

**NATIONAL HEALTH INSTITUTIONS, WORLD HEALTH  
ORGANISATION AND THE MANAGEMENT OF COVID-19  
PANDEMIC IN NIGERIA (2020-2022)**

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**NOVEMBER, 2024**

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**BY**

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**A THESIS SUBMITTED TO THE SCHOOL OF POSTGRADUATE  
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COLLEGE OF LEADERSHIP AND DEVELOPMENT STUDIES,  
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**NOVEMBER, 2024**

## **ACCEPTANCE**

This is to attest that this thesis is accepted in partial fulfilment of the requirements for the award of the degree of the Doctor of Philosophy in International Relations in the Department of Political Science and International Relations, College of Leadership and Development Studies, Covenant University, Ota, Ogun State, Nigeria.

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## **DECLARATION**

**I, FOLORUNSO, GIDEON IBUKUNTOMIWA (16PAH01434)**, declare that I conducted this research under the supervision of Prof. Moses M. Duruji and Dr Felix C. Chidozie of the Department of Political Science and International Relations, College of Leadership and Development Studies, Covenant University, Ota, Nigeria. I attest that the thesis has not been presented either wholly or partially for the award of any degree elsewhere. All sources of data used in this thesis are duly acknowledged.

**FOLORUNSO, GIDEON IBUKUNTOMIWA**

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## **CERTIFICATION**

We certify that the thesis titled “**NATIONAL HEALTH INSTITUTIONS, WORLD HEALTH ORGANISATION AND THE MANAGEMENT OF COVID-19 PANDEMIC IN NIGERIA (2020-2022)**” is an original work conducted by **FOLORUNSO, GIDEON IBUKUNTOMIWA (16PAH01434)**, of International Relations Programme in the Department of Political Science and International Relations, College of Leadership and Development Studies, Covenant University, Canaanland, Ota, Ogun State, Nigeria. We have examined the work and found it acceptable as part of the requirements for the award of a Doctor of Philosophy (Ph.D.) degree in International Relations.

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## **DEDICATION**

This thesis is dedicated to God Almighty and my beautiful family.

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## LIST OF ABBREVIATIONS

AD	-	Anno Domini
AfDB	-	African Development Bank
AIDS	-	Acquired Immune Deficiency Syndrome
BC	-	Before Christ
CACOVID	-	Coalition Against COVID-19
CARE	-	Cooperative for Assistance and Relief Everywhere
CEPI	-	Coalition for Epidemic Preparedness Innovation
COVID-19	-	Coronavirus Disease of 2019
cVDPV	-	Circulating Vaccine-Derived Poliovirus
EOC	-	Emergency Operation Centre
EVD	-	Ebola Virus Disease
FMH	-	Federal Ministry of Health
GAVI	-	Global Alliance for Vaccines and Immunisation
GHG	-	Global Health Governance
GHI	-	Global Health Initiative
HIV	-	Human Immunodeficiency Virus
IHG	-	International Health Governance
IHR	-	International Health Regulations
IMC	-	Incident Management Centre
IMF	-	International Monetary Fund
IMS	-	Incident Management System
LSCCMT	-	Lagos State COVID-19 Case Management Team
LSPHCB	-	Lagos State Primary Healthcare Board
MDGs	-	Millennium Development Goals
MERS-COV	-	Middle East Respiratory Syndrome-related Coronavirus
NACA	-	National Agency for the Control of AIDS
NAFDAC	-	National Agency for Food and Drugs Administration and Control
NCDs	-	Non-Communicable Diseases
NCDC	-	Nigeria Centre for Disease Control and Prevention
NHS	-	National Health Service
NIMR	-	Nigerian Institute for Medical Research
NIPRD	-	Nigerian Institute of Pharmaceutical Research and

		Development
OXFAM	-	Oxford Committee for Famine Relief
PHC	-	Primary Health Care
PHE	-	Public Health Emergency
RBM	-	Roll Back Malaria
RNA	-	Ribonucleic Acid
SARS	-	Severe Acute Respiratory Syndrome
SARS-COV	-	Severe Acute Respiratory Syndrome-related Coronavirus
SARS-COV-2	-	2 <sup>nd</sup> Severe Acute Respiratory Syndrome-related Coronavirus
SDGs	-	Sustainable Development Goals
SMH	-	State Ministry of Health
SNA	-	Social Network Analysis
SPHC	-	Specialised Primary Health Care
TB	-	Tuberculosis
UN DESA	-	United Nations Department of Economic and Social Affairs
UN	-	United Nations
UNAIDS	-	Joint United Nations Programme on HIV/AIDS
UNDP	-	United Nations Development Programme
UNGA	-	United Nations General Assembly
UNODC	-	United Nations Office on Drugs and Crime
USA	-	United States of America
WAHO	-	West African Health Organisation
WHO	-	World Health Organisation
WPV	-	Wild Poliovirus

## ABSTRACT

The Coronavirus Disease (COVID-19) pandemic, which originated in Wuhan, China, in December 2019, rapidly became a global pandemic that ravaged the entire world. The effect was devastating despite global attention to the pandemic early enough. With its spread to over 200 countries, nearly 700 million cases, and about 7 million deaths, COVID-19's global devastation has left long-lasting impacts that will take several years to heal. Hence, this study examines the health governance role of the Nigeria Centre for Disease Control and Prevention (NCDC), the World Health Organisation (WHO), and its frameworks on infectious diseases, focusing on managing the COVID-19 pandemic in Nigeria. The theory of global governance was adopted for this study. The theory posits that global organisations offer solutions to common problems beyond the scope of national governments, and the more general the problems and solutions an international organisation offers, the more influence and power it holds. The research adopted *ex post facto* and cross-sectional survey research designs. The data reviewed were sourced from PubMed, ScienceDirect, and WHO databases and a series of in-depth interviews conducted in Nigeria. Furthermore, an analysis based on the World Health Organisation's health system strengthening framework, textual analysis, and social network analysis (SNA) was also conducted to demonstrate actor ties, roles, and collaborations. Findings revealed that there were a lot of actors who got involved in the COVID-19 response with varying degrees of collaboration. The Nigeria Centre for Disease Control and Prevention (NCDC) was pivotal in harnessing these collaborations and partnerships with other health organisations like the West African Health Organisation (WAHO), Africa CDC, and Coalition Against COVID-19 (CACOVID), among others. The research findings highlight the partnership between NCDC, Nigeria Institute of Medical Research (NIMR), private sector actors like CACOVID and global health organisations like Africa CDC and WAHO towards eliminating the health crisis. However, the preparedness for the outbreak was significantly low and inadequate in terms of contact tracing, quarantine facilities, and isolation centres, among others, significantly affecting the outcomes of the curative efforts to a large extent. The research findings highlighted the deployment of disease monitoring and reporting systems, the digitalisation of data gathering and analysis, and the private sector collaboration with the government. The findings expose the challenges of funding, accountability, and resource allocation that were hindrances to success. It also pointed out the regional and global structures that supported Nigeria with vaccines, technical support, information sharing, detection and prevention of newer strains, among others. Therefore, it is recommended that public-private partnerships such as CACOVID be strengthened to build more effective and efficient capacities for early warning and prevention of future outbreaks by increasing support, funding, and technical resources. In conclusion, the task of pandemic preparedness cannot be left to national institutions alone due to competing national needs, and neither can global health bodies cater for all nationalities in times of health crisis; therefore, private sector involvement in pandemic management should be encouraged.

**Keywords: Coronavirus Disease (COVID-19), Disease Control, Health Governance, Health Management, Nigeria, World Health Organisation.**