

Coronavirus Pandemic As A Threat To Lives And Livelihood: The Need For A Home Grown Solution

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Abstract: The crisis of coronavirus is arguably between saving lives and protecting livelihood and everything in-between. The outbreak has definitely had a significant toll on the means of livelihood and the lives of people across board, particularly those in the low income economies and less developed societies. The paper therefore seeks to underscore the impact of the pandemic on the lives and livelihood of citizens in low income economies in particularly in Africa and highlight the need for home-grown solutions. The paper seeks to bring to fore the nexus between the coronavirus pandemic, public health and economic growth and the need for an indigenous solution. It is the submission of the paper that there couldn't be a better time than now to look inward and find solutions to our peculiar problems. It also recommends amongst other things the need for governments to rise up to the responsibilities given to them by harnessing resources and talents.

Keywords: Coronavirus pandemic, Threat to lives and livelihood, Home grown solution

I. INTRODUCTION

For millennial human species have faced the threat of obliteration either from natural hazards or manmade disasters, these threats have come in the form of diseases, famine, pandemics or environmental hazards spanning from the activities of industrialization. Hence classifying pandemics as a Global Shock which has a bearing on sovereign nationalities is consistent with considering certain aspects of public health and infectious diseases as “existential threats” to human security which encompasses the security of environment, health and socio-economic wellbeing as described in the United Nations Development Programme (UNDP) of 1994 and reaffirmed in the 2003 UN Commission on Human Security. The UNDP conceptualizes security as human-centric i.e. revolving around all facets of human activities rather than the traditional state-centric conceptualization and also includes protection from the shocks that affect human safety and welfare, such as disease, hunger, unemployment, crime, social conflict, political repression and environmental hazards.

By implication therefore it means that in the face of such circumstances of existential threats to lives and livelihood, governments must take actions that normal measures will not be able to counterpoise in real time and therefore seeking extraordinary measures becomes the only alternative and is therefore justified, (Waver 2009).

The Coronavirus has ravaged the Nigerian and African economy and also posed a threat to the continents' health sector. Nigeria as a country with a monolithic dependence on oil as its main source of earning, the dwindling prices of oil to an all-time low of less than 10 dollars per barrel accompanied with downward slope in the demand and supply curve for the product all over the world has made the economy jittery. This has had a tremendous effect on the country's budget which was earlier pegged at above 50 dollars per barrel and by implication a direct hit on the circulation of liquidity giving that government must reposition and prioritize hence a huge cut in areas of capital project and also overhead. The country is reported to have 75 percent informal sector i.e. 75 percent of its population are in the cluster of blue collar jobs, it is also

reported by the IMF (2019) statistic that 80 percent of the population live below a dollar per day, faced with a crisis of an unprecedented nature such as the Coronavirus certainly has a great deal of effect on the Nigerian economy and the same can be said of most countries in Africa. As a country and continent with an ailing health sector, grappling with a pandemic of such magnitude which is also unprecedented has become a serious challenge. As reported by the WHO (2013), Nigeria has a capacity of 1 doctor to 1000 patients as against the WHO standard of 1 doctor to 100 patients. The country is also reported by the body to have 50 hospital beds to 5000 patients. This means that the capacity to absorb patients in the event of a contagion from community transmission is very low, hence the need to maintain the only known preventive measure to the virus which is; Lockdowns, social and physical distancing. This too comes at its cost as it limits the ability of people to move about and source for their livelihood in an economy that is already ravaged by unemployment, poverty and redundancy. Hence the dilemma between saving lives and protecting livelihood.

The paper therefore seeks to analytically x-ray these issue by arguing that there is the need to develop home-grown techniques and modalities that will be adopted by governments in low income economies in addressing these twin issue rather than wait for help in the form of intervention from international financial institutions or vaccines to be found by scientists other than our own, or even depending on information or data from external infrastructures and institutions such as the John Hopkins University.

In this formulation or model to be developed, it is important that the nature of response must conform to the particular threatened sector which in this case is public health and economy. In considering the traditional national security threat posed by the Coronavirus pandemic which aspects are of the survival of the sovereignty, territory and physical condition of Africa and indeed the Nigerian state; to the environmental community, the sustainability of an ecosystem; to the economic sector. The survival referred above includes protecting the means of production and jobs. Hence extraordinary measures should be taken and must be sourced from indigenous micro and macro-economic sustainability policies which will be in tandem with our peculiarity and uniqueness. So also attention must be paid to the scientists within the medical community in general and especially to the public health and infectious diseases sectors, as survival under a pandemic which poses a global shock clearly refers to taking every action to minimize morbidity and mortality as well as to minimize the effect of the pandemic on the economic, social and political stability of communities and the citizenry in general.

II. STATEMENT OF PROBLEM

Protection of lives and livelihood can be likened to human security, which may be defined as; consisting of human survival, livelihoods, and dignity are challenges currently faced globally as a result of the Coronavirus pandemic. Poor health – illness, injury, disability, and death – are critical threats to human security. And of many health problems, those

considered most germane to human security are health crisis during conflict and humanitarian emergencies, infectious diseases, and the health problems of poverty and inequity, as presently being faced by not just Nigeria but Africa and the entire world at large.

These clusters of health and economy were selected as being most relevant to human security based on four criteria – scale, urgency, intensity, and externalities. Especially important are health problems that create emergencies or economic crises. The severity of social and economic impact of disease is therefore an important criterion. These health threats such as the Coronavirus pandemic is seen to have generated “spill-over effects” onto other problems (and are thus not purely medical problems) such as the economy which are also prioritized – A classical example of problems with this virus is high transmission as it is known as a transmitted infectious disease. It has therefore created a situation of an unprecedented global economic recession and countries like Nigeria in the plain of less developed and troubling economies are worst hit. Therefore the consistent demand and wait for external support which has been Nigeria and indeed Africa’s attitude towards crisis management needs to be jettisoned as every country in the world seems to be on its toes.

III. PROTECTING LIVES AND RAMPING UP HEALTH-SYSTEM CAPACITY

Although Nigeria and of course Africa has fewer known COVID-19 cases than other regions, the number seems to be on the rise. Epidemiological projections suggest that, in a worst case, there could be many millions of cases in Africa over the next 100 days if the spread of the virus is not contained. Such projections vary and are sensitive to assumptions, including the starting position and the number of people a single infected person will infect in a population. But they do shine a spotlight on the scale of the health risks facing Nigeria and Africa.

African health systems are ill prepared for a widespread outbreak. The entire continent may have just 20,000 beds in intensive-care units (ICUs), equivalent to 1.7 ICU beds per 100,000 people. By comparison, China has an estimated 3.6 ICU beds per 100,000 people, while the United States has 29.4 and while there are shortages of ventilators in many parts of the world, that shortage is particularly acute in Africa. There are an estimated 20,000 ventilators across the continent, far too few to manage large numbers of COVID-19 cases; excluding North Africa and South Africa, the rest of sub-Saharan Africa might have as few as 3,500. By comparison, the United States, with one-third of Africa’s population, has up to 160,000 ventilators and Nigeria not up to a hundred of the above figure, Jayaram (2020).

To gauge the ramp-up that might be needed, we assessed how the capacity of countries in Africa’s health systems would need to increase if the continent’s infection rate were to reach a projected 1 percent – equivalent to the infection rate in New York State in its first one month of the COVID-19 crisis. In such a scenario, it has been estimated that more than \$5 billion in additional funding would be needed to cover the cost of critical supplies for hospitals, including tests, masks, gloves,

and ventilators. These monies are not readily available from foreign loans as countries around the world are also trying to keep their heads above water, it therefore knocks on Nigerian and African governments to devise means of privately (domestically) generating these monies. This sum excludes the cost of wider responses to the health crisis, such as building new hospital capacity, quarantining individuals, providing masks to the general population, or implementing a widespread testing strategy.

Even if containment efforts limit Africa's infection rate to 0.1 percent over the next 100 days (a third of Spain's official case rate after one month of the crisis), it is estimated that the continent could require 35,000 ICU beds and ventilators for COVID-19 patients alone. Even in this less severe scenario, it is estimated that at least 20 million masks will be required in the next 100 days for hospitals to be prepared to meet the COVID-19 caseload. Again these are facilities that are in short supply and countries that produce them are trying to keep them from being exported so as to cater for their own citizens. Therefore African leaders are again left at the mercy of their own potential resources and devising ways of harnessing them will be the most appropriate thing to do in the circumstances.

Likewise, whichever scenario the outbreak follows, a major ramp-up will be required in the number of COVID-19 tests available in Africa. At a minimum, it is estimated that 5 million such kits will be required over the next 100 days in a scenario of robust containment. If the virus were to spread more rapidly and African governments were to adopt a strategy of broad testing similar to that used in South Korea, 80 million test kits could be needed in this short period. By estimates, fewer than 500,000 such kits have been deployed across Africa to date.

Even if funding were secured to purchase these supplies and resources, the procurement and distribution logistics involved would be hugely challenging—as would be the effort to build up the capacity of healthcare providers to use the equipment. Private-sector capacity for production and distribution of medical supplies would need to be integrated into the effort. And thousands of community health workers would need to be trained to support the medical response, given Africa's very low numbers of health workers per capita. As one illustration of this gap, consider the fact that Italy, whose hospital staffs have been overwhelmed in some cities, has a doctor for every 243 people, but Zambia has one for every 10,000 people. (WHO, 2019).

Across the continent, innovative, collaborative initiatives are under way to ramp up health-systems capacity. For example, in South Africa, where the government and private sector are collaborating on the health response, the National Ventilator Project seeks to produce 10,000 ventilators by the end of June with only locally sourced inputs, Jayaram (2020). In Kenya, an apparel factory shifted to producing masks within one week and is now producing 30,000 masks per day. Development finance institutions, donors, and the private sector are supporting such projects with funding, guarantees, and expertise.

African countries have acted fast to contain the spread of this virus, and this has helped delay the course of the pandemic on the continent. But there is much uncertainty

about how the outbreak will progress; case growth and severity will depend on many factors. It is not simply about the choice of policy measures implemented by governments. Outcomes will depend on policy adherence and efficacy. For example, robust isolation and physical distancing may be less implementable in the context of dense urban environments with high poverty rates. Other demographic and environmental factors also matter. Case severity in Africa could be positively affected by a younger population—the median age in Africa is 19.7 years—but negatively affected by higher rates of comorbidities, such as HIV, tuberculosis, and malnutrition. Evidence is still emerging on the impact of a wide range of environmental factors, from temperature and humidity to levels of *Bacillus Calmette–Guérin* (BCG) vaccination. In short, it is critical that efforts be intensified to contain the COVID-19 outbreak in Africa. Bold measures must be taken, including a significant scaling up of testing, to prepare health systems for a scenario in which infection rates increase rapidly and most of all development and utilization of home-grown policies.

IV. SAFEGUARDING LIVELIHOODS: LARGE-SCALE, TARGETED STIMULUS TO PROTECT JOBS

Alongside the urgent steps needed to strengthen health systems and protect lives, rapid, far-reaching action is needed to safeguard livelihoods, particularly in African states like Nigeria where you have 75 percent of its population in the informal sector (blue collar jobs) and about 60 percent of the population living below the one dollar benchmark. Analysis shows that the jobs or incomes of 150 million Africans, across the formal and informal sectors, are vulnerable in the crisis; this is equivalent to one-third of the entire labor force. Moreover, models also suggest that the economic stimulus required to mitigate the economic damage will potentially be much larger than African governments have announced to date. Careful targeting of this stimulus could help protect the economy and jobs—and provide urgent support to vulnerable households.

V. JOBS OR INCOMES ARE VULNERABLE FOR ONE-THIRD OF THE AFRICAN WORKFORCE

The risk posed by the COVID-19 pandemic to the livelihoods of African workers in both the formal and informal sectors is very alarming and should be a cause for concern to governments in these climes that have suffered an exponential growth in unemployment overtime and is faced with the challenges of hunger and destitute. It is worth noting that, out of a total labor force of about 440 million people; Africa's formally employed workforce numbers about 140 million—less than a third of the total. The remainder of the workforce, totalling as much as 300 million people, is in informal employment.

Analysis suggests that between 9 million and 18 million formal jobs in Africa could be lost or made redundant due to the COVID-19 crisis. A further 30 million to 35 million formal jobs are at risk of reductions in wage and working

hours as a result of reduced demand and enforced lockdowns. This puts the jobs of one-third of Africa's formal-sector workers at risk of significant impact. In major sectors such as manufacturing, retail and wholesale, tourism, and construction, the jobs of more than half the workforce could be affected.

In addition, an approximately 100 million informal jobs—again, one-third of the total—are in occupations and sectors that are vulnerable to loss of income during the COVID-19 crisis. Most members of Africa's informal-sector workforce are involved in subsistence agriculture, and fortunately they are less likely to be affected. But as many as 35 million informal sales and service jobs in the wholesale and retail sector are vulnerable, as are about 15 million casual craft, trade, and plant-operating jobs in the manufacturing and construction sectors. It therefore will require extraordinary measures from the government to drive its citizenry out of this impoverished state by developing micro and macro-economic policies that will have far reaching impact on the ordinary citizens opening way for all kinds of social vices and insecurity.

VI. CONCLUDING REMARKS

Although the COVID-19 virus poses a serious threat to lives and health across Africa, the continent's 54 countries have faced differing rates and types of transmission. They also have widely differing levels of economic development, urbanization, formal employment, and social welfare. It should be no surprise, then, that African governments have adopted a very broad range of immediate responses to the pandemic. However, there is the need for these governments to look inward at a time when multilateralism is breaking down and countries are trying to be on the lookout for themselves (for no fault of their own) as a result of a pandemic that has created shock waves across the continent. Protecting both lives and livelihood is more than ever before very essential on a continent that has been impoverished and exploited for too long. Therefore governments must consider quite a number of approaches and focus on various areas to resuscitate the economy while also protecting the lives of her

citizens. Some of the factors suggested for consideration include:

- ✓ Having an effective private sector with clearly defined roles. It is very essential that private sector roles are spelt out as the private sector is an important component and element of growth and development in any economy.
- ✓ Enhancing the capacity of the scientific community to develop vaccines using both orthodox and unorthodox methods so as to produce our own home-grown antidote to any virus or public health disease or outbreak.
- ✓ Revamping our health care system. If there is something the coronavirus has shown us it is the fact that our ailing health care system is in a dire need of resuscitation both for the elites and the downtrodden. The virus has exposed the decaying nature of the public health in most low income economies which requires urgent attention.
- ✓ The need to focus more on small and medium businesses and of course to develop our entrepreneurs and harness the potentials we have in talents for our collective betterment.

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