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Why Nigeria knows better how to fight corona than the US

Neoliberalism decimated African countries' public healthcare. And yet they know how to fight the coronavirus effectively

The coronavirus disease, otherwise known as COVID-19, was first reported in Wuhan, China on the last day of December 2019. When it began to spread rapidly , the World Health Organisation (WHO) declared it a public health emergency of international concern on 30 January 2020.

As such, the coronavirus puts and continues to put a spotlight on the need for meaningful investment in health care – and public health in particular, understood as 'the science and art of preventing disease, prolonging life, and promoting health through the organized efforts and informed choices of society, organizations, public and private communities, and individuals.'

However, in an interesting turn of events brought about by the coronavirus, neoliberal capitalism will be faced with the reality of what its policies actually mean for human life. One just needs to take a look at how the US and African countries like Nigeria are dealing with the outbreak.

Many consider the United States the home of neoliberalism. The healthcare sector in particular has seen reforms in line with neoliberal policies. Now, in the midst of a global public health crisis, President Trump is proposing a '16% budget cut for the Centres for Disease Control and Prevention (CDC) and an overall 10% reduction to the Department of Health and Human Services.' Continuous budget cuts like this see American citizens having increasing cost barriers to getting tested.

The WHO says '[k]nowing and understanding your epidemic is the first step to defeating it'. This requires testing people to know where the virus could spread in order to contain it. Stories coming out of the US show

people being charged over USD 1,000 in some instances to get tested and even more for being quarantined. Therefore, many are just not going to get tested, further contributing to the spread of the virus. Moreover, many jobs in the US do not cater for paid sick days, which means that for low income earners, staying home when they develop flu like symptoms is not an option.

Structural adjustment vs public health

Similarly, the 80's and 90's saw Africa suffer the effects of a series of neoliberal policies under the structural adjustment programmes (SAPs), which essentially cut funding for public services and goods including primary education, primary healthcare and public infrastructure. There was a push for Africa to privatise and have more of a market and export-led orientation in its development.

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Governments were obliged to cut their budgets for public provision of healthcare, which has been turned into a commodity placing responsibility on the individual rather than on government policy. This meant that healthcare provision shifted to the private sector – a model many social justice advocates continue to criticise as untenable given that the basic mandate of private corporations is solely to generate profit, not to work for the interest of the general public.

The WHO Constitution advocates '…the highest attainable standard of health as a fundamental right of every human being' and states are obliged to support this right. The question then remains how this human right is to be 'enjoyed' when its provisioning is privatised and not everyone can afford or access it. This contributes to a change in health seeking behaviour with citizens not visiting health facilities because they simply can't afford it.

The situations in the US and Africa are of course different because of different circumstances, different histories and different degrees of power in global politics. The impact of privatising health however are obvious and starkly similar.

Nigeria's success in fighting disease

outbreaks

African countries like Nigeria however, have had to learn hard lessons from the outbreak of Ebola in 2014. By the time Ebola was dealt with, Nigeria had twenty cases and eight deaths. It had started in Lagos, one of Africa's most populous cities, and the government's ability to contain it under prevailing conditions of a health system on its knees put a shining light on the country. Moreover, Nigeria has also been silently dealing with many different infectious diseases over the last few years. With all this, the country has learnt some major lessons that it is using to help other African countries to fight COVID-19. This arguably makes the country better prepared to fight the disease than countries like the US.

For instance, Ebola taught Nigeria a crucial lesson in the fight against a disease outbreak that has already erupted, when it would have been easier to stop it early on. Nigeria is now applying what it learned back then with regards to the threat of the coronavirus. In particular, Nigeria knows that public health interventions cannot be vertical. Vertical responses are interventions that target specific diseases at a given time and are mostly curative, like cholera or malaria interventions for instance. A number of development partners like the Bill and Melinda Gates Foundation have focused on vertical interventions such as their work on malaria, which however do little to ensure there is a holistic approach to health care.

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Horizontal approaches, on the other hand, are broader and focus on prevention *and* care with a focus on the general wellbeing of a community – making it harder for disease to spread rapidly. Nigeria therefore understands the importance of strengthening systems that regards public health as connected with any other facet of life. Equally important is surveillance, airport and border screenings. Taking people's temperatures, asking about their travel history and questions related to the symptoms of the disease. A lesson that the US is yet to learn.

The World Bank's hypocrisy

But healthcare requires proper investment horizontally in a way only public sector can provide. It means a holistic approach to healthcare that provides for safe water to wash hands to stop the spread of the disease, it requires doctors that are decently paid and work in safe conditions as well as research that is well-resourced. This complex web of provisions cannot be delivered by a neoliberal agenda fixated on privatisation. Neoliberal

policies have been behind Nigeria (and the rest of Africa's) devastatingly underfunded public healthcare sector. Despite this, Nigeria has managed to circumvent all these hurdles and had a hugely successful response to the Ebola crisis of 2014.

However, the World Bank continues to advance its new 'Maximising Finance for Development' agenda, which pushes countries – especially in the Global South – to look to private finance to solve development issues such as health. On 3 March this year the World Bank and the International Monetary Fund announced that emergency loans would be made available in response to the coronavirus crisis 'with special attention to poor countries where health systems are the weakest and people are most vulnerable'.

Currently, Africa is on the verge of a debt crisis largely because of borrowing from private finance in the form of bank loans and bonds. This then begs the question why the same financing and neoliberal solutions are being floated as a way to solve the very same systemic problems they created.



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