



"WE GOT NO COVID" POLITICS AND COVID-19 MANAGEMENT IN KOGI STATE, CENTRAL NIGERIA, 2019 -2020

Authors:

**PRINCE
Habib Enesi**

Affiliation:

Department
of History
and Intl.
Studies,
Federal
University,
Lokoja

**HAJARA
Audu**

Affiliation:

Department
of Biology,
Federal
College of
Education,
Okene

Abstract

"We got no COVID" has become a satirical phrase in the discourse of COVID-19 and its management in Kogi State, Central Nigeria. The phrase was boisterously uttered by the governor of Kogi State when the State was in the spotlight for possible contraction of the global coronavirus pandemic especially when the first high-profile case in Nigeria who attended a social event in Kogi State was diagnosed to have contracted the disease a week later. This paper seeks to examine the politics, drama, and tragedy that accompanied the handling and management of COVID-19 in the state. While adopting the interdisciplinary method in this research, it will make extensive use of primary sources such as interviews, newspaper cuttings and official press releases. It will also make use of secondary sources to boost the paper while presenting it in a thematic manner. The paper argues that the COVID-19 saga in Kogi state was enthralled in secrecy, politics and ambiguity as the common citizen do not know what and who to believe which compounded their psychological state and their perception of the pandemic. Findings reveal however that Kogi State which is the gateway between the north and south of the country had different people from contracted states having stopovers in Lokoja the state capital, and even attend social functions especially marriage ceremonies in the state where the NCDC COVID-19 safety regulations were flagrantly abused. However, findings in the paper further reveal that despite this intermingling, several people had bottles of alcohol-based hand sanitizers in their pockets and bags which they use intermittently. The paper recommends that transparency, citizen advocacy and fairness be deployed in managing issues of national and global concern.

Key words: Covid 19, Kogi State, Politics, Nigeria, NCDC

Introduction

are a large group of viruses known to cause respiratory illnesses in humans with symptoms ranging from mild to severe diseases. Seven can produce infection in people around the world but commonly





people get infected with these four human : 229E, NL63, OC43, and HKU1.¹ , a genus of the Corona viridae family, are enveloped viruses with a large plus-strand ribonucleic acid (RNA) genome. The genomic RNA is 27–32 kb in size, capped and polyadenylated. Three serologically distinct groups of have been described. Within each group, viruses are characterized by their host range and genome sequence. have been identified in mice, rats, chickens, turkeys, swine, dogs, cats, rabbits, horses, cattle and humans, and can cause a variety of severe diseases including gastroenteritis and respiratory tract diseases.² Coronaviruses are positive-sense RNA viruses having an extensive and promiscuous wide range of natural hosts and affect multiple systems. Coronaviruses encode four major structural proteins, namely Spike (S), Membrane (M), Envelope (E), and Nucleocapsid (N).³

Prior to the emergence of the current Coronavirus (COVID-19) pandemic, the world had witnessed the outbreak of two other corona. They include the Severe Acute Respiratory Syndrome Coronavirus (SARS-CoV-1) which broke out in 2003 in China and the Middle East Respiratory Syndrome Coronavirus (MERS-CoV) which was discovered in 2012.⁴ In December 2019 a new coronavirus outbreak was reported in Wuhan, China. The new virus, initially named as SARS-CoV-2, spread rapidly from country to country causing unprecedented impact on health, economy, and quality of life of communities. Several factors, including, delayed public health responses, limited testing, inadequate contact tracing and quarantine measures, as well as population demographics and disease comorbidities are believed to have contributed to the spread and high burden in these countries.⁵

Although, several developed nations with well-established and functional health systems could not contain the spread of the disease. The factors in the spread enumerated above are more common in developing nations such as Nigeria with a fragile and poor health system. Thus, the World Health Organisation at the outbreak of the pandemic had categorized Nigeria as one of the 13 high risk countries in Africa.⁶ Little wonder, when Nigeria's index case was detected in February 2020, the number of infected cases had continue to surge in spite of low testing until in late September 2020 that the numbers began to decline. Kogi State of Nigeria became a particular reference in the COVID-19 management as the only state in Nigeria that officially declared a zero infected case even though the Nigerian Centre for Disease Control (NCDC) vehemently disagreed. This disagreement, the ensuing politics, theatrics and tragedy is the focus of this paper. Although, several literature has been published on COVID-19 in Nigeria and around the world, they mostly center on the origin, spread, causes, prevention and the rate of scientific progress so far in discovering vaccines and medications for the treatment of COVID-19. This paper looks at the twist of events in Kogi State that cast doubt and aspersions on the management of the pandemic in



Nigeria as a whole as the government – citizen disconnect became brazenly visible. The paper is arranged thematically with introduction, the emergence and spread of COVID-19, COVID-19 in Nigeria, Kogi State and the management of COVID-19 which is the major thrust of the paper and conclusion.

The emergence and spread of Coronavirus (COVID-19)

The first cases of what is currently known as coronavirus 19 (COVID-19) were discovered in Wuhan City, in the Hubei Province of China on the 12th of December 2019. The virus has been linked to the Huanan Seafood Market in South China where raccoon dogs, bats, snakes, palm civets, and other animals are sold. The infection has since spread like an untamed wild fire to over 109 countries around the world with devastating and mind boggling casualties. However, the zoonotic source of COVID-19 is not confirmed, but the sequence-based analysis suggested that bats are the main reservoir. The recombination of DNA was found to be involved at spike glycoprotein which assorted SARS-CoV (CoVZXC21 or CoVZC45) with the RBD of another Beta Coronavirus. This could be the reason for cross-species transmission and rapid infection of the virus.⁷ Officially, the World Health Organization (WHO), in December 2019, received reports on clusters of pneumonia cases of unknown causes in Wuhan City, Hubei Province of China. Following the advice of the International Health Regulation Emergency Committee, the Director-General of the WHO, Dr. Tedros Adhanom Ghebreyesus declared the COVID-19 outbreak as a Public Health Emergency of International Concern (PHEIC) on 30 January 2020 and characterized it as a pandemic on the 11th of March 2020 after it met the epidemiological criteria of having infected more than 100,000 persons in 100 countries.⁸ The WHO originally called this infectious disease Novel Coronavirus-Infected Pneumonia (NCIP). It was later named 2019 novel coronavirus (2019-nCoV). On 11th Feb 2020, the (WHO) officially renamed the clinical condition as Coronavirus Disease 19 (COVID-19). The virus has also been proposed to be designated/named as "severe acute respiratory syndrome coronavirus 2" (SARS-CoV-2) by the International Committee on Taxonomy of Viruses (ICTV).⁹

Coronaviruses belong to the family Coronaviridae (subfamily Coronavirinae), the members of which infect a broad range of hosts, producing symptoms and diseases ranging from a common cold to severe and ultimately fatal illnesses such as SARS, MERS, and, as of present, COVID-19. It is expedient to note here that until 2020, six Coronaviruses were known to infect humans. They include HCoV-229E, HCoV-NL63, HCoV-OC43, HCoV-HKU1, SARS-CoV, and MERS-CoV. Though SARS-CoV and MERS-CoV have resulted in outbreaks with high mortality, others remain associated with mild upper respiratory tract illnesses. Over the past two decades, the current emergence of COVID-19 is the third Coronavirus outbreak in humans. It is no coincidence that Fan et al. predicted potential SARS- or MERS-like



Coronavirus outbreaks in China following pathogen transmission from bats.¹⁰ This novel coronavirus (COVID-19) is thus posing a significant threat to global public health. The COVID-19 that emerged in China spread rapidly throughout the country and subsequently to other countries.

The virus that causes COVID-19 is a highly transmittable and pathogenic viral infection and mainly transmitted through contact with respiratory droplets rather than through the air. Primarily, people can contract COVID-19 from others who are infected or surfaces infected. A single cough can circulate up to 3,000 droplets. These droplets can land on other people, and covering surfaces around them, however, several smaller particles will stay within the air. The virus spread faster in fecal matter, thus, those who are not washing their hands thoroughly after visiting the toilet, bathroom could contaminate anything they touch. Many respiratory viruses, including flu, Covid-19 can be spread by close contact with small droplets released from infected individuals' upper respiratory tract secretions, e.g. sneezing, common cold or coughing from the nose and mouth. The virus can also be transmitted through surface contamination when these droplets land on objects and surfaces around the person and other individuals touch these objects or surfaces and further touching their eyes, nose or mouth then these people catch COVID-19.¹¹

COVID-19 is considered most contagious when people are symptomatic, although transmission may be possible before symptoms show in patients. Time from exposure and symptom onset is generally between two and 14 days, with an average of five days. Common symptoms include fever, cough, sneezing and shortness of breath. Complications may include pneumonia, throat pain and acute respiratory distress syndrome. Currently, there is no specific antiviral treatment or vaccine; efforts consist of symptom abolition supportive therapy. Recommended preventive measures include washing your hands with soap, covering the mouth when coughing, maintaining 1-meter distance from other people, monitoring and self-isolation for fourteen days for people who suspect they are infected. The standard tool of diagnosis is by reverse transcription polymerase chain reaction (rRT-PCR) from a throat swab or nasopharyngeal swab. The infection can also be diagnosed from a combination of symptoms, risk factors and a chest CT scan showing features of pneumonia.¹² At present, there are no medications to effectively treat COVID-19 since neither approved vaccines nor specific antiviral drugs for treating human Coronavirus infections are available. Most nations are currently making efforts to prevent further spreading of this potentially deadly virus by implementing preventive and control strategies.¹³ while scientific research is still on to develop vaccines for the virus.



COVID-19 in Nigeria

Egypt was the first African nation that recorded the first case of coronavirus disease on the 14th of February, 2020. This marked a worrisome signal for the continent with a dilapidated healthcare system and insufficient health officials. Nigeria recorded its first COVID-19 case on the 27th February, 2020 becoming the second country in Africa to have contracted the coronavirus disease. Nigerian's index case was an Italian gentleman, aged 44 years who travelled to Lagos, Nigeria from Milan, Italy on the 25th February, 2020. The Italian presented himself at a health facility on 26 February 2020 having observed his failing health and he was subsequently diagnosed to have contracted the coronavirus disease on the 27th February, 2020. Following the confirmation of the index case, 216 people were identified as contacts to be followed up. Of these, 45 travelled out of Nigeria and one of the remaining 176 contacts was confirmed to be positive for COVID-19 on 9 March 2020.¹⁴ It is pertinent to note here that Nigeria has been categorized by the World Health Organisation (WHO) as one of the 13 high risk African countries due to weak healthcare and proximate relationship with china.¹⁵

The Federal Government of Nigeria moved swiftly to combat the coronavirus global pandemic following the detection of the index case. A multisectoral national emergency operation centre at level 3, the country's highest level of public health emergency, was activated.¹⁶ This multi sectoral approach was led and coordinated by Nigeria's Centre for Disease Control (NCDC). Having activated the emergency operation centre, the NCDC deployed the Rapid Response Teams with states leading contact tracing and other response activities. Confirmed cases were also evacuated to a health facility designated for the treatment of COVID-19. A Presidential Task Force (PTF) on COVID-19 chaired by Mr. Boss Mustapha, the Secretary to the Federal Government and comprising top cabinet members and other agencies directly involved in the management of COVID-19 was inaugurated on 9th March, 2020 to respond to the outbreak through a multisectoral and inter-governmental approach.¹⁷

As it is expected, Nigeria's first group of COVID-19 cases were all linked to travel history from endemic countries. Nigeria's immediate response to curb further contraction and spread included suspension of flights, supervised self-isolation for returnees, continuous contact tracing and restrictions on interstate travels. Other measures included nationwide closure of all tertiary, secondary and primary schools, prohibition of religious and other high-density gatherings and social distancing. The Federal government also deployed the tool of public enlightenment and sensitization through the media (conventional and unconventional) on safety rules such as washing of hands, wearing of nose masks, use of hand sanitizers and social distancing.¹⁸



In addition to initial flight bans for 13 COVID-19 affected countries and subsequent suspension of international flight, three states within the country, Lagos, Ogun and Abuja that were early centres of the outbreak were placed under lockdown by presidential directives and several state governors have also implemented similar measures to curb the spread. These measures include bans on social and religious gatherings and restrictions of intra- and inter-state movements in order to limit disease spread. Although, the limitations and ban on social gatherings and inter-state movements were not very effective as there were instances where security agents compromised the directive for pecuniary tips and citizens were also smuggled in containers of essential materials such as food supplies to beat the inter-state movement restrictions. In addition to all of these, contact tracing and other public health measures have continued to be strengthened. The Nigerian Centre for Disease Control (NCDC) also deployed Surveillance Outbreak Response Management and Analysis System (SORMAS) to support contact tracing. It is an open source mobile and web application for disease outbreak detection, notification, management and response which was deployed during the 2014 Ebola Virus Disease (EVD) outbreak but has now been upgraded to include a COVID-19 module.¹⁹

It is worthy of commendation that there is a diagnostic capacity for COVID-19 in the country, the testing capacity, however, was very low and is still limited to symptomatic cases. With the change in testing strategy, increases in number of laboratories from five to thirteen nationally across the six geopolitical zones, decentralized testing and active case search in states like Lagos and the Federal Capital Territory, the number of cases have surged. However, the overall testing capacity is still low and estimated to be at 103 per 1 million of the population.²⁰ It is argued that if the country had carried out more test, there is a more likelihood to record more active cases of COVID-19 in the country. Other analysts believed that the current figure of 66,607 as at November 24th, 2020 is as a result of low testing capacity and nonavailability of testing opportunity for willing citizens. The table below shows the country's COVID-19 recorded contracted cases, recoveries and deaths as at 25th November, 2020.

Table showing the rate of Covid 19 infection in Nigeria as at 25th November 2020

S/No	State	Confirmed	Recovered	Death
1.	Lagos	22,562	21,119	220
2.	FCT	6,385	5,934	82
3.	Plateau	3,724	3,639	33
4.	Oyo	3,693	3,242	45
5.	Rivers	2,916	2,785	59
6.	Kaduna	2,778	2,61	45
7.	Edo	2,690	2,559	112



8.	Ogun	2,103	1,994	31
9.	Delta	1,823	1,737	49
10.	Kano	1,768	1,690	54
11.	Ondo	1,722	1,585	39
12.	Enugu	1,332	1,290	21
13.	Kwara	1,088	1,028	27
14.	Ebonyi	1,055	1,019	30
15.	Katsina	965	929	24
16.	Osun	942	906	20
17.	Gombe	938	857	25
18.	Abia	926	908	9
19.	Bauchi	750	720	14
20.	Borno	745	705	36
21.	Imo	648	613	12
22.	Benue	493	460	11
23.	Nasarawa	485	325	21
24.	Bayelsa	426	382	21
25.	Ekiti	346	327	6
26.	Jigawa	325	308	11
27.	Akwa Ibom	319	289	9
28.	Niger	286	264	12
29.	Anambra	285	265	19
30.	Sokoto	165	148	17
31.	Taraba	155	129	6
32.	Kebbi	93	84	8
33.	Yobe	92	71	8
34.	Cross River	89	78	9
35.	Zamfara	79	73	5
36.	Kogi	5	3	2
	TOTAL	66,607	62,311	1,169

²¹ Source: Nigerian Centre for Disease Control (NCDC), November 25, 2020

Kogi State and the Management of COVID-19

The states within the Nigerian federation reacted immediately to COVID-19 pandemic. States carried out the implementation of the NCDC guidelines on social distancing by ordering closure of facilities and reducing the number of people at events together with places of worships. Many states restricted local flights and inter-state travel. Open markets were closed or allowed to open at specific hours so that state agencies could fumigate them for COVID-19. Some state governments like Lagos state adopted additional vital measures like instituting curfews. Lagos state Governor conjointly issued the Lagos state communicable disease (Emergency Prevention) laws 2020 via his powers of the state Public Health Law and Federal Quarantine Act, Q2 LFN, 2004. Many states including Kogi State stepped up to supply emergency isolation and treatment centres in addition to palliatives to



the foremost vulnerable persons in their states to cushion the impact of COVID-19 of livelihoods. Although, this has largely not been effective and successful.²²

Kogi state with geographical coordinates 7°30'N 6°42'E / 7.500°N 6.700°E is a state in the Central Region of Nigeria. It was created on 27th August, 1991 by the General Ibrahim Badamasi Babangida's military regime. The state occupies a 29,933 km² of area with a 2006 census population 3,314,043 people. Kogi state is a very strategic state with respect to its location being the gateway between the Northern and the Southern parts of the country. It prides herself as the only state in Nigeria which shares borders with ten other states within the federation. However, being a border to ten coronavirus infected states and a major gateway and stopovers for travelers makes the state vulnerable and susceptible to COVID-19. Little wonder, it was hard to believe the state government's declaration of a zero case despite the state's vulnerability as explained above. This is coupled with the fact that the state political leadership has described the whole COVID-19 management in the country as hoarse and a farce. This situation resulted to disagreements between the NCDC and Kogi State Government and a battle of ego ensued. Unfortunately, this superiority struggle led to the politics, theatrics and tragedy that had characterized the management of COVID-19 in Kogi State and attempt will be made to highlight them below.

The Politics

Few weeks after Nigeria's index case was discovered in Lagos, Lagos became the epicenter of the virus in Nigeria and it spread quickly across several states of the federation with Kogi's major neighbours, Abuja, Ondo and Edo States recording high number of patients that have contracted the coronavirus. Kogi came into the limelight and became mired in the politics of COVID-19 when the country's major power broker and the Chief of Staff to the President, Mallam Abba Kyari contracted the virus. Mallam Abba Kyari who led the presidential delegation on 17th March 2020 to Kogi state for the three-day fidau prayer of the late mother of the Kogi State Governor, a social event with a lot of crowd and intermingling was confirmed to have contracted the virus five days later. Being a high profile personality who was a guest of the Kogi state governor and Kogi people, the NCDC beamed its searchlight on Kogi State and asked the state governor, Alhaji Yahaya Bello and top government functionaries who might have come in contact with Mallam Abba Kyari to go into self-isolation and submit themselves for covid test. Abba Kyari later died on April 17, 2020 in a cardiology hospital in Lagos at the age of 67.

The Kogi state government denied any trace of COVID-19 in the state even without any test and self-isolation which are basic protocols in the management of COVID-19. The State Governor in a video that went viral on social media debunked that Kogi state has no COVID-19



and made a jest of those saying the state has COVID-19. The 43 seconds video popularly dubbed "We got no covid" showed the triviality with which the state government viewed the pandemic that had claimed thousands of lives all over the world as he added that "those who accuse the state of Covid have HIV".²³ The video and statement which was to scorn NCDC was as expected not received well by NCDC. The battle line became drawn between the state government and NCDC and both organs of government began to twist narratives in discordant with the realities on ground. While NCDC claimed that the Kogi State governor was concealing the truth about COVID-19 in the state, the State Government on 25th of March, 2020 accused the NCDC of playing politics with the 'glorified malaria' as they described COVID-19 as a hoax and ways by which people enrich themselves by creating fear for political, economic, financial or material gains. In his words, "Ninety per cent of the noise about COVID-19 is for political, economic, financial [or] material gain. The other 10 per cent [relates to] ordinary flu, like the common colds Nigerians generally suffer".²⁴ This accusation came at the backdrop of an alleged over 70 billion naira of monies donated by private individuals and corporations which has since been expended in the Management of COVID-19.²⁵ Yahaya Bello further stated in a recent National Workshop on commodity alliance forum that "if the Federal Government can dedicate just 1% of all the funds, the seriousness, the publicity and what have you towards the glorified malaria called COVID-19 to agriculture and agricultural value chain, Nigeria will attain food sufficiency and security".^{25b}

In April, 2020, The NCDC dispatched a team to Kogi State. Andrew Noah led the NCDC team to Kogi and presented a letter titled Deployment of Rapid response squad to help in fighting COVID-19. The delegation was warmly received at the banquet hall of the State Government House. However, in a twist of fate, the state requested that the team being from a Coronavirus infected state should go into mandatory quarantine for fourteen days before they will be allowed access to the people of the state. The NCDC team saw this as a humiliation and attempt to prevent them from carrying out their official duties while the state said they were only asking the NCDC team to observe their own protocols.²⁶ This further worsened the strained relations between Kogi State Government and the Federal Ministry of Health/NCDC. While the war words rages on social and conventional media, Kogi people were at loss on who and what to believe. While the Federal Minister of Health, Mr. Osagie Ehanire compiled a report to the President on the non-cooperation of Kogi State, the State which is led by the APC party and an anointed son of the President told the world that he was protecting the interest of the president and that some people were hell bent in destroying the achievement of his 'father' the President and the gains of his party, the APC. Governor Yahaya alleged as always that the pandemic is an artificial creation and that it is being used to cause panic and fear



among the citizens. He vowed not to join other governors in playing the COVID-19 game.²⁷

In May, 2020, Kogi State government alleged that there are attempts to import the coronavirus disease or declare fictitious cases in Kogi State. The State Commissioner for Information and Communication, Kingsley Fanwo made the allegation in a statement. Fanwo said the State Covid-19 Management Committee received a distress call from a female expatriate in the State who feared she had contracted the disease. He claimed the Committee promptly located her and found that her fears were misplaced. According to the Commissioner, The Committee determined, after reading her temperature that "The case does not fit into the spectrum of criteria set by the National Centre for Disease Control (NCDC) for actual or suspected Covid-19 cases requiring testing." Despite that, the woman insisted that she will take her samples to Abuja. The Commissioner quickly added in the statement that:

The Kogi State Government is genuinely suspicious of the motive behind her insistence, especially as we strongly suspect there are attempts to import the disease or declare fictitious cases in Kogi State. This is in view of the fact that Kogi State is one of only two states still COVID-19 free in Nigeria and having regard to recent pressures from some interesting quarters for Kogi State to find and declare cases of the disease, we are wary of an unholy conspiracy to declare COVID-19 in all states of the federation. The government vowed to resist the move. "It is therefore pertinent to note that while the Kogi State Government will never conceal any real case of the novel coronavirus disease if it occurs in the state, she will adhere strictly to NCDC guidelines to vehemently resist all attempts to manufacture false figures or cases of COVID-19 in Kogi State. The great people of Kogi State have shown admirable resilience and a strong sense of responsibility since the COVID-19 pandemic broke out and we urge them to continue observing the recommended personal, environmental and respiratory hygiene protocols as recommended by both international and national regulatory authorities. We assure all Kogites that His Excellency, Governor Yahaya Bello and his team take seriously indeed the duty to safeguard them from all threats to their health and will continue to safeguard them from all diseases, including COVID-19, Lassa Fever and other ailments."²⁸

The State Government in the management of COVID-19 developed an online application that determines the rate of risk of citizens on self-test. The application allows you to answer some question with the 'Yes



or No' option to determine the level of exposure to the virus. The app certifies a user to either be at high risk or low risk of having COVID-19. However, the application was seen as another gimmick from the state government and most residents of the state did not use it due to their lack of faith in the app's functionality.

The Theatrics

On 27th May 2020, the state was thrown into a theatre of drama as the first COVID-19 case from Kogi state was allegedly recorded by the NCDC. It was the case of Sheikh Abubakar Ejibunu, the Chief Imam of Kabba in Kabba Bunu Local Government Area of the State. The Imam was said to have led a funeral prayer of a deceased Muslim faithful in Kabba where he was stung by a bee. The over 70 years Islamic cleric developed a fever afterwards and he was admitted at St. John hospital, Kabba. The Cleric was later transferred to the Kabba General Hospital from where he was referred to the Federal Medical Center in the State Capital, Lokoja. It was gathered however, that due to the Imam's rising body temperature, several medics were reluctant to attend to him for fear of contracting the deadly virus. The family noticing this reluctance opted to be referred to the National Hospital, Abuja where he was allegedly confirmed to have contracted coronavirus. This alleged status of the Chief Imam was compounded by the press statement given on behalf of the family by High Chief Taiye Ejibunu, the brother to the Chief Imam.²⁹

The trio of Senator Dino Melaye, the immediate past senator representing the area at the upper chamber, Hon. Tajudeen Yusuf, the member representing Kabba Bunu Federal Constituency at the Federal House of Representatives and Mr. Kola Ologbondiyan, The PDP spokesperson who incidentally hail from Kabba all lambasted the State's Government handling of the pandemic. The trio in various press releases accused the government of recklessness, insincerity and cover up and urged the State to be more alive with its responsibilities.³⁰ The State government vehemently rejected any figure 'purportedly concocted' by Abuja and slammed on the State. The state government believed the alleged case recorded for the state was political and a frantic effort by NCDC and enemies of the state to label the state a 'covid state'. The State government claimed that the enemies were envious of the state's accomplishment in the handling of diseases from Ebola to Lassa and now COVID-19.³¹ Meanwhile, there were conflicting reports from family and community members on the veracity of the NCDC claims. All contacts linked to the Chief Imam traced by NCDC all proved COVID-19 negative after samples were taken for Covid test.³²

The State government however ordered for a two week total lockdown of Kabba/Bunu Local Government Area effective 12 am, 2nd June, 2020 to 'contain the spread' if any and for effective contact tracing. Barely 24 hours into the lockdown, community leaders and



elders began to beg for the relaxation of the lockdown as many able bodied young men fled the community because they could not withstand two weeks of hunger and deprivation. Businesses were grounded and the commercial activities were halted.³³ According to Pa James Abiodun, there was no covid in the town and they were just made to suffer for nothing. Several interviewees in Kabba described the purported index case as a hoax and an attempt by politicians to get at one another.³⁴ The opinion leaders appealed through the Obaro of Kabba, HRM, Oba Solomon Ade Omoniyi, Obaro Ofitoloke Oweyemade I for the State government to lift the lockdown. According to the State Commissioner of Health, Dr. Saka Haruna, the State governor being a responsive leader hearkened to the needs of the people and lifted the lockdown on 4th June 2020.³⁵ It is instructive to note here that less than 14 days as enshrined in the WHO and NCDC protocols, Sheikh Abubakar Ejibunu was discharged and certified covid free on 7th June 2020 to a rousing welcome in Kabba. This action raised more doubts and concern on the veracity of the NCDC claims.

The Tragedy

The politics and theatrics in the COVID-19 saga in Kogi State were not without a tragedy. The two government organs, the Kogi State Government and NCDC became enmeshed in an ego warfare. The Director General, NCDC, Dr. Chikwe Ihekweazu, was quoted in May 2020 saying that it is practically impossible not to record any Covid case in any state of the federation.³⁶ The State government viewed the statement of the NCDC boss as reckless and an attempt to import cases to the state as earlier discussed. The State was thrown in a mournful mood on June 28, 2020 when it was announced that the Chief Justice of the state, Justice Nasiru Ajanah had died at a COVID-19 isolation centre in Gwagwalada, Abuja following a battle with the Coronavirus infection. The State denounced the reports that Justice Ajanah died of COVID-19 and insisted that the late jurist died of a natural cause and urged the people to discard any news of COVID-19 in the state.³⁷

Speaking at the 3-day fidau prayer of the late legal luminary, Kogi State Governor, Alhaji Yahaya Bello said that Ajanah had been battling with a terminal illness before COVID-19 came to Nigeria and he died from the complication of his illness especially when he could not seek treatment outside the country due to the global lockdown as a result of coronavirus. He further reiterated that "weather medical experts and scientists believe it or not, COVID-19 is out to shorten the life span of the people. It is a disease propagated by force for Nigerians to accept".³⁸ The late Justice's family was also of the opinion that their brother did not die of COVID-19 but was killed in a political entanglement between the State and the NCDC. The family claimed that the late Justice aware of his health condition observed the WHO/NCDC protocols to the letter. He was always with his bottle of sanitizer, nose mask and observed all other guidelines.³⁹ A staff of the



Kogi State Ministry of Justice who wants anonymity in an interview opines that the erudite Justice could not have contracted the virus because he was careful to a fault. She said the office and documents he worked with were always sanitized all through the period. Several staff of the ministry corroborated and attested to the careful nature of the late Chief Justice.⁴⁰ However, the true situation of his death is unknown as no one has access to the test results. The global pandemic induced lockdown and the supremacy battle between the NCDC and the Kogi State government may have played a role in this tragedy.

Another tragedy that befell the State arising from the politics and theatric of the COVID-19 saga was the attack on the state's most equipped government hospital, the Federal Medical Centre, Lokoja. Suspected hoodlums stormed FMC, Lokoja, in the early hours of Wednesday July 1, 2020 destroying the administrative block and carted away computers and files allegedly relating to COVID-19. It was reported that protesters numbering about 50 stormed the premises with placards and dangerous weapons, attacking and destroying valuables. The timely intervention of men of the State Police Command, however, prevented more damages as the protesters went wild at a point before the intervention of the police.⁴¹

The state government, in a swift reaction, said that preliminary findings revealed that the violence ensued when relations of patients in the medical facility protested against the failure of the management of the hospital to attend to them. The statement issued by the Commissioner for Information and Communication, Kingsley Fanwo, indicated that many people in the Emergency Ward were left unattended to, while a woman gave birth to a baby at the gate of the hospital, which generated a lot of public tension in the state.⁴² However, Several respondents disagreed with the government's official version of the story. They claimed that there was a scheduled press conference for July 1, 2020 at 10am and the government allegedly sponsored thugs to disrupt the conference as it was believed that the hospital Management was about to inform the world of the true picture of COVID-19 in the state which was not in agreement with the state government position of the virus. Hence, the disruption was to stall the press conference.

The hospital was shut down immediately after the attack for more than four months and only opened for business on 24th November 2020. During the over four months period of its closure, patients had to seek alternative healthcare which brought untold hardship on the ailing populace. It should be noted that FMC is the biggest tertiary hospital in the state and those who needed specialised care had difficulty accessing the care. It should be noted that the closure of the hospital affected the training of house officers who were undergoing training in the hospital.



Lockdown and Social events in Kogi State

Aside the politics, theatrics and tragedy that was associated with the management of COVID-19 in Kogi state, one factor that further threw the Kogi people into the dilemma of confusion was the advocacy of the highly contagious nature of the virus which made social distancing, hand washing and the use of sanitizers a precautionary safety measure. It was in the attempt to curb the spread through intermingling that the Federal Government on March 30, 2020 directed the total lockdown of Lagos, Ogun and the Federal Capital Territory. This lockdown was thereafter extended to cover all the states of the federation. The lockdown was to curb inter-state travels except for essential and medicals; limit social gathering in mosques/churches, markets and social ceremonies. However laudable these measures, Kogi state seems to have lived in a world of its own with most of these WHO/NCDC COVID-19 safety precautions not observed except for the casual use of hand sanitizers.

As discussed earlier, Kogi State is a gateway between the North and South and as such most travelers along the route make a stopover at Lokoja, the state capital to either refuel the car or refreshment. Thus, it was an easy way to import the virus into the state. Even with the lockdown, there was still interstate travels and at times in pretention of transporting essentials. Some houses of worship were temporarily closed for about two weeks and resumed normal activities; neighbourhood mosques and Christian house cell groups still meet as regularly as expected. Markets were conducting their businesses as always; marriage ceremonies, burial and other social events adorn the landscape of Kogi every weekend where all WHO/NCDC regulations were thrown to the wind except for few who had the pocket sanitizers that may not even be alcohol based sanitizers. Although, some Kogites took personal care and precautions, majority of the people in Kogi shared the belief of the governor and indeed the state government that the Covid saga in Nigeria was exaggerated beyond proportion especially with the turnout of events. There were no alarming death rates in the state that could become a source of worry to the populace even though they live in clusters and an extended family set up.

The narration of those alleged to have contracted the virus and placed in isolation centre and in particular, the suspicious cases in Gombe and Kano States put the entire management of COVID 19 in Nigeria to question. In Gombe, alleged COVID-19 patients were isolated but were not given any treatment which led to a demonstration by the patients and other youths on 5th May, 2020.⁴³ The Kano case was more worrisome as COVID-19 patients were alleged to have left the isolation centres to celebrate the sallah festival with their families.⁴⁴ Aside this shady development, the quantum of money realized and allegedly spent gave credence to the allegation that the government handling of COVID-19 was a hoax



and an attempt to enrich themselves. Those who shared this view were vindicated at the aftermath of the EndSARS protest in Nigeria where state warehouses were looted. These warehouses stored food and other essentials that were to be distributed to indigent citizens during the nationwide lockdown. Unfortunately, except for one or two states, other states hoarded the palliatives. It is instructive to note that Kogi State which claimed not to have recorded a single Coronavirus case also benefited from the Federal Government covid palliatives as later events have shown. Thus, the people were at a complete loss and confused on who and what to believe.

Conclusion

The novel Coronavirus which was first discovered in Wuhan, China in December 2019 spread rapidly across the world killing thousands of people; this made the World Health Organization (WHO) to declare the virus as a pandemic. Since Nigeria's index case on 27th February, 2020, the number of cases has been on the rise across all states except Kogi state as the state government claimed. Although, it recorded five cases with three discharged and two deaths on the national Coronavirus tally, the state government disagreed with the Nigerian Centre for Disease Control (NCDC) which further led to the politics, theatrics and tragedy witnessed in the state during the COVID-19 saga. The management of COVID-19 in Kogi State became an ego struggle where claims and counter claims were made leaving the citizenry in a dilemma of understanding the truth and status of the virus in the state. The whole management of the virus was shrouded in secrecy especially the victims' status, the actual number of infected and indeed the medications used in the isolation centres amongst others. The authorities were either dishing out half truths or conflicting statements. The case of the visiting Chinese doctors whose mission to the country was mired in secrecy was the height of the government's recklessness in information handling. It is worthy to note that what they did and their where about was never discussed thereafter. The monies purportedly expended in managing the virus were humungous and cast doubt on the veracity of the expenditure. This further compounded the psychological wellbeing of the people and their perception of the pandemic. The people however noted that the virus does exist, but the hyping of the virus in Nigeria was for political and economic goals. It is the firm belief of this paper that if transparency, citizen advocacy and fairness are deployed in managing issues of national and global concerns, the citizens will understand the nature, adhere to instructions and help authorities in whatever way in curbing those concerns. However, these attributes were found lacking in Nigeria's handling of COVID-19 and thus, the ensuing politics, theatrics and tragedy in Kogi State, Central Nigeria.



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