

Nigeria

First Confirmed Case	Population	Confirmed Cases (as of September 29, 2020)	Recovered Cases (as of September 29, 2020)
February 2020	195.9 Million	58,647	49,937

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Triaging a health systems response

When the first case of COVID-19 was diagnosed in Nigeria, the federal government was ready to act. Just one week after the country reported its first case, a Presidential Task Force (PTF) was created to provide leadership and technical recommendations for the COVID-19 response. The first priority was mitigating the spread of infection, but experts were keen to ensure that any response mobilized for COVID-19 did not take place in isolation. The sustainability of the response would only be as strong as the extent to which efforts were both integrated into and aligned with the existing health system, while also leaving room for local contextualization by different states.

As the world has continued to grapple with the pandemic, the wisdom of this approach is even more apparent: a systems-based response not only helped reduce the burden of morbidity and mortality in the immediate term but has also helped prepare Nigeria to better handle a resurgence of COVID-19 — or any other pandemic of similar magnitude. Care was taken to minimize the impact of the pandemic on critical social, economic and health infrastructure systems and to outline how Nigeria's response would translate into post-pandemic recovery and rehabilitation.

Learning by doing

Around the world, the COVID-19 response has been a learn-by-doing effort. Responding to the pandemic has pushed providers, policymakers, and health systems experts to be creative in their approaches and to incorporate what they learn as new evidence becomes available. In Nigeria, no pre-defined benefits package existed for health services during a pandemic, so the government had to establish a case management plan that was feasible, realistic, and efficient. Policymakers decided that COVID-19-related testing and treatment, including medical services and hospitalization, should be free for all patients and exclude any associated fees or out-of-pocket payments. These same guidelines were applied for essential drugs related to the treatment of COVID-19. The goal of these policies was to ensure that financial barriers did not cause patients to forego care and inadvertently spread COVID-19 to their neighbors and communities.

Designing a comprehensive, inclusive, and system-wide health strategy is one thing but funding such a response is a different matter entirely. As the price of crude oil dropped and global lockdowns stifled international trade, one of the major challenges that the PTF confronted was mobilizing funding for COVID-19 efforts. The federal government realized that in order to curb the spread of the virus, the pandemic response must be robust and requisite care must be guaranteed for all citizens. Under federal and state government guidance, private health care providers were harmoniously integrated into the response and the government ensured that providers received appropriate compensation for treating all COVID-19 patients. This was an essential step to ensure continued service delivery amid the pandemic response as guaranteeing free services to COVID-19 patients can only be effective if healthcare providers are confident that they will receive appropriate remuneration for services rendered. A World Bank loan, donations from UN organizations and other domestic and external sources, as well as some strategic reprioritization of funds in the existing government budget helped cover some of these costs, and support the provision of essential medical supplies. At the same time, the private sector mobilized financial and material resources through the Coalition against COVID-19 (CaCOVID) — a private-sector-led group that donated isolation centers, personal protective equipment, medical supplies and funds.

Providers have also had to innovate for non-COVID-related care. Clinic data reviewed in the early weeks of the pandemic showed that health visits for non-COVID-19-related needs dropped significantly at the onset of the COVID-19 pandemic. Patients stayed away from health care facilities for fear of being infected with COVID-19 within clinical settings. Telemedicine and other digital health solutions, especially in the private

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sector, helped fill the service delivery gap caused by patients' fears and allowed patients to overcome these fears amid the pandemic. Nigeria's National Health Insurance Scheme also developed an integrated health insurance response to COVID-19 that will ensure continuity of services by both public and private providers to the benefit of health insurance enrollees. This response also leverages the COVID-19 pandemic to advocate for UHC in Nigeria and ensure no Nigerian is left behind when it comes to access to affordable and qualitative health care.

The Federal Ministry of Health provided stewardship for the COVID-19 response in collaboration with the National Centre for Disease Control, providing guidelines for laboratory diagnosis of COVID-19 infection across the country. To further enhance the technical inputs for the pandemic response, the Federal Ministry of Health constituted a Ministerial Expert Advisory Committee on COVID-19. The National Primary Health Care Development Agency (NPHCDA) supported the continued delivery of essential health care services by training the primary health care workforce on COVID-19 service delivery protocols. To further motivate the health workforce at the frontlines, the federal government increased the hazard allowances payable to healthcare workers. The government also made efforts to ensure essential health care workers and those offering services in isolation and treatment centers were duly trained on the protocols for diagnosing, isolating and treating patients with COVID-19 and received personal protective equipment.

Leveraging community health systems

Health care access challenges were further complicated by the large population size and high proportion of the population living in remote areas. To confront the spread of misinformation about the virus and symptoms, community volunteers were mobilized to share accurate COVID-19 information, including the signs patients should look for and when to seek medical care. The community level health response also played a key role in the referral process, to help ensure that patients showing symptoms received timely care. Outreach and awareness-building have been essential to ensure that the population is not only aware of what COVID-19 is, and what the symptoms are, but also the rights patients have in accessing care and where such care can be sought. In addition to playing an important role in sensitization, NPHCDA trained over 200,000 health personnel and community volunteers to support surveillance efforts as well as infection prevention and control.

Of the many lessons emerging from Nigeria during the response, one seems to stand out most clearly: the COVID-19 pandemic is demonstrating how interrelated health is to all social systems and should be used as a template to advocate for a system-wide response for good health.