South East Journal of Political Science (SEJPS) January – June, 2021, 7(1) 52-78

THE CHALLENGES OF CORONAVIRUS (COVID-19) MANAGEMENT AND LEADERSHIP QUESTIONS: A CASE STUDY OF NIGERIA

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Abstract

The outbreak of coronavirus in late December 2019 manifested profusely from the first quarter of year 2020, and left several countries in a state of disarray with serious impact on every facets of national and international life. The new strain of the coronavirus referred to as COVID-19, was either new to the scientists or to the medical practitioners. It explains the lapses in its management that stunned the world. Although no one anticipated the outbreak of such virus, however, the debates about its origin admixed with conspiracy theories preoccupied many countries and distracted attention on how to contain the virus from further spread with the accompanying fatality. Focusing on Nigeria, this study examined the management of COVID-19 in the country, especially, how political leadership braced up with the challenges. As analytical research, it relied on secondary data and applied content analysis for inference. It adopted "bounded rationality model" of decision-making theory to explain the challenges posed to decision-making under crisis or emergencies, and discuss how it affected the management of coronavirus in Nigeria. The findings show that there are glaring deficits of proactive leadership in the COVID-19 management in Nigeria. It resulted in most of the management guidelines introduced by government being copy and paste (imitation of what other countries adopted without comparing the differences in climate). The consequences were dissensions and remarkable poor public compliance behaviours. It requires that Nigerian leaderships begin to develop health infrastructure, human and industrial capacities that countries tap during emergency that confines nations to its territorial borders.

Key Words: Challenges, Coronavirus management, Leadership questions, Nigeria

1. Introduction

In the last quarter of year 2019, precisely the month of December, the world was exposed to the outbreak of a new form of coronavirus (SARS-CoV-2). It originated from controversial source in Wuhan City in China and gradually spread to other countries (Okibe, 2020). Nigeria recorded her first index case on February 27, 2020. The index case in Nigeria was an Italian returnee to Lagos State (Ehanire, 2020). This was despite that government had strengthened surveillance at the airport since January 2020 (Amzat, et al, 2020). The importation of the virus into Nigeria affirmed the danger it posed to public health. The information about its quick spread, fatality and monumental consequences to public health attested to public anxiety, more so after the World Health Organization announced that COVID-19 was a pandemic (Ayomides, 2020). It imposed leadership challenges, which demanded that all nations should commence the process of exploring the containment and management strategies. The essence was to mitigate the initial weak responses, general leadership laxity and lack of coordination in the management of the COVID-19 in every

country. Hence, the profound shortcomings at inception shared in the blame for rapid spread of the virus on a global scale without proper control mechanisms.

Therefore, amid the spread, countries began to discover that the challenges posed by the virus were beyond the limits of any nation. The attendant dearth of medical equipment and facilities, lack of adequate spaces for isolation and treatment of confirmed cases, and humongous death toll warranted interdependence, collaboration and assistance among nations of the world, either from the developed or from the developing countries. Hence, both developed and developing nations found itself in almost the same disorganized and bizarre situation. Nonetheless, it was more palpable in developing nations and Nigeria in particular, which prior to the outbreak of COVID-19, depended so much on foreign medical trips with visible decay in her medical infrastructure. Extant cases include poor funding, institutional fragility, bad maintenance culture and management crisis that reflects in bad leadership and corruption in the system. The faltering in political leadership, more so towards the health sector, laid a sordid foundation and erected big stumbling bumps on the path to COVID-19 management in the country.

From the standpoint of the coronavirus saga, there are shared perspectives that combinations of factors relating to the newness of the virus strain (SARS-CoV-2), the "no-cure" declarations and the indecisive scientific explanations about its mutation, infection and prevention, unsettled many governments and led countries to apply incoherent methods in the management of the virus. It aggravated the allegations that WHO lagged in providing leadership and necessary guidance at inception, a lacuna that confused countries that looked up to it to mobilize requisite resources in tackling the global health emergency. Such leadership provides the needed direction and network for global cooperation and the specific uniformed approaches to adopt in the management of the virus.

Apart from the aforementioned lapses, there are also controversies over the origin of Covid-19 (Field, 2020), thus culminating in its contradictory association with 5G technology, bioweapon from human engineering in a Chinese lab, ploy to disrupt world order through microchip implantation and other figment of conspiracy theories linked with the virus (Okibe, 2020). The twisted dimension in the narratives significantly beclouded the required focus on early prevention and management of the virus. Accordingly, the virus leveraged on the vacuum and preyed on vulnerable populations of many countries in Europe, Asia, America and Africa. Notable in the list includes China, the United States, Italy, Spain, UK, Russia, Egypt, South Africa, Tunisia, Nigeria, Ghana, etc.

The global figures of COVID-19 infections and fatality across the various continents as at June 19, 2020, painted a gloomy picture. The data presented by Oyeleke (2020) buttressed the assertion. Europe had 191,932 deaths from 2,489,195 cases, the United States and Canada had 127,145 deaths from 2,305,872 cases, Latin America and the Caribbean had 89,327 deaths from 1,887,950 cases, Asia had 27,563 deaths from 963,782 cases, the Middle East had 12,994 deaths from 618,797 infections, Africa had 7,538 deaths from 280,922 cases, and Oceania had 131 deaths from 8,817 cases. However, these figures that tripled by the day were not vehemently associated with lack of proactive COVID-19 management but merely assumed by critics and in some cases, by opposition parties to government.

The disparities in the figures of infections and deaths from the coronavirus in developed continents like America and Europe in spite of their cute political leadership,

resources, technological and scientific wherewithal to fight the virus, questioned the capacity of Africa to manage the virus amid the fact that much remained uncertain about the new coronavirus. The question of capacity stemmed from the globally acknowledged insensitivity of political leaderships in Africa to take issues seriously, the reign of corruption and maladministration, the vexing laxity on public health and safety, industrial decay and dearth of critical infrastructure to respond to emergencies like the coronavirus pandemic. The familiarity with these missing links seemed to support the vulnerability of Africa to the virus.

In addition, the novelty of the virus necessitated global concerns and many disturbing questions, even from among the experts that the public and government looked upon for its remedy. Field (2020) highlighted some of the frequently asked questions that revealed public apprehension about COVID-19. It was common to get perturbed about how SARS-CoV-2, the virus that causes COVID-19, came about; what level of social distancing was required to tame the outbreak, what treatments would prove effective against COVID-19 and when vaccine for the disease would be ready. These questions were as important as the general concerns about what safety measures that would be germane for the virus.

Searches for answer to these questions cut across countries, especially in the developing nations that Nigeria is among the category. Although the inexplicable background to the virus heightened public anxieties, the disillusionment on the contrary resulted in haphazard response systems, including lockdown of airspaces, closure of country's borders and commercial activities, clampdown on public transportation systems, introduction of conflicting and often disputed safety measures like closure of social functions, entertainment and religious activities, and social/physical distancing. It also encompassed regular washing of hands, wearing of facemasks, and campaign for hygiene culture like maintaining clean environment, and sneezing into bent elbow. Others include the establishment of testing facilities, quarantine and isolation centers and commissioning of researchers to develop a coronavirus vaccine. Bill Gates (NewsWorld, 2020) corroborated the scary tale, and posited that, "the global picture and the US picture are both bleaker than I would have expected".

There are also glaring barrages of disjointed prescriptions (orthodox and unorthodox) for treatment of COVID-19 confirmed and suspected cases, which induced disparaging misunderstanding either among different countries or with the guidelines issued by WHO on clinical protocols relating to treatment of coronavirus. Instances include the campaign for Hydroxychloroquine and Azithromycin, including other therapies like Chloroquine, IV Vitamin C, Interferon Alpha 2B (Bianco, 2020), and Madagascar's local herb mixtures – Covid Organics (Tih, 2020), with several other unverified claims of herbal solutions for cure of coronavirus that sprang up across many countries including in Nigeria.

These problems appeared to be global phenomenon, amid misconceptions about coronavirus (COVID-19) and defense mechanisms on its origin, the spread, containment and the treatment. It was therefore not particular about Africa or Nigeria, except that the trend showed variations in the quality of leadership in the management of the virus, in addition to the general socio-economic implications on the citizens. The cases of America, China, Russia, Italy, Spain, and other countries in Europe, aside internal criticisms, portrayed exemplary leadership in the management of COVID-19. The presidents of these countries visibly managed the frontline efforts, coordinating national response and some of them tested

positive to the virus. They wittingly and assiduously provided the requisite leadership in policies and action, while some of their contemporaries, especially in Africa but Nigeria in particular, seemed to appear docile, indifferent or exhibited lackluster attitudes that their proxy surrogates shielded.

Amid the initial disputed roles played by WHO for global protection against the virus, the COVID-19 management template either on policies or on strategic response actions developed by some countries in the western world became models that political leadership in many countries adopted, particularly in the third world. The inherent lacuna informed the need for incisive inquiry into the perceived dearth of proper and astute leadership that greeted COVID-19 management upon its outbreak in some countries that Nigeria is not an exception; hence, the objectives of the study include, to:

10. assess the nature of policies and strategic actions taken by the Nigerian political leadership;
11. examine the appropriateness of the policies and the consequent public response systems;
12. appraise public perception of COVID-19 and government reactions and directives; and
13. determine the role that government played in the management of COVID-19 in Nigeria.

Fundamentally, analysis of the foregoing issues exposes what roles that government played based on the type of leadership it provided in the management of the virus. The form of proactive action and measures taken or adopted in response to the challenges posed by the terrific nature of the virus surmises the measure of leadership in the matrix. In other words, the leadership question involves examination of how government strategically engaged the citizens and managed their welfare demands.

2. Conceptual Review

2.1. Coronavirus (COVID-19)

Coronavirus disease 2019 (COVID-19) is widely believed to be a dangerous disease that presents differing symptoms from medical diagnoses. The diverse nature reflected in its definition as illness caused by a novel coronavirus now called severe acute respiratory syndrome coronavirus 2 SARS-CoV-2, formerly called 2019-nCoV (CDC, 2020; Evans, 2020).The World Health Organization (WHO) posited that the most likely ecological reservoirs for SARS-CoV-2 are bats, but it is believed that the virus jumped the species barrier to humans from another intermediate animal host, which could be a domestic food animal, a wild animal, or a domesticated wild animal that has not yet been identified (WHO, 2020a). Accordingly, Shereen, et al (2020) contended that the coronavirus disease (COVID-19) is a highly transmittable and pathogenic viral infection caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2).

However, Yanping (2020) explicated the complex nature of the virus further and argued that SARS-CoV-2 belongs to a family of single-stranded RNA viruses known as coronaviridae, a common type of virus, which affects mammals, birds and reptiles. According to him, in humans, it commonly causes mild infections, similar to the common cold, and accounts for 10-30% of upper respiratory tract infections in adults. Obviously, certain differences in the manifestation of COVID-19 show that the symptoms generally vary based on the body chemistry and immunity (Okibe, 2020). This is because studies have not completely unraveled the complexity of the SARS-CoV-2 that medical diagnoses began to identify in humans after its outbreak. Although SARS-CoV-2 was classified as a pandemic, the term pandemic symbolized the criterion for the designation, whichderives from the inherent capacity of a virus or disease to spread globally (Grennan, 2019; Okibe, 2020).

2.2.Pandemic

There are many perspectives to the meaning and understanding of what is a pandemic and the distinguishing characteristics that mark it out from other forms of disease or virus. First, epidemic becomes a pandemic when it occurs worldwide, over a very wide area, crosses international boundaries and affects a large number of people (Harris, 2000; Qiu, et al, 2017). Second, a disease is classified as pandemic if it is a new and highly pathogenic viral subtype, which establishes a foothold in the human population, at which point it rapidly spreads worldwide (WHO, 2011). The remarkable feature is that it must be one form of virus to which no one (or few) in the human population has immunological resistance and which is easily transmissible between humans.

Evident in the foregoing definitions is the fact that pandemics occur when a disease becomes widespread as a result of the spread from human-to-human infection. Hence, Qiu, et al (2017) listed some examples of pandemics to include Spanish Flu, Hong Kong Flu, SARS, H7N9, Ebola, and Zika. The indicators include features like wide geographic extension, rapid disease spread, novelty, severity, high attack rates and explosiveness, minimal population immunity, infectiousness and contagiousness. These features are rife in coronavirus SARS-CoV-2 and thus qualified for status of a pandemic.

2.3.Management

The simplest way to understand management is to conceive it as a set of activities (including planning and decision making, organizing, leading and controlling) directed at an organization’s resources (human, financial, physical, and information), with the aim of achieving organizational goals in an efficient and effective manner (Griffin, 2013). However, management in the context of this study is considered from two distinct perspectives. Firstly, management refers to academic orientation acquired through learning process, whereby the emphasis is on theoretical analysis of organizational life. Secondly, management also refers to activity, involving decisions and actions that aim at achieving the stated goals of either formal or informal establishments. The study dwells on the latter perspective that is on the activity level or the practical dimensions of management.

Scholars hold different understanding of what management actually entails. In the views of Fayol (1949), to manage is to forecast and plan, to organize, to command, to co-ordinate and to control. The listed underlining actions in the definition exemplify the

concerns of management, which further provides lucid explanations of the mandates and actions of management in every organization.

1. forecast and plan means to examine the future and draw up the plan of action;
2. organize means to build up the dual structure, material and human, of the undertaking;
3. command means to maintain activity among the personnel;
4. co-ordinate means to bind together, unify and harmonize all activity and effort; and
5. control means to ensure that everything occurs in conformity with established rule and expressed command.

In essence, management is the process of achieving organizational objectives, within a changing environment, by balancing efficiency, effectiveness and equity, obtaining the most from limited resources, and working with and through other people (Naylor, 2004). The explanation interrogates the correlation among the attributes that portray and measure effective management. How did Nigerians fare during the peak of COVID-19 that bore evidence of proactive management through productive engagement of the citizens? In other words, what management skills did the political leaders apply in the management of COVID-19 and how did those skills reflect in the notion of collective responsibility by integration of the citizens into the project for seamless achievements of the set objectives? This is where leadership question in Nigeria suffices for consideration based on other examples of leadership.

2.4.Leadership

Leadership draws its meaning from roles played in positions of authority, the nature of power that the position exercised at different settings and how the process is recognized and legitimized through the consent of followers. From the perspective of the U.S. Army (1983) in a study of its performance evaluation, four interdependent and mutually inclusive factors influence leadership in every organization. The factors comprise leader, followers, communication and situation. They typify the notion of political system, and lend credence to analysis of COVID-19 management in Nigeria in particular, and the leadership questions from different contexts. Leadership portrays the divergences in behavioural expectations in the system and thereby explains how each factor influenced COVID-19 management in the country. A succinct explanatory expose by Sharma & Jain (2013) on the determinants of leadership indicate that a leader must possess innate capacity to inspire the followers and show good understanding of human nature, such as needs, emotions, and motivation. It requires having cordial relationship with the followers, ensuring lively communication system to bridge any gap in their interaction. It avails the followers the opportunity to understand the leader and jointly collaborate in efforts to overcome challenges presented by any situation.

The questions that these attributes readily invoke would culminate in investigating how the political leaders in Nigeria offered inspiring leadership that compelled their followers to share in their mission statements and actions on COVID-19 management and thereby produced a desired result. In other words, one would wonder how the Nigerian masses responded to government policies and actions tailored toward COVID-19 management in the country. Such incisive inquiry helps to ascertain how the action or body

language of the president and other sub-national leaders in Nigeria created sense of success or failure in COVID-19 management. This is against the backdrop of arguments by Sharma &Jain (2013:310) that, “leadership is a process by which a person influences others to accomplish an objective and directs the organization in a way that makes it more cohesive and coherent”.

2.5.The Relationship between Management and Leadership

The discussions above show that management and leadership are generic terms (Kaehler & Grundei, 2019). Each of them explains the various perceptions about the organization of material and human elements in an environment. In the context of this study, management and leadership form the bedrock that anchors the analysis; in fact, both are tacitly linked and complementary. For example, management and leadership in the area of activity influence the state of a thing, through human discreet actions and behaviours with the aim of actualizing set goals. Furthermore, management and leadership share common features in virtually all the context of human activity and therefore synonymous.

In other words, management and leadership mutually influence others to put in the effort on what goals that have been set out to achieve – whether to create order or change; hence, managers are in the same category with leaders. Therefore, leadership is synonymous with management practiced well (Mintzberg, 2009). To a significant degree, managing and leading involve human action and the intendment of each activity is to influence people – the subordinates, and to make impact on both the populace and the environment. Thus, managing and leading is basically about influencing action.

In essence, management and leadership qualify for the activity that this study focuses on, which is the management of coronavirus pandemic in Nigeria and the leadership questions. It warrants the use of management and leadership interchangeably, especially for analysis of the thematic issues underlying the discourse except for where it clearly and expressly stated otherwise.

3. Theoretical Framework

The study applied the **“bounded rationality model”** of decision-making theory, developed by Herbert Simon (1979). The bounded rationality model describes a decision maker who would like to make the best decisions but normally circumstances compel the decision maker to settle for less than the optimaldecision that it originally conceived or envisaged. The assumption of the model is that a rational decision maker has never had full knowledge of any situations that necessitated some decisions made. It is more so with the nature of circumstances and decisions made for COVID-19 management. In this instance, Gigerenzer (2001) distinguished four principles governing decision-making. It emphasized that a decision maker is prone to having incomplete and, to some degree, inadequate comprehension of the true nature of the problem being facedor not being able to generate all possible alternative solutions for consideration before making decision. Furthermore, a decision maker is usually unable to predict accurately all consequences associated with each alternative decision for action; and thereby take any cause of action or decision based on some criterion other than maximization or optimization of options.

The implication of the contradiction of these rigorous processes, which the public and onlookers erroneously believe that a decision maker comprehends and manages with dexterity and proficiency, is that situations and issues concerned make decision-making process to vary and no one situation presupposes the other. It is most likely that decision makers may not be aware that problems exist, and even when they are, they may not search for all possible alternative solutions because of contingent factors that could take the forms of time constraints, cost and perhaps, the inability to process information. Apparently, Simon (1979); Rimamchaten & Abubakar (2018) acknowledged these challenges to lend credence to the fact that it might be possible that what decision makers generate at the end of the decision-making process is a partial list of alternative solutions to any identified problem based on their experience, intuition, advice from others, and perhaps even some creative thought.

The outbreak of COVID-19 presented leaders with similar situation. Many decision-making processes, not predicated on the knowledge of the nature of problem inherent in the virus, derived from creative thought and advice from others. It opened a floodgate of conspiracy theories that dominated discussions on COVID-19, with uncertainty in government decisions and disparaging fluctuation in the management approaches. Smriti (2015) imagined that the situation of a decision maker and the form of decision-made might determine the nature of decision-making process. It requires that the decision maker must be a rational thinker to be able to sieve out rational decision from the clusters of complex factors that present themselves for consideration. In addition, the process must be clearly articulated, determined and definite; it must be selective to align decision to existing problem, which means that the decision must be problem solving.There must be commitment towards its implementation with continuous evaluation of the process to ascertain any alternatives, and the results of the decisions taken.

In Nigeria, government intervention, including the activities of the NCDC, PTF and other committees constituted to participate in COVID-19 management revolved around decision-making that contradicted some of the activities listed above. External influences dominated most decisions on certain aspects of COVID-19 preventive and containment guidelines in Nigeria and they remained controversial because of the resultant difficulties in their domestication for ease of public compliance.

4. Contending Issues in Global COVID-19 Management

Studies of empirical cases about the outbreak of virus and other forms of diseases have shown that infectious disease can easily cross national borders of one country to threaten the economic, social, religious, political, or health conditions of other nations and sometimes, it could escalates to affect global stability. Essentially, Qiu, et al (2017) emphasized that there is debilitating and sometimes fatal consequences for those directly affected. The COVID-19 experience buttressed the fact that virus or disease has ranges of negative social, economic and political implications across national and international frontiers, amid politics of blame games. Any virus affects not just the mortality, but also the health-care system, animal health, agriculture, education, transport, tourism and the financial sector (Davies, 2013; Qiu, et al, 2017). These dastard consequences create indelible marks on

human existence and the environment, thereby challenging human ingenuity in effective crisis management.

Apart from the several impacts on the ecosystem, the overall effects on the thread holding a society is part of the reasons why scientists rate the coronavirus pandemic as one of the most serious public health crises in living memory. It brought the world to its knees, shutting down entire countries and causing an exponential spike in the disease and death rates (Deloitte, 2020). Despite the ineluctable challenges, the slug demanded proactive and systematic measures in the management of the virus, to avert prolonging the inherent devastating effects it unleashes on human life and the economy.

There is no doubt that COVID-19 presented new leadership challenges in every spheres of life. The remarkable difference from the previous pandemics or diseases is that the development differed from many historic health crises that occurred when the world groped in the dark without sufficient answers for many questions concerning human life and environment. In this era, according to Dettmann, Alpern & Stier (2020), transparency and technology are helping us watch and learn from one another, in order to emerge stronger in any challenging situation, including the outbreak of viruses, terrorism and climate change, etc. Each of these crisis calls for a collective efforts in leadership action.

Generally, a widely held assumption is that shared leadership action to redress any emergent global problem offers a window of opportunity to develop cohesive and inclusive regulatory policy frameworks at the national, regional and continental levels. Initially, COVID-19 management showed significant deviations from this collectivism in management approach. The activities at national and global scale naturally took different dimensions and differed in intensity and each reflected certain assumptions about the virus. Some focuses on managing either the conspiracy theories, rebuttal of the virus, the 5G network infrastructure and the mob attack, or the sudden clampdown on human rights. The government response usually reciprocated the emergent developments in the system, based on the peculiarity of leadership, political, socio-economic and technological challenges prevalent at the time.

Other COVID-19 management measures presented a symbol of universal significance through the adoption of an integrated global precaution mechanism and well networked management approach. For example, the traces of the origin of the virus to food market in Wuhan City in China, raised danger alert on seafood and animal meat consumed worldwide, especially bats. On that note, the International Food Safety Authorities Network (INFOSAN), and national food authorities sought more information on the potential for persistence of SARS-CoV-2, which causes COVID-19, on foods traded internationally as well as the potential role of food in the transmission of the virus (WHO, 2020a).

While a generalized management strategy and policy framework that characterized global coalition efforts against COVID-19 (such as the case cited above), made some impact among certain class in a society, it rarely affected some deeply rooted local orientation towards adherence to global safety prescriptions. The aberrant orientation rationalized the adoption of alternative local preventive measures by each government, in order to secure public cooperation and compliance. Part of the reason for the local alternative is that the uncertainty embedded in COVID-19 management, made leadership challenge to become a bit complex and consequently, leaders faced innumerable leadership dilemmas and conflicting demands, most of which did not provide plausible exits and solutions (Deloitte, 2020).

Across several countries, the experience in the roles of political leadership in the management of COVID-19 differs and this is despite certain challenges that they shared in common, which include bickering over the source of the virus, mutual suspicion among the key players in the international politics and economy, and the blame game that holds China in contempt. The dilemma nurtured the insistence that the virus has a veiled purpose, with the amplifying conspiracy theories that went viral. Yet, that perspective did not blend with the cases of skewed public perceptions that labeled the virus as a political hoax, with persistent denial that it is not a reality or in existence. Outside the inherent debates and finger-pointing smut, other domestic factors exerted significant influence over national leadership and the public reactions. The disjuncture affected the COVID-19 management process and created widespread implications that traversed all ramifications of national and international life.

Each country experienced peculiar situation on the issues relating to medical equipments, health infrastructure, personnel quality and institutional capacity. The outbreak of COVID-19 revealed their national and global shortages or scarcity, and narrowed the demand-supply chain. Countries struggled to contain shortages of ventilators and oxygen, including surgical mask, personal protective equipments, functional Intensive Care Units (ICU), testing kits and laboratory, equipped and functional hospitals, quarantine and isolation facilities and even funds for their procurements, where it is feasible. The observed disparities in their availability, access and effective utilization, caused the designation of some countries that lacked the facilities in their countries as being more vulnerable than the others are.

The designation created room for improvisation in some countries and consigned others that lacked innovation and ability to fabricate certain things locally, to beg for assistance. Nigeria ranked high among the disadvantaged countries due to bad governance, corruption, and lip service to the development of health system. The challenge presented an incredible scenario where people managed COVID-19 with almost nothing and where the leadership lacked inspiring vision and initiative. Without initiative, the preventive and management measures recommended by WHO and developed countries remained imperative. The lacuna that western induced prescriptions dominated, might lend credence to the absence of local content in the ban on travels, closure of international borders, wearing of masks, and restrictions in movements, social distancing, contact tracing, quarantine, isolation, treatment, regular briefing/updates and sensitization of the public for personal hygiene. Many of these preventive measures generated safety debates more than the protective roles ascribed to them.

On the issues of hygiene and hand washing, Evans (2020) argued that, "disease containment policies are much harder to implement in dense communities that lack running water". There are claims that the wearing of facemask posed health hazards. Similarly, the prescriptions for the treatment of COVID-19 also appeared diverse in nature and background, and were not resolved either scientifically or medically. Social or physical distancing that enmeshed in ambiguity within the domain of cultural interpretation was in the same garb with restrictions in movement that breached basic human rights. Due to several lapses, these matrixes snowballed into cluster of blame game during their enforcements.

4.1.The Dialectics of Blame Game in COVID-19 Management

Different challenges enveloped the management of COVID-19 globally, especially in the areas of leadership, policy enforcement and compliance. Nigeria lagged profoundly in

these listed litmus tests. Policymaking operated on a single digit, whereby federal government seemed to sideline other tiers of government and non-state actors. Lack of integration of various inputs from stakeholders in the health sector mainly, ruffled the required broad based management approach on COVID-19 leadership. Enforcement action also lacked any synergy and often appeared conflicting with the programmes of the state and non-state actors. It made the COVID-19 leadership at all government levels to be somewhat clumsy, not decisive due to power delegation, haphazard chain of command and laborious reporting system. For a similar reason, the enforcement action suffered incidences of claims and counter-claims of nonexistence of the virus by some prominent personalities, the states like Kogi, Cross River with the attendant frequent bickering over the NCDC/PTF guidelines on COVID-19 preventions and treatments.

This impasse was happening and commonplace in Nigeria when some other countries affected by COVID-19 progressed towards developing systematic measures to contain the virus and manage the fallouts. China was the first to adopt preventive, containment and management measures before other countries followed suit. Similarly, Deloitte (2020) stated that India and Belgium were the only two countries that called for a lockdown at very early stages when they detected human-to-human contagion. Despite the awareness of COVID-19 spread, the developing countries especially Africa, found it hard to cope with lockdown or stay at home strategy as most of them depended on the daily income to survive (Pius, et al, 2020). Aside Africa, other countries lagged in varying degrees, in the enforcement of COVID-19 safety measures.

In each country, the citizens sometimes attributed the lapses in the COVID-19 management to failures of political leaderships and other times, the blame would shift to prevalence of utter confusion in the management of the virus at different instances because of its strange evolution and complex nature. Pius, et al (2020) argued that the control of COVID-19 has been very challenging because of its similar clinical manifestation with other respiratory infections such as the flu, common cold, and the fact that many appeared to be asymptomatic for many days even after been exposed to the SARS-CoV-2 virus. The confusion also affected the symptoms of the COVID-19, which tolerated anti-malaria drugs for the cure. It made many people in Nigeria not to easily differentiate the virus with malaria.

Nigeria is not an exception in the exemplary leadership hesitancy observed in the management of COVID-19. Other countries suffered missteps and blames in the process of managing the virus. David & Peter (2020) alluded to inherent media contradiction on the attractive publicity on the COVID-19 management, especially by the U.S. State Department. They argued that inconsistencies in the characterization of the U.S. management strategy were evidences of muddled and confused scenarios, which depicted deficiency in contact tracing with weakness of regulations in the U.S. Thus, Bill Gates described the U.S. response to the coronavirus pandemic as not being apt, compared to other countries (NewsWorld, 2020). Thus, the faltering development in the U.S. depicts the fact that,

> Our behaviour and contact tracing was not working well, we continued to have very large case spread, compared to Europe or other countries and it is embarrassing. The United States has had a tough time. We are not as tough on contact tracing or enforcing quarantine and compliance with mask wearing is far less than particularly

the countries in Asia. The tepid response in the U.S. to measures aimed to combat the coronavirus, such as mask wearing, was one reason why the country has the most number of cases in the world (NewsWorld, 2020).

The foregoing description of public response to COVID-19 management in the U.S. buttressed the report of other observers, which found that the apparent inability of the U.S. to show proactive response to the pandemic was disparaging. It acceded that the inevitability of such a pandemic as health emergency demanded that the country would have deployed its resources and used its advantaged position to address the problem (David & Peter, 2020). The position of the critics hinged on the fact that the U.S. has the potential to resist the spread of the virus early enough and the capacity to even mitigate its effects on her citizens but the leadership seemed to be distracted. FEMA (2020), cited in David & Peter (2020) argued that the uncertainty of what management approach to adopt and complexity of the virus based on scientific investigations, fostered delays in tackling the virus.

It engendered conflicts among the stakeholders and finger pointing as signs of party intrigues during a period of hyper-partisanship associated with national elections in the U.S. Thus, FEMA (2020) contended that party politics for the November 3, 2020 presidential election did not deter the government from taking action to combat the COVID-19. Hence, the leadership embarked on both fragmented and decentralized system-wide response to the virus. The holistic measure also involved strategic arrangements, which engaged all levels of government and non-state actors. To say the least, the operational framework in the U.S. signified astute leadership despite political rambling.

As a global pandemic, the challenges of managing the virus weighed heavily on leaders, amid rash of blame games. It proved a litmus test for Vladimir Putin of Russia, Emmanuel Macron of France, Boris Johnson of UK, Pedro Sanchez Perez-Castejon of Spain, Sergio Mattarella of Italy, Jair Bolsonaro of Brazil, and Angela Merkel of Germany. Each of them demonstrated substantial astute leadership. Andry Nirina Rajoelina of Madagascar, Cyril Ramaphosa of South Africa, Abdel Fattah Al-Sisi of Egypt and Governor Babajide Sannwo-Olu of Lagos State in Nigeria, represented the African models. Several other examples in their folds offered leadership with patriotism and despite the number of infections, fatality and the blames; they remained resolute, undaunted and visible in the frontline providing leadership and coordinating efforts in the management of the COVID-19 in their countries.

Evident in their roles include sponsoring, funding or supporting several research interventions for discovery and development of COVID-19 vaccine, ensuring the safety and security of their citizens and proactively making policies that guaranteed adequate stimulus to reinvent the shattered macro and national micro economies that affected all sectors. Other motivational leaders also approved special relief packages for their citizens to cushion the effects of the pandemic on their sources of livelihood.

All the same, President Buhari of Nigeria and some likeminded State Governors preferred to be invisible in the frontline, remained in confinement for safety reasons and refrained from playing any active leadership roles in the management of the COVID-19. The leadership vacuum emboldened the appointed surrogates to issue COVID-19 guidelines under the shield of presidential directives. This was further accentuated by the confirmation that

some public officeholders, including the Chief of Staff to the President and perhaps the closest Aide, Abba Kyari, contracted the COVID-19 virus and died later. The president and some Governors rarely addressed the nation or their states on COVID-19 updates. It fuelled the misunderstanding between NCDC/PTF, some State Governments and National Assembly. The flop culminated in the allegation that government funds and external donations are mismanaged.

In addition, the apathy and divisions among the ruling class watered the public belief that some persons who occupied prime positions in government used the politics of COVID-19 to harvest the inherent economic and political opportunities for selfish aggrandizement. In one instance, many Nigerians alleged sharp practices in the activities of Federal Ministry of Humanitarian Affairs, Disaster Management and Social Development (FMHDS), under Sadiya Umar-Faruk, which handled palliative materials, N20,000 cash transfer to poor and vulnerable households (Dixit, et al, 2020) and undertook school feeding programme when the country was on lockdown. A similar allegation focused on the activities of some law enforcement officers, mostly the Police and the Nigeria Security and Civil Defence Corps (NSCDC), which observers blamed for compromising the strict enforcement of the lockdown order through extortion. Meanwhile, different Committees that various governments constituted either to manage the distribution of the COVID-19 palliatives or to secure the interstate community borders betrayed public trust and government mandates by the same extortion.

These monumental hullabaloos raised leadership questions in the COVID-19 management in Nigeria and further doubted the policymaking and enforcement action process, which could not prove that either management or leadership in the fight against the novel coronavirus was successful. Based on the foregoing, it becomes apt to examine the COVID-19 management structure in Nigeria.

4.2.The COVID-19 Management in Nigeria

Preemptively, there were predictions by soothsayers, scientists and men of God alike, concerning the imminence of disease outbreak that would pose great danger to human health and environment. The consequent alarm aroused public and government attention, which made it possible that the outbreak of COVID-19 did not take the world unawares. Part of the earliest prescription on how to manage the virus came from the Emergency Committee of the International Health Regulations (IHR) of the World Health Organization. As Dixit, et al (2020) noted, all countries were advised to prepare for containment, active surveillance, early detection, isolation and case management, contact tracing and prevention of onward spread of 2019-nCoV infection, and to share full data for prompt response actions. This advisory prepared ground for birthing other COVID-19 management strategies

Proactive COVID-19 management became most compelling in Nigeria following the announcement by the World Health Organization (WHO) on June 29, 2020 that there are over 380,000 confirmed cases of coronavirus (COVID-19) in African continent – with more than 181,000 recoveries and 9,500 deaths. According to Nseyen (2020), South Africa, Nigeria and Ghana had the highest reported cases on the continent. Nevertheless, the figures across continents and countries continued to triple amid lack of reliable management system

and the Nigeria Center for Disease Control (NCDC) drily responded to the global alert and demands for prompt action on COVID-19 management.

The attention and seriousness attached to issues about the virus started to manifest, particularly from March 9, 2020 when President Muhammadu Buhari inaugurated a Presidential Task Force (PTF) on COVID-19 at the national level. Other sub-national leaders replicated the prototype in their states. This was done in an attempt to prevent the spread of the virus and thereby protect Nigerians from further infections. The Director General of Nigeria Center for Disease Control (Dr Chikwe Ihekweazu) and the Chairman of Presidential Taskforce on COVID-19 (Mr. Boss Mustapha – The Secretary to the Government of the Federation, SGF), were directed to provide COVID-19 management leadership at the center while the committees at the state and local government levels collaborate with them.

The priority was to make requisite COVID-19 management policies, coordinate action plans among other stakeholders and implement national efforts at COVID-19 management. Consequently, the PTF appointed Dr Sani Aliyu as the COVID-19 National Coordinator. To expand their operational base, the PTF integrated the Executive Director of the National Primary Health Care Development Agency (NPHCDA) – (Dr. Faisal Shuaib), into the intervention programme. They jointly coordinated national and sub-national efforts geared toward mitigating the impact of the COVID-19 pandemic in the country. With time, it further expanded cooperation and collaboration activities to involve both state and non-state actors, including private citizens and community leaders. Their primary objective was mainly to create sustainable structures that would anchor the enforcement action, which included:

- Establishment of laboratories, isolation and treatment centers at selected locations;
- National daily briefing by the PTF for updates on actions taken/proposed for implementation;
- Coordination of actions for all categories of supports to the government at all levels;
- Detection of cases, contact tracing, quarantine, testing, isolation and treatment; and
- Erection of serious security checks at the external and internal border posts.

Essentially, some of the key government policy directives and enforcement actions observed in the implementation of the COVID-19 management in Nigeria appeared to merely replicate what other countries have experimented with minor differences. Included in the categorization are the following:

- Border closure along with international flight operations;
- Lockdown involving public services, school systems, worship centers and businesses;
- Inter-state border closure and restrictions in movement, except exempted goods and services;
- Management of palliatives – provided by government, corporate bodies and private persons;
- Appeal for local and international assistance and supports in finances and materials;
- NCDC guidelines on hand washing, sanitizer, facemask and social distancing; and
- Banning of social and traditional functions like wedding, burial, partying, nightclubs, etc.

The foregoing layers of policy guidelines and enforcement actions might dispel notions of fragmented, uncoordinated and reactionary COVID-19 management approach in Nigeria but it proved otherwise, by deviating from strategic organized leadership for prompt response. The policies suffered huge leadership setbacks during the enforcement and tended to frustrate the efforts to contain the virus.

5. Challenges posed by COVID-19 Management Policies/Guidelines adopted in Nigeria

Sequel to the unusual expanse of devastations that COVID-19 pandemic caused in developed world, which has technological and functional medical infrastructure, it dampened the spirit of most third world nations and resulted in an initial prediction that it posed precarious situations in Africa. It however negatively affected the COVID-19 management guidelines meant for public compliance. From among the Nigerian discerning critical mass, which listened to news from international media and followed up issues on the social media, they were quick to fault with COVID-19 management strategies in terms of policy guidelines and enforcement actions. It thus became evident that government merely copied and pasted most of the guidelines from the countries of primary origin to apply on Nigerians. No innovation blended with the local peculiarities of the country, to ease the grasp of the guidelines and elicit the compliance behaviours expected from the Nigerian masses.

The copy and paste trend failed to appreciate the enormity of subsisting systemic decay that characterize government insensitivity and corruption, or the gauge of official lies that show insincerity of government, including the citizen’s distrust on government policies and actions. This was in addition to public ignorance about the virus due to inadequate information, poor orientation, and the imminent negative attitude that rebuffed COVID-19 preventive measures, which replicated western models.

The constraints outlined above, no doubt, influenced public perception and disenchantment about the COVID-19. While the NCDC/PTF copied the WHO prescriptions and other COVID-19 management approaches adopted by the developed countries, government failed to take a matching action. Insufficient procurement of medical equipments and consumables, slowed pace in the expansion of testing centers, quarantine and isolation facilities and unmatched manpower requirements also hindered the implementation. Dixit, et al (2020) had reported that at inception when the COVID-19 outbreak was announced, Nigeria had just 350 ventilators and 350 ICU beds for its entire population. It showed the precarious nature of the case and thereby necessitating the consequent efforts that culminated in the acquisition of additional 100 ventilators in April 2020, barely a month later.

Evidences of leadership failures and absence of clear management strategy outside the usual fire brigade service approach partly showed in the astronomical surge in the figures of infected persons since the second wave from the beginning of 2021, even when no sign proved the termination of the first wave. On 27th January 2021, the figures stood at 126,160 as total confirmed cases, 100,365 total discharged and 1,544 total deaths. This was despite the subsisting low testing of citizens, which still operate at a slow pace with very limited testing centers. Efforts have almost relaxed, if not dropped on contact tracing, quarantine and isolation, due to weakened institutions and disincentive to health workers over nonpayment

of their hazard allowances, and inadequate provision of personal protective equipments. It culminated in intermittent strike action at such critical moments in the nation's history.

Misinformation about COVID-19 in Africa affected the implementation of the government policies on its prevention, containment, treatment and management. Few examples include the publicized deaths and health dangers posed by wearing of facemask, the rumour of bribing President Andry Rajoelina of Madagascar by WHO, to secretly poison the Covid-Organics, which was a plot to stop Africa from developing its own cures (Mwai, 2020). It also includes the collaborative conspiracies of cabals in government to hang onto power, usurp the authority of the state by raising false alarm about COVID-19, and thereby enunciate policies and key decisions that manifest in corruption. It summed up the disparaging claim that COVID-19 is a hoax and does not exist. It hinders the seamless implementation of the preventive and curative policies of NCDC and PTF in Nigeria. Meanwhile, the global nature of the misinformation has made every government to contend with the phenomenon, by devoting time to educate her citizens to see the virus as potential threats to human life and economy.

Ironically, the persistent dearth of medical facilities in Nigeria despite several billions of naira allocated for emergency provisions of the facilities since the outbreak of the virus has made many Nigerians to doubt the sincerity of government that it actually meant to fight the virus. The mid-term reports by PTF in July 2020 outlined various activities taken by government to stop the spread of COVID-19 (UNAIDS, 2021). These activities appeared to be more pronounced in the media than in what could be sighted physically. Dearth of functional health infrastructure and complaint about poor equipments in Nigeria continued to be on the rise and under such deplorable condition, no workforce in the health sector would be strong enough to support a sustained national response to COVID-19. It created palpable fearsabout how government could manage exponential spread of the virus without serious checkmates due to absence of strong health institutions. The lapses forged a consensus that Nigeria would rarely implement any effective responseto COVID-19 that guaranteed public safety.

The first case tests were the imitated prescriptions and self-help in treatment for COVID-19 has remained a problem. Unorthodox prescriptions like ginger, garlic, lime, honey, hot water, sunlight and other local herbs and roots therapies dominate the psyche of many Nigerians. They easily associated COVID-19 with familiar malaria symptoms like cold, catarrh, cough, bronchitis and difficulty in breathing, which are treated with Vitamin D3, Vitamin C 1000mg and the conventional malaria drugs. It compromised the safety measures prescribed by both WHO, the NCDC and local authorities and therefore, prevented people from seeking medical attention at the earliest time. Part of the reason was that many people took COVID-19 as the same thing with malaria. Chief Raymond Dokpesi buttressed this assumption when he asked, what is the difference between COVID-19, which is a virus, and malaria? (Egbas, 2020).

Some of the infected Nigerian leaders and other prominent personalities like Bala Mohammed (Governor of Bauchi State), Seyi Makinde, (Governor of Oyo State), Nasir El-Rufai (Governor of Kaduna State), Chief Raymond Dokpesi and Dr. Doyin Okupe, etc, described the drugs used on them for treatment of COVID-19 as not remarkably different

from malaria drugs. It significantly influenced other Nigerians to believe that unorthodox medicines related to malaria also cure the COVID-19 virus.

Enforcements of lockdown of the system, wearing of mask, social/physical distancing, closure of social and religious/worship centers, restrictions on movements, and hand washing, among others, proved a herculean task. The guidelines diametrically presented a twist that contradicted Africa's age long cultural practice on social bonding, intimacy, cooperative lifestyle, and thus made disengagement from one another difficult. Confinement of people to their homes also proved abortive because of peculiar economic challenges, which depended on daily income to survive. Frequent hand washing failed for obvious reasons. First, Nigeria is a poverty-struck society where there is empirical evidence of water scarcity in most urban and rural areas and government pay lip service to provision of this basic amenity. Second, the directive in many local setting was culturally misconstrued. Frequent hand washing for them, implies cleaning of palm marks, which represent a person's destiny blueprint.

From the global perspective, mass vaccination against COVID-19 is also mired in controversy embedded in conspiracy theory affixed on the COVID-19 vaccine. Rife also is the race among nations to control the global economic gains envisaged in early production of COVID-19 vaccine and the fears that there is no guarantee for any vaccine that took few months to produce. Aside the trended Bill Gates 'microchip' conspiracy theory (Goodman & Carmichael, 2020), production of vaccine has never been an easy process. There is common knowledge that in the past, it usually took between 10 and 15 years to produce a vaccine and the process are long and complicated (Uchechukwu mgemezu, 2021). This conclusion is in consonance with the experience of other pandemics that occurred in the past, which took quite long to develop the vaccines used to mitigate their spread and infection. The implication was that despite the remarkable improvements in science and technology, the public were not expectant that any COVID-19 vaccine would be ready in a shorter time. Therefore, the speed with which the vaccines were produced induced suspicion about their efficacies and fears about their after-effects on human system. The development increased public apprehension and perhaps concerns about public safety.

In the U.S. where the Pfizer vaccine originated, one reason that the start to the U.S. vaccination campaign has been so sluggish is that health care workers – among the first to be eligible – have proved more reluctant to get the inoculation than expected (Rowland, 2020). Some are concerned with the newness of the vaccine, others are worried about potential side effects, and the failure to get the virus under control has eroded their trust in the groups now urging them to take the shot: the federal government, politicians and their employers (Wolfe, 2021). Furthermore, there is also this deep-seated fear that COVID-19 vaccine changes a person's DNA (O'Sullivan, 2020).

Some reported alleged cases of health hazards linked to the vaccine, which health authorities in some countries subjected to investigation, lend credence to the fears. In Florida USA, it was alleged that Dr. Gregory Michael, a 56-year-old obstetrician and gynecologist in Miami Beach, received the Pfizer vaccine at Mount Sinai Medical Center on December 18 and died 16 days later from a brain hemorrhage. Grady & Mazzei (2021) reported that after receiving the vaccine, Dr. Gregory Michael developed an extremely serious form of a condition known as acute immune thrombocytopenia, which prevented his blood from

clotting properly. In both Brazil and Indonesia, it was equally alleged that the CoronaVac, the vaccine manufactured by the Beijing-based company Sinovac had an efficacy rate of just over 50 percent, far below the 78 percent level benchmark that the World Health Organization has said would make a vaccine effective for general use (Paddock & Suhartono, 2021; Wee & Londono, 2021). But government still import and vaccinate people with the low rated vaccine. These allegations have only marginal truths and preponderance of misinformation in continuation of conspiracy theories.

Although manufacturers rate the Pfizer and Moderna vaccines 90-plus-percent rates efficacy, it has not dispelled public questions about their qualities, efficacies and safety assurances. There are concerns that no vaccine produced in a hurry as observed in the case of COVID-19, which abridged time factor regulating vaccine discovery and production for general use, meets scientific rules. It is no doubt that criticisms and indifference to COVID-19 vaccine stemmed from this widely held suspicion. The Governor of Kogi State Nigeria, Yahaya Bello and Senator Dino Melaye publicly condemned COVID-19 vaccine as a ploy by the western world to kill Africans and dissociated themselves from any campaign by the government of Nigeria to key into the inoculation programme (Onyeji, 2020).

Although the above persons, as many others, preferred a local remedy, the Executive Director of the National Primary Health Care Development Agency, (NPHCDA), Dr. Faisal Shuaib, explained why Nigeria has not been able to produce its own COVID-19 Vaccines in the country, attributing it to several years of inadequate investments in the health sector. It was the inadequacies of hospitals that triggered the alarm raised by the Director-General of the Nigeria Centre for Disease Control, (NCDC), Dr. Chike Ihekwazu, that hospital capacity in several towns has reached a critical level, in terms of admitted COVID-19 patients (Uchechukwu mgemezu, 2021).The alarm buttressed the state of decay in health infrastructure; hence, the public concerns about the likely fate of COVID-19 patients if infections soared astronomically. If government could raise such alarm when the caseload of COVID-19infection was relatively low, it indicated the readiness to abandon some infected COVID-19 patients whenever the caseload reached figures that eventually overwhelmed its carrying capacity. It provided sufficient insight into the peculiar situation in the country’s health system, compared to other countries in Europe and America, which had large caseloads but strong health institutions to absorb the shock.

6. The Public Response Systems to the Policies/Directives

Government, private sectors and individuals adopted several response measures that are unilaterally or multilaterally lax in nature, to comply or negate the implementation of all the proposed plans that aimed at defeating the coronavirus pandemic. Apart from denial that coronavirus exists, the poor state of health infrastructure generated dissent reactions from medical personnel over scarcity or unavailability of personal protective equipments, to safeguard healthcare providers. The shortages of material and financial requirements provoked protests among different categories of medical workers.

At the federal level and in most states, evidence-based policies such as social distancing and “test and trace” approaches have been implemented. However, implementation has happened on a base of weak health systems, sluggish emergency response, weak accountability systems, and fragmented data and information monitoring

systems. These weaknesses have led to implementation gaps (Dixit, et al, 2020). It resulted in poor adherence to the NCDC/PTD guidelines. People ignored warning against clustering in hundreds at social functions, advisory on the practice of handshakes, warm embrace and intimate association. It extended to neglect of regular hand washing, use of hand sanitizers, wearing of facemask and other personal hygiene cautions. Noncompliance motivated government to lockdown.

However, the lockdown translated to unprecedented hardship, hunger and anger. In some cases, the situation compelled ordinary people to defy the lockdown by going out in search of livelihood. Some states shared raw food and bread but on a limited scale. The inadequacy was to such extent that young people and women protested in their street in rejection of the 'food rations' (Becker, Aborisade, & Shivji 2020). The protest also engulfed police brutality on civilians in the course of enforcing government policies on COVID-19. Several cases of killings attributed to security forces during the lockdown made Nigerians to wonder how the police and the army could be killing people more than the coronavirus does.

Although government banned interstate movements, desperate travelers connived with some unscrupulous elements in the Nigeria Police force and the Nigerian Civil Defence Corp (NCDC) to commercialize the policy. Passenger movements continued to soar at border areas, which occasionally prompted Governors of Enugu, Ebonyi, and Rivers, etc, to enforce the order and impounded vehicles and passengers at the border posts. Security agencies and other local vigilante groups constituted by some state and local governments pretended to close any exit routes against travelers but surreptitiously converted the policy into serious economic opportunity by collecting toll fee to allow the commuters to pass at any checkpoint.

The defiant conduct among different tribes in Nigeria but the Hausa-Fulani in particular compelled political and religious leaders from the Southern Nigeria to raise alarm over the surge of Hausa-Fulanis from states in the north to the states in the south, claiming federal government's complicity in the saga. It heightened mutual suspicion, war tensions and divisive verbal threats.

6.1.Leadership Questions in COVID-19 Management in Nigeria

The COVID-19 crisis brought about serious emergency management challenges that many national political leaders and business organizations had least anticipated. It came at a time many governments in Nigeria (national, states and local) least expected exposure of leadership deficits in the country, including total collapse of health infrastructure, among others. It uncovered government's cosmetic lies about its performance in the economy, health, education, agriculture for food sufficiency and security, in science and technology, public safety, poverty eradication and citizen's welfare. The health emergency stripped Nigerian leadership, exposed the malfeasance that perpetuates deceits on "change mantra" even as the nation drifts. It aided frivolous financial allocation for programmes that threaten national treasury. While the ruling party at the center bemoans the depressing development, the opposition sees it as a welcome necessity for accountability by those in leadership positions.

Most leaders, when preparing for disasters, focus their efforts on creating systems to manage the fallout. They attack the symptoms rather than the problem itself (Walker, 2020). In Nigeria, the PTF created by President Buhari to manage the virus excluded key

stakeholders in the health sector. From every indication, party politics infiltrated the process and the complaints attracted no attention. Generally, the PTF, NCDC and NAFDAC focused on the handout guidelines from WHO and western countries. They ignored the Nigerian scientists, researchers and traditional medicine practitioners in the search for COVID-19 cure or vaccine. These bodies lacked government supports and encouragements.

This is in addition to the frequent altercation among the policymaking, policy implementation and respective government stakes in the process. The states appeared like an ancillary agency in the programme and it created much misunderstanding. While the states solely took charge of their coronavirus management and response to emergency issues related thereto, the NCDC supported and received daily infection information from the states. The NCDC published the summary of the data on its microsite. The general fact-sheet, published weekly, summarized the total figure of daily-confirmed COVID-19 cases, recoveries, deaths, the numbers of samples tested and the active cases recorded, from each state of the federation and the Federal Capital Territory Abuja. Nonetheless, the reliability of these figures have raised concerns due to several loopholes and challenges including that state officials are not turning in enough test samples (Onyeji, 2020). In other words, the operational structure showed some degree of disconnect in the command system, which resulted in the initial refusal of some states (Kogi and Cross River) to cooperate with either the NCDC or the PTF, or to consent to laboratory test requirements for possible detection of COVID-19 cases. The lapse continued to create public distrust.

The daily press briefing organized by the PTF resembled a talk show management model, where leaders merely vacillated. The focus on the fallouts of COVID-19, and not how to cure the virus, betrayed the essence of leadership under such conditions. Unlike Nigeria, Madagascar provided a good example of proactive leadership in the fight against the pandemic in Africa. The leader deserves to take control of the entire situation and provide examples (Deloitte, 2020). Leadership is all about setting agenda, showing examples in prudence, honesty, selflessness, commitment, compliance to rules of engagement, compassion for the citizens and tolerance of peculiar socio-economic conditions prevalent in the country. In this sense, Walker (2020) argued that leadership is what prevents a pandemic.

The foregoing attributes inspire followership; hence, true leadership abhors atmosphere that fertilizes distrust and dishonesty, which metamorphose into civil disobedience by the followers. No doubt, the outbreak of COVID-19 made the demands for these leadership qualities to become more visible and compelling. In consonance, Deloitte (2020) suggested that a leader should possess some distinguishing attributes. In summary, a leader needed to grasp the complexity of the situation on ground; to view the situation from different perspectives; to show passion for experiment and change; to take quick decisions; and to have the relentless desire to excel, even in the most demanding situations. Furthermore, a leader should be mentally tough and persevere in difficult times and in rapidly changing situations; and show boldness in the face of ambiguity, as presented by COVID-19.

Again, there are both leadership problems and systemic flaws in Nigeria, which arose from lack of enabling environment needed for a successful management of COVID-19 when the country first registered her index case. Many evidences attest to the lapses. The first and major evidence came from the findings of a study conducted in 2017 by the Joint External Evaluation (JEE) of International Health Regulations of the World Health Organization. It

unveiled key response elements in health emergencies after it examined a country's capacity to prevent, detect and respond to public health risks, (www.brookings.edu; Dixit, et al, 2020). The analysis revealed that Nigeria performed poorly across the indicators. In both prevention and response actions, it scored 1.9 on the average across the 15 indicators in the prevention category. On overall, the country had limited capacity to prevent biological, chemical or radiation health risk, but it was better prepared, based on the analysis, to perform in the detection category, with an average score of 2.6 across the 13 indicators in the category.

The report exposed the imminent danger in Nigeria's health sector prior to the outbreak of COVID-19 and graphically illustrated its fragility to respond effectively to emergency management requirements in the health sector. This was in addition to the insensitivity of the political leadership to develop sound health policy and thereby invest heavily in the sector to activate the system. It played key roles in the foregoing established deficits in the national COVID-19 leadership, which tended to highlight the invisibility of the Nigerian President in the fight against the pandemic. It also suggested that the role expectation and relapse in role performance by the national leadership during the peak of the COVID-19 was deep-rooted in infrastructural deficits and dearth of professional human capital.

The reported deficiencies were inexplicable and it came to the fore when public cynicism greeted the appointment of President Muhammadu Buhari as the ECOWAS COVID-19 response coordinator in April 23, 2020 by the Authority of Heads of State and Government of the Organization (Olivier, 2020). Reacting to the development, many Nigerians reasoned that charity begins at home and President Buhari should or supposed to lead at home before leading the ECOWAS. The idea of his appointment to lead in what he loathe, symbolized the usual celebration of leadership failures in Africa. He was invisible on COVID-19 matters, addressed the nation almost under public duress, attracted public odium to his heavily criticized watery speeches on COVID-19 and inflames public patience.

7. Critique of the Role that Government Played in the Management of Covid-19 in Nigeria

It is the role of government to provide leadership when under emergencies. Government relies on institutions for the performance of this role. Effective institutional arrangements ensure seamless implementation of policy in pursuit of shared goals (Boin, 2009). In crisis contexts, such as COVID-19 presented, institutional flexibility enables administrators to skip standard procedures to improvise what enables the system to adapt and respond to rapidly changing circumstances. Similar condition does not flourish in Nigeria. In fact, COVID-19 management exposed the fragility of national institutions and corporate culture in Nigeria, which manifests in fragmented authority. The opposition of Governor Yahaya Bello of Kogi State (Onyeji, 2020) and Governor Ben Ayade of Cross River State (Offiong, 2020) buttressed the cases. Apart from the fact that the duo among numerous other Nigerians questioned the existence of COVID-19 and especially in their states, there were doubts among different divides in Nigeria about the rate of COVID-19 infections, including the drugs used for the treatments. This perspective had frequently disagreed with the NCDC, PTF database and NMA supportive claims.

Ikegbu, et al (2020) harped on the poverty of leadership in the COVID-19 management in Nigeria. Few examples suffice. Governor Bello described the deadly disease as a hoax and subsequently raised inciting alarm, which claimed that, "Ninety percent of the noise about COVID-19 was for political, economic, financial (or) material gain. The other 10 percent (related to) ordinary flu, like the common colds Nigerians generally suffers" (Onyeji, 2020). The claims contradicted the PTF viewpoints on the reality of COVID-19. It did not only depict fragmented authority but also lack of inclusiveness and proper understanding among the political leaders, in the COVID-19 management.

Nevertheless, Kettle (2003) was of the opinion that owing to the disjointed experience in the COVID-19 management, situations arose whereby leaders who supposed to shield their differences and turn fragmented authority structures to their benefits, bowed to the dictates of either ego, ignorance or conflicts of interest among the key players. It breached institutional mechanisms, either formal or informal, that foster understanding and mitigate conflict across jurisdictional and organizational barriers. The jurisdictional conflict formed around CIVID-19 management in Nigeria made government officials at different levels to flout many of the NCDC/PTF guidelines. They violated border closure, breached all the rules on lockdown, burial and other social functions, social/physical distancing, more than the masses did. An example was the burial of Abba Kyari, Chief of Staff to President Buhari, who died due to COVID-19 complications. It doubted the sincerity of government in containing the virus.

Government also flouted citizens' rights as enshrined in the 1999 constitution. Some northern state governors spent millions evacuating the street children to their home states and some out-rightly banned the almajiri practice (Sahara Reporters, 2021). The public criticized the deportation of the almajiri that northern leaders encourage to thrive and wondered why government suddenly branded them COVID-19 transmission vessels. Further to the breach of their constitutional rights, as many other citizens suffered in a bid to prevent and as well contain COVID-19, they also faced recrimination as the most infected by the virus. Yet, government could not admit that it was responsible for the roaming culture among the almajiri in the north. Meanwhile, the visible indifference by government to show commitment towards the orders it made discouraged public support to fight and defeat the virus.

Based on the foregoing analysis, it becomes clear that the masses criticized leadership in Nigeria over the poor COVID-19 management for several reasons, among which include public exclusion in decision-making. In crisis, more so health related crisis, Van-Meter & Van-Horn (1975) argued that there is always the need for public support and collaboration with government and non-state actors. It helps to collectively pull-through the crisis. Such support is also important for both operational and political reasons. Kamradt-Scott & McInnes (2012) note that from the operational perspective, public support helps to marshal necessary resources and secures citizen cooperation. CACOVID groups and other private organization, including individuals who donate money, foodstuff and hospital equipments fall under the category. The political support reinforces the commitment of decision makers to promptly monitor the goals and measures that aim at sustaining government efforts. The role of opposition parties and constructive criticisms stimulate efforts to achieve the set objectives.

8. Conclusion and Recommendations

The COVID-19 management in Nigeria came with questions about the quality of the political leadership at all tiers of government. It also offered opportunity to learn many lessons from the pandemic. Walker (2020) contended that one lesson from the coronavirus is that the global response to the pandemic has offered itself as a case study in crisis management. In Nigeria, the case study has already failed the fundamental tests of leadership. The implication is that elected leaders in Nigeria lacked the capacity to prevent crises but had often appeared more disposed to scramble to handle them. It explained why leadership on COVID-19 management was in clear deficit once COVID-19 pandemic swept through the continents of the world.

Although the pandemic wreaked havoc in many countries, the low infections and fatality in Nigeria could not be associated with astute political leadership or managerial efficiency. Both conditions failed to achieve significant results but failed public expectations. Even when the effects appeared to be much more in countries with good leadership, the disparity is traceable to their unfavourable weather conditions. Unlike Nigeria, the U.S., Spain, Italy, Russia, UK, etc belonged to this category. Whereas no country prepared for the virus, the outbreak exposed the strengths and weaknesses of nations in difficulty situations that required proactive leaderships, which fit into peculiar circumstances and could mobilize the citizens easily to promptly respond to emergencies.

National and sub-national governments in Nigeria (exception of Lagos and few other states), failed in proactive leadership and thereby compromised the envisaged effective COVID-19 management in Nigeria. From this standpoint, the outbreak of COVID-19 pandemic reinvigorated the maxim by Martin Luther King Jr. that, “The ultimate measure of a man is not where he stands in moments of comfort, but where he stands at times of challenge and controversy” (Michalos, 1980). Most Nigerian leaders appeared to be pleasure driven and not risk-bearers. The evidence shows that the citizens should elect leaders who can willingly carry their cross and not visionless persons occupying positions of public trust and authority. There should be commitment towards providing basic infrastructure and building the necessary human capacity to prosecute and respond to national emergencies. Corruption is intending to kill Nigeria and only honest leadership will reverse the curse.

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