

State Power and Public Health: Noso-Politics and the Authoritarian Medicalization of the COVID-19 Pandemic in Nigeria



Kelechi Johnmary Ani ¹  & Lawson Onyema Chukwu ² 

¹ School of Public Management, Governance and Public Policy, University of Johannesburg, South Africa.

² School of History and Philosophy, Southern Illinois University, Carbondale, USA.

ABSTRACT

From time immemorial, the outbreak of pandemics has been met with emergency safety measures to stop transmissions. The purpose of the study is to outline the relationship between state power and public health in Nigeria during the COVID-19 pandemic. Safety measures, justified by state powers as mechanisms to protect citizens, were sometimes enforced through coercive means. However, this paper critically examines the biopolitics of COVID-19 containment measures in Nigeria through the lens of Michel Foucault's Noso-politics, highlighting the intersection of state authority and public health. The study employs a secondary research design, utilizing existing publications to develop its content. Additionally, the paper explores the centralized decision-making process of COVID-19 control strategies and the use of state force to ensure compliance. While these strategies were essential for safeguarding public health, the paper found that political elites exploited the Pandemic to strengthen social inequalities, resulting in widespread economic hardship and public discontent. It recommends a citizen-centred approach that reaches out to people with low incomes and neglected Nigerians in isolated parts of the country. Ultimately, the paper will contribute to the existing body of knowledge on health policy and human security in the country.

Correspondence

Kelechi Johnmary Ani
Email:
kani4christ@gmail.com

Publication History

Received: 18th February, 2025
Accepted: 2nd July, 2025
Published online:
23rd October, 2025

To Cite this Article:

Ani, Kelechi Johnmary, and Lawson Onyema Chukwu. "State Power and Public Health: Noso-Politics and the Authoritarian Medicalization of the COVID-19 Pandemic in Nigeria." *E-Journal of Humanities, Arts and Social Sciences* 6, no. 11 (2025): 2745 - 2754, <https://doi.org/10.38159/ehass.20256112>

Keywords: *Public health, politics, COVID-19, Nigeria*

INTRODUCTION

The outbreak of the coronavirus pandemic triggered a national crisis that crippled all human activities in Nigeria. In the age of interdependence, the disease reduced human interactions, and every individual in society faced challenges they had never seen in generations. It was a moment of upheaval that the entire nation will continue to deal with for years to come. It brought the nation's economic system to a state of disruption of colossal proportions, causing an unsafe and volatile period in various human endeavors. National, geopolitical, financial, and sociocultural activities faced significant challenges. There were environmental and technological concerns, and industries and businesses were not spared from the impacts of COVID-19. At the Federal, State, and Local government levels, it exposed the vulnerability of Nigerian leaders to intervene or provide humanitarian assistance to citizens during emergency periods. The Pandemic further rooted social inequalities between the ruling class and the citizens. Humanitarian intervention was used as a mechanism to gain political support and compensate political loyalists. The fault lines of Nigeria were notably a lack of fairness in the distribution of humanitarian interventions, social divides, the absence of cooperation, and the failure of leaders to provide for their citizens.

This paper, therefore, using a qualitative research method, explores the Nigerian government's response during the coronavirus pandemic within the framework of Michel Foucault's concept of Nosopolitics (a biopolitics that considers disease as a political and economic problem for the collective survival of a society that must be resolved as a matter of overall government policy). In this form of politics that emerged in 18th-century Europe, the center of initiatives, organization, and control of disease is not exclusively reserved for state apparatuses. Different groups and individuals play significant roles in tackling medical challenges. Here, the health and well-being of the general public become the utmost objective of political power, and public health is seen as the duty of everyone and the aim of all. The 18th century, according to Foucault, did not invent this type of politics but "prescribed new rules, and above all transposed the practices onto an explicit, concerted level of analysis such as had been previously unknown."¹

The striking trait of Nosopolitics consists of the displacement of health problems relative to problems of assistance. In the event of a pandemic, measures taken to assist the poor serve as the collective means of dealing with the disease. Additionally, regulations during epidemics and quarantines enforced on specific individuals and communities constitute public health safety measures. In Nigeria, during the COVID-19 pandemic, various safety measures were implemented to control the disease and support individuals experiencing poverty. Apart from public health measures adopted to prevent COVID-19 transmission, the Nigerian government, charitable organizations, and a coalition of private partners rolled out humanitarian aid to help the citizens during the Pandemic. The pertinent question is, to what extent did aid impact poor Nigerians? Many Nigerians could not recall the extent to which COVID-19 palliatives were distributed. Many public officeholders, especially state governors, hoarded the COVID-19 palliatives to further their political ambitions. The ripple effect of these inhuman acts was acute hunger in the country, structural violence, and looting of COVID-19 palliative warehouses across the nation.²

THEORETICAL FRAMEWORK

This study is centred on Michel Foucault's bio-politics. Foucault was a French scholar and philosopher who researched extensively on power, politics, and social philosophy. He maintains that power is not controlled by any single person or entity but should be diffused across different actors in every society. He further maintains that there is bio-power, which centres on how power operates in relation to the human body. This movement of inherent power thereby influences how individuals relate to those in their immediate environment. The relationship between the power inherent in humans and the competition to relate it to and manage environmental health security is studied in the context of COVID-19 and safety relations in Nigerian society during the pandemic era.

METHODOLOGY

This paper employed a qualitative research method and used a thematic approach to analyze the biopolitics of coronavirus surveillance and control in Nigeria. It further examined humanitarian interventions and the politics of palliative distribution in the country. Furthermore, the paper analyzed the unrest and violence caused by the uneven distribution of COVID-19 palliatives. Its sources were drawn from newspapers, magazines, online documents, textbooks, and journals. The article examined the issue of hoarding humanitarian assistance by Nigerian leaders during the COVID-19 pandemic, which exacerbated economic hardship in the country and eroded public trust in the political leaders. To properly contextualize these events, the paper begins with a brief discussion of the emergence of COVID-19 in Nigeria, highlighting its global outbreak.

Background to COVID-19 in Nigeria

In retrospect, COVID-19, one of the deadliest infectious diseases in human history, developed in Wuhan, China. Toward the end of 2019, there were reports of an outbreak of unexplained etiology pneumonia in China, with most cases reported in areas around Wuhan's Huanan Seafood Wholesale Market. On December 31, 2019, the first case was reported in the area, and the entire market was shut down on January

¹ Paul Rabinow, *Essential Works of Foucault 1954 – 1984*, ed. Paul Rabinow (New York: The New Press, 2000), 91-94.

² Olaleye Aluko, "Hoarded' COVID-19 Palliatives Put Governors under the Spotlight," *Punch Newspaper*, October 31, 2020, <https://punchng.com/hoarded-covid-19-palliatives-put-governors-under-the-spotlight/>.

1, 2020. On January 7, 2020, the Chinese authorities further detected a new strain of coronavirus in the Wuhan area, affecting approximately 300 individuals.³ There were many theories about the causes of the virus. Many suspected that the disease was similar to the outbreak of SARS, which had appeared in live animals in Chinese markets. Animals such as Camels and Bats were considered as primary sources of coronavirus. There was the narrative of the outbreak of the virus from laboratory tests of biomedical/biosafety or bioweapons experiments.⁴

However, what was evident was that the disease originated in China and spread to different parts of the world. The detection of human cases of the virus in China led to global spread. Like SARS, COVID-19 is believed to be transmitted from one person to another through close contact or respiratory droplets created when an infected individual coughs or sneezes, following similar pattern observed with influenza and other respiratory pathogens. A person is regarded as contracting the disease if such droplets touch the mouth, nose, or are inhaled into the lungs. Additionally, the virus could be transmitted through touching objects or surfaces with the virus on them.⁵ Ecuador, on January 26, 2020, became the first country outside Mainland China to detect a suspected case of coronavirus. Botswana, the Czech Republic, Namibia, Peru, and other countries followed suit.⁶ The first case of COVID-19 in Nigeria was confirmed by the virology laboratory at the University of Lagos on February 27, 2020, the first of its kind in Sub-Saharan Africa. An Italian citizen returning from Milan, Italy, to Lagos is said to have introduced the disease to the country. By November 30, 2020, it was reported that Nigeria had 68,000 cases of COVID-19 patients, with 1173 deaths.⁷

The rapid spread of COVID-19, particularly in the Sub-Saharan Africa region, underscores the interconnectedness of the 21st-century global landscape. Unlike the Black Death or the great plague of the 14th century, which spread through trade and agricultural routes and caused health and economic havoc in most parts of Asia and Europe, the effects of COVID-19 were experienced in all corners of the globe, including most parts of Sub-Saharan Africa.⁸ Related to the COVID-19 pattern of spread in Nigeria was the outbreak of influenza (the Spanish Flu) in 1918 and the recent Ebola virus outbreak. However, the interconnectedness of the globe in the 20th and 21st centuries has enabled the rapid transmission of disease from one part of the world to another at a level never experienced before in human history.

Globalization and technological developments have essentially reduced the world into a global village. Schwab and Malleret, in their work on the interconnectivity of the world in relation to the outbreak of infectious diseases, argue that an interdependent globe is a world of deep systemic connectivity, in which all threats affect everyone through a web of complex interactions. A world in which the idea that the environmental and economic risks of a nation would not have effects on geopolitics is no longer tenable. These risks were not only visible in the world governance system but also had effects on democratic politics, social instability, fiscal crises, unemployment, and involuntary migration. This interconnectedness of the world made it very difficult to address the challenges of COVID-19.⁹

In Nigeria, the challenges posed by interdependence in managing COVID-19 led the government to prohibit inter-state human mobility. An international boundary was created within a nation, restricting citizens' right to move from one region to another. Ideally, this was a safety measure aimed at preventing the transmission of COVID-19; however, prohibiting an individual's right to movement within national boundaries constituted a form of authoritarian medicalization. This measure had a severe impact on individuals who depend on interstate mobility in the country for their survival. The implications of

³ Sidney Osler, *Coronavirus Outbreak: All the Secrets Revealed about the Covid-19 Pandemic. A Complete Rational Guide of Its Evolution, Expansion, Symptoms and First Defense* (AB Lawal, 2020), 39 -42.

⁴ Elisabeth Abena Osei, "Wakanda Africa Do You See? Reading Black Panther as a Decolonial Film through the Lens of the Sankofa Theory," in *Afrofuturism's Transcultural Trajectories* (Routledge, 2023), 105–17.

⁵ Osler, *Coronavirus Outbreak: All the Secrets Revealed about the Covid-19 Pandemic. A Complete Rational Guide of Its Evolution, Expansion, Symptoms and First Defense*, 13.

⁶ Osler, *Coronavirus Outbreak: All the Secrets Revealed about the Covid-19 Pandemic. A Complete Rational Guide of Its Evolution, Expansion, Symptoms and First Defense*, 13.

⁷ Omobolaji Oduwale, "One Year of COVID-19 Response in Nigeria," December 23, 2024, <https://ncdc.gov.ng/ncdc.gov.ng/news/324/one-year-of-covid-19-response-in-nigeria>; Ezekiel Damilare Jacobs and Malachy Ifeanyi Okeke, "A Critical Evaluation of Nigeria's Response to the First Wave of COVID-19," *Bulletin of the National Research Centre* 46, no. 44 (2022): 1–9.

⁸ Jeremy Adelman et al., "Beginnings through the Fifteenth Century," in *Worlds Together Worlds Apart with Sources* (London: WW Norton, 2021), 531 - 537.

⁹ Klaus Schwab, *The Fourth Industrial Revolution, Group, New York* (New York: Crown Publishing Group, 2017), 20-21.

authoritarian medicalization on the interconnectivity of human activities within Nigerian states could be understood in the context of COVID-19 containment measures implemented in the country.

Nigerian Government Response and Containment Strategies

The biopolitics of COVID-19 in Nigeria correlate not with a uniform trend of medical administration, but rather with an emergency that requires a multitude of collective control measures. The Pandemic was seen as a problem with multiple origins and orientations, and the threats it posed were a concern for the health of all. Due to the danger it poses to public health in Nigeria, the health of the general public was at the center of policy and control measures. Foucault, while discussing 18th-century European urban medicine, argues that since the end of the Middle Ages, there was what is called an emergency plan. This plan is used when there is an outbreak of plague or another severe epidemic disease in a city. All people must stay in their dwellings, and everyone was to remain as instructed by the local authority. The town was to be divided into four districts with inspectors to monitor those who left their homes. This measure amounted to a generalized method of surveillance that compartmentalized and controlled the city.¹⁰ More so, the city inspectors present to the mayor a detailed daily report regarding their observations. Therefore, it was not only generalized surveillance measures that were employed, but also a centralized system of communication and information dissemination. Inspectors check every city dweller daily to know their health conditions. If there were any case recorded, the person would be transported to a special infirmary outside the city. Everyone in the town was known to the inspector; hence, there was a daily record of the number of dead and the living. Also, house-by-house fumigation, with the help of incense and perfumes, would be carried out.¹¹

Another biopolitical system established against plague or Pandemic was distributing individuals side by side and, isolating them and observing them one by one daily to ascertain their state of health, monitoring to see whether they were still alive or dead, and, in this way, maintaining society in a compartmentalized space that was closely watched and controlled utilizing a painstaking record of all the event that occurred.¹² However, this politico-medical ideal of a well-organized sanitation system in 18th-century Europe was replicated in Nigeria during the COVID-19 outbreak. The challenge that remains is compliance with these measures, as many Nigerians rely on daily income for their survival. When the Nigerian government issued a strict lockdown order that threatened economic and social mobility, many citizens responded by ignoring the order and seeking means to support their daily income. The government's response was to deploy security forces to enforce control measures, thereby limiting citizens' rights to survival and subsistence. Coupled with this was the lack of adequate measures to address the economic realities of Nigerians during the period of upheaval, as well as limited public engagement in the formulation of containment policies.

Before the confirmation of the COVID-19 case in Nigeria, the government had established the Multisectoral Coronavirus Preparedness Group (MCPG) under the Nigeria Centre for Disease Control (NCDC) to coordinate the nation's control mechanism and response efforts. There was also an Inter-Ministerial Committee on COVID-19 established on January 31, 2020, by the Federal Ministry of Health. After the COVID-19 case was confirmed in the country on February 28, 2020, the MCPG was transformed into an NCDC-led national multisectoral Emergency Operations Centre (EOC), which was initiated at the highest level of government response to public health emergencies, level 3. The agency was tasked with coordinating national efforts and utilizing available resources to combat the disease.¹³ These agencies were later brought under the control of the Presidential Task Force (PTF) led by the Secretary to the Government of the Federation (SGF). The PTF was established on March 17, 2020, to supervise Nigeria's multisectoral intergovernmental strategies to stop the spread of COVID-19 and mitigate its impact of COVID-19 in the country. The PTF comprised 13 ministries and a World Health Organization (WHO) representative in Nigeria.¹⁴

¹⁰ Rabinow, *Essential Works of Foucault 1954 – 1984*, 145.

¹¹ Rabinow, *Essential Works of Foucault 1954 – 1984*, 145.

¹² Rabinow, *Essential Works of Foucault 1954 – 1984*, 146.

¹³ Omotayo Bolu et al., "Effect of Nigeria Presidential Task Force on COVID-19 Pandemic, Nigeria," *Emerging Infectious Diseases* 28, no. 13 (2022): 168.

¹⁴ Bolu et al., "Effect of Nigeria Presidential Task Force on COVID-19 Pandemic, Nigeria," 168.

The PTF developed and monitored policies, established budget, source for funds, and enforced containment measures. The agency was also tasked with mitigating the adverse economic effects of the disease. The PTF mandate lasted till April 2021, when it was designated as a Presidential Steering Committee (PSC) on COVID-19, focused on supporting the multisectoral response as the Pandemic decreased. Thus, the activities of this group correlate to what Foucault described as the emergence of government responsibility for ensuring the well-being of citizens. The group engaged in active surveillance, isolation, quarantine, and treatment of individuals infected with the virus. Social distance mechanisms, wearing of nose masks, and washing of hands with sanitizer were also adopted.¹⁵

The problem with this method of public health measures was the lack of engagement with citizens. The PTF imposed policies and public health measures with no or limited consent of the population. Decisions were made by a small group of individuals comprising the PTF without broader consultations or transparency. Some individuals in the PTF were unfamiliar with public health. Force was used to control and regulate public behavior, which further deteriorated the government and citizens' understanding of the disease. On March 29, 2020, Nigeria was estimated to have recorded 97 COVID-19 cases. Following the increase in the number of confirmed cases, and the recommendations of PTF, the then president of Nigeria announced a lockdown in Lagos, Abuja, and Ogun states starting from March 30, 2020. This lockdown was later extended nationwide as the confirmed cases increased. This measure amounts to the closure of every institution in the country, including educational and religious centers. There was the prohibition of interstate movement by land, sea, and air.¹⁶

The control strategies could be justified as emergency responses to public health threats, but unlike the measures described in 18th-century Europe by Foucault, in which the city mayors and supervisors actively engaged the public in the formulation and implementation of the strategies, some of the activities of Nigerian governments were uncharacteristic. There was no accurate data about the citizens' economic well-being. When interstate movement and nationwide lockdown were pronounced, it was doomed to fail because individuals who depended on daily economic activities to survive preferred to die of the disease rather than hunger. The use of police to enforce the control measures, especially lockdown orders, led to clashes between police and citizens as well as police extortion.¹⁷ There was a high handedness of law enforcement agencies across Nigeria. On April 23, 2020, seven people were reportedly killed by police officers enforcing the lockdown measure at a market in Obio/Akpora, Rivers State. Throughout the federation, police used full force to implement government COVID-19 containment strategies, including restrictions on movement and social distancing.¹⁸

The impunity and brutality of law enforcement agencies and the COVID-19 task force team are clear evidence of the authoritarian nature of the government medical framework during the Pandemic. The biopolitics of COVID-19 in Nigeria were highly centralized. There was no grassroots coordination to ensure the full participation of every citizen in implementing the pandemic control measures. Foucault, while examining the importance of Nosopolitics in guaranteeing public health, argues that this form of politics entails the active engagement of the government, with all individuals participating in the fight against infectious diseases. Public well-being is regarded as the duty of all.¹⁹ However, many Nigerians who endeavored to comply with the lockdown directives were forced by economic challenges to seek means of survival. The financial difficulties were exacerbated by the uneven distribution and hoarding of COVID-19 palliatives by many Nigerian leaders.

¹⁵ Alhaji A Aliyu, "Public Health Ethics and the COVID-19 Pandemic," *Annals of African Medicine* 20, no. 3 (2021): 157–63.

¹⁶ Fidelis Mbah, "Nigeria Announces Lockdown of Major Cities to Curb Coronavirus," *Aljazeera News*, December 28, 2024, <https://www.aljazeera.com/economy/2020/3/30/nigeria-announces-lockdown-of-major-cities-to-curb-coronavirus#ixzz8wW22dm00>; Amnesty International, "Nigeria: Authorities Must Uphold Human Rights in Fight to Curb COVID-19" (Amnesty International Ltd Lagos, 2020), <https://www.amnesty.org/en/latest/news/2020/04/nigeria-covid-19/>.

¹⁷ A. Idris, "Nigerian Security Forces Kill 18 during Curfew Enforcement," April 16, 2020, <https://www.aljazeera.com/news/2020/4/16/nigerian-security-forces-kill-18-during-curfew-enforcement#ixzz8wWAbvnrZ>; Ademola Orunbon, "Of COVID-19 Lockdowns and Police Extortion," *The Punch Newspaper*, March 12, 2020, <https://punchng.com/of-covid-19-lockdowns-and-police-extortion/>; Philip Obaji, "Women 'Abused' by Police Enforcing COVID-19 Rules in Nigeria," *Al Jazeera*, September 16, 2020, <https://www.aljazeera.com/features/2020/9/16/women-abused-by-police-enforcing-covid-19-rules-in-nigeria>.

¹⁸ Usman A Ojedokun, "COVID-19 Pandemic Lockdown Enforcement: Strategies of the Nigeria Police Force and Lessons for the Future," *Salus Journal* 9, no. 2 (2021): 16–26.

¹⁹ Rabinow, *Essential Works of Foucault 1954 – 1984*, 145.

Humanitarian Interventions and the Politics of COVID-19 Palliatives

Foucault, while examining the different processes of managing medical problems in 17th- and 18th-century Europe, argues that there were several distinct health policies and methods for tackling emergency health issues. The state, religious groups, charitable and benevolent associations, and academies played various roles in helping people experiencing poverty. Apart from the free distribution of medical services during health emergencies, organizations working in collaboration with the government played a central role in assisting people experiencing poverty as a collective effort to address the disease. The assistance to people experiencing poverty was addressed in different categories. In economic terms, medical services were provided, thanks to charitable foundations. Institutionally, it was exercised within the framework of lay and religious organizations devoted to several ends: distribution of food and clothing, care for abandoned children, projects of elementary education and moral proselytism, and provision of workshops and workrooms.²⁰

When COVID-19 was detected in Nigeria, the PTF launched nationwide fundraising to respond to the threat posed by the Pandemic. It was estimated that a total of ₦178,800,260,723 (458,462,207 USD) was mobilized for the COVID-19 response. Local and international charitable donors and partners contributed 70% of the fund. This fund excluded the one spent on building isolation centers, deploying rapid response teams, and hiring staff.²¹ In June 2020, a national economic recovery plan was created to provide support for low-income Nigerians. This plan was developed to aid vulnerable persons and households in the country. The Coalition Against COVID-19 (CACOVID), along with ministries, departments, and agencies (MDAs), including the Federal Ministry of Humanitarian Affairs, Disaster Management, and Social Development, collaborated to provide and deliver palliative packages to impoverished Nigerians. Physically challenged persons, low-income internally displaced, elderly, women, and children were given special attention to mitigate the harsh psychological and socioeconomic effects of the COVID-19 pandemic. The palliatives were in the form of cash transfers or food items, including noodles, rice, cooking oil, and condiments. The PTF estimated that about 70,000 megatons of food items were distributed to 8,827,129 households in 24 states and cash transfers to about 1,289,405 beneficiaries in 34 states and the Federal Capital Territory (FCT). Additionally, to mitigate the effects of the nationwide lockdown and restrictions on movement, the Nigerian Federal government provided loans to small and medium-sized businesses, as well as individuals.²²

The challenge remains a lack of transparency and accountability in the palliative distribution. There was an allegation of mismanagement of 500 billion Naira voted for COVID-19 palliative by the Nigerian Ministry of Humanitarian Affairs and Disaster Management. This led to the arrest and detention of the former minister of Humanitarian Affairs, Sadiya Umar-Farouq, by the Economic and Financial Crime Commission (EFCC).²³ Additionally, there were challenges related to collecting accurate statistics on Nigerians who needed the palliative and the politicization of the distribution process. The governments were unable to provide a clear strategy for reaching poor and vulnerable Nigerians. Throngs of individuals struggled to obtain food items at the distribution event. These challenges, stemming from the government's lack of a clear distribution strategy, frustrated many citizens who openly criticized the government and questioned the feasibility of obeying the COVID-19 pandemic lockdown orders.²⁴

There was a chaotic distribution of palliatives in different parts of the country. For instance, when the first phase of the palliative distribution, which was estimated to reach about 100,000 vulnerable and indigent people in the Federal Capital Territory, kicked off in 2020, it was marred with chaos.²⁵ Similar incidents occurred in different parts of Nigeria, especially at the end of the SARs protest. The opposition parties, such as the People's Democratic Party (PDP), blamed the government, particularly the Minister of

²⁰ Rabinow, *Essential Works of Foucault 1954 – 1984*, 91 -92.

²¹ Bolu et al., "Effect of Nigeria Presidential Task Force on COVID-19 Pandemic, Nigeria," 171.

²² Vanguard Newspaper, "CACOVID Flags off Palliative Distribution to States in Nigeria," September 18, 2020, <https://www.vanguardngr.com/2020/09/cacovid-flags-off-palliative-distribution-to-states-in-nigeria/>.

²³ Emmanuel Agbo, "EFCC Detains Ex-Humanitarian Affairs Minister over Alleged N37.1 Billion Fraud," Premium Times, January 8, 2024, <https://www.premiumtimesng.com/news/top-news/657040-efcc-detains-ex-humanitarian-affairs-minister-over-alleged-n37-1-billion-fraud.html>.

²⁴ Peter Ezeah, "'Chaotic' Distribution of COVID-19 Pandemic Lockdown Palliatives in Abuja, Nigeria," April 23, 2020, <https://www.kcl.ac.uk/kgi/news/peter-nigeria>.

²⁵ Ezeah, "'Chaotic' Distribution of COVID-19 Pandemic Lockdown Palliatives in Abuja, Nigeria."

Humanitarian Affairs, Umar Farouq, for the palliative crisis. Different sections of Nigeria were dissatisfied with the uncharacteristic nature of palliative distributions, and the Humanitarian Affairs ministry was accused of diverting and siphoning funds intended for poor Nigerians. Many individuals who lack statistical backing were alleged to have benefited from the N20,000 reimbursement fund.²⁶

At the early stage of the distribution, the PTF on COVID-19 used the National Social Safety-Net social register to determine people in need of palliative care. This register was questionable because it predated the COVID-19 period. In the register, many states, such as Ebonyi and Ogun, were not captured. Tsuwa and Yandela argue that former Nigerian President Muhammadu Buhari prepared the social register during his first tenure. The administration had introduced humanitarian assistance in the form of conditional cash transfers to vulnerable and indigent Nigerians. The beneficiaries of the conditional cash transfer were mainly from states under the control of the All-Progressive Congress (APC), which overwhelmingly voted for President Buhari during the 2015 and 2019 elections.²⁷ This criterion was used in sharing COVID-19 palliative care, rather than priority given to states that have the most recorded cases of the Pandemic. The PTF, which consisted of APC members and appointees, made the politicization of palliative distribution unsurprising. The social register adopted by PTF was not updated when palliative distribution commenced, and many Nigerians experiencing severe economic hardship were not captured. The process lacked transparency, and distribution was based on political party affiliation. In Ekiti, Lagos, Plateau, and many other states across the country, palliatives were distributed to members of various political parties.²⁸

The politicization of COVID-19 palliatives was more prominent in terms of hoarding and distribution of the palliative items. Many political officeholders who were given palliatives to share hoarded the items for their own gain. For instance, amid a national emergency and widespread economic hardship, Nigerian governors and senators stockpiled palliatives in warehouses across the nation. The resultant effect of the selfishness was the nationwide looting of palliative warehouses at the end of the SARS protest.²⁹ The palliative distribution coincided with a period of police brutality, which led to social upheaval and protests against the inhumane operation of Nigerian police; the EndSARS protest. The difficult economic situation caused by the Pandemic and the lack of public trust in the government's intentions further worsened the social unrest. Throughout the country, there was widespread looting of palliative relief items from warehouses and storage sites. State governments were blamed for hoarding the relief items.

In many states of the federation, there were reports of politicians distributing COVID-19 palliatives among themselves. A report from a civil advocacy group, BudGIT, revealed poor accountability and management of COVID-19 funds and the distribution of relief items. In Lagos state, palliatives were either stolen or diverted by politicians. The hijacked items were shared with the party members, excluding nonmembers from the distribution process. Ironically, these items distributed, such as one "DeRica" of rice, one "DeRica" of beans, and one sachet of tomato paste, barely sustain a household for a day.³⁰ This was not peculiar to Lagos state. Other states in Nigeria experienced the same distribution pattern as politicians were at the forefront of palliative distributions. In Kano, the selection procedure was based on political party loyalty. The consequence was the inability of many poor and vulnerable Nigerians to benefit from the aid. Additionally, in Rivers, Ogun, Niger, and many other states, the palliative ticket was a party membership card. Party leaders were mandated to distribute the relief items to individuals who presented their party cards or could be identified as loyalists of the ruling party.³¹

The mismanagement of COVID-19 relief items and funds further widened the inequalities in Nigeria. Poor and marginalized as well as vulnerable Nigerians were denied humanitarian assistance,

²⁶ Ihesiulo Grace, "Humanitarian Minister Has Case to Answer over Palliatives Crisis," *The Daily Times Newspaper*, December 31, 2024, <https://dailytimesng.com/humanitarian-minister-has-case-to-answer-over-palliatives-crisis/>.

²⁷ John Tor Tsuwa and Emmanuel Yandela, "Covid-19 And the Politics of Palliatives Distribution in Nigeria," *WAUU Journal of International Affairs and Contemporary Studies* 1, no. 1 (2021): 84–93.

²⁸ Tor Tsuwa and Yandela, "Covid-19 And the Politics of Palliatives Distribution in Nigeria."

²⁹ Iroanus Queen, "Why Lawmakers Shouldn't Be Blamed For Hoarded 'Palliatives'," *Premium Times*, 2020, <https://www.premiumtimesng.com/news/more-news/426437-why-lawmakers-shouldnt-be-blamed-for-hoarded-palliatives-senate.html>.

³⁰ Oladeinde Olawoyin, "How COVID-19 Palliatives Were Hijacked, Distributed Among Party Loyalists," April 21, 2021, <https://www.premiumtimesng.com/news/headlines/456700-how-covid-19-palliatives-were-hijacked-distributed-among-party-loyalists-report.html>.

³¹ Olawoyin, "How COVID-19 Palliatives Were Hijacked, Distributed Among Party Loyalists."

which they were eligible for. In their report from six Nigerian states —Enugu, Lagos, Kano, Ogun, Rivers, and Niger—BudgIT further revealed that many Nigerians opposed vehemently the procedures the government used in distributing palliatives in their communities. This was because many did not receive the palliative items, especially the indigents.³² The lack of citizens' engagement in COVID-19 control and inadequate coordination of humanitarian aid raised questions about the government's ability to manage public health emergencies in the country.

The crimes committed by Nigerian leaders against citizens during the national emergency contributed to social unrest in the country. When the EndSARS protest began on October 20, 2020, the entire nation experienced widespread looting. Several COVID-19 palliative stores and warehouses were looted, and food items were stolen. While N26bn, which CACOVID raised for the purchase of relief materials, could not be accounted for, especially those in state government possession, Nigerians took to the streets to get relief items. Citizens were able to discover and gain entrance to different warehouses across the country. On October 22, there was looting of COVID-19 palliatives in a warehouse at Mazamaza and communities in Lagos State. A similar incident occurred in Kwara, Osun, Cross River, and Ekiti states on Friday, October 23, when Nigerians broke into warehouses storing COVID-19 palliatives. Like wildfire, the breaking and looting of COVID-19 warehouses spread across the country. In the northern part of the country, including Bauchi, Plateau, and Kaduna states, as well as in the South-South region, specifically Rivers and Delta states, there was widespread looting of palliative warehouses. Many lives were lost in the process. In the Federal Capital Territory, Abuja, about four individuals lost their lives during the invasion of the COVID-19 palliative warehouse in the area. In Niger, attempts by Nigerians to invade palliative storage houses were foiled by security agencies.³³

Many Nigerians questioned the rationale behind the hoarding and refusal of Nigerian governors to distribute aid items, as citizens were battling acute hunger and economic hardship. The justification for such hideous acts by Nigerian governments was that states still stocked palliatives in warehouses as a strategic reserve because of the anticipated second wave of COVID-19. Looting of COVID-19 warehouses in Nigeria was later extended to state governments' food storage facilities and silos. The response of Nigerian governments, as usual, was to use force and other means to crack down on those involved in invading warehouses, rather than addressing the economic realities that citizens faced.

Curfews were imposed in Osun, Abia, Kaduna, Plateau, Rivers, and Delta. There was a nationwide arrest, and the then Inspector-General of Police, Muhammed Adamu, instructed Commissioners of Police and commanders to end the looting. In Lagos and Plateau, 400 and 109 individuals were arrested, respectively. Those apprehended by police were detained for days pending their trial in court for looting government items.³⁴ In Kwara State, approximately 71 persons were taken to the Ilorin Magistrates' Court for allegedly looting CACOVID palliatives at Agro Mall and Cargo Terminal in Ilorin. These individuals were further charged with "criminal conspiracy, trespass, mischief, voluntarily causing grievous hurt, theft, and disturbance of public peace and belonging to a gang of thieves."³⁵ While the state government provided flimsy explanations for its inability to distribute COVID-19 palliatives, the looting exposed inhumane acts by Nigerian leaders, as well as corruption and rot in the country's governance system.

The PTF, whose primary responsibility was to ensure the well-being of all Nigerians during the period of health emergency, exonerated itself from the palliative crisis. The Chairman of PTF and the then Secretary to the Government of the Federation, Mr. Boss Mustapha, argue that palliatives were given to state governments to distribute; therefore, the state governor should be held accountable. This indicates a lack of coordination in managing emergencies nationwide. There was no proper arrangement or data for the distribution of the relief items, and the PTF was silent; the delay in the distribution of palliatives to citizens was due to political calculations.

CONCLUSION

The formulation and implementation of sound public health strategies, especially during emergencies, has been one of the primary responsibilities of state powers. Foucault argues that the responsibilities of states

³² Olawoyin, "How COVID-19 Palliatives Were Hijacked, Distributed Among Party Loyalists."

³³ Olaleye Aluko, "Hoarded' COVID-19 Palliatives Put Governors under the Spotlight."

³⁴ Olaleye Aluko, "Hoarded' COVID-19 Palliatives Put Governors under the Spotlight."

³⁵ Olaleye Aluko, "Hoarded' COVID-19 Palliatives Put Governors under the Spotlight."

starting from the 18th century transcended from the execution of war and maintenance of order to the disposition of society as a milieu of physical well-being, health, and optimal gravity.³⁶ Therefore, the duty of the Nigerian government is not only to protect citizens against physical threats but also to ensure economic security, protection against contagious diseases such as COVID-19, and to provide humanitarian assistance during public health emergencies. Walter Lipmann reinforces this view, asserting that the security of any nation depends on its ability to secure its core values, lives, and property of the citizens, as well as prevent violence or a war when it is inevitable.³⁷ Understood in this way, there is security in the economy, health, protection of citizens, and provision of humanitarian assistance. While the Nigerian government adopted good safety measures during the COVID-19 pandemic, it is obvious that the country was heading into economic hardship. A national lockdown without an adequate plan to ensure the well-being of citizens would amount to national chaos.

The Nigerian government's response to the COVID-19 pandemic, framed by Noso-politics, exposed dire governance challenges. While the public health approaches were necessary for the protection of Nigerian citizens, they often revealed authoritarian tendencies of state power. In an endemic corrupt nation like Nigeria, humanitarian interventions were further used by leaders to foster social inequalities. The socioeconomic consequences of the Pandemic affected many vulnerable Nigerians; therefore, the mismanagement of the COVID-19 palliatives eroded public trust. The authoritarian method used to enforce nationwide lockdown further alienated citizens, emphasizing the importance of a governance system that prioritizes transparency, accountability, equity, and public welfare. Although this paper does not anticipate the imminent outbreak of another pandemic, a public health emergency is inevitable. Future responses to public health emergencies must prioritize inclusive governance frameworks. Nigerian governments must institutionalize transparent mechanisms for resource distribution, especially during emergencies. Strong social safety nets are crucial to protect vulnerable populations. Engaging citizens in public health decision-making will be critical to ensuring compliance and building resilience in times of national difficulty.

BIBLIOGRAPHY

- Adelman, Jeremy, Elizabeth Pollard, Clifford Rosenberg, and Robert Tignor. "Beginnings through the Fifteenth Century." In *Worlds Together Worlds Apart with Sources*. London: WW Norton, 2021.
- Agbo, Emmanuel. "EFCC Detains Ex-Humanitarian Affairs Minister over Alleged N37.1 Billion Fraud." *Premium Times*, January 8, 2024. <https://www.premiumtimesng.com/news/top-news/657040-efcc-detains-ex-humanitarian-affairs-minister-over-alleged-n37-1-billion-fraud.html>.
- Aliyu, Alhaji A. "Public Health Ethics and the COVID-19 Pandemic." *Annals of African Medicine* 20, no. 3 (2021): 157–63.
- Amnesty International. "Nigeria: Authorities Must Uphold Human Rights in Fight to Curb COVID-19." Amnesty International Ltd, Lagos, 2020. <https://www.amnesty.org/en/latest/news/2020/04/nigeria-covid-19/>.
- Bolu, Omotayo, Boss Mustapha, Chikwe Ihekweazu, Mukthar Muhammad, Assad Hassan, Ahmad Abdulwahab, Adeyelu A Asekun, Reward Nsirim, Emeka Okechukwu, and Ibrahim Attah. "Effect of Nigeria Presidential Task Force on COVID-19 Pandemic, Nigeria." *Emerging Infectious Diseases* 28, no. 13 (2022): 168.
- Ezeah, Peter. "'Chaotic' Distribution of COVID-19 Pandemic Lockdown Palliatives in Abuja, Nigeria," April 23, 2020. <https://www.kcl.ac.uk/kgfi/news/peter-nigeria>.
- Idris, A. "Nigerian Security Forces Kill 18 during Curfew Enforcement," April 16, 2020. <https://www.aljazeera.com/news/2020/4/16/nigerian-security-forces-kill-18-during-curfew-enforcement#ixzz8wWAbvnrZ>.
- Ihesiulo Grace. "Humanitarian Minister Has Case to Answer over Palliatives Crisis." *The Daily Times Newspaper*, December 31, 2024. <https://dailytimesng.com/humanitarian-minister-has-case-to-answer-over-palliatives-crisis/>.
- Iroanusi Queen. "Why Lawmakers Shouldn't Be Blamed For Hoarded 'Palliatives'." *Premium Times*,

³⁶ Rabinow, *Essential Works of Foucault 1954 – 1984*, 94.

³⁷ Walter Lipmann, "U.S Foreign Policy: Shield of Republic in Aja Akpuru Aja," in *Policy, and Strategic* (Abakaliki: Willyroses & Appleseed Publishing COY, 1999).

- 2020.<https://www.premiumtimesng.com/news/more-news/426437-why-lawmakers-shouldnt-be-blamed-for-hoarded-palliatives-senate.html>.
- Jacobs, Ezekiel Damilare, and Malachy Ifeanyi Okeke. "A Critical Evaluation of Nigeria's Response to the First Wave of COVID-19." *Bulletin of the National Research Centre* 46, no. 44 (2022): 1–9.
- Lipmann, Walter. "U.S Foreign Policy: Shield of the Republic in Aja Akpuru Aja." In *Policy and Strategic*. Abakaliki: Willyroses & Appleseed Publishing COY, 1999.
- Mbah, Fidelis. "Nigeria Announces Lockdown of Major Cities to Curb Coronavirus." Al Jazeera News, December 28, 2024. <https://www.aljazeera.com/economy/2020/3/30/nigeria-announces-lockdown-of-major-cities-to-curb-coronavirus#ixzz8wW22dm00>.
- Obaji, Philip. "Women' Abused" by Police Enforcing COVID-19 Rules in Nigeria." Al Jazeera, September 16, 2020. <https://www.aljazeera.com/features/2020/99/women-abused-by-police-enforcing-covid-19-rules-in-nigeria>.
- Oduwole, Omobolaji. "One Year of COVID-19 Response in Nigeria," December 23, 2024. <https://ncdc.gov.ng/ncdc.gov.ng/news/324/one-year-of-covid-19-response-in-nigeria>.
- Ojedokun, Usman A. "COVID-19 Pandemic Lockdown Enforcement: Strategies of the Nigeria Police Force and Lessons for the Future." *Salus Journal* 9, no. 2 (2021): 16–26.
- Olaleye Aluko. "'Hoarded' COVID-19 Palliatives Put Governors under the Spotlight." Punch Newspaper, October 31, 2020. <https://punchng.com/hoarded-covid-19-palliatives-put-governors-under-the-spotlight/>.
- Olawoyin, Oladeinde. "How COVID-19 Palliatives Were Hijacked, Distributed Among Party Loyalists," April 21, 2021. <https://www.premiumtimesng.com/news/headlines/456700-how-covid-19-palliatives-were-hijacked-distributed-among-party-loyalists-report.html>.
- Orunbon, Ademola. "Of COVID-19 Lockdowns and Police Extortion." The Punch Newspaper, March 12, 2020. <https://punchng.com/of-covid-19-lockdowns-and-police-extortion/>.
- Osei, Elisabeth Abena. "Wakanda Africa, Do You See? Reading Black Panther as a Decolonial Film through the Lens of the Sankofa Theory." In *Afrofuturism's Transcultural Trajectories*, 105–17. Routledge, 2023.
- Osler, Sidney. *Coronavirus Outbreak: All the Secrets Revealed about the COVID-19 Pandemic. A Complete Rational Guide to Its Evolution, Expansion, Symptoms, and First Defense*. AB Lawal, 2020.
- Rabinow, Paul. *Essential Works of Foucault 1954 – 1984*. Edited by Paul Rabinow. New York: The New Press, 2000.
- Schwab, Klaus. *The Fourth Industrial Revolution*. Group, New York. New York: Crown Publishing Group, 2017.
- Tor Tsuwa, John, and Emmanuel Yandela. "Covid-19 And the Politics of Palliative Distribution in Nigeria." *WAUU Journal of International Affairs and Contemporary Studies* 1, no. 1 (2021): 84–93.
- Vanguard Newspaper. "CACOVID Flags off Palliative Distribution to States in Nigeria," September 18, 2020. <https://www.vanguardngr.com/2020/09/cacovid-flags-off-palliative-distribution-to-states-in-nigeria/>.

ABOUT AUTHORS

Kelechi Johnmary Ani, PhD is a Senior Post-doctoral Research Fellow in the School of Public Management, Governance and Public Policy, University of Johannesburg, South Africa. He is also a Visiting Professor in International Relations and Diplomacy at University of The Gambia.

Lawson Chukwu is a Ph.D. student at Southern Illinois University Carbondale, USA, specializing in African—American history. His research interests include medical history, humanitarianism, disaster management, and modern African nationalism.