

# NIGERIA



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Nigeria is Africa's most populous country with a population of 193,392,000 people[1], located in West Africa, bordered by Benin, Niger, Chad, and Cameroon. Nigeria accounts for about half of West Africa's population and one of the largest populations of youth in the world. Nigeria is a multi-ethnic and culturally diverse federation which consists of 36 autonomous states and the Federal Capital Territory[2]. According to the WHO COVID-19 Tracker, as of 5 June 2022, a total of 46,391,592 vaccine doses have been administered[3]. At time of writing, 10.2% of Nigeria's population is fully vaccinated accounting for 16,817,979 persons[4]. 27,401,621 persons have been vaccinated with at least one dose.

## Executive Summary

- Nigeria is part of the COVID-19 Vaccine Delivery Partnership, a UNICEF-led initiative to increase vaccine uptake, however, uptake of vaccines has been slow, with vaccine acceptance rate ranging from 20.0-58.2% across the six geopolitical zones of the country, with non-acceptance attributed to concerns about adverse effects and conspiracy theories[5].
- Broad distrust of government and politicians, and the perception that the health sector is inadequate[6] fuels poor uptake of COVID-19 services. In one qualitative study, young people downplayed the COVID-19 response as a 'charade' – their views were associated with distrust of political office holders[7].
- Interviews with health care workers illustrate that pay is often inadequate and/or irregular, resulting in poor motivation to add COVID-19 service delivery on top of existing work. In addition, community health workers are inconsistently and insufficiently resourced, resulting in some community health workers reporting having to spend out of pocket to support patients.
- Management of COVID-19 treatment and COVID-19 vaccinations have been incorporated into primary health facilities[9] and routine immunisation[10] allowing some incentivisation of uptake of services and ease of access, however intermittent stocks persist
- Healthcare workers in Ondo state expressed never having heard of Paxlovid for treatment of mild- to moderate COVID, raising questions about informational resources for healthcare workers, but also about demand for Paxlovid - demand cannot be generated without knowledge of the product.
- Insecurity and violence have led to the relative deprioritisation of COVID-19, with one article stating that insecurity and COVID-19 jointly have increased poverty – and individuals prioritise livelihoods over self-isolation and loss of income[8]. This suggests that pandemic response cannot occur in isolation – instead it must be accompanied with other social measures and crisis/humanitarian expertise.
- PCR testing capabilities are centralised across many states where all samples were pooled together and sent to a central laboratory[11]. Interviewees noted that patients wanting tests are referred to city district hospitals and testing is sparse in rural areas.



*Interview with Community Health Worker, Primary Health Centre, Idanre Local Govt. Idanre, Ondo state, Nigeria.*



*Interview with Community Member, at Akure North Local Govt. Imafon, Ondo State, Nigeria.*

From May to June 2022, we conducted interviews with international organisations working on vaccine uptake, healthcare workers (including doctors, nurses, and community health workers), and communities living in rural areas. Here are some of their insights:

“The real issue for us as community health staff is that resources and equipment are not evenly shared among health centres; this is why some centres are at (an) advantage than others. We sometimes fund some basic things from our purses, or we tell patients to bring those things when coming.”



Mrs Busayo Adeyelu, Community Health Extension Worker

“Health care workers were poorly motivated. [COVID-19 testing] is an additional task for them on their regular work.”

Dr Ojediran Shobowale COVID-19 Response Coordinator for Osun state

“The concern is not COVID now but about insecurity in Nigeria. COVID has come and gone, and the concern is about insecurity, kidnapping, banditry, and all that.”

Dr Chinwe Okechukwu, Researcher and Social Worker, Enugu State

“Persons with disability complain about being marginalised and stigmatised even when they want to access the COVID-19 vaccination”

Dr Chinwe Okechukwu, Researcher and Social Worker, Enugu State

“Social stigmatization is common among people here because they tend to avoid anyone who once tested positive even after treatment. I didn’t get tested for Covid-19 for fear of being positive but I know that the test is free.”

Mrs. Funke Ikuyami, Community Member, Imafon-Akure, Ondo State

“In cases where patients test positive for COVID 19, they may not want to come to the hospital for treatment, so we have to force them to get treated. I don’t know if there is an option of self-test and if there is, I wouldn’t mind purchasing it for myself and my family, even if I have to pay.”

Female Health Worker, Idanre, Ondo State

“Now we are at the phase where we are using RDT kits, we have kits in primary health care facilities and some private facilities.”

Dr Ojediran Shobowale COVID-19 Response Coordinator for Osun state, Nigeria

## Recommendations and the Way Forward

1. International agencies to work with national government to ensure effective downstream health service delivery that is integrated into public system, and **ensure robust governance and inventories** to prevent inequitable health infrastructure distribution.
2. National government to ensure adequate and effective strengthening of the health system including **adequate pay and remuneration for health workers**, including community health workers.
3. National government should implement measures to **increase health worker motivation** such as ensure that salaries are paid on time, and ensuring sufficient psychosocial support for health workers.
4. National and local governments to scale-up access to rapid testing, including **free/subsidised self-tests**.
5. International agencies should ensure that long-term functioning of the health system is not at the mercy of/**compromised by short-term programming for health**.
6. National and local governments should do more to ensure that **vulnerable populations and marginalised groups** are reached with information and support on COVID-19
7. National and local governments to assess efficacy and reach of **health information networks** for healthcare workers, including on novel antivirals.
8. All stakeholders should account for an **insecurity lens to pandemic response**, including contingency planning and conflict-specific innovations for commodities uptake.



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### Sources

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