

POLITICAL ECONOMY OF LOCAL GOVERNMENT EXCLUSION IN COVID-19 RESPONSES IN NIGERIA

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Abstract

Using the qual-dominant mixed methods approach and the political economy perspective, this study assesses how the exclusion of local government affects the implementation of COVID-19 responses in Nigeria. The study argued that despite the robust efforts by international government and organizations as well as the federal and state governments to mitigate the spread and effects of COVID-19, the exclusion of local governments and local actors in implementation of COVID-19 response undermines the outcomes of government interventions. The exclusion of local government in COVID-19 response programmes increases the vulnerability of the poor, especially the rural poor to the pandemic. It concludes that inclusion of local government in COVID-19 responses is relevant for cohesive and effective COVID-19 suppression, containment and mitigation in Nigeria. It is also relevant for scaling-up the capacity of the local population survive the ravaging pandemic.

Keywords: Political Economy; Local Government Exclusion; Inclusion, Covid-19 Responses; Nigeria

Introduction

The first case of COVID-19 in Nigeria was reported on 27 February, 2020 and by 1st October, 2021, the virus had spread throughout the country with 209,299 confirmed cases and 2837 fatalities (Nigeria Centre for Disease Control [NCDC], 2021). Although different levels of government play critical roles for the mitigation of COVID-19 across regions and countries, emphasis has been on inclusion of local governments (closest government to the people) in countering COVID-19. United Nations' Sustainable Development Goals (SDGs) and African

Union Agenda 2063 have highlighted the importance of inclusion of local governments and actors to respond to local needs and crises. Observably, *inclusive* and *inclusion* occurred forty-five times in the SDGs document and this suggests leeway for including the local governments and actors into international development (Mbah and Nzeadibe 2016; Ezeibe et al, 2017). Specifically, goals 6b, 13b and 15c of the SDGs seeks the inclusion of local communities to improve water and sanitation management, respond to climate change and combat poaching and trafficking, respectively (United Nations Department of Economic and Social Affairs, 2015). Bentzen et al. (2020) observed the importance of strengthening local government leadership is important for achieving grassroots development. In Singapore and Canada for instance, the local authorities contribute in mitigating the spread of the pandemic through their massive campaigns to promote personal and public hygiene in cemeteries, slaughter houses, markets and motor parks (Bentzen et al. 2020). Although local governments' governance capacity is also constrained by the central-local relationship in a unitary system, this does not hamper the performance of local governments in COVID- 19 response most unitary systems such as Britain and China. Inclusion of local government has been effective in the mitigation of COVID-19 in China. The successful non-pharmaceutical containment of COVID -19 in China has been associated to effective inclusion of local governments and local people in the implementation of COVID-19 responses (Qian et al, 2020). Gao and Yu (2020) observe that local governments in China are authorized to establish and maintain anti-virus public health outfits. In India local authorities support slum dwellers' and the urban poor to cope with the challenges of COVID-19 Wright, 2020. Irrespective of the limited limited resources of local government in Rwanda, their inclusion was effective for government response to Ebola scare. In Kampala inclusion of local councils to detect, manage and control the spread of COVID-19 has been effective in mitigating the spread of the virus (Wright, 2020).

Despite the prospects of local government to mitigate COVID-19, the central and 36 federating state governments in Nigeria have implemented a range of protocols to mitigate the spread of the virus in Nigeria at the exclusion of the 774 local governments. Some of these protocols include testing, contact tracing, isolation, treatment, hand washing, wearing of face-masks, observation of social/physical distancing, travel restrictions, full and partial lockdown, ban of public gatherings and closure of schools (Presidential Task Force-Covid-19, 2020; Nigeria Centre for Disease Control, 2020). Consequently, Nigeria remains one of the most vulnerable to the pandemic.

Scholars have attributed this vulnerability of Nigeria to their peculiar political economy conditions including huge population, high illiteracy, pervasive

unemployment, high poverty, poor healthcare system, lack of basic amenities, patchy public service delivery and political corruption (Belle et al. 2020; Haddout et al., 2020; Gilbert et al, 2020; Ezeibe et al, 2020). While studies have examined the problems of Nigerian local governments prior to the COVID-19 including the problems of inadequate funding and financial dependence on the federal and state governments, bribery and corruption, limited local government autonomy due to undue interferences by state and federal governments, shortage of skilled personnel, poor leadership, poor remuneration and lack of basic amenities (Imhanlahimi and Ikeanyibe, 2009; Ogoma, 2019), how federal and state governments' exclusion of local governments in COVID-19 response programming affects the outcomes of government responses to the pandemic has been neglected in literature. Using the political economy perspective, this study assesses how the exclusion of local government affects the implementation of COVID-19 response in Nigeria. The study argued that despite the robust efforts by international government and organizations as well as the federal and state governments to mitigate the spread and effects of COVID-19, the exclusion of local governments and local actors in implementation of COVID-19 response undermines the outcomes of government interventions in Nigeria. The study relied on qualitative approach including Skype interview with 20 stakeholders in the most COVID-19 affected local governments in Nigeria. The Skype interview was conducted from 21 June to 21 August, 2020. This study also relied on daily press briefings, secondary literature and rapid review of available national policy documents and reports of WHO and Nigeria Centers for Disease Control. Collected data were tabulated and content- analyzed. The remaining parts of this commentary are discussed under the following headings: political economy of local government exclusion in COVID-19 response in Nigeria, the study context and methodology, extent of local government exclusion in COVID-19 programming in Nigeria, implications of local government exclusion in the implementation of COVID-19 response in Nigeria and conclusion.

The political economy of local government exclusion in COVID-19 response

Political economy refers to the dynamic interaction between the state and market. It focuses on how power and resources are distributed and contested as well as their political and economic implications (Weingast and Wittma, 2006; Ezeibe 2016). The implementation of neoliberal-induced Structural Adjustment Programme in 1980s promoted the decentralization, deregulation, and privatization of public services (Meagher, 2011). These reforms enthroned the reign of the market and increased state withdrawal from welfare programming. These led to increased job losses, informalization of urban economies and abandonment of most state- sponsored welfare policies and programmes,

especially at the local areas (Uruthirapathy and Kiggundu, 2018; van Noorloos and Kloosterboer, 2018). The Informalization of urban economy in Nigeria increased inequality as well as limits the number of people that can access quality education, healthcare, water, sanitation and hygiene (Carmody and Owusu, 2016; Osiki, 2020).

The outbreak of the pandemic in Nigeria has exposed the extent of neglect of local governments and the urban poor, who depend on daily income to survive (Obiakor, 2020). Although the informal economy employs the majority of the Nigerian populations, governments focus on providing relief package for the formal sector that employs lesser number of their populations and neglect the informal workers, who are most vulnerable to the pandemic and its effects (Dixit et al. 2020; Obiakor, 2020). The exclusion of local governments in COVID-19 response programmes in Nigeria has worsened the vulnerability of the urban poor, who live in slums without access to basic amenities and reverses the gains of implementing COVID-19 response programmes in Nigeria. The outbreak of COVID-19 has also worsened the problems of local government and further undermined their performance, especially as the federal and state allocations to local government shrank during COVID-19. The lockdown induced by the pandemic have also stifled the meager internal revenues generation in the local governments. The distribution of special intervention funds for mitigating COVID-19 often neglect and exclude the local government unlike other federations and unitary governments. Exclusion of local governments in government COVID-19 response programming contribute to vulnerability of cities and increases the number of people that face varying levels of deprivations (Ajakaiye et al. 2020).

This exclusion of local governments in COVID-19 mitigation programmes is preceded by long years of local government neglect in Nigeria. Although the 1999 Constitution of Nigeria provided for the creation of local governments, elected local government is lacking in about half the states. Local government officials in most Nigerian states are appointed by the states governors, who also control the local government resources (Commonwealth Local Government Forum, 2018). Irrespective of the powers granted by the Fourth Schedule of the 1999 Constitution of Nigeria to local governments to collect rates, establishment and maintain cemeteries slaughter houses, markets, motor parks, public conveniences, sewage and refuse disposal; and control outdoor advertising and restaurants (Federal Republic of Nigeria, 1999), most of these local governments are unequipped to deliver these social services (Awotokun, 2005). This is associated to the problems of inadequate funding and financial dependence on the federal and state governments, bribery and corruption, limited local government autonomy due to undue interference by state

and federal governments, shortage of skilled personnel, poor leadership, poor remuneration and lack of basic amenities (Imhanlahimi and Ikeanyi, 2009; Ogoma, 2019). Despite several constitutional, legal and administrative provisions and procedures to enhance LG autonomy and perform their constitutional tasks in Nigeria, these provisions and guidelines are rarely observed, especially by State and Federal governments. The Constitutional and legal provisions, and administrative guidelines are far from being implemented. For instance, most state governments hardly meet the regulatory requirement of allocating 10% of their internal revenue generation to LGs and state governments often interfering with LGs' statutory allocation from the Federation account. All these considerably weaken LG autonomy in Nigeria.

The Study Context and Methodology

The focus of this study is Nigeria. It has a population of 206.1 million (United Nations Population Fund, 2020). Thus, Nigeria is the most populous country in Africa. According to WHO (2020b), Nigeria has the second highest cases of COVID-19 in Africa. Meanwhile, the outbreak of COVID-19 in Africa has revealed the extent of decay in Nigeria's political system and neglect of the local government system (Onwujekwe et al, 2020; Ezeibe et al, 2020).

Data for the study were collected between February 27 2020 and October 18, 2021. Purposive sampling was employed to select seven COVID-19 mostly affected states and the Federal Capital Territory in Nigeria, each of which has recorded above 5000 confirmed cases (Nigeria Centre for Disease Control, 2021). The states include Lagos, Rivers, Kaduna, Plateau, Oyo, Edo and Ogun as well as Abuja (Political Capital of Nigeria). The criteria for selection of respondents were affirmative response to preliminary emails and Short Message Services (SMS), cognate experience with the subject and willingness to participate in the study. This approach had earlier been adopted in a research on road traffic accidents in Nigeria (Ezeibe et al, 2019; 2020).

The study utilized mixed methods approach comprising telephone interviews with local government staff, traditional rulers and local health workers in the seven COVID-19 most affected states and the Abuja in Nigeria. Three telephone interviews were done in each of the seven states and Abuja. Hence a total of 24 telephone interviews were held for this study. Despite the interactional shortcomings of telephone interview over face-to-face interviews, we used the former for data collection in this study because of the COVID-19 induced restrictive measures taken by federal and state governments to mitigate the spread of the virus in Nigeria. The study also conducted a survey of Eighty (80) educated Nigerians, who are conversant with internet-based messaging. They included journalists, politicians, academics, bankers, entrepreneurs, NGOs, health

workers and students. The telephone interview and survey were conducted in the sampled states to generate information on the extent of local government exclusion in COVID-19 response programming and the impact of the exclusion on the implementation of COVID-19 response in Nigeria. Secondary data on COVID -19 in Nigeria were sourced from the official website of Nigeria Centre for Diseases Control (NCDC) (<https://covid19.ncdc.gov.ng/>) from February 27 to October 18, 2021. This study adopted the descriptive statistics to analyze the quantitative data and the Constant Comparative Method (CCM) to analyze the qualitative data. The data generated through telephone interviews were compared continuously and related to exclusion of local government in COVID-19 response programmes in Nigeria. Ezeibe et al (2017, 2019, 2020) argued that CCM is a logical way to validate qualitative data. The final manuscript was subjected to *member check* by the authors in order to enhance the accuracy of interpretations of responses (Koelsch, 2013).

Extent of Local Government exclusion in COVID-19 Programming in Nigeria

The first major response of Nigeria COVID-19 pandemic was the establishment of a multisectoral National Coronavirus Preparedness Group (NCPG) by NCDC in order to ensure a cohesive and effective coordination of the country's preparedness efforts. Following the confirmation of the first COVID-19 case in Nigeria on February 27, 2020, that the NCPG transitioned to a national multisectoral Emergency Operations Centre (EOC) at the NCDC. The EOC involved in coordination, surveillance and epidemiology, case management, laboratory, points of entry (PoE), Infection Prevention and Control, risk communication, logistics, and research. Dan-Nwafor et. al (2020) categorized Nigeria's response to COVID-19 response in four groups . Table 1 shows the categorization of different responses to COVID-19 into preventive, containment, suppression and containment and mitigating.

Table 1: Different measures of government response to COVID-19 in Nigeria

Timeline	Intervention	Nature of Measure
Pre-outbreak (January 1 – February 27)	Inauguration of multisectoral National Coronavirus Preparedness Group (CPG) by NCDC Inauguration of inter-Ministerial Coordination Committee by Honourable Minister for Health Inauguration of multisectoral	Prevention

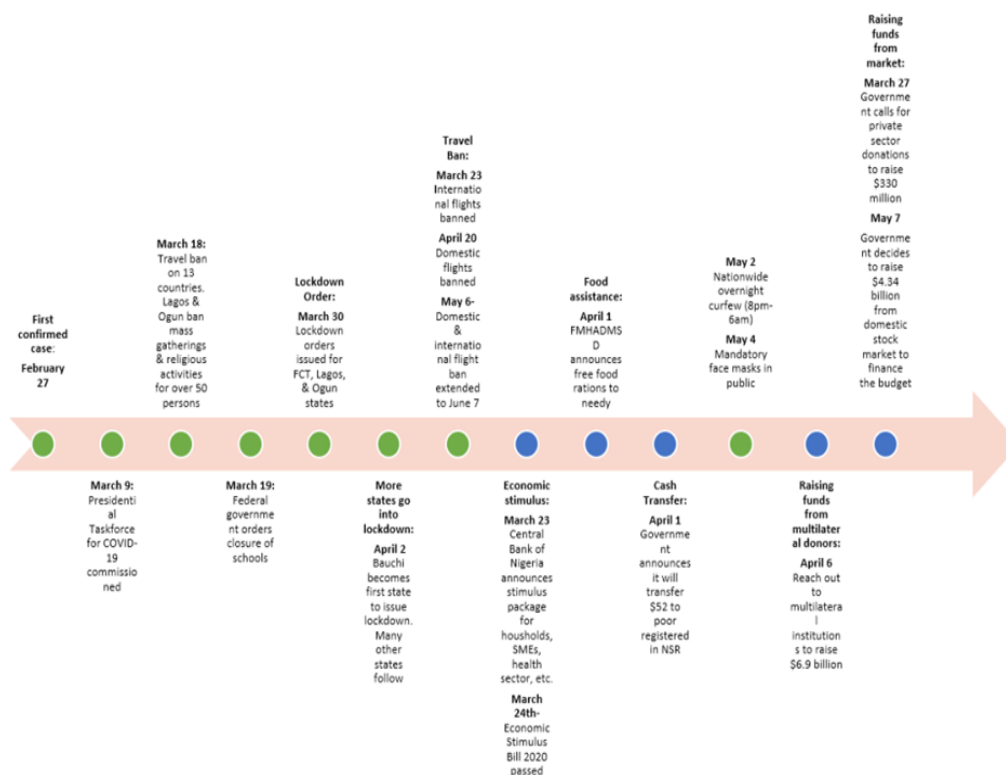
	<p>National Coronavirus Preparedness Group (CPG) by NCDC Review of Nigeria's Pandemic Influenza Preparedness and Response Plan Activation of interim Medical Countermeasure Plan Conduct of table-top Logistic Capacity Assessment for COVID-19 Training and capacity building of health care workers on infection prevention and control (IPC), sample collection and testing and clinical management of COVID-19 Designation of three molecular Laboratories for COVID-19 testing Designation of COVID-19 treatment centres Points of Entry (PoE) surveillance at international borders including airports and land crossings Conduct of COVID-19 simulation exercise</p>	
<p>Stemming initial cases (February 27 – March 17)</p>	<p>Inauguration of national multisectoral COVID-19 Emergency Operation Centre (EOC) Development of national Incident Action Plan and State Pre-Incident Action Plan Development of guidelines for surveillance, IPC, case management, schools, mass gatherings etc Pre-positioning of COVID-19 response materials in 36 States and the Federal Capital Territory (FCT) Genetic sequencing of the index case conducted Establishment of Presidential Task Force (PTF) on COVID-19 Deployment of Rapid Response</p>	<p>Containment</p>

	<p>Teams (RRTs) to support response activities in Lagos and Ogun</p> <p>Tracing of contact of confirmed cases</p> <p>Points of entry screening in high priority states with international airports including Lagos State</p> <p>Intensive risk communication including press releases, radio jingles, media appearances, social media</p> <p>Establishment of NCDC COVID-19 microsite</p>	
<p>Addressing initial clusters of cases (March 18 – April 10)</p>	<p>Implementation of domestic and international travel restriction</p> <p>Strengthening and expansion of COVID-19 laboratory diagnostic capacity from five to 18</p> <p>Strengthening and expansion of COVID-19 treatment centres</p> <p>Domestic and international travel restrictions</p> <p>Lockdown of non-essential activities and stay-at-home orders in the FCT, Lagos and Ogun States</p> <p>Implementation of community active case search in Lagos and FCT</p>	<p>Suppression/Containment</p>
<p>Focus on community transmission (April 11 – To Date)</p>	<p>Revision of the national case definition to increase case detection</p> <p>Inter-State border screening in FCT, Lagos, and Ogun States</p> <p>Mid-action review meeting conducted</p> <p>Mandatory institutional quarantine and testing for international returnees</p>	<p>Mitigation</p>

Source: Dan-Nwafor et. al (2020)

Similarly, Figure 1 shows the more specific responses of Nigerian government to COVID-19.

Figure 1: Specific policy responses of Nigerian government to COVID-19.



Source: Dixit et al. (2020)

Although these these interventions could be found at state level, especially in Lagos and Rivers as well as Abuja, they are largely done at national level. These COVID-19 responses rarely include the local government. This was manifested in the appointment of a 12-member Presidential Task Force for the Control of the Coronavirus-19 Disease (COVID-19) by President Muhammadu Buhari On March 9 2020. The Chairman of the Committee is the Secretary to the Government of the Federation, Mr. Boss Mustapha and the National Coordinator is Dr Sani Aliyu. Other members are Minister of Health, Prof Osagie Ehanire; Minister of Interior, Ogbeni Rauf Aregbesola; Minister of Aviation, Mr Hadi Sirika; Minister of Humanitarian Affairs, Disaster Management and Social Services, Sadiya Umar-Farouk; Minister of

Education, Mr Adamu Adamu; Minister of Environment, Mr Mohammed Mahmoud; Director-General, Department of State Services, Mr Yusuf Bichi; Director-General, Nigeria Centre for Disease Control; Dr Chikwe Ihekweazu; and World Health Organisation Country Representative. Despite the quality of personnel appointed in this Presidential Committee, the local government was not represented in it and this largely explains the continued neglect of local governments in COVID-19 response programming in Nigeria.

Beyond these national responses that focus on national and state governments, intervention by international organizations also focus largely on the national and state levels at the exclusion of local government in Nigeria. Table 2 shows the the areas where Participating UN Organizations had allocated US\$ 42,767,450.16 for COVID-19 response. The areas covered include Risk Communication and Community Engagement (RCCE); Strengthening State level Operational Capacity in Surveillance, Infection Prevention, and Control; Building Capacity of Healthcare Workers in Case Management and strengthening hospital capacities to respond; and, engagement with Civil Society Organisations to reverse the negative impact of COVID-19 on equal access to essential health services as of June 2020.

Table 2: Areas of COVID-19 Response and allocated resources by Participating UN Organizations in Nigeria

S/N	Area of Intervention	Participating UN Organizations	Amount Allocated In Us\$
1	Risk Communication and Community Engagement (RCCE) under the UN Support to the National COVID-19 Multi-Sectoral Pandemic	UNAIDS, UNFPA, UNICEF, UNWOMEN, WHO	8,205,054.00
2	Strengthening State level Operational Capacity in Surveillance, Infection Prevention and Control, and Community Engagement for effective response to COVID-19 in Nigeria	WHO, UNAIDS, UNDP, UNICEF	5,055,546.84
3	Building Capacity of Healthcare Workers in Case Management and Establishing ICU Strength in	UNICEF, WHO	2,347,690.85

	Nigeria		
4	Engaging Civil Society Organizations to reverse the negative impact of COVID-19 on equal access to essential health services	UNFPA	1,501,723.93
5	Rapid procurement of disease commodity packages	UNICEF, WHO	10,000,000.00
6	Advance procurement of disease commodity packages	UNDP	15,657,434.54
	TOTAL ALLOCATION OF RESOURCES (JUNE 2020)		42,767,450.16

Source: UNDP (2020)

Significantly, online survey revealed that there is a very high level of local government exclusion in COVID-19 response programmes in Nigeria. Table 3 shows that while a cumulative of 96.5 % indicated that local government exclusion in COVID-19 response programmes in Nigeria is either high or very high, only a total of 2.5 % indicated that local government exclusion in COVID-19 response programmes in Nigeria is either low or very low.

Table 3: Extent of local government exclusion in COVID-19 response programmes in Nigeria

S/N	Item	Percentage
1	Very Low	0.1
2	Low	2.4
3	Undecided	1.0
4	High	10.0
5	Very High	86.5

Source: Fieldwork, 2020

Despite the prospects of a multi-sectoral inter-governmental approach in controlling a major outbreak like COVID-19, the central and state government in Nigeria excluded the local governments, which are the closest government to the people. This alienates government’s COVID-19 response programmes from the people with huge political, economic and health implications

Implications of local government exclusion in the implementation of COVID-19 response in Nigeria

While local governments across the globe are taking special measures to warn the public about Covid-19, facilitating safety measures at the workplace and public transport and assisting in the enforcement of social distancing and confinement for example, by closing parks and municipal facilities, Nigerian central and state governments have excluded local governments in COVID-19 responses programmes (Wright, 2020). Table 4 shows the implications of local government exclusion in the implementation of COVID-19 response in Nigeria.

Table 4: Implications of local government exclusion in the implementation of COVID-19 response in Nigeria.

Category	Remarks (R)	Frequency of (R)
Implications of Local Government exclusion in COVID19 response programmes	Reduces accessibility of local people to COVID-19 response interventions.	61
	Undermines the affordability of COVID-19 response interventions.	55
	Reduces acceptability of COVID-19 response interventions in the local areas	79
	Alienates the COVID-19 response interventions from the people	84
	A sense of alienation of the local people promotes resistances to interventions	81
	Promotes multiplicity of efforts and waste of manpower	63
	Stifles efforts to capture COVID-19 data from the local areas	56
	Absolves local actors and governments from taking COVID-19 –related responsibilities	67
	Weakens the local health capacity to respond to COVID-19	70
	Promotes local people’s distrust of central and state governments	77
	Promotes local people’s distrust of COVID-19 response programmes	79
	Undermines the capacity of the local healthcare to response to COVID-19 cases	68
	Dampens the effectiveness of the COVID-19 response programmes in the local areas	60

	Increases spreads of the virus in the local areas	88
	Promotes low testing rate for COVID-19	87
	Facilitates low rate of vaccination	89
	Worsens individual financial crisis	72
	Heightens hunger and vulnerability to other diseases	87
	Increases rural poverty	80

The exclusion of local government from COVID-19 response programme reduces accessibility of local people to COVID-19 response interventions and the acceptability of COVID-19 response interventions in the local areas. It undermines the affordability of COVID-19 response interventions and alienates the COVID-19 response interventions from the people. The increased sense of alienation of the local people promotes resistances to interventions and stifles efforts to capture COVID-19 data from the local areas. The exclusion of local governments in COVID-19 response programming also worsens individual financial crisis, heightens hunger and vulnerability to other diseases and increases rural poverty. It also promotes local people’s distrust of central and state governments as well as their COVID-19 response programmes. This increases spread of the virus in the local areas, promotes low testing rate for COVID-19 and facilitates low rate of vaccination.

Conclusion

The study argued that despite the robust efforts by international government and organizations as well as the federal and state governments to mitigate the spread and effects of COVID-19, the exclusion of local governments and local actors in implementation of COVID-19 response undermines the outcomes of government interventions. Thus, multi-governance approach, federal, state and governments synergize their efforts for effective containment of COVID-19 pandemic in Nigeria. The above finding coheres with the findings of previous research which argued that the COVID-19 presents an unprecedented challenge that require co-ordinated responses across central, state and local governments (see (Comas-Herrera, 2020; Dan-Nwafor et al, 2020; Payne, 2020; Wright, 2020). This study concludes that inclusion of local government in COVID-19 responses programmes is relevant for cohesive and effective COVID-19 mitigation in Nigeria.

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