizations as well as individuals (Raimi et al., 2020; Raimi & Raimi, 2020). Crises force organizations to rethink their actions, and repeatedly continue to be the source of lasting change and sustainable development. “In many countries, near term survival is just the only agenda item. Others are peering through the fog of uncertainty, thinking about how to position themselves once

the crisis has passed and things return to normal. There remain many open questions, which include: do weak institutions prolong crises and what will normal look like? How do we best support health systems so they can fight this significant crisis? This is an unprecedented crossroads in global society, raising fundamental questions about how we live as individuals and collectively and answering them will require conducting larger studies with greater diversity of COVID-19 survivors. While no one can say how long the crisis will last, what is been seen on the other side will not look like the normal of recent years” It is impossible to know what will happen. But it is possible to consider the lessons of the past, both distant as well as recent, and on that basis, toward thinking constructively about the future. As the pandemic has spread, it has become increasingly clear that the world will not simply snap back into shape. But it is remarkable that the following elements will be significant in the shaping of the next normal as hardly did anybody foresaw the consequences.

Twelve (12) months after the SARS-CoV-2 pandemic, people are frustrated that their lives are not getting back to “normal”. Many people remained starved throughout lockdown, schools as well as businesses in Nigeria are closed, individuals remain hesitant toward flying and enjoying vacations, besides in several places, restaurants as well as indoor activities remain sharply limited, by way of severe economic implications. With the patience wearing thin, it can be appealing toward considering policies that give us a return to original normalcy. This great scourge has remained dreadful not merely for the human body but likewise aimed at the body politic. The pandemic has battered democracy as well as human rights respect with an account of how despots as well as autocrats around the globe use the pandemic as a pretext toward undermining liberty as well as democracy. Strongmen find it easy toward impressing the public's as soon as they regulate the news. This is why several countries around the globe use the coronavirus as a reason toward harassing the mainstream media. Hence, this number has now doubled. October 11, 2020 furious crowds mostly youth's protests in Nigeria, which swept across almost all states in Nigeria, including Bayelsa state which is been ravaged by flood at the moment, prompted the government to disband a notoriously torture-and-murder-prone police unit (SARS). As Youths have had an especially grim time in Nigerians over the past years and ordinary people are being gagged too. The quality of democracy in Nigeria as well as respect for human rights have deteriorated since the pandemic began and since the coming of this Buhari present government. The list comprises both dictatorships that have grown nastier and democracies where standards have slipped (see Figure 2 below). Covid-19 “has fuelled a democratic crisis around the globe”, as global freedom has been deteriorating, through their reckoning. Covid-19 situation has accelerated this pre-existing trend in several ways. Covid-19 hasn't changed that, rather it has exacerbated those issues. But then the voice from the Aso Villa, National Emergency Operation Centre or the presidential task force on Covid-19 which was activated on March 18, 2020, with the hope that this task force would enable Nigeria in its multi-sectoral and intergovernmental approach to the national response is not that

matters or one that counts. The pandemic poses a grave as well as fast-moving threat toward every people. Governments have quite reasonably, assumed emergency powers to counter it. But these powers remained abused. In Nigeria, Governments have been selectively as well as tactically banning protests on the grounds that they might spread the virus, silenced critics and the media. They have used emergency measures toward harassing dissidents including taken advantage of a general atmosphere of alarm. With everyone’s attention on Covid-19, autocrats and would-be autocrats in many states in Nigeria can do all kinds of bad things with the confidence that the rest of the world will barely notice, let alone to object.

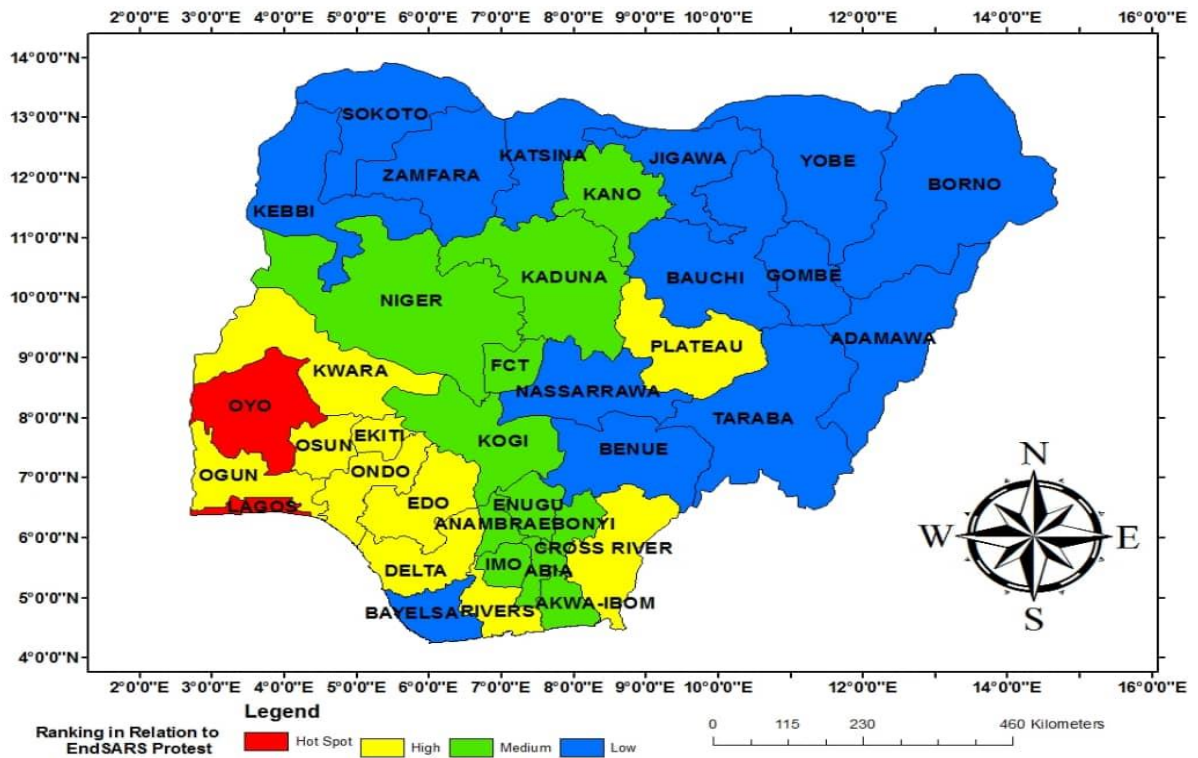
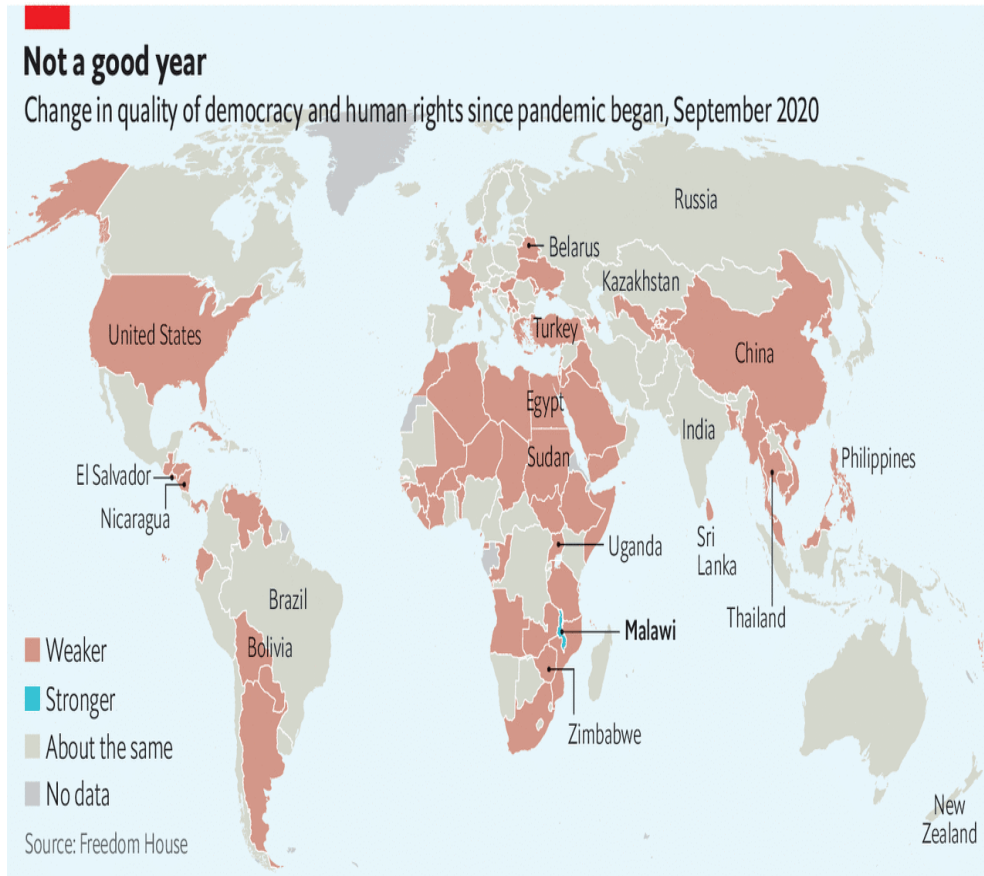


Figure 1. Ranking of Nigeria in Relation to [#ENDSARS] Protest



The Economist

Figure 2. Comprises Counties with both Dictatorships that Have Grown Nastier and Democracies where Standards Have Slipped since COVID-19 Pandemic Began

Source: Adapted from <https://www.economist.com/printedition>. 2020-10-17

Even though, the crisis took world leaders, economic markets, health-care systems as well as societies by surprise and marveling at its rapid escalation and impact on every single aspect of life, including all regions of the world. Its aftermath is speculative as well as obscure. Nonetheless, previous lessons as well as evidence may be appropriate and of value. Currently, Nigeria health care workforce (Medical Doctors, Environmental Health Officers, Nurses, and Midwives) has less than 1000 per population set by the World Health Organization (WHO), shortage of sanitation material including water, lack of personal protective equipment for health care providers (which has puts millions at increased risk to COVID-19 as well as other infectious diseases), presence of immune-compromised people are among the major stimulants and driving factors making Nigeria one of the challenged emerging country facing this unprecedented COVID-19 spread (Raimi et al., 2018; Olalekan et al., 2018; Raimi et al., 2019; Olalekan et al., 2019; Raimi et al., 2019; Raimi et al., 2019; Gift & Olalekan, 2020; Gift et al., 2020;

Raimi et al., 2020; Samson et al., 2020; Raimi & Raimi, 2020). In line with this global need, this paper aims to provide some insights into the challenges and opportunities in a post covid-19 era in Nigeria. As the COVID-19 pandemic outbreak posed a serious public/environmental health crisis and is causing major worldwide disruption and has become a global challenge that has forced nations to work hard as well as take some extreme measures in an attempt to prevent potentially fatal outbreaks and save lives. So far, the scientific communities are trying their best to understand the activities of SARS CoV-2 virus to target effective strategies against it and in this regard. The whole world is trying its best to contain the infection, Nigeria is no exception. Nigeria underestimated the likelihood of the COVID-19 outbreak during February 28, when the first case was reported, however with the increasing number of cases, strong measures and policies, as well as actions have been initiated (Gift et al., 2020; Gift & Olalekan, 2020; Samson et al., 2020; Raimi et al., 2020; Raimi & Raimi, 2020) and were formulated to reduce the spread of the disease in Nigeria which include a comprehensive total lockdown announced by the federal government of Nigeria in Ogun state, Lagos state, and Federal Capital Territory. Thereafter, many state governors declared total lockdown and released advice for Nigerian nationals and residents present inside or outside of country to stay at home and maintain social distancing. Moreover, the Nigerian government decided to suspend all forms of social and religious gatherings including churches and mosques were prohibited (Gift et al., 2020; Gift & Olalekan, 2020). But despite these efforts, there has been an upsurge in the confirmed cases of COVID-19 in Nigeria and at present, the future trend of this pandemic in Nigeria appears to be unknown, especially as the ongoing peaceful #ENDSARs protest by the youths without jobs and those who have lost their jobs and worse, many young ones have less hope of being employed in their lifetime. Hence, at the moment many Nigerian youths sees education or schooling as a scam. Unfortunately, there are only two industries in Nigeria right now: government and schools, as many factories have closed down because of the economy, coupled with the government anti human policies. Awkwardly, the protest turns violent by the Nigeria government, which must have resulted in lots of physical contact, thereby leading to the spread of COVID-19.

Although, coronaviruses (CoVs) are a complex family of enveloped, positive-sense RNA viruses that typically cause mild respiratory disease in humans and other mammals (Fehr and Perlman, 2015; Gift et al., 2020; Raimi & Raimi, 2020). A novel strain of coronavirus (COVID-19) was identified as the cause of the unexplained pneumonia-like cases in Wuhan, Hubei, China in December 2019 with most of the initial patients haven't remained exposed to the market of Huanan seafood (Huang *et al.*, 2020). This coronavirus, which was temporarily called 2019-nCoV, has been renamed as Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2). The disease caused by SARS-CoV-2 is known as coronavirus disease 2019 (COVID-19) (Gorbalenya et al., 2020). The first report was released by the World Health Organization (WHO) on December 31, 2019. In Nigeria, the first confirmation case was announced on

27th February 2020, since then, the NCDC has released advisories statements toward helping Nigerians as well as affected groups in particular toward responding toward the pandemic. The World Health Organisation data center on COVID-19 reported 110,974,862 million cases and 2,460,792 million deaths as of 10am EST on February 22, 2021. However, the weekly global incidence decreased for the third consecutive week, down to 3.63 million new cases. This is a decrease of nearly 15% compared to the previous week, and it is the lowest weekly total since late October. Weekly global mortality also decreased nearly 4% compared to the previous week, down to 93,803 deaths. However, the decrease in mortality could be an early indication of a longer-term trend corresponding to decreases in incidence starting 2-4 weeks ago. Considering the reporting interruptions from October 9, 2020, it is unclear exactly when the actual global incidence peaked, having more than 36.36 million cases as well as 1.06 million deaths. The WHO reported 336,500 new cases, establishing a new record of global daily occurrences. On October 12 the WHO released a new record high for global weekly incidence for the fourth consecutive week. The global total has reached more than 2.25 million cases, an upsurge of approximately 10% from previous week. Additionally, the WHO reported 378,044 new cases on Saturday, a new daily record. While as of October 14, 38 million cases and 1.08 million deaths as of 10:00am EDT was reported. It was reported that 40.67 million cases and 1.12 million deaths as of 12:00pm EDT on October 21. As the cumulative global incidence surpasses 40 million, the following timeline will provide some context for the trajectory of the COVID-19 pandemic: 1 case to 1 million cases: 90 days, 1 million to 5 million: 48 days, 5 million to 10 million: 38 days, 10 million to 20 million: 44 days, 20 million to 30 million: 37 days, 30 million to 40 million: 31 days. The impacts of coronavirus disease 2019 (COVID-19) pandemic on health, economies, and social structures have disproportionately impacted as well as does not affect everyone equally. Even though anyone could be infected with COVID-19, accumulating data suggest that the elderly or individuals with pre-existing and underlying comorbidities or medical conditions for instance diabetes, cardiovascular disease, obesity or overweight, chronic obstructive pulmonary disease (COPD), cancer, cystic fibrosis, chronic kidney disease, hypertension, asthma, pulmonary fibrosis and those with an immunocompromised state from solid organ transplant as well as those with neurologic conditions, among others are far more likely towards developing serious complications or die from the disease and the proportion of the population at risk is rising. The WHO estimates that between 2015 and 2050, the proportion of the world's population aged 60 years and older will almost double from around 12% to 22%. We will soon have a world in which there will be more older persons than the children. This is an unprecedented crossroads in global society, which raises important questions about how we live as individuals as well as collectively. The predicament has brought an even greater urgency toward this, and at times, surprising insights, too.

To date, Nigeria has reported having tested more than 1,302,410 people, 134,690 confirmed cases and 24,415 active cases with 108, 657 recoveries and 1,618 deaths as at February 3rd, 2021 have been recorded in 36 states and the federal capital territory, hence, the 1138 new cases are reported from 21 states are Lagos (377), FCT (172), Plateau (86), Kano (84), Edo (60), Osun (47), Nasarawa (41), Imo (40), Rivers (36), Niger (32), Oyo (32), Borno (29), Kaduna (27), Delta (18), Kwara (17), Cross River (9), Ekiti (8), Bauchi (7), Ogun (7), Sokoto (6) and Bayelsa (3), thereby leading to a multi-sectoral national emergency operations centre (EOC), activated at Level 3, continues toward coordinating the national response activities (WHO, 2021; COVID-19 dashboard, 2021). When compared to reported data dated 22nd, February, 2021, Nigeria has reported having tested more than 1,489,103 people, 152,074 confirmed cases and 21,567 active cases with 128, 668 recoveries (84% of cumulative cases) and 1,839 deaths been recorded in 20 states including Lagos (282), Ogun (72), FCT (50), Kaduna (33), Osun (24), Imo (23), Abia (21), Borno (18), Oyo (17), Edo (15), Nasarawa (15), Taraba (14), Ekiti (11), Ondo (11), Plateau (11), Kano (10), Rivers (7), Delta (5), Bauchi (3), and Jigawa (3) etc., shows that the multi-sectoral national emergency operations centre (EOC) has been active in trying to reduce community transmission through media sensitization of the public (<https://covid19.who.int/table>; <http://www.health.gov.ng/>). Meaning that approximately 4 out of each 100 that confirmed positive to the virus infection has died since the first case was reported on February 28. Although, the reported death toll from COVID-19 in Nigeria seems far lower, when compared to other advanced countries but the hit towards gross domestic product (GDP) has been bigger. Come March 2021, global output possibly will remain less than 8% lower than it would have been without the pandemic. Instead of an increase of about 3%, it will have decrease by approximately 5%, the biggest contraction since the second world war. According to World Economic Forum, “hundreds of millions of people could be left without work due to the impact of COVID-19” and “1.6 billion informal economy workers could suffer ‘massive damage’ to their livelihoods”. Globally, countries are still grappling with how to tackle the growing economics of the pandemic as a lot is still focusing on the most widely deployed interventions like various forms of protocols besides stay-at-home orders as well as the repercussions of limited business operations and stricter business operation adherence to the guidelines as well as measures suggested in fighting the ongoing COVID-19 pandemic, maintaining and minimizing series of face-to-face as well as skin-to-skin contact, physical (social) distancing (avoid direct physical contact by hugging, touching, or shaking hands) (what I call socially close and reaching out towards each other in different ways), practicing hand hygiene and respiratory hygiene, regular environmental cleaning and disinfection, risk communication, training and education, as well as management of people with COVID-19 or their contacts. In addition, specific measures for workplaces and jobs at medium risk included frequent cleaning and disinfection of objects and surfaces that are touched regularly (fomites). In such places where physical distancing of 1 meter cannot be maintained for a particular activity, ensuring workers work side-by-side or facing away

from each other rather than face-to-face, and assigning staff to the same shift teams to limit social interaction. Along with that, such workplaces must be well-ventilated with a natural air of artificial ventilation without re-circulation of air for high-risk work activities and jobs. Also, the adherence to the hygiene measures before as well as after contact with or suspicion of COVID-19. In such cases, workers must comply with the use of medical masks, disposable gowns, gloves, and eye protection for workers and use of protective equipment when in contact with COVID-19 patients, their respiratory secretions, body fluids, and highly contaminated waste etc. All with the aim to mitigate community transmission risk, recommended by health care professional as being the best available option that can be used to control the spread of COVID-19, pervasive use of personal protective equipment (PPE), such as facemasks, shields, or gloves, as well as regular hand washing practice among individuals and communities and disinfection of fomites. These measures can be very likely continuing to be implemented as well as mandated in the medium or even long term until an effective treatment/prevention is available or vaccine is found (WHO, 2020; Cirrincione et al., 2020; Samson et al., 2020; Raimi et al., 2020; Leung et al., 2020; Raimi & Raimi, 2020) and since lockdown is considered a strategy to control infection rate but the challenge lies in its continuation. Since society is a system of human cooperation, people in any society should collectively relate to and deal with their exogenous variables. Exogenous variables are those conditions that affect human livelihoods and which human have to work upon through appropriate planning and institutional arrangement to better their conditions of existence.

Even beyond that time frame, many of these public health recommendations will become part of everyone's lifestyles and therefore continue to be followed and observed. In addition, it is implausible that the disruption caused by COVID-19 will dissipate soon. Analysis of the impact of transmission dynamics suggests that the disease may perhaps persist into 2025, with prolonged or intermittent social distancing in place until 2022 (Raimi et al., 2020; Kissler et al., 2020; Raimi & Raimi, 2021). In addition to the development, human will be profoundly impacted beyond the stagnation resulting from the closure of business activities during mandated lockdowns offered by the authorities. There is also a challenge to expand testing as well as other public health intervention. Timely intervention action, testing, tracing, tracking/monitoring, treating, as well as togetherness have been considered to be seen as the most important and effective strategies to date. With the rising cases of infection as well as death, this poses a threat and triggered disruption to social and mental wellbeing of the world's citizens as well as to the economy, society and politics. The confusion and uncertainty increase fueling misinformation, distrust of citizens, government as well as political leaders, providing employment opportunities for the people, stigma and discrimination which are negatively impacting the prevention strategies approved by different national authorities. Appropriate communication as well as community engagement strategies are needed, alongside the togetherness of all concerned entities fighting against

this wicked and deadly virus globally. In light of this global demand, this disruption provides a remarkable opportunity to accelerate environmental resilience as well as structural reforms with investing in COVID-19 and climate-resilient infrastructure to reduce waste in implementing, conducting, reporting as well as planning for the recovery ahead (Cristea & Naudet, 2019; Raimi & Raimi, 2020), revival and or strengthen health care system at local level, developing self-sufficient food system, supply mechanism, emphasis of agriculture, promote and expand domestic production in selected strategic sectors like food as well as pharmaceutical industries. Last but not least, individuals as well as families will need to make sense of the surprising overwhelm COVID-19 caused to societies, economies, health-care systems and governments. Everyone and their families face crises on a regularly basis (such as the death of a loved one, loss of employment as well as violence), and struggle with difficulty are part of the human condition. While the crisis caused by COVID-19 is likely to have troubling features, as mentioned above, a unifying opportunity simultaneously appears at the same time.

Whilst it is necessary to develop an unprecedented investment in both SARS-CoV-2 vaccine development, simultaneously scale up of vaccine manufacturing and a long-term management strategy for COVID-19, given the unprecedented scale of decision-makers', the evidence needs large-scale collaboration and consistency as well as shared learning within the evidence synthesis community. Hence, it is better to improve outcomes across nations using the best data that can be achieved through the use of high-quality evidence that is implemented well. To achieve this, systems, policy as well as political environments need to be hospitable toward evidence informed approaches and that there is need to foster partnerships and collaboration, facilitate dialogue, as well as advance Evidence-informed Decision-making (EIDM) in Nigeria, Africa and the globe at large to achieve effective and sustainable implementation in the real world in the same way. As a result, the pandemic has evolved and shown that rapid change is both possible as well as pivotal for society survival. Of course, some more complex challenges cannot be solved overnight. But it is believed that leaders need pay heed to the lesson's responses from COVID-19, while acknowledging that the future will be quite different from the past, as well as build on the novel and pragmatic ways of working to have the potential not only to survive but to also thrive. Fortunately, times have changed. The world is a different place than it was in 1918. From the herpes plus legionnaires' disease in the 1970s, to AIDS, Ebola, the Severe Acute Respiratory Syndrome (SARS), and now Covid-19, contagious diseases continue to spread, threatening and disrupting humanity. Historians, who have continued to take an interest in pandemics, have a lot to offer. We have the technology toward strengthening the health care system for our patients. It's time we put these tools into practice. Alternatively, the Covid-19 spread is a product of a digital as well as technological revolution that has changed our world over the years. Unlike the "Spanish flu" of 1918, which became a worldwide pandemic over the course of a year, as the pandemic has spread toward

each habitable continent within weeks, outstripping our health system's capacity toward testing, tracking, and containing people with suspected infection. Hence, there is need for rapid pace of research on the SARS-CoV2 virus, potential treatments and vaccines, especially with the rising cases globally.

2. The Way Forward

Of course, optimism as well as courage are the qualities that are required now than ever as leaders make decisions that will shape the next normal. Furthermore, one of the possible next normal is that decisions taken during as well as after the crisis will either results in less prosperity, government bureaucracies, widening inequality, slower growth, bloated as well as rigid borders. Even decisions made during this crisis can lead to a burst of innovation as well as productivity, more resilient industries, smarter government at all levels, as well as the emergence of a reconnected world. Inevitable; in fact, the results are in all probability more likely to be a mix. It is true that where the world goes depends on the choice of countless decisions many people made, including individuals, businesses, governments as well as organizations. It will therefore be important to build the world economy for the future, rather than solving the challenges of the past in a sustainable way that is aligned with the Sustainable Development Goals (SDGs) and the Paris Climate Agreement. As progress towards the achievement of most sustainable development goals requires significant improvement across the globe. It is also of note to consider how to tackle misinformation on science, not only with regard to COVID-19, but also concerning other related issues, including vaccines, biodiversity loss, and climate change. In this regard, there is need to strengthen health institutions at the local, state and national level with its central and unique role in addressing global public health. Likewise, the need for local strategies towards highlighting the growing need for the adoption of innovation as well as toward improving general population awareness in relation to COVID-19 as well as its preventative practices must be reinforced in order to achieve its elimination goals.

In any crisis, leaders have two equally vital responsibilities: solving instant problem as well as protecting them from stirring again. The Covid-19 crisis is a case in point. We have to save lives. Whereas states must continue to implement and lead the way on Covid-19 policies, comprehensive protections require federal intervention. The Covid-19 crisis has brought strident focus to the requirement aimed at reforming health care toward promoting universal access toward affordable care. While all aspects of health care in Nigeria face enormous challenges in the coming months and unraveling this in this time of crisis, leave millions of individuals vulnerable as well as requiring rapidly coordinated political action toward ensuring affordable access to care. Never before has the interdependence on all our health, finances, and social fabric been so starkly established. Health care reform has never been necessary before to ensure access to affordable health care for all Nigerians. Our

health as well as health care policies, both in these pandemic as well as in the future, must reflect this reality, and we must not let this lessons of crisis pass us by. As learning is challenging in the midst of an emergency, but the Covid-19 pandemic lesson is already clear: when environmental epidemiologists warn that pathogen could cause a pandemic, it's time to hoist the flag of local freedom is over. However, the role of national leadership in the response can only work if it is based on evidence (Raimi et al., 2020). It is important that Nigerian future response to Covid-19 is not only national, but also rational. In the long term, on the other hand, we must shift against investing primarily in disease-specific research toward simultaneously targeting sufficient resources to decode the human immune system, especially for the world's most vulnerable populations. These efforts can accelerate new vaccines development, diagnostics, as well as treatments, not only for Covid-19, but also for future emerging pathogens of non-communicable diseases because of our aging that are now major global killers. We must act courageously as soon as possible to aid all humanity live longer and healthier lives. For many, too, the pandemic has resulted in serial losses as well as threats to our identities, which are echo due to serious illness. Many people have lost the freedom to go to their offices; lost our favorite restaurants; lost graduations as well as weddings; lost our child care; lost parts of our salaries; lost our jobs. We were productive researchers besides our labs were closed down and have been on hold for years. We are proud of our ability toward alleviating suffering, and now we see irreversible suffering around us: the patients die alone in the hospital, the families are distraught. Even the most ancient, holy, as well as basic tool of doctoring, the physical exam are beyond the reach for most of us. Since Covid-19 has become a top priority in our health care delivery system, it disrupts the process of patient care, interrupts many research activities as well as overwhelmingly affecting education.

Public funds are required since products of pandemic are extraordinarily high-risk investments; government funding will reduce risks in the pharmaceutical companies as well as getting them to jump in with both feet. Besides, governments as well as other donors will require to be funded as a global public good towards manufacturing facilities that can deliver a vaccine supply within weeks. These facilities can, at normal times, provide vaccines for routine immunization programs as well as rapidly refitted for production during a pandemic. Ultimately, the governments must finance the procurement as well as vaccines distribution to the inhabitants that require them. At the end of the day, government, development partners and industry need to come to an agreement: for the duration of the pandemic, vaccines plus antivirals can't simply be sold to the top bidder. They should be made available as well as affordable for the people who are at the heart of the pandemic as well as in utmost need. Such a distribution not only is the right thing to do, but also the right strategy to prevent short-circuiting transmission as well as preventing future outbreaks. These are the actions that current leaders should be taking now. There is no need to waste time. How effective the country handles Covid-19 crisis depends essentially on how efficiently our health workforce are put to productive use. Much can be done toward

ensuring that workforce are prepared to deal with this pandemic. Now is the time for an effective strategy toward expanding as well as sustaining the health workforce. Once the outbreaks have subsided, behavioral changes of the workforce and their consequences should be evaluated toward providing insight into use of the workforce as well as improved reactions for future pandemics. National Assembly should promote support for expanding health programs and its reach, then the 36 states, including FCT should do the same. Given the role of various health program's in managing and tackling the coronavirus pandemic, maximizing long-term health care, as well as helping and supporting toward stabilizing the health care system in a time of the crisis, the case for health expansion in various states should be strengthened. In palliative care, one of our favorite tools is the maxim "Hope for the best, prepare for the worst". "We will continue to hope for [cure/disease response/transplantation/other positive outcome] and help you feel as well as you can. At the same time, we want to prepare just in case [cure/disease response/transplantation/other positive outcome] isn't possible for a once-in-a century pandemic".

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References

- Adedoyin, O. O., Olalekan, R. M., Olawale, S. H. et al. (2020). A review of environmental, social and health impact assessment (Eshia) practice in Nigeria: A panacea for sustainable development and decision making. *MOJ Public Health*, 9(3), 81-87.
- Ajayi, F. A., Raimi, M. O., Steve-Awogbami, Ol. C., Adeniji, A. O., & Adebayo, P. A. (2020). Policy Responses to Addressing the Issues of Environmental Health Impacts of Charcoal Factory in Nigeria: Necessity Today; Essentiality Tomorrow. *Communication, Society and Media*, 3(3). <https://doi.org/10.22158/csm.v3n3p1>
- Buhari, M. (2017). Statement delivered by His Excellency Muhammadu Buhari, President of the Federal Republic of Nigeria. *The General Debate of the 72th Session of United Nations General Assembly*. New York: United Nations.
- COVID-19 dashboard by the Center for Systems Science and Engineering (CSSE) at Johns Hopkins University. (2021). Johns Hopkins University of Medicine Coronavirus Resource Center website.

- Retrieved February 3, 2021, from <https://coronavirus.jhu.edu/map.html>
- Cirrincone, L., Plescia, F., Ledda, C., Rapisarda, V., Martorana, D., Moldovan, R. E. et al. (2020). COVID-19 pandemic: Prevention and protection measures to be adopted at the workplace. *Sustainability*, 12, 3603. <https://doi.org/10.3390/su12093603>
- Cristea, I. A., & Naudet, F. (2019). Increase value and reduce waste in research on psychological therapies. *Behav. Res. Ther.*, 123, 103479. <https://doi.org/10.1016/j.brat.2019.103479>
- Fehr, A. R., & Perlman, S. (2015). Coronaviruses: An Overview of Their Replication and Pathogenesis. In H. J. Maier, E. Bickerton, & P. Britton (Eds.), *Coronaviruses: Methods and Protocols* (pp. 1-23). New York, NY: Springer. https://doi.org/10.1007/978-1-4939-2438-7_1
- Gift, R. A., Olalekan, R. M., Owobi, O. E., Oluwakemi, R. M., Anu, B., & Funmilayo, A.A. (2020). Nigerians crying for availability of electricity and water: A key driver to life coping measures for deepening stay at home inclusion to slow covid-19 spread. *Open Access Journal of Science*, 4(3), 69-80.
- Gift, R. A., & Olalekan, R. M. (2020). Access to electricity and water in Nigeria: a panacea to slow the spread of Covid-19. *Open Access Journal of Science*, 4(2), 34.
- Gorbalenya, A. E., Baker, S. C., Baric, R. S., de Groot, R. J., Drosten, C., Gulyaeva, A. A. et al. (2020). The species Severe acute respiratory syndrome-related coronavirus: classifying 2019-nCoV and naming it SARS-CoV-2. *Nature Microbiology*, 5(4), 536-544. <https://doi.org/10.1038/s41564-020-0695-z>
- Huang, C., Wang, Y., Li, X., Ren, L., Zhao, J., Hu, Y. et al. (2020). Clinical features of patients infected with 2019 novel coronavirus in Wuhan, China. *Lancet*, 395(10223), 497-506. [https://doi.org/10.1016/S0140-6736\(20\)30183-5](https://doi.org/10.1016/S0140-6736(20)30183-5)
- ILO. (2017). *World Employment and Social Outlook—Trends 2017*. Retrieved from <http://www.ilo.org/global/research/global-reports/weso/2017/lang--en/index.htm>
- ILO. (2017, November 20). *Weak Recovery in Youth Labour Markets Demands a Sweeping Response. Global Employment Trends for Youth 2017*. Retrieved from http://www.ilo.org/global/about-theilo/newsroom/news/WCMS_597065/lang--en/index.htm
- ILO. (2017). *Global Estimates of Child Labour: Results and trends, 2012-2016*. Retrieved from http://www.ilo.org/global/publications/books/WCMS_575499/lang--en/index.htm
- ILO. (2015). *Global Employment Trends for Youth 2015: Scaling up investments in decent jobs for youth*. Retrieved from http://www.ilo.org/global/research/globalreports/youth/2015/WCMS_412015/lang--en/index.htm
- Kissler, S. M., Tedijanto, C., Goldstein, E., Grad, Y. H., & Lipsitch, M. (2020). Projecting the transmission dynamics of SARS-CoV-2 through the post pandemic period. *Science*, 368, 860-868. <https://doi.org/10.1126/science.abb5793>

- Leung, K., Wu, J. T., Liu, D., & Leung, G. M. (2020). First-wave COVID-19transmissibility and severity in China outside Hubei after control measures, and second-wave scenario planning: A modelling impact assessment. *Lancet*, 395, 1382-1393.
- Mayah, E., Mariotti, C., Mere, C. E., & Okwudili, O. C. (2017). *Inequality in Nigeria: Exploring the drivers*. Retrieved from <https://www.oxfam.org/en/research/inequality-nigeria-exploring-drivers>
- Olalekan, R. M., Oluwatoyin, O. A., Olawale, S. H., Emmanuel, O. O., & Olalekan, A. Z. (2020). A Critical Review of Health Impact Assessment: Towards Strengthening the Knowledge of Decision Makers Understand Sustainable Development Goals in the Twenty-First Century: Necessity Today; Essentiality Tomorrow. *Research and Advances: Environmental Sciences*, 2020(1), 72-84. <https://doi.org/10.33513/RAES/2001-13>
- Olalekan, R. M., Oluwatoyin, O., & Olalekan, A. (2020). Health Impact Assessment: A tool to Advance the Knowledge of Policy Makers Understand Sustainable Development Goals: A Review. *ES Journal of Public Health*, 1(1), 1002.
- Olalekan, R. M., Oluwatoyin, O., Olalekan, A. et al. (2019). “Digging deeper” evidence on water crisis and its solution in Nigeria for Bayelsa state: A study of current scenario. *International Journal of Hydrology*, 3(4), 244-257. <https://doi.org/10.15406/ijh.2019.03.00187>
- Olalekan, R. M., Vivien, O. T., Adedoyin, O. O. et al. (2018). The sources of water supply, sanitation facilities and hygiene practices in oil producing communities in central senatorial district of Bayelsa state, Nigeria. *MOJ Public Health*, 7(6), 337-345.
- Omidiji, A. O., & Raimi, M. O. (2019). *Practitioners Perspective of Environmental, Social and Health Impact Assessment (ESHIA) Practice in Nigeria: A Vital Instrument for Sustainable Development. Paper Presented at the Association for Environmental Impact Assessment of Nigeria (AEIAN) On Impact Assessment: A Tool for Achieving the Sustainable Development Goals in Nigeria, 7th and 8th November, 2019 In University of Port Harcourt.*
- Oxfam Australia. (2017). A living wage is a wage that is high enough to enable workers and their families to meet their needs for nutritious food and clean water, shelter, clothes, education, healthcare, energy, childcare and transport, as well as allowing for some savings and discretionary income. A number of different methodologies exist for calculating the living wage. These are detailed in Oxfam Australia. *A Sewing Kit for Living Wages*. Retrieved from <http://whatshemakes.oxfam.org.au/resources/>
- Raimi, M. O., & Raimi, A. G. (2020). The Toughest Triage in Decision Impacts: Rethinking Scientific Evidence for Environmental and Human Health Action in the Times of Concomitant Global Crises. *CPQ Medicine*, 11(1), 01-05.
- Raimi, M. O., Moses, T., Okoyen, E., Sawyerr, H. O., Joseph, B. O., & Oyinlola, B. O. (2020). A

- Beacon for Dark Times: Rethinking Scientific Evidence for Environmental and Public Health Action in the Coronavirus Diseases 2019 Era. *MAR Microbiology*, 1(3).
- Raimi, M. O., Ihuoma, B. A., Esther, O. U., Abdulraheem, A. F., Opufou, T., Deinkuro, N. S., Adebayo, P. A., & Adeniji, A. O. (2020). Health Impact Assessment: Expanding Public Policy Tools for Promoting Sustainable Development Goals (SDGs) in Nigeria. *EC Emergency Medicine and Critical Care*, 4(9).
- Raimi, M. O., Omidiji, A. O., & Adio Z. O. (2019). *Health Impact Assessment: A Tool to Advance the Knowledge of Policy Makers Understand Sustainable Development Goals. Conference paper presented at the: Association for Environmental Impact Assessment of Nigeria (AEIAN) On Impact Assessment: A Tool for Achieving the Sustainable Development Goals in Nigeria, 7th and 8th November, 2019 in University of Port Harcourt.*
- Raimi, M. O., Oluwaseun, E. O., Nimisingha, D. S., Abdulraheem, A. F., Okolosi-Patainnocent, E., Habeeb, M. L., & Mary, F. (2019). Assessment of Environmental Sanitation, Food Safety Knowledge, Handling Practice among Food Handlers of Bukateria Complexes in Iju Town, Akure North of Ondo-State, Nigeria. *Acta Scientific Nutritional Health*, 3(6), 186-200.
- Raimi, M. O., Abdulraheem, A. F., Major, I., Odipe, O. E., Isa, H. M., & Onyeché, C. (2019). The Sources of Water Supply, Sanitation Facilities and Hygiene Practices in an Island Community: Amassoma, Bayelsa State, Nigeria. *Public Health Open Access*, 3(1), 000134. <https://doi.org/10.2139/ssrn.3338408>
- Raimi, M. O., Omidiji, A. O., Adeolu, T. A., Odipe, O. E., & Babatunde, A. (2019). An Analysis of Bayelsa State Water Challenges on the Rise and Its Possible Solutions. *Acta Scientific Agriculture*, 3(8), 110-125.
- Raimi, M. O., Omidiji, A. O., Abdulraheem, A. F., & Ochayi, E. O. (2018). A Survey of Hand Washing Behaviour and Awareness among Health Care Workers in Health Care Facilities in Kubwa District of Bwari Area Council, F.C.T. Abuja, Nigeria. *Annals of Ecology and Environmental Science*, 2(2), 1-18.
- Samson, T. K., Ogunlaran, O. M., & Raimi, O. M. (2020). A Predictive Model for Confirmed Cases of COVID-19 in Nigeria. *European Journal of Applied Sciences*, 8(4), 1-10.
- The Economist. (2013, April 27). *Generation Jobless*. Retrieved from <https://www.economist.com/news/international/21576657-around-world-almost-300m-15-24-year-olds-are-not-working-what-has-caused>
- World Health Organization. (2021). *Coronavirus disease 2019 (COVID-19) Situation Report-101*. Retrieved February 3, 2021, from https://www.who.int/docs/default-source/coronaviruse/situation-reports/20200430-sitrep-101-covid-19.pdf?sfvrsn=2ba4e093_2

World Health Organization (WHO). (2020). *Considerations for Public Health and Social Measures in the Workplace in the Context of COVID-19: Annex to Considerations in Adjusting Public Health and Social Measures in the Context of COVID-19*. 10 May, 2020. (2020). Retrieved June 16, 2020, from <https://www.who.int/publications/i/item/considerations-for-public-health-and-social-measures-in-the-workplace-in-the-context-of-covid-19>