Ethical standards for distribution of Covid-19 relief aid

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Abstract
The surge of the deadly coronavirus (COVID-19) brought both physical and mental anguish to humanity. It has claimed lives within a short period more than any phenomenon the world had ever witnessed throughout history. The pandemic has exerted direct consequences on the social and economic lives of the globe. These make the whole world live in continuous trepidation. As the entire human race is hopeful of eradicating the menace, humanitarian measures are put in place to promote people's welfare and happiness by providing material and logistic assistance to those in need. Indeed, there has been a tremendous response to the global call to ameliorate the pandemic's general human suffering. Nonetheless, the distribution patterns of the relief aid in countries like Nigeria has raised a lot of concerns, where a more significant chunk of the target group has not benefited from the relief aid considering the considerable amount claimed to have been shared by the government. As a result of this, the paper considers certain egalitarian principles that will serve as regularizing parameters in the distribution of COVID-19 relief aid.

Keywords:
COVID-19 pandemic; human suffering; relief aid; distribution; egalitarian principles.

1 INTRODUCTION
The world is currently faced with a dire contagious disease that has devastating effects on human beings' health, economic and social lives. The emergence of the coronavirus (COVID-19) pandemic worldwide hits humanity even worse than what was experienced during the world wars. The whole wide world is living in tremendous fear due to the unpredictability of the virus's nature, which has a high mortality rate and other social and economic consequences. Human and material effort is committed to combating the deadly infectious disease; while scientists are at the frontline to combat and provide a permanent solution to the problem, other humanitarians seek to promote general human welfare and happiness. The dynamism of the viral evolution, the rate of transmission among humans, and its effects on human society's social and economic progress generally make coronavirus an exciting model system to study.

Several humanitarian bodies, governments, and private individuals have risen to the challenge of providing philanthropic modalities to alleviate the suffering people, especially the 'worst-off' group. Some of these palliatives are in the form of cash, foodstuff, healthcare, and other basic needs and services. In Nigeria, for instance, the vulnerable people are hit the hardest by the outbreak, which drives families deeper into hunger and poverty. Hence, through the National Assembly, the Federal Government of Nigeria approved a five-billion-naira Coronavirus Disease (COVID-19) Crisis Intervention Aid as a largesse to the most vulnerable local population in Nigeria (Ezeibe 2020). The National Assembly proposed extending the palliatives to include the waving of electricity bill as a measurable factor of curbing the entire community's situation. Like other heads of governments, the Nigerian President has approved removing aid from the government's coffers to stimulate the Small and Medium Scale Enterprises to promote entrepreneurship from collapsing due to total lockdown ravaging effects of covid-19 (Eranga 2020). The aid and other palliatives are made available, but the parameters that guide the distribution have raised many questions that are left unanswered since there are no satisfying modalities for the allotment of the aid. Thus, the paper seeks to study the problem and suggest both moral and theoretical standards of fairness in the distribution of COVID-19 relief aid.

2 THE SURGE OF COVID-19 PANDEMIC HUMAN
There are several myths about the origin, nature, mode of transmission, and the ravaging effects of covid-19 more than our mortal minds can comprehend. The pandemic's devastating dynamism has paved for several opinions circulating about its nature, which are often found not consistent with scientific findings (Petrone et al., 2020). This section of the work dwells mainly on the nature of coronavirus (COVID-19), intending to understand its effects on human beings' social lives rather than consider the molecular mechanisms of viral replication and pathogenesis since the concern here is not principally metascience.

The coronavirus has a relatively old history in which various virus species manifested at different times in the past century. The virus belongs to the coronaviridae family in the nidovirales order. It has a round shape with crown-like spikes on its surface, which probably won it the name corona—the Latin word for crown. However, the metascientific descriptions and the evolutionary account of the viruses depict them as:

"...minute in size (65–125 nm in diameter) and contain a single-stranded RNA as a nucleic material, size ranging from 26 to 32kbs in length. The subgroups of the coronaviruses family are alpha (α), beta (β), gamma (γ), and delta (δ) coronavirus. The severe acute respiratory syndrome coronavirus (SARS-CoV), H5N1 influenza A, H1N1 2009, and Middle East respiratory syndrome coronavirus (MERS-CoV) causes acute lung injury (ALI) and acute respiratory distress syndrome (ARDS), which leads to pulmonary failure and result in fatality. These viruses were thought to infect only animals until the world witnessed a severe acute respiratory syndrome (SARS) outbreak caused by SARS-CoV, 2002 in Guangdong, China. Only a decade later, another pathogenic coronavirus, known as Middle East respiratory syndrome coronavirus (MERS-CoV) caused an endemic in Middle Eastern countries (Ouassou et al., 2020: 57)."
This simply implies that the coronaviruses are a large family of viruses that cause illness in humans (even in animals), which cause respiratory-related infections that are related to the common cold and other severe diseases like the Middle East Respiratory Syndrome (MERS) and Severe Acute Respiratory Syndrome (SARS) (Bassey 2020). The novel coronavirus (COVID-19) pandemic emerged at the end of 2019 in Wuhan's business hub in China, which infected and claimed many lives. However, the pathogens are phylogenetically reported to be a member of the b group of coronaviruses, which derived its name from the novel COVID-19 (2019-nCoV) by the Chinese researchers. However, the virus was categorized as SARS-CoV-2, which the disease itself is named COVID-19 by the International Committee on Taxonomy of Virus (ICTV). It is a pathogenic viral infection caused by acute respiratory syndrome coronavirus 2 –SARS-CoV-2 – that is highly transmissible. The viruses have glycoprotein spikes on their outer surface responsible for their attachment and entry through the hosts' inlets – the mouth, nose, and eyes. Scientists are at one that the receptor-binding domain is slantly attached among viruses, making it easier to infect multiple hosts.

The virus source is unknown, but bats are the most probable intermediate source and transfer of pathogens to humans. It is transmitting rapidly from human to human, and the molecular mechanism of the viral replication is not yet satisfactorily explained in the field of science; no clinically certified antiviral against the global infested pathogens is available now. "However, few broad-spectrum antiviral drugs have been evaluated against COVID-19 in clinical trials, resulted in clinical recovery” (Valiev 2020: 105). Although those with Covid-19 may appear asymptomatic in some cases, the most common symptoms may include dry cough, fever, and fatigue. Others may have nasal congestion, aches, and pains, sore throat, or diarrhea, which may manifest mild at its initial stage. People with low immune systems, underlying illnesses, and the aged are more prone to its devastating effects, leading to difficulty breathing (Cutting & White 2020).

There are various means of acquiring covid-19. It spread exponentially from the careers to other victims through little droplets from the nose or mouth, which are expelled while sneezing, coughing, or speaking; and these droplets with the viruses get into the victim through the nose, eyes, or mouth. These droplets could remain on the surfaces easily conveyed by another, whose hand is contaminated by the viruses through the touch of such surfaces like tables, doorknobs, and handrails (Hamzelou 2020). Hence, it is essential to stay 3 feet away from others to maintain physical distancing, wash hands regularly with water and soap or clean with alcohol-based hand rub, use a facemask to cover mouth and nose, and hand gloves. Due to the exponential increase of its transmission and its devastating effects, many government heads advocated physical distancing and banned all social gatherings. The stay-at-home policy of virtually all the nations has helped in no small measure in combating the spread of the disease (Spring 2020). This is believed to break the chain and flatten the spread curve in no distant time until a certified vaccine is ready for use.

3 THE CONDITION POSED BY COVID-19 PANDEMIC

The world is currently facing a human, economic, and social crisis due to the surge of the novel Coronavirus pandemic. There is no gainsaying that the policies of the lockdown of the societies, the physical distancing, or the stay-at-home order of governments are intended to cut the chain and possibly to flat the curve of the COVID-19 transmission are currently the workable measures aimed at eradicating the disease since there is no known cure or vaccine yet. There is currently a significant decrease in exponential 'person to person transmission' experienced in the past months globally. This lowers the risk the entire human race is faced with. All nations continue to adapt to these global realities daily, as various Centre for Disease Control (CDC) is committed toward slowing the viral spread, other measures are put in place to study the social situations of the people; where critical support is solicited from the international community, multilateral agencies, the private sector, and public-spirited individuals.

The deteriorating human condition in the regime of the COVID-19 surge cannot be underestimated. However, the mass compliance with the order is not without concomitant effects; such resultant consequences are exacted on the globe's social and economic well-being, which ushered a direct human condition whose magnitude is not less than those of the disease if not checked. The social and physical distancing policy aimed at checking person-to-person viral transmission is in some way widening the social crisis created by the pandemic, which potently increases inequality, exclusion or discrimination, and global unemployment in the medium and long term, as projected by the United Nations (Senderowicz & Higgins 2020).

It is a truism that the surge of the Covid-19 pandemic and the associated crisis pose great challenges globally, whose impacts are intensely local; these indeed require global solidarity and coordination to curb the situation, according to economic experts (Spring 2020). This posits that human suffering is inevitable due to the pandemic, and many jobs and businesses will undoubtedly close. Accessible healthcare and other essential services too will be a huge problem, according to the emerging forecasts.

The lockdown policy during the COVID-19 creates a loss of jobs and income and creates other human conditions such as problems of shelter and other necessities – chiefly, hunger, especially to the poorest and most vulnerable in the society. Many people worldwide are reported to have died not because of the pandemic's surge but due to hunger. The echoes of cries is due to hunger are heard in both the more powerful and weaker nations of the globe. It is reported that in Nigeria, for instance, millions of people observing COVID-19 lockdown lack food and income their various families need to survive since it is from the income of the daily toils of the larger percentage of the population that they get food, water, healthcare, and other basic needs. Indeed, the disadvantaged and marginalized group's precarious situation cannot be estimated (Umukoro et al., 2020).

The most vulnerable group's grave conditions make them increasingly indifferent to the lockdown or the physical distancing policy and the compulsory wearing of facemasks that prevent the viral spread. This exacerbates anger and frustration, which indeed prompts all manner of altruistic behaviors within the disadvantaged group. The prevalence of the human condition in the Northern part of Nigeria is so tensed that people no longer observe the rules of COVID-19.
Several trending videos and photographs on social media show Almajirai (pupils of the Islamic system of education practice in Nigeria) being conveyed daily on trucks/containers in a dehumanized manner towards Southern states despite the interstate travel ban by the government of Nigeria. Some of these videos show people from COVID-19 ravaging Kano’s city in Northern Nigeria, saying the pandemic’s claim is a hoax, while some Islamic scholars were shown saying the whole issue is a grand conspiracy to subject the people to intense hardship (Guardian 2020). There is that wide belief in the Northern half of Nigeria that the coronavirus is the wealthy class's disease; the poor go about their businesses, despite the stay-at-home policy, believing that they cannot acquire the disease. During the interstate border-lockdown, the mass movement of people, especially the Almajirais, is perceived as a direct corollary of the vulnerable group's precarious human condition, especially in the North.

4 GLOBAL RESPONSES TO HUMAN SUFFERING

A proactive response is nonetheless critical to the containment of any pandemic outbreak. Some guidelines and updates on the disease were issued by the global community on how to mitigate its spread, which many nations adopt various measures and those of the World Health Organization to combat its spread. The government of Nigeria shut down all forms of social gatherings due to her response to coronavirus spread. By so doing, businesses folded down, and workers were put away, which has exerted more burden on the global economy. It is a truism that coronavirus took the world by surprise, which most countries were not prepared for, including the world powers. Nonetheless, most African nations (like Nigeria) need to do more in terms of disaster preparedness, and response as the surge of COVID-19 has exposed such nations' health sectors and facilities to be in a state of total decay.

Various statistics on the human costs of the pandemic have been revealed on both print and social media, ranging from physical effects of the infection and the mental trauma, its effects on the economic, physical, and mental well-being caused by the increasing anxiety or anxieties, unhappy and lonely due to the social distancing policy—a social order that the world has not experienced before. The economic indicators have revealed that the COVID-19 pandemic has ushered in a significant economic impact on the financial markets and vulnerable industries like manufacturing, the tourism, hospitality, and travel sectors. The global economic index has it that:

Global tourism, travel, and hospitality companies closing affect SMEs globally. This, in turn, affects many people, typically the least well-paid and those self-employed or working in informal environments in the gig economy or part-time work with zero-hours contracts. Some governments have announced economic measures to safeguard jobs, guarantee wages and support the self-employed, but there is a lack of clarity in many countries about how these measures will be implemented and how people will manage a loss of income in the short-term (Scott 2020: np).

The document continued...

The call for action is for more money, to work with manufacturers to create capacity and to organize purchasing, so there is guaranteed access, especially for poorer countries with less resilient public health systems. The concept is to create a global security stockpile of supplies and equipment, an effort that needs: Emergency financing; Access to and increases in manufacturing capacity; Access to national and supplier stockpiles; Warehouses, and distribution capacity... Health measures must be the priority for governments, businesses, and society. Businesses need to show solidarity and work together to protect staff, local communities, and customers, as well as keeping supply chains, manufacturing, and logistics working (Scott 2020: np).

The economic trajectory is extended to include the most vulnerable population of the world. The social and economic effects of COVID-19 bare more burden on the members of those social groups in the most vulnerable situations, those living in poverty situations, the aged, those with disabilities, the homeless, the refugees or the displaced persons, those without basic amenities like health, portable water, or general income deficits.

The Department of Economic and Social Affairs Social Inclusion of the United Nations calls for an adequately addressed policy on the social crisis posed by the COVID-19 pandemic; the body is not unaware of the increasing inequality among compatriots of all human societies, class exclusion, discrimination, and global unemployment in the medium and long term. "Comprehensive, universal social protection systems, when in place, play a much durable role in protecting workers and in reducing the prevalence of poverty, since they act as automatic stabilizers" (Department of Economic and Social Affairs 2018). The document continues that "...they provide basic income security at all times, thereby enhancing people's capacity to manage and overcome shocks" (Department of Economic and Social Affairs 2018).

The Social Inclusion Program is a critical sector of the Social Affairs department of the United Nations that ensures that the needs of the disadvantaged groups are considered. The UN DESA aid countries to develop policies that tackle the target above social vulnerability dimensions by way of strategizing new methodologies for data collection of poor-rich and rural-urban disparities and mechanisms for inclusion or participation of all disadvantaged or worst-off groups.

Based on the above guidelines, the Nigerian government joined the global community to provide the worst-off group's precarious social condition in the COVID-19 regime. As part of the effort to curb the spread of the COVID-19 pandemic, owing to the powers conferred on him by s.2,3 & 4 of the Quarantine Act, the President of Nigeria enacted the COVID-19 Regulation 2020, which restricts all forms of social activities and gathering. This indeed affects the social and economic fabric of the nation. The Nigerian government's general response to the pandemic covers a broad spectrum that addresses both the country's social and economic conditions. According to Ikeyi Shittu:

The effects of the various restrictions on businesses prompted the Federal Government of Nigeria ("FGN") to introduce fiscal and economic stimulatory measures to ameliorate businesses’ impact and save the economy from collapse... The FGN directed direct food/cash distribution to 2.6 million households comprising the most vulnerable. This vulnerable group comprises residents around the satellite and commuter towns and communities in Lagos and Abuja and earn daily wages for their sustenance, such as artisans and petty traders (Shittu 2020).
However, this was extended to include 35 states of the federation where about 2.6 million vulnerable persons were to benefit from the Federal government cash transfer intervention program. According to the minister of Humanitarian Affairs and Disaster Management, Sadiya Umar Farouq:

The SIP has been on since 2016, and the national social register that we have as of March 31, 2020, is made up of 11,450,537 poor and vulnerable people in 35 states and 453 Local Government Areas across the country. Currently, the beneficiaries that we give this cash transfer to are 2.6 million people. In FCT, we have 5,982 households; in Nasarawa, we have 8,271 households, Katsina has 6,732 households, and Anambra has 1,367 households. And by general standard, the household composition is 6 persons (Ayado 2020: np).

The minister continued that:

We are thinking of expanding the register; we are in touch with the UN social protection donor group to see how the register can be rapidly expanded to cover additional 1 million households. But we have 11.4 million households in the register that are ready for this intervention. The way people are captured is by community engagement. We go in and reach the community, opinion leaders, religious leaders who are the ones that decide which families fall within that category of poor and vulnerable households. And that is what we use, so there is real accountability and transparency in this regard (Ayado 2020: np).

Sadly, the palliatives' sharing modality is clouded with many controversies as there are no records or data used in the sharing formula. Some individuals were dissatisfied with the federal government's method of stipends sharing to the vulnerable Nigerians to cushion the federal government's pandemic-induced lockdown. For instance, the Coalition of United Political Parties (CUPP) questioned the methodology employed for sharing the palliatives, and insisting that it would not achieve the desired results. In the words of its spokesman, Ikenga Imo Ugochinyere, "Federal Government's method of sharing stipends to a few people as palliative is a joke, child's play, window dressing and a political trick that will not achieve the desire of reaching out to millions of genuinely vulnerable people" (Kouzes 2009: np). The group, comprising other civil societies such as Oxfam, ActionAid, Christian Aid, Centre for Democracy and Development, The Nigeria Labor Congress (NLC), Trade Union Congress (TUC), and Civil Society Legislative and Advocacy Centre (CISLAC), insisted that monitoring mechanisms towards ensuring that aid meant for the COVID-19 intervention are accounted for and judiciously utilized.

This, however, points to the fact that palliatives measure which aims to improve the quality of life might have not been maximally utilized to benefit the vulnerable group. Perhaps, this might have been the reason why some anti-corruption groups in Nigeria urged the government to publish the list of government palliative beneficiaries to ensure transparency in the distribution of the Coronavirus (COVID-19) relief aid. There is currently a disconnect and information imbalance between the governments (states or federal) and citizens on the Social Investment Program (SIP), including the CCT and the COVID-19 emergency relief aid. It is that since the first case of COVID-19 was recorded in Nigeria, there has not been clear accountability on the donations from governments, corporate bodies, and well-meaning individuals towards combating the pandemic and alleviating the suffering of the worst-off group; moreover, certain sections of the country felt shortchanged in the whole process of the relief aid distributions.

5 SOME MORAL AND THEORETICAL CONSIDERATIONS FOR THE DISTRIBUTION OF RELIEF AID

Against the backdrop of the ongoing federal government intervention initiative intended to reduce the impact of the COVID-19 pandemic on the most vulnerable group, due to the Nigerian government's lockdown order, a lot of concerns have been raised on the distribution patterns of the relief aid. Considering the huge sum claimed to have been shared by the government, where a more significant chunk of the target has not benefited from the relief aid.

In line with the global best practices, aid were earmarked to better the lives of the most vulnerable group in Nigerians due to the pandemic lockdown impacts; nonetheless, the program is said to be clouded with a lack of transparency and accountability. A lot of questions from various quarters are asked concerning the whole exercise by the Ministry of Humanitarian Affairs, Disaster Management and Social Development: How do they come about the distributive list? How comprehensive is the distribution list? What is the geographical spread? What are the parameters? These are many more are tough questions that filled the social and mainstream media space in the last few months.

The Ministry of Humanitarian Affairs has earlier announced the distribution of the first tranche of five billion Naira ordered by President Buhari, but Nigerians seemed unsatisfied with the modalities used in the distribution. The National Assembly's leadership, too, appears to be unsatisfied and called for a reform of the distributive pattern to make it more efficient and effective. The Senate president and Speaker of the House of Representatives alluded that the vulnerable Nigerians are not properly captured in the program because the conditions and guidelines for the intervention programs are faulty. Setting a priority list on the condition or guidelines on access to the internet or BVN to a target group with no means to power, internet, and bank accounts, or even mobile phones unconsciously leave them out (Ajibo 2020).

The low group's poorest are the people in serious distress even before the advent of the Coronavirus surge who need more attention than ever before. Hence, the National Assembly's leadership sought a review of how and how services are delivered under the SIP (Social Investment Programs) to Nigerians. It has been established that over 80% of the Nigerian population derive their means of livelihood in the informal sectors (Yta et al., 2020). This includes street trading, commercial drivers, tradespeople, artisans, food vendors, hairdressers, peasant, or subsistent farming, which the lockdown policy has prevented them from doing their jobs; while many others, too, due to social circumstances and health problems, do not have any means of livelihood.

To share social benefits maximally to the advantage of the worst-off group in the society, a lot needs to be put beyond the current data of the Social Investment Programs (SIP), which the Ministry of Humanitarian Affairs, Disaster Management and Social Development claimed it is using. The SIP data which was articulated in the government's strategic implementation plan that preceded the 2016 "budget of change," is not comprehensive enough to capture the poorest of
the poor in the COVID-19 era. It has been speculated that over 85 million people in Nigeria are within the poverty line (Ajibo 2020).

However, Nigeria does not have the data on the survey on how to tract the poor since there is no social diary or proper data on the poverty index. For the Ministry of Humanitarian to coordinate social protection via conditional cash transfer and National Social Registers without putting other social structures in place amounts to opening a conduit pipe for siphoning the officials' public aid, which might not reach the target group.

The use of BVN, internet access, or mobile phones is not sufficient to track the poor; there are other parameters for collecting data for the National Social Register. The local governments closer to the grassroots can conduct coordinate the compilation of the social register since they have the spread of the communities in their domains. Such data collection should be done with empirical evidence, in which their fellow compatriots can validate the compilation of the low-income families' names.

The disbursment of aid to the target group should also be done with transparency, where anti-corruption bodies can monitor the transactions. The records of their activities should be provided or made open to the public domain for verification for proper accountability. Other social investment guidelines provided by the Department of Social Affairs of the United Nations will generally provide the global best distributing aid practices. There are several moral and theoretical formulae for distributive justice that the contemporary analytical scholars presented. One of these theorists is John Rawls, whose A Theory of Justice provides a heuristic template for the general distribution of natural human lottery. 'Justice as fairness' is indeed a procedural method of distributing economic benefits and other social opportunities maximally to the advantage of the worst-off group (Rhodes 2020); mostly, if the principle is employed behind the device of the "veil of ignorance" where the individual circumstances cannot affect the distributive pattern agreed to.

6 Conclusion

The need for social responses in the era of the covid-19 pandemic is one of the global best practices on social responsibility that every nation must undertake. The effect of a lockdown or physical distancing has indeed exerted suffering on the low-income earners in society. There has been an outcry on the social condition posed by the lockdown order; hence, the social media space has been awash with a new slogan that "hunger virus kills faster than Coronavirus." Various governments, corporate bodies, and well-meaning individuals earmark aid for palliatives to ameliorate the poorest of the poor's suffering. Sadly, corrupt practices are the major hindrances to these social responses to the pandemic, due to lack of proper coordination of the programs and accountability; the target groups are often left out in the process. Therefore, a proper template for tracking the most vulnerable group should be developed to include all country zones. Independent bodies should be allowed to monitor the disbursment of the aid to ensure proper transparency and accountability. Proper data of the beneficiaries should be properly kept for reference purposes. Other moral principles on distribution, such as those of Rawls, should serve as guidelines for the exercise. There should also be proper legislation for appropriate coordination of the programs and prosecution of corrupt personnel.

References

Ajibo, H. (2020). Effect of Covid-19 on Nigerian Socio-economic Well-being, Health Sector Pandemic Preparedness and the Role of Nigerian Social Workers in the War Against Covid-19. Social Work in Public Health, 35(7), 511–522. https://doi.org/10.1080/19371918.2020.1806168

Ayado, S. (2020). Covid 19 2.6m poor Nigerians to benefit from FGs cash transfer intervention. Retrieved December 11, 2020, from https://businessday.ng/coronavirus/article/covid-19-2-6m-poor-nigerians-to-benefit-from-fgs-cash-transfer-intervention/

Bassey, S. A. (2020). Technology, Environmental Sustainability, and the Ethics of Anthropoholism. Przestrzeń Spółeczna, 1, 19.

Cutting, K., & White, R. (2020). COVID-19 and dermatological symptoms. In British Journal of Nursing (Vol. 29, Issue 15, p. S4). https://doi.org/10.12968/bjon.2020.29.15.s4

Department of Economic and Social Affairs. (2020). The Social Impact of COVID-19 | DISD. Retrieved December 11, 2020, from https://www.un.org/development/desa/dspd/2020/04/social-impact-of-covid-19/

Eranga, I. O. -E. (2020). COVID-19 Pandemic in Nigeria: Palliative Measures and the Politics of Vulnerability. International Journal of Maternal and Child Health and AIDS (IJMA), 9(2), 220–222. https://doi.org/10.21106/ijma.394

Ezeibe, C. C., Ilo, C., Ezeibe, E. N., Oguomo, C. N., Nwankwo, N. A., Ajero, C. K., & Osadebe, N. (2020). Political distrust of the spread of COVID-19 in Nigeria. Global Public Health, 15(12), 1753–1766. https://doi.org/10.1080/17441692.2020.1828987

Guardian, T. (2020). Northern governors begin expulsion of almajiris over coronavirus. In The Guardian Nigeria News - Nigeria and World News. https://guardian.ng/news/northern-governors-begin-expulsion-of-almajiris-over-coronavirus/

Hamzelou, J. (2020). Covid-19 symptoms rethink. New Scientist, 248(3303), 8–9. https://doi.org/10.1016/s0262-9389(20)31777-5

Kouzes, J. (2009). Leadership Challenge: Deutschsprachige Ausgabe. Retrieved December 11, 2020, from https://books.google.com/books/about/Leadership_Challenge.html?id=GHksz5UowMC

Kouzes, J. (2009). Leadership Challenge: Deutschsprachige Ausgabe. Retrieved December 11, 2020, from https://books.google.com/books/about/Leadership_Challenge.html?id=GHksz5UowMC

Kouzes, J. (2009). Leadership Challenge: Deutschsprachige Ausgabe. Retrieved December 11, 2020, from https://books.google.com/books/about/Leadership_Challenge.html?id=GHksz5UowMC

Ouassou, H., Kharchoufa, L., Bouthnim, M., Daoudi, N. E., Imtara, H., Bencheikh, N., & Bnounham, M. (2020). The pathogenesis of coronavirus disease 2019 (COVID-19): Evaluation and prevention. Journal of immunology research, 2020.

Petrone, B., Itririga, C. R., Mauri, T., & Saggion, N. (2020). COVID-19 and Orthopaedics: Recovery After the Pandemic Surge. Arthroscopy, Sports Medicine, and Rehabilitation, 2(5), e677–e682. https://doi.org/10.1016/j.asrm.2020.05.009

Rhodes, R. (2020). Justice and Guidance for the COVID-19 Pandemic. In American Journal of Bioethics (Vol. 20, Issue 7, pp. 163–166). https://doi.org/10.1080/15265161.2020.177354

Senderowicz, L., & Higgins, J. (2020). Reproductive Autonomy Is Nonnegotiable, Even in the Time of COVID-19. Perspectives on Sexual and Reproductive Health, 52(2), 81–85. https://doi.org/10.1363/parh.12152

Shittu, I. (2020, April 20). Nigerian governments' initial measures and palliatives to businesses in the wake of COVID-19 pandemic: ICLG.com Online Updates. Retrieved December 11, 2020, from https://iclgl.com/briefing/11546-nigerian-governments-initial-measures-and-palliatives-to-businesses-in-the-wake-of-covid-19-pandemic
Spring, H. (2020). Health literacy and COVID-19. In Health information and libraries journal (Vol. 37, Issue 3, pp. 171–172). https://doi.org/10.1111/hir.12322
Umukoro, G. M., Odey, V. E., & Yta, E. M. (2020). The Effect of Pandemic on Homebased Tourism: Post Covid-19. International Journal of Humanities and Innovation (IJHI), 3(3), 115-120.
Valiev, T. T., Zakharova, E. V., Ignatenko, O. A., Batmanova, N. A., Mikhailova, E. V., Kirgizov, K. I., & Varfolomeeva, S. R. (2020). Differential diagnosis of pneumonia in pediatric patients with oncohematological disease in condition of new coronavirus infection COVID-19. Russian Journal of Pediatric Hematology and Oncology, 7(3), 104–111.
Yta, E. M., Umukoro, G. M., & Ekpe, M. E. (2020). Increasing Community discourse and Action on GBV prevention in Akai Effa and Idundu, Cross River State. PINISI Discretion Review, 4(1), 123-134.