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Globalisation of Diseases: The Challenges of COVID-19 Pandemic and Public Health System in Nigeria

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Abstract

Globalisation is a process that integrates the world socio-economic system through trade liberalization, the free movement of people, technologies and information. It has equally made the spread of infectious diseases much easier globally. In essence, infectious diseases such as COVID-19, are easily transmitted across the countries of the world through the network created by globalisation poses serious challenges to the world health system, particularly developing countries like Nigeria. Public health system in Nigeria is overwhelmed by the consequences of the COVID-19 pandemic, which further exposes the country to the adverse effects of globalisation such as dependence and unequal relationship between her and the developed countries. Although the challenging situation provides Nigeria an opportunity to overhaul her public health system, the current poor global economy has further worsened the problems. This paper analyses the situation, and recommends that Nigerian government should look inward to develop her Public health system in a more sustainable way, also, the economy should be repositioned to reduce the level of dependence, and resources should be redirected to adequately fund education and research to support the health sector. The analysis is based on the premises of dependency perspective.

Keywords: Globalisation, diseases, challenges, COVID-19 pandemic, public health sector

Introduction

Socio-economic activities have increased through the process of globalisation, as countries of the world remove barriers to free trade, the movement of goods, services and people globally. The influence of globalisation has shaped our

worldviews, including spreading of diseases. Although, the healthcare system of Nigeria has shown some level of improvement over the years from independence, there are still problems hindering effective healthcare delivery to the population. At the global level, spreading of infectious diseases has become easier across countries of the world as they freely trade with one another. This explains the rapid widespread of COVID-19 world-wide, which overwhelmed the global health system. Since the emergence of COVID-19, there is barely any aspect of the social system that functions optimally particularly the health institution. This paper takes a look at the challenges, posed by the pandemic for the public health system in Nigeria.

The concept of globalisation

Globalisation has become the dominant feature of the 21st century. It refers to the increasing integration of socio-economics of the world, intense economic and technological exchanges, the free movement of people and services across borders, thus creating a borderless world. It is a process that reflects various forms of policies and relationships among countries of the world. It is believed that every globalising country would benefit maximally, as the opening-up of the world systems would increase socio-economic opportunities. The concept of globalisation has been seen differently by different people, for example, Ritzer (2011) sees globalisation as a trans-planetary process or set of processes involving increasingly liquidity and the growing multidirectional flows of people, objects, technologies, information as well as structures they encounter and create, which are barriers to, or expedite those flows. It was observed further that these processes are not in themselves, sufficient to constitute globalisation, because globalisation encompasses a far wider range of trans-planetary processes like direct relationship between people in many countries of the world, networking through the modern communication technology.

From this stand point, it can be deduced that globalisation is a process rather than an end state, but while considering globalisation as a process, it must be distinguished from other processes that could be linked to it. These refer to more specific aspects of social change than globalisation. O'Byrne (2014) noted that processes such as: Americanisation, McDonaldisation, Trans nationalisation, and Polarisation. May result from globalisation, but they are not globalisation in itself. He equally maintained that globalisation is the historical process of becoming global.

In essence, globalisation cannot be regarded as an accidental or automatic event, but a process that has historical antecedents. Martin (2000) agreed that globalisation is not a new 'process', but a process of the past history of relationship among countries of the world. Walter (2008) and Amin (1977) maintained that the relationship started during the first period of capitalist expansion in the 16th century through slave trade and colonialism. The relationship became necessary when countries of Western Europe became industrialised and were in need of cheap labour on the plantations that supplied their industries with raw materials, sources of cheaper raw materials as well as

markets for their finished products. As it was in the era of slave trade and colonialism, globalisation has accelerated in recent decades. Martin (2000) observed that it was as a result of some factors, such as technological advancement, most especially in the area of information, communication and transportation operations. He concluded that globalisation was connected with colonialism. It can be noted to also be 'a deliberate push from the core to the periphery'. Michael (2002: 14) agreeing with this, posit,

Going back into history, we find out that Africa has been experiencing the process of globalization of different kinds for over the past five hundred years. First, in the form of slavery, for the benefit of Arabs, European and American countries; then in the form of colonialism, when Britain, France, Belgium, Portugal, Italy and Germany dictated to the continent and its agricultural and mineral resources were exploited; third, when neo colonialism, economic forces were unleashed to set trade patterns, investment policies, debt arrangements, technology introductions, political 'alliance', and now as World Bank-IMF-WTO led globalization.

Meanwhile, in recent time, the relationship between Nigeria and the rest of the world, particularly the developed countries has taken a new dimension. It has been more opened and friendly through free trade, investment and modern communication and transportation network. Thus, Nigeria is now more integrated into the world socio-economic system through the globalisation process. In another vein, Isiavwe, Ogunaike & Kolawole (2014) posit that Nigeria should reposition herself in order to benefit from the process of globalisation; the repositioning must include economic diversification, infrastructural upgrading and transparency in her economic transactions. Meanwhile, Kurya (2006) maintained that outward-oriented trade policies of globalisation would induce the overall development of all the sectors in Nigeria. These arguments have made globalisation a contentious issue.

Be it as it may, for Nigeria, globalisation policy focuses on two stand points: the integration of goods and services markets into the world system, and the integration of her financial markets into the global financial market. This has not brought about the expected development as a result of over dependence on crude oil exports, low manufacturing exports and the under-developed domestic financial market (Obaseki, 2021).

Globalisation of diseases

Globalisation allows free movement of people, goods, capital and flow of information, across political and physical boundaries. It also enhances the rapid spread of infectious diseases around the world (The International Committee of the Red Cross (ICRC), 2021). This made the World Health Organisation (WHO) (2020) to observe that spreading of diseases on a large scale across

countries has increased in recent times. Moreover, technological advancement, modern transportation and communication facilitate explorations of countries beyond their immediate environment. Besides, trading routes that have long been established among countries of the world, are the same channels through which diseases are transmitted. As humans travel overseas and across lands which were previously isolated, diseases also spread. In essence, most diseases are no longer localized (WHO, 2020). Thus, a disease that is found in a given area today can easily spread and be found in other places tomorrow. The most recent infectious disease that spread globally is COVID-19 (Coronavirus Disease, 2019).

The COVID-19 pandemic

According to WHO (2020) COVID-19 is a viral disease that was first detected in December 2019 that is why scientists called it COVID-19 (Coronavirus Disease, 2019). The pandemic started in Wuhan, China and caused a health issue before it evolved into a global pandemic. Although, China has overcome the challenge to a very large extent due to their advancement in technology, which has been incorporated into their health system. Meanwhile, COVID-19 is a public health emergency of international concern and it is declared a pandemic by the World Health Organization (WHO, 2020). The disease has affected a lot of communities worldwide, and it is transmitted from human to human through droplet, feco-oral and direct contact, it has an incubation period of 2-14 days (Backer, Klinkenberg & Wallinga, 2020). As a result of travels across international borders, trade in goods and capital at the global level, COVID-19 continues to spread.

As of November 18, 2020, there are about 55,600,000 confirmed COVID-19 cases around the world. By 11 July, 2021, this figure has risen to over 187,000,000 and 409,000 confirmed, deaths. More than half of the COVID-19 patients were treated and recovered world-wide (International Committee of the Red Cross (ICRC), 2021). However, Nigeria confirmed its first case of COVID-19 in Lagos state on 28th February, 2020, an Italian who travelled from Milan to Lagos and had contacts in Ogun state. By the middle of November, 2020, the country has recorded more than 65,000 cases, out of which over 61,000 patients have recovered and over 1,000 fatalities were recorded (WHO, 2020). However, the cumulative records from NCDC currently showed an increase in total cases to about 169, 000, over 164,000, have recovered, while fatalities stood at 2,124 as of July 11, 2021, although, Nigeria is, experiencing a decline in daily infections, treatment and recovery have become faster during the second wave, yet Nigeria Centre for Disease Control (NCDC) acknowledged that the testing rate was not adequate, considering the population of the country (NCDC, 2021).

Besides, the discovery of vaccine has brought a relief to the world, but Nigeria has to depend on foreign supports for supplies because she cannot produce the vaccine for herself. Just like Nigeria, many countries that were equally ill-prepared and lack awareness back in the first quarter of the year

2020 experienced a surge and many are still grappling with it till today. As of July 11, 2021 India has surpassed the United States records, leading the worldwide count with almost 32,000,000, confirmed cases, over 409, 000 fatalities and over 30,000,000, have recovered. Meanwhile, the development of vaccines has been helping seriously, but much more efforts and resources are still needed to get over the challenges completely (ICRC, 2021).

The impacts of globalisation on spreading of diseases in contemporary world

Globalisation encourages the free movement of people, goods and services through the modern transportation system across the world in a very unprecedented speed. It also opens ways for the movement of vectors or carriers of infectious diseases across countries of the world (UNFPA, 2020). One of the notable examples is the coronal virus, COVID-19. It is believed that this disease reached various countries through people who travel from one country to the other by airplane, water or sea and roads. People that travel from one country to the other, contract the disease and symptoms of illness may not show until they return to their home country, and even exposed others to the disease during the process (Watkins, 2020).

Besides, the United Nations Sustainable Development Group (UNSDG) (2020) revealed that evolution of the disease through movement of people, goods and services constitutes a major threat to the modern world. Hence, globalisation has led to the spreading of infectious diseases across the globe. Besides, the risk of non-communicable diseases through diffusion of culture and behavioural patterns across countries and societies is a challenge on its own. Moreover, developing countries are finding it difficult to address the burden of risk factors and lifestyle risks associated with non-communicable diseases, and now compounded by a pandemic like COVID-19 (Watkins, 2020).

At this point, it is important to recognise economic globalisation as a catalyst for the spread of diseases, including COVID-19. Watkins (2020) pointed out that economic links and the globalisation of trade relations have enhanced the spread of COVID-19 on one hand, it has scaled up the chances of global recessions on the other. He went further that COVID-19 pandemic has caused many economic disruptions and disconnections in the supply chain and the flow of goods, services as well as funds. This situation further weakens the capacity of most countries, especially the developing ones to combat the pandemic.

The COVID-19 pandemic and challenges of public health system in Nigeria

Public health can be seen as an art and science of reducing, preventing diseases in prolonging life through participation and efforts of the society (WHO, 2006). In essence, public health covers all spectrum of health and wellbeing and not only the eradication or prevention of certain diseases. Public health services in Nigeria involve the collaborative efforts of the government, private organisations and individuals, however government efforts and resources are

very key. The public health system which is the coordinating structure for public health is segmented in Nigeria. This is based on the category of health services, capacities and facilities of the service providers, this give rise to primary, secondary and tertiary health care services. They are coordinated and supervised by all levels of government i.e. the federal government, the state and local governments, thus make the health sector to fall within the concurrent lists in the constitution.

Although, several countries across the globe, including Nigeria, are facing challenges as a result of the COVID-19 pandemic; responses vary depending on the severeness and capacity to confront the deadly virus. The various measures adopted to respond to the outbreak of COVID-19 at the global level and Nigeria in particular partly depends on the health care delivery system. The system has been confronted with many perennial problems such as: dilapidated and grossly poor health infrastructural facilities, inadequate, overstretched and ill-motivated manpower. Also, labour relations between the state and members of the health team, (physicians, nurses, pharmacists, midwives, radiographers, laboratory scientists as well as labour crisis in government hospitals have fundamentally affected the effective health care delivery system in Nigeria. Even, during the early stage of the pandemic, the medical doctors threatened strike for failure of government to pay hazard allowance and inadequate personal protective equipment (PPE). These challenges have hindered the health system to be able to effectively respond to emergencies and public health challenges in the country (James Lind Institute (JLI), 2020). The institute further observed that the COVID-19 pandemic, being the most recent of such emergencies and public health challenges was imported into Nigeria from another country through migration like most of the pandemics in the past. COVID-19 has exposed weaknesses of the system, across the primary, secondary and the tertiary health care and inability to cope, as usual we have resorted to prayers. This was reflected in the poor condition of the public health facilities and services during the first wave and the second wave of COVID-19 pandemic in the country. Although, handling of pandemic cases is what nations of the world do in collaboration with one another, COVID-19 pandemic easily and quickly overwhelmed the Nigeria health care system.

Nigeria Centre for Disease Control (NCDC) in collaboration with WHO carried out a Joint External Evaluation (JEE) in 2017, Nigeria's emergency health preparedness was rated 39%, indicating that the country was "not ready for the next epidemic." Later in 2019, when another evaluation was conducted, the score rose to 46%, showing a little improvement, but there was still much work to be done to prepare for any epidemic, or any out-break of disease (WHO, 2020).

Nigeria health care has suffered several downfalls, despite Nigerians strategic position in Africa, the country is greatly underserved in the health care sphere. Health facilities (health centres, personnel, and medical equipment) are grossly inadequate, especially in rural areas (Onwujekwe, Onoka, Uguru, Nnenna, Uzochukwu & Eze, 2010). The population of people

overwhelms the population of available doctors, hence, the available doctors are overwhelmed (overworked) while some patients die or face critical conditions while waiting in the long hospital queues to meet with a doctor (Oyeyemi, 2016). Corruption in Nigeria is pervasive and has affected all the sectors of the society. The consequences of corruption are reflected in a sector lacking in capacity to address the health care needs of the people and ill-prepared to face the emerging challenges of an outbreak of COVID-19 proportion.

All inadequacies in the health sector cannot be unconnected with lack of sincerity and commitment on the part of the Nigerian government to fix and adequately fund the sector. This reflects in low budgetary allocations to the sector. Specifically, as against the Africa Union (AU)'s resolution in the Abuja Declaration 2001, governments should allocate at least 15% of their budgets to health (Africa Union, 2015). In 2021, the federal government of Nigeria allocates 4.5% of her budget to the health sector (The Federal Ministry of Health (FMoH), 2021) even at the peak of pandemic. Over the years the budgetary allocation to health care has been dwindling, which is an indication of what government priority of the government is. With the effect of the inflation rate that is going up on steady bases, the effect of the budget is not felt which is affecting the allocation to the health sector. This has led to increased medical tourism abroad, and a medical system that can be described to be too weak to cope and respond effectively to any emergency like COVID 19 pandemic.

Meanwhile, COVID-19 pandemic has equally come with some opportunities to develop the Nigeria health system. The relevant question at this point should be; does Nigeria have the capacity? This may be difficult to answer; Nigeria has the potential to develop her capacity, yet the problems still persist. The difficulty and the dilemma in the Nigerian health sector are linked to her economic resources that are tightly connected to the global economies. At this time, there has been a slow- down in global economic activities. This has invariably affected the oil prices in the international market, being the major source of foreign exchange earning of the country.

In essence, Nigeria is combatting the COVID-19 pandemic in the face of dwindling economic fortune, hence with so little economic power. Besides, the educational and research institutions that supposed to provide the intellectual pool and backing have been neglected over the years. All these are closely connected to the fact that every sector in Nigeria is not just connected to the global system, but also heavily dependent on global aids and supports. However, the federal government of Nigeria has put an intervention structure in place, i.e the presidential task force on COVID-19 (now the presidential steering committee on COVID-19) which has been replicated by the state and local governments across the nation. They have been able to mobilise resources in collaboration with the private sector, and non-governmental organisations for procurements and supports for the fight against COVID-19 pandemic (NTA, 2021). Their tasks and responsibilities would have been much easier

and faster, if a more effective and efficient health care system had been put in place.

Theoretical framework

It is clear that the health and economic components of globalisation are interconnected, interwoven and interdependent. Globalisation is based on free trade, and free movement of goods and services globally, it also encourages the spread of infectious diseases. Besides, globalisation benefits the developed countries more as they have what it takes to dominate the world markets, determine the prices of commodities that serve as the major source of revenue for developing countries (Isiavwe, Ogunaike & Kolawole, 2014). Thus, promotes dependency and widens the gap between the developed and developing countries.

The situation described above depicts the concerns of the dependency theorists, in their views globalisation, has become the new paradigm of an unequal and exploitative relationship between developed countries (the core) and developing ones (the periphery). It has made any anti core policy difficult particularly for the periphery. This has further compelled the periphery to shift from asymmetrical dependence to complex interdependence, with an unequal strength to compete in the world markets (Sekhri, 2009). Baffes, Kose, Ohnsorge & Stocker (2015: 15) added,

The dependent states supply cheap minerals, agricultural commodities, and cheap labour, and also serve as the repositories of surplus capital, obsolescent technologies, and manufactured goods. These functions orient the economies of the dependent states towards the outside: money, goods, and services do flow into dependent states, but the allocation of these resources are determined by the economic interests of the dominant states, and not by the economic interests of the dependent state

Inequality and dependence on developed countries being promoted through globalisation has negative effects on the overall development of developing countries. Particularly, it has reduced the capacity and the ability of Nigeria and other developing countries to respond promptly and effectively to COVID-19 pandemic. More so, the developed and the developing countries are confronted with the challenges of COVID-19 pandemic at the same time. The developing and dependent countries (the periphery) like Nigeria have poorer facilities and resources.

Conclusion and recommendations

Globalisation encourages removal of barriers to free movement of goods, services, technologies as well as humans globally to the advantage of developed countries as they dominate competitive world markets. This widens

the gap between the rich countries and poor ones and makes the poor countries to become more dependent on the rich and developed countries. On the other hand, it has aided free movement and rapid spread of infectious diseases through people, goods, commodities, and even technology. In essence, the world has become a global village. This has encouraged the spread of COVID-19 globally, which posed serious challenges for the developing countries so much that Nigeria and many other developing countries at a point became helpless due to a weak health care system and dependent socio-economic system. From this experience, developing countries, Nigeria inclusive must learn a big lesson that as globalisation encourages removal of barriers to socio-economic relations among nations of the world, it can equally bring calamity to the whole world, which both developed and the developing countries must be ready and prepared to face at the same time.

At this juncture, it must be pointed that although Nigeria cannot isolate herself from the global system, but deliberate efforts must be made to prepare and protect herself to a large extent from the challenges that are associated with the process of globalisation. Furthermore, it is recommendable that Nigerian government should stop playing leap service to diversification of the economy. All other sectors of the economy should be activated in such a way that the economy would be less dependent on oil and gas sector. This should be done with a view to reducing the level of dependence. More attention should be given to the health sector in terms of adequate funding, facilities and manpower development. Adequate resources should be directed to the funding of education and research to support the health sector. Moreover, there is need for political leaders to develop the will to deliberately look inward in their developmental policies with a view to developing indigenous capacity that will stand for the country in emergency periods, instead of waiting for help and supports from foreign countries that will not be available when they are needed most.

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