

COVID-19 AND THE IMPERATIVE OF PRIORITIZING HEALTH AND EDUCATION SECTORS IN AFRICA

OKORO, CHARLES KENECHUKWU

Department of Philosophy, University of Nigeria, Nsukka.

charles.okoro@unn.edu.ng; kenecharles@yahoo.com

07032712275

ABSTRACT

Against the backdrop that the basic human needs, food, shelter and clothing, invariably correlate with human health and educational concerns, serious improvement in human health and the development of human intellectual or cognitive capacities remain fundamental. Regrettably, there is an observable negligence of these aspects of life in many African societies. Prior to the COVID-19 experience, the need to give attention to these fundamental aspects of life received very minimal consideration in many African countries, since many African leaders are considerably comfortable and consider the provision of basic amenities neither a legal obligation on their part nor the rights of the citizens, but a mere demonstration of benevolence. The COVID-19 experience dramatically shuffled the hitherto stereotyped idea of definite opportunities for definite people in the world order. It demonstrates the possibility of precluding all and sundry from any safe haven, underscoring the need for a more objective evaluation of man's living conditions and intersubjectivity. In the wake of the COVID-19 pandemic, therefore, a critical review of its implications for Africa is imperative. Considering the imports of the pandemic as important lessons, this paper examines them and highlights the urgency of declaring a state of emergency in the health and education sectors, with a view to achieving

sustainable development and putting measures in place for containing the unpleasant effects of a possible worse scenario.

Key words: *COVID-19, Pandemic, Health sector, Education sector, Sustainable development*

1. INTRODUCTION

In the concluding part of the year 2019 and greater part of the year 2020, the world witnessed an unprecedented wave of a new, highly infectious, and very deadly strain of the coronavirus, technically referred to as the COVID-19. The disease, which originated from Wuhan China, was first reported to the World Health Organization in December 2019, which recognized it as a global pandemic following its spread like wide wild fire to virtually all parts of the world. In fact, the better part of the year 2020 was predominantly a narrative of the ravaging effects of the COVID-19 pandemic. However, while this pandemic dealt a heavy blow to the world with its disastrous effects, it also taught a wide range of very remarkable lessons.

The COVID-19 pandemic has considerable effects on all aspects of human life in the 21st century. It exposed the interlocking nature of all human affairs and social institutions. While it is a typical health concern, the pandemic has implications for world health, education, politics, economy, religion, as well as the psycho-social domain of human existence. The basic concern of this discourse, however, is the assessment of its impact on health and education. It is the contention of this paper that the COVID-19 crisis unmasked the deplorable states of these sectors on account of their negligence by many African countries exemplified by the Nigerian government.

In this discourse, the Nigerian experience serves as a case-study and the contact point for the general experience in many countries in Africa. Against the backdrop of the assertion that “experience is the best teacher,” this paper, from the point of view of health and education, assesses the various experiences of this pandemic with a view to highlighting its significant lessons for

Nigeria in particular and Africa in general. The assumption here, therefore, is that one finds parallels of the Nigerian experience of this pandemic in virtually all parts of Africa. This assessment is done with a view to highlighting the derivable lessons from the experience of the COVID-19 crisis and making projections on possible strategies for containing the effects of such pandemic in future.

2. COVID-19: A TYPICAL PANDEMIC AND A MELTING POT OF THE NEW AND THE OLD

The COVID-19 is a new strain of the hitherto known coronavirus. According to the World Health Organization (2020) coronavirus designates a large family of viruses that are known to cause illness ranging from the common cold to more severe disease such as Middle East Respiratory Syndrome (MERS) and Severe Acute Respiratory Syndrome (SARS). The novel coronavirus (COVID-19) that originated in Wuhan, China in 2019 has not been previously identified in humans. Its causative agent has been technically described as the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) and the disease it causes called coronavirus disease 2019 (COVID-19). In the context of this discourse, therefore, the concept COVID-19 or the novel coronavirus, except where explicitly stated, would designate the new strain of the hitherto known coronavirus under review.

While scientific investigations into its actual source is still ongoing, the findings so far indicate that the novel coronavirus has its origin in animals, but can be transmitted from one human person to another. The current research reports by N. Zhu et al (2020) link it to some patients with pneumonia of unknown cause in China Seafood Market in Wuhan, Hubei Province. The African Center for Disease Control and Prevention (2020) observes that the disease spreads from person to person through infected air droplets that are projected during sneezing or coughing. It can also be contacted when people touch surfaces infected with the virus and touch their eyes, nose, or mouth with their contaminated hands.

Against the backdrop that the concept ‘pandemic’ qualifies a disease that has far-reaching effects or occurring over a whole country or even the whole world, the World Health Organization in March

2020 declared the COVID-19 a global pandemic. The COVID-19 pandemic has undeniably punctuated human history given its global implications and decisive effects on all sectors of human life in the 21st century. It has made worldwide impacts on socio-economic and living conditions of people worldwide. In fact, historical records would henceforth make reference to this period as a defining and re-defining moment, since it occasioned an all-embracing revolution in virtually all aspects of human life, introducing what has been technically termed “the new normal.”

The COVID-19 pandemic reminds us that we share a common humanity with a number of intrinsic ontological features. In other words, as far as human beings are concerned, it underscores the existence of a basic substance of which other characteristics are accidents. Some events in life, including death, ill health, nutritional needs, call of nature and related acts of man or reflex actions, as contrasted with human acts, often bring this reality to our consciousness. The COVID-19 pandemic seems to mirror and amplify the levelling effects of these acts of man. Confronted by this pandemic, the primary concern of all and sundry was the desperate quest for survival. Evidently, it was no longer a case of the crave for wealth and material possessions. The COVID-19 defied all known solutions and the immediate prowess of renowned scientists and powerful religious leaders, as no one could provide reliable solution to its outrageous and rapid decimation of the world’s population.

As control measures, many nations of the world embarked on lockdown and placed a ban on public gatherings, including social, political, religious, sports, and even some economic activities. The World Health Organization (2020) also made a number of recommendations on how to prevent the spread of the novel coronavirus. Some of the non-pharmaceutical safety measures and prevention protocols include:

- Regularly and thoroughly wash the hands with soap and running water or clean the hands with alcohol-based sanitizer.
- Maintain at least 1meter (3 feet) distance between yourself and others.
- Avoid crowded places.

- Refrain from touching the eyes, nose, and mouth
- Maintain good respiratory hygiene; cover the mouth and nose with your bent elbow or tissue when you cough or sneeze, and dispose the tissue properly.
- Stay at home and self-isolate even with minor symptoms such as cough, headache, mild fever, until you recover. If you have need to leave your house, wear a face mask to avoid infecting others.
- Seek medical attention if you have such symptoms as fever, cough, and difficulty breathing.
- Keep up to date on the latest information from trusted sources such as WHO or your local national health authorities.
- Stay physically active, especially through regular exercise.
- Maintain healthy diet.
- Quit tobacco and reduce alcohol intake.
- Maintain good mental health.

Articulating the imports of the COVID-19 on human development, especially with reference to health and education, Pedro Conceicao, et al (2020:3) aver that it is unleashing a human development crisis similar to those of the mid-1980s with unpalatable consequences. According to them, the crisis is hitting hard on all of human developments constitutive elements: income (with the largest contraction in economic activity since the Great Depression), health (directly causing a death toll over 300,000 and indirectly leading potentially to an additional 6,000 child deaths every day from preventable causes over the next 6 months) and education (with effective out-of-school rates in primary education expected to drop to the levels of actual rates of the mid-1980s levels).

The COVID-19 features a mixture of the old and the new so long as it is new strain of the pre-existing coronavirus. Prior to the COVID-19 pandemic, a number of pandemics had dealt heavy blows to the world. Pedro Conceicao et al (2020:5-6) strongly corroborate this view. Making reference to the Black Death in medieval Europe, the global outbreaks of cholera in the early 19th century, the influenza virus after the World War I or the 1918 Flu pandemic, and the H1N1

pandemic, they demonstrate that this is not the first time that humanity is facing a pandemic. According to them, recent outbreaks of new zoonotic (meaning, that jump from non-human animals to humans) diseases (SARS, MERS) had major impact in many parts of the world, as did outbreaks of already known zoonotic diseases (Ebola). On this stress, too, they observe that AIDS has caused more than 32 million deaths since the early 1980s.

The meaning of the popular aphorism, “necessity is the mother of invention” became clearer with the experience of the COVID-19 crisis. Following the closure of schools and workplaces with its attendant challenges of hunger, impoverishment, and boredom, many people were driven to find alternative lifestyles and embark on introspection that yielded very positive results. Thinking outside the box at the instance of the lockdown resulted in the discovery of new talents, more rewarding lifestyles, as well as alternative or additional sources of income. With proper management and effective sustenance of these discoveries and great lessons, they would hopefully outlive the period of the pandemic and add positive values to human life.

3. COVID-19 AND THE HEALTH CARE SYSTEM IN NIGERIA

The COVID-19 pandemic put the Nigerian health sector on the spotlight. Obviously, sufficient attention has not been paid to the health sector in Nigeria. The COVID-19 practically unmasked the gravely deplorable and decadent state of this all-important sector. The Nigerian healthcare system is bedeviled by limited funding, limited infrastructure, poor health facilities, poor remuneration and negligence of the general welfare of health workers, who receive attention only through protests and strike actions. ACAPS Thematic report (May 2020:7) provides useful insight on the impoverished state of the Nigerian health system vis-à-vis the COVID-19 pandemic thus:

The health system in Nigeria is fragile due to underfunding and limited infrastructure. Even before the pandemic, yearly health spending in Nigeria was low, at only USD 27.84 per capita, far below other ECOWAS economies such as Ghana or Cote d’ Ivoire. Low spending often means that demand for health services will exceed

capacity during a health emergency. A Reuters survey found that African countries with COVID-19 cases, including Nigeria, have less than one hospital bed and one volunteer per 100,000 people. In 2007, Nigeria had only 120 intensive care-unit beds for the whole country, almost 0.07 ICU beds for 100,000 people. The most critical COVID-19 patients need intensive care and a ventilator. According to less recent data, in 2004 Nigeria had 0.5 hospital bed per 1,000 people, placing it among the countries with the lowest rate of bed per capita (less than 1.7 per 1,000 people).

This negligence takes its toll on the citizens and especially on the healthcare givers. Articulating the critical import of the psychological stress experienced by health workers in Complex Emergencies (CE) and the urgency of responding to their psychological needs and motivating them during a pandemic, Cherepanov (2020:5) observes that during CEs, most stresses come from the long work hours and not having enough time to recuperate. They also come from uncertainty about the future, sense of helplessness, and questioning the effectiveness of the work. He corroborates the views of Imai et al (2010) that such factors as the fear of contagion, concern for family health, interpersonal isolation, quarantine, lack of trust in and support from their organization, information about risks and what is expected of them, stigmatization, lack of support from family and community as well as reduction in salary can also influence the health worker's behavior.

It is a commonplace in Nigeria, as in many African countries, for the government officials and the well-to-do to seek medical attention abroad given the decadent state of the Nigerian healthcare system. In the face of the COVID-19 crisis with the consequent lockdown and closure of international borders around the world, everyone was compelled to assess the available healthcare options. The poorly equipped local hospitals in Nigeria became the only available medical facilities for all and sundry, the rich and the poor, the haves and the have-nots, the leaders and the led. The ill-equipped isolation centers, where they existed at all, constituted a great challenge in the containment of this pandemic. Obviously, nations with more reliable healthcare systems were significantly less disadvantaged in this regard. There is no gainsaying the fact that a

number of lives were lost in Nigeria consequent upon this critical limitation. Notably, too, the frequent resort to medical attention abroad has some obvious economic implications as it hikes the budget for the government officials' healthcare and widens the social gap between the leaders and the ordinary citizens, with the implicit assumption that the former's health concerns are more important than those of the latter.

The immediate lesson from this experience is obvious. Efficient healthcare system remains a fundamental human need; it is a necessity and not luxury. The COVID-19 crisis, therefore, underscores the urgency of improving the healthcare sector. It is said that a "healthy nation is a wealthy nation." Proper management and efficient healthcare system could go a long way in curtailing the negative effects of diseases in normal times and in the times of pandemic. The government must not wait for emergency situations to act. Government at all levels must take proactive steps in the improvement of the healthcare system. Effective strategies must be employed to detect, prevent and control any possible outbreak of diseases before it becomes a grave threat to human health. Long-term plan is the key to sustainable development in the health sector.

One other important lesson from the COVID-19 experience, vis-à-vis the promotion of quality healthcare, is the need for habitual maintenance of personal hygiene. Such protocols and preventive measures as regular hand washing, the use of hand-sanitizers, frequent decontamination and fumigation of the environment must become necessary features of the "new normal" henceforth.

4. COVID-19 AND THE EDUCATION SECTOR IN NIGERIA

Closely allied to the urgency of prioritizing the health sector in Nigeria is the need to give more attention to the education sector. Improvement on the quality of health largely squares with improvement on the quality of education. A healthy mind and a healthy body make for a more balanced human person. The necessity of the cognitive or intellectual wherewithal in the containment of health challenges cannot be overemphasized. In addition to the

provision of infrastructure and health facilities, the efficiency of the health system is significantly enhanced through proper education of the workforce and acquisition of relevant knowledge and skills. Proper education is therefore a necessary driver of the health sector. On this stress, the funding and the proper equipment and management of such health institutions as University Teaching Hospitals must be considered a basic necessity.

Regrettably, the COVID-19 crisis revealed that the Nigerian government does not regard education as a very important aspect of the national life and values. The leaders are indifferent because their children usually school abroad where they have access to quality education. Following NCDC's (2020) first confirmed case of the novel coronavirus in Nigeria on 27 February 2020, an Italian who works in Lagos and returned from Milan on 25 February 2020, and the consequent moves by the Nigerian government to curtail the spread of the virus, the Federal Ministry of Education, on the 19th of March, announced the shutdown of all institutions of learning effective from 23 March 2020. While this abrupt stop to academic activities, as experienced in many other countries, was a necessary response to an emergency situation, the subsequent events and government's response left much to be desired, as little or no practical step was taken to avoid a total collapse of the education sector. Little wonder, for almost eight months of lockdown the resumption of formal academic activities in Nigeria, even in phases, remained contested.

Meanwhile, as though to demonstrate their deliberate indifference to the education sector, government officials continued with most of their political activities even while the pandemic lasted. The Nigerian government could only bow to last-minute pressure to allow final year secondary school students to sit for their final examination. With the gradual ease of the lockdown, markets were opened with the attendant characteristic business hobnobbing and unrestrained social intercourse. In fact, the ban on many other activities including religious gatherings were at some point lifted. Surely, this was not to be for the education sector, which always played a second fiddle in Nigeria. Also, in view of the already scheduled elections in Ondo and Edo states, political rallies and campaigns were still held notwithstanding the possible dangers posed

by such events. Of course, these political activities associated with elections were going on without government interference. Burial ceremonies of highly-placed government officials were also held in grand styles irrespective of the social distancing protocols. Worse of all, some parents and even some schools organized holiday lessons for pupils and students, while schools were still formally closed. These activities surely were possible avenues for the spread of the novel coronavirus. What a show of hypocrisy!

The lockdown seriously disrupted the academic programme at virtually all levels especially given that it took place at a time most students were set to sit for their final year and promotional examinations. Unfortunately, the closure of schools was not matched with definite policy measures to ensure that learning was not disrupted or totally discontinued. Save for a few private institutions, the poorly funded government schools were obviously handicapped in the face of COVID-19 challenge as they lacked the facilities required for remote or online learning. Government's insensitivity to the education sector constitutes a great disservice to the students and ultimately portends a great danger to the future of the education sector in Nigeria. Hence, the COVID-19 pandemic not only exposed the negligence of the education sector and underscored its highly decadent state but revealed that government's low regard for the sector positions it to take a very dangerous nose-dive.

5. AFRICA'S RESPONSE TO THE CHALLENGES OF COVID-19: A CRITIQUE

As already seen above, the major recommendations of the World Health Organization for the prevention of the dreaded COVID-19 include the maintenance of social distancing of at least three meters, regular hand washing with running water, wearing of face mask, and the use of alcohol-based sanitizers. For many Africans, these measures have peculiar challenges on account of their being alien to the African cultural orientation and their cost implications. Social distancing, for instance, runs contrary to the African socio-cultural orientation that is driven by communalism and deep sense of brotherhood. For the African, keeping a distance from a relative, even

when he or she is sick, is uncharitable. The prohibition of social and religious gatherings on account of the COVID-19 pandemic was simply a bitter pill for most Africans to swallow. Similarly, the lockdown or stay-at-home protocol came with more challenging dangers of hunger and starvation for some people who could only feed from each day's labour. Staying at home without any means of sustenance, for them, was more disastrous than any virus. One can also imagine the challenge posed by the protocol of frequent hand washing with running water for people who do not have access to clean drinking-water. The cost implications of face masks and sanitizers for poor African families also poses a considerable challenge.

In addition to the challenge posed by the poorly-funded, ill-equipped, and highly neglected healthcare system, the efforts of the health workers in Nigeria to contain the effects of the COVID-19 pandemic was largely frustrated by arbitrary breach of the COVID-19 prevention protocols that held sway in many communities. The challenges range from the unavailability of resources for its management to the inappropriate use of the available ones like the face masks and breach of the social distancing rules, especially in rural areas where a considerable number of people considered the pandemic a hoax and refused to acknowledge its existence. Of course, in most rural areas, social gatherings and businesses went on as though nothing was at stake.

Perhaps it is of importance to highlight, as part of the observable responses to the COVID-19 experience in Africa, the diverse attitudes in interpersonal relationship that were made manifest during the period of the pandemic. While the African communal spirit, that emphasizes common interest, brotherhood, and the need to share one another's burden, was widely demonstrated, the selfish and egocentric dispositions of some individuals were also made manifest within the period. Many patriotic and good-spirited citizens distributed cash and such relief materials as food, drugs, face masks, sanitizers, as palliative measures to cushion the effects of the coronavirus on the less privileged. Regrettably, some selfish individuals, including some government officials, saw this period as an opportunity for self-enrichment. Thus, there was an outrageous

increment in the prices of goods and services, diversion of some relief materials, and embezzlement of public funds by public servants, even as they claimed to provide succor for those infected with the virus.

The impacts of the COVID-19 pandemic were much pronounced in the areas of human interactions, relationships and social practices. Despite its natural tendency to sever relationship ties due to its social and physical distancing protocols, the COVID-19 experience still played very decisive roles in promoting social bonding and cementing relationships. In fact, the enhancement of the bonds of friendship and affection was a very notable merit of the COVID-19 experience. The COVID-19 lockdown afforded parents an opportunity to spend more time with their children, as families shared their common joys and sorrows. This significantly improved social bonding and occasioned stronger family ties.

More still, the African experience of the COVID-19 pandemic is particularly remarkable given that the death rate was comparatively minimal. According to the records collated by the Nigeria Center for Disease Control (2020) within the first five months of the COVID-19 pandemic, its fatality ratio (2.8% in June) was less than most countries within and outside Africa. The disease was mainly critical for those who had underlining sicknesses. The lower impact of the COVID-19 in terms of death-rate strongly suggests that there is a possibility that the Africans possess stronger and tougher immune system in relation to their western counterparts. The veracity of this assumption becomes more obvious when one recalls that such common sicknesses as malaria and typhoid dealt a heavy blow to early white missionaries and colonial masters who came to Africa. Indeed, Africans unarguably had and still have more lethal diseases to contend with including measles, tuberculosis, meningitis, hepatitis, cholera, lassa fever, diarrhea, ebola, and HIV/AIDS among others. Africans till date regularly go through these diseases and sicknesses and come out unscathed. There is a possibility that these may have toughened their immune system, thereby mitigating the effects of such disease as the coronavirus. Of course, most of the public health groups like the Mayo Foundation for Medical Education and Research (2020) observe that those who have existing chronic medical conditions have higher

risk of serious illness as a result of the novel coronavirus. Similarly, allusion could be justifiably made to the African weather condition as a possible contributing factor to the comparatively lesser impact of the COVID-19 pandemic. Perhaps the climate in Africa is not altogether conducive for the effective survival of the novel coronavirus. If these situations were otherwise, the effects of the COVID-19 pandemic would have been more disastrous in Africa given the obvious handicaps of most African countries as far as the strict maintenance of the prevention protocols is concerned.

In the light of the foregoing assumptions, one can argue that the possibility of peculiar African solutions to the COVID-19, such as having a vaccine specially cultured for Africans, may not be rightly ruled out. On this stress, Madagascar's recourse to alternative medicine could be considered a step in the right direction as far as the quest for an Afro-centric response to the challenge of the COVID-19 pandemic is concerned. African leaders could champion this noble course collectively. While the scientific justification of these insinuations is not necessarily a basic concern of this discourse, it nevertheless aims at evoking thoughts and inspiring scientific investigations into these possibilities.

6. RECOMMENDATIONS: TOWARDS CONTAINING THE EFFECTS OF POSSIBLE FUTURE PANDEMICS

While the COVID-19 lockdown lasted, a few states and institutions adopted some learning alternatives like online lessons and the use of such local media as radio and television. These yielded very minimal results in Nigeria, since it inadvertently excluded students living in rural areas, who either lacked access to such media or could hardly meet their financial demands. As a lesson that must go beyond the pandemic, government must provide alternative learning processes and strategies with a view to cushioning the negative effects of future emergencies capable endangering the traditional learning procedures.

A possible strategy to constrain the leaders to attend to the urgent need of revamping the health sector at all levels, would be to reduce the rate at which government officials seek medical attention abroad. While an outright ban on medical trips may amount to infringement on the human rights of the citizens who could afford it

and insensitivity to critical cases in genuine need of such attention, it may still be necessary to apply some stringent measures and controlled restrictions on such medical trips. The experience of Boris Johnson, the British Prime Minister, who tested positive to the COVID-19 on 27 March 2020 and in April 2020 was admitted and treated in St. Thomas' Hospital in London, was a great lesson for African leaders and the whole world as far as the need for a functional and reliable healthcare system is concerned.

A lot of wasteful spending and investment in white elephant projects go on at the different levels of government in Nigeria. These resources, if properly utilized, could go a long way in revamping the decadent health sector and the fast-degenerating education sector. The recurrent expenditure on the procurement of very expensive vehicles for the members of the national assembly and government officials virtually at all levels, humongous wardrobe and furniture allowances, in the face of the excruciating hardship experienced by the ordinary people, is simply indicative of an inconsiderate and selfish leadership. Whereas the leaders bask in unmerited ostentatious life, the poor masses languish in abject poverty. This is obviously against the authentic African spirit. The practical demonstration of the typical African communal spirit, that was rife within the period of the COVID-19 pandemic, is not only commendable but should be upheld as a positive human value that ought to outlast the period of the pandemic.

While the African communalistic value of interpersonal relationship remains laudable, the fact remains that the COVID-19 crisis has occasioned a landmark revolution that prescribes new ways of life. There is therefore an urgent need for re-orientation in Africa with regard to the social distancing protocol. It requires a review of traditional relationship patterns and appreciation of a new approach to social relationship. Perhaps this would require a change of the nomenclature given by the World Health Organization, that is, from "social distancing" to "physical distancing". While maintaining the required physical distance, one can still socially connect with family and friends. In this regard, the social networks, virtual learning and interactive platforms provide considerable alternatives.

The establishment of functional and properly equipped quarantine centers, the provision of ventilators, coronavirus disease testing gadgets, and the provision of personal protective equipment (PPE) for health workers should be considered matters of necessity and urgency. Regular recruitment and special training of staff in handling emergency situations of this sort, and concern for their safety would be right steps in the right direction. In fact, proper motivation and significant improvement in the welfare package of health workers, especially their hazard allowance, would boost their dedication to duty even as they risk their lives to save the lives of others. These proactive measures would not only foster the containment of such pandemic as the novel coronavirus, but ensure readiness for possible health emergencies in future, as well as make for sustainable development in the health sector.

Although the cost implication of healthcare in the private hospitals in Nigeria is often higher, they are often more efficient than the government hospitals given that the latter are often poorly funded and ill-equipped. There is, therefore, an urgent need to build more government-owned hospitals and health centers as well as improve on the available ones. In addition to the World Health Organization's recommendation on the percentage of national budget that ought to be spent on health, there is the Abuja declaration of April 2001, in which the leaders of African Union resolved that 15 per cent of their annual budget will be allocated to the health sector. These have not been faithfully implemented in Nigeria. The budgetary allocation to health in Nigeria has always been below 10 per cent. Unfortunately, even the meagre allocation to health is often not judiciously utilized. To ensure proper management of health resources, therefore, measures for proper monitoring must also be put in place.

The management of the COVID-19 crisis in Nigeria vis-à-vis education leaves much to be desired. Granted that it was a wise decision to close down schools in a bid to save lives at the onset of the pandemic, the continued closure of all academic institutions even with the ease of the lockdown in Nigeria and many parts of the world was a sure mark of insensitivity on the part of government. If social, political, religious and even sports activities could go on, educational activities could also go on, at least with some serious management

measures in place. Instead of putting a complete halt to formal learning in academic institutions, resumption of schools could be done in phases, that is, allowing a manageable number of students in the schools at a time. While it could be argued that the schools could constitute a seedbed for the spread of the COVID-19, one could also argue that the schools could constitute centers for proper education on the Covid-19 prevention and management protocols.

Government and education policy makers in Nigeria must review their strategies on the teaching and learning processes. The educational system must be upgraded to meet the twenty-first century standards, especially by the provision of virtual and distant learning facilities. This would imply a review of the budgetary allocation to education with a view to providing an internet-compliant educational system. The provision of computers and improved access to the internet facilities would enhance learning and foster a more modern approach to education in Nigeria.

One of the outstanding lessons of the COVID-19 pandemic is the realization of the imperative of mutual cooperation among the nations of the world. Affirming the urgency of sharing and collaboration in the war against the novel coronavirus, Tingbo Liang (2020) in his introductory notes and foreword in the *Handbook of COVID-19 Prevention and Treatment* writes:

This is an unprecedented global war, and mankind is facing the same enemy, the novel coronavirus. And the first battlefield is the hospital where our soldiers are the medical workers. To ensure this war can be won, we must first make sure that our medical staff is guaranteed sufficient resources, including experience and technologies. Also, we need to make sure that the hospital is the battleground where we eliminate the virus, not where the virus defeats us.... This pandemic is a common challenge faced by mankind in the age of globalization. At this moment, sharing resources, experiences and lessons, regardless of who you are, is our only chance to win. The real remedy for this pandemic is not isolation, but cooperation.

In addition to the need for global cooperation, the COVID-19 crisis also calls for public-private partnership in the project of assisting gravely distressed humanity in desperate need. Indeed, such

challenges as the COVID-19 pandemic naturally elicit empathy in well-meaning and patriotic individuals to respond to the plight of humanity. Concerned and capable individuals must partner with the government in the task of repositioning the health and education sectors to meet the challenges of the post-pandemic world. The provision of functional and reliable healthcare centers and institutions of learning, especially in rural areas, would substantially cushion the negative effects of the pandemic and guarantee better handling of such predicaments in future.

7. CONCLUSION

The import of the popular saying that “health is wealth” became very obvious in the face of the COVID-19 pandemic. One of the great lessons from the COVID-19 crisis is that it highlights the sensitive nature of the health sector and urgent need for government at all levels to pay more attention to it. Closely allied to this is the need to give more attention to the education sector with a view to promoting health-related research and achieving sustainable development in the healthcare system. Thus, an effectively coordinated health and academic response in the face of the COVID-19 is an imperative.

The COVID-19 experience underscores the urgent need to revolutionize every sector of human life. Its glaring effects on health and education sectors drive this point home. It also serves as a reminder of the fact that we share a common humanity that transcends all accidental variations of race and culture. Hence, it reduces the inequality in human development and bridges the gap in human interpersonal relationships. In the global search for COVID-19 vaccines, the whole world engages in a collective action as they became united in the fight against a common enemy. If properly understood and utilized the invaluable lessons from the COVID-19 experience would hopefully add value to human life and equip nations of the world to manage future health emergencies. Indeed, countries that fail to rise up to the challenges of the covid-19-driven revolution and the “new normal” may eventually trail behind not just in their health and education concerns but in virtually all sectors.

REFERENCES

- ACAPS Thematic Report (26 May 2020). “Nigeria: Vulnerabilities to COVID-19 and containment measures.” Retrieved September 2020 from www.acaps.org
- African Center for Disease Control (2019). “Coronavirus Disease 2019 (COVID-19): Latest Updates on the COVID-19 Crisis.” africacdc.org/covid-19
- Cherepanov, Elena (2020). “Responding to the Psychological Needs of Health Workers During Pandemic: Ten Lessons from Humanitarian Work.” In *Disaster Medicine and Public Health Preparedness*. Cambridge: Cambridge University Press.
- Conceicao, P. et al (2020). “COVID-19 and Human Development: Assessing the Crisis, Envisioning the Recovery.” In *2020 Human Development Perspectives*. New York: United Nations Development Programme.
- Imai H., Matsuishi K., Ito A, et al. (2010). “Factors associated with motivation and hesitation to work among health professionals during a public crisis: A cross sectional study of hospital workers in Japan during the pandemic (H1N1) 2009,” in *BMC Public Health*. <https://doi.org/10.1186/1471-2458-10-672>
- Liang, Tingbo Ed. (2020). *Handbook of COVID-19 Prevention and Treatment*. Jack Ma Foundation and Zhejiang University School of Medicine.
- Mayo Foundation for Medical Education and Research (MFMER) (2020). Retrieved September 2020 from www.mayoclinic.org/diseases-conditions/coronavirus/symptoms-causes/syc-20479963.
- NCDC (2020). “First Case of Coronavirus Disease (COVID-19) Confirmed in Nigeria.” 28 February 2020. www.ncdc.gov.ng
- World Health Organization (2020). “Emerging Respiratory Viruses, Including COVID-19: Methods for Detection, Prevention, Response and Control.” <https://openwho.org/courses/introduction>
- Zhu N, Zhang D, Wang W, Li X, Yang B, Song J, et al (2020). A novel Coronavirus from Patients with Pneumonia in China,

2019. N. Engl. J. Med.
<https://doi.org/10.1056/NEJMoa2001017>.