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Health

COVID & the Global South: the Nigerian Case

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Emilia Micunovic interviewed Rafiat Atanda and Zigwai Tagwai, who volunteer with [ONE](#) in Nigeria. They are professional women in their 20s. This article has been edited from a longer version.–The editors

This march marked the second anniversary of the World Health Organization’s declaration that COVID-19 is a [global pandemic](#). Since then, we’ve developed life-saving tools and vaccines to protect our most vulnerable and get the world up and running again.

Now, governments are relaxing restrictions, essentially declaring the end of the pandemic. The UK has officially declared a “[Living with COVID](#)” strategy, making it the first country to do so. Governments in Europe and North America are already administering second booster shots.

In scientific circles, there is an emerging conversation advocating for COVID-19 to be accepted as an endemic disease – like malaria and TB. This comparison, however, highlights the way that endemic infectious diseases are manageable in the global North but still devastating in the global South.

As four infectious disease experts succinctly wrote in [The Atlantic](#):

“Infectious diseases such as malaria, tuberculosis, and AIDS that are now seen as ‘Third World diseases’ were once serious threats in rich countries, but when incidence of these diseases began to decline there, the global North moved on and reduced investments in new tools and programs.”

Research indicates that boosters are important to protect people from [severe disease](#). Yet low-income countries are still struggling to get first doses into arms. Currently, the death rate among the unvaccinated is between [four and 12 times higher](#) than vaccinated populations, even without booster shots. Unvaccinated populations are also at risk for future, life-threatening [variants](#).

For millions of individuals living in poverty the pandemic is far from over. What’s more, the decision to deem COVID-19 endemic is made by leaders of rich countries in the [global North](#) – without consideration of how it will impact marginalized people and exacerbate race and gender inequalities.

As some countries adjust their strategies to live with COVID-19, rich nations are essentially leaving the global South to fend for itself against a highly contagious virus without the tools and vaccines it needs to protect their populations and [economies](#).

The reality is that COVID-19 has made the world even more [unequal](#). Not only has the pandemic exacerbated inequalities in the global South but women are [disproportionately affected](#) by COVID-19. This decreases the likelihood of African women reaching the 2030 Sustainable Development Goal (SDG) on Gender Equality.

The Impact on Women

COVID & the Global South: the Nigerian Case

Rafiat Atanda, and Zigwai Tagwai, who work on community development campaigns in Nigeria, offer some insight into the ways that these inequalities in COVID-related health care have impacted women in their country.

Tagwai outlined the pandemic's severe consequences:

“Nigeria was challenged in having a limited number of COVID-19 isolation and treatment centers, beds, health workers and critical care equipment such as oxygen and ventilators. The pandemic overwhelmed the health system that was unable to minimize COVID-19 mortality and contain the spread of the disease. The pandemic exposed the vulnerability of Nigeria’s health care structures and system.”

Further, the Nigerian federal government relied on obtaining vaccines from developed countries. Yet they were unable to do so as the global North hoarded vaccines to prepare for second vaccinations and booster doses.

Tagwai reported that Nigeria has been unable to achieve the target set by the World Health Organization that all countries vaccinate 10 percent of their population. As of the 25th of February 2022, 17.6 million Nigerians have been vaccinated with the first dose while 8.1 million Nigerians have received the second. This means that only four percent of Nigeria’s 206 million people have been fully vaccinated.

Commenting on the health system, Rafiat Atanda remarked,

“Generally speaking, Nigeria’s healthcare is comatose. Many of the hospitals aren’t adequately equipped and healthcare professionals aren’t well compensated. Thankfully, a state like Lagos which was the epicenter for obvious reasons (a diverse and densely populated state in Nigeria), responded quite impressively well with the outbreak of the virus.”

Still, despite positive government responses, a lack of access to vaccines means the effects of COVID will continue to plague Nigeria, particularly women:

“Women in Nigeria have definitely had a more difficult time through the pandemic. Some experienced poor maternal care during their pregnancies as some health centers were unavailable as they were converted to isolation or treatment centers. This posed a danger of infection to both mother and child.”

Zigwai Tagwai added that gender inequality in every aspect of Nigerian women’s lives widened:

“As students had to stay out of school for almost six months, by the time schools were resuming, some girls had become victims of sexual abuse, became pregnant and could not return to school. We also had a hike in the number of domestic abuse cases.”

“A number of women who are petty traders, and dependent on income from small and medium enterprises for the upkeep of their households or personal development ran into huge losses during the restriction and lockdown periods. The household chores for most women doubled as children and spouses had to be home all through the day, and women were catering to the needs of the family. With so much to deal with at the same time — loss of jobs, hike in the prices of goods and support for the family — some women’s mental health deteriorated.”

She explained COVID impacted her both in her work and social life through isolating her. Although as a project manager she had access to android phones and laptops, others on her team had unstable power. This meant that the freewheeling brainstorming in-person sessions proved difficult remotely.

Disastrous for Safety

Reinforcing Tagwai's comments, Rafiat Atanda explained just how catastrophic the pandemic had been on the physical and mental safety of women:

“According to a report compiled by [Partner West Africa](#), the sexual and gender-based violence related offences across the country since the lockdown were staggering. As a result of restrictions, women were forced to spend longer hours with their abusive partners and the breadwinners amongst them endured transferred aggression from toxic masculinity.”

Considering that for many African countries the pandemic is far from over, an endemic COVID-19 will mean that nations will have to continue to put in measures to curb the spread of the virus. This means building stronger health systems and an infrastructure that can carry out the research and proactive surveillance necessary to avoid a catastrophe.

Over the years the work environment for Nigerian health care workers has been uncomfortable. It begins with poor remuneration, lack of safety insurance and persistent insecurity. Working conditions are inadequate, including having to deal with unstable power and water supply and a lack of the right equipment for diagnosis and treatment. These conditions have gotten even worse with the COVID pandemic.

Rafiat concluded by saying that “All of these result in poor service and an inability to effectively carry out assigned responsibilities. If not addressed, the health care system cannot withstand an endemic COVID-19.”

Tagwai noted that even before the COVID-19 pandemic, “There has been a huge loss of locally-trained medical professionals to foreign nations in 2021, creating a huge vacuum in the already strained staffing structure within the healthcare system in Nigeria.”

Atanda outlined a scenario:

“Imagine that the workers in the informal sector are unable to go about their day-to-day activities because of COVID19! The economy will not only suffer, but there will also likely be an uprising and a new variant of the pandemic – not called by a virus but food insecurity.”

Continuous Turmoil

Nigeria's informal labor sector contributes over 60% to its GDP. Without the health mechanisms to protect the livelihoods of informal workers, people are left to fend for themselves when outbreaks and lockdowns occur. [A new report by the UNDP](#) (United Nations Development Programme) stressed that the low-income countries are finding it harder to recover economically. Labor markets are unable to recover while the public debt remains stubbornly high.

Tagwai stresses that “An endemic COVID-19 is disastrous for the world. It’s an interconnected world and no one is safe until everyone, everywhere is safe.”

While governments in the global North are putting the “endemic COVID” narrative into practice, we simultaneously allow infectious disease to circulate among largely unvaccinated populations — like Nigeria — without capacity to manufacture their own vaccines. This will result in the emergence of new variants that will again affect all nations. We cannot tell how severe the next variant could be. It might put a swift end to our “Living with Covid” strategy.

Unless the global North ramps up in a coordinated effort to vaccinate the world, rich countries cannot say that they are taking seriously the effort to address gender inequality worldwide.

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