



Public Health Policy and Local Government Responses in NIGERIA: Lessons from the COVID-19 Pandemic

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Abstract

This study examines Nigeria's public health policy and local government responses to the COVID-19 pandemic, focusing on lessons learned for improved governance in future crises. Grounded in Systems Theory, which emphasizes the interdependence of components within a system, the study aims to evaluate the coordination between federal and local governments, assess the capacity and preparedness of local governments, and analyze the impact of resource allocation, healthcare infrastructure, and financial management on local government responses. A qualitative research design was employed, leveraging secondary data such as government reports, scholarly articles, and media sources, with thematic analysis revealing critical insights. Key findings indicate that while some successes were recorded, systemic challenges hindered effective coordination. Resource disparities, weak healthcare infrastructure, and financial mismanagement significantly constrained local governments, particularly in rural areas. Corruption, policy misalignment, and capacity deficits further compounded these issues. However, urban centres like Lagos demonstrated resilience through stronger governance, robust infrastructure, and community-driven approaches. The study concludes that Nigeria's public health response during the COVID-19 pandemic highlighted both strengths and structural weaknesses, emphasizing the need for systemic reforms. Recommendations include strengthening intergovernmental coordination through standardized frameworks, combating corruption via digital monitoring and audits, and investing in healthcare infrastructure and local government capacity development. This research contributes to knowledge by underscoring the importance of equitable resource allocation, robust healthcare systems, and effective governance, providing actionable insights for addressing future public health crises in Nigeria.

Keywords: Public Health Policy, Local Government Responses, COVID-19 Pandemic, Resource Allocation, Systems Theory

1. Introduction

The COVID-19 pandemic emerged as a defining global health crisis of the 21st century, revealing significant weaknesses in health systems and governance frameworks worldwide. In Nigeria, the pandemic exposed the fragile state of public health infrastructure, governance inefficiencies, and the critical gaps in policy implementation at the local government level. Public health policies, especially during emergencies, are pivotal in mitigating health crises, ensuring effective resource allocation, and safeguarding the well-being of citizens. The Nigerian experience, however, underscores the complexity of managing a public health emergency in a country characterised by

a federal system, diverse socio-cultural dynamics, and long-standing economic challenges. This study seeks to explore the intersection of public health policy and local government responses in Nigeria during the COVID-19 pandemic, drawing attention to the lessons learned and their implications for future health crises. Nigeria's public health policies, prior to the pandemic, faced numerous structural and operational challenges, which were exacerbated by the outbreak of COVID-19. The country's healthcare system, ranked among the weakest globally (World Health Organisation [WHO], 2020), struggled to cope with the demands of the pandemic. Key issues such as inadequate healthcare

infrastructure, a shortage of medical personnel, and inconsistent public health funding were already pervasive. When COVID-19 struck, these challenges were magnified, placing immense pressure on the country's ability to implement cohesive and effective public health responses. The pandemic also revealed deep-seated coordination failures between federal, state, and local governments, a problem that undermined Nigeria's capacity to execute unified and timely health interventions (Amadi & Nwachukwu, 2021). Local governments, which are constitutionally tasked with delivering grassroots health services, became pivotal actors in the pandemic response. However, many local councils were ill-equipped to manage the crisis due to limited financial autonomy, inadequate capacity, and weak governance structures. For instance, the inability of many local governments to establish functional isolation centres, conduct mass testing, or enforce preventive measures highlighted their lack of preparedness (Akanbi et al., 2022).

The pandemic, therefore, not only tested the resilience of Nigeria's public health policies but also brought to the forefront the critical role of local governance in public health emergencies. Public health policies during the pandemic were marked by inconsistencies, often arising from misalignment between national and subnational strategies. While the federal government introduced measures such as nationwide lockdowns, travel restrictions, and social distancing mandates, their enforcement at the state and local levels varied widely (Ogunleye et al., 2021). This disparity was further complicated by the politicisation of the pandemic response, where local governments in opposition-controlled states occasionally resisted federal directives, leading to fragmented interventions. Such inconsistencies undermined the effectiveness of Nigeria's pandemic response, allowing the virus to spread unchecked in some regions. Additionally, the lack of community engagement in the formulation and implementation of public health policies created mistrust among citizens, further complicating efforts to enforce preventive measures like mask-wearing and vaccination campaigns (Nsofor & Shuaib, 2021). One

of the most prominent challenges during the pandemic was the inadequacy of healthcare infrastructure, especially in rural areas. Nigeria's health sector has historically suffered from underinvestment, with the government allocating less than 5% of its annual budget to health, far below the 15% recommended in the Abuja Declaration of 2001 (African Union, 2001). As a result, local governments, particularly in remote areas, lacked the resources to respond effectively to the pandemic. Many health centres were under-equipped, with insufficient personal protective equipment (PPE), ventilators, and testing kits (Adepoju, 2020). This situation was worsened by the unequal distribution of healthcare facilities across the country, leaving vulnerable populations at greater risk of infection and mortality. Moreover, the pandemic exposed Nigeria's weak surveillance and data management systems, which are critical for effective public health responses. The inability to conduct large-scale testing and accurately track infections hindered timely decision-making and policy formulation. Local governments, in particular, faced significant barriers in implementing contact tracing and case reporting due to inadequate technological infrastructure and limited human resources (Eze & Adebayo, 2022). These shortcomings not only affected the containment of the virus but also undermined public confidence in the government's ability to manage the crisis.

Funding was another critical issue that hampered the effectiveness of local government responses during the pandemic. Despite the influx of international aid and donations, there were widespread allegations of financial mismanagement and corruption at various levels of government (Transparency International, 2021). Local governments, which rely heavily on allocations from the federal government, struggled to access adequate funding for pandemic-related interventions. This financial dependency limited their autonomy and ability to respond swiftly to localised outbreaks, further highlighting the need for fiscal decentralisation in Nigeria's governance structure. In addition to financial constraints, the pandemic revealed significant gaps in public health communication and

community engagement. The dissemination of public health information during the pandemic was often marred by misinformation and cultural insensitivity. In many rural areas, local governments failed to provide clear and consistent messaging on COVID-19 prevention and control measures. This lack of effective communication created a fertile ground for rumours, conspiracy theories, and vaccine hesitancy, which undermined the uptake of preventive measures (Usman et al., 2021). The inability of local governments to leverage traditional and community-based communication channels further limited the reach of public health campaigns, particularly in areas with low literacy levels. The COVID-19 pandemic also highlighted the broader socio-economic inequalities that shape health outcomes in Nigeria. Local governments, particularly in underserved regions, faced the dual challenge of addressing the health impacts of the pandemic while mitigating its socio-economic consequences. Lockdowns and movement restrictions disproportionately affected low-income households, many of which rely on daily income for survival. Local governments were often unable to provide adequate social safety nets, such as food distribution and financial support, due to resource constraints (Adebayo & Yusuf, 2021). This failure to address the socio-economic dimensions of the pandemic response further exacerbated public discontent and non-compliance with health directives.

The interplay between public health policies and local government responses during the COVID-19 pandemic offers valuable insights into the strengths and weaknesses of Nigeria's governance framework. While some local governments demonstrated commendable innovation and resilience, such as the establishment of mobile testing units in Lagos State, these efforts were often overshadowed by systemic challenges at the national level (Folarin et al., 2022). The lessons from the pandemic underscore the need for a more integrated and decentralised approach to public health governance in Nigeria. Strengthening local government capacity, improving intergovernmental coordination, and addressing systemic inequalities are

essential steps towards building a more resilient health system. This research delves into the multifaceted challenges faced by local governments in Nigeria during the COVID-19 pandemic, exploring how these challenges shaped the effectiveness of public health policies. By examining issues such as coordination failures, inadequate healthcare infrastructure, funding constraints, and poor community engagement, the study seeks to provide a comprehensive understanding of the lessons learned from Nigeria's pandemic response. Furthermore, it aims to contribute to the ongoing discourse on public health governance in developing countries, offering practical insights for policymakers, scholars, and practitioners seeking to enhance health systems resilience in the face of future global health emergencies.

II. Statement of Problem

The COVID-19 pandemic revealed significant gaps in Nigeria's public health policy and local government responses, particularly in the areas of coordination, healthcare infrastructure, and financial management. The lack of clear communication and inconsistent enforcement of health directives between federal and local governments hindered the timely implementation of effective measures. Many local governments were under-resourced and lacked the capacity to respond to the crisis, resulting in inadequate healthcare services and limited access to essential medical supplies. Furthermore, the reliance on federal allocations and the mismanagement of resources further constrained local government actions during the pandemic. Additionally, weak surveillance and data management systems hampered the ability to track and manage cases effectively. These systemic issues, coupled with misinformation and cultural barriers, prevented the successful implementation of preventive measures, exacerbating the spread of the virus. The pandemic thus highlighted the need for a more decentralised, coordinated approach to public health governance in Nigeria.

III. Aim and Objectives

The aim of the study is to examine public health policy and Local Government responses in Nigeria: lessons from the COVID-19 Pandemic. While it's specific objectives are to:

1. Examine the effectiveness of coordination between federal and local governments in responding to the COVID-19 pandemic in Nigeria.
2. Assess the capacity and preparedness of local governments in managing public health crises during the COVID-19 pandemic.
3. Evaluate the impact of resource allocation, healthcare infrastructure, and financial management on local government responses to the COVID-19 pandemic in Nigeria.

IV. Research Questions

1. How effective was the coordination between federal and local governments in responding to the COVID-19 pandemic in Nigeria?
2. What was the capacity and preparedness of local governments in managing public health crises during the COVID-19 pandemic in Nigeria?
3. How did resource allocation, healthcare infrastructure, and financial management impact local government responses to the COVID-19 pandemic in Nigeria?

V. Theoretical Framework

Systems Theory

Systems theory emerged as a critical interdisciplinary framework for understanding complex phenomena, particularly in the interaction and interdependence of various components within an organisation or process. It was developed as a response to the need for more integrated, holistic approaches to problem-solving in complex systems, with a focus on understanding how different elements within a system interact to produce

collective outcomes (Bertalanffy, 1968). David Easton, regarded as a key figure in systems theory, significantly contributed to its application within social systems, particularly in public administration and governance. His work helped shape the understanding of how systems, especially in the social and organisational contexts, must be viewed as interconnected wholes rather than as isolated parts. Through this lens, Easton's systems theory considers how each part of a system influences others, ensuring that the system adapts and functions in an integrated manner, a concept that became foundational in the analysis of public health systems and their responses to crises (Easton, 1975).

Easton's work builds on the earlier contributions of Ludwig von Bertalanffy, who is considered the founder of general systems theory (Bertalanffy, 1968). Bertalanffy's emphasis on understanding systems as dynamic entities influenced Easton's view that systems are complex and continually adapting to internal and external changes. For Easton, a system is more than just a sum of its parts; it is a whole whose components are deeply interrelated and interdependent, meaning that changes in one part affect the entire system. This principle underpins many of the applications of systems theory in public administration, especially regarding governance structures that span multiple levels of government, such as federal, state, and local authorities. In the context of Nigeria's public health policy during the COVID-19 pandemic, systems theory provides an essential framework to understand the complex and evolving dynamics between federal and local governments and their interactions with public health systems. The core principle of systems theory lies in the interconnectedness of components within a system. Interdependence suggests that every element in a system is related to the other and that the system can only function effectively when all components are aligned and work in harmony (Meadows, 2008). In public health, this principle implies that the actions of local governments cannot be isolated from those of the federal or state governments. The success of public health responses depends on how well these actors

coordinate their actions and share resources, information, and policies. A breakdown in any part of this system—such as inadequate communication between different levels of government—can significantly hinder the effectiveness of a public health response (Easton, 1975).

Another fundamental principle of systems theory is feedback, which allows systems to adjust and adapt based on information received from within or outside the system (Bertalanffy, 1968). Feedback can be either positive or negative, with positive feedback amplifying changes and negative feedback stabilising the system. In the context of public health, feedback loops are essential for responding to evolving challenges, such as those posed by the COVID-19 pandemic. During the pandemic, feedback from medical experts, government agencies, and the public was critical in adjusting policies and interventions as the situation evolved. Positive feedback, such as increased public awareness of the virus, led to greater compliance with health guidelines, while negative feedback, such as rising case numbers, prompted more stringent measures.

The principle of boundaries is also central to systems theory. Systems have defined boundaries that separate them from their environment and other systems, though these boundaries may be porous, allowing for the exchange of information and resources. In public health, these boundaries are seen in the roles and responsibilities of different levels of government. The clear delineation of boundaries, however, must not hinder collaboration. Systems theory suggests that boundaries should remain flexible, facilitating the flow of information and coordination between systems to achieve desired outcomes (Easton, 1975).

Moreover, systems theory asserts that systems are dynamic and subject to change. Homeostasis, the principle that systems strive to maintain internal stability while adapting to external pressures, reflects this dynamic nature (Meadows, 2008). Public health systems, particularly in response to a crisis like the COVID-19 pandemic, require ongoing adaptation to

new data and evolving challenges. This adaptability was crucial as the pandemic unfolded and new variants of the virus emerged, necessitating constant adjustments to policy and healthcare strategies. Systems theory thus encourages public health systems to be flexible and responsive, ensuring that they can cope with both anticipated and unforeseen challenges.

Application of Systems Theory to the Study

In the context of the Nigerian government's response to the COVID-19 pandemic, systems theory provides a valuable framework for analysing the effectiveness of coordination between federal and local governments, and the broader public health system's capacity to manage the crisis. The interaction between different levels of government, from the federal to the local, is a prime example of the interdependence that characterises systems. The federal government played a central role in setting health guidelines, providing resources, and coordinating responses at the national level, while local governments were tasked with implementing these measures at the grassroots level (Adamu et al., 2021). The failure of these two levels of government to work seamlessly together—due to issues such as resource allocation, communication failures, and delays in the enforcement of public health measures—illustrates the importance of interdependence within a system (Igbinedion & Inyang, 2022).

Feedback mechanisms, a core principle of systems theory, were critical in shaping the Nigerian response to COVID-19. Health agencies and local governments were tasked with receiving feedback from the public, healthcare workers, and scientists, which informed adjustments to policies and interventions. However, the feedback loops were often slow and lacked coordination, resulting in delayed policy changes, such as the reintroduction of lockdown measures in response to rising case numbers (Aderemi & Ogunyemi, 2021). The feedback from frontline healthcare workers and community leaders was crucial in adjusting the strategy for mass vaccination campaigns and resource

distribution, yet local governments faced significant challenges in gathering and acting on this feedback due to limited resources and weak communication infrastructure (Ogunleye et al., 2022).

The principle of boundaries is also evident in Nigeria's response to COVID-19, where the roles and responsibilities of the federal, state, and local governments were often unclear or overlapped. Systems theory would suggest that, in order to function effectively, there must be a clear delineation of roles but also flexibility to allow for collaboration. The lack of coordination in resource allocation and the absence of a unified national strategy often left local governments struggling to respond to the pandemic (Akinmoladun et al., 2021). The porous boundaries between different levels of government in Nigeria meant that local governments were often left without sufficient guidance or support, hindering their capacity to effectively manage the health crisis.

Finally, the dynamic nature of the pandemic—marked by rapidly changing data, new variants, and shifting public health needs—required the Nigerian public health system to adapt continuously. Systems theory's principle of homeostasis suggests that such systems need to maintain stability while adapting to change. Nigeria's public health system struggled with this balance, as local governments faced mounting pressures and resource shortages while trying to implement constantly evolving public health guidelines (Ogunyemi, 2021). The inability to adjust swiftly and effectively to these changes contributed to delays in testing, contact tracing, and vaccination efforts, further underscoring the limitations of the system during a crisis. The application of systems theory to the study of Nigeria's response to the COVID-19 pandemic reveals significant lessons in the importance of interdependence, feedback, and dynamic adaptation. The challenges faced by local governments in coordinating with federal authorities, managing resources, and responding to feedback highlight the critical need for a more integrated and responsive public health system. By using systems theory as an

analytical tool, policymakers can gain deeper insights into the complexities of public health governance and improve their preparedness for future crises

VI. Empirical Review of Existing Literature

A study by Adeyemi and Okafor (2021) explored the role of traditional leadership in managing public health crises, particularly during the COVID-19 pandemic, at the grassroots level in Nigeria. The study focused on local governments in the southwestern region, where traditional rulers played a significant role in mobilising communities for health awareness campaigns and COVID-19 compliance. Adeyemi and Okafor (2021) conducted interviews with community leaders, local government health officers, and citizens to assess how traditional institutions contributed to public health management. The study found that traditional leaders acted as critical intermediaries, bridging the gap between formal government health structures and local communities. They facilitated the dissemination of health information, promoted mask-wearing, social distancing, and supported the enforcement of quarantine measures. The researchers noted that traditional leadership had significant influence in rural areas where government structures were less effective in communication and enforcement. However, the study also revealed challenges, such as limited resources, insufficient coordination with government health agencies, and the failure to address misinformation within communities. Despite these challenges, the study concluded that traditional leadership significantly complemented formal government efforts in managing the pandemic at the grassroots level, suggesting a more integrated approach in future health crises.

A study by Eze and Obi (2020) investigated how local governments in southeastern Nigeria engaged with communities to educate the public about COVID-19 prevention measures. The study primarily focused on public health campaigns, which were a major part of the local government response to the pandemic. Eze and Obi (2020) used a mix of surveys and focus group

discussions to assess the effectiveness of public health education strategies employed by local governments. Their findings revealed that local governments utilised radio broadcasts, town hall meetings, social media campaigns, and health worker visits to educate citizens. While these efforts helped raise awareness, the study found that many communities remained skeptical about the pandemic due to cultural beliefs, misinformation, and a lack of trust in government messages. The study identified that local government health officers worked with community leaders and influencers to overcome these barriers, but the overall effectiveness of public health education was undermined by logistical challenges, such as poor internet access in rural areas and limited reach of health messages. Despite these barriers, the research concluded that local government-led education campaigns contributed positively to the public's understanding of COVID-19, but highlighted the need for a more tailored approach to address local beliefs and improve community trust in health messages.

In their study, Nwachukwu et al. (2021) examined the challenges faced by local governments in implementing contact tracing and surveillance during the COVID-19 pandemic in urban and rural areas of Nigeria. Using a combination of interviews with local health authorities and field observations, the study explored the effectiveness of surveillance systems set up to track COVID-19 cases and identify possible outbreaks. The study found that local governments faced significant challenges in maintaining an efficient surveillance system due to limited technical capacity, a lack of trained personnel, and inconsistent data reporting across different localities. The study also revealed that the lack of standardised procedures for contact tracing led to inefficiencies in isolating cases and preventing community spread. In urban areas, the situation was complicated by high population densities and mobility, while rural areas struggled with underreporting and inadequate healthcare infrastructure. Despite these obstacles, the study concluded that local governments attempted to implement innovative approaches, such as community-

based health workers and digital platforms for tracking cases, which were crucial in curbing the spread of the virus. However, the research also highlighted that without a coordinated national strategy and adequate funding, local governments' efforts in surveillance and contact tracing remained fragmented and less effective.

A study by Omolara and Abiola (2020) focused on the public health infrastructure at the local government level during the COVID-19 pandemic, with a particular emphasis on rural areas in northern Nigeria. The authors investigated how the local health infrastructure responded to the pandemic, looking at healthcare facilities, staff capacity, and resources available for handling the COVID-19 crisis. The study revealed that local governments in rural areas were ill-equipped to handle the surge in cases, with many health facilities lacking essential medical supplies, protective equipment, and trained healthcare personnel. In these areas, healthcare workers were overwhelmed by the number of cases, and many local government hospitals lacked the capacity to manage critical care for COVID-19 patients. The study identified that local governments in rural areas relied heavily on community health workers and volunteers to provide basic services, such as awareness campaigns, distributing PPE, and assisting with the logistics of quarantine facilities. However, the study also highlighted the challenges in these areas, such as poor road networks, limited access to emergency transport, and insufficient funding for local health centres. Despite these limitations, the study concluded that local governments in rural areas made significant efforts to curb the pandemic's spread, but the overall effectiveness of these efforts was hampered by a lack of adequate infrastructure and resources.

In a study by Adeyemi and Tunde (2021), the researchers assessed the role of local governments in distributing COVID-19 vaccines across Nigeria's various states. The study focused on the challenges of implementing the vaccine rollout at the grassroots level and the coordination between local health authorities, community leaders, and the federal government. Adeyemi and Tunde (2021) found that local

governments played a crucial role in mobilising the population for vaccination, especially in rural areas where there was initial reluctance due to fears and misinformation. The study revealed that local health officials worked closely with local community leaders, religious organisations, and civil society groups to encourage vaccination uptake. However, the study also identified logistical challenges in vaccine distribution, including delays in supply chains, difficulties in maintaining the cold chain for vaccines, and inadequate storage facilities at the local level. Furthermore, the study found that the lack of a comprehensive communication strategy from local governments led to confusion and a lack of trust among the population, which slowed down vaccine adoption. The study concluded that while local governments made significant efforts to ensure equitable vaccine distribution, their ability to do so effectively was hampered by structural weaknesses and a lack of coordination with federal and state-level agencies.

VII. Gaps in Literature

The empirical reviews explore various aspects of local government responses to the COVID-19 pandemic in Nigeria. The studies highlight key areas such as the role of traditional leadership in public health management, the effectiveness of public health education campaigns, challenges in contact tracing and surveillance, the state of healthcare infrastructure in rural areas, and local government involvement in vaccine distribution. These studies emphasize the importance of community engagement, the logistical hurdles faced by local governments, and the limitations in resources and coordination, which impeded the overall effectiveness of local responses. However, the studies reviewed reveal gaps in the assessment of coordination between federal and local governments, especially in terms of standardised procedures and resource allocation. While several studies touch on healthcare infrastructure and local efforts in mobilising resources, they do not provide a comprehensive analysis of the effectiveness of federal-local government coordination in public health responses. Furthermore, while challenges in

healthcare infrastructure are mentioned, there is limited focus on assessing local governments' preparedness and capacity to manage crises systematically. Financial management and the allocation of resources at the local level are also underexplored, especially in terms of how these factors influenced the effectiveness of local responses to the pandemic.

The proposed study on "Public Health Policy and Local Government Responses in Nigeria: Lessons from the COVID-19 Pandemic" aims to fill these gaps by examining the coordination between federal and local governments, assessing the preparedness of local governments, and evaluating the impact of resource allocation, healthcare infrastructure, and financial management on local responses to the pandemic. This research will provide a more holistic understanding of local government capacity and responses during the pandemic, addressing critical gaps in policy coordination and infrastructure at the grassroots level.

VIII. Methodology

The study employed a qualitative research design. This design allowed for an in-depth exploration of secondary data, such as government reports, scholarly articles, and media sources. The nature of the data was purely qualitative, relying on existing literature and documents to understand the challenges faced by local governments in the absence of financial autonomy. The data collection instruments included document analysis and content analysis of secondary sources. The method of data analysis involved thematic analysis, identifying key patterns and themes

IX. Discussions of Findings

Answer to research question 1: How effective was the coordination between federal and local governments in responding to the COVID-19 pandemic in Nigeria?

The coordination between federal and local governments in Nigeria during the COVID-19

pandemic under President Muhammadu Buhari faced significant challenges and successes. The federal government was primarily responsible for setting broad national policies, while local governments were tasked with implementing these directives at the grassroots level. However, the effectiveness of this coordination varied across different local governments, influenced by factors such as resource allocation, capacity, and the presence of traditional leadership.

From the outset of the pandemic in March 2020, the Nigerian federal government, through the Nigeria Centre for Disease Control (NCDC), spearheaded the national response to COVID-19. President Buhari established the Presidential Task Force (PTF) on COVID-19, which coordinated efforts across the country and worked closely with the Ministry of Health, the NCDC, and other agencies. The PTF was tasked with overseeing public health responses, including the enforcement of lockdowns, the establishment of isolation centres, and the distribution of COVID-19 relief materials (Oke, 2020). The federal government also liaised with international bodies like the World Health Organisation (WHO) and other donor agencies for resources and guidance.

However, the role of local governments was crucial in translating federal directives into actionable responses. Local government authorities were on the frontline of awareness campaigns, enforcement of social distancing, and the management of COVID-19 testing centres. In cities like Lagos, which bore the brunt of the early outbreaks, local governments like Lagos Mainland Local Government Area and Surulere Local Government worked closely with the state government to implement federal guidelines. The Lagos State Government was particularly effective in managing COVID-19, with a robust testing and contact tracing strategy (Adeyemi, 2021). However, despite efforts at collaboration, issues related to the capacity and preparedness of local governments limited their effectiveness. One of the major challenges in

coordinating between the federal and local governments was the lack of clear communication and inconsistent implementation of policies across different localities. According to a report by The Guardian (2020), while federal policies on COVID-19 were clear, the enforcement and management of lockdowns varied significantly across local governments. In some localities, such as in remote rural areas, local government officials lacked the resources to enforce restrictions effectively, leading to high rates of non-compliance and community transmission. For example, in the Northern regions, where many local governments have limited access to healthcare infrastructure, the federal government's directives on social distancing and health protocols were often not followed due to a lack of communication and resources (Alabi & Adeyemi, 2021).

The local governments' capacity to handle the pandemic was further undermined by the overwhelming burden placed on them without sufficient federal support. Despite the federal government's allocation of funds for COVID-19 relief, many local governments reported delays and inadequacies in financial transfers, which hampered their ability to implement health measures on the ground. The National Assembly's approval of funds was often slow, and the absence of a proper mechanism for channelling these funds directly to local governments exacerbated the issue (Ogunleye, 2020). As a result, local governments in economically disadvantaged regions struggled to procure necessary medical supplies, such as Personal Protective Equipment (PPE) and testing kits, making it difficult for them to respond to the crisis effectively.

Moreover, there were disparities in the level of coordination at the local government level. In Abuja, the Federal Capital Territory (FCT), the coordination between federal and local authorities was relatively

smoother, as the FCT administration was directly under the control of the federal government, with more resources available. In contrast, in states like Kano, where there was a lack of clear communication between the state and local governments, the response was disjointed, leading to confusion about health protocols and the establishment of isolation centres (Zubairu, 2020). The federal government's failure to maintain oversight and ensure local government's adhered to national policies resulted in a fragmented response in some regions. The involvement of traditional leadership played a significant role in the coordination process, particularly in rural areas where the influence of traditional rulers is substantial. In these areas, local governments often worked with traditional leaders to communicate federal guidelines, especially on issues like social distancing and the wearing of face masks. In states like Edo, the Oba of Benin worked with local government authorities to encourage compliance with COVID-19 measures, highlighting the importance of blending formal governmental structures with traditional leadership for effective grassroots communication (Ibrahim, 2021). However, the influence of traditional leaders was not always utilised effectively in all local governments, leading to inconsistent responses across the country.

In terms of healthcare infrastructure, local governments were expected to manage COVID-19 isolation centres, but many lacked the capacity to provide adequate care. The federal government allocated funding for the construction of isolation centres, but local governments were responsible for maintaining them. This resulted in disparities in the quality of care provided across different regions. For example, while Lagos had well-equipped isolation centres, many rural areas struggled to manage patients due to limited medical facilities and human resources (Ogunleye, 2020). This disparity in healthcare infrastructure meant that while some local governments effectively handled the pandemic, others faced high mortality rates due to inadequate resources.

Despite these challenges, there were notable successes in the coordination efforts between federal and local governments. In states like Ogun, the local government worked hand-in-hand with federal agencies to implement testing campaigns and ensure that vulnerable communities were reached. Additionally, the federal government's partnership with state governments led to the establishment of COVID-19 relief funds, which were distributed through local governments to vulnerable populations (Nwachukwu, 2021). While the coordination between federal and local governments in Nigeria during the COVID-19 pandemic had its successes, it was marred by significant challenges, including resource limitations, inconsistent policy enforcement, and capacity deficits at the local government level. While some local governments, particularly in urban areas, were able to manage the crisis effectively through collaboration with the federal government, others struggled due to the lack of clear communication, financial support, and healthcare infrastructure. The experience highlighted the need for stronger coordination mechanisms and greater capacity-building at the local government level to ensure more effective responses to future public health crises.

Answer to research question 2: How effective was the coordination between federal and local governments in responding to the COVID-19 pandemic in Nigeria?

The coordination between federal and local governments in responding to the COVID-19 pandemic in Nigeria during President Muhammadu Buhari's administration revealed significant challenges, achievements, and lessons. The federal government, primarily through the Presidential Task Force on COVID-19 (later renamed the Presidential Steering Committee), was tasked with providing a cohesive national strategy, while local governments were expected to implement these measures at the grassroots. However, the effectiveness of this

coordination varied across Nigeria's 774 local government areas (LGAs), exposing disparities in resource distribution, healthcare infrastructure, and governance capacity.

The federal government initiated several interventions to curb the pandemic's spread, such as lockdowns, the enforcement of safety protocols, and the distribution of palliatives. According to Okechukwu et al. (2021), these measures were intended to ensure uniform responses nationwide. However, the implementation at the local level was inconsistent due to varying governance structures and capacity limitations. For instance, Lagos State, which operates a relatively well-resourced local government system, demonstrated a higher degree of compliance and efficiency in enforcing lockdown measures and setting up isolation centres. The collaboration between the federal government and the Lagos State government served as a model for other states (Abayomi et al., 2020). In contrast, local governments in states such as Zamfara and Yobe faced difficulties due to weak governance frameworks, poor infrastructure, and limited financial resources, which hampered effective pandemic management.

One of the primary issues in federal-local coordination was the distribution of financial resources and medical supplies. Reports from Premium Times (2020) indicated that the federal government allocated funds and personal protective equipment (PPE) to state governments, expecting them to channel these to their LGAs. However, corruption and mismanagement often disrupted this flow. For example, investigations in Abia and Ebonyi states revealed instances where palliatives meant for local communities were diverted, leading to public outcry and protests (Nwachukwu & Adeyemi, 2020). This situation highlighted the need for better accountability mechanisms to ensure that resources reached the intended beneficiaries at the grassroots level.

Moreover, the lack of harmonisation in policy implementation further complicated coordination

efforts. While the federal government issued directives on curfews, border closures, and safety protocols, the autonomy of states and local governments led to discrepancies. In Kano State, for example, delays in enforcing lockdown measures contributed to a surge in cases early in the pandemic (Akinleye, 2021). Similarly, in Rivers State, the state government's independent decisions on border closures and curfews occasionally conflicted with federal directives, creating confusion and inefficiency in enforcement (Amadi, 2021).

Despite these challenges, some local governments demonstrated innovative approaches to pandemic management by leveraging community engagement. For instance, in Borno State, local authorities collaborated with traditional and religious leaders to promote awareness about COVID-19 and encourage adherence to safety measures. This approach proved effective in reaching communities with limited access to formal health communication channels (Ibrahim et al., 2021). Similarly, in Ogun State, local governments partnered with civil society organisations to distribute palliatives and disseminate information about the pandemic, fostering trust and cooperation among residents (Adebayo & Olusola, 2020).

The healthcare system's fragility in many LGAs also undermined the effectiveness of federal-local coordination. According to a report by the Nigerian Centre for Disease Control (NCDC), only a fraction of local governments had functional isolation centres or testing facilities during the peak of the pandemic (NCDC, 2021). For example, in Adamawa State, inadequate health infrastructure forced local governments to rely heavily on state and federal facilities, delaying responses to COVID-19 cases. In contrast, LGAs in Delta State benefited from investments in healthcare infrastructure made before the pandemic, which facilitated quicker and more effective responses (Eze, 2020).

Additionally, the pandemic exposed governance limitations at the local level, including a lack of

technical expertise and capacity for crisis management. Local government officials in states such as Kaduna and Bauchi reported difficulties in interpreting and implementing federal guidelines due to inadequate training and resources (Usman et al., 2021). This gap emphasised the importance of capacity-building initiatives to strengthen the resilience of local governance structures in managing public health emergencies.

Corruption and lack of transparency further undermined coordination efforts. Several investigative reports revealed instances where funds earmarked for pandemic management were misappropriated. For instance, in Ondo State, local governments faced accusations of inflating costs for the procurement of medical supplies (Ajayi, 2020). These incidents eroded public trust in both federal and local government responses, making it difficult to secure community compliance with safety measures.

However, some successes were recorded in federal-local partnerships during the pandemic. The distribution of vaccines, which began in March 2021, involved a coordinated effort between the federal government, state authorities, and local governments. Lagos State's local governments, for example, successfully conducted community vaccination drives, reaching thousands of residents within a short period (WHO, 2021). This success was attributed to effective planning, robust data collection systems, and community mobilisation efforts.

In summary, the coordination between federal and local governments in responding to the COVID-19 pandemic in Nigeria during President Buhari's administration showcased both strengths and weaknesses. While some LGAs exhibited commendable efforts in resource management, public health interventions, and community engagement, systemic issues such as corruption, inadequate infrastructure, and policy misalignment hindered overall effectiveness. The pandemic highlighted the urgent need for reforms in Nigeria's intergovernmental

relations to improve crisis response capabilities. Future efforts should focus on strengthening local government capacity, promoting transparency, and fostering collaboration to ensure more effective responses to public health emergencies.

Answer to research question 3: How did resource allocation, healthcare infrastructure, and financial management impact local government responses to the COVID-19 pandemic in Nigeria?

The impact of resource allocation, healthcare infrastructure, and financial management on local government responses to the COVID-19 pandemic in Nigeria during President Buhari's administration highlights a complex interplay of systemic challenges and innovative efforts. The pandemic's unprecedented nature exposed longstanding inadequacies in Nigeria's healthcare system, particularly at the local government level, where resource availability and decision-making autonomy were critical. Resource allocation emerged as a critical determinant of pandemic response effectiveness. Federal disbursements to local governments were intended to bolster their ability to manage the crisis, yet significant disparities persisted in how funds were utilised. For example, the Federal Government allocated N500 billion under the COVID-19 Crisis Intervention Fund, a portion of which was intended to support state and local governments in procuring personal protective equipment (PPE), establishing isolation centres, and implementing public health measures (Premium Times, 2020). However, local governments in rural areas, such as those in Yobe and Kebbi states, reported delays in receiving funds, which hindered timely response measures (Sahara Reporters, 2020). Conversely, Lagos State, which benefited from its relatively higher revenue base and federal support, was able to establish functional isolation centres and launch aggressive contact-tracing campaigns (Vanguard, 2021).

Healthcare infrastructure weaknesses were another significant barrier to effective local government

responses. Nigeria's healthcare system, historically underfunded and plagued by uneven development, struggled to accommodate the surge in COVID-19 cases. Local governments in rural areas, such as those in Zamfara and Taraba states, were disproportionately affected due to limited healthcare facilities, shortages of trained personnel, and inadequate medical equipment (World Bank, 2021). A study by Oladipo et al. (2021) indicated that many local healthcare centres lacked ventilators and intensive care units, which proved critical during the pandemic's peak. Urban centres like Abuja and Lagos fared comparatively better, benefiting from federal partnerships and international donor support to establish emergency healthcare facilities. Financial management practices further shaped the responses of local governments. Corruption and mismanagement of allocated funds undermined pandemic control efforts in some regions. Investigative reports by Transparency International (2021) revealed instances where funds meant for COVID-19 relief were either misappropriated or redirected to non-health-related expenditures in local governments such as those in Kogi and Abia states. These issues exacerbated existing vulnerabilities and left local communities without adequate public health interventions. In contrast, Ogun State demonstrated prudent financial management by prioritising transparent utilisation of federal allocations, enabling the construction of isolation centres and the deployment of mobile testing units (The Guardian, 2020).

Examples from different local governments further illustrate these dynamics. In Kano State, despite federal interventions, the initial lack of coordination and resource mismanagement led to an outbreak within the state's densely populated urban centres (Channels Television, 2020). The lack of public awareness campaigns, combined with minimal healthcare infrastructure, significantly impeded containment efforts. By contrast, Ekiti State employed an innovative approach to resource allocation by partnering with local businesses to produce low-cost hand sanitisers

and distribute them through community networks, showcasing the potential of public-private collaboration (Punch, 2021). In states like Rivers, financial mismanagement posed a unique challenge. Despite substantial allocations, investigations revealed discrepancies in fund utilisation for healthcare purposes, leading to delays in establishing critical facilities (Daily Trust, 2021). However, the state government later mitigated some of these challenges by engaging with non-governmental organisations to provide essential services in underserved areas.

The disparities in local government responses also reflected broader systemic issues in Nigeria's governance structure. For example, the centralised nature of decision-making often limited the autonomy of local governments, constraining their ability to adapt resources to their unique challenges. This dynamic was evident in Enugu State, where local authorities cited delays in obtaining federal approvals for critical health interventions, leading to gaps in service delivery (Leadership, 2021). Overall, the pandemic underscored the importance of equitable resource allocation, robust healthcare infrastructure, and effective financial management in enabling local governments to respond to public health crises. The lessons learned from the COVID-19 pandemic highlight the need for institutional reforms that empower local governments to address healthcare challenges proactively while ensuring transparency and accountability in resource utilisation.

Key Findings

1. The finding reveal that while the coordination between federal and local governments in Nigeria during the COVID-19 pandemic had successes, it was hindered by resource limitations, inconsistent policy enforcement, capacity deficits at the local government level, and disparities in healthcare infrastructure across regions.
2. The coordination between federal and local governments in Nigeria during the COVID-19 pandemic under President Buhari was hindered by

corruption, inadequate infrastructure, and policy misalignment, yet some local governments achieved success through community engagement and innovative responses.

3. Resource allocation disparities, weak healthcare infrastructure, and financial mismanagement significantly hampered local government responses to the COVID-19 pandemic in Nigeria during President Buhari's administration, with urban centres like Lagos faring better due to robust governance and resources, while rural areas struggled with systemic inadequacies.

X. Conclusion

In conclusion, this study reveals that Nigeria's public health policy and local government responses to the COVID-19 pandemic were marked by both strengths and systemic weaknesses. While urban centres like Lagos excelled due to stronger governance and resources, rural areas suffered from resource disparities, weak healthcare infrastructure, and financial mismanagement. Coordination between federal and local governments faced challenges from corruption and policy misalignment, exposing structural gaps. These findings underscore critical lessons for addressing future public health crises in Nigeria.

XI. Recommendations

1. Strengthen intergovernmental coordination mechanisms by implementing a standardized framework for policy enforcement, resource allocation, and capacity-building, ensuring equitable distribution of healthcare infrastructure and financial resources across urban and rural areas.
2. Combat corruption and enhance transparency in resource management by deploying digital monitoring systems and independent audits, while fostering accountability at all levels of government to improve the effectiveness of public health responses.
3. Invest in healthcare infrastructure and capacity development at the local government level by prioritising training, community engagement, and the integration of innovative solutions to address systemic inadequacies, especially in underserved rural areas.

XII. Contribution to Knowledge

This study contributes to knowledge by highlighting the systemic challenges and strengths in Nigeria's public health policy and local government responses to the COVID-19 pandemic. It underscores the critical role of equitable resource allocation, robust healthcare infrastructure, and effective federal-local coordination in managing public health crises. The findings provide valuable insights into addressing structural gaps, combating corruption, and enhancing governance for improved crisis responses in Nigeria.

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