

Interrogating the Responses of WHO to the Outbreak of Covid-19 in Nigeria

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Abstract

The study introduces the World Health Organization as the apex body of global health, which is charged with the fundamental role of maintaining a healthy globe. However, outbreak of diseases has become a growing menace that the WHO has battled for decades since its inception. COVID-19 is the latest of such battles. This study employs ex post facto research design with qualitative approach. Using the textual analysis, this study interrogated the responses of the WHO with regards to the outbreak of COVID-19 in Nigeria. Some of these responses include technical aids, training aids, among other active responses. These responses, however, cannot be achieved without the role of the apex national health institution, the Nigeria Centre for Disease Control and Prevention (NCDC). The study shows that the effectiveness of NCDC in contact tracing, surveillance, intelligence gathering, partnerships and collaborations, and so forth, was paramount to the successes achieved post-pandemic. The study recommended the improvement of political, economic, and technological interventions, in a way that there is adequate preparedness for future outbreaks. Proposed the adoption of Health Systems Strengthening, and the adoption of horizontal healthcare approach, rather than the currently operational vertical healthcare approach. The study offers a holistic perspective on COVID-19 pandemic management in Nigeria, which focused points on best practices to improve preparedness for future outbreaks.

Keywords: World Health Organisation, Outbreak, Pandemic, COVID-19, NCDC, Nigeria.

Introduction

The World Health Organisation (WHO) is the chief coordinator of global health governance efforts due to its role in global health (Ruger & Yach, 2014). The global governance of WHO cuts across all other issues in global health like non-communicable diseases, malnutrition in children, maternal health, life expectancy, and mental health, among others (Ruger & Yach, 2014; Shang *et al.*, 2021).

The WHO's role in galvanising global health actors, both state and non-state actors, has played a critical role in preventing, detecting, and responding to diseases during global outbreaks. For instance, organisations such as the following: Global Fund for Acquired Immune Deficiency Syndrome – AIDS, Malaria and Tuberculosis; Roll Back Malaria; Bill and Melinda Gates Foundation; Global Alliance for Vaccines and Immunization – Gavi – the Vaccine Alliance; Oxfam; and Cooperative for Assistance and Relief Everywhere (CARE) have formed some of the most prominent public-private partnerships and international non-governmental organisations that work with the WHO on core health issues around the globe (Ruger & Yach, 2014). The specialised agency of the United Nations (UN) that oversees issues with pandemics and related matters seeks to proffer solutions to the COVID-19 pandemic.

The COVID-19 pandemic led to a monetary crisis that has a long-term economic impact on countries worldwide (Shang *et al.*, 2021; Shalal, 2022). Panic buying of ventilators and other medical equipment, imposing quarantine and lockdowns that restricted financial flows, tracing contacts, improving health care facilities, and providing medical consumables involved massive health expenditure for countries. It also significantly influenced the collection of taxes for running government expenditures (Shang *et al.*, 2021).

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The global economy was hit seriously too. The IMF forecasted that the COVID-19 pandemic would cost the global economy \$12.5 trillion by 2024, effectively pushing millions of people into extreme poverty (Shalal, 2022). Beyond financial costs, the pandemic has had tremendous implications on family life and work life. Several companies have had to change their employer-employee structures to accommodate remote working/work-from-home, which has a massive impact on society and collegiate relationships (Shang *et al.*, 2021).

In Africa, Nigeria holds a majority stake in population size (Osimen, Chukwudi, Oladoyin, Nnaemeka & Dada, 2024). Although, as a developing country in terms of national development and financial expenditure, Nigeria's position among the contributors to the WHO is below the top fifty (WHO, 2022). Inadvertently, Nigeria also tends to have government health expenditure among the lowest budget allocated among all sectors of the economy (WHO, 2022). In 2019, 3.03% of Nigeria's government expenditure is spent on the health sector (Sasu, 2022). In 2022, the budget for the health sector is 4.3% (₦711.28 billion) of the entire budget, compared with the African Union's (AU) 15% benchmark for health budget allocation, it lags far behind countries like Rwanda and South Africa (Amata, 2021). At ₦3,453 (₦288 for one month) per capita for the medical care of Nigerians, it is not surprising why a lot of health spending comes directly from the pockets of Nigerians (Amata, 2021). The pandemic only makes this situation worse than it already was.

Literature Review

As the history of pandemics has shown, pandemics are natural or manufactured disasters that can render the world human-less if left unattended. To this end, the World Health Organisation was established in 1948 to tackle global health challenges on a global scale. Since its inception, it has prioritised the containment of diseases through sanitary regulations and other regulatory frameworks, such as the framework for global health governance (Daudu, Osimen, & Ameh, 2024). However, the increasing spread of infectious diseases and their accompanying impact on the planet led to the introduction of other global health actors to advance global health (Fidler, 2001; Njoaguani, 2020). Aggregating health diplomacy and sustainable development goals is critical to achieving global health. This form of diplomacy has fostered interrelatedness and international cooperation among nations while devising various legal instruments to continually integrate global health into foreign policy discourses (Katz, Kornblet, Arnold, Lief and Fischer, 2011; Njoaguani, 2020).

Medical diplomacy is a precursor to global health diplomacy, propounded by Peter Bourne, a special assistant to President Carter of the United States of America on health-related matters. Bourne believed that the United States of America would have better international relations by exploring the role of health and medicine in its businesses with vassal states. With an emphasis on the role of humanitarian services in creating avenues for inter-state dialogue and bridging diplomatic barriers, governments and international organisations are maximising global health diplomacy to improve global health standards. Furthermore, they are advancing their state's foreign policy (Drager and Fidler, 2007; Njoaguani, 2020).

The relationship between the World Health Organisation and other health governance bodies is deeply rooted in health diplomacy, also called global health diplomacy. According to Katz *et al.* (2011), global health diplomacy can be discreet in health negotiations, health partnerships, and interactions between state and non-state actors within the international community. Since the UN Charter was published and signed by member states of the United Nations, the principle of collective action, responsibility to protect and preventive diplomacy has significantly impacted health governance. Now, nation-states take collective actions concerning global health crises. The responsibility to protect spurs countries from rising in defence of another. At the same time, preventive diplomacy has led to the World Health Organisation's campaign to prevent infectious and non-communicable diseases (Osimen, Daudu, & Awogu-Maduagwu, 2023). Health diplomacy has seen several international efforts, most centred on surveillance and control of many diseases. Improving healthy trade relations among neighbours was necessary since health challenges have become a significant hurdle to international relations and businesses during pandemic times (Youde, 2023).

The preceding asserts that health diplomacy is not limited to solving health-related challenges but also driving healthy relations among states across bilateral and multilateral levels (Katz *et al.*, 2011). These multi-stakeholder initiatives include Gavi, the Vaccine Alliance, Roll Back Malaria, and the Global Polio Eradication Initiatives. These initiatives are predicated upon the several treaties and multilateral agreements enacted through the World Health Assembly, which sets the norms and standards for global health frameworks across all levels of engagement (Katz *et al.*, 2011).

According to Chen *et al.* (2020), pandemics have been controlled mainly by employing non-pharmaceutical interventions (NPIs) since the 1918 Spanish Flu pandemic. The pandemic led to over 500 million infection cases and 50 million deaths. In contrast, the containment measures led to economic and social losses without vaccines and antivirals (Chen *et al.*, 2020). The 1918 influenza pandemic is only comparable to the 1929 Great Depression with the implementation of rigorous isolation and lockdown policies, among other containment measurements. Similarly, the SARS and MERS in 2003 and 2012/2015 also made stringent containment strategies available. Comparable to COVID-19, there was a focus on comprehensive body temperature measurement (Chen *et al.*, 2020).

Taiwan adopted fever screening facilities as a part of its healthcare infrastructure in 2003. They also introduced the wearing of face masks and heightened focus on self-hygiene. These preventive measures were critical to mitigating the risk of a large-scale clustered outbreak of SARS in Taiwan (Chen *et al.*, 2020). Pandemic experiences have also led to the implementation of infection control measures. These measures include the reporting system, syndromic monitoring, procedures and facilities for isolation centres and education programs for health care personnel. Additionally, border control, isolation, and quarantine from the initial stages of pandemic outbreaks have been through experience in Taiwan's 2003 SARS Outbreak strategies. The World Health Organisation also advocates these measures as effective prevention strategies, among others (Chen *et al.*, 2020).

According to the World Health Organisation (2020b), international health regulations articulate a global legal framework to prevent, control or respond to public health threats with a considerable risk of spread between countries (WHO, 2020b). The World Health Organisation (2008) also compels states to develop national public health capacities to detect, assess, and respond to public health events and to report to the WHO as necessary. It allows national authorities to obtain information from incoming aircraft, ships, and other vehicles and travellers to stay abreast of the outbreak. The framework also mandates WHO to perform public health surveillance, support states, and coordinate international responses to such global health risks (WHO, 2008). The World Health Organisation recommends five phases to encapsulate the processes of prevention, detection, and response to the pandemic. These phases are as follows: planning and coordination, situation monitoring and assessment, reducing the spread of disease, continuity of health care provision, and communications (WHO, 2008).

Planning and coordination provide coordination and leadership. Leadership supports the integration of pandemic preparedness into national emergency frameworks. The objective of situation monitoring, and assessment is to collect, interpret, and disseminate information on the threat of a pandemic pre-occurrence and, during the pandemic, to monitor the activities and characteristics of the pandemic. To assess the pandemic threat, monitor the infectious agent, check its capacity to cause human disease, and the pattern of disease spread in the communities. Data would be collected on the virus to know the character of the infection and swiftly investigate the outbreak. It also favours social distancing to reduce the spread of disease. At the same time, other measures such as international travel restrictions, self-hygiene, and the use of antivirals, vaccines and other pharmaceuticals would be essential (WHO, 2005).

Continuous healthcare provision and health system strengthening are critical at these times. The influx of sick patients would be overwhelming for an underprepared health system. Healthcare facilities must maintain adequate infection control measures to protect workers, patients, and visitors. Conclusively, the goal of communications pre-pandemic and during a pandemic is to provide and exchange relevant information with the public and other stakeholders to allow them to make informed decisions and appropriate actions to protect health, safety, and response. Communication is also a critical aspect of risk

management that entails planning, trust, transparency, early announcement, and effective listening (WHO, 2005).

Theoretical Framework

The theoretical foundation for this study is the theory of global governance. Zurn (2018) is one of the proponents of the global governance hypothesis. According to Zurn (2018), global governance approves of standards and regulations that transcend national boundaries and exercises authority across them. This theory is distinct from the realism approach, which regards the state as the fundamental analytical unit. A restricted group of transnational and national players do not recognise the authoritative quality that global governance organisations have gained in their ideals and actions. According to Zurn (2018), the expansion of global governance institutions in terms of political and epistemic authority is what is responsible for the rise in international authority.

Methodology

The ex post facto research design was used for this investigation. This approach guarantees that the inquiry starts after the fact, free from the risk of researcher intervention (Njoaguani, 2020). With the help of the ex post facto research design, the researcher can draw conclusions about the COVID-19 pandemic from previously documented events while also gathering pertinent data from the observed population that is unique to the study.

Result and Discussion

General Response of the World Health Organisation globally in the Wake of COVID-19 Outbreak

The World Health Organisation (WHO) is the foremost health organisation globally, in Geneva, Switzerland. The organisation boasts of the membership of 194 member states, across six regions, with a presence in over 150 offices worldwide, to achieve better health for everyone, everywhere (World Health Organisation, 2021). The organisation began on 7th April 1948; a day commemorated globally annually as World Health Day. The organisation champions the drive to eliminate and combat diseases, non-communicable diseases like cancer and heart diseases, and communicable diseases like influenza and HIV/AIDS. They are focused on mothers and children; WHO has been directly and indirectly involved with feeding and vaccinations across less developed regions and war-torn territories (Chen *et al.*, 2020, p. 2). At the core of the WHO's mandate is to ensure the safety of the air people breathe, the food they eat, and the water they drink and provide the needy with health packages, including medicines and vaccines (World Health Organisation, 2020).

To achieve its mandate, the World Health Organisation championed the Millennium Development Goals (MDGs), which ended in 2015. The United Nations and the WHO came up with the new and updated SDGs to improve the world's economies and set these economies in a sustainable shape with the environment. Every development takes its toll on the environment; cutting down of trees, abuse, and disregard of the reproductive nature of the land, and insensitivity towards the prospect of the environment considering how long it would take to get healed unaided. The seventeen SDGs created a framework to correct the anomalies of industrialisation and forge a better tomorrow for everyone and for generations to come (Folorunso *et al.*, 2024).

Global Health Governance is the institutionalised framework charged with the mandate to secure the world's health. It harnesses the active participation of the WHO as the apex body, Gavi, the Vaccine Alliance as one of the global partnership frameworks, Well-come Trust and Bill & Melinda Gates Foundation as some of the charitable and global philanthropic networks, and national governments to achieve this feat. Governance requires setting strategic direction and objectives, making policies, laws, rules, regulations, or decisions, raising, and deploying resources to accomplish strategic goals and objectives, and

achieving specific goals (Management Sciences for Health, 2013, pp. 1-2). The national government of countries worldwide, non-governmental organisations, health institutions and agencies work to forge better health policies to navigate the world to sustainable health. However, these efforts have significantly shown promise in the developed world but are seemingly slow to materialise in the developing world, suppressed mainly by poverty, among other factors (Moon *et al.*, 2010, pp. 1-4).

WHO and Nigeria's COVID-19 Case: Interrogating the Interventions

According to the World Health Organisation (2008), the international health regulations articulate a global legal framework to prevent, control or respond to public health threats with a considerable risk of spread between countries (World Health Organisation, 2008). The IHR 2005 also compels states to develop national public health capacities to detect, assess, and respond to public health events and to report to the WHO, as necessary. It allows national authorities the leeway to obtain information from incoming aircraft, ships and other vehicles and travellers to be abreast of the outbreak situation. The framework also mandates WHO to perform public health surveillance, support states, and coordinate international response to such global health risks (WHO, 2008).

Pandemics are global phenomenon that have no respect for national boundaries. It is an outbreak of diseases that are transnational and international in their spread. Several pandemics have claimed 250-500 million people worldwide across several centuries (MPH Online, 2022). The most recent one is the COVID-19 pandemic. It has a whopping rate of over six hundred million cases globally. 6.95 million of these cases resulted in the death of the victims. However, out of the 6.95 million deaths, 175,425 deaths were recorded in Africa from 9,547,278 confirmed cases (World Health Organisation, 2023). However, Nigeria has experienced 3,155 COVID-19-related deaths, out of 266,675 confirmed cases as of September 2023. While the figure of dead victims might seem minute, the percentage of mortality in Nigeria has proven to be higher than in several high-intensity regions, these regions recorded a high number of deaths from the disease. By percentage, Nigeria has a mortality rate of 1.18% which is higher than the US at 1.09%, the UK at 0.9% and Italy at 0.74%. Although these countries have recorded some of the highest cases and deaths in terms of number, the death per case is significantly lower.

Response to the pandemic is a crucial influencing factor. To influence pandemics, the World Health Organisation recommends five phases to encapsulate the processes of prevention, detection, and response to the pandemic. These phases are as follows: planning and coordination; situation monitoring and assessment; reducing the spread of disease; continuity of health care provision; and communications (WHO, 2008).

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Continuous health care provision and health system strengthening are critical at these times. It is the influx of sick patients that would be overwhelming for an underprepared health system. Health care facilities would need to maintain adequate infection control measures to protect healthcare workers, patients, and visitors. Conclusively, the goal of communications pre-pandemic and during a pandemic is to provide and exchange relevant information with the public and other stakeholders, to allow them to make informed decisions and appropriate actions to protect health, safety, and response. Communication also is a critical aspect of risk management that entails planning, trust, transparency, early announcement, and effective listening (WHO, 2008).

Table 1.0: COVID-19 cases in Nigeria. Adapted from Nigeria Centre for Disease Control (2022)

States Affected	No. of Cases (Lab Confirmed)	No. of Cases (on admission)	No. Discharged	No. of Deaths
Lagos	103,845	702	102,372	771
FCT	29,381	204	28,928	249
Rivers	17,988	182	17,651	155
Kaduna	11,553	7	11,457	89
Oyo	10,329	0	10,127	202
Plateau	10,326	9	10,242	75
Edo	7,914	31	7,561	322
Ogun	5,810	11	5,717	82
Delta	5,707	425	5,170	112
Kano	5,337	170	5,040	127
Ondo	5,173	315	4,749	109
Akwa Ibom	5,004	7	4,953	44
Kwara	4,691	452	4,175	64
Gombe	3,313	8	3,239	66
Osun	3,311	29	3,190	92
Enugu	2,952	13	2,910	29
Anambra	2,825	46	2,760	19
Nasarawa	2,777	393	2,345	39
Imo	2,655	7	2,590	58
Ekiti	2,464	6	2,430	28
Katsina	2,418	0	2,381	37
Abia	2,259	3	2,222	34
Benue	2,133	344	1,764	25

This table is a representation of the data for COVID-19 cases in Nigeria, and it was obtained from the COVID-19 website, powered by the NCDC. It covers states that were affected, persons that were confirmed with COVID-19 disease, those that were admitted, and those later discharged, and the amount of mortality.

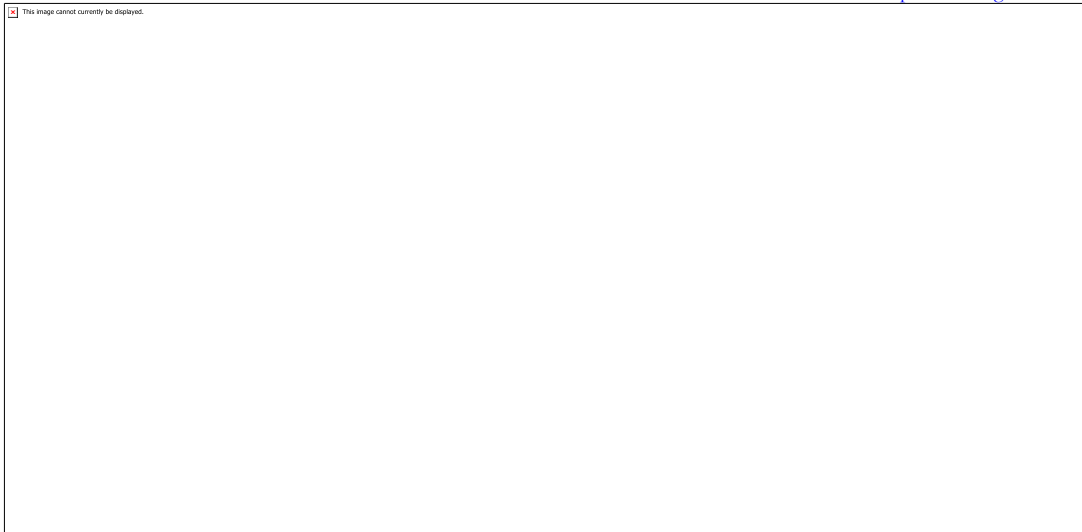


Figure 1.0 COVID-19 Response Framework. Adopted from Amzat et al. (2020)

This figure illustrates the framework that encapsulated the response to COVID-19. The framework was intended to breakdown the process upon which the COVID-19 response was hinged. The multifaceted response was indeed both capital intensive and labour intensive.

Some of the interventions during the COVID-19 pandemic includes the following.

Public Health Initiatives

The primary focus on effective public health interventions is consistent with the larger conversation on pandemic management. Effective testing, contact tracing, and vaccination programmes are essential for stopping the spread of infectious illnesses, as seen by prior pandemics like H1N1 and Ebola (Federal Ministry of Health and Social Welfare, 2022). The speed with which COVID-19 vaccines were created and dispersed serves as a testament to the evolution of global health technology and the vital importance of intergovernmental collaboration (U.S. Food and Drug Administration, 2023). The policies aimed at improving healthcare capacity are in line with the persistent urge for bolstering healthcare systems, particularly in environments with little resources (World Health Organization, 2023).

The focus on strong public health measures to stop the spread of the virus and lessen its effects is evidential.

- 1. Testing and Contact Tracking:** Policies promoted extensive testing as well as efficient contact tracking as crucial measures for containing the pandemic. The recommendations specified the kinds of tests to be utilized, the testing target population, and the contact tracing processes. According to Ihekweazu (2022), some testing machines meant for other diseases were repurposed for testing COVID-19 disease, such as the GeneXpert systems originally used for tuberculosis testing.
- 2. Immunization:** In order to attain herd immunity, documents stressed the need of accelerated vaccine development, equitable distribution, and extensive immunization programmes.
- 3. Healthcare Capacity Enhancement:** Numerous programmes established methods for boosting healthcare capacity, such as hiring more healthcare professionals, investing in infrastructure improvements, and obtaining essential medical supplies.

Economic Intervention

The economic interventions showed that the economic effects of the pandemic was felt on a global scale. The specialized financial assistance programmes are an extension of the economic theories that encourage government involvement to spur economic recovery during recessions (World Bank, 2022). Sector-specific treatments are consistent with the research that highlights how the pandemic has a diverse effect on different sectors (Organisation for Economic Co-operation and Development, 2023).

Aware of the pandemic's economic effects, laws were put in place to help people and companies that were suffering economically, while economic support also streamed in.

1. **Financial Support:** The policy papers often included measures to provide financial relief, such as stimulus packages, unemployment assistance, and company subsidies.
2. **Sector-Specific Interventions:** A number of initiatives provided targeted help for industries that were particularly hard hit by the pandemic, like as tourism and hospitality.
3. **Private Sector Interventions:** Private sector alliance was formed through the CACOVID initiative to fund the fight against the pandemic.

Global Cooperation

International collaboration became a recurring topic that resonated with the literature on global health governance and placed an emphasis on teamwork when addressing transnational health concerns (NHS, 2023). The policy texts supporting international cooperation and the mobilization of resources to fight pandemics (United Nations, 2021) embody the principles of global solidarity.

The importance of international collaboration was highlighted by the study.

1. **Information Exchange:** Policies promoted the exchange of critical information about the virus, such as statistics on its spread, the success of therapies, and the provision of vaccines.
2. **Resource Mobilization:** According to documents, the world must mobilize resources to help less developed nations fight the pandemic.
3. **Coordination between Nations:** There was a strong desire for coordinated action on border security, travel restrictions, and mutual assistance.

Digital Transformation

The promotion of digital transformation is consistent with the growing body of research on the use of digital health technology in contemporary healthcare (Pan American Health Organization, 2023). The shift to online learning and working platforms reflects wider digital transformation tendencies that existed before to the pandemic and are now being accelerated by the crisis (CDC, 2023).

It was emphasized how useful digital technology could be in containing the pandemic.

- **Digital health technologies:** Policies promoted the use of these tools for telemedicine, remote monitoring, and digital contact tracking. One very important digital disease surveillance tool is the SORMAS system.
- **Online learning and remote employment:** It was recommended that students and employees make the switch to online learning and employment platforms while maintaining continuity.

The combination of these elements offers a thorough overview of the varied strategies promoted and used across the world to deal with the problems caused by the COVID-19 pandemic. Global agreement on the essential tactics to lessen the pandemic's effects is seen in the alignment of national and international policy, particularly in pushing public health initiatives and giving them top priority.

The results of the thorough analysis of policy papers provide a detailed understanding of the many tactics used to fight the COVID-19 outbreak. The agreement on the essential steps needed to deal with such health emergencies that exists between these policy options and the larger body of research is highlighted. The knowledge gained from these policy frameworks would help the future of international health crises.

Lessons from the WHO's Intervention in Nigeria

Considering the WHO's reaction to the COVID-19 pandemic in Nigeria is crucial since it will inform future strategies and let us to assess how successfully we handled the situation in the past. The lessons learned from this experience will be very beneficial to the WHO and the global health community in terms of improved preparedness and handling of future medical disasters. Robust health systems, fruitful partnerships, and equitable resource distribution are necessary for a holistic approach to global health.

While the WHO's support was crucial, there were challenges due to systemic issues and resource allocation. These challenges emphasized the need for a stronger international structure to aid the WHO in future pandemics. Collaboration between WHO and Nigerian Health Institutions: The partnership between the WHO and Nigerian health institutions was characterized by the sharing of information and coordinated responses. It highlighted the importance of political commitment, governance, and local cultural adaptation.

It is clear from looking at the WHO's responses to the COVID-19 pandemic in Nigeria that the organization was crucial to the country's efforts to manage the pandemics. The WHO provided Nigeria's healthcare system with technical, and capacity-building assistance that significantly boosted Nigeria's response to the pandemics. However, the challenges faced during this time may also teach us important things. Global health management is a global responsibility as much as it is a national security discourse, hence, adaptability is crucial to the management of newer outbreaks. The intervention of WHO frameworks also signifies the need to foster global health interaction and continued training of national health workforce. While the world continues to grapple with the pandemic and its aftermath, the experiences in Nigeria will undoubtedly contribute to the development of a more robust and equitable global health environment.

Conclusion and Recommendations

In conclusion, the WHO's reactions to the COVID-19 pandemic in Nigeria were thorough and significantly influenced the way the nation's health system responded. Despite obstacles, the organization's efforts to provide financial support, technical advice, and capacity development have made a major difference in Nigeria's pandemic management. The results of this research provide the groundwork for improving global health governance and pandemic preparation by deepening our knowledge of the role that international organizations play in health emergencies.

It is essential to adopt a Health System Strengthening (HSS) approach to health in West Africa, Health System Strengthening (HSS) requires developing capacity in the six main areas of the health system including health governance, health information, service delivery, access to vaccines and medicines, health labour force and health financing. These critical factors saw massive deficiencies during the COVID-19 pandemic management. Effective private and public sector alliance can sustainably address the strengthening of health systems.

WHO and all international health regulations partners like NCDC in Nigeria should drive the horizontal approach of public health care as opposed to the vertical approach currently practiced. While the vertical approach could mean short term success, it cannot advance a sustainable pandemic preparedness and

prevention. While the horizontal method increases capacity across all diseases and all components of the health system, the vertical approach concentrates on particular diseases and reacts to epidemics. Additionally, health should be consciously considered in any policy. This strategy, which is predicated on the idea that health is fundamentally development, has proven effective for the EU thus far. Africa needs to understand how important health is to both security and prosperity.

The World Health Organization's (WHO) engagement in Nigeria reflects the broader opportunities and challenges presented by global health emergencies. In such scenarios, the organization's ability to navigate complex political landscapes, rapidly gather resources, and impart technical expertise is critical. However, the pandemic has also highlighted deficiencies in global health systems and the pressing necessity for more robust infrastructure. By reflecting on their actions in Nigeria, the WHO and global partners can refine their contingency strategies for future health crises.

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Conflict Of Interest

The authors declare that they have no conflict of interest

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