

POLICY  
BRIEF ON  
**COVID-19**  
**VACCINE**  
MANAGEMENT  
IN NIGERIA



# **Policy Brief on COVID-19 Vaccine Management in Nigeria**

# Background

The novel Coronavirus, which was first discovered in 2019 in Wuhan, China, has continued its global spread with devastating effects while wreaking untold havoc across the globe. The latest data from the John Hopkins University's Coronavirus Resource Centre indicate that there are about 116,169, 119 cases recorded in 192 countries with 2,582,075 deaths.<sup>1</sup> The data from the Nigeria Centre for Diseases Control (NCDC) as of March 8, 2021, shows that Nigeria has confirmed cases of 158,506 out of there are 18,647 active cases with 1,969 deaths recorded. It is needless to say that the COVID-19 pandemic is not only a health crisis of monumental magnitude but equally governance, political, social and economic crises which took the world unawares. This has posed significant threats to developing and developed economies and unsettled the political world, posing serious policy and governance challenges as policy-makers seek effective measures to tame the lethal virus. The virus that causes COVID-19 disease the SARS-COV2, is so named because of its "crown-like spikes". Reports in the last quarter of 2020, highlighted the possible mutation in the virus with a new variant identified in Denmark. Later in the year, another variant was identified in the United Kingdom (UK) and another variant in South Africa<sup>2</sup> in December 2020. This new variant was reported to have been identified with a major threat as it recorded faster transmission. The new variant identified in the UK was later reported in five states and the FCT in Nigeria-Lagos Osun, Oyo, Kwara and Edo states<sup>3</sup>. The Nigeria Centre for Disease Control (NCDC) also noted that as of "February 14, 2021, there were about 55 different lineages of SARS-CoV-2 known to be circulating in Nigeria and they are changing rapidly."<sup>4</sup> As of February 17 2021, a new variant was reported from the United Kingdom, Denmark, Nigeria, United States of America, Canada, France, Ghana, Australia, Jordan, Singapore, Finland, Belgium and Spain.<sup>5</sup>



**192**  
Countries



**116,872,436**  
Cases



**2,593,931**  
Deaths recorded

<sup>1</sup>COVID-19 Dashboard by the Centre for Systems Science and Engineering (CSSE), John Hopkins University, [www.coronavirus.jhu.edu](http://www.coronavirus.jhu.edu)

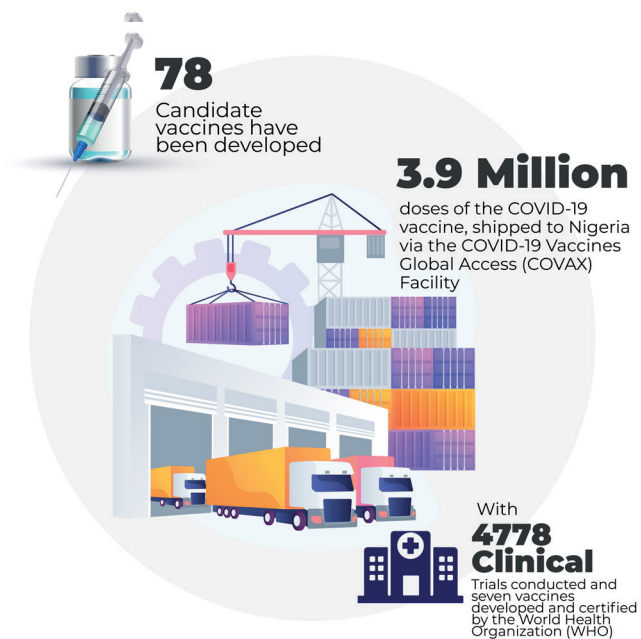
<sup>2</sup><https://www.who.int/csr/don/31-december-2020-sars-cov2-variants/en/>

<sup>3</sup><https://COVID-19.ncdc.gov.ng/media/files/COVIDResponseMarch1.pdf>

<sup>4</sup><https://ncdc.gov.ng/news/322/statement-on-variants-of-sars-cov-2-in-nigeria>

<sup>5</sup>[https://COVID-19.ncdc.gov.ng/media/files/STATEMENT\\_ON\\_VARIANTS\\_OF\\_SARS-COV-2\\_IN\\_NIGERIA\\_ZyRAI48.pdf](https://COVID-19.ncdc.gov.ng/media/files/STATEMENT_ON_VARIANTS_OF_SARS-COV-2_IN_NIGERIA_ZyRAI48.pdf)

Given its novelty, there was, at the time of its outbreak and indeed for the larger part of the year 2020, no known medical and scientific cure for the new strain of SARS-COV2. Hence, scientists and researchers across the globe worked frenetically to develop and produce therapeutic remedies and vaccines that could stop the spread of COVID-19 and mitigate its impact on humanity. So far, 78 candidate vaccines have been developed, with 4778 clinical trials conducted and seven vaccines developed and certified by the World Health Organization (WHO) have been rolled out in different countries. Gladly, successes and progress



have been made in this regard, with a number of vaccines developed as nations now face the uphill task of accessing them and vaccinating their citizens. This is, however, dependent on leadership which remains central in the determinant of the clear procedure and structure for the vaccine distribution. Accordingly, while it is heartwarming that some vaccines have been developed to tame the rampaging coronavirus pandemic, it leaves policymakers and leaders with notable challenges. These challenges include;

- Acquiring the vaccines,
- Distributing the vaccines,
- Effectively storing the vaccines,
- Determining who gets them first, and,
- Convincing citizens to get the jab as many conspiracy theories of different dimensions are out to discourage people from being vaccinated.

While all identified challenges are germane, a worrisome trend is the attempts by some opinion leaders to undermine the vaccination process and politicise the discussion around the

vaccines, rather than let the science speak truth to reason. This trend includes notable leaders and policymakers who have doubted the virus's existence and questioned the sincerity of purpose in the vaccines' speedy development. This further underscores the fact that at the epicentre of this crisis are leadership and governance challenges. Public leadership is required in times of crisis like the one engendered by the novel coronavirus; therefore, governments at all levels must be proactive in responding to the situation as new issues emerge. Otherwise, the consequences could assume magnitudes that extend beyond manageable levels. In other words, the lifeline of this crisis will be determined by the responsiveness, accountability, transparency and inclusiveness of the government's response. It is also essential for the Government to adopt monitoring, evaluation, and learning systems that enable critical assessment of the government's response and identify successes that can be consolidated. Now is the moment for democratic and governance institutions to demonstrate that they exist for the people's collective interest.

## The Politics of Vaccination and Key Issues

On 2 March 2021, Nigeria received nearly 4 million doses of the COVID-19 vaccine, shipped via the COVID-19 Vaccines Global Access (COVAX) Facility, a partnership between Coalition for Epidemic Preparedness Innovations (CEPI), Global Alliance for Vaccines and Immunizations (GAVI), United Nations International Children Emergency Fund (UNICEF) and WHO. The arrival of the vaccine in Nigeria and other countries in Africa marks a historic step towards ensuring equitable distribution of COVID-19 vaccines globally in what will be the largest vaccine procurement and supply operation in history. The distribution of the vaccine will advance the efforts invested in minimising the threat of the virus and mitigating its effects on all aspects of life. This is amidst global politics regarding the COVID-19 vaccines as countries adopt more protectionist policies in the management of vaccine distribution.

The delivery of the vaccine in Nigeria is part of the phased arrivals in Nigeria that will continue in the coming days and weeks. COVAX shipped 3.94 million doses of the AstraZeneca/Oxford vaccine, manufactured by the Serum Institute of India (SII), from Mumbai to Abuja. <sup>6</sup> However, it comes with certain responsibilities on the government which remain major points of debates as Nigeria receives the first batch of vaccine and begins vaccination. These points of debate include; the ability and capacity of Governments and policymakers

<sup>6</sup><https://www.afro.who.int/news/COVID-19-vaccines-shipped-covax-arrive-nigeria>

to ensure equitable access to the vaccines, adequate logistics to facilitate distribution, fair and inclusive vaccination, as well as getting the buy-in of the people on the COVID-19 vaccine. These are important issues for consideration with the official commencement of Abuja's vaccination programme on March 2, 2021.

### 1) **Equitable Access to Vaccine:**

The commencement of COVID-19 vaccination requires a clear strategy for distribution to guide and ensure uniformity of practice for the nationwide distribution of the vaccines. This need for equitable access to the vaccine presupposes due process in ensuring responsiveness to the need, balance and conscientiousness in determining access to the vaccines. As is becoming a practice in other countries, there has been a consensus on the need to begin the vaccination in Nigeria with those in the frontline in the battle against COVID-19, especially the health workers. This can also include other essential workers because this category of persons is needed to save lives and administer primary care. But deciding who should come next has spurred considerable debate.

### 2) **Detailed Plan for Vaccine Rollout:**

A country's preparedness for an eventual vaccine rollout is essential alongside commitments to ensure equitable access to them. The planning for vaccination will require developing an effective strategy that highlights the priorities for vaccines and guided by certain principles. However, the success of any must depend on the plan's ability to address the people's concerns sufficiently. This will require a data-driven process, informed by science and guided by the principles of equity and equality, integrity and transparency. The learnings from countries already vaccinating revealed the need for a roll-out plan to consider a distribution plan that identifies priorities; health care workers, age -the elderly, people with underlying conditions, providers of essential services. The next question will be on the phases of vaccination, consideration of vulnerable communities, criteria for distribution to the states, the capacity (human, infrastructure and financial) for vaccine management.

### 3) **Misinformation on COVID-19 Vaccination:**

A steep misinformation curve is also likely to affect community trust and vaccination confidence. As noted by the Nigeria Centre for Disease Control (NCDC), a significant challenge in the wake of the pandemic was combating disinformation and misinformation on the virus. The Centre had to develop its communication strategy to fight "infodemic in a pandemic", which informed its use of diverse platforms and tools for communication and leveraging partnerships<sup>7</sup>. Data from the event-based surveillance system (EBS) was reviewed weekly and used to develop messaging priorities for the week. However, misinformation about the vaccine is spreading fast, with some political/opinion leaders spreading "messages on woes" negating the purpose of and need for the COVID-19 vaccination. This misinformation is also beginning to adopt a religious undertone, with some religious leaders projecting messages against the vaccine in a country where religion is a significant influencer.

### 4) **Lack of Confidence in the Government:**

COVID-19 further revealed Nigeria's dilapidating state with fragile health care systems and the poor planning impeding response to public health emergencies. The poor planning on the part of the government is further causing a significant decline in people's confidence in health systems in Nigeria. If the government in Nigeria and other African governments will succeed in vaccinating their populations against COVID-19, they must build people's confidence in the government. This is particularly so in Africa with very fragile health systems and infrastructure. With many governments now unable to ensure patient safety, fear of contracting COVID-19 reduces the number of people accessing local facilities resulting in an unprecedented crisis of confidence in the health system. According to a 2020 AfroBarometer Survey, 'before the threat of overwhelming demand due to COVID-19, about one in five Africans faced a frequent lack of needed health-care services. This

<sup>7</sup>(2021, February 27). One Year After: Nigeria's COVID-19 Public Health Response - NCDC. Retrieved March 5, 2021, from <https://COVID-19.ncdc.gov.ng/media/files/COVIDResponseMarch1.pdf>

including almost two-thirds of the poorest citizens<sup>8</sup>.

These findings from national surveys in 34 African countries provide a pre-COVID-19 snapshot of Africans' experiences and assessments of public health-care systems committed to the United Nations Sustainable Development Goal (SDG) No. 3 of "good health and well-being" for all. The choices the Federal Republic of Nigeria will make concerning vaccine management will also set a precedent for her ability to deliver on specific goals. These goals include the 2030 Sustainable Development agenda, salvage the nation's health, economy, politics, social life, and many more already ravaged by the coronavirus pandemic.

This Policy Brief examines, among other things, the management of the containment activities of the COVID-19 Pandemic and vaccination. It recommends:

- a) Adequate Funding,
- b) Health Sector System Strengthening towards Effective Vaccine roll-out;
- c) Gender and Social Inclusion for equitable access, safe and effective COVID-19 vaccination;
- d) Strengthening Policy and Legal Framework for Distribution of Vaccines in Nigeria;
- e) Accountability, Transparency and Citizen Participation in Distribution of Vaccines in Nigeria as well as,
- f) Public Education and Enlightenment Against anti-COVID-19 Vaccines



# Identifying Challenges and Prospects for COVID-19 Vaccines Roll-Out and Management in Nigeria

As cheering as the development of the anti-COVID-19 vaccines is, it has further accentuated the yawning gap between the global North and South. While nations in the global North pre-ordered and even acquired the vaccines over and above what they need, countries in the global South still struggle to have just a handful of these vaccines. Nigeria initially expected to get only a paltry 100,000 doses in the first instance. The Nigerian government had said it was expecting at least 100,000 doses of the Pfizer and BioNTech approved COVID-19 vaccines by the end of January 2021 through the COVAX co-financing public-private facility. The doses expected at the time represented 0.05% of Nigeria's estimated 206 million population. However, as noted earlier Nigeria eventually received 3.94 million doses of the AstraZeneca/Oxford vaccine on March 2, 2021. This number, of course, is a slap on the wrist for a nation with a large population which is still likely to be an underestimate. The nation's struggles in acquiring appreciable volumes of the vaccines largely stem from inadequate funds for this purpose. This lack of fund is in the light of the country's numerous economic struggles further exacerbated by the global pandemic, which took a tremendous toll on oil, the livewire of Nigeria's economy.

<sup>8</sup>Brian Howard/Afrobarometer, 2020. "Even before COVID-19, more than half of Africans experienced lack of needed health care" Afrobarometer Dispatch No. 352

Further to the funding challenge is the poor infrastructure to manage the vaccines' distribution and storage when they become available. The country's decaying infrastructure has come to light once more in the wake of the pandemic, especially concerning health care and services. The Pfizer vaccines, which Nigeria initially planned to begin vaccinations with, require ultra-cold storing facilities to remain potent, are lacking in a country that scarcely has the needed power to support its economy. COVID-19 related logistical hurdles like supply chain shortages and travel restrictions had made it difficult for people to access vaccines. Additionally, the pandemic's severe economic impact has led to many people prioritising feeding themselves and their families over accessing essential health care services and may be less likely to access COVID-19 vaccines. With the increase in poverty, the average Nigerian struggles daily for self-sufficiency and will first prioritise fighting hunger and looking for every means available to make money to feed. As more Nigerians fall below the poverty line, the tendency to prioritise daily quest for food over public-health safety is more prevalent, making it challenging to sustain the people's attention on the threat of COVID-19.

Again, a cross-section of political elites and religious leaders in Nigeria have continued to spread the conspiracy theory on the coronavirus and vaccines. These theories raise doubts in the people's minds, particularly given the nation's not-too-long experience with Pfizer polio antibiotic trovafloxacin for meningitis<sup>9</sup>. The importance of ensuring governments and policymakers maintain the trust and confidence of citizens cannot be overemphasised. The growing spread of misinformation and disruptions to proposed vaccine rollouts challenge confidence in health services and poses a significant challenge to the Technical Working Group's work for the COVID-19 Vaccine. Maintaining trust in vaccine rollouts amid a global pandemic represents an unprecedented challenge. This challenge is mostly with the rising poverty level and the poor management of public funds and private sector funds invested in the fight against the pandemic so far. Understanding community perceptions, the different contexts, socio-cultural factors and ensuring accountability will serve as a foundation for restoring eroded trust and building confidence in essential health services. At this crucial moment for vaccine management, considering community perceptions of vaccination has never been more critical.

Also, Nigeria must learn from previous experiences

both within and outside the country on past responses to previous public health crises. For instance, countries and international organisations' bungled responses to swine flu (H1N1) in 2009 and Ebola in 2014 showed how unprepared local and global health systems were and the cost for lack of preparation. For over 21 months, Ebola spread rapidly across West Africa, claiming 11,315 lives and countries that lacked the leadership and health systems were hit hardest.<sup>10</sup>

Understanding the perceptions and concerns of communities will be vital towards increasing vaccine uptake, especially as much is still unknown about the beliefs leading to vaccine hesitancy. These considerations must extend to an understanding of cultural, religious and traditional beliefs. Understanding the perceptions will help address this lack of knowledge through meaningful, personalised and targeted communication that requires close collaboration with recognised and relevant grassroots organisations/structures. Communities need targeted, and tailored communications strategies to address trust in health systems and communications solutions must build trust in capturing people's imaginations and having a powerful emotional connection.<sup>11</sup>

It is also essential that in the conversation on vaccine management, due consideration is made towards empowering and developing local health workers and civil society's capacity. This will be critical for effective social mobilisation and communication strategies needed to address vaccine hesitancy.

## Recommendations for Improved Vaccine Management in Nigeria

### I. Adequate Funding:

As noted in the preceding section, Nigeria lacks the requisite funds to acquire the COVID-19 vaccines. This is against the backdrop of the economic recession engendered by the pandemic. However, it is heartwarming to see a coalition of private-sector leaders under the CACOVID umbrella, which has pulled funds together to support the government to acquire these vaccines. The government may consider some incentives for these private-sector concerns regarding tax holidays and certain waivers in recognition of their

<sup>9</sup>(2001, January 27). Pfizer accused of testing new drug without ethical approval. Retrieved March 5, 2021, from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1119465/>

<sup>10</sup> COVID-19 pandemic lays bare the political leadership deficit in Nigeria

<sup>11</sup>"Keeping Trust in Immunisation: Community Perceptions of Vaccination in the Time of COVID-19" <https://www.comminit.com/global/content/keeping-trust-immunisation-community-perceptions-vaccination-time-COVID-19>

gesture to the country. It is equally vital that the government resolve any apparent disagreements within the coalition and foster friendly relations among these private firms. It is in the interest of the nation to do so.

## II. **Deploying an Effective, Transparent and Adaptive Vaccine Distribution Plan**

A technical working group for COVID-19 Vaccine was set-up headed by Dr Faisal Shuaib; the Executive Director of the National Primary Health Care Development Agency (NPHCDA). The technical working group was set-up to coordinate the implementation of the COVID-19 vaccination program. With the first tranche of the COVID-19 Vaccine, Dr Faisal Shuaib released a plan for a four-phased vaccination in Nigeria. While the plan identifies the phases to consider the

*The COVID-19 pandemic provides an opportunity for deeper introspection on the health sector's necessary overhaul in Nigeria*

aged persons with underlying conditions, it is important to ensure the plan is regulated by the principles of; integrity, fairness, equality and transparency. In addition, there should be effective compliance driven by data and effectively addresses gender, disability and social inclusion and remains flexible in responding to the various strains of the virus and how it affects different populations of the country. The plan for distributing and administering close to 4 million vaccines will differ greatly from any other routine vaccination programmes. Additionally, physical and social distancing and observing other COVID-19 prevention protocols will need to be maintained during the vaccination process, which will place further demands on locations for vaccine distribution.

A practical and adaptive distribution plan must use technology to provide real-time updates and data and employ a surveillance approach to the vaccine's deployment. To provide adequate oversight, and effective distribution plan should also include a monitoring, evaluation and learning mechanism. The monitoring mechanism should incorporate an electronic tracking system from the National Primary Health Care Development Agency (NPHCDA) cold storage site in FCT-Abuja to the various vaccination sites.

## III. **Health Sector and Systems Strengthening towards Effective Vaccine Introduction**

The introduction of a new vaccine provides opportunities and challenges to improve a country's overall immunisation programme and its health services and health system. Many of the activities carried out to prepare, implement, and monitor COVID-19 vaccination will provide opportunities to improve the immunisation programme and identify best practices that could be applied to other health programmes and services.

Over successive years, the Nigerian health sector has been chronically underfunded, resulting in its widespread infrastructural deterioration and a fall in health service delivery standards, invariably impacting negatively on outbreak preparedness and response strategies. In April 2001, African Heads of State under the African Union gathered in Abuja and resolved that each Nation will commit a minimum of 15% of its annual budget to develop its health sector. It is, however, paradoxical that Nigeria, which played host to this "Abuja Declaration" has been unable to meet this target.<sup>12</sup>

The sum of N414.5 billion was allocated to Health in the 2020 Revised Federal Budget (excluding COVID-19 health-related expenditure). The sum of N549 billion was allocated to Health in the 2021 Budget, increasing 32%. 2021 proposed Health Budget is 4.18% of the total Federal Budget, an increase compared to 3.83% in the revised 2020 Budget. However, this is still significantly below the 15% recommended in the National Health Act, 2014 and the 2001

<sup>12</sup>(n.d.). Abuja Declaration - African Union. Retrieved March 5, 2021, from <https://au.int/sites/default/files/pages/32894-file-2001-abuja-declaration.pdf>

Olumade, T. J., Adesanya, O. A., Fred-Akintunwa, I. J., Babalola, D. O., Oguzie, J. U., Ogunsanya, O. A., George, U. E., Akin-Ajani, O. D., & Osasona, D. G. (2020). Infectious disease outbreak preparedness and response in Nigeria: history, limitations and recommendations for global health policy and practice. *AIMS public health*, 7(4), 736–757. <https://doi.org/10.3934/publichealth.2020057>



Abuja Declaration.<sup>13</sup>

The allocation to health budgets as a proportion of the total Federal Budget spiralled downward in 2015 and 2019. The allocation to health dropped from 4.75% of the full budget size in 2019 to 3.83% in 2020. However, it increased to 4.18% of the total budget size in 2021. The enactment of the National Health Act in 2014 and the introduction of the Basic Health Care Provision Fund in 2018, did not improve allocation to health as a proportion of the total Federal Budget. Indeed, allocation as a percentage of the Federal Budget has dropped, with the lowest in 2020 at 3.83%. Nigeria needs to improve on its budget for health if we must build a robust health system, especially with the COVID-19 pandemic. It is noteworthy to mention the apparent funding gap for the COVID-19 vaccination in the national budget for health with the plan to provide vaccination to about 70-80% of Nigeria's population by 2022. The estimated cost to reach this percentage of the population is about N400billion<sup>14</sup> which is about 73% of the 2021 budget for health. Suggesting that to achieve this goal, almost the total budget for health will be needed for the vaccination program or at least 45% of the total budget in 2021 and the other part in the 2022 budget.

The COVID-19 pandemic provides an opportunity for deeper introspection on the health sector's necessary overhaul in Nigeria for an effective health care system. In addition, with both the international and private sector support to that fight against COVID-19 and the commencement of vaccination, Nigeria has an opportunity to learn best-fit practices to institutionalise processes and build more robust systems for vaccine management.

#### IV. **Gender, Disability and Social Inclusion for equitable, safe and effective COVID-19 vaccination**

The COVID-19 vaccination will be the world's first massively deployed public health intervention.<sup>15</sup> While Nigeria has had a fair share of vaccine introductions; it is important to ensure a gender-sensitive and inclusive strategy is deployed to ensure vulnerable groups are not at a disadvantage. This will require different regional, religious and cultural

dynamics/differences that may subject women to a disadvantage not experienced by their male counterpart. In addition, there is a need to ensure due consideration of marginalised groups like persons with disability and other vulnerable communities. These special considerations must be incorporated into all activities to assure maximum success. Social inclusion consideration must also identify priority groups to be considered once COVID-19 vaccines become available. This includes; essential healthcare and long-term care facility workers; persons over 60 years of age; persons with an underlying condition(s) making them particularly at risk; persons who cannot socially distance themselves and disadvantaged socio-economic groups.

#### V. **Strengthen Policy and Legal Framework for Distribution of Vaccines in Nigeria**

As vaccines are rolled out across Nigeria, it is also vital to strengthen policy and legal frameworks for vaccine management. The limitations of the Quarantine Act 1926 Cap.Q2 LFN 2004 and the National Health Act (2014) provide an opportunity for the National Assembly to provide a robust framework for managing public health crises in Nigeria. Such a robust legal framework must incorporate democratic principles to protect rights and ensure due process within existing institutions. This is also a good time to revisit the process of passing the Control of Infectious Diseases bill in Law. It is also important to ensure that legislative reform concerning vaccine management is gender-sensitive and addresses social inclusion issues.

#### VI. **Accountability, Transparency and Citizen Participation**

Nigerians have raised concerns about opaque handling and management of various donations from the private sector and development partners to the country towards its fight against the pandemic. The government, on its part, has provided very little information in this regard. The National Assembly queried the distribution of palliatives running into billions under the Social Intervention Programme (SIP) to cushion the pandemic's impact on citizens.

<sup>13</sup>Analysis of the 2021 Proposed Health Budget. <https://www.pulse.ng/news/local/analysis-of-the-2021-proposed-health-budget/gfek6ve>

<sup>14</sup>The COVID-19 Pandemic in Nigeria, Socioeconomic Implications of Delayed Access to Vaccines. Brief 5, February 03 2021, United Nations Development Program, Nigeria.

<sup>15</sup>Guidance on developing a national deployment and vaccination plan for COVID-19 vaccines. Geneva: World Health Organization; 2020(WHO/2019-nCoV/NDVP/2020.1). Licence: CC BY-NC-SA 3.0 IGO.

Revelations have equally shown that various government agencies awarded contracts at inflated costs for COVID-19 related activities. While the legislature made provisions in the revised 2020 Appropriation Act for payment of hazard allowances and other emoluments to frontline workers in the health sector, medical and health workers in the health system have gone on strike at various times to protest the lack of PPEs and the non-payment of approved allowances. This situation does not bode well for the proposed vaccine rollouts and management of the vaccine facility. To address this situation will require adequate provisions to meet the welfare needs of frontline workers in the health sector and protect them from the virus.

Also, to build citizens' trust in the COVID-19 vaccination, governments and policymakers must build strong accountability and transparency mechanisms and seek citizens' participation across various communities. This will require a robust system of data-driven reporting on distributing the vaccines and comprehensive data on the vaccination process to ensure compliance with the vaccine administration's official structure. Also, it is important funds invested in vaccine management including the batches of vaccines received and the breakdown of the funds received and deployed is properly accounted for in a periodic report.

## **Vi. Public enlightenment and education**

The federal government, through its agencies, must embark on public enlightenment providing adequate information on the vaccine and the importance of curbing the spread of COVID-19. The public enlightenment should also include readily available information on the process of vaccination, the phases of distribution, and the vaccination benefits in preventing COVID-19. The government will need different levels of inter-agency collaboration and stakeholder partnership to provide counter-narratives to the conspiracy theories on the vaccines. This will include harping on the safety of the vaccines. The Ministry of Health, the Ministry of Information, the Presidential Task-force on COVID-19, the National Orientation Agency, etc should vigorously take on this task and ensure that the people are better informed. The federal government must equally call political office holders who hold contrary opinions to order and prevent them from misinforming citizens.

Their actions, if unchecked, is capable of derailing the nation's efforts at curtailing COVID-19 through the vaccines and therefore leaving Nigeria in the throes of the pandemic and further endangering global attack on the disease. The government must as a matter of necessity equally sanction media establishments who provide their platforms for the continued spread of these conspiracy theories.

## **Conclusion**

The roll-out of COVID-19 vaccines globally, as well as in Africa and Nigeria particularly, 'marks a pivotal moment in the global pandemic. This is because with the distribution plan being adopted in most countries, the protection people receive against COVID-19 will not be determined by the wealth or influence of their country or status, but rather by principles of equitable access to these vaccines. With more than 2 billion COVAX doses secured, of which at least 1.3 billion are ring-fenced for lower-income countries, this paves the way for people in all corners of the world to be vaccinated, which is an essential step towards slowing the spread of the virus globally'<sup>16</sup>.

The management of the COVID-19 vaccination program is set to pose new obstacles and challenges to vaccination in the country. Effective management of the process will set a precedent for the management of vaccine-preventable diseases in Nigeria and across much of Africa. The arrival of about 3.9 million doses of COVID-19 vaccines in Nigeria on March 2, 2021, and successful vaccination roll out three days after, are no doubt a relief to citizens who prior to this had been treated to different stories by the government as it stalled in procuring the doses on account of reasons already outlined. However, challenges in mass vaccination of citizens given the pre-existing challenges of poor geographic and socio-economic access to healthcare facilities, poor databases, poor logistics management still remain. For one, the government's plan of having very important personalities designated as "strategic leadership" vaccinated first demonstrates an inequitable process particularly in a society where a vast majority of citizens continue to hold the shorter end of the stick in the distribution of national resources and commonwealth. The government should prioritize the vaccination of frontline workers and vulnerable citizens (the aged, persons with underlying medical conditions and the less privileged) over and above that of politically exposed persons tagged strategic leadership or very important personalities. This alone demonstrates the inequitable distribution of the vaccines.

The acceptance of the vaccines remains a major clog in the wheel of progress as the nation commences vaccination against the SARS-COV2. As

<sup>16</sup><https://www.gavi.org/vaccineswork/first-covax-vaccinations-begin>

constantly referred to in the previous conversation, conspiracy theories of various dimensions have been disregarded and circulated by no lesser individuals than political office holders, religious clerics, public opinion moulders and elites with a large followership society. Concerted efforts must be made to reverse these naysayers' dangerous narrative and get citizens to accept the vaccines' safety and effectiveness.

As commendable as the arrival of the vaccine is, a significant task remains; to get them into the people's body systems. Hence, logistics on distribution, storage, and vaccination must be clearly explained by the government to preserve the potency of the vaccines and ensure a seamless vaccination process. Citizens could become discouraged if the process becomes cumbersome, as witnessed in the ongoing National Identification

Number (NIN) registration process. The nation stands the risk of losing a huge harvest of COVID-19 vaccination, which is strong immunity against the virus if the process is handled in the same manner the NIN registration process was poorly mismanaged. For the COVID-19 vaccination program, a process that allows for less physical contact of citizens is required. This, in essence, means that more vaccination sites are necessary to avoid a large gathering of citizens who want to get the jab.

A monitoring and evaluation mechanism for the management of the COVID-19 vaccines in Nigeria must consider the politics of vaccination, key issues highlighted, challenges identified and recommendation proposed in this Policy Brief to improve vaccine management in Nigeria.

